

(3) Quality control.

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

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

(i) Maintenance of current procedure manuals;

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

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

(iv) Appropriate documentation.

(c) Hospitals shall establish and maintain:

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

(ii) Quality control records.

(4) Facilities. Hospitals shall provide:

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

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

(c) Adequate space for:

(i) Patient safety;

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

(iii) Electrical support functions; and

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

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

(5) Reports and records. Hospitals shall:

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

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

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

Chapter 246-321 WAC HOSPICE CARE CENTER

WAC

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WAC 246-321-001 Purpose. Regulations for hospice care centers are hereby adopted pursuant to chapter 70.41 RCW. The purpose of these regulations is to provide minimal standards for safety and adequate care of terminally ill individuals who choose to receive palliative rather than

curative care and treatment for varying periods of time in a segregated, organized, specialized hospital or health care center.

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

WAC 246-321-010 Definitions. For the purposes of these regulations, the following words and phrases shall have the following meanings unless the context clearly indicates otherwise.

(1) "Active volunteer" means unpaid worker or workers providing direct care to patients or clients and/or working with clinical records or confidential client information.

(2) "Adjunctive therapies" means those prescribed services provided by medically related disciplines which include but are not limited to physical therapy, occupational therapy, recreational therapy, music therapy, respiratory therapy.

(3) "Administrator" means an individual appointed as chief executive officer by the governing body of the center to act in its behalf in the overall management of the hospice care center.

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

(5) "Bathing facility" means a bathtub, shower, or equivalent.

(6) "Bereavement care" means consultation, support, counseling, and follow-up of the client before and following the death of a patient.

(7) "Client" means the patient and family which together compose the unit of care in the hospice care center.

(8) "Client education" means provision of information on physical care, disease symptomatology, palliative treatment, psychosocial coping skills, availability, and utilization of community resources.

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

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

(11) "Dietitian" means a person who is eligible for membership in the American Dietetic Association.

(12) "Drug" means medication, chemical, device, or other material used in the diagnosis and/or treatment of injury, illness, or disease.

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

(14) "Drug dispensing" means an act entailing the interpretation of an order (prescription) for a drug or

biological and, pursuant to that order (prescription), proper selection, measuring, labeling, packaging, and issuance of the drug for a patient or for a service unit of the facility.

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

(16) "Governing body" means the individual or group legally responsible for the operation and maintenance of the hospice care center.

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

(18) "Hospice care center" means any building, facility, place, or equivalent organized, maintained, and operated specifically to provide beds, accommodations, facilities, and services over a continuous period of twenty-four hours or more for palliative care of two or more individuals, not related to the operator, who are diagnosed as being in the latter stages of an advanced disease which is expected to lead to death. Hospice care centers are specialized types of health care facilities which come within the scope of chapter 70.41 RCW, hospital licensing and regulation. Hospice care centers may be freestanding or separately licensed portions or areas of another type of health care facility: *Provided*, That the hospice care center is under control and administered by a separate and autonomous governing body. Hospice care centers as used in this chapter do not include hotels or similar places furnishing only food and lodging or similar domiciliary care; nor does it include clinics or physicians' offices where patients are not regularly kept as bed patients for twenty-four hours or more; nor does it include hospitals licensed pursuant to chapter 70.41 RCW which provide services in addition to or in combination with hospice care services; nor does it include nursing homes as defined and which come under the scope of chapter 18.51 RCW; nor does it include psychiatric hospitals, which come under the scope of chapter 71.12 RCW; nor any other hospital or institution specifically intended for use in the diagnosis and care of those suffering mental illness, mental retardation, convulsive disorders, or other abnormal mental conditions. Furthermore, nothing in this act or the rules and regulations adopted pursuant thereto shall be construed as authorizing the supervision, regulation, or control of the remedial care or treatment of residents or patients in any hospital conducted for those who rely primarily upon treatment by prayer or spiritual means in accordance with the creeds or tenants of any well-recognized church or religious denomination.

(19) "Hospital" means any institution, place, building, or agency which provides accommodations, facilities, and services over a continuous period of twenty-four hours or more for observation, diagnosis, or care of two or more individuals not related to the operator who are suffering from illness, injury, deformity, or abnormality, or from any other condition for which obstetrical, medical, or surgical services would be appropriate for care or diagnosis. "Hospital," as used in this chapter, does not include hotels or similar places furnishing only food and lodging or simply domiciliary care;

nor does it include clinics or physicians' offices where patients are not regularly kept as bed patients for twenty-four hours or more; nor does it include nursing homes, as defined and which come under the scope of chapter 18.51 RCW; nor does it include maternity homes, which come under the scope of chapter 18.46 RCW; nor does it include psychiatric hospitals, which come within the scope of chapter 71.12 RCW; nor any other hospital or institution specifically intended for use in the diagnosis and care of those suffering from mental illness, mental retardation, convulsive disorders, or other abnormal mental conditions. Furthermore, nothing in this chapter or the rules and regulations adopted pursuant thereto shall be construed as authorizing the supervision, regulation, or control of the remedial care or treatment of residents or patients in any hospital conducted for those who rely primarily upon treatment by prayer or spiritual means in accordance with the creed or tenets of any well-recognized church or religious denominations.

(20) "Individualized care plan" means a written statement of care to be provided for a client based upon physical, psychosocial, spiritual assessment of the patient, and assessment of family as appropriate. This statement shall include short- and long-term goals, client education, discharge planning, and the name of the individual member of the interdisciplinary care team designated as responsible for implementation. This statement shall be developed with participation of clients as appropriate.

(21) "Interdisciplinary care team" means a group composed of the patient, the family, and professional care providers which may include, but is not limited to, required adjunctive therapists, registered nurses, nutritionists, spiritual advisors, pharmacists, physicians, mental health professionals, or social workers. "Core team" means those individuals required to provide services for clients within the hospice care center program and shall include a registered nurse, physician, medical director, social worker, spiritual consultant or advisor, and volunteer director.

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

(23) "Licensed nurse" means a registered nurse under provisions of chapter 18.88 RCW or a licensed practical nurse under provisions of chapter 18.78 RCW.

(24) "Medical staff" means physicians and other medical practitioners appointed by the governing body to practice within the parameters of the medical staff bylaws of the hospice care center.

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

(a) New building or buildings to be used as part of the hospice care center;

(b) Addition or additions to existing hospice care center to be used as part of the hospice care center;

(c) Alteration or alterations or modification or modifications other than minor alteration or alterations to a hospice care center. "Minor alteration or alterations" means any structural or functional modification within the existing center which does not change the approved use of the room or area. Minor alterations performed under this definition do not require prior approval of the department.

(26) "Palliative care" means activities, interventions, and interactions which are planned and executed to cause a

lessening or reduction of physical, psychosocial and spiritual pain, and intended to ease without curing.

(27) "Patient" means the terminally ill individual.

(28) "Patient care coordinator" means a designated, qualified employee who is responsible for the organization, implementation, and evaluation of the individualized care plan of a patient.

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

(30) "Personnel" means individuals employed and receiving monetary payment from the hospice care center.

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

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

(33) "Prescription" means a written or oral order for drugs issued by a medical practitioner, licensed in the state of Washington, in the course of his or her professional practice, as defined by Washington state statute, for a legitimate medical purpose (RCW 18.64.011 (3)(a)).

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

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

(36) "Self-administration" means those instances when a patient or member of the client family administer a medication from a properly labeled container while on the premises of the hospice care center.

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

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

(39) "Social worker" means an individual with a masters degree in social work from an accredited school of social work or an individual eligible for membership in the academy of certified social workers.

(40) "Staff" means those individuals providing services within the hospice care center. These individuals may be paid or unpaid and shall be designated as medical staff, personnel, or volunteers, respectively.

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

(42) "Useable floor area" means floor spaces in patient rooms excluding areas taken up by vestibules, closets, wardrobes, portable lockers, lavatories, and toilet rooms.

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

[Statutory Authority: RCW 43.70.040. 92-02-018 (Order 224), § 246-321-010, filed 12/23/91, effective 1/23/92; 91-02-049 (Order 121), recodified as § 246-321-010, filed 12/27/90, effective 1/31/91. Statutory Authority: 1985 c 213. 86-08-002 (Order 2348), § 248-21-002, filed 3/20/86. Statutory Authority: RCW 43.20.050. 81-23-003 (Order 218), § 248-21-002, filed 11/6/81.]

WAC 246-321-012 Licensure—Notice of decision—Adjudicative proceeding. (1) After January 1, 1982, no person acting separately or jointly with any other person shall establish, maintain, conduct or operate a hospice care center in this state or use the words "hospice care center" to describe or identify a place or building which does not have a license as a hospice care center as defined and described herein.

(2) An application for a hospice care center license shall be submitted to the department on forms provided by the department. The application shall be signed by the operator of the facility and the legal representative of the governing body.

(3) Other requirements related to licensure, fees, and inspection are as stipulated in RCW 70.41.100, 70.41.110, 70.41.120, 70.41.130, 70.41.150, 70.41.160, 70.41.170, and WAC 246-321-990.

(4) There shall be compliance with other regulations to include:

(a) Applicable rules and regulations for hospice care centers adopted by the Washington state fire marshal pursuant to RCW 70.41.080 and chapter 48.48 RCW;

(b) Applicable national, state, and local electrical, fire, zoning, building, and plumbing codes.

(5)(a) The department's notice of a denial, suspension, modification, or revocation of a license shall be consistent with RCW 43.70.115. An applicant or license holder has the right to an adjudicative proceeding to contest the decision.

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

(i) File a written adjudicative proceeding application by a method showing proof of receipt with the Administrative Hearings Unit, Department of Health, 1300 Quince Street S.E., P.O. Box 47851, Olympia, WA 98504-7851; and

(ii) Include in or with the application:

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

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

(C) A copy of the contested department decision.

(c) The proceeding is governed by the Administrative Procedure Act (chapter 34.05 RCW), this chapter, and chapter 246-08 WAC. If a provision in this chapter conflicts with chapter 246-08 WAC, the provision in this chapter governs.

[Statutory Authority: RCW 43.70.040 and 34.05.220. 92-02-018 (Order 224), § 246-321-012, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-321-012, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.050 and chapter 34.05 RCW. 90-05-038 (Order 034), § 248-21-005, filed 2/14/90, effective 3/17/90. Statutory Authority: 43.20.050. 81-23-003 (Order 218), § 248-21-005, filed 11/6/81.]

WAC 246-321-014 Governing body and administration. (1) The hospice care center shall have a governing body which is responsible for the overall operation and maintenance of the center.

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

(3) The governing body shall assure, through documentation of a biennial review, the establishment and maintenance of a current, written organizational plan which includes all positions and services and delineates responsibilities, authority and relationship of the positions within the center. The governing body shall approve medical staff bylaws, rules, and regulations to include conditions for medical staff membership, delineation of medical staff privileges, and organization of the medical staff.

(4) The governing body shall establish, review biennially, and revise as needed written policies related to the safety, care, and treatment of clients and policies for staff.

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

(6) The governing body shall have the authority and responsibility for appointment, review, and reappointment of the medical staff.

(7) The governing body shall appoint a physician as medical director.

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

WAC 246-321-015 Staff—Personnel—Volunteers.

(1) There shall be sufficient qualified staff to provide the services needed by clients and to provide for the safe maintenance and operation of the hospice care center. Appropriate "on call" schedules shall be available.

(a) There shall be a written job description for each position classification, including active volunteers;

(b) There shall be a written record for each employee and active volunteer to include application, verification of education and training, verification of a valid, current license for any staff member when licensure is required for tasks performed, record of orientation, ongoing education and an annual, written performance evaluation;

(c) There shall be regular coordination, and supervision of each staff member consistent with the organizational plan;

(d) There shall be written policies, procedures, and screening criteria.

(2) A planned, supervised, and documented orientation shall be provided for each new employee and active volunteer to include but not [be] limited to fire, disaster, infection control procedures, and confidentiality.

(3) There shall be planned ongoing education affording each employee and active volunteer an opportunity to maintain and update the skills needed to perform assigned duties.

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

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

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

(2) Use infection control standards and educational material consistent with the approved curriculum manual *Know - HIV/AIDS Prevention Education for Health Care Facility Employees*, January 1991, published by the office on HIV/AIDS.

[Statutory Authority: RCW 43.70.040 and 70.24.310. 92-02-018 (Order 224), § 246-321-017, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-321-017, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.310. 89-21-038 (Order 3), § 248-21-017, filed 10/12/89, effective 11/12/89.]

WAC 246-321-018 Criminal history, disclosure, and background inquiries.

(1) A licensee or license applicant shall require a disclosure statement as specified under RCW 43.43.834 for each prospective employee, volunteer, contractor, student, and any other person associated with the hospice care center having direct contact with:

(a) Children under sixteen years of age;

(b) Vulnerable adults as defined under RCW 43.43.830; and

(c) Developmentally disabled individuals.

(2) A license applicant having direct contact with vulnerable adults shall obtain a Washington state patrol criminal history background disclosure statement and submit it to the department either:

(a) With the initial application for licensure; or

(b) For current licensees, with the first application for renewal of license submitted after September 1, 1993.

(3) A licensee or license applicant shall:

(a) Require a Washington state patrol background inquiry as specified in RCW 43.43.842(1) for each:

(i) Employee, volunteer, contractor, student, and any other person currently associated with the licensed hospice care center, having direct contact with vulnerable adults, when engaged on or since July 22, 1989; and

(ii) Prospective employee, volunteer, contractor, student, and person applying for association with the licensed facility prior to allowing the person direct contact with vulnerable adults, except as allowed by subsection (4) of this section;

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

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

(d) Verbally inform the person of the background inquiry results within seventy-two hours of receipt; and

(e) Offer to provide a copy of the background inquiry results to the person within ten days of receipt.

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

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

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

(5) Except as provided in RCW 43.43.842 and in subsection (4) of this section, a licensee shall not hire or retain, directly or by contract, any person having direct contact with vulnerable adults, if that person has been:

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

(b) Convicted of a crime relating to financial exploitation of a vulnerable adult;

(c) Found in any disciplinary board final decision to have abused a vulnerable adult under RCW 43.43.830; or

(d) The subject in a protective proceeding under chapter 74.34 RCW.

(6) The licensee shall establish and implement procedures ensuring that all disclosure statements and background inquiry responses are:

(a) Maintained in a confidential and secure manner;

(b) Used for employment purposes only;

(c) Not disclosed to any person except:

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

(ii) Authorized state and federal employees; and

(iii) The Washington state patrol auditor.

(d) Retained and available for department review during and at least two years following termination of employment.

(7) The department shall:

(a) Review records required under this section;

(b) Investigate allegations of noncompliance with RCW 43.43.830 through 43.43.842, when necessary, in consultation with law enforcement personnel; and

(c) Use information collected under this section solely for the purpose of determining eligibility for licensure or relicensure as required under RCW 43.43.842.

(8) The department may require licensees to complete additional disclosure statements or background inquiries for a person associated with the licensed facility having direct contact with vulnerable adults if the department has reason to believe that offenses specified under RCW 43.43.830 have occurred since completion of the previous disclosure statement or background inquiry.

[Statutory Authority: RCW 43.43.830 through 43.43.842. 93-16-030 (Order 381), § 246-321-018, filed 7/26/93, effective 8/26/93.]

WAC 246-321-020 Policies and procedures. Written policies and procedures shall include but not be limited to:

(1) Admission criteria or definition of the patients who shall be eligible for services offered in the hospice care center.

(2) Coordinated transfer of patients to and from home or other facilities as desired, including transfer of appropriate information.

(3) Needed psychosocial support for all members of the interdisciplinary care team and volunteers.

(4) Smoking by staff, clients, and others within the center.

(5) Fire and disaster with planned, documented rehearsals and appropriate emergency phone numbers available and posted.

(6) Action to be taken in event of failure of essential equipment and major utilities services. The written procedure shall include a system for summoning essential assistance when required.

(7) Actions to be taken following an accident or incident which may be injurious to clients.

(8) Consideration of family sleeping or living spaces within the facility.

(9) Consideration of family participation in patient care.

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

WAC 246-321-025 Patient care services. (1) There shall be evidence of interdisciplinary planning and provision of coordinated palliative care of clients during, between and after presence in the facility with an emphasis on symptom management specific to the desires and needs of the individual patients.

(a) An individualized care plan shall be developed upon initial admission, implemented, monitored and modified as needed.

(b) There shall be a designated patient care coordinator.

(2) Core team services shall include the following:

(a) Physician services.

(i) Each patient admitted to the center shall be under the care of a physician.

(ii) The medical director shall be responsible for general performance of medical staff within the hospice care center.

(b) Nursing services.

(i) A registered nurse who is an employee shall be responsible for supervision of nursing services.

(ii) There shall be a licensed nurse on duty within the center at all times when patients are present. A registered nurse shall be immediately available by phone at all times.

(c) Social work services. There shall be sufficient, qualified social work staff coordinated by a social worker to provide psychosocial services as appropriate.

(d) Spiritual counseling services. Provisions shall be made for the individual spiritual needs of each patient, and family as possible.

(e) Bereavement care services. The center shall be responsible for arranging for the provision of a bereavement care program which shall be integrated into the individualized care plan.

(f) Home care services. There shall be provision for continuity of patient care through a certified home care program and/or liaison with a certified home care service in the community, as indicated in the individualized care plan.

(g) The center shall facilitate obtaining of prescribed diagnostic, treatment or palliative services.

(h) Hospice care centers should employ and/or arrange translation and consultation to facilitate communication where barriers exist, (i.e., language or cultural differences; hearing, speech or sight impairment).

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

WAC 246-321-030 Food and dietary services. (1) The dietary and food service shall be provided and managed by an individual trained in food service.

(2) Food and dietary services shall incorporate the periodic input of a dietitian. Appropriate nutritional and dietary consultation shall be provided patients.

(3) Food shall be prepared and served at intervals appropriate to the needs of patients. Unless contraindicated, current recommendations of the food and nutrition board of the national research council adjusted for age, sex, and activity shall be used. Snacks of a nourishing quality shall be available as needed for patients. Cultural and ethnic

preferences of patients should be respected in planning and serving meals.

(4) There shall be written physician orders for all therapeutic diets served to patients. A current therapeutic diet manual approved in writing by a dietitian and the medical director shall be used for planning and preparing therapeutic diets.

(5) All menus shall be retained for one year.

(6) When the hospice care center policy provides for allowing for the preparation and/or storage of personal food brought in by clients for consumption by clients, there shall be adequate mechanical refrigeration capable of maintaining a temperature of forty-five degrees fahrenheit or lower and dishwashing facilities which provide hot water at a temperature of not less than one hundred fifty degrees fahrenheit. Suitable dining area(s) should be provided for clients.

(7) Food service sanitation shall be governed by chapter 246-215 WAC, rules and regulations of the state board of health governing food service sanitation.

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

[Statutory Authority: RCW 43.70.040, 92-02-018 (Order 224), § 246-321-030, filed 12/23/91, effective 1/23/92; 91-02-049 (Order 121), recodified as § 246-321-030, filed 12/27/90, effective 1/31/91. 91-02-049 (Order 121), recodified as § 246-321-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.050, 81-23-003 (Order 218), § 248-21-030, filed 11/6/81.]

WAC 246-321-035 Infection control. (1) There shall be written policies and procedures addressing infection control, including: Housekeeping; cleaning, sterilization, disinfection, sanitization, and storage of supplies and equipment; health of personnel; pets; food service sanitation.

(2) Provision shall be made for isolation of patients with infectious conditions in accordance with *Isolation Techniques For Use In Hospitals*, United States Department of Health and Human Services, most recent edition.

(3) There shall be reporting of communicable disease in accordance with chapter 246-100 WAC.

(4) Recognized standards of medical aseptic technique including basic handwashing practices shall be followed in all direct personal care of patients.

(5) Methods for cleaning, disinfecting or sterilizing, handling and storage of all supplies and equipment shall be such as to prevent the transmission of infection.

(6) Written procedures shall specify daily and periodic cleaning schedules and routines for facility and equipment.

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

(8) There shall be in effect a current system of discovering, reporting, investigating, and reviewing infections among patients and personnel with maintenance of records on such infections.

(9) Upon employment and annually thereafter each employee and volunteer shall have or provide documented evidence of a tuberculin skin test by the Mantoux method,

unless medically contraindicated. A negative skin test shall consist of less than ten millimeters induration read at forty-eight to seventy-two hours. A positive skin test shall consist of ten millimeters of induration, or greater, read at forty-eight to seventy-two hours. Positive reactors shall have a chest x-ray within ninety days of the first day of employment. Exemptions and specific requirements are as follows:

(a) New employees who can document a positive Mantoux test in the past shall have an initial screening in the form of a chest x-ray;

(b) After entry, annual screening in the form of a skin test or chest x-ray shall not be required for reactors;

(c) Those with positive skin tests who have completed the recommended course of preventive or curative treatment, as determined by the local health officer, shall be exempted from testing;

(d) Records of test results, x-rays or exemptions from such, shall be kept by the facility.

(10) Employees with a communicable disease in a known infectious stage shall not be on duty. Policy and procedures shall specify conditions for staff who are working despite presence of communicable disease.

[Statutory Authority: RCW 43.70.040, 92-02-018 (Order 224), § 246-321-035, filed 12/23/91, effective 1/23/92; 91-02-049 (Order 121), recodified as § 246-321-035, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.30 [70.41.030] and 43.20.050, 83-07-015 (Order 254), § 248-21-035, filed 3/10/83. Statutory Authority: RCW 43.20.050, 81-23-003 (Order 218), § 248-21-035, filed 11/6/81.]

WAC 246-321-040 Pharmaceutical service. (1) Pharmaceutical services shall be available to provide drugs and supplies and to fill, without delay, orders for drugs to be administered. A pharmacist shall provide sufficient on-site consultation to ensure that medications are secured, labeled, stored and utilized in accordance with the policies of the center and appropriate standards of pharmacy practice.

(2) The hospice care center shall provide for the proper handling and utilization of drugs in accordance with federal and state laws and regulations:

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

(b) There shall be written orders signed by a physician for all medications administered to patients or self-administered. There shall be a system which ensures accuracy in receiving, transcribing and implementing orders for the administration of medications;

(c) Drugs shall be dispensed only by a pharmacist. Drugs shall be administered only by practitioners licensed to administer drugs except in those instances when self-administration has been ordered;

(d) Drug containers within the center shall be clearly and legibly labeled and the label shall include at least the drug name (generic and/or trade), drug strength, expiration date if applicable, and in addition the lot number of the drug, if provided as floor stock;

(e) All drugs shall be stored in specifically designated, securely locked, well illuminated cabinets, closets or store rooms and made accessible only to authorized personnel. External medications shall be separated from internal medications;

(f) Poisonous and/or caustic drugs and materials including housekeeping and personal grooming supplies shall show proper warning or poison labels and shall be stored safely and separately from other drugs and food supplies;

(g) All Schedule II drugs in any area of the hospice care center shall be checked by two licensed persons at least one time each shift. There shall be records of receipt, issuance, and disposition of Schedule II drugs stored in the facility.

(3) Drugs brought into the hospice care center by patients for use by patients while in the center shall be specifically ordered by a physician. These drugs shall be checked to ensure proper identification and acceptable quality for use in the center.

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

WAC 246-321-045 Clinical records. (1) The hospice care center shall have one well defined clinical record system, adequate facilities, equipment and supplies necessary for the development, maintenance, security, control, retrieval, analysis, use and preservation of patient care data.

(2) The hospice care center shall have current written policies and procedures related to the clinical record system which shall include the following:

(a) Establishment of a standardized format for clinical records;

(b) Prohibition of the release of client information without specific, written approval of the individual client concerned;

(c) Retention, preservation, and destruction of clinical records.

(3) There shall be an adequate clinical record maintained for every patient and readily accessible to members of the interdisciplinary care team. Each entry shall be legible, dated and authenticated.

(4) The originals or durable, legible direct copies of original reports shall be filed in the patients individual clinical record.

(5) Diagnosis, abbreviations, and terminology shall be consistent with the most recent edition of the International Classification of Diseases.

(6) There shall be a master patient index.

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

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

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

(c) In event of a transfer of ownership or operation of a hospice care center, clinical records of the patients, indices and reports shall be retained and preserved by the new operator in accordance with subsections (2)(a), (b), and (3) of this section;

(d) If the hospice care center ceases operation, it shall make arrangements for preservation of its clinical records and reports of patient data in accordance with subsection (3) of this section. The plan for such arrangements shall have been approved by the department prior to the cessation of operation.

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

WAC 246-321-050 Physical environment and equipment. (1) The hospice care center shall provide a safe and clean environment for clients, staff, and visitors. Equipment shall be kept clean, calibrated, adjusted, and in good repair.

(2) The hospice care center shall be accessible and equipped to accommodate physically handicapped individuals, to include minimally:

(a) Corridors serving as egress from patient rooms eight feet wide;

(b) Corridors elsewhere in the center minimally four feet wide;

(c) Doorways for use by clients at least thirty-two inches clear width (thirty-four inch door);

(d) Doorways for patient rooms and exterior exit doors from eight foot corridors forty-four inches clear width, (forty-six inch door);

(e) Minimally, one toilet, lavatory, and bathing facility which meet barrier free code, on each floor used for client services;

(f) Stairways and stairwells shall be minimally forty-four inches clear width;

(i) Interior and exterior stairways and stairwells shall have handrails on both sides. Railing ends shall be returned to wall;

(ii) Exterior stairways and stairwells shall have adequate protection from moisture, ice, other hazards, and slipping.

(iii) Exterior steps shall be equipped with nonslip material on treads; open risers are prohibited; nosing shall be flush, slip resistant and rounded to one-half inch maximum radius.

(g) Ramps shall be minimally forty-four inches clear width;

(i) There shall be handrails on both sides;

(ii) Ramps shall not exceed slope ratio of one in twelve;

(iii) Ramps shall be provided with nonslip surfaces.

(3) There shall be provision for adequate personal privacy for personal and private activities such as toileting, bathing, dressing, sleeping, communicating with family and time alone.

(4) Patient rooms:

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

(b) Each sleeping room shall have a clear window or relite area of approximately one-tenth of the usable floor

area providing for patient visibility of the out-of-doors. A court or glass covered atrium may be equivalent to out-of-doors. Distance from relites to exterior windows or atrium relites shall not exceed eight feet, six inches.

(i) Windows shall be at least twenty-four feet from other buildings or the opposite wall of a court or at least ten feet from a property line, except on street sides;

(ii) If the depth of a court is less than one-half its width, the width requirement shall not apply.

(iii) Outside window walls shall be at least eight feet from outside public walkways.

(iv) Operable windows or openings that serve for ventilation shall be provided with screening.

(c) No room more than two foot six inches below grade shall be used for the housing of patients. Room size shall be determined by program, provided all patient rooms have at least one hundred square feet of usable floor space in each single patient room. Multipatient rooms shall provide not less than eighty-five square feet of usable floor area per bed. There shall not be less than seven and one-half foot ceiling height over the usable floor area;

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

(e) Each patient shall be provided a bed appropriate to the special needs and size of the patient with a cleanable mattress which is in good repair and a cleanable or disposable pillow;

(f) Room furnishings shall be provided and maintained in a clean and safe condition;

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

(5) There shall be, minimally, one bathing facility for each six patients within the center, or major fraction thereof, (tub, shower, portable shower, portable tub or equivalent). This ratio includes the bathing facility described in WAC 246-321-050 (2)(e).

(6) Toilets shall be in a ratio of at least one toilet for every four patients, or major fraction thereof. This ratio excludes toilet described in WAC 246-321-050 (2)(e).

(7) Lavatories shall be provided in a ratio of at least one lavatory for each toilet located in toilet room(s). Lavatories shall be provided in a ratio of at least one per four patients. Lavatories shall be located at entry of patient rooms used for isolation.

(8) At least one toilet and lavatory shall be provided on each floor for use by those who are not patients. This may include toilet and lavatory described in WAC 246-321-050 (2)(e).

(9) Carpets may be used in patient and nonpatient occupied areas with the following exceptions; toilet rooms, bathing facilities, isolation rooms, laundry rooms, utility rooms, examination or treatment rooms, housekeeping closets;

(a) Specifications for acceptable carpeting include:

(i) Carpet material which meets the standards of the state fire marshal and is easily cleanable;

(ii) Pile tufts shall be a minimum of sixty-four per square inch or equivalent density;

(iii) Rows shall be a minimum of eight per square inch or equivalent density;

(b) Installation of carpet material.

(i) Pad and carpet shall be installed according to manufacturer recommendations;

(ii) Edges of carpet shall be covered and cove or base shoe used at all wall junctures. Seams shall be sewn or bonded together with manufacturer recommended cement.

(10) There shall be adequate visiting and lounge areas provided, excluding hallways and corridors. Ratio of fifteen square feet per patient bed and not less than one hundred eighty square feet per facility recommended, excluding hallways and corridors.

(11) There shall be adequate meeting rooms and office areas for use by the interdisciplinary care team. Other rooms or areas may serve as meeting rooms provided confidentiality is maintained.

(12) Linen and laundry:

(a) A safe and adequate clean linen storage area shall be provided with a supply of clean linen available for patients use;

(b) Any laundry done in the facility shall be done in a laundry room separate from the kitchen, dining areas, clean and soiled storage and handling areas;

(c) The soiled laundry storage and sorting area shall be in a well ventilated area separate from the clean linen handling area, clean storage areas, and food preparation areas. If linen or laundry is washed on the premises, an adequate supply of hot water shall be available to provide water at a minimum of one hundred sixty degrees Fahrenheit in the washing machine.

(13) Utility and storage facilities:

(a) Sufficient clean storage and handling room(s) shall provide closed storage for clean and sterile supplies and equipment;

(b) Washing, disinfection, storage and other handling of medical and nursing supplies and equipment shall be accomplished in a manner which ensures segregation of clean and sterile supplies and equipment from those that are contaminated;

(c) Soiled room(s) shall provide:

(i) Clinic service sink, siphon jet or equivalent;

(ii) Space for soiled linen or laundry containers;

(iii) Counter top, double compartment sink, and goose-neck spout or equivalent;

(iv) Storage for cleaning supplies and equipment.

(14) Housekeeping:

(a) Adequate and clean housekeeping equipment shall be maintained;

(b) At least one service sink and housekeeping closet or enclosed cabinet equipped with shelving shall be provided in a suitable setting within the facility. May be combined with a soiled room as described in subsection (13)(c) of this section. Clinic service sink may be considered equivalent to service sink.

(15) Communications:

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

(b) There shall be at least one "nonpay" telephone per floor readily accessible in event of fire and other emergencies.

(c) A nurse call shall be provided at each bed and in each toilet room and bathing facility.

(16) Appropriate first aid supplies and equipment shall be maintained and available in a safe and sanitary location.

(17) Water supply and plumbing. The water supply plumbing, the fixtures and the waste and drainage system of the hospice care center shall be maintained to avoid insanitary conditions:

(a) There shall be an adequate supply of hot and cold running water under pressure which conforms with chapter 246-290 WAC;

(b) Hot water shall be a safe temperature at all fixtures used by patients. Hot water temperatures at bathing fixtures used by patients shall be automatically regulated so as not to exceed one hundred and twenty degrees Fahrenheit;

(c) There shall be devices to prevent backflow into the water supply system from fixtures where extension hoses or other cross connections may occur.

(18) Heating. Heating systems shall be operated and maintained to provide a comfortable, healthful temperature in rooms used by patients during the coldest weather conditions ordinarily encountered in the geographical location of the hospice care center.

(19) Ventilation. There shall be ventilation of all rooms used by patients and personnel sufficient to remove all objectional odors, excess heat, and condensation. Inside rooms including toilets, bathrooms, smoking rooms, and other rooms in which excessive moisture, odors or contaminants originate shall be provided with mechanical exhaust ventilation.

(20) Lighting, wiring, and power. Adequate lighting shall be provided in all usable areas of the hospice care center, appropriate to the function:

(a) Appropriate, adequate, and safe electrical service shall be provided;

(b) Adequate emergency lighting for means of egress, (battery operated acceptable);

(c) Adequate emergency power available, (battery operated acceptable).

[Statutory Authority: RCW 43.70.040. 92-02-018 (Order 224), § 246-321-050, filed 12/23/91, effective 1/23/92; 91-02-049 (Order 121), recodified as § 246-321-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.050. 81-23-003 (Order 218), § 248-21-050, filed 11/6/81.]

WAC 246-321-055 Nonflammable medical gases—Respiratory care. (1) Nonflammable medical gases shall include but not be limited to oxygen, nitrous oxide, medical compressed air, carbon dioxide, helium, nitrogen, and mixtures of such gases when used for medical purposes.

(2) When nonflammable medical gases are stored or used on the premises, the following shall apply:

(a) Electric equipment used in an oxygen enriched environment shall be properly designed for use with oxygen and should be labeled for use with oxygen;

(b) "No smoking" signs shall be posted where oxygen is being administered;

(c) Procedures shall specify the safe storage and handling of medical gas containers.

(3) When piped-in medical gas systems are provided, the facility shall comply with published standards of National Fire Protection Association 56-F, 1977.

(4) Equipment and instruments used for respiratory care shall be safe, functional, and appropriate for the respiratory care service provided.

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

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

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

Chapter 246-322 WAC PRIVATE PSYCHIATRIC AND ALCOHOLISM HOSPITALS

WAC

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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 acknowledgment 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 246-322-100 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 246-322-120 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 246-322-140 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, 10/1/89 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.

(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.]

Chapter 246-323 WAC

RESIDENTIAL TREATMENT FACILITIES FOR PSYCHIATRICALY IMPAIRED CHILDREN AND YOUTH

WAC

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(12) "Drug dispensing" means an act entailing the interpretation of an order for a drug or biological and,

pursuant to that order, proper selection, measuring, labeling, packaging, and issuance of the drug for a patient or for a service unit of the facility.

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

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

(15) "Mental health professional" means those individuals described in RCW 71.05.020 and WAC 275-55-020.

(16) "Multidisciplinary treatment team" means a group comprised, when indicated, of individuals from various clinical services, to include medicine, psychiatry, psychology, social work, nursing, occupational and recreational therapies, dietary, pharmacy, education, speech, and hearing. Members of this group shall assess, plan, implement, and evaluate treatment for clients under care.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(35) "Self-administration of medication" means that a client administers or takes his/her own medication from a properly labeled container: *Provided*, That the facility maintains the responsibility for seeing that medications are used correctly and that the client is responding appropriately.

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

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

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

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

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

[Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-323-010, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-323-010, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 82-23-004 (Order 1899), § 248-23-001, filed 11/4/82. Statutory Authority: RCW 43.20.050. 80-03-079 (Order 194), § 248-23-001, filed 3/3/80.]

WAC 246-323-020 Licensure. Residential treatment facilities shall be licensed under chapter 71.12 RCW, Private establishments. Chapter 246-323 WAC establishes minimum licensing standards for the safety, adequate care and treatment of clients who are residents in a residential treatment facility.

(1) Application for license.

(a) An application for a residential treatment facility license shall be submitted on forms furnished by the department. Applications shall be signed by the legal representative of the owner.

(b) The applicant shall furnish to the department full and complete information and promptly report any changes which would affect the current accuracy of such information as to the identity of each officer and director of the corporation, if the program is operated by a legally incorporated entity, profit or nonprofit, and of each partner, if the program is a legal partnership.

(2) Disqualified applicants.

(a) Each and every individual named in an application for a residential facility license shall be considered separately and jointly as applicants, and if anyone is deemed disqualified/unqualified by the department in accordance with the law or these rules and regulations, a license may be denied,

suspended or revoked. A license may be denied, suspended or revoked for failure or refusal to comply with the requirements established by chapter 71.12 RCW or with rules and regulations promulgated pursuant thereto, and, in addition, for any of the following:

(i) Obtaining or attempting to obtain a license by fraudulent means or misrepresentation;

(ii) Permitting, aiding or abetting the commission of an illegal act on the premises of the residential treatment facility;

(iii) Cruelty, abuse, neglect or assault, or indifference to the welfare of any client;

(iv) Misappropriation of the property of the client; and

(v) Failure or inability to exercise fiscal accountability and responsibility toward the individual client, the department, or the business community.

(b) Before granting a license to operate a residential treatment facility, the department shall consider the ability of each individual named in the application to operate the residential treatment facility in accordance with the law and with these regulations. Individuals who have previously been denied a license to operate a health care or child care facility in this state or elsewhere, or who have been convicted civilly or criminally of operating such a facility without a license, or who have had their license to operate such a facility suspended or revoked, shall not be granted a license unless, to the satisfaction of the department, they affirmatively establish clear, cogent and convincing evidence of their ability to operate the residential treatment facility, for which the license is sought, in full conformance with all applicable laws, rules and regulations.

(3) Visitation and examination of the residential treatment facility by the department to ascertain compliance with this chapter and chapter 71.12 RCW shall occur as necessary and at least one time each twelve months.

(4) Denial, suspension, modification, or revocation of a license; adjudicative proceeding.

(a) When the department determines that a facility has failed or refused to comply with the requirements of chapter 71.12 RCW and/or these rules, the department may, if the interests of the clients so demand, issue to the applicant or licensee a notice to deny a license application or to suspend, modify, or revoke a license to a license holder. The department's notice of a denial, suspension, modification, or revocation of a license shall be consistent with RCW 43.70.115. An applicant or license holder has the right to an adjudicative proceeding to contest the decision.

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

(i) File a written application for an adjudicative proceeding by a method showing proof of receipt with the Administrative Hearings Unit, Department of Health, 1300 Quince Street S.E., P.O. Box 47851, Olympia, WA 98504-7851; and

(ii) Include in or with the application:

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

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

(C) A copy of the contested department decision.

(c) The proceeding is governed by the Administrative Procedure Act (chapter 34.05 RCW), this chapter, and

chapter 246-08 WAC. If a provision in this chapter conflicts with chapter 246-08 WAC, the provision in this chapter governs.

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

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

(b) Floor plans of each building in which clients are to be housed. The floor plans shall provide the following information:

(i) Identification of each client's sleeping room by use of a lettering or numbering system, or some equivalent mechanism of identification;

(ii) The usable square feet of floor space in each room;

(iii) The clear window glass area in each client's sleeping room;

(iv) The height of the lowest portion of the ceiling in any client's sleeping room;

(v) The floor elevations referenced to the grade level.

(6) Posting of license. A license for the residential treatment facility shall be posted in a conspicuous place on the premises.

(7) New construction.

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

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

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

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

(i) Plot plans;

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

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

(iv) A schedule of floors, wall and ceiling finishes, and the types and sizes of doors and windows;

(v) Plumbing, heating, ventilation, and electrical systems; and

(vi) Specifications which fully describe workmanship and finishes.

(c) Adequate provisions shall be made for the safety and comfort of clients as construction work takes place in or near occupied areas.

(d) All construction shall take place in accordance with the approved final plans and specifications. The department shall be consulted prior to making any changes from the approved plans and specifications. When indicated by the nature or extent of proposed changes, the department may require the submission of modified plans or addenda for review prior to considering proposed change(s) for approval. Only those changes which have been approved by the department may be incorporated into a construction project. In all cases, modified plans or addenda on changes which are incorporated into the construction project shall be submitted for the department's file on the project even though it was not required that these be submitted prior to approval.

(8) Exemptions. The department may, in its discretion, exempt a residential treatment facility from complying with parts of these rules pursuant to the procedures set forth in WAC 246-08-210.

(9) Compliance with other regulations.

(a) Rules and regulations adopted by the Washington state fire marshal under provisions of RCW 71.12.485 which are found in Title 212 WAC apply.

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

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

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

[Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-323-020, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-323-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and 1989 1st ex.s. c 9 § 106. 90-06-019 (Order 039), § 248-23-010, filed 2/28/90, effective 3/1/90. Statutory Authority: Chapter 71.12 RCW. 82-23-004 (Order 1899), § 248-23-010, filed 11/4/82. Statutory Authority: RCW 43.20.050. 80-03-079 (Order 194), § 248-23-010, filed 3/3/80.]

WAC 246-323-022 Criminal history, disclosure, and background inquiries. (1) A licensee or license applicant shall require a disclosure statement as specified under RCW 43.43.834 for each prospective employee, volunteer, contractor, student, and any other person associated with the licensed residential treatment facility for psychiatrically impaired children and youth having direct contact with:

(a) Children under sixteen years of age;

(b) Vulnerable adults as defined under RCW 43.43.830; and

(c) Developmentally disabled individuals.

(2) A license applicant having direct contact with vulnerable adults shall obtain a Washington state patrol

criminal history background disclosure statement and submit it to the department either:

- (a) With the initial application for licensure; or
- (b) For current licensees, with the first application for renewal of license submitted after September 1, 1993.

(3) A licensee or license applicant shall:

(a) Require a Washington state patrol background inquiry as specified in RCW 43.43.842(1) for each:

(i) Employee, volunteer, contractor, student, and any other person currently associated with the licensed residential treatment facility for psychiatrically impaired children and youth, having direct contact with vulnerable adults, when engaged on or since July 22, 1989; and

(ii) Prospective employee, volunteer, contractor, student, and person applying for association with the licensed facility prior to allowing the person direct contact with vulnerable adults, except as allowed by subsection (4) of this section;

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

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

(d) Verbally inform the person of the background inquiry results within seventy-two hours of receipt; and

(e) Offer to provide a copy of the background inquiry results to the person within ten days of receipt.

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

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

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

(5) Except as provided in RCW 43.43.842 and in subsection (4) of this section, a licensee shall not hire or retain, directly or by contract, any person having direct contact with vulnerable adults, if that person has been:

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

(b) Convicted of a crime relating to financial exploitation of a vulnerable adult;

(c) Found in any disciplinary board final decision to have abused a vulnerable adult under RCW 43.43.830; or

(d) The subject in a protective proceeding under chapter 74.34 RCW.

(6) The licensee shall establish and implement procedures ensuring that all disclosure statements and background inquiry responses are:

(a) Maintained in a confidential and secure manner;

(b) Used for employment purposes only;

(c) Not disclosed to any person except:

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

(ii) Authorized state and federal employees; and

(iii) The Washington state patrol auditor.

(d) Retained and available for department review during and at least two years following termination of employment.

(7) The department shall:

(a) Review records required under this section;

(b) Investigate allegations of noncompliance with RCW 43.43.830 through 43.43.842, when necessary, in consultation with law enforcement personnel; and

(c) Use information collected under this section solely for the purpose of determining eligibility for licensure or relicensure as required under RCW 43.43.842.

(8) The department may require licensees to complete additional disclosure statements or background inquiries for a person associated with the licensed facility having direct contact with vulnerable adults if the department has reason to believe that offenses specified under RCW 43.43.830 have occurred since completion of the previous disclosure statement or background inquiry.

[Statutory Authority: RCW 43.43.830 through 43.43.842. 93-16-030 (Order 381), § 246-323-022, filed 7/26/93, effective 8/26/93.]

WAC 246-323-030 Administration. (1) Governing body.

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

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

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

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

(2) Personnel.

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

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

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

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

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

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

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

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

(3) Research and human subjects review committee. When research is proposed or conducted which directly

involves clients, there shall be a documented multidisciplinary initial and continuing review process. The purpose of this review shall be to protect rights of the clients with acceptance or rejection and continuing review for the duration of the study.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-323-030, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 82-23-004 (Order 1899), § 248-23-020, filed 11/4/82. Statutory Authority: RCW 43.20.050, 80-03-079 (Order 194), § 248-23-020, filed 3/3/80.]

WAC 246-323-040 HIV/AIDS education and training. Residential treatment facilities for psychiatrically impaired children and youth shall:

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

(2) Use infection control standards and educational material consistent with the approved curriculum manual *Know - HIV/AIDS Prevention Education for Health Care Facility Employees*, January 1991, published by the office on HIV/AIDS.

[Statutory Authority: RCW 43.70.040, 70.24.310 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-323-040, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-323-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.310, 89-21-038 (Order 3), § 248-23-025, filed 10/12/89, effective 11/12/89.]

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

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

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

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

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

(3) Treatment and discharge planning.

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

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

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

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

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

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

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

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

(a) Medical services.

(i) A comprehensive health assessment and medical history shall be completed and recorded by a physician within five working days after admission unless a comprehensive health assessment and history have been completed within thirty days prior to admission and records are available to the residential treatment facility.

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

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

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

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

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

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

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

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

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

(e) Special services.

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

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

(f) Occupational therapy services. There shall be an occupational therapist available who has experience in working with psychiatrically impaired children and youth

responsible for occupational therapy functions and the integration of these functions into treatment.

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

(h) Food and dietary services.

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

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

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

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

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

(vi) Food service sanitation shall be governed by chapter 246-215 WAC, "food service sanitation."

(5) Other client safety and care requirements.

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

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

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

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

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

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

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

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

(iii) When suspected or alleged abuse is reported, the clinical record shall reflect the fact that an oral or written

report has been made to the child protective services of the department or to a law enforcement agency. This note shall include the date and time that the report was made, the agency to which it was made and the signature of the person making the report. Contents of the report need not be included in the clinical record.

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

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

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

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

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

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

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

(g) Written policies and procedures shall address notification of legal guardian or next of kin in the event of a serious change in the client's condition, transfer of a client to another facility, elopement, death, or when unusual circumstances warrant.

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

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

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

(iii) Use and monitoring of seclusion rooms and restraints in accordance with WAC 275-55-263 (2)(c).

(iv) Availability and access to emergency supplies and equipment to include airways, bag resuscitators and other equipment as identified in the emergency medical policies.

(v) Summoning of internal or external resource agencies or persons, e.g., poison center, fire department, police.

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

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

(viii) Immediate actions or behaviors of facility staff when client behavior indicates that he/she is assaultive, out of control, or self-destructive. There shall be documentation that rehearsals of staff occur on a regular basis.

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

(j) There shall be written policies addressing transportation of clients which shall include consideration of the following:

(i) When transportation is provided for clients in a vehicle owned by the facility, the vehicle shall be in safe operating condition as evidenced by preventive maintenance records.

(ii) Authorization of all drivers of vehicles transporting clients by administration of the facility. Drivers shall possess a current driver's license.

(iii) Observation of maximum safe vehicle driving capacity. Seat belts or other safety devices shall be provided for and used by each passenger.

(iv) Conditions under which clients may be transported in nonfacility-owned vehicles.

[Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-323-050, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-323-050, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 82-23-004 (Order 1899), § 248-23-030, filed 11/4/82. Statutory Authority: RCW 43.20.050. 80-03-079 (Order 194), § 248-23-030, filed 3/3/80.]

WAC 246-323-060 Pharmaceutical services. (1) The facility shall have an agreement with a pharmacist to provide the services called for in the following paragraphs and to advise the facility on matters relating to the practice of pharmacy, drug utilization, control, and accountability.

(2) There shall be written policies and procedures approved by a physician and pharmacist addressing the procuring, prescribing, administering, dispensing, storage, transcription of orders, use of standing orders, disposal of drugs, self-administration of medication, control or disposal of drugs brought into the facility by clients, and recording of drug administration in the clinical record.

(a) There shall be written orders signed by a physician or by another legally authorized practitioner acting within the scope of his/her license for all medications administered to clients. There shall be an organized system which ensures accuracy in receiving, transcribing, and implementing orders for administration of medications.

(b) Drugs shall be dispensed by persons licensed to dispense drugs. Drugs shall be administered by persons licensed to administer drugs.

(c) Drugs brought into the facility for client use while in the facility shall be specifically ordered by a physician.

(i) These drugs shall be checked by a pharmacist prior to administration to determine proper identification of the drug and lack of deterioration of the drug.

(ii) The facility is responsible for the control and appropriate use of all drugs administered or self-administered within the facility.

(d) There shall be provision for procurement, labeling, and storage of medications, drugs and chemicals.

(i) Drugs ordered or prescribed for specific clients shall be procured by individual prescription.

(ii) The services of the pharmacist and the pharmacy shall be such that medications, supplies and individual prescriptions are provided without undue delay.

(iii) Medication containers within the facility shall be clearly and legibly labeled with the medication name (generic and/or trade), strength and expiration date, (if available).

(iv) Medications, poisons and chemicals kept anywhere in the facility shall be plainly labeled and stored in a specifically designated, secure, well-illuminated cabinet, closet or store room and made accessible only to authorized persons. External medications shall be separated from internal medications.

(v) Poisonous external chemicals, caustic materials and drugs shall show appropriate warning or poison labels and shall be stored separately from all other drugs.

(3) The facility shall have a current drug reference readily available for use by clinical staff and treatment team members.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-323-060, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 82-23-004 (Order 1899), § 248-23-040, filed 11/4/82. Statutory Authority: RCW 43.20.050. 80-03-079 (Order 194), § 248-23-040, filed 3/3/80.]

WAC 246-323-070 Infection control. (1) There shall be written policies and procedures addressing infection control and isolation of clients (should isolation be necessary and medically appropriate for an infectious condition).

(2) There shall be reporting of communicable disease in accordance with WAC 246-100-075 and 246-100-080 as now or hereafter amended.

(3) There shall be a current system for reporting, investigating and reviewing infections among clients and personnel and for maintenance of records on such infections.

(4) Upon employment, each person shall have or provide documented evidence of a tuberculin skin test by the Mantoux method, unless medically contraindicated. When the skin test is negative (less than ten millimeters induration read at forty-eight to seventy-two hours), no further tuberculin skin test shall be required. A positive skin test shall consist of ten millimeters of induration, or greater, read at forty-eight to seventy-two hours. Positive reactors shall have a chest x-ray within ninety days of the first day of employment. Exemptions and specific requirements are as follows:

(a) Those with positive skin tests who have completed a recommended course of preventive or curative treatment, as determined by the local health officer, shall be exempted from testing.

(b) Records of test results, x-rays or exemptions to such shall be kept by the facility.

(5) Employees with communicable diseases in an infectious stage shall not be on duty.

[Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-323-070, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-323-070, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 83-10-079 (Order 1960), § 248-23-050, filed 5/4/83; 82-23-

004 (Order 1899), § 248-23-050, filed 11/4/82. Statutory Authority: RCW 43.20.050. 80-03-079 (Order 194), § 248-23-050, filed 3/3/80.]

WAC 246-323-080 Clinical records. (1) The residential treatment facility shall have a well defined clinical record system, adequate and experienced staff, adequate facilities, equipment and supplies necessary to the development, maintenance, security, control, retrieval, analysis, use and preservation of client care data. There shall be a person responsible for the clinical record system who has demonstrated competency and experience or training in clinical record administration.

(2) The client records and record system shall be documented and maintained in accordance with recognized principles of clinical record management.

(3) The residential treatment facility shall have current policies and procedures related to the clinical record system which shall include the following:

(a) The establishment of the format and documentation expectations of the clinical records for each client.

(b) Access to and release of data in clinical records. Policies shall address confidentiality of the information contained in records and release of information in accordance with RCW 71.05.390 and WAC 275-55-260.

(4) There shall be an adequate clinical record maintained for each client which is readily accessible to members of the treatment team. Each entry in the clinical record shall be legible, dated and authenticated.

(5) There shall be a systematic method for identifying the clinical record of each client.

(6) Entries in the clinical record shall be made on all diagnostic and treatment procedures and other clinical events. Entries shall be in ink, typewritten, or on a computer terminal.

(7) Diagnosis, abbreviations and terminology shall be consistent with the most recent edition of the "American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders" and "International Classification of Diseases."

(8) Clinical records shall include identifying information, assessments by the multidisciplinary treatment team, regular progress notes by members of the multidisciplinary treatment team, individualized treatment plans and a discharge summary.

(9) There shall be a master client index.

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

(a) Each client's clinical record shall be retained and preserved for a period of no less than five years, or for a period of no less than three years following the date upon which the client obtained the age of eighteen years, or five years following the client's most recent discharge, whichever is the longer period of time.

(b) A complete discharge summary, by a member of the clinical staff, and reports of tests related to the psychiatric condition of each client shall be retained and preserved for a period of no less than ten years or for a period of no less than three years following the date upon which the patient obtained the age of eighteen years, or ten years following the client's most recent discharge, whichever is the longer period of time.

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

(d) In the event of transfer of ownership of the residential treatment facility, client clinical records, indices and reports shall remain in the facility and shall be retained and preserved by the new operator of the facility in accordance with subsections above.

(e) If the residential treatment facility ceases operation, it shall make arrangements for preservation of its clinical records, reports, indices, and client data in accordance with subsections above. The plans for such arrangements shall have been approved by the department prior to cessation of operation.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-323-080, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 82-23-004 (Order 1899), § 248-23-060, filed 11/4/82. Statutory Authority: RCW 43.20.050. 80-03-079 (Order 194), § 248-23-060, filed 3/3/80.]

WAC 246-323-090 Physical environment. (1) The residential treatment facility shall provide a safe, clean environment for clients, staff, and visitors.

(2) The residential treatment facility shall be accessible to physically handicapped persons.

(3) Client sleeping rooms.

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

(b) Sleeping rooms shall be outside rooms with a clear glass window area of approximately one-eighth of the usable floor area. Windows shall be shatter-proof and of the security type. This may be an operating security type window.

(c) No room more than three feet six inches below grade shall be used for the housing of clients. There shall be a minimum of ninety square feet of usable floor space in a single bedroom and multiclient rooms shall provide not less than eighty square feet of floor area per bed. The maximum capacity of a sleeping room shall be two clients. There shall not be less than seven and one-half foot ceiling height over the required floor area.

(d) There shall be provision for visual privacy from other clients as needed. This may be achieved through program assuring privacy in toileting, bathing, showering and dressing.

(e) Each client shall be provided an enclosed space suitable for hanging garments and storage of personal belongings within or convenient to his/her room. There shall be provision in the room or elsewhere for secure storage of client valuables.

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

(g) Each client shall be provided a bed at least thirty-six inches wide or appropriate to the special needs and size of the client with a cleanable, firm mattress and cleanable or disposable pillow.

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

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

(4) Each client-occupied floor of the facility shall provide one toilet and sink for each five clients or any fraction thereof. There shall be one bathing facility for each five clients or fraction thereof. If there are more than five clients, separate toilet and bathing facility for each sex are required. Privacy shall be assured.

(5) Adequate lighting shall be provided in all areas of the residential treatment facility.

(a) An adequate number of electrical outlets shall be provided to permit use of electrical fixtures appropriate to the needs of the program. These outlets shall be of a tamper-proof type.

(b) General lighting shall be provided for sleeping rooms. There shall be an electrical wall switch located at the door of each sleeping room to control one built-in light fixture within the room.

(c) Emergency lighting equipment, such as flashlights or battery-operated lamps, shall be available and maintained in operating condition.

(6) Ventilation.

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

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

(7) There shall be an adequate supply of hot and cold running water under pressure which conforms with the standards of the state board of health, chapter 246-290 WAC.

(a) The hot water temperature at bathing fixtures used by clients shall be automatically regulated and shall not exceed one hundred twenty degrees Fahrenheit.

(b) There shall be hot water at a temperature of one hundred forty degrees Fahrenheit available for laundry equipment and dishwashing.

(c) There shall be devices to prevent backflow into the water supply system from fixtures where extension hoses or other cross-connections may be used.

(8) Linen and laundry.

(a) An adequate storage area and supply of clean linen, washcloths and towels shall be available for client use.

(b) At least one laundry room with washer and dryer located in an area separate from the kitchen and dining area shall be available.

(c) Soiled laundry/linen storage area and sorting areas shall be in a well-ventilated area physically separated from the clean linen handling area, the kitchen and the eating areas.

(9) Within the facility, at least one private area shall be provided for the visiting of clients and visitors.

(10) An adequate number of rooms shall be provided for group and individual therapy.

(a) These rooms shall be enclosed and reasonably sound-proofed as necessary to maintain confidentiality.

(b) When seclusion or maximum security rooms are required by program(s), at least one seclusion room intended

for short-term occupancy, which provides for direct supervision by the treatment team staff shall be provided.

(i) Seclusion rooms and furnishings shall be designed to provide maximum security for clients.

(ii) Seclusion rooms shall have provisions for natural or artificial light and may be inside or outside rooms.

(iii) There shall be window lights in doors or other provisions for direct visibility of a client at all times during occupancy.

(iv) Seclusion rooms shall provide fifty square feet of floor space, exclusive of fixed equipment, with a minimum dimension of six feet.

(11) When physical examinations of clients are done on a regular basis within the facility, there should be an examination room available which provides privacy and adequate light. A handwashing facility and soap dispenser shall be available.

(12) When medical and nursing supplies and equipment are washed, disinfected, stored or handled within the facility, there shall be utility and storage areas which shall be designed and equipped for these functions providing for segregation of clean and sterile supplies and equipment from those that are contaminated.

(13) Housekeeping facilities.

(a) At least one service sink and housekeeping closet equipped with shelving shall be provided in a suitable setting.

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

(14) The heating system shall be operated and maintained to provide a comfortable, healthful temperature in rooms used by clients during the coldest weather conditions ordinarily encountered in the geographical location of the residential treatment facility.

(15) There shall be an area provided for secure storage of client records and for privacy of authorized personnel to read and document in the client records.

(16) There shall be a dining room(s) or area(s) large enough to provide table service for all clients. Appropriate furnishings shall be provided for dining.

(a) If a multipurpose room is used for dining and recreational activities or meetings, there shall be sufficient space to accommodate each of the activities without their interference with one another.

(b) At least forty square feet per bed shall be provided for the total combined area which is utilized for dining, social, educational, recreational activities and group therapies.

(17) There shall be at least one "nonpay" telephone readily accessible in the event of fire or other emergencies. There shall be a telephone which is readily available for use of clients (located so that privacy is possible).

(18) A safely maintained outdoor recreation area shall be available for use of clients.

[Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-323-090, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-323-090, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 82-23-004 (Order 1899), § 248-23-070, filed 11/4/82. Statutory Authority: RCW 43.20.050. 80-03-079 (Order 194), § 248-23-070, filed 3/3/80.]

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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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; 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; 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

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246-325-100	Resident care services in private adult treatment homes.
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246-325-990	Fees.

WAC 246-325-001 Purpose. The purpose of these regulations is to administratively implement chapter 71.12 RCW by providing standards for health and safety for persons admitted to residential rehabilitation centers and private adult treatment homes. Adult residential rehabilitation centers and private adult treatment homes are designed and operated primarily to assist psychiatrically impaired adults to live as independently as possible and to provide essential care, treatment, and training in the skills of individual and community living. This shall be a level of care other than hospital inpatient care.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-325-001, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-001, filed 8/9/88; 82-17-009 (Order 1858), § 248-25-001, filed 8/6/82.]

WAC 246-325-010 Definitions. (1) "Abuse" means injury, sexual use or abuse, negligent or maltreatment of a resident by a person legally responsible for the resident's welfare under circumstances which indicate harm to the resident's health, welfare, and safety.

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

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

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

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

(3) "Adult residential rehabilitation center" or "center" means a residence, place, or facility designed and organized primarily to provide twenty-four-hour residential care, crisis and short-term care, and/or long-term individualized active rehabilitation and treatment for residents diagnosed or evaluated as psychiatrically impaired or chronically mentally ill as defined herein or in chapter 71.24 RCW.

(4) "Ambulatory" means physically and mentally able to:

(a) Walk unaided or move about independently with only the help of a cane, crutches, walkerette, walker, wheelchair, or artificial limb;

(b) Traverse a normal path to safety unaided by another individual;

(c) Get into and out of bed without assistance of another individual; and

(d) Transfer to a chair or toilet or move from place to place without assistance of another individual.

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

(6) "Board and domiciliary care" means provision of daily meal service, lodging, and care offered within the living accommodation and includes the general responsibility for safety and well-being of the resident with provision of assistance in activities of daily living as needed.

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

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

(9) "Dietitian" means an individual meeting the eligibility requirements described in "Directory of Dietetic Programs Accredited and Approved," American Dietetic Association, Edition 100, 1980.

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

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

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

(13) "Dwelling" means any building or any portion thereof which is not an apartment house, lodging house or hotel, containing one or two guest rooms used, rented, leased, let, or hired out to be occupied for living purposes.

(14) "Governing body" means the individual or group responsible for establishing and maintaining the purposes and policies of the residential rehabilitation center.

(15) "Independent living skill training" consists of:

(a) Social skill training: A service designed to aid residents in learning appropriate social behavior in situations of daily living (e.g., the use of appropriate behavior in families, work settings, the residential center and other community settings).

(b) Self-care skills training: A service designed to aid residents in developing appropriate skills of grooming, self-care and other daily living skills such as eating, food preparation, shopping, handling money, the use of leisure time, and the use of other community and human services.

(16) "Individualized treatment plan or ITP" means a written statement of care to be provided to a resident based upon assessment of his or her strengths, assets, interests, and problems. The statement shall include stipulation of an

estimated time frame, identification of the process for attaining the goals, and a discharge plan.

(17) "Licensed practical nurse (LPN)" means an individual licensed under provisions of chapter 18.78 RCW.

(18) "Mental health professional" means the individuals described in RCW 71.05.020 and WAC 275-55-020.

(19) "Multidisciplinary treatment team" means the availability of a group comprised, when indicated, of individuals from various clinical disciplines, to include medicine, psychiatry, psychology, social work, nursing, occupational and recreational therapies, dietary, pharmacy, speech, and hearing services. Members of the team shall assess, plan, implement, and evaluate rehabilitation and treatment for residents under care.

(20) "Neglect" means negligent treatment or maltreatment or an act of omission, evincing a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to a resident's health, welfare, and safety.

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

(b) "Emotional neglect" means acts such as rejection, lack of stimulation or other acts of commission or omission, resulting in emotional or behavioral problems, or physical manifestations.

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

(a) New building(s) to be used as a part of the residential rehabilitation center;

(b) Addition or additions to or conversions, either in whole or in part, of the existing building or buildings to be used as part of the residential rehabilitation center;

(c) Alteration or modification other than minor alteration to a residential rehabilitation center or to a facility seeking licensure as a residential rehabilitation center;

(d) "Minor alteration" means any structural or functional modification within the existing residential rehabilitation center, without changing the approved use of the room or area. Minor alterations performed under this definition do not require prior approval of the department; however, this does not constitute a release from the applicable requirements contained in this chapter.

(22) "Occupational therapist" means an individual licensed as an occupational therapist under provisions of chapter 18.59 RCW.

(23) "Owner" means an individual, partnership or corporation, or the legal successor thereof, operating residential rehabilitation centers for psychiatrically impaired adults, whether owning or leasing the premises.

(24) "Paraprofessional" means a person qualified, through experience or training, or a combination thereof, deemed competent while under supervision of a mental health professional, to provide counseling, rehabilitation, training, and treatment services to psychiatrically impaired adults. Such a person shall have, at a minimum:

(a) One year of training in the field of social, behavioral, or health sciences, and one year of experience in an approved treatment program for the mentally ill; or

(b) Two years of training in the field of social, behavioral, or health sciences; or

(c) Three years of work experience in an approved treatment program for the mentally ill.

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

(26) "Physician" means an individual licensed under the provisions of chapter 18.57 or 18.71 RCW.

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

(28) "Private adult treatment home" or "treatment home" means a dwelling which is the residence or home of one or more adults providing food, shelter, beds, and care for two or fewer psychiatrically impaired residents, provided these residents are detained under chapter 71.05 RCW and the home is certified as an evaluation and treatment facility under provisions of chapter 71.05 RCW.

(29) "Psychiatric impairment" means serious mental disorders, excluding mental retardation, substance abuse disorders, simple intoxication with alcohol or drugs, personality disorders, and specific developmental disorders as defined in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, third edition, revised (DSM-III-R), where one or more of the following symptomatic behaviors is exhibited:

(a) Bizarreness, severe self-destructiveness, schizophrenic ideation, or other signs or symptoms resulting from gross, on-going distortions in thought processes;

(b) Suicide attempts or other signs or symptoms associated with marked, severe, or chronic affective disorders;

(c) Chronic sexual maladjustment, or other grossly maladaptive behaviors, in accordance with subsection (29)(a) or (b) of this section.

(30) "Psychiatrist" means a physician having successfully completed a three-year residency program in psychiatry and is eligible for certification by the American Board of Psychiatry and Neurology (ABPN) as described in *Directory of Residency Training Programs Accredited by the Accreditation Council for Graduate Medical Education*, American Medical Association, 1981-1982, or eligible for certification by the American Osteopathic Board of Neurology and Psychiatry as described in *American Osteopathic Association Yearbook and Directory*, 1981-1982.

(31) "Psychologist" means a person licensed as a psychologist in the state of Washington under provisions of chapter 18.83 RCW.

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

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

(34) "Rehabilitation services" means a combination of social, physical, psychological, vocational, and recreational services provided to strengthen and enhance the capability of psychiatrically impaired persons and to enable these persons

to function with greater independence. The services include, but are not limited to, training in independent living skills.

(35) "Rehabilitation specialist" means mental health professionals, paraprofessionals, and medical personnel employed to work in a residential rehabilitation center to provide direct resident treatment, training, and rehabilitation services within the residential rehabilitation center, and includes full-time and part-time staff and consultants.

(36) "Resident" means an individual living in an adult residential rehabilitation center or private adult treatment home for the purpose of participating in rehabilitation and treatment for psychiatric impairment or an individual living in the facility for board and domiciliary care.

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

(38) "Security window" means a window designed to inhibit exit, entry, and injury to a resident, incorporating approved, safe, transparent material.

(39) "Self-administration of medication" means the resident administers or takes his or her own medication from a properly labeled container: *Provided*, That the facility maintains the responsibility to assure medications are used correctly and the resident is responding appropriately.

(40) "Shall" means compliance with regulation is mandatory.

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

(42) "Social worker" means an individual holding a masters degree in social work from a graduate school of social work.

[Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-325-010, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-325-010, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-002, filed 8/9/88; 82-17-009 (Order 1858), § 248-25-002, filed 8/6/82.]

WAC 246-325-012 Licensure—Adult residential rehabilitation centers and private adult treatment homes. Centers and treatment homes shall obtain a license under chapter 71.12 RCW. This chapter establishes minimum licensing standards for the safety, adequate care, and treatment of residents living in centers or treatment homes.

(1) Application for license.

(a) Applicants shall apply for a center or treatment home license on forms furnished by the department. The owner or a legal representative of the owner shall sign the application.

(b) The applicant shall furnish to the department full and complete information and promptly report any changes affecting the current accuracy of such information as to:

(i) The identity of each officer and director of the corporation, if the program is operated by legally incorporated entity, profit or nonprofit; and

(ii) The identity of each partner, if the program is a legal partnership.

(2) Disqualified applicants.

(a) The department shall consider each and every individual named in an application for a center or treatment home license, separately and jointly, as applicants. If the department deems anyone disqualified or unqualified in

accordance with the law or these rules, a license may be denied, suspended, or revoked.

(b) The department may deny, suspend, or revoke a license for failure or refusal to comply with the requirements and rules established under provisions of chapter 71.12 RCW, and in addition, but not limited to, for any of the following:

- (i) Obtaining or attempting to obtain a license by fraudulent means or misrepresentation;
- (ii) Permitting, aiding, or abetting the commission of an illegal act on the premises of a center or treatment home;
- (iii) Cruelty, abuse, neglect or assault, or indifference to the welfare of any resident;
- (iv) Misappropriation of the property of the resident;
- (v) Failure or inability to exercise fiscal accountability and responsibility toward the individual resident, the department, or the business community.

(c) The department shall consider the ability of each individual named in the license application prior to granting a license to determine:

- (i) Ability of each individual to operate the center or treatment home in accordance with the law and these rules;
- (ii) If there is cause for denial of a license to an individual named in the application for any of the following reasons:

- (A) Previous denial of a license to operate a health or personal care facility in Washington state or elsewhere, or
- (B) Civil or criminal conviction for operating a health or personal care facility without a license, or
- (C) Previous revocation or suspension of a license to operate a health or personal care facility.

(d) The department shall deny a license for reasons listed in subsections (2)(c)(ii) of this section unless an applicant affirmatively establishes clear, cogent, and convincing evidence of ability to operate a center or treatment home in full conformance with all applicable laws, rules and regulations.

(3) Inspection of premises. Centers and treatment homes shall permit the department to visit and examine the premises of centers and treatment homes annually and as necessary to ascertain compliance with chapter 71.12 RCW and this chapter.

(4) Denial, suspension, or revocation of a license; adjudicative proceeding.

(a) The department shall issue a letter to an applicant or licensee stating the department is denying an application, or is suspending, modifying, or revoking a license because:

- (i) Findings upon inspection reveal failure or refusal of a center or treatment home to comply with chapter 71.12 RCW and this chapter; and
- (ii) The criteria in WAC 246-325-012 (2)(b) are satisfied; and
- (iii) The health, safety, or welfare of residents is endangered.

(b) The department's notice of a denial, suspension, modification, or revocation of a license shall be consistent with RCW 43.70.115. An applicant or license holder has the right to an adjudicative proceeding to contest the decision.

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

(i) File a written application for an adjudicative proceeding by a method showing proof of receipt with the Administrative Hearings Unit, Department of Health, 1300 Quince Street S.E., P.O. Box 47851, Olympia, WA 98504-7851; and

(ii) Include in or with the application:

- (A) A specific statement of the issue or issues and law involved;
- (B) The grounds for contesting the department decision; and
- (C) A copy of the contested department decision.

(d) The proceeding is governed by the Administrative Procedure Act (chapter 34.05 RCW), this chapter, and chapter 246-08 WAC. If a provision in this chapter conflicts with chapter 246-08 WAC, the provision in this chapter governs.

(5) Submission of plans and programs for centers. Centers shall submit the following with an application for license unless already on file with the department:

(a) A written description of activities and functions containing, at a minimum, information concerning services to be provided and operational methods to be used affecting the physical plant and facilities required by this chapter;

(b) A plot plan showing street, driveways, water and sewage disposal systems, the location of buildings on the site, and grade elevations within ten feet of any building housing residents;

(c) Floor plans of each building housing residents with the following information:

- (i) Identification of each resident's sleeping room by use of a lettering or numbering system, or some equivalent mechanism of identification;
- (ii) The usable square feet of floor space in each room;
- (iii) The clear window glass area in each resident's sleeping room;
- (iv) The height of the lowest portion of the ceiling in any resident's sleeping room; and
- (v) The floor elevations referenced to the grade level.

(6) New construction for centers. Centers shall submit the following to the department for review when new construction is contemplated:

(i) A written description of activities and functions containing, at a minimum, information concerning services to be provided and operational methods to be used affecting the physical plant and facilities required by these regulations;

(ii) Duplicate sets of preliminary plans drawn to scale and including:

(A) A plot plan showing streets, driveways, the water and sewage disposal systems, grade and location of building or buildings on the site; and

(B) The plans for each floor of the building or buildings, existing and proposed, designating the functions of each room and showing all fixed equipment.

(iii) A statement about:

- (A) Source of the water supply;
- (B) The method of sewage and garbage disposal; and
- (C) A general description of construction and materials, including interior finishes.

(b) Licensees and applicants shall start construction only after department receipt and approval of:

(i) Specifications and duplicate sets of final plans drawn to scale;

(ii) Specifications showing complete details to contractors for construction of buildings; and

(iii) Plans and specifications including:

(A) Plot plans;

(B) Plans for each floor of each building designating the function of each room and showing all fixed equipment and the planned location of beds and other furniture in residents' sleeping rooms;

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

(D) A schedule of floor, wall and ceiling finishes, and the types and sizes of doors and windows;

(E) Plumbing, heating, ventilation, electrical systems, fire safety; and

(F) Specifications fully describing workmanship and finishes.

(c) Centers shall make adequate provisions for safety and comfort of residents as construction work takes place in or near occupied areas.

(d) Centers shall:

(i) Ensure all construction takes place in accordance with department approved final plans and specifications;

(ii) Consult with the department prior to making any changes from the approved plans and specifications;

(iii) Incorporate only department-approved changes into a construction project;

(iv) Submit modified plans or addenda on changes incorporated into a construction project to the department file on the project even though submission of the modified plans or addenda was not required by the department prior to approval.

(e) The department may require submission of modified plans or addenda for review prior to considering a proposed change or changes for approval.

(7) Compliance with other regulations.

(a) Centers shall comply with rules and regulations adopted by the Washington state fire marshal under provisions of RCW 71.12.485.

(b) Centers involved in construction shall comply with the state building code as required in chapter 19.27 RCW.

(c) Compliance with this chapter does not exempt centers from compliance with codes under other state authorities or local jurisdictions, such as state electrical codes or local zoning, building, and plumbing codes.

(8) Posting of license. Centers shall post the license in a conspicuous place on the premises.

(9) Transfer of ownership. A center shall transfer ownership or, if a corporation, sell a majority of stock, only after the transferee has received department approval of the license application and reported change of center administrator.

(10) Exemptions.

(a) The secretary or designee may exempt a center or treatment home from compliance with specified subsections of these regulations when the department ascertains such exemptions may be made in an individual case without jeopardizing the safety or health of the residents in a particular center or treatment home.

(b) Centers and treatment homes shall keep all written exemptions granted by the department pursuant to this chapter on file in the center or treatment home.

[Statutory Authority: RCW 43.70.040, 34.05.220 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-325-012, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-325-012, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and 1989 1st ex.s. c 9 § 106. 90-06-019 (Order 039), § 248-25-010, filed 2/28/90, effective 3/1/90. Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-010, filed 8/9/88; 82-17-009 (Order 1858), § 248-25-010, filed 8/6/82.]

WAC 246-325-015 Licensure—Private adult treatment home. Private adult treatment homes shall be licensed under chapter 71.12 RCW, private establishments. This chapter establishes minimum licensing rules and regulations for safety and adequate care of psychiatrically-impaired clients living in a private adult treatment home. WAC 246-325-010 (1), (2), (3), (4), (6), (8), (9), and (10) shall apply. All other rules and regulations for private adult treatment homes are contained in WAC 246-325-010, 246-325-100, and 246-325-120.

[Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-325-015, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-325-015, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 82-17-009 (Order 1858), § 248-25-015, filed 8/6/82.]

WAC 246-325-020 Administration—Adult residential rehabilitation center. (1) Governing body.

(a) Each center shall have a governing body.

(b) The governing body of the center shall:

(i) Be responsible for the provision of personnel, facilities, equipment, supplies, and other services necessary to meet the needs of residents;

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

(iii) Establish and maintain a current, written organizational plan, including all positions and delineating responsibilities, authority, and relation of positions within the center.

(2) Personnel.

(a) Centers shall provide:

(i) Sufficient qualified personnel to provide the services needed by the residents and to maintain the center;

(ii) Written, current job descriptions for each position classification;

(iii) A personnel record system;

(iv) A current personnel record for each employee including:

(A) Application for employment,

(B) Verification of education or training when required,

(C) A record or verification of a valid, current license for any employee requiring licensure, and

(D) An annually documented performance evaluation.

(v) A planned, supervised, and documented orientation for each new employee;

(vi) Ongoing in-service education affording each employee the opportunity to maintain and update competencies needed to perform assigned tasks and responsibilities, to include cardiopulmonary resuscitation when appropriate.

(b) Centers using volunteer services and activities shall:

(i) Ensure coordination by a qualified member of the center staff;

(ii) Conduct appropriate screening;

(iii) Document orientation and training provided for each volunteer in accordance with the job to be performed; and

(iv) Provide supervision of volunteers by qualified staff.

(3) Research. When research is proposed or conducted directly involving residents, the center shall ensure:

(a) Review, monitoring, and approval of the research project by a multidisciplinary committee to protect the rights and safety of residents; and

(b) Inclusion on the multidisciplinary committee of at least:

(i) One licensed mental health professional not employed by the center; and

(ii) A resident or resident advocate not employed by the center.

(c) The right and responsibility of the committee to modify or discontinue research.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-325-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW, 88-17-022 (Order 2668), § 248-25-020, filed 8/9/88; 82-17-009 (Order 1858), § 248-25-020, filed 8/6/82.]

WAC 246-325-022 Criminal history, disclosure, and background inquiries. (1) A licensee or license applicant shall require a disclosure statement as specified under RCW 43.43.834 for each prospective employee, volunteer, contractor, student, and any other person associated with the licensed adult residential rehabilitation center or private adult treatment home having direct contact with:

(a) Children under sixteen years of age;

(b) Vulnerable adults as defined under RCW 43.43.830; and

(c) Developmentally disabled individuals.

(2) A license applicant having direct contact with vulnerable adults shall obtain a Washington state patrol criminal history background disclosure statement and submit it to the department either:

(a) With the initial application for licensure; or

(b) For current licensees, with the first application for renewal of license submitted after September 1, 1993.

(3) A licensee or license applicant shall:

(a) Require a Washington state patrol background inquiry as specified in RCW 43.43.842(1) for each:

(i) Employee, volunteer, contractor, student, and any other person currently associated with the licensed adult residential rehabilitation center or private adult treatment home, having direct contact with vulnerable adults, when engaged on or since July 22, 1989; and

(ii) Prospective employee, volunteer, contractor, student, and person applying for association with the licensed facility prior to allowing the person direct contact with vulnerable adults, except as allowed by subsection (4) of this section;

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

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

(d) Verbally inform the person of the background inquiry results within seventy-two hours of receipt; and

(e) Offer to provide a copy of the background inquiry results to the person within ten days of receipt.

(4) A licensee may conditionally employ, contract with, accept as a volunteer or associate, a person having direct

contact with vulnerable adults pending a background inquiry, provided the licensee:

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

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

(5) Except as provided in RCW 43.43.842 and in subsection (4) of this section, a licensee shall not hire or retain, directly or by contract, any person having direct contact with vulnerable adults, if that person has been:

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

(b) Convicted of a crime relating to financial exploitation of a vulnerable adult;

(c) Found in any disciplinary board final decision to have abused a vulnerable adult under RCW 43.43.830; or

(d) The subject in a protective proceeding under chapter 74.34 RCW.

(6) The licensee shall establish and implement procedures ensuring that all disclosure statements and background inquiry responses are:

(a) Maintained in a confidential and secure manner;

(b) Used for employment purposes only;

(c) Not disclosed to any person except:

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

(ii) Authorized state and federal employees; and

(iii) The Washington state patrol auditor.

(d) Retained and available for department review during and at least two years following termination of employment.

(7) The department shall:

(a) Review records required under this section;

(b) Investigate allegations of noncompliance with RCW 43.43.830 through 43.43.842, when necessary, in consultation with law enforcement personnel; and

(c) Use information collected under this section solely for the purpose of determining eligibility for licensure or relicensure as required under RCW 43.43.842.

(8) The department may require licensees to complete additional disclosure statements or background inquiries for a person associated with the licensed facility having direct contact with vulnerable adults if the department has reason to believe that offenses specified under RCW 43.43.830 have occurred since completion of the previous disclosure statement or background inquiry.

[Statutory Authority: RCW 43.43.830 through 43.43.842, 93-16-030 (Order 381), § 246-325-022, filed 7/26/93, effective 8/26/93.]

WAC 246-325-025 HIV/AIDS education and training. Adult residential rehabilitation centers and private adult treatment homes shall:

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

(2) Use infection control standards and educational material consistent with the approved curriculum manual *Know - HIV/AIDS Prevention Education for Health Care Facility Employees*, January 1991, published by the office on HIV/AIDS.

[Statutory Authority: RCW 43.70.040, 70.24.310 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-325-025, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-325-025, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.310. 89-21-038 (Order 3), § 248-25-025, filed 10/12/89, effective 11/12/89.]

WAC 246-325-030 Resident care services in adult residential rehabilitation centers or private adult treatment homes. (1) Policies and procedures. Centers shall establish and follow written policies regarding admission criteria and treatment methods ensuring:

(a) Admission of residents in keeping with stated policies and limited to residents for whom a center is qualified by staff, services, and equipment, to give adequate care;

(b) Acceptance of a psychiatrically impaired resident based upon prior assessment by a mental health professional as defined in chapter 71.05 RCW or by a community mental health program under chapter 71.24 RCW.

(2) Resident assessments. Centers shall require documentation of the assessment of each psychiatrically impaired resident by a mental health professional or program to establish:

(a) Resident requirements are appropriate to the intensity and restrictions of care available and provided;

(b) Resident services required can be appropriately provided by the center or treatment home program or program components; and

(c) The resident is free of a physical condition requiring medical or nursing care available only in a hospital.

(3) Board and domiciliary care. Centers may admit and provide services for residents requiring only board and domiciliary care.

(4) Resident admission limitations. Unless excepted in writing by the Washington state fire marshal and the department, centers and treatment homes shall prohibit admission and retention of individuals who:

(a) Need physical restraints,

(b) Are not ambulatory,

(c) Lack adequate cognitive functioning to enable response to a fire alarm, or

(d) Are unable to evacuate the premises in an emergency without assistance.

(5) Individual treatment and discharge planning.

(a) Centers and treatment homes shall ensure an initial assessment of each resident within seventy-two hours of admission with development of a provisional individualized treatment plan (ITP) for each psychiatrically impaired resident.

(b) A multidisciplinary treatment team shall develop a written ITP for each resident within fourteen days of admission.

(i) The center or treatment home shall provide interpretation of the ITP to resident care staff.

(ii) Each resident and/or an individual selected or chosen by the resident shall be provided an opportunity to participate in development of the ITP.

(iii) The center or treatment home and the multidisciplinary treatment team shall implement the ITP with written review and evaluation as necessary and at least once each thirty days with:

(A) Modifications in the ITP as necessary; and

(B) Implementation and review evidenced in the clinical record.

(iv) Centers and treatment homes shall include the ITP in the clinical record.

(6) Treatment and rehabilitation delivery services. Centers and treatment homes shall develop a written plan describing the organization of services. Consistent with the plan, policies and procedures shall address the following:

(a) Requirements for physician authentication of a completed comprehensive health assessment and medical history within three working days after admission unless a comprehensive health assessment or review performed within the previous thirty days is available upon admission;

(b) Arrangements for physician care of any resident with a medical condition present;

(c) Signing of orders for medical treatment by a physician or other authorized practitioner acting within the scope of Washington state statutes defining practice;

(d) Provisions for emergency medical services;

(e) Completion of a psychiatric evaluation for each psychiatrically impaired resident with authentication by a psychiatrist within thirty days prior to or three working days following admission;

(f) Requirements for a registered nurse, with training and experience in working with psychiatrically impaired adults as follows:

(i) Employed full or part-time or under contract or written agreement; and

(ii) Responsible for all nursing functions.

(g) Access to and availability of mental health professionals, occupational therapists, recreational therapists, LPN, rehabilitation specialists, and paraprofessionals with experience in working with psychiatrically impaired adults, as necessary to develop, integrate, and implement the ITP.

(h) Rehabilitation services under long-term care to include:

(i) An educational and vocational assessment of each resident with appropriate educational and vocational programs developed and implemented or arranged on the basis of the assessment; and

(ii) Training in independent living skills provided by qualified persons as necessary to meet the needs of the residents.

[Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-325-030, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-325-030, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-030, filed 8/9/88; 82-17-009 (Order 1858), § 248-25-030, filed 8/6/82.]

WAC 246-325-035 General resident safety and care—Policies, procedures, practices. (1) Centers and treatment homes shall state disciplinary policy and practices in writing ensuring any disciplinary practice used is:

(a) Fair, reasonable, consistent, and related to the mental status and behavior of a resident;

(b) Consistent with the ITP;

(c) Not abusive, cruel, hazardous, frightening, or humiliating; and

(d) Documented in the clinical record.

(2) Centers and treatment homes shall prohibit:

- (a) Use of seclusion and restraint as punitive measures; and
 - (b) Use of corporal punishment.
- (3) Centers and treatment homes shall:
- (a) Protect residents from assault, abuse, and neglect; and
 - (b) Report suspected or alleged incidents to the department including:
 - (i) Nonaccidental injury,
 - (ii) Sexual abuse,
 - (iii) Assault,
 - (iv) Cruelty, and
 - (v) Neglect.
- (4) Centers and treatment homes shall account for resident allowances, earnings, and expenditures including:
- (a) Permitting a discharged resident to take the balance of his or her money; or
 - (b) Fully informing a resident when his or her money is transferred to another facility or organization as permitted by state or federal law; and
 - (c) Informing each resident of any responsibility for cost of care and treatment per law or rule.
- (5) Centers and treatment homes shall allow residents to work on the premises only when:
- (a) Assigned tasks are appropriate to resident age, physical and mental condition;
 - (b) Assignments are described in the ITP;
 - (c) Resident work is supervised and part of a treatment program;
 - (d) Center or treatment home staff retain responsibility for basic housekeeping, maintenance of equipment, and maintenance of the physical environment; and
 - (e) Documentation of resident work occurs.
- (6) Centers and treatment homes shall establish written policy and procedures to:
- (a) Describe resident rights consistent with chapter 275-56 WAC;
 - (b) Require current written policy and signed physician orders guiding actions of staff when medical emergencies or threats to life occur including:
 - (i) Policy review as needed and at least once each two years;
 - (ii) Written approval of policies by representatives of medical, nursing, and administrative staff;
 - (iii) Maintenance of current transfer agreements with one or more acute care hospitals; and
 - (iv) Provision for transmitting medical and related resident information with a resident in event of transfer for medical or other treatment and care.
 - (c) Describe circumstances for notification of legal guardian or next-of-kin in event of:
 - (i) Serious change in resident condition;
 - (ii) Resident death;
 - (iii) Resident escape or unauthorized departure;
 - (iv) Transfer of resident to another facility; and
 - (v) Other unusual circumstances.
 - (d) Establish requirements consistent with chapter 70.160 RCW Washington Clean Indoor Air Act if residents, staff, or visitors are permitted to smoke in the center or treatment home;

- (e) Provide for immediate emergency access to sleeping rooms, toilets, showers, bathrooms, or other rooms occupied by residents;
- (f) Maintain resident monitoring and safety consistent with chapter 275-55 WAC if seclusion rooms or restraints are used;
- (g) Provide for availability and access to emergency supplies and equipment identified in emergency medical policies;
- (h) Provide guidance for staff in:
 - (i) Summoning of internal and external assistance, e.g., poison center, police, fire department;
 - (ii) Immediate actions required when resident behavior is violent or assaultive;
 - (iii) Regular documented rehearsals of safe, effective staff action when a resident is violent or assaultive;
 - (iv) Regular documented rehearsal of a fire and disaster plan; and
 - (v) Actions and documentation in clinical record following accidents or incidents considered harmful or injurious to a resident.
- (i) Require the presence of one or more on-duty staff with current training in first aid and cardiopulmonary resuscitation;
- (j) Encourage safe transportation of residents including:
 - (i) Assuring center-owned vehicles used for resident transport are in safe operating condition with records of preventive maintenance;
 - (ii) Providing a center authorization including a requirement for a current driver's license for each driver of a center-owned vehicle transporting residents;
 - (iii) Mandatory use of seat belts or other safety devices;
 - (iv) Observation of maximum vehicle passenger capacity; and
 - (v) Description of circumstances when residents are transported in vehicles not owned or operated by the center.
- (k) Establish systems for routine preventive maintenance, documentation of the plan, and documentation of dates inspected.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-325-035, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-035, filed 8/9/88.]

WAC 246-325-040 Pharmaceutical services in adult residential rehabilitation centers. (1) Each center shall have an agreement with a pharmacist to advise on matters relating to the practice of pharmacy, drug utilization, control, and accountability.

(2) Centers shall obtain written approval of a physician and pharmacist for written policies and procedures addressing:

- (a) Procuring,
- (b) Prescribing,
- (c) Administering,
- (d) Dispensing,
- (e) Storage,
- (f) Transcription of orders,
- (g) Use of standing orders,
- (h) Disposal of drugs,
- (i) Self-administration of medication, and

(j) Control or disposal of drugs brought into the center by residents and/or recording of drug administration in the clinical record.

(3) Centers shall require and ensure:

(a) Written orders signed by a physician or other legally authorized practitioner acting within the scope of his or her license, for all medications administered to residents;

(b) An organized system to maintain accuracy in receiving, transcribing, and implementing orders for administration of medications;

(c) Drug dispensing only by persons licensed to dispense drugs;

(d) Drug administering only by persons licensed to administer drugs;

(e) Drugs brought into the center for resident use while in the center are specifically ordered by a physician;

(f) Control and appropriate use of all drugs administered or self-administered within the center;

(g) Provisions for procurement, drug profiles, labeling and storage of medications, drugs, and chemicals;

(h) Procurement of drugs ordered or prescribed for a specific resident by individual prescription only;

(i) The services of a pharmacist and pharmacy so that medications, supplies, and individual prescriptions are provided without undue delay;

(j) Medication containers within the center are clearly and legibly labeled with the medication name (generic and/or trade), strength, and expiration date (if available);

(k) Medications, poisons, and chemicals kept anywhere in the center are:

(i) Plainly labeled and stored in a specifically designated, secure, well-illuminated cabinet, closet, or storeroom;

(ii) Made accessible only to authorized persons; and

(iii) Maintained so that external medications are separated from internal medications.

(l) Maintenance of appropriate warning or poison labels and separate storage for poisonous external chemicals, caustic materials, and drugs.

(4) Centers shall maintain a current drug reference readily available for use by staff and treatment team members.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-325-040, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-040, filed 8/9/88; 82-17-009 (Order 1858), § 248-25-040, filed 8/6/82.]

WAC 246-325-045 Food storage—Preparation—Service. (1) Centers shall maintain food service facilities and practices complying with chapter 246-215 WAC.

(2) Centers and treatment homes shall provide:

(a) A minimum of three meals in each twenty-four hour period;

(b) Evidence of written approval by the department when a specific request for fewer than three meals per twenty-four hour period is granted;

(c) A maximum time interval between the evening meal and breakfast of fourteen hours unless a snack contributing to the daily nutrient total is served or made available to all residents between the evening meal and breakfast;

(d) Dated, written menus which:

(i) Are written at least one week in advance,

(ii) Are retained six months, and

(iii) Provide a variety of foods with cycle duration of at least three weeks before repeating.

(e) Substitutions for food on menus of comparable nutrient value;

(f) Palatable, attractively served diets, meals, and nourishments sufficient in quality, quantity, and variety to meet the recommended dietary allowances of the food and nutrition board, national research council, 1980 edition; and

(g) A record of all food and snacks served and contributing to nutritional requirements.

(3) Centers and treatment homes shall prepare and serve:

(a) Resident specific modified or therapeutic diets when prescribed and as prescribed by a physician with menus approved by a dietitian; and

(b) Only those nutrient concentrates and supplements prescribed in writing by a physician.

[Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-325-045, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-325-045, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-045, filed 8/9/88.]

WAC 246-325-050 Infection control in adult residential rehabilitation centers. (1) Centers shall establish written policies and procedures addressing infection control and isolation of residents (should isolation be necessary and medically appropriate for an infectious condition).

(2) Centers shall report communicable disease in accordance with chapter 246-100 WAC.

(3) Centers shall maintain:

(a) A current system for reporting, investigating, and reviewing infections among residents and personnel; and

(b) A system for keeping records on such infections.

(4) Centers shall require off-duty status or restrict resident contact where an employee is known to have a communicable disease in an infectious stage and is likely to be spread by casual contact.

[Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-325-050, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-325-050, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-050, filed 8/9/88; 82-17-009 (Order 1858), § 248-25-050, filed 8/6/82.]

WAC 246-325-060 Clinical records. (1) Centers shall maintain and retain:

(a) A well-defined clinical record system, adequate and experienced staff;

(b) Adequate facilities, equipment, and supplies necessary to the development, maintenance, security, control, retrieval, analysis, use, and preservation of resident care data; and

(c) A person demonstrating competency and experience or training in clinical record administration responsible for the clinical record system.

(2) Centers and treatment homes shall document and maintain individual resident records and a record system in accordance with recognized principles of clinical record management to include:

(a) Ready access for appropriate members of staff;

(b) Systematic methods for identifying the record of each resident; and

(c) Legible, dated, authenticated entries (ink, typewritten, computer terminal, or equivalent) on all diagnostic and treatment procedures and other clinical events].

(3) Centers shall have current policies and procedures related to the clinical record system including:

(a) An established format and documentation expectations for the clinical record of each resident;

(b) Control of access to and release of data in clinical records including confidentiality of information contained in records and release of information in accordance with chapter 71.05 RCW;

(c) Retention, preservation, and final disposal of clinical records and other resident care data to ensure:

(i) Retention and preservation of:

(A) Each resident's clinical record for a period of no less than five years, or for five years following the resident's most recent discharge, whichever is the longer period of time;

(B) A complete discharge summary, authenticated by an appropriate member of the staff, for a period of no less than ten years or no less than ten years following the resident's most recent discharge, whichever is the longer period of time; and

(C) Reports of tests related to the psychiatric condition of each resident for a period of no less than ten years or no less than ten years following the resident's most recent discharge, whichever is the longer period of time.

(ii) Final disposal of any resident clinical record, indices, or other reports permitting identification of the individual shall be accomplished so retrieval and subsequent use of data contained therein are impossible;

(iii) In the event of transfer of ownership of the center or treatment home, resident clinical records, indices, and reports remain in the center or treatment home, retained and preserved by the new operator in accordance with this section;

(iv) Center or treatment home arrangements for preservation of clinical records, reports, indices, and resident data in accordance with this section if the center or treatment home ceases operation; and

(v) Department approval of plans for preservation and retention of records prior to cessation of operation.

(d) Psychiatric diagnoses, abbreviations, and terminology consistent with the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, third edition, revised (DSM-III-R), physical diagnoses, abbreviations, and terminology consistent with *International Classification of Diseases*, ninth revision, Clinical Modification (ICD-9-CM);

(e) Clinical records identifying information, assessments by the multidisciplinary treatment team, regular progress notes by members of the multidisciplinary treatment team, individualized treatment plans, final evaluation, and a discharge summary;

(f) A master resident index;

(g) Identifying information;

(h) Assessments and regular progress notes by the multidisciplinary treatment team;

(i) Individualized treatment plans; and

(j) Final evaluation and discharge summary.

[Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-325-060, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-325-060, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-060, filed 8/9/88; 82-17-009 (Order 1858), § 248-25-060, filed 8/6/82.]

Reviser's note: The bracket in the text of the above section occurred in the copy filed by the agency.

WAC 246-325-070 Physical environment in adult residential rehabilitation centers. (1) Each center shall provide a safe, clean environment for residents, staff, and visitors.

(2) Centers shall provide:

(a) A ground floor accessible to the physically handicapped; and

(b) Program activity areas and sleeping quarters for any physically handicapped residents on floors meeting applicable standards.

(3) Residents' sleeping rooms.

(a) Centers shall provide sleeping rooms which:

(i) Are directly accessible from a corridor or common-use activity room or an area for residents;

(ii) Are outside rooms with a clear glass window area of approximately one-tenth of the usable floor area;

(iii) Have windows above the ground floor level appropriately screened or have a security window;

(iv) Provide a minimum of eighty square feet of usable floor space in a single-bed room;

(v) Provide no less than seventy square feet of usable floor area per bed in multi-bed rooms;

(vi) Accommodate no more than four residents;

(vii) Provide no less than seven and one-half feet of ceiling height over the required floor area;

(viii) Provide space so beds do not interfere with the entrance, exit, or traffic flow within the room;

(ix) Have dimensions and conformation allowing placement of beds three feet apart; and

(x) Have room furnishings maintained in a clean, safe condition.

(b) Centers shall prohibit use of any room more than three feet, six inches below grade as a resident sleeping room.

(c) Centers shall provide:

(i) Visual privacy for each resident as needed and may achieve this through a program assuring privacy in toileting, bathing, showering, and dressing;

(ii) An enclosed space suitable for hanging garments and storage of personal belongings for each resident within or convenient to his or her room; and

(iii) Secure storage of resident valuables in the room or elsewhere.

(d) Centers shall provide each resident access to his or her room with the following exceptions:

(i) If appropriate, center rules may specify times when rooms are unavailable; and/or

(ii) An ITP may specify restrictions on use of a room.

(e) Centers shall provide a bed for each resident which is:

(i) At least thirty-six inches wide or appropriate to the special needs and size of the resident; and

(ii) Provided with a clean, cleanable, firm mattress and a clean, cleanable, or disposable pillow.

(4) Centers shall ensure that each resident occupied floor or level provides:

(a) One toilet and sink for each eight residents or any fraction thereof;

(b) A bathing facility for each twelve residents or fraction thereof; and

(c) Arrangements for privacy in toilets and bathing facilities.

(5) Centers shall provide:

(a) Adequate lighting in all areas;

(b) An adequate number of electrical outlets to permit use of electrical fixtures appropriate to the needs of residents and consistent with the program;

(c) General lighting for sleeping rooms with an electrical wall switch located at the door of each sleeping room to control one built-in light fixture within the room; and

(d) Emergency lighting equipment such as flashlights or battery-operated lamps available and maintained in operating condition.

(6) Ventilation.

(a) Centers shall provide ventilation of all rooms used by residents or personnel sufficient to remove objectionable odors, excessive heat, or condensation.

(b) Centers shall provide appropriate vents in inside rooms, including toilets, bathrooms, and other rooms where excessive moisture, odors, or contaminants originate.

(7) Centers shall provide:

(a) An adequate supply of hot and cold running water under pressure conforming with standards of the state board of health, chapter 246-290 WAC;

(b) Hot water temperature at bathing fixtures not to exceed one hundred twenty degrees Fahrenheit;

(c) Hot water at a temperature of one hundred forty degrees Fahrenheit available for laundry equipment; and

(d) Devices to prevent back-flow into the water supply system from fixtures where extension hoses or other cross connections may be used.

(8) Linen and laundry. Centers shall provide:

(a) An adequate storage area and supply of clean linen, washcloths, and towels available for resident use;

(b) Availability of at least one laundry room with washer and dryer located in an area separated from the kitchen and dining area; and

(c) Well-ventilated soiled laundry or linen storage and sorting areas physically separated from the clean linen handling area, the kitchen, and the eating areas.

(9) Centers shall provide at least one private area within the center for visitation of residents and guests.

(10) Centers shall provide an adequate number of therapy and examination rooms for:

(a) Group and individual therapy reasonably sound-proofed to maintain confidentiality;

(b) Seclusion or maximum security if required by a program, unless immediately accessible in a hospital, with each room:

(i) Under direct staff supervision;

(ii) Intended for short-term occupancy only;

(iii) Designed and furnished to provide maximum security and safety for occupant;

(iv) An inside or outside room with natural or artificial light;

(v) Provided with window lights in door or other provisions for direct visibility of an occupant at all times; and

(vi) A minimum of fifty square feet of floor space, exclusive of fixed equipment and a minimum dimension of six feet.

(c) Physical examination of residents when performed on a routine basis within the center including:

(i) Provisions for privacy and adequate light;

(ii) A handwashing facility with single-use disposable towels or equivalent; and

(iii) A soap dispenser.

(11) If seclusion or maximum security rooms are not required by program, these shall be immediately available in a hospital or other licensed facility.

(12) When medical and nursing supplies and equipment are washed, disinfected, stored, or handled within the center, centers shall provide utility and storage areas designed and equipped for these functions providing for segregation of clean and sterile supplies and equipment from contaminated supplies and equipment.

(13) Centers shall provide housekeeping facilities including:

(a) At least one service sink and housekeeping closet equipped with shelving; and

(b) Provision for collection and disposal of sewage, garbage, refuse, and liquid wastes in a manner to prevent creation of an unsafe or unsanitary condition or nuisance.

(14) Centers shall provide:

(a) A heating system operated and maintained to provide a comfortable, healthful temperature in rooms used by residents;

(b) An area for secure storage of resident records;

(c) An area providing privacy for authorized personnel to read and document in the resident records;

(d) An appropriately furnished dining room or rooms or area or areas large enough to provide table service for all residents;

(e) Sufficient space to accommodate various activities when a multipurpose room is used for dining as well as recreational activities or meetings; and

(f) At least forty square feet per bed for the total combined area utilized for dining, social, educational, recreational activities, and group therapies.

(15) Centers shall provide:

(a) Ready access to one "nonpay" telephone in the event of fire or other emergencies; and

(b) A readily available telephone for use by residents located so privacy is possible.

(16) Centers shall arrange availability of a safely maintained outdoor recreational area for use of residents.

[Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-325-070, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-325-070, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-070, filed 8/9/88; 82-17-009 (Order 1858), § 248-25-070, filed 8/6/82.]

WAC 246-325-100 Resident care services in private adult treatment homes. (1) The treatment home shall have written policies regarding admission criteria and treatment methods. Admission of residents shall be in keeping with

stated policies and limited to psychiatrically impaired residents for whom the home can provide adequate safety, treatment, and care.

(2) Rules and regulations contained in this chapter shall apply except for the following:

- (a) WAC 246-325-012 (5), (6), (8), and (9);
- (b) WAC 246-325-020;
- (c) WAC 246-325-030 (1), (2), (6)(f);
- (d) WAC 246-325-035 (6)(j)(i)-(ii) and (6)(k);
- (e) WAC 246-325-040;
- (f) WAC 246-325-050; and
- (g) WAC 246-325-070.

(3) The treatment home shall:

(a) Require a specific order or prescription by a physician or other legally authorized practitioner for resident medications;

(b) Assume responsibility for security and monitoring of resident medications including:

- (i) Locked storage or other means to keep medication unaccessible to unauthorized persons;
- (ii) Refrigeration of medication when required;
- (iii) External and internal medications stored separately (separate compartments);
- (iv) Each medication stored in original labeled container;

(v) Medication container labels including the name of the resident and the date of purchase;

(vi) Limiting disbursement and access to licensee except for self-administered medications;

(vii) Medications dispersed only on written approval of an individual or agency having authority by court order to approve medical care;

(viii) Medications dispersed only as specified on the prescription label or as otherwise authorized by a physician; and

(ix) Ensuring self-administration of medications by a resident in accordance with the following:

(A) The resident shall be physically and mentally capable of properly taking his or her own medicine; and

(B) Prescription drugs, over-the-counter drugs, and other medical materials used by individuals shall be kept so the prescription drugs are not available to other individuals.

(4) Clinical records and record systems shall comply with WAC 246-325-060.

[Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-325-100, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-325-100, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-100, filed 8/9/88; 82-17-009 (Order 1858), § 248-25-100, filed 8/6/82.]

WAC 246-325-120 Physical environment requirements for private adult treatment homes. (1) The treatment home shall be located on a well-drained site, free from hazardous conditions, and accessible to other facilities necessary to carry out the program. At least one telephone on the premises shall be accessible for emergency use at all times.

(2) The treatment home shall provide and maintain the physical plant, premises, and equipment:

- (a) In clean and sanitary condition,
- (b) Free of hazards, and

(c) In good repair.

(3) Treatment homes shall provide:

(a) Suitable space for storage of clothing;

(b) Resident bedrooms which are outside rooms permitting entrance of natural light;

(c) Multiple occupancy bedrooms, when used, not less than fifty square feet per resident occupant of floor area exclusive of closets;

(d) A bed for each resident which is at least thirty-six inches wide with clean mattress, pillow, sheets, blankets, and pillowcases;

(e) Adequate facilities for separate storage of soiled and clean linen;

(f) At least one indoor flush-type toilet, one lavatory, and one bathtub or shower with hot and cold or tempered running water with:

(i) Provision for resident privacy; and

(ii) Soap and individual or disposable towels.

(g) Adequate lighting; and

(h) Discharge of sewage and liquid wastes into a public sewer system or into an independent sewage system approved by the local health authority or the department.

(4) Treatment homes shall ensure:

(a) Approval by the local health authority or department when a private water supply is provided;

(b) A heating system operated and maintained to provide not less than sixty-eight degrees Fahrenheit temperature in rooms used by residents during waking hours; and

(c) Premises free from rodents, flies, cockroaches, and other insects.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-325-120, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-120, filed 8/9/88; 82-17-009 (Order 1858), § 248-25-120, filed 8/6/82.]

WAC 246-325-990 Fees. Adult residential rehabilitation centers (ARRC) licensed under chapter 71.12 RCW shall:

(1) Submit an annual fee of thirty-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

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246-326-090	Physical plant and equipment.
246-326-100	Special additional requirements for facilities providing alcoholism detoxification service.
246-326-990	Fees.

WAC 246-326-001 Purpose. Regulations relating to alcoholism treatment facilities are hereby adopted pursuant to chapter 71.12 RCW. The purpose of these regulations is to provide health and safety standards and procedures for the issuance, denial, suspension, and/or revocation of licenses for facilities, other than hospitals regulated pursuant to chapter 246-318 or 246-322 WAC, maintained and operated primarily for receiving or caring for alcoholics.

[Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-326-001, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-326-001, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-001, filed 8/3/84. Formerly WAC 248-22-500.]

WAC 246-326-010 Definitions. For the purpose of these regulations, the following words and phrases shall have the following meanings unless the context clearly indicates otherwise. All adjectives and adverbs such as adequate, approved, competent, qualified, necessary, reasonable, reputable, satisfactory, sufficiently, effectively, appropriately, or suitable used in these rules and regulations to qualify an individual, a procedure, equipment, or building shall be as determined by the Washington state department of health.

(1) "Abuse," other than substance or alcohol abuse, means the injury, sexual use, or sexual mistreatment of an individual patient by any person under circumstances which indicate the health, welfare, and safety of the patient is harmed thereby.

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

(b) "Emotional abuse" means verbal or nonverbal actions, outside of accepted therapeutic programs, which are degrading to a patient or constitute harassment.

(2) "Administrator" means an individual appointed as the chief executive officer by the governing body of a facility to act in the facility's behalf in the overall management of the alcoholism treatment facility.

(3) "Alcoholic" means a person with alcoholism.

(4) "Alcoholism" means an illness characterized by lack of control as to the consumption of alcoholic beverages, or the consumption of alcoholic beverages to the extent an individual's health is substantially impaired or endangered, or his or her social or economic function is substantially disrupted.

(5) "Alcoholism counselor" means an individual having adequate education, experience, and knowledge regarding the nature and treatment of alcoholism and knowledgeable about community resources providing services alcoholics may need and who knows and understands the principles and techniques of alcoholism counseling with minimal requirements to include:

(a) A history of no alcohol or other drug misuse for a period of at least two years immediately prior to time of employment as an alcoholism counselor and no misuse of alcohol or other drugs while employed as an alcoholism counselor;

(b) A high school diploma or equivalent;

(c) Satisfactory completion of at least twelve quarter or eight semester credits from a college or university, including at least six quarter credits or four semester credits in specialized alcoholism courses.

(6) "Alcoholism treatment facility" means a private place or establishment, other than a licensed hospital, operated primarily for the treatment of alcoholism.

(7) "Alteration" means changes requiring construction in an existing alcoholism treatment facility.

"Minor alteration" means any physical or functional modification within existing alcoholism treatment facilities not changing the approved use of a room or area. Minor alterations performed under this definition do not require prior review of the department; however, this does not constitute a release from any applicable requirements herein.

(8) "Area," except when used in reference to a major section of an alcoholism treatment facility, means a portion of a room containing the equipment essential to carry out a particular function and separated from other facilities of the room by a physical barrier or adequate space.

(9) "Authenticated" means written authorization of any entry in a patient treatment record by means of a signature including, minimally, first initial, last name, and title.

(10) "Authentication record" means a document which is part of each patient treatment record and includes identification of all individuals initialing entries in the treatment record: Full printed name, signature as defined in WAC 246-326-010(9), title, and initials that may appear after entries in the treatment record.

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

(12) "Counseling, group" means an interaction between two or more patients and alcoholism counselor or counselors for the purpose of helping the patients gain better understanding of themselves and develop abilities to deal more effectively with the realities of their environments.

(13) "Counseling, individual" means an interaction between a counselor and a patient for the purpose of helping the patient gain a better understanding of self and develop the ability to deal more effectively with the realities of his or her environment.

(14) "Detoxification" means care or treatment of an intoxicated person during a period where the individual recovers from the effects of intoxication.

(a) "Acute detoxification" means a method of withdrawing a patient from alcohol where nursing services and medications are routinely administered to facilitate the patient's withdrawal from alcohol.

(b) "Subacute detoxification" means a method of withdrawing a patient from alcohol utilizing primarily social interaction between patients and staff within a supportive environment designed to facilitate safety for patients during recovery from the effects of intoxication with no medications administered by the staff.

(15) "Detoxified" means withdrawn from the consumption of alcohol and recovered from the effects of intoxication and any associated acute physiological withdrawal reactions.

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

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

(18) "General health supervision" means provision of the following services as indicated:

(a) Reminding a patient to self-administer medically prescribed drugs and treatments;

(b) Encouraging a patient to follow a modified diet and rest or activity regimen when one has been medically prescribed;

(c) Reminding and assisting a patient to keep appointments for health care services, such as appointments with physicians, dentists, home health care services, or clinics;

(d) Encouraging a patient to have a physical examination if he or she manifests signs and symptoms of an illness or abnormality for which medical diagnosis and treatment are indicated.

(19) "Governing body" means an individual or group responsible for approving policies related to operation of an alcoholism treatment facility.

(20) "Grade" means the level of the ground adjacent to the building measured at the required windows. The ground shall be level or sloped downward for a distance of at least ten feet from the wall of the building.

(21) "Inpatient" means a patient to whom the alcoholism treatment facility is providing board and room on a twenty-four-hour-per-day basis.

(22) "Intoxication" means acute or temporary impairment of an individual's mental or physical functioning caused by alcohol in the body.

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

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

(25) "Legend drug" means any drug required by state law or regulation of the state board of pharmacy to be dispensed on prescription only or is restricted to use by practitioners only.

(26) "Licensed nurse" means either a registered nurse or a licensed practical nurse.

(a) "Licensed practical nurse" means an individual licensed pursuant to chapter 18.78 RCW.

(b) "Registered nurse" means an individual licensed pursuant to chapter 18.88 RCW.

(27) "May" means permissive or possible at the discretion of the department.

(28) "Neglect" means negligent treatment or maltreatment; an act or omission evincing a disregard of consequences of such magnitude as to constitute a clear and present danger to a patient's health, welfare, and/or safety.

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

(a) New building to be used as an alcoholism treatment facility.

(b) Additions to existing buildings to be used as an alcoholism treatment facility.

(c) Conversion of existing buildings or portions thereof for use as an alcoholism treatment facility.

(d) Alterations.

(30) "Owner" means an individual, firm, partnership, corporation, company, association, or joint stock association or the legal successor thereof operating an alcoholism

treatment facility whether he or she owns or leases the premises.

(31) "Patient" means any individual receiving services for the treatment of alcoholism.

(32) "Pharmacist" means an individual licensed as a pharmacist in the state of Washington pursuant to provisions of chapter 18.64 RCW.

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

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

(35) "Secretary" means the secretary of the Washington state department of health.

(36) "Shall" means compliance is mandatory.

(37) "Should" means a suggestion or recommendation but not a requirement.

(38) "Through traffic" means traffic for which the origin and destination are outside the room or area serving as a passageway.

(39) "Toilet" means a disposal apparatus consisting of a hopper fitted with a seat and flushing device, used for urination and defecation.

(40) "Usable floor space" means, in reference to patient sleeping room, the floor space exclusive of vestibules and closets, wardrobes, or portable lockers.

(41) "Utility sink" means a plumbing fixture of adequate size and proper design for filling and emptying mop buckets.

[Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-326-010, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-326-010, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-010, filed 8/3/84. Formerly WAC 248-22-501.]

WAC 246-326-020 Licensure. (1) Application for license.

(a) An application for an alcoholism treatment facility license shall be submitted on forms furnished by the department. An application shall be signed by the owner of the facility, or his or her legal representative, and the administrator.

(b) The applicant shall furnish to the department full and complete information, and promptly report any changes.

(2) Disqualified applicants.

(a) Each and every individual named in an application for an alcoholism treatment facility license shall be considered separately and jointly as applicants and, if anyone be deemed unqualified by the department in accordance with the law or these rules and regulations, the license may be denied, suspended, or revoked.

(b) A license may be denied, suspended, or revoked for failure or refusal to comply with the requirements established by chapter 71.12 RCW or with these rules and regulations and, in addition, any of the following:

(i) Obtaining or attempting to obtain a license by fraudulent means or misrepresentation;

(ii) Permitting, aiding, or abetting the commission of any illegal act on the premises of the alcoholism treatment facility;

(iii) Cruelty, assault, abuse, neglect, or indifference to the welfare of any patient;

(iv) Misappropriation of the property of the patients; or

(v) Failure or inability to exercise fiscal accountability and responsibility toward the individual patient, the department, or the business community.

(c) Before granting a license to operate an alcoholism treatment facility, the department shall consider the ability of each individual named in the application to operate the alcoholism treatment facility in accordance with the law and these regulations. Individuals having been previously denied a license to operate a health or personal care facility in this state or elsewhere, or having been convicted civilly or criminally of operating such a facility without a license, or having had their license to operate such a facility suspended or revoked shall not be granted a license unless to the satisfaction of the department they affirmatively establish clear, cogent, and convincing evidence of their ability to operate the alcoholism treatment facility, for which the license is sought, in full conformance with all applicable laws, rules, and regulations.

(d) Individuals convicted of a felony, child abuse, and/or any crime involving physical harm to another person, or individuals identified as perpetrators of substantiated child abuse pursuant to chapter 26.44 RCW, shall be disqualified by reason of such conviction if such conviction is reasonably related to the competency of the person to exercise responsibilities for ownership, operation, and/or administration of an alcoholism treatment facility unless, to the satisfaction of the department, the individual establishes clear, cogent, and convincing evidence of sufficient rehabilitation subsequent to such conviction or abuse registry listing to warrant public trust.

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

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

(b) Floor plans of each building where patients are to be housed. The floor plans shall provide the following information:

(i) Identification of each room by use of a system;

(ii) Identification of category of service intended for each room;

(iii) The usable square feet of floor space in each patient sleeping room;

(iv) The clear window glass area in each patient's sleeping room;

(v) The height of the lowest portion of the ceiling in any patient's sleeping room; and

(vi) Floor elevations referenced to the grade level.

(c) If new construction or remodeling is planned, requirements in WAC 246-326-020(7) shall apply.

(4) Classification or categories of alcoholism treatment services. For the purpose of licensing, alcoholism treatment services provided by alcoholism treatment facilities shall be classified as follows:

(a) *Alcoholism detoxification services* are either acute or subacute services required for the care and/or treatment of individuals intoxicated or incapacitated by alcohol during the initial period the body is cleared of alcohol and the individual recovers from the transitory effects of intoxication. Services include screening of intoxicated persons, detoxification of intoxicated persons, counseling of alcoholics regarding their illness to stimulate motivation to obtain further treatment, and referral of detoxified alcoholics to other, appropriate alcoholism treatment programs.

(b) *Alcoholism intensive inpatient treatment services* are those services provided to the detoxified alcoholic in a residential setting including, as a minimum, limited medical evaluation and general health supervision, alcoholism education, organized individual and group counseling, discharge referral to necessary supportive services, and a patient follow-through program after discharge.

(c) *Alcoholism recovery house services* are the provision of an alcohol-free residential setting with supporting services and social and recreational facilities for detoxified alcoholics to aid their adjustment to alcohol-free patterns of living and their engagement in occupational training, gainful employment, or other types of community activities.

(d) *Alcoholism long-term treatment services* are long-term provision of a residential care setting providing a structural living environment, board, and room for alcoholics with impaired self-maintenance capabilities needing personal guidance and assistance to maintain sobriety and optimum health status.

(5) Authorization and designation of categories of alcoholism treatment service.

(a) The license issued to an alcoholism treatment facility shall show the category or categories of alcoholism treatment the facility is licensed to provide.

(b) For each category of alcoholism treatment service, the licensee shall designate and maintain the particular category or categories of service for which the department has shown approval on the license.

(c) If maintenance and operation are not in compliance with chapter 71.12 RCW or chapter 246-326 WAC, the department may deny, suspend, or revoke authorization to provide a particular category of treatment service.

(6) Posting of license. The license for an alcoholism treatment facility shall be posted in a conspicuous place on the premises.

(7) New construction.

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

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

(ii) Duplicate sets of preliminary plans for new construction drawn to scale and including:

(A) A plot plan showing streets, driveways, the water and sewage disposal systems, grade and location of building or buildings on the site;

(B) Plans of each floor of the building or buildings, existing and proposed, designating the function of each room and showing all fixed equipment;

(iii) Preliminary plans shall be accompanied by a statement as to:

(A) Source of the water supply;
 (B) Method of sewage and garbage disposal; and
 (C) A general description of construction and materials including interior finishes.

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

(i) Plot plan;
 (ii) Plans of each floor of the building or buildings designating the function of each room and showing all fixed equipment;
 (iii) Interior and exterior elevations, building sections, and construction details;
 (iv) A schedule of floor, wall, and ceiling finishes, and the types and sizes of doors and windows;
 (v) Plumbing, heating, ventilating, and electrical systems; and
 (vi) Specifications fully describing the workmanship and finishes.

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

(d) All construction shall take place in accordance with the approved final plans and specifications.

(i) The department shall be consulted prior to making any changes from the approved plans and specifications.

(ii) When indicated by the nature or extent of proposed changes, the department may require the submission of modified plans or addenda for review prior to considering proposed change or changes for approval.

(iii) Only those changes approved by the department shall be incorporated into a construction project.

(iv) In all cases, modified plans or addenda on changes incorporated into the construction project shall be submitted for the department's file on the project even though it was not required these be submitted prior to approval.

(8) Exemptions.

(a) The secretary or designee may exempt an alcoholism treatment facility from compliance with parts of these regulations when it has been found after thorough investigation and consideration such exemption may be made in an individual case without jeopardizing the safety or health of the patients in the particular alcoholism treatment facility.

(b) The secretary or designee may, upon written application, allow the substitution of procedures, materials, or equipment for those specified in these regulations when such procedures, materials, or equipment have been demonstrated, to the satisfaction of the secretary, to be at least equivalent to those prescribed.

(c) All exemptions or substitutions granted pursuant to the foregoing provisions shall be reduced to writing and filed with the department and the alcoholism treatment facility.

(9) Compliance with other regulations.

(a) Rules and regulations adopted by the Washington state fire marshal under provision of RCW 71.12.485 which are found in chapter 212-40 WAC apply.

(b) If there is no local plumbing code, the *Uniform Plumbing Code of the International Association of Plumbing and Mechanical Officials*, 1979 edition, shall be followed.

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

(10) Transfer of ownership. The possession or ownership of an alcoholism treatment facility shall not be transferred until the transferee has been notified by the department that the transferee's application for license has been approved.

(11) Denial, suspension, modification, or revocation of licenses or a license appeal; notice; adjudicative proceeding.

(a) When the department determines a facility has failed or refused to comply with the requirements of chapter 71.12 RCW and/or these rules, the department may deny, suspend, modify, or revoke a license. The department's notice of a denial, suspension, modification, or revocation of a license shall be consistent with RCW 43.70.115. An applicant or license holder has the right to an adjudicative proceeding to contest the decision.

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

(i) File a written application for an adjudicative proceeding by a method showing proof of receipt with the Administrative Hearings Unit, Department of Health, 1300 Quince Street S.E., P.O. Box 47851, Olympia, WA 98504-7851; and
 (ii) Include in or with the application:

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

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

(C) A copy of the contested department decision.

(c) The proceeding is governed by the Administrative Procedure Act (chapter 34.05 RCW), this chapter, and chapter 246-08 WAC. If a provision in this chapter conflicts with chapter 246-08 WAC, the provision in this chapter governs.

[Statutory Authority: RCW 43.70.040, 34.05.220 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-326-020, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-326-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and 1989 1st ex.s. c 9 § 106. 90-06-019 (Order 039), § 248-26-020, filed 2/28/90, effective 3/1/90. Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-020, filed 8/3/84. Formerly WAC 248-22-510.]

WAC 246-326-030 Administrative management. (1) Governing body.

(a) The alcoholism treatment facility shall have a governing body responsible for adopting policies related to the conduct of the alcoholism treatment facility in accordance with applicable laws and regulations.

(b) The governing body shall provide for the personnel, facilities, equipment, supplies, and special services necessary to meet patient needs for services and to maintain and operate the facility in accordance with applicable laws and regulations.

(2) Administrator.

(a) There shall be an administrator at least twenty-one years of age, with no history of drug or alcoholism misuse for a period of two years prior to employment, to manage

the alcoholism treatment facility in compliance with chapter 71.12 RCW and chapter 246-326 WAC.

(b) The administrator either shall be on duty or readily available at all times except when an alternate administrator meeting qualifications in this section is designated in writing or in written job description and is on duty or readily available.

(c) The administrator shall establish and maintain a current written plan of organization including all positions and delineating the functions, responsibilities, authority, and relationships of all positions within the alcoholism treatment facility.

(d) The administrator shall ensure the existence and availability of policies and procedures which are:

(i) Written, developed, reviewed, and revised as necessary to keep them current;

(ii) Dated and signed by persons having responsibility for approval of the policies and procedures;

(iii) Readily available to personnel; and

(iv) Followed in the care and treatment of patients.

(3) **Personnel.**

(a) There shall be sufficient numbers of qualified personnel, who are not patients, to provide services needed by patients and to properly maintain the alcoholism treatment facility. At least one staff person shall be on duty or in residence within the alcoholism treatment facility at all times.

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

(c) Upon employment each person shall have or provide documented evidence of a tuberculin skin test by the Mantoux method unless medically contraindicated. When this skin test is negative (less than ten millimeters of induration read at forty-eight to seventy-two hours), no further tuberculin skin test shall be required. A positive test consists of ten millimeters or more of induration read at forty-eight to seventy-two hours. Positive reactors shall have a chest x-ray within ninety days of the first day of employment. Exemptions and specific requirements are as follows:

(i) Those with positive tests who have completed a recommended course of preventive or curative treatment, as determined by the local health officer, shall be exempted from testing.

(ii) Records of test results, x-rays, or exemptions to such shall be kept by the facility.

(d) Employees with a communicable disease in an infectious stage shall not be on duty.

(e) A planned, supervised orientation shall be provided to each new employee to acquaint him or her with the organization of the facility, the physical plant layout, his or her particular duties and responsibilities, the policies, procedures, and equipment pertinent to his or her work, and the disaster plan for the facility.

(f) A planned, training program shall be provided to any employee not prepared for his or her job responsibilities through previous training.

(g) Records shall be maintained of orientation, on-the-job training, and continuing education provided for employees.

(h) At least one staff person on the premises shall be currently qualified to provide basic first aid and cardiopulmonary resuscitation.

(i) Medical or nursing responsibilities, functions, or tasks shall be consistent with current Washington state law governing physician or nursing practice.

(j) Records or documentation of compliance with employee requirements described in chapter 246-326 WAC shall be available.

[Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-326-030, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-326-030, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-030, filed 8/3/84. Formerly WAC 248-22-520.]

WAC 246-326-035 HIV/AIDS education and training. Alcoholism treatment facilities shall:

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

(2) Use infection control standards and educational material consistent with the approved curriculum manual *Know - HIV/AIDS Prevention Education for Health Care Facility Employees*, January 1991, published by the office on HIV/AIDS.

[Statutory Authority: RCW 43.70.040, 70.24.310 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-326-035, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-326-035, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.310. 89-21-038 (Order 3), § 248-26-035, filed 10/12/89, effective 11/12/89.]

WAC 246-326-040 Patient care and services—

General. (1) Individual treatment plan. For each patient, there shall be a plan individualized for treatment to include the treatment prescribed as well as assessment of physical, mental, emotional, social, and spiritual needs.

(a) The patient shall be encouraged to participate in development of the plan.

(b) Work assignments may be permitted when part of the individual treatment plan and under supervision of staff.

(2) **General care and treatment.**

(a) Each patient shall have available the equipment, supplies, and assistance needed to maintain personal cleanliness and grooming.

(b) The patient shall be treated in a manner respecting individual identity and human dignity with policies and procedures, as appropriate, to include:

(i) Protection from invasion of privacy: *Provided*, That reasonable means may be used to detect or prevent contraband from being possessed or used on the premises;

(ii) Confidential treatment of clinical and personal information in communications with individuals not associated with the plan of treatment;

(iii) Means of implementing federal requirements related to confidentiality of records, Title 42, Code of Federal Regulations, Part 2, Federal Register, July 1, 1975;

(iv) Provision of reasonable opportunity to practice religion of choice insofar as such religious practice does not infringe upon rights and treatment of other patients or the treatment program in the alcoholism treatment facility:

Provided, That a patient also has the right to refuse participation in any religious practice;

(v) Communication with significant others in emergency situations;

(vi) Freedom from physical abuse, corporal punishment, or other forms of abuse against the patient's will, including being deprived of food, clothes, or other basic necessities.

(c) Infection control, general.

(i) There shall be policies and procedures designed to prevent transmission of infection minimally to include aseptic techniques, handwashing, methods of cleaning, disinfecting or sterilizing, handling, and storage of all supplies and equipment.

(ii) There shall be reporting of communicable disease of patients in accordance with chapter 246-100 WAC.

[Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-326-040, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-326-040, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-040, filed 8/3/84. Formerly WAC 248-22-530.]

WAC 246-326-050 Health and medical care services—All facilities. (1) Admission and retention of patients shall be appropriate to services available.

(a) Each alcoholism treatment facility shall have written policies related to admission, retention, leave, and discharge.

(b) Patients manifesting signs and symptoms of a physical or mental condition requiring medical or nursing care not provided or available in the alcoholism treatment facility shall not remain in the facility. Staff shall facilitate movement of such patients to an appropriate setting as soon as possible and feasible.

(2) Each alcoholism treatment facility shall have a current, transfer agreement with a hospital licensed pursuant to chapter 70.41 or 71.12 RCW.

(3) Medical coverage.

(a) A physician shall be responsible for direction of all medical aspects of the alcoholism treatment program or programs with medical responsibility minimally to include approval of policies and procedures related to:

(i) Initial and ongoing medical screening and assessment of patients;

(ii) Care of patients with minor illnesses or other conditions requiring minor treatment or first aid; and

(iii) Medical emergencies.

(b) There shall be specific arrangements for physician services at all times with schedules, names, and phone numbers posted and available in appropriate locations. Physician services may include hospital emergency departments, group clinic practice, or equivalent emergency facilities.

(c) Medical emergency policy and procedures related to emergency situations shall minimally include:

(i) Delineation of circumstances, signs, and symptoms related to specific actions required of personnel;

(ii) Circumstances warranting immediate contact of physician services or other licensed personnel;

(iii) Minimum qualifications for staff executing procedures; and

(iv) Written approval or acceptance of medical emergency policies and procedures by administrator and responsible

physician. When nursing services are provided, approval or acceptance by the responsible registered nurse shall be included.

(4) Nursing services. Nursing services, when provided, shall be planned and supervised by a registered nurse minimally to include:

(a) Responsibility for any nursing functions performed by personnel in the alcoholism treatment facility.

(b) Selection, training, and written evaluation of personnel or volunteers providing nursing observation and/or care.

(c) Written nursing procedures to guide actions of personnel and volunteers providing nursing observation and/or care.

(5) Supplies. Appropriate supplies for first aid, medical, or nursing procedures shall be readily available.

(6) Safety measures.

(a) There shall be written policies and procedures governing actions of staff following any accident or incident jeopardizing a patient's health or life, minimally to include:

(i) Facilitation of patient protection and safety;

(ii) Investigation of accidents or incidents;

(iii) Institution of preventive measures insofar as possible;

(iv) Written documentation in the patient treatment record.

(b) There shall be provision for staff to gain immediate emergency access to any room occupied by a patient.

(7) Individual patient treatment/care records.

(a) There shall be an organized record system providing for:

(i) Maintenance of a current, complete, treatment record for each patient;

(ii) A systematic method of identifying and filing patient records so each record can be located readily;

(iii) Maintenance of the confidentiality of patient treatment records by storing and handling the records under conditions allowing only authorized persons access to the records.

(b) Each entry in the patient's treatment/care record shall be dated and authenticated by the signature and title of the person making the entry. (An authentication record system may be acceptable.)

(c) Each record shall be available to treatment staff and include:

(i) Identifying and sociological data including the patient's full name, birthdate, home address, or last known address if available;

(ii) Date of admission;

(iii) The name, address, and telephone number of the patient's personal physician or medical practitioner if available;

(iv) A record of the findings of any health screenings;

(v) A record of medical findings following examination by a medical practitioner;

(vi) A record of observations of the patient's condition;

(vii) A physician or legally authorized practitioner's written order for any modified diet served to the patient;

(viii) Orders for any drugs or medical treatment shall be dated and signed by a physician or legally authorized practitioner unless self-administered from a container bearing

an appropriate pharmacist-prepared label in accordance with instructions on that label;

(ix) A record of any administration of a medication or treatment to a patient by the person legally authorized to administer medications and/or observation of self-administration including time and date of administration and signature of the individual administering the medication or observing self-administration;

(x) Medical progress notes, when applicable, shall be made in the treatment record.

(8) Notification regarding change in patient's condition. A member of the patient's family or another person with whom the patient is known to have a responsible personal relationship shall be notified as rapidly as possible, upon the discretion of the treating physician, should a serious change in the patient's condition, transfer, or death of the patient occur: *Provided however*, That the patient is incapable of rational communication. Such notification shall not occur without the consent of the patient any time when the patient is capable of rational communication.

(9) Food services - general.

(a) Food service sanitation shall be governed by chapter 246-215 WAC rules and regulations of the state board of health governing food service sanitation.

(b) Areas used for storage and preparation of food shall be used only for performance of assigned food service duties. Through traffic is prohibited.

(c) There shall be current written policies and procedures to include safety, food acquisition, food storage, food preparation, serving of food, and scheduled cleaning of all food service equipment and work areas. These policies shall be readily available to all personnel.

(i) All personnel handling food, including patients assisting in food services, shall follow the procedures.

(ii) Cooking shall not be permitted in sleeping rooms.

(d) Food provided shall be appropriate to meet the needs of patients on a twenty-four hour basis.

(10) Food service - alcoholism intensive inpatient treatment, recovery house, long-term treatment services.

(a) There shall be a designated individual responsible for food service.

(b) Staff trained in food service procedures shall be present during all meal times when meals are served on the premises.

(c) Meals and nourishments shall be palatable, properly prepared, attractively served, and sufficient in quality, quantity, and variety to meet "Recommended Dietary Allowance," *Food and Nutrition Board, National Research Council*, 1980 edition, adjusted for activity unless medically contraindicated.

(i) At least three meals a day shall be served at regular intervals with not more than fourteen hours between the evening meal and breakfast.

(ii) There shall be written medical orders for any therapeutic diet served to a patient. Therapeutic diets shall be prepared and served as prescribed.

(iii) A current diet manual, approved in writing by a dietitian and physician, shall be used for planning and preparing diets.

(d) Menus shall be planned, written, and dated at least one week in advance.

(i) Food substitutions shall be of comparable nutritional value and recorded as served.

(ii) A record of planned menus with substitutions and food as served shall be retained for six months.

(iii) The written order of a legally authorized medical practitioner is required prior to serving any nutrient concentrate or supplement.

[Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-326-050, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-326-050, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-050, filed 8/3/84.]

WAC 246-326-060 Medication responsibility—Administration of medications and treatments. (1) There shall be provisions for timely delivery of necessary patient medications from a pharmacy so a physician's or legally authorized practitioner's orders for medication therapy can be implemented without undue delay.

(2) There shall be written policies and procedures providing for description of types of stock medications, procurement, storage, control, use, retention, release, and disposal of medications in accordance with applicable federal and state laws and regulations.

(a) There shall be adequate medication facilities providing for locked storage of all medications.

(b) There shall be a sink with hot and cold running water, other than the lavatory or sink in a toilet room, available.

(c) Medications, including stock medications, shall be accessible only to authorized staff.

(d) Stock internal and external medicine and medications shall be stored apart from each other.

(e) Medicine or medications requiring special storage conditions shall be stored according to manufacturer's or pharmacist's directions.

(f) The inside temperature of the refrigerator where drugs are stored shall be maintained within a thirty-five to fifty degree Fahrenheit range. Medication stored in a refrigerator shall be enclosed in a container to separate the medications from food or other products.

(g) All medications shall be obtained and kept in containers labeled securely and legibly by a pharmacist, or in original containers labeled by the manufacturer, and shall not be transferred from the container except for preparation of a single dose for administration. A label on a container of medication shall not be altered or replaced except by a pharmacist.

(i) Medication containers having soiled, damaged, incomplete, illegible, or makeshift labels shall be returned to a pharmacist for relabeling or disposal.

(ii) Medication in containers having no labels shall be destroyed.

(h) Any medication having an expiration date shall be removed from usage and destroyed immediately after the expiration date.

(i) All of an individual patient's medications left in the facility following discharge, transfer, or departure, except those released to the patient upon discharge and Schedule II controlled substances, shall be destroyed by authorized staff after departure of the patient or returned to a pharmacist for appropriate disposition.

(i) Medications or medicines shall be destroyed in the presence of a witness or by a pharmacist in such a manner that the medications cannot be retrieved, salvaged, or used; medications shall not be discarded with garbage or refuse.

(ii) For any medication destroyed, staff shall make an entry in the individual patient treatment record to include:

- (A) Date;
- (B) Name of medication;
- (C) Strength of medication;
- (D) Quantity of medication;
- (E) Signature of staff who destroyed the medication; and
- (F) Signature of staff who witnessed destruction.

(j) When staff who are legally authorized to administer medications are employed or available in an alcoholism treatment facility, a physician or legally authorized prescribing practitioner may provide an emergency drug or medication supply within a facility: *Provided*, That the following requirements are met:

(i) The emergency drug or medication supply shall be considered an extension of the physician's or prescribing practitioner's own drug or medication supply and remain his or her responsibility.

(ii) All drugs or medications for an emergency supply shall be kept in a separate, secure, locked, emergency drug drawer or cabinet or equivalent.

(iii) The emergency drug or medication supply shall be limited to medications needed for genuine medical emergencies, including the need for the medical management of an intoxicated person.

(iv) The quantity of any medication in a particular dosage strength shall be limited to a seventy-two hour supply determined by calculating the number of patients and the potential need for emergency medication.

(v) A list of drugs or medications to be kept in the emergency medication supply shall be available with the emergency medication supply.

(A) This list shall include the names and dosage strength of each medication, and be dated and signed by the physician or legally authorized prescribing practitioner.

(B) The emergency medication supply shall contain only those medications on this list.

(vi) There shall be a record of each medication removed or added to the emergency medication supply. This record shall include:

- (A) Name and amount of medication removed or added;
- (B) Date of removal or addition;
- (C) Identification of the patient receiving a medication removed;

(D) Signature of staff removing or adding to the emergency medication supply.

(k) Medications listed as controlled substances in Washington shall be prohibited. This does not preclude individual patient prescriptions or medications kept in an emergency medication supply pursuant to WAC 246-326-060 (2)(j).

(l) The alcoholism treatment facility maintaining nonprescription medications in a first-aid supply shall establish policies and procedures for use of the first-aid supply, approved by signature of a legally authorized prescribing practitioner.

(3) Administration of medications and medical treatments. Policies and procedures shall be established for

administration of medications, including self-administration, within each alcoholism treatment facility.

(a) There shall be an organized system designed to ensure accuracy in receiving, transcribing, and implementing orders for administration of medications and treatments.

(i) Orders for medications and treatments, including standing orders, used in the care of a patient shall be entered in the patient's treatment record and shall be signed by a physician or other legally authorized practitioner.

(ii) Orders for drugs and medical treatments shall include:

- (A) Date ordered;
- (B) Name of the medication or description of the treatment including the name of medication, solution, or other agent to be used in the treatment;
- (C) Dosage, concentration, or intensity of a medication, solution, or other agent used;
- (D) Route or method of administration;
- (E) Frequency, time interval between doses, or duration of administration;
- (F) Maximum number of doses or treatments to be administered;
- (G) Circumstances for which the medication or treatment is to be administered; and
- (H) Signature of the legally authorized prescribing practitioner.

(iii) A verbal or telephone order for the administration of medication or medications or medical treatment or treatments shall be received by a licensed nurse from the physician or other practitioner legally authorized to prescribe.

Upon receipt of such an order, the following shall be entered immediately into the patient's treatment record.

- (A) Data required under WAC 246-326-060 (3)(a)(ii);
- (B) Name of the physician or legally authorized practitioner issuing the order;
- (C) Signature of the licensed nurse receiving the order;
- (D) Physician's or legally authorized practitioner's signature for such an order shall be obtained as soon as possible and not later than five days after receipt of the verbal or telephone order.

(iv) Persons administering medications and medical treatments to patients shall be qualified by training and legally permitted to assume this responsibility.

(v) Any medication administered to a patient shall be prepared, administered, and recorded in the patient's treatment record by the same person. This shall not be interpreted to preclude a physician's administration of a medication having been prepared for administration by a person assisting the physician in the performance of a diagnostic or treatment procedure or the administration of a single, properly labeled medication having been dispensed or issued from a pharmacy so the medication is ready to administer.

(b) Medications shall be administered or self-administered only as legally authorized through written order, approval, or prescription signed by a physician or other legally authorized practitioner or self-administered from a container in accordance with an appropriately affixed pharmacist-prepared label.

(c) Medications shall be administered by appropriately licensed personnel when they are not self-administered.

(d) Self-administration of drugs by a patient shall be in accordance with the following:

(i) The patient shall be physically and mentally capable of administering his or her own medication properly.

(ii) Any medication a patient has for self-administration in the facility shall have been ordered, approved, or prescribed by a legally authorized practitioner.

(iii) Prescription medications, over-the-counter medications purchased independently by the patient, and other medicinal materials used by a patient shall be kept in individual storage units within locked drawers, medicine cabinets, compartments, or equivalent. Access to all medications shall be controlled by authorized staff. Use of such medications and materials in each individual storage unit shall be restricted to the particular patient for self-administration.

(iv) Staff shall observe use of medications by each patient and record the observation in the patient's individual treatment record.

(e) Any medications used in the subacute detoxification service shall be self-administered only with observation of use of medication recorded in the individual treatment record by the staff of the alcoholism treatment facility.

[Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-326-060, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-326-060, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-060, filed 8/3/84.]

WAC 246-326-070 Maintenance and housekeeping—Laundry. (1) The alcoholism treatment facility structure, its component parts, facilities, and equipment shall be kept clean and in good repair and maintained in the interest of patients' safety and well-being.

(2) The storage and disposal of garbage and refuse shall be by methods preventing conditions conducive to the transmission of disease or creation of a nuisance, breeding place for flies, or a feeding place for rodents.

(a) A separate, well-ventilated room or suitable outside area shall be provided for storage of garbage and refuse.

(b) Garbage and refuse storage containers shall be of leakproof, nonabsorbent construction with close fitting covers.

(c) Adequate cleaning facilities shall be provided.

(3) The alcoholism treatment facility shall be kept free from insects and rodents.

(4) The alcoholism treatment facility shall provide a utility sink or an equivalent means of obtaining and disposing of mop water in areas other than those used for food preparation or serving. Wet mops shall be stored in an area with adequate ventilation.

(5) Laundry.

(a) The alcoholism treatment facility shall make provision and be responsible for the proper handling, cleaning, and storage of linen and other washable goods.

(b) Unless all laundry is sent out, every alcoholism treatment facility shall be provided with a laundry room equipped with laundry facilities.

(i) Laundry equipment shall be located in a separate room used for laundry, housekeeping, or storage of cleaning supplies and equipment.

(ii) Laundry equipment wash cycle shall have the capability of reaching a water temperature of one hundred forty degrees Fahrenheit.

(iii) The soiled linen storage and sorting area shall be in a well-ventilated area separate from clean linen handling and storage area.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-326-070, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-070, filed 8/3/84. Formerly WAC 248-22-540.]

WAC 246-326-080 Site and grounds. The alcoholism treatment facility shall be located in an area properly drained and served by at least one street that is usable under all weather conditions.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-326-080, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-080, filed 8/3/84. Formerly WAC 248-22-580.]

WAC 246-326-090 Physical plant and equipment.

(1) Patients' sleeping rooms.

(a) There shall be at least eighty square feet of usable floor space in single-bed sleeping rooms and seventy square feet of usable floor space per bed in multiple bed sleeping rooms.

(i) No portion of a sleeping room having less than seven foot six inch ceiling height may be counted as part of the required area.

(ii) The maximum capacity of any patient sleeping room shall not exceed twelve beds.

(b) Each sleeping room shall be located to prevent through traffic and minimize the entrance of excessive noise, odors, and other nuisances.

(c) Only rooms having unrestricted direct access to a hallway, living room, outside, or other common-use area shall be used as sleeping rooms.

(d) Sleeping rooms shall be outside rooms with a clear glass window area in a vertical wall not less than one-tenth of the required floor area.

(i) Rooms shall not be considered to be outside rooms if such required window area is within ten feet of another building or other obstruction to view or opens into a window well, enclosed porch, light shaft, ventilation shaft, or other enclosure of similar confining nature.

(ii) Windows designed to open shall operate freely.

(iii) Curtains, shades, blinds, or equivalent shall be provided at each window for visual privacy.

(e) A basement room may be used as a sleeping room provided the floor of the room is no more than three feet eight inches below the base of the window or windows, and there is adequate natural light. The grade shall extend ten feet out horizontally from the base of the window or windows.

(f) Each patient shall be provided with sufficient storage facilities, either in or convenient to his or her sleeping room, to adequately store a reasonable quantity of clothing and personal possessions.

(g) Sleeping rooms, furniture, and furnishings.

(i) Each patient shall be provided a comfortable bed not less than thirty-six inches wide, with a mattress in good condition.

(ii) To be acceptable, a patient's bed shall be a sturdy, nonfolding type, at least thirty-six inches wide and length appropriate to the height of the patient.

(iii) Room design and size shall be adequate to accommodate patient beds spaced three feet apart.

(iv) Sleeping rooms shall be provided with adequate furnishings including one chair per bed available in the facility.

(2) Toilet and bathing facilities.

(a) On each level there shall be one toilet and one lavatory for each eight persons or fraction thereof.

(b) There shall be one bathing facility for each twelve persons or fraction thereof residing in the facility.

(c) The word "persons" used in subsection (2)(a) and (b) of this section includes all patients and staff members not having private toilet and bathing facilities for their exclusive use.

(d) There shall be a lavatory in each toilet room unless the toilet room adjoins a single patient room containing a lavatory.

(e) Each toilet and each bathing facility shall be enclosed in a separate room or stall, with a door or curtain for privacy. One toilet may be permitted in a room containing a single bathing facility. When a room contains more than one toilet or one bathing facility, it shall be used by one sex only.

(f) Grab bars shall be securely mounted at toilets and bathing facilities in such numbers and in such locations that accidental falls will be minimized minimally to include:

(i) One grab bar at each bathing facility.

(ii) One grab bar appropriately mounted at each toilet.

(3) Patient dining, living, and therapy rooms.

(a) The alcoholism treatment facility shall have two or more rooms suitably furnished to accommodate patients' dining, social, educational and recreational activities, group therapy, and staff meetings. At least one of these rooms shall be an outside room with a window or windows.

(i) An adequate dining area shall be provided with capacity to seat at least fifty percent of the patients at each meal setting.

(ii) If a multipurpose room is used for dining and social and recreational activities or meetings, there shall be sufficient space to accommodate each of the activities without their interference with one another.

(iii) At least twenty-five square feet of floor space per bed shall be provided for dining, social, educational, recreational activities, and group therapy.

(b) There shall be at least one room providing privacy for interviewing and counseling of patients on an individual basis. Additional rooms shall be provided in a ratio of 1:12 patient beds or major fraction thereof.

(4) Medical examination room. If there is regular provision for a medical practitioner to perform physical examinations of patients within the facility, there shall be an examination room in the facility. This examination room shall be equipped with an examination table, examination light, and storage units for medical supplies and equipment. There shall be a handwashing facility readily accessible to the examination room.

(5) Utility and storage for medical and nursing supplies and equipment. If the services provided by the alcoholism treatment facility involve the use of medical supplies and equipment, there shall be facilities designed and equipped for washing, disinfection or sterilization, storage, and other handling of supplies and equipment in a manner ensuring

segregation of clean and sterile supplies and equipment from those that are contaminated, soiled, or used.

(6) Storage facilities. There shall be sufficient, suitable storage facilities to provide for storage of clean linen and other supplies and equipment under sanitary conditions.

(7) Handrails on stairways and ramps.

(a) All stairways and ramps shall be provided with handrails on both sides.

(b) Adequate guardrails and other safety devices shall be provided on all open stairways and ramps.

(8) Surfaces (floors, walls, ceilings).

(a) The surfaces in each room and area of the alcoholism treatment facility shall be easily cleanable and suited to the functions of the room or area.

(b) Toilet rooms, bathrooms, kitchens, and other rooms subject to excessive soiling or moisture shall have washable, impervious floors.

(c) Ramp surfaces and stairway treads shall be of nonslip materials.

(9) Communications. There shall be at least one telephone and such additional telephones as may be needed to operate the alcoholism treatment facility and to provide for a telephone to be readily accessible in the event of fire or other emergency.

(10) Lighting.

(a) Lighting in all areas of the facility shall provide adequate illumination.

(b) An adequate number of electrical outlets shall be provided.

(c) General lighting shall be provided for sleeping rooms.

(d) Emergency lighting equipment, such as flashlights or battery-operated lamps, shall be available and maintained in operating condition.

(11) Heating-temperature.

(a) The alcoholism treatment facility shall be equipped with an approved heating system capable of maintaining a healthful temperature. Use of portable space heaters is prohibited unless approved in writing by the Washington state fire marshal.

(b) Temperature shall be maintained at a healthful level and not less than sixty-five degrees Fahrenheit.

(12) Ventilation.

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

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

(13) Water supply. Hot and cold water under pressure shall be readily available at all times.

(a) Water used for domestic purposes shall meet the standards of the department as described in chapter 246-290 WAC.

(b) Cross connections of any kind are prohibited.

(c) In the event an unsafe or nonpotable water supply is used for irrigation, fire protection, or other purposes, the system shall be adequately color-coded or labeled to lessen any chance of water use for domestic purposes.

(d) Hot water at lavatories, bathtubs, and showers used by patients shall not exceed one hundred twenty degrees Fahrenheit.

(14) Sewage disposal system. All sewage shall be discharged into a public sewage system where such system is available and is acceptable to the department. Otherwise, sewage shall be collected, treated, and disposed of in an independent sewage disposal system approved by the appropriate local health department.

[Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-326-090, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-326-090, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-090, filed 8/3/84. Formerly WAC 248-22-590.]

WAC 246-326-100 Special additional requirements for facilities providing alcoholism detoxification service.

(1) When an alcoholism detoxification service is located in an alcoholism treatment facility, it shall be designated as either an acute detoxification service or a subacute detoxification service.

(2) Acute detoxification services shall provide:

(a) Initial medical screening and ongoing nursing assessments of each patient with transfer to an appropriate hospital when signs and symptoms of a serious illness or severe trauma exist.

(b) Nursing services as described in WAC 246-326-050(4) with the following additional requirements:

(i) When there is not a need for full-time services of a registered nurse, part-time registered nurse supervision is acceptable, provided such a supervisor is on duty within the facility at least four hours each week.

(ii) At least one staff member, qualified to provide nursing observation and care needed by patients during detoxification, shall be on duty in the facility at all times.

(A) "Qualified" shall include training and approval by the responsible registered nurse supervisor to provide physiological and psychological observation and care as required.

(B) When a licensed nurse is not on duty, a registered nurse shall be on call who shall come to the alcoholism treatment facility when indicated.

(iii) Continuing observation of each patient's condition shall be by persons competent to recognize and evaluate significant signs and symptoms and to take appropriate action.

(A) Frequency of observation shall correspond with degrees of acuity, severity, and instability of patient's condition with at least one written note on patient condition every eight hours in each individual patient treatment record.

(B) Observation of significant signs and symptoms indicative of abnormality, adverse change, or favorable progress including vital signs, motor and sensory abilities, behavior, and discomfort.

(C) Observations shall be recorded and signed by the person making the observation.

(D) Significant adverse signs and symptoms shall be appropriately reported to a physician with nature of the report and time noted in the patient's treatment record.

(3) Subacute detoxification services shall provide:

(a) Screening of patients by a person knowledgeable about alcoholism and trained and skilled in recognition of significant signs and symptoms of illness or trauma.

(b) Continuing observation of each patient's condition by persons competent to recognize and evaluate significant signs and symptoms and to take appropriate action.

(i) Frequency of observation shall correspond to degree of acuity, severity, and instability of patient's condition with appropriate documentation in the individual treatment record;

(ii) Observation of significant signs and symptoms indicative of abnormality, adverse change, or favorable progress including vital signs, motor and sensory abilities, behavior, and discomfort.

(iii) Observations shall be recorded and signed by the person making the observation.

(c) Personnel on duty having valid, current first-aid and cardiopulmonary resuscitation certificates.

(d) Medication shall not be provided or administered by personnel in the distinct part of the alcoholism treatment facility where subacute detoxification service is located.

(e) A written plan or policies and procedures for management of patient-owned medications to include:

(i) Method of verification of need for patient to continue a medication while in subacute detoxification;

(ii) Method of verification that medication is correct (as labeled);

(iii) Security of patient-owned medication while in the facility;

(iv) Disposition of patient-owned medications when patient leaves; and

(v) Observation and documentation of patient use of any medication in the individual treatment record.

[Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-326-100, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-326-100, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-100, filed 8/3/84. Formerly WAC 248-22-550.]

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

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**DISPOSITION OF SECTIONS FORMERLY
CODIFIED IN THIS CHAPTER**

246-327-045	Civil fines. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-327-045, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and 70.126.040. 90-06-019 (Order 039), § 248-27-045, filed 2/28/90, effective 3/1/90. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-27-045, filed 6/7/89.] Repealed by 94-17-136, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 70.127.120.
246-327-055	License action and/or civil fine—Notice—Adjudicative proceeding. [Statutory Authority: RCW 70.127.120, 70.127.250 and 34.05.220. 92-02-018 (Order 224), § 246-327-055, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-327-055, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and 70.126.040. 90-06-019 (Order 039), § 248-27-055, filed 2/28/90, effective 3/1/90. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-27-055, filed 6/7/89.] Repealed by 94-17-136, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 70.127.120.
246-327-155	Functions, duties, and responsibilities of direct care personnel. [Statutory Authority: RCW 70.127.120 and 70.127.250. 92-02-018 (Order 224), § 246-327-155, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-327-155, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-27-155, filed 6/7/89.] Repealed by 94-17-136, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 70.127.120.
246-327-175	Parenteral product services. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-327-175, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-27-175, filed 6/7/89.] Repealed by 94-17-136, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 70.127.120.

WAC 246-327-001 Scope and purpose. (1) This chapter implements chapter 70.127 RCW by establishing minimum standards for home health agencies.

(2) This chapter does not apply to:

(a) Hospice care agencies as defined by RCW 70.127.010;

(b) Home care agencies as defined by RCW 70.127.010;
or

(c) Other persons, activities or entities specified in RCW 70.127.040.

[Statutory Authority: RCW 70.127.120. 94-17-136, § 246-327-001, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-327-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-27-005, filed 6/7/89.]

WAC 246-327-010 Definitions. For the purpose of this chapter, the definitions in RCW 70.127.010 and in this section apply unless the context clearly indicates otherwise.

(1) "Acute care" means, according to RCW 70.127.250, care provided by a home health agency for patients who are not medically stable or have not attained a satisfactory level of rehabilitation. These patients require frequent monitoring by a health care professional in order to maintain their health status.

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

(3) "Authorizing practitioner" means an individual authorized to sign a home health plan of treatment, including:

(a) A physician, an individual licensed under chapter 18.57 or 18.71 RCW;

(b) A podiatric physician and surgeon, an individual licensed under chapter 18.22 RCW; or

(c) An advanced registered nurse practitioner (ARNP), a registered nurse with an ARNP recognition as authorized by the board of nursing under chapter 18.88 RCW.

(4) "Branch office" means, according to RCW 70.127.010, a location or site from which a home health agency provides services within a portion of the total geographic area served by the parent agency. The branch office is part of the agency and is located sufficiently close to share administration, supervision, and services.

(5) "Contractor" means a person or agency who contracts with a licensee to provide patient care services or equipment.

(6) "Deemed status" means a designation assigned by the department for a licensee meeting the provisions of WAC 246-327-030 certified or accredited by organizations recognized by RCW 70.127.080.

(7) "Department" means, according to RCW 70.127.010, the Washington state department of health.

(8) "Document" means to record with signature or unique identifier, title and date.

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

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

(b) Legally appointed to represent the patient.

(10) "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 or certified under Title 18 RCW;

(b) Registered under chapter 18.19, or 18.88A RCW; or

(c) A speech therapist as defined in this section.

(11) "Home health agency" or "agency" means, according to RCW 70.127.010, a private or public agency or organization that administers or provides home health aide services or two or more home health services directly or

through a contract arrangement to ill, disabled, or infirm persons in places of temporary or permanent residence. A private or public agency or organization that administers or provides nursing services only may elect to be designated a home health agency for purposes of licensure.

(12) "Home health aide" means an individual registered or certified under chapter 18.88A RCW.

(13) "Home health plan of care" means, according to RCW 70.127.250, a written plan of care established by a home health agency by appropriate health care professionals that describes maintenance care to be provided. A patient or his or her representative shall be allowed to participate in the development of the plan of care to the extent practicable.

(14) "Home health plan of treatment" means, according to RCW 70.127.250, a written plan of care established by a physician licensed under chapter 18.57 or 18.71 RCW, a podiatric physician and surgeon licensed under chapter 18.22 RCW, or an advanced registered nurse practitioner as authorized by the board of nursing under chapter 18.88 RCW, in consultation with appropriate health care professionals within the agency that describes medically necessary acute care to be provided for treatment of illness or injury.

(15) "Licensed practical nurse" or "LPN" means an individual licensed as a practical nurse under chapter 18.78 RCW.

(16) "Licensee" means the person to whom the department issues the home health agency license.

(17) "Maintenance care" means, according to RCW 70.127.250, care provided by home health agencies that is necessary to support an existing level of health and to preserve a patient from further failure or decline.

(18) "Managed care plan" means a plan controlled by the terms of the reimbursement source.

(19) "Patient" means an individual receiving home health services.

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

(21) "Personnel" means individuals employed and compensated by the licensee.

(22) "Registered nurse" or "RN" means an individual licensed under chapter 18.88 RCW.

(23) "Social worker" means an individual registered or certified under chapter 18.19 RCW.

(24) "Therapist" means an individual who is:

(a) A physical therapist, licensed under chapter 18.74 RCW;

(b) A respiratory therapist, certified under chapter 18.89 RCW;

(c) An occupational therapist, licensed under chapter 18.59 RCW; or

(d) Speech therapist meeting the education and experience requirements for a certificate of clinical competence in an appropriate area of speech pathology or audiology, granted by the American Speech, Language, and Hearing Association as described in *The ASLHA Directory*, American Speech, Language, and Hearing Association, 10801 Rockville Pike, Rockville, Maryland 20852, 1983; or for a certificate of clinical competence and in the process of accumulating the supervised experience, as specifically prescribed in *The ASLHA Directory*, 1983.

(25) "Therapy assistant" means a licensed occupational therapy assistant defined under chapter 18.59 RCW or physical therapist assistant defined under chapter 246-915 WAC.

(26) "Volunteer" means an individual who provides direct care to a patient and who:

(a) Is not compensated by the agency; and

(b) May be reimbursed for personal mileage incurred to deliver home health services.

(27) "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 70.127.120. 94-17-136, § 246-327-010, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 70.127.120 and 70.127.250. 92-02-018 (Order 224), § 246-327-010, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-327-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-27-015, filed 6/7/89.]

WAC 246-327-025 Licensure—Initial, renewal, transfer. (1) A person shall have a current license issued by the department before operating or advertising a home health agency.

(2) An applicant for initial licensure shall submit to the department:

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

(b) Evidence of current professional liability, public liability, and property damage insurance coverage in accordance with RCW 70.127.080;

(c) A criminal history background check in accordance with WAC 246-327-090(2);

(d) The following information:

(i) Name of officers, managing personnel, directors, and partners or individuals owning ten percent or more of the applicant's assets;

(ii) A description of the organizational structure;

(iii) A description of the services to be offered;

(iv) Name and address of branch offices;

(v) Counties where applicant will provide home health services; and

(vi) Other information as required by the department; and

(e) Fees specified in WAC 246-327-990.

(3) A licensee shall apply for license renewal 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) A criminal history background check in accordance with WAC 246-327-090(2);

(c) Documentation according to the provisions of WAC 246-327-030, if applying for deemed status;

(d) Fees specified in WAC 246-327-990; and

(e) Other information as required by the department.

(4) At least thirty days prior to transferring ownership of a currently licensed agency:

(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 agency and the name under which the transferred agency will operate; and

(iii) Date of the proposed change of ownership; and

(b) The prospective new owner shall submit the transfer fee specified in WAC 246-327-990, and:

(i) Apply for licensure according to subsection (2) of this section; or

(ii) If planning to add the transferred agency as a branch office provide notification to the department according to WAC 246-327-035 (1)(b).

[Statutory Authority: RCW 70.127.120. 94-17-136, § 246-327-025, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 70.127.120 and 70.127.250. 92-02-018 (Order 224), § 246-327-025, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-327-025, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and 70.126.040. 90-06-019 (Order 039), § 248-27-025, filed 2/28/90, effective 3/1/90. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-27-025, filed 6/7/89.]

WAC 246-327-030 Deemed status. (1) The department shall grant deemed status to licensees meeting the requirements in this section and otherwise qualified for licensure.

(2) The department shall renew a license without conducting an on-site survey for licensees with deemed status.

(3) A licensee certified by the federal Medicare program, 42 CFR Part 418, Conditions of Participation, Home Health Agencies, applying for initial deemed status shall indicate certification on the renewal application.

(4) A licensee accredited by the Joint Commission on Accreditation of Health Care Organizations or the Community Health Accreditation Program, Inc. applying for initial deemed status shall submit to the department with the renewal application:

(a) Verification of accreditation; and

(b) A copy of the decisions and findings of an on-site survey conducted by the accrediting organization within the twenty-four month period preceding the renewal due date.

(5) A licensee granted deemed status pursuant to subsection (4) of this section shall submit to the department:

(a) A copy of the decisions and findings of each survey conducted by the accrediting organization within ninety days of the survey date; and

(b) All decisions and findings, including any changes in accreditation status, from the accrediting organization within ten days of receipt.

(6) The department shall grant deemed status to a licensee when:

(a) The licensee meets the requirements in this section;

(b) The licensee verifies an on-site survey has been conducted by an organization specified in this section within the twenty-four month period preceding the renewal due date; and

(c) The department determines, using a liberal interpretation, the survey standards used at the time of survey are substantially equivalent to chapter 70.127 RCW and this chapter.

(7) Upon determining survey standards used by an organization specified in this section are not substantially

equivalent with chapter 70.127 RCW and this chapter, the department shall send affected licensees:

(a) A detailed description of the deficiencies in the alternate survey process; and

(b) An explanation concerning the risk to the consumer.

(8) The department shall conduct verification surveys according to RCW 70.127.085.

[Statutory Authority: RCW 70.127.120. 94-17-136, § 246-327-030, filed 8/22/94, effective 9/22/94.]

WAC 246-327-035 Responsibilities and rights—Licensee and department. (1) A licensee shall:

(a) Comply with the provisions of chapter 70.127 RCW and this chapter;

(b) Notify the department in writing:

(i) Thirty or more days before beginning or ceasing operation of an agency;

(ii) Upon beginning or ceasing operation of a branch office; and

(iii) Within ten working days of changing the geographical area served by the agency;

(c) Cooperate with the department during on-site surveys and investigations which may include reviewing agency records and in-home visits with patient consent;

(d) 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

(ii) A progress report of corrections.

(2) An applicant or licensee has the right to:

(a) Discuss with the surveyor deficiencies found during an on-site survey or investigation at the conclusion of the survey or investigation;

(b) A written statement of deficiencies found during the survey or investigation;

(c) Discuss the statement of deficiencies with the department's program manager; and

(d) Contest a disciplinary action or decision of the department to deny a license according to the provisions of RCW 43.70.115, chapter 34.05 RCW and chapter 246-10 WAC.

(3) The department shall:

(a) Issue an initial license for one year;

(b) Issue a renewal license for two years;

(c) Issue a transfer license to the new licensee for the remainder of the current license period;

(d) Investigate any entity suspected of advertising or providing home health care without a license;

(e) Investigate an agency suspected of providing insufficient, inadequate or inappropriate care;

(f) Provide for combined surveys for licensees with more than one license under chapter 70.127 RCW, in accordance with RCW 70.127.110;

(g) Conduct unannounced on-site surveys and investigations at any time to determine compliance with chapter 70.127 RCW and this chapter;

(h) Provide a period of time for a licensee or applicant to correct deficiencies cited by the department during an on-site survey or investigation, according to the plan of correction;

(i) Reserve the right, according to the provisions of RCW 70.127.170, 43.70.095, chapter 34.05 RCW and chapter 246-10 WAC, to:

(i) Deny, suspend, modify or revoke a license; and
 (ii) Assess a civil monetary penalty, not to exceed one thousand dollars per deficiency, based on the preventive and remedial action of the licensee and threat to patient health or safety, for deficiencies including but not limited to:

(A) Failing to provide agreed-upon patient care services without appropriate notice;

(B) Actions resulting in the injury or death of a patient;

(C) Compromising the health or safety of a patient, including a pattern of incidents of personnel performing services beyond their authorized scope of practice;

(D) Knowingly making a false statement of a material fact concerning information requested in this chapter or in any matter under department investigation;

(E) Conducting business or advertising in a misleading or fraudulent manner;

(F) Refusing to allow the department to examine records or willfully interfering with an on-site survey or investigation;

(G) Failing to pay a fine within ten days after the assessment becomes final or as agreed to by the department and the licensee; and

(H) Continuing to operate after license revocation or suspension or operating outside the parameters of a modified or restricted license.

(4) 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: RCW 70.127.120. 94-17-136, § 246-327-035, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 70.127.120, 70.127.250 and 34.05.220. 92-02-018 (Order 224), § 246-327-035, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-327-035, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and 70.126.040. 90-06-019 (Order 039), § 248-27-035, filed 2/28/90, effective 3/1/90. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-27-035, filed 6/7/89.]

WAC 246-327-065 General requirements. The licensee shall:

- (1) Have a written plan of operation describing the:
 - (a) Delegation of responsibility;
 - (b) Services to be provided;
 - (c) Counties or portions of counties served; and
 - (d) Availability of services and hours of operation;
- (2) Provide management and supervision of services throughout the service delivery area;
- (3) Assure the scope of services are consistent with each authorized home health plan of care or plan of treatment;
- (4) Prior to accepting a patient, determine the services to be provided in consultation with the patient or family;
- (5) Develop and use set criteria for:
 - (a) Admitting patients;
 - (b) Discharging patients;
 - (c) Referring patients; and
 - (d) Transferring patients;
- (6) Inform each patient of alternate services prior to ceasing business or when the licensee is unable to meet the patient's needs;

(1997 Ed.)

(7) Review contracts annually for conformance with the agency's patient care policies and procedures, and document review; and

(8) Develop policies and procedures as required by WAC 246-327-115.

[Statutory Authority: RCW 70.127.120. 94-17-136, § 246-327-065, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-327-065, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-27-065, filed 6/7/89.]

WAC 246-327-077 Patient bill of rights. The licensee shall comply with RCW 70.127.140, Bill of rights—Billing statements.

[Statutory Authority: RCW 70.127.120. 94-17-136, § 246-327-077, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-327-077, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-27-077, filed 6/7/89.]

WAC 246-327-085 Organization and administration. (1) The licensee shall establish a mechanism to:

(a) Oversee the management and fiscal affairs of the agency;

(b) Approve and review, at least every two years, written policies and procedures related to safe, adequate patient care, and operation of the home health agency;

(c) Approve and implement a quality assurance plan, which includes, but is not limited to:

(i) A complaint process;

(ii) A method to identify, monitor, evaluate and correct problems identified by patients, families, personnel, contractors, and volunteers; and

(iii) A system to assess patient satisfaction.

(2) The licensee shall appoint an administrator who shall:

(a) Implement the provisions of subsection (1) of this section;

(b) Designate an alternate to act in the administrator's absence;

(c) Organize and direct the ongoing functions of the agency;

(d) Arrange for necessary professional services;

(e) Serve as a liaison between the licensee and personnel;

(f) Assure personnel, contractors and volunteers comply with this chapter;

(g) Assure the complaint process is explained to the patient and the patient's family; and

(i) Assure the accuracy of public information materials and activities.

[Statutory Authority: RCW 70.127.120. 94-17-136, § 246-327-085, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-327-085, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-27-085, filed 6/7/89.]

WAC 246-327-090 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

home health agency 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 either:

- (a) With the initial application for licensure; or
- (b) For current licensees, with the first application for renewal of license submitted after September 1, 1993.

(3) The licensee or license applicant shall:

(a) Require a Washington state patrol background inquiry as specified in RCW 43.43.842(1) for each:

(i) Personnel, volunteer, contractor, student, and any other individual currently associated with the licensed home health agency having direct contact with vulnerable adults, when engaged on or since July 22, 1989; and

(ii) Prospective personnel, volunteer, contractor, student, and any other individual applying for association with the licensed agency 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 an agency; and

(ii) At least two years following termination of employment or association with an agency.

(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 agency having direct contact with vulnerable adults if the department has reason to believe that offenses specified under RCW 43.43.830 have occurred since completion of the previous disclosure statement or background inquiry.

[Statutory Authority: RCW 70.127.120, 94-17-136, § 246-327-090, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 43.43.830 through 43.43.842, 93-16-030 (Order 381), § 246-327-090, filed 7/26/93, effective 8/26/93.]

WAC 246-327-095 Personnel, contractors and volunteers. (1) For agency personnel the licensee shall:

(a) Establish employment criteria consistent with chapter 49.60 RCW, Discrimination—Human rights commission;

(b) Develop and maintain job descriptions commensurate with responsibilities and consistent with health care professional credentialing standards when appropriate;

(c) Conduct criminal history background checks in accordance with WAC 246-327-090;

(d) Verify work references and document verification;

(e) Maintain documentation that health care professional credentials are current and in good standing;

(f) Provide and document:

(i) Orientation;

(ii) Ongoing training on current agency policies and procedures; and

(iii) Cardiopulmonary resuscitation training, consistent with policies and procedures for direct patient care personnel at least biennially;

(g) Provide the equipment necessary to implement the agency infection control policies and procedures, respiratory protection program and patients' plans of treatment or plans of care;

(h) Document compliance with WAC 246-327-115 (1)(e); and

(i) Conduct annual performance evaluations of all personnel, including on-site observation of personnel providing direct patient care.

(2) For direct care volunteers the licensee shall:

(a) Develop and maintain work descriptions commensurate with responsibilities;

(b) Conduct criminal history background checks in accordance with WAC 246-327-090;

(c) Provide and document orientation on patient care policies and procedures; and

(d) For volunteer health care professionals contributing services within their scope of practice:

(i) Maintain documentation credentials are current and in good standing; and

(ii) Provide and document ongoing training, on agency patient care policies and procedures;

(e) Provide the equipment necessary to implement the agency infection control policies and procedures, respiratory protection program and patients' plans of treatment or plans of care; and

(f) Document compliance with WAC 246-327-115 (1)(e).

(3) For contracted services, the licensee shall, directly or by contract:

(a) Comply with chapter 49.60 RCW, Discrimination—Human rights commission;

(b) Develop and maintain job descriptions commensurate with responsibilities and consistent with health care professional credentialing standards when appropriate;

(c) Conduct criminal history background checks as required by WAC 246-327-090;

(d) Verify work references and document verification;

(e) Maintain documentation that health care professional credentials are current and in good standing;

(f) Provide and document:

(i) Orientation;

(ii) Ongoing training on current agency policies and procedures; and

(iii) Cardiopulmonary resuscitation training, consistent with policies and procedures for direct patient care personnel at least biennially;

(g) Provide the equipment necessary to implement the agency infection control policies and procedures, respiratory protection program and patients' plans of treatment or plans of care;

(h) Document compliance with WAC 246-327-115 (1)(e); and

(i) Assure that direct patient care services provided are reviewed and evaluated on an ongoing basis and documented at least annually.

[Statutory Authority: RCW 70.127.120. 94-17-136, § 246-327-095, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-327-095, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-27-095, filed 6/7/89.]

WAC 246-327-105 HIV/AIDS education and training. The licensee shall:

(1) Verify or arrange for two hours or more of appropriate education and training of nonlicensed personnel, volunteers and direct-care contractors within thirty days of direct patient contact 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: RCW 70.127.120. 94-17-136, § 246-327-105, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 70.127.120, 70.127.250 and 70.24.310. 92-02-018 (Order 224), § 246-327-105, filed

12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-327-105, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-27-105, filed 6/7/89.]

WAC 246-327-115 Patient care policies and procedures. (1) A licensee shall establish and implement the following written policies and procedures, consistent with this chapter and the services provided:

(a) Admitting, transferring and discharging patients;

(b) Services to be provided to patients and qualifications of the individuals performing the services;

(c) Coordinating interagency and intra-agency services;

(d) Techniques for communicating with the patient and family, and steps to take when communication is not possible, including but not limited to:

(i) Assistance with obtaining special communication devices;

(ii) Use of translated material, interpreters or interpreter services; or

(iii) Referral to community services;

(e) Infection control principles and practices, including:

(i) Bloodborne pathogens in accordance with WAC 296-62-08001; and

(ii) Tuberculosis control program consistent with WISHA.

(f) Actions to take when an individual exhibits or reports symptoms of a communicable disease in an infectious stage in accordance with chapter 246-100 WAC;

(g) Maintaining supplies;

(h) Equipment maintenance program;

(i) Managing records consistent with WAC 246-327-165;

(j) Managing and handling patient-owned drugs consistent with state law;

(k) Managing abuse and neglect situations consistent with chapters 26.44 and 74.34 RCW;

(l) Emergency care, identifying the responsible agency when more than one agency provides care, including:

(i) Addressing chapter 70.122 RCW, Natural Death Act and advanced directives; and

(ii) Actions to take upon the death of a patient.

(2) A licensee shall document:

(a) Approval of policies and procedures; and

(b) Review of policies and procedures every two years.

(3) The licensee shall make the policies and procedures specified in subsection (1) of this section available to direct-care personnel and contractors, and volunteers during the hours of operation.

[Statutory Authority: RCW 70.127.120. 94-17-136, § 246-327-115, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-327-115, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-27-115, filed 6/7/89.]

WAC 246-327-125 Supervision and coordination of patient services. (1) A licensee providing nursing services shall employ a RN as the supervisor of clinical services.

(2) A licensee not providing nursing services shall employ an appropriate health care professional as the supervisor of clinical services.

(3) The clinical supervisor shall:

(a) Designate a similarly qualified alternate to act in the clinical supervisor's absence;

(b) Coordinate or participate in, developing and revising written patient care policies related to each service provided;

(c) Assign and monitor all patient care personnel and contractors, and volunteers;

(d) Coordinate interdisciplinary services;

(e) Establish primary personnel or contractor responsibility for the plan of treatment or plan of care; and

(f) Assure compliance with the patient's home health plan of treatment or plan of care.

(4) The clinical supervisor or alternate shall be available during all hours of patient service according to hours described in WAC 246-327-065(1).

(5) The licensee shall provide supervision, including but not limited to:

(a) RN supervision when using the services of a LPN, in accordance with chapter 18.78 RCW;

(b) Supervision by an appropriate therapist when using the services of a therapy assistant; and

(c) Supervision of home health aides in accordance with RCW 70.127.010(7).

(6) The licensee using home health aides shall:

(a) Provide written instructions and orientation for each patient consistent with the home health plan of care or plan of treatment prior to initiating care;

(b) Provide supervision by a health care professional or the clinical supervisor, and document:

(i) A monthly in-home visit for patients needing acute care;

(ii) A quarterly in-home visit for patients needing maintenance care; and

(iii) A biannual in-home visit to directly observe the home health aide's performance;

(c) Develop written guidelines to assure each aide:

(i) Assists only with those medications ordinarily self-administered by the patient, and limits assistance to the patient to:

(A) Communicating appropriate information regarding self-administration;

(B) Reminding to take a medication as prescribed;

(C) Reading the medication label;

(D) Handing the medication container to the patient;

(E) Opening the medication container; and

(F) Applying or installing skin, rectal, nose, eye, and ear preparations under specific direction of the supervisor;

(ii) Records pertinent information in the patient's clinical record;

(iii) Observes and recognizes changes in the patient's condition, and reports any changes to the supervisor; and

(iv) Initiates emergency procedures according to agency policy.

[Statutory Authority: RCW 70.127.120. 94-17-136, § 246-327-125, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-327-125, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-27-125, filed 6/7/89.]

WAC 246-327-135 Home health plan of treatment.

The licensee shall:

(1) Assure each patient is assessed by a health care professional appropriate to supervise the services to be provided prior to initiating treatment;

(2) Develop a written home health plan of treatment for each patient requiring acute care services based on an individual assessment, including, but not limited to:

(a) Current diagnoses and information on health status;

(b) Goals or outcome measures;

(c) Type of services, treatment and equipment to be provided or contracted by the licensee;

(d) Treatments and frequency of visits;

(e) Special dietary or nutritional needs;

(f) Medications and drug allergies;

(g) Physical, mental and functional limitations;

(h) Written approval by the authorizing practitioner;

(i) Verification of drug and of treatment orders by the appropriate health care professional;

(j) Discharge and referral plan;

(3) Include the home health plan of treatment in the patient's health record.

(4) Develop and implement a system to:

(a) Document the home health plan of treatment was:

(i) Submitted to the authorizing practitioner for signature in a timely manner not to exceed fourteen days; and

(ii) Returned signed in a timely manner not to exceed forty-five days;

(b) Assure direct care personnel and contractors, and volunteers, follow the home health plan of treatment;

(c) Inform the patient's physician regarding initial and ongoing assessment;

(d) Review and update the plan by personnel and the authorizing practitioner every two months or more often as warranted by the patient's condition;

(e) Obtain approval from the authorizing practitioner for additions and modifications; and

(f) Teach and counsel the patient and family to meet the patient's needs, as appropriate;

(5) Assure drugs and treatments are:

(a) Ordered by the authorizing practitioner, and a verbal order is countersigned in a timely manner not to exceed forty-five days;

(b) Verified by the appropriate health care professional;

(c) Administered by authorized agency personnel, contractors or volunteers according to state law; and

(d) Documented in the patient record as soon as possible.

[Statutory Authority: RCW 70.127.120. 94-17-136, § 246-327-135, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-327-135, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-27-135, filed 6/7/89.]

WAC 246-327-145 Home health plan of care. The licensee shall:

(1) Assure each patient is assessed by a health care professional appropriate to supervise the services to be provided prior to initiating care;

(2) Develop a written home health plan of care for each patient requiring maintenance care services, based on the individual assessment, and including the types of services and equipment needed;

(3) Include the home health plan of care in the patient's health record;

(4) Develop and implement a system to:

- (a) Assure direct care personnel and contractors, and volunteers, follow the home health plan of care;
- (b) Review and update the plan every three months or more often as warranted by the patient's condition; and
- (c) Teach and counsel the patient and family to meet the patient's needs as appropriate.

[Statutory Authority: RCW 70.127.120. 94-17-136, § 246-327-145, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-327-145, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-27-145, filed 6/7/89.]

WAC 246-327-165 Clinical records. The licensee shall:

(1) Develop and implement procedures for maintaining a current clinical record for each patient consistent with chapter 70.02 RCW, Medical records—Health care information access and disclosure act, which is:

(a) Accessible, in an integrated document, in the licensee's main or branch office for review by appropriate direct care personnel, volunteers and contractors, and the department;

(b) Written legibly or retrievable by electronic means:

- (i) On the licensee's standardized forms; and
- (ii) In a legally acceptable manner;
- (c) Kept confidentially;
- (d) Chronological in its entirety or by service; and
- (e) Kept together to avoid loss of records;

(2) Include the following in each record:

(a) Patient's name, age, current address and phone number;

(b) Patient's consent for care and treatment;

(c) Home health plan of treatment in accordance with WAC 246-327-135 and home health plan of care in accordance with WAC 246-327-145;

(d) Dated and signed clinical notes for each contact with the patient describing;

(e) Past and current clinical findings pertinent to WAC 246-327-135 or 246-327-145:

- (i) Specific observations;
- (ii) Changes in condition;
- (iii) Factors that may impact the patient's physical and mental health;

(iv) Signs and symptoms of illness;

(v) Treatments; and

(vi) Medications given and adverse reactions to any medication;

(f) Instructions given to patients and family; and

(g) Document services when other licensed home health, home care or hospice agency's are caring for a patient.

(3) Consider the records as property of the licensee;

(4) Develop and implement policies and procedures for:

(a) Transferring patient information or a summary, when the patient is relocated to another agency or facility to assure continuity of care;

(b) Retaining records for:

(i) Adults no less than three years following the date of termination of services;

(ii) Minors no less than three years after attaining the age of eighteen years of age, or five years following discharge, whichever is longer;

(c) Storing records to:

(i) Prevent loss of information;

(ii) Maintain the integrity of the records; and

(iii) Protect against unauthorized access according to chapter 70.02 RCW, Medical records—Health care information access and disclosure;

(d) Obtaining department approval to preserve or dispose of records prior to ceasing operation; and

(e) Disposing of records to protect confidentiality when ceasing operation or releasing of medical records after a patient's death.

[Statutory Authority: RCW 70.127.120. 94-17-136, § 246-327-165, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-327-165, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-27-165, filed 6/7/89.]

WAC 246-327-185 Medical supplies—Equipment services. Licensee's providing or contracting for medical supplies or equipment services shall:

(1) Develop and implement, for the scope of services provided, a system for:

(a) Maintaining supplies;

(b) Cleaning, inspecting, repairing and calibrating equipment, and documenting with:

(i) Date;

(ii) Time; and

(iii) Name of the individual who conducted the activity;

(c) Informing the patient of the cost and method of payment for equipment repairs or replacement, unless under a managed care plan, and for documenting the patient's prior approval; and

(d) Replacing supplies or equipment essential for the health or safety of the patient;

(2) Provide knowledgeable and trained personnel capable of:

(a) Initiating the scope of services;

(b) Maintaining supplies and equipment; and

(c) Instructing each patient or family to use and maintain supplies and equipment in a language or format the patient or family understands, using one or more of the following:

(i) Written instruction;

(ii) Verbal instruction; or

(iii) Demonstration.

[Statutory Authority: RCW 70.127.120. 94-17-136, § 246-327-185, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-327-185, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-27-185, filed 6/7/89.]

WAC 246-327-990 Fees. (1) 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 ninety-seven dollars; and

(ii) For agencies with:

(A) Fifteen or less FTEs, eight hundred twenty-seven dollars;

(B) Sixteen through fifty FTEs, nine hundred ninety-five dollars; or

(C) Fifty-one or more FTEs, one thousand three hundred fifty-eight 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 ninety-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 43.70.110 and 43.70.250. 96-12-026, § 246-327-990, filed 5/30/96, effective 6/30/96. 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 246-328 WAC

ADULT FAMILY HOME RESIDENT MANAGERS AND PROVIDERS

WAC

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246-328-150	Responsibility for maintaining mailing address on file with the department.
246-328-200	HIV/AIDS prevention and information education requirements.
246-328-990	Fees for adult family home provider or resident manager.

WAC 246-328-100 Registration. (1) Initial registration of an individual who is a provider or resident manager is effective until the first birth date of the individual after initial registration. Each individual who is a provider or resident manager shall file a renewal application, including a renewal fee, with the department on or before the person's

birth date each year. Renewal applications postmarked after the birth date are subject to a late renewal penalty.

(2) Initial registration of a corporation that is a provider is effective until July 1 of the year following initial registration. A corporation that is a provider shall file a renewal application, including a renewal fee, with the department on or before July 1 each year. Renewal applications postmarked after July 1 are subject to a late renewal penalty.

[Statutory Authority: Chapter 18.48 RCW. 96-14-070, § 246-328-100, filed 6/28/96, effective 7/1/96.]

WAC 246-328-150 Responsibility for maintaining mailing address on file with the department. It is the responsibility of each registered provider and resident manager to maintain a current address on file with the department.

[Statutory Authority: Chapter 18.48 RCW. 96-14-070, § 246-328-150, filed 6/28/96, effective 7/1/96.]

WAC 246-328-200 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 registration. Persons applying for registration shall successfully complete the HIV/AIDS education requirements of subsection (3) of this section.

(3) HIV/AIDS education and training requirements.

(a) The department shall accept education and training that is consistent with the model curriculum available from the office on AIDS. Such education and training shall be a minimum of seven clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) The department shall accept the department of social and health services fundamentals of caregiving training or modified fundamentals of caregiving as meeting HIV/AIDS education requirements.

(4) Persons applying for registration shall attest to the department that HIV/AIDS education and training is successfully completed. If the person applying is a corporation, the corporation must verify and certify that the resident manager has successfully completed the minimum education and training.

[Statutory Authority: Chapter 18.48 RCW. 96-14-070, § 246-328-200, filed 6/28/96, effective 7/1/96.]

WAC 246-328-990 Fees for adult family home provider or resident manager. The fees charged by the health professions quality assurance division of the department of health are listed below. The initial registration fee for an individual who is an adult family home provider or resident manager shall include the first month up to, but not including, the birth date month following initial registration.

The initial registration fee for a corporation that is an adult family home provider shall include the first month up to July 1 following initial registration, the initial registration fee of \$90.00 shall be prorated by the department of health at \$7.50 per month.

Title of Fee	Fee
Initial registration	\$90.00
Registration renewal	85.00
Late renewal penalty	50.00
Duplicate registration	15.00
Certification of registration	15.00

[Statutory Authority: Chapter 18.48 RCW. 96-14-070, § 246-328-990, filed 6/28/96, effective 7/1/96.]

**Chapter 246-329 WAC
CHILDBIRTH CENTERS**

WAC

246-329-001	Purpose.
246-329-010	Definitions.
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246-329-030	Governing body and administration.
246-329-035	Criminal history, disclosure, and background inquiries.
246-329-040	Personnel, clinical staff, and volunteers who work directly with clients.
246-329-050	HIV/AIDS education and training.
246-329-060	Birth center policies and procedures.
246-329-070	Birth center equipment and supplies.
246-329-080	Records.
246-329-090	Pharmaceuticals.
246-329-100	Birth center—Physical environment.
246-329-990	Fees.

WAC 246-329-001 Purpose. Regulations relating to childbirth centers are hereby adopted pursuant to chapter 18.46 RCW. The purpose of these regulations is to provide health and safety standards for the organization, maintenance, and operation of childbirth centers and to set forth procedures for the issuance, denial, suspension, and/or revocation of licenses for facilities maintained and operated to provide birth services: *Provided*, That birth takes place within the birth center.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-329-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.46.060. 86-04-031 (Order 2338), § 248-29-001, filed 1/29/86. Statutory Authority: RCW 43.20.050. 80-05-099 (Order 197), § 248-29-001, filed 5/2/80.]

WAC 246-329-010 Definitions. (1) "Administration of drugs" means an act in which a single dose of a prescribed drug or biological is given to a client by an authorized person in accordance with all laws and regulations governing such acts. The complete act of administration entails removing an individual dose from a previously dispensed, properly labeled container, including a unit dose container, verifying it with the orders of a practitioner who is legally authorized to prescribe, giving the individual dose to the proper client and properly recording the time and dose given.

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

(1997 Ed.)

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

(4) "Birth center or childbirth center" means a type of maternity home which is a house, building, or equivalent organized to provide facilities and staff to support a birth service, provided that the birth service is limited to low-risk maternal clients during the intrapartum period.

(5) "Birthing room" means a room designed, equipped, and arranged to provide for the care of a woman and newborn and to accommodate her support person or persons during the process of vaginal childbirth, (the three stages of labor and recovery of a woman and newborn).

(6) "Birth service" means the prenatal, intrapartum, and postpartum care provided for individuals with uncomplicated pregnancy, labor, and vaginal birth, to include the newborn care during transition and stabilization.

(7) "Client" means a woman, fetus, and newborn receiving care and services provided by a birth center during pregnancy and childbirth and recovery.

(8) "Clinical staff" means physicians and midwives appointed by the governing body to practice within the birth center and governed by rules approved by the governing body.

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

(10) "Governing body" means the person or persons responsible for establishing and approving the purposes and policies of the childbirth center.

(11) "Hospital" means any institution, place, building, or agency which provides accommodations, facilities, and services over a continuous period of twenty-four hours or more, for observation, diagnosis, or care, of two or more individuals not related to the operator or suffering from any other condition which obstetrical, medical, or surgical services would be appropriate for care or diagnosis. "Hospital" as used in this definition does not include hotels, or similar places furnishing only food and lodging, or simply, domiciliary care; nor does it include clinics, physicians' offices where patients are not regularly kept as bed patients for twenty-four hours or more; nor does it include nursing homes, as defined and which comes under the scope of chapter 18.51 RCW; nor does it include maternity homes, which come within the scope of chapter 18.46 RCW; nor does it include psychiatric hospitals, which come under the scope of chapter 71.12 RCW; nor any other hospital or institution specifically intended for use and the diagnosis and care of those suffering from mental illness, mental retardation, convulsive disorders, or other abnormal mental conditions. Furthermore, nothing in this definition shall be construed as authorizing the supervision, regulation, or control of the remedial care or treatment of residents or patients in any hospital conducted for those who rely primarily upon treatment by prayer or spiritual means in accordance with creed or tenets of any well-recognized church or religious denomination.

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

(13) "Low-risk maternal client" means an individual who:

(a) Is in general good health with uncomplicated prenatal course and participating in ongoing prenatal care;

(b) Is participating in an appropriate childbirth and infant care education program;

- (c) Has no major medical problems;
 - (d) Has no previous major uterine wall surgery, caesarean section, or obstetrical complications likely to recur;
 - (e) Has parity under six unless a justification for a variation is documented by clinical staff;
 - (f) Is not a nullipara of greater than thirty-eight years of age unless a justification for a variation is documented by clinical staff;
 - (g) Is not less than sixteen years of age unless a justification for variation for ages fourteen through fifteen only is documented by clinical staff;
 - (h) Has no significant signs or symptoms of pregnancy-induced hypertension, polyhydramnios or oligohydramnios, abruptio placenta, chorioamnionitis, multiple gestation, intrauterine growth retardation, meconium stained amniotic fluid, fetal complications, or substance abuse;
 - (i) Demonstrates no significant signs or symptoms of anemia, active herpes genitalis, pregnancy-induced hypertension, placenta praevia, malpositioned fetus, or breech while in active labor;
 - (j) Is in labor, progressing normally;
 - (k) Is without prolonged ruptured membranes;
 - (l) Is not in preterm labor nor postterm gestation;
 - (m) Is appropriate for a setting where analgesia is limited; and
 - (n) Is appropriate for a setting where anesthesia is used in limited amounts and limited to local infiltration of the perineum or pudendal block.
- (14) "Maternity home" means any home, place, hospital, or institution in which facilities are maintained for the care of four or more women not related by blood or marriage to the operator during pregnancy or during or within ten days after delivery: *Provided however*, That this chapter shall not apply to any hospital licensed under chapter 70.41 RCW, "Hospital licensing and regulation."
- (15) "Midwife" means an individual recognized by the Washington state board of nursing as a certified nurse midwife as provided in chapter 18.88 RCW, chapter 246-839 WAC, or an individual possessing a valid, current license to practice midwifery in the state of Washington as provided in chapter 18.50 RCW, chapter 246-834 WAC.
- (16) "New construction" means any of the following:
- (a) New buildings to be used as a birth center;
 - (b) Addition or additions to an existing building or buildings to be used as a childbirth center;
 - (c) Conversion of existing buildings or portions thereof for use as a childbirth center;
 - (d) Alterations or modifications other than minor alterations.
- "Minor alterations" means any structural or physical modification within an existing birth center which does not change the approved use of a room or an area. Minor alterations performed under this definition do not require prior review of the department; however, this does not constitute a release from other applicable requirements.
- (17) "Personnel" means individuals employed by the birth center.
- (18) "Physician" means an individual licensed under provisions of chapter 18.71 RCW, "Physicians," or chapter 18.57 RCW, "Osteopathy—Osteopathic medicine and surgery."
- (19) "Registered nurse" means an individual licensed

under the provision of chapter 18.88 RCW, "Registered nurses," who is practicing in accordance with the rules and regulations promulgated thereunder.

(20) "Recovery" means that period or duration of time starting at birth and ending with discharge of a client from the birth center or the period of time between the birth and the time a client leaves the premises of the birth center.

(21) "Shall" means compliance is mandatory.

(22) "Should" means a suggestion or recommendation, but not a requirement.

(23) "Support person" means the individual or individuals selected or chosen by a maternal client to provide emotional support and to assist her during the process of labor and childbirth.

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

(25) "Volunteer" means an individual who is an unpaid worker in the birth center, other than a support person.

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

[Statutory Authority: RCW 18.46.060. 92-02-018 (Order 224), § 246-329-010, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-329-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.46.060. 86-04-031 (Order 2338), § 248-29-010, filed 1/29/86. Statutory Authority: RCW 43.20.050. 80-05-099 (Order 197), § 248-29-010, filed 5/2/80.]

WAC 246-329-020 Licensure. (1) Application for license.

(a) An application for a childbirth center license shall be submitted on forms furnished by the department. The application shall be signed by the legal representative of the governing body.

(b) The applicant shall furnish to the department full and complete information and promptly report any changes which would affect the current accuracy of such information as to the identity of each officer and director of the corporation, if the birth center is operated by a legally incorporated entity, profit or nonprofit, and of each partner if the birth center is operated through a legal partnership.

(c) Each application for license shall be accompanied by a license fee as established by the department under RCW 43.70.110: *Provided*, That no fee shall be required of charitable or nonprofit or government-operated birth centers. Upon receipt of the license fee, when required, the department shall issue a childbirth center license if the applicant and the birth center facilities meet the requirements of this chapter.

(2) License renewal—Limitations—Display.

(a) A license, unless suspended or revoked, shall be renewed annually.

(i) Applications for renewal shall be on forms provided by the department and shall be filed with the department not less than ten days prior to expiration.

(ii) The department shall inspect and investigate each childbirth center as needed and at least annually to determine compliance with standards herein (chapter 246-329 WAC) and applicable standards of chapter 18.46 RCW.

(b) Each license shall be issued only for the premises and persons named. Licenses shall be transferrable or assignable only with written approval by the department.

(c) Licenses shall be posted in a conspicuous place on the licensed premises.

(3) Denial, suspension, modification, revocation of a license; notice; adjudicative proceeding.

(a) The department may, if the interests of the clients so demand, deny, suspend, or revoke a license when there has been failure or refusal to comply with the requirements of chapter 18.46 RCW and/or these rules. The department's notice of a denial, suspension, modification, or revocation of a license shall be consistent with RCW 43.70.115. An applicant or license holder has the right to an adjudicative proceeding to contest the decision.

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

(i) File a written application for an adjudicative proceeding by a method showing proof of receipt with the Administrative Hearings Unit, Department of Health, 1300 Quince Street S.E., P.O. Box 47851, Olympia, WA 98504-7851; and

(ii) Include in or with the application:

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

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

(C) A copy of the contested department decision.

(c) The proceeding is governed by the Administrative Procedure Act (chapter 34.05 RCW), this chapter, and chapter 246-08 WAC. If a provision in this chapter conflicts with chapter 246-08 WAC, the provision in this chapter governs.

(4) New construction—Major alterations.

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

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

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

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

(i) Plot plans;

(ii) Plans for each floor of each building which designate the function of each room and show all fixed equipment and the planned location of beds and other furniture;

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

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

(v) Specifications which fully describe workmanship and finishes.

(c) Adequate provisions shall be made for the safety and comfort of clients as construction work takes place in or near an occupied area.

(d) Construction shall take place in accordance with approved final plans and specifications. Only those changes which have been approved by the department may be incorporated into the construction project. Modified plans, additions, or changes incorporated into the construction project shall be submitted to the department for the department file on the project.

(5) Compliance with other regulations.

(a) Applicable rules and regulations adopted by the Washington state fire marshal.

(b) If there is no local plumbing code, the Uniform Plumbing Code of the National Association of Plumbing and Mechanical Officials shall be followed.

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

[Statutory Authority: RCW 18.46.060 and 34.05.220. 92-02-018 (Order 224), § 246-329-020, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-329-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and 18.46.060. 90-06-019 (Order 039), § 248-29-020, filed 2/28/90, effective 3/1/90. Statutory Authority: RCW 18.46.060. 86-04-031 (Order 2338), § 248-29-020, filed 1/29/86; 83-07-016 (Order 255), § 248-29-020, filed 3/10/83. Statutory Authority: RCW 43.20.050. 80-05-099 (Order 197), § 248-29-020, filed 5/2/80.]

WAC 246-329-030 Governing body and administration. (1) The birth center shall have a governing body.

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

(3) The governing body shall adopt policies for the care of clients within or on the premises of the birth center.

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

(5) The governing body shall establish and maintain a current written organizational plan which includes all positions and delineates responsibilities, authority, and relationship of positions within the birth center.

(6) The governing body shall have the authority and responsibility for appointments and reappointments of clinical staff and ensure that only members of the clinical staff shall admit clients to the birth center.

(a) Each birth center shall have designated physician participation in clinical services and in the quality assurance program.

(b) Each birth center shall have a written policy and program which shall stipulate the extent of physician participation in the services offered.

(c) Each physician and midwife appointed to the clinical staff shall provide evidence of current licensure in the state of Washington.

(d) The clinical staff shall develop and adopt bylaws, rules, and regulations subject to the approval of the governing body which shall include requirements for clinical staff membership; delineation of clinical privileges and the organization of clinical staff.

(7) The governing body shall be responsible for a quality assurance audit on a regular basis to review cases, minimally to include ongoing compliance with rules in chapter 246-329 WAC.

[Statutory Authority: RCW 18.46.060. 92-02-018 (Order 224), § 246-329-030, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-329-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.46.060. 86-04-031 (Order 2338), § 248-29-030, filed 1/29/86. Statutory Authority: RCW 43.20.050. 80-05-099 (Order 197), § 248-29-030, filed 5/2/80.]

WAC 246-329-035 Criminal history, disclosure, and background inquiries. (1) A licensee or license applicant shall require a disclosure statement as specified under RCW 43.43.834 for each prospective employee, volunteer, contractor, student, and any other person associated with the childbirth center having direct contact with:

- (a) Children under sixteen years of age;
- (b) Vulnerable adults as defined under RCW 43.43.830;

and

- (c) Developmentally disabled individuals.

(2) A license applicant having direct contact with vulnerable adults shall obtain a Washington state patrol criminal history background disclosure statement and submit it to the department either:

- (a) With the initial application for licensure; or
- (b) For current licensees, with the first application for renewal of license submitted after September 1, 1993.

(3) A licensee or license applicant shall:

(a) Require a Washington state patrol background inquiry as specified in RCW 43.43.842(1) for each:

(i) Employee, volunteer, contractor, student, and any other person currently associated with the licensed childbirth center, having direct contact with vulnerable adults, when engaged on or since July 22, 1989; and

(ii) Prospective employee, volunteer, contractor, student, and person applying for association with the licensed facility prior to allowing the person direct contact with vulnerable adults, except as allowed by subsection (4) of this section;

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

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

(d) Verbally inform the person of the background inquiry results within seventy-two hours of receipt; and

(e) Offer to provide a copy of the background inquiry results to the person within ten days of receipt.

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

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

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

(5) Except as provided in RCW 43.43.842 and in subsection (4) of this section, a licensee shall not hire or retain,

directly or by contract, any person having direct contact with vulnerable adults, if that person has been:

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

(b) Convicted of a crime relating to financial exploitation of a vulnerable adult;

(c) Found in any disciplinary board final decision to have abused a vulnerable adult under RCW 43.43.830; or

(d) The subject in a protective proceeding under chapter 74.34 RCW.

(6) The licensee shall establish and implement procedures ensuring that all disclosure statements and background inquiry responses are:

(a) Maintained in a confidential and secure manner;

(b) Used for employment purposes only;

(c) Not disclosed to any person except:

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

(ii) Authorized state and federal employees; and

(iii) The Washington state patrol auditor.

(d) Retained and available for department review during and at least two years following termination of employment.

(7) The department shall:

(a) Review records required under this section;

(b) Investigate allegations of noncompliance with RCW 43.43.830 through 43.43.842, when necessary, in consultation with law enforcement personnel; and

(c) Use information collected under this section solely for the purpose of determining eligibility for licensure or relicensure as required under RCW 43.43.842.

(8) The department may require licensees to complete additional disclosure statements or background inquiries for a person associated with the licensed facility having direct contact with vulnerable adults if the department has reason to believe that offenses specified under RCW 43.43.830 have occurred since completion of the previous disclosure statement or background inquiry.

[Statutory Authority: RCW 43.43.830 through 43.43.842. 93-16-030 (Order 381), § 246-329-035, filed 7/26/93, effective 8/26/93.]

WAC 246-329-040 Personnel, clinical staff, and volunteers who work directly with clients. (1) There shall be sufficient, qualified personnel and clinical staff to provide the services needed by clients and for safe maintenance and operation of the birth center.

(2) A physician qualified by training and experience in obstetrics and gynecology with admitting privileges to a community hospital shall be immediately available by phone twenty-four hours a day.

(3) Appropriate personnel and clinical staff of the birth center shall be trained in infant and adult resuscitation. Clinical staff or personnel who have demonstrated and documented ability to perform infant and adult resuscitation procedures shall be present during each birth.

(4) A physician or midwife shall be present at each birth. A second person who is an employee or member of the clinical staff with resuscitation skills shall be immediately available during each birth.

(5) Appropriate, qualified personnel and/or clinical staff shall be present in the birth center at all times when clients are present.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-329-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.46.060. 86-04-031 (Order 2338), § 248-29-040, filed 1/29/86. Statutory Authority: RCW 43.20.050. 80-05-099 (Order 197), § 248-29-040, filed 5/2/80.]

WAC 246-329-050 HIV/AIDS education and training. Childbirth centers shall:

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

(2) Use infection control standards and educational material consistent with the approved curriculum manual *Know - HIV/AIDS Prevention Education for Health Care Facility Employees*, January 1991, published by the office on HIV/AIDS.

[Statutory Authority: RCW 18.46.060 and 70.24.310. 92-02-018 (Order 224), § 246-329-050, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-329-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.310. 89-21-038 (Order 3), § 248-29-045, filed 10/12/89, effective 11/12/89.]

WAC 246-329-060 Birth center policies and procedures. Written policies and procedures shall include, but not be limited to:

(1) Definition of a low-risk maternal client who shall be eligible for birth services offered by the birth center.

(2) Definition of a client who shall be ineligible for birth services at the birth center.

(3) Identification and transfer of clients who, during the course of pregnancy, are determined to be ineligible.

(4) Identification and transfer of clients who, during the course of labor or recovery, are determined to be ineligible for continued care in the birth center.

(5) Written plans for consultation, backup services, transfer and transport of a newborn and maternal client to a hospital where appropriate care is available.

(6) Written informed consent which shall be obtained prior to the onset of labor and shall include evidence of an explanation by personnel of the birth services offered and potential risks.

(7) Provision for the education of clients, family, and support persons in childbirth and newborn care.

(8) Plans for immediate and long-term follow-up of clients after discharge from the birth center.

(9) Registration of birth and reporting of complications and anomalies, including sentinel birth defect reporting pursuant to RCW 70.58.320 and chapter 246-420 WAC, as now or as hereafter amended.

(10) Prophylactic treatment of the eyes of the newborn in accordance with WAC 246-100-206 (5)(b) as now, or as hereafter, amended.

(11) Metabolic screening of newborns.

(a) Educational materials shall be provided to each client relative to metabolic screening and informed consent for metabolic screening. These materials shall be obtained from the genetics program of the department.

(b) There shall be a mechanism for weekly reporting of all live births to the genetics program of the department on forms provided by the genetics program.

(c) The birth center shall provide each client with instructions and a metabolic screening collection kit, obtained from the genetics program of the department. There shall be a procedure and/or evidence of a plan for follow-up so that blood samples are collected between the seventh and tenth day of life.

(d) When parents refuse metabolic screening, there shall be provisions for a signed refusal statement which shall be sent to the genetics program of the department in lieu of the blood sample.

(12) Infection control to include consideration of house-keeping; cleaning, sterilization, sanitization, and storage of supplies and equipment, and health of personnel. Health records for personnel shall be kept in the facility and include documented evidence of a tuberculin skin test by the Mantoux method upon employment. A copy of the health record shall be given to each employee upon termination of employment. A nonsignificant skin test is defined as less than 10mm induration read at forty-eight to seventy-two hours. A significant skin test is defined as 10mm of induration, or greater, read at forty-eight to seventy-two hours. Positive reactors shall have a chest x-ray within ninety days of the first day of employment. Exemptions and specific requirements are as follows:

(a) New employees who can document a positive Mantoux test in the past shall be excluded from screening;

(b) Those with positive skin tests and abnormal chest x-ray for tuberculosis shall complete the recommended course of preventive or curative treatment, as determined by the local health officer;

(c) Employees with any communicable disease in an infectious stage shall not be on duty.

[Statutory Authority: RCW 18.46.060. 92-02-018 (Order 224), § 246-329-060, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-329-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.46.060. 86-04-031 (Order 2338), § 248-29-050, filed 1/29/86; 83-07-017 (Order 256), § 248-29-050, filed 3/10/83. Statutory Authority: RCW 43.20.050. 82-06-011 (Order 226), § 248-29-050, filed 2/22/82; 80-05-099 (Order 197), § 248-29-050, filed 5/2/80.]

WAC 246-329-070 Birth center equipment and supplies. (1) There shall be adequate and appropriate size and type equipment and supplies maintained for the maternal client and the newborn to include:

(a) A bed suitable for labor, birth, and recovery;

(b) Separate oxygen with flow meters and masks or equivalent;

(c) Mechanical suction and bulb suction (immediately available);

(d) Resuscitation equipment to include resuscitation bags and oral airways. Additionally, newborn equipment shall include appropriate laryngoscopes and endotracheal tubes;

(e) Firm surfaces suitable for resuscitation;

(f) Fetal monitoring equipment, minimally to include a fetoscope or electronic monitor;

(g) Equipment for monitoring and maintaining the optimum body temperature of the newborn. A radiant heat source appropriate for use in warming newborns shall be available. An appropriate newborn incubator should be available;

(i) A clock with a sweep second hand;

- (j) Sterile suturing equipment and supplies;
- (k) Adjustable examination light;
- (l) Containers for soiled linen and waste materials which shall be closed or covered.
- (2) There shall be a telephone or equivalent communication device.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-329-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.46.060. 86-04-031 (Order 2338), § 248-29-060, filed 1/29/86. Statutory Authority: RCW 43.20.050. 80-05-099 (Order 197), § 248-29-060, filed 5/2/80.]

WAC 246-329-080 Records. (1) The birth center shall have a defined client record system, policies and procedures which provide for identification, security, confidentiality, control, retrieval, and preservation of client care data and information.

(2) There shall be a health record maintained for each maternal and newborn client to include:

(a) Adequate notes describing the newborn and maternal status during prenatal, labor, birth, and recovery.

(b) Documentation that metabolic screening instructions and specimen collection kits were provided or that the specimen was obtained and forwarded to the genetics program of the department.

(c) Documentation and authentication by clinical staff and birth center personnel who administer drugs and treatments or make observations and assessments.

(3) Entries in the client record shall be typewritten or written legibly in ink.

(4) Documentation and record keeping shall include:

(a) Completion of a birth certificate and, if applicable, a sentinel birth defect report.

(b) Documentation of orders for medical treatment and/or medication.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-329-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.46.060. 86-04-031 (Order 2338), § 248-29-070, filed 1/29/86. Statutory Authority: RCW 43.20.050. 80-05-099 (Order 197), § 248-29-070, filed 5/2/80.]

WAC 246-329-090 Pharmaceuticals. (1) There shall be written prescriptions or orders signed by a practitioner legally authorized to prescribe for all drugs administered to clients within the birth center.

(2) There shall be policies and procedures addressing the receiving, transcribing, and implementing of orders for administration of drugs.

(3) Written policies shall be established addressing the type and intended use of any drug to be used by patients within the facility.

(4) Anesthetic agents other than local anesthetics and pudendal blocks shall not be used.

(5) Drugs shall be administered by personnel or clinical staff licensed to administer drugs.

(6) Drugs kept anywhere in the center shall be clearly labeled with drug name, strength, and expiration date.

(7) Drugs shall be stored and secured in specifically designated cabinets, closets, drawers, or storerooms and made accessible only to authorized persons.

(8) Poisonous chemicals, caustic materials, or drugs shall show appropriate warning or poison labels and shall be

stored separately from other drugs. Drugs for external use shall be separated from drugs for internal use.

(9) If emergency drugs and intravenous fluids are maintained in the facility, these are considered an extension of the drug supply owned by the legally authorized prescribing practitioner; these drugs remain the responsibility of the legally authorized prescribing practitioner.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-329-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.46.060. 86-04-031 (Order 2338), § 248-29-080, filed 1/29/86. Statutory Authority: RCW 43.20.050. 80-05-099 (Order 197), § 248-29-080, filed 5/2/80.]

WAC 246-329-100 Birth center—Physical environment. (1) The birth center shall be maintained to provide a safe and clean environment.

(2) At least one birthing room shall be maintained which is adequate and appropriate to provide for the equipment, staff, supplies, and emergency procedures required for the physical and emotional care of a maternal client, her support person or persons, and the newborn during birth, labor, and the recovery period.

(a) Birthing rooms built, modified, or altered after July 31, 1980, shall have a gross floor space of one hundred fifty-six square feet or fourteen and one-half square meters and a minimum room dimension of eleven feet.

(b) Birthing rooms shall be located to provide unimpeded, rapid access to an exit of the building which will accommodate emergency transportation vehicles.

(3) Adequate fixed or portable work surface areas shall be maintained for use in the birthing room or rooms.

(4) Toilet and bathing facilities.

(a) A toilet and lavatory shall be maintained in the vicinity of the birthing room or rooms.

(b) A bathing facility should be available for client use.

(c) All floor surfaces, wall surfaces, water closets, lavatories, tubs, and showers shall be kept clean and in good repair.

(5) There shall be provisions and facilities for secure storage of personal belongings and valuables of clients.

(6) There shall be provisions for visual privacy for each maternal client and her support person or persons.

(7) Hallways and doors providing access and entry into the birth center and birthing room or rooms shall be of adequate width and conformation to accommodate maneuvering of ambulance stretchers and wheelchairs.

(8) Water supply. There shall be an adequate supply of hot and cold running water under pressure for human consumption and other purposes which shall comply with chapter 246-290 WAC, rules and regulations of the Washington state board of health regarding public water supplies.

(9) Heating and ventilation.

(a) A safe and adequate source of heat capable of maintaining a room temperature of at least seventy-two degrees Fahrenheit shall be provided and maintained.

(b) Ventilation shall be sufficient to remove objectionable odors, excessive heat, and condensation.

(10) Lighting and power.

(a) There shall be provisions for emergency lighting.

(b) There shall be general lighting and provision for adequate examination lights in the birthing room.

(11) Linen and laundry.

(a) Soiled linen/laundry storage and sorting areas shall be physically separated from clean linen storage and handling areas, kitchen and eating facilities.

(b) Laundry equipment shall provide hot water at a temperature of one hundred sixty degrees Fahrenheit.

(12) Utility, housekeeping, garbage, and waste.

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

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

(13) Food storage and/or preparation.

(a) Food service and catering of food shall not be provided by the facility.

(b) When birth center policy provides for allowing the preparation or storage of personal food brought in by the client or families of clients for consumption by that family, there shall be an adequate electric or gas refrigerator capable of maintaining a temperature of forty-five degrees Fahrenheit or lower and dishwashing facilities which provide hot water at a temperature of not less than one hundred forty degrees Fahrenheit.

[Statutory Authority: RCW 18.46.060. 92-02-018 (Order 224), § 246-329-100, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-329-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.46.060. 86-04-031 (Order 2338), § 248-29-090, filed 1/29/86. Statutory Authority: RCW 43.20.050. 80-05-099 (Order 197), § 248-29-090, filed 5/2/80.]

WAC 246-329-990 Fees. Childbirth centers licensed under chapter 18.46 RCW shall submit an annual fee of five hundred dollars to the department unless a center is a charitable, nonprofit, or government-operated institution under RCW 18.46.030.

[Statutory Authority: RCW 43.70.040. 91-02-050 (Order 122), § 246-329-990, filed 12/27/90, effective 1/31/91.]

**Chapter 246-331 WAC
HOSPICE AGENCIES**

WAC

246-331-001	Purpose and scope.
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**DISPOSITION OF SECTIONS FORMERLY
CODIFIED IN THIS CHAPTER**

- 246-331-045 Civil fines. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-331-045, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and 70.126.040. 90-06-019 (Order 039), § 248-31-045, filed 2/28/90, effective 3/1/90. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-31-045, filed 6/7/89.] Repealed by 94-17-138, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 70.127.120.
- 246-331-055 License action and/or civil fine—Notice—Adjudicative proceeding. [Statutory Authority: RCW 70.127.120, 70.127.260 and 34.05.220. 92-02-018 (Order 224), § 246-331-055, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-331-055, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and 70.126.040. 90-06-019 (Order 039), § 248-31-055, filed 2/28/90, effective 3/1/90. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-31-055, filed 6/7/89.] Repealed by 94-17-138, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 70.127.120.
- 246-331-155 Functions, duties, and responsibilities of direct care personnel. [Statutory Authority: RCW 70.127.120 and 70.127.260. 92-02-018 (Order 224), § 246-331-155, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-331-155, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-31-155, filed 6/7/89.] Repealed by 94-17-138, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 70.127.120.
- 246-331-175 Parenteral product services. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-331-175, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-31-175, filed 6/7/89.] Repealed by 94-17-138, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 70.127.120.

WAC 246-331-001 Purpose and scope. (1) This chapter implements chapter 70.127 RCW by establishing minimum standards for hospice agencies.

(2) This chapter does not apply to:

- (a) Home health agencies as defined by RCW 70.127.010;
- (b) Home care agencies as defined by RCW 70.127.010;
- (c) Other persons, activities or entities specified in RCW 70.127.040; or
- (d) Volunteer hospices meeting the requirements in RCW 70.127.050.

[Statutory Authority: RCW 70.127.120. 94-17-138, § 246-331-001, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-331-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-31-005, filed 6/7/89.]

WAC 246-331-010 Definitions. For the purpose of this chapter, the definitions in RCW 70.127.010 and in this section apply unless the context clearly indicates otherwise.

- (1) "Administrator" means an individual responsible for managing the day-to-day operation of an agency.
- (2) "Bereavement care" means care provided to the patient's family with the goal of alleviating the emotional and spiritual discomfort associated with the patient's death.
- (3) "Branch office" means according to RCW 70.127.010, a location or site from which a hospice agency

provides services within a portion of the total geographic area served by the parent agency. The branch office is part of the agency and is located sufficiently close to share administration, supervision, and services.

(4) "Contractor" means a person or agency who contracts with a licensee to provide patient care services or equipment.

(5) "Deemed status" means a designation assigned by the department for a licensee meeting the provisions of WAC 246-331-030, certified or accredited by organizations recognized by RCW 70.127.080.

(6) "Department" means, according to RCW 70.127.010, the Washington state department of health.

(7) "Document" means to record with signature or unique identifier, title and date.

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

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

(b) Legally appointed to represent the patient.

(9) "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 or certified under Title 18 RCW;

(b) Registered under chapters 18.19 or 18.88A RCW; or

(c) A speech therapist as defined in this section.

(10) "Home health aide" means an individual registered or certified under chapter 18.88A RCW.

(11) "Hospice agency" or "agency" means, according to RCW 70.127.010, a private or public agency or organization that administers or provides hospice care services directly or through a contract arrangement to terminally ill persons in places of temporary or permanent residence by using an interdisciplinary team composed of at least nursing, social work, physician, and pastoral or spiritual counseling.

(12) "Hospice plan of care" means, according to RCW 70.127.260, a written plan of care established by a physician and reviewed by other members of the interdisciplinary team describing hospice care to be provided.

(13) "Interdisciplinary team" means the group of individuals involved in patient care including, at a minimum, a physician, registered nurse, social worker, and spiritual counselor and may include additional health care professionals and who may be volunteers.

(14) "Licensed practical nurse" or "LPN" means an individual licensed as a practical nurse under chapter 18.78 RCW.

(15) "Licensee" means the person to whom the department issues the hospice agency license.

(16) "Managed care plan" means a plan controlled by the terms of the reimbursement source.

(17) "Patient" means an individual with a terminal condition who is receiving care from the agency.

(18) "Patient unit" means the patient and family who together are the recipients of hospice care.

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

(20) "Personnel" means individuals employed and compensated by the licensee.

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

(22) "Registered nurse" or "RN" means an individual licensed under chapter 18.88 RCW.

(23) "Social worker" means an individual registered or certified under chapter 18.19 RCW.

(24) "Spiritual counseling services" means services:

(a) Coordinated by an individual with knowledge of theology, pastoral counseling, or an allied field; or

(b) Authorized by a spiritual organization to provide counseling services.

(25) "Therapist" means an individual who is:

(a) A physical therapist, licensed under chapter 18.74 RCW;

(b) A respiratory therapist, certified under chapter 18.89 RCW;

(c) An occupational therapist, licensed under chapter 18.59 RCW; or

(d) A speech therapist meeting the education and experience requirements for a certificate of clinical competence in an appropriate area of speech pathology or audiology, granted by the American Speech, Language, and Hearing Association as described in The ASLHA Directory, American Speech, Language, and Hearing Association, 10801 Rockville Pike, Rockville, Maryland 20852, 1983; or for a certificate of clinical competence and in the process of accumulating the supervised experience, as specifically prescribed in The ASLHA Directory, 1983.

(26) "Therapy assistant" means a licensed occupational therapy assistant defined under chapter 18.59 RCW or physical therapist assistant defined under chapter 246-915 WAC.

(27) "Volunteer" means an individual who provides direct care to the patient unit, and who:

(a) Is not compensated by the agency; and

(b) May be reimbursed for personal mileage incurred to deliver hospice services.

(28) "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 70.127.120. 94-17-138, § 246-331-010, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 70.127.120 and 70.127.260. 92-02-018 (Order 224), § 246-331-010, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-331-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-31-015, filed 6/7/89.]

WAC 246-331-025 Licensure—Initial, renewal, transfer. (1) A person shall have a current license issued by the department before operating or advertising a hospice agency.

(2) An applicant for initial licensure shall submit to the department:

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

(b) Evidence of current professional liability, public liability, and property damage insurance coverage in accordance with RCW 70.127.080;

(c) A criminal history background check in accordance with WAC 246-331-100(2);

(d) The following information:

(i) Names of officers, managing personnel, directors, and partners or individuals owning ten percent or more of the applicant's assets;

(ii) A description of the organizational structure;

(iii) A description of the services to be offered;

(iv) Name and address of branch offices;

(v) Counties where applicant will provide hospice services; and

(vi) Other information as required by the department; and

(e) Fees specified in WAC 246-331-990.

(3) A licensee shall apply for license renewal 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) A criminal history background check in accordance with WAC 246-331-100(2);

(c) Documentation according to the provisions of WAC 246-331-030, if applying for deemed status;

(d) Fees specified in WAC 246-331-990; and

(e) Other information as required by the department.

(4) At least thirty days prior to transferring ownership of a currently licensed agency:

(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 agency and the name under which the transferred agency will operate; and

(iii) Date of the proposed change of ownership; and

(b) The prospective new owner shall submit the transfer fee specified in WAC 246-331-990, and:

(i) Apply for licensure according to subsection (2) of this section; or

(ii) If planning to add the transferred agency as a branch office provide notification to the department according to WAC 246-331-035 (1)(b).

(5) An owner wishing to license a volunteer hospice as defined in RCW 70.127.050 is exempt from subsection (2)(b) of this section.

[Statutory Authority: RCW 70.127.120. 94-17-138, § 246-331-025, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 70.127.120 and 70.127.260. 92-02-018 (Order 224), § 246-331-025, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-331-025, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and 70.126.040. 90-06-019 (Order 039), § 248-31-025, filed 2/28/90, effective 3/1/90. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-31-025, filed 6/7/89.]

WAC 246-331-030 Deemed status. (1) The department shall grant deemed status to licensees meeting the requirements in this section and otherwise qualified for licensure.

(2) The department shall renew a license without conducting an on-site survey for licensees with deemed status.

(3) A licensee certified by the federal Medicare program, 42 CFR Part 418, conditions of participation, home health agencies, applying for initial deemed status shall indicate certification on the renewal application.

(4) A licensee accredited by the joint commission on accreditation of health care organizations or the community health accreditation program, Inc. applying for initial deemed status shall submit to the department with the renewal application:

(a) Verification of accreditation; and

(b) A copy of the decisions and findings of an on-site survey conducted by the accrediting organization within the twenty-four month period preceding the renewal due date.

(5) A licensee granted deemed status pursuant to subsection (4) of this section shall submit to the department:

(a) A copy of the decisions and findings of each survey conducted by the accrediting organization within ninety days of the survey date; and

(b) All decisions and findings, including any changes in accreditation status, from the accrediting organization within ten days of receipt.

(6) The department shall grant deemed status to a licensee when:

(a) The licensee meets the requirements in this section;

(b) The licensee verifies an on-site survey has been conducted by an organization specified in this section within the twenty-four month period preceding the renewal due date; and

(c) The department determines, using a liberal interpretation, the survey standards used at the time of survey are substantially equivalent to chapter 70.127 RCW and this chapter.

(7) Upon determining survey standards used by an organization specified in this section are not substantially equivalent with chapter 70.127 RCW and this chapter, the department shall send affected licensees:

(a) A detailed description of the deficiencies in the alternate survey process; and

(b) An explanation concerning the risk to the consumer.

(8) The department shall conduct verification surveys according to RCW 70.127.085.

[Statutory Authority: RCW 70.127.120. 94-17-138, § 246-331-030, filed 8/22/94, effective 9/22/94.]

WAC 246-331-035 Responsibilities and rights—Licensee and department. (1) A licensee shall:

(a) Comply with the provisions of chapter 70.127 RCW and this chapter;

(b) Notify the department in writing:

(i) Thirty or more days before beginning or ceasing operation of an agency;

(ii) Upon beginning or ceasing operation of a branch office; and

(iii) Within ten working days of changing the geographical area served by the agency;

(c) Cooperate with the department during on-site surveys and investigations which may include reviewing agency records and in-home visits with patient consent;

(d) 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

(ii) A progress report of corrections.

(2) An applicant or licensee has the right to:

(a) Discuss with the surveyor deficiencies found during an on-site survey or investigation at the conclusion of the survey or investigation;

(b) A written statement of deficiencies found during the survey or investigation;

(c) Discuss the statement of deficiencies with the department's program manager; and

(d) Contest a disciplinary action or decision of the department to deny a license according to the provisions of RCW 43.70.115, chapter 34.05 RCW and chapter 246-10 WAC.

(3) The department shall:

(a) Issue an initial license for one year;

(b) Issue a renewal license for two years;

(c) Issue a transfer license to the new licensee for the remainder of the current license period;

(d) Investigate any entity suspected of advertising or providing hospice care without a license;

(e) Investigate an agency suspected of providing insufficient, inadequate or inappropriate care;

(f) Provide for combined surveys for licensees with more than one license under chapter 70.127 RCW, in accordance with RCW 70.127.110;

(g) Conduct unannounced on-site surveys and investigations at any time to determine compliance with chapter 70.127 RCW and this chapter;

(h) Provide a period of time for a licensee or applicant to correct deficiencies cited by the department during an on-site survey or investigation, according to the plan of correction;

(i) Reserve the right, according to the provisions of RCW 70.127.170, 43.70.095, chapter 34.05 RCW and chapter 246-10 WAC, to:

(i) Deny, suspend, modify or revoke a license; and

(ii) Assess a civil monetary penalty, not to exceed one thousand dollars per deficiency, based on the preventive and remedial action of the licensee and threat to patient health or safety, for deficiencies including but not limited to:

(A) Failing to provide agreed-upon patient care services without appropriate notice;

(B) Actions resulting in the injury or death of a patient;

(C) Compromising the health or safety of a patient, including a pattern of incidents of personnel performing services beyond their authorized scope of practice;

(D) Knowingly making a false statement of a material fact concerning information requested in this chapter or in any matter under department investigation;

(E) Conducting business or advertising in a misleading or fraudulent manner;

(F) Refusing to allow the department to examine records or willfully interfering with an on-site survey or investigation;

(G) Failing to pay a fine within ten days after the assessment becomes final or as agreed to by the department and the licensee; and

(H) Continuing to operate after license revocation or suspension or operating outside the parameters of a modified or restricted license.

(4) 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: RCW 70.127.120. 94-17-138, § 246-331-035, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 70.127.120, 70.127.260 and 34.05.220. 92-02-018 (Order 224), § 246-331-035, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-331-035, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and 70.126.040. 90-06-019 (Order 039), § 248-31-035, filed 2/28/90, effective 3/1/90. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-31-035, filed 6/7/89.]

WAC 246-331-065 General requirements. The licensee shall:

(1) Have a written plan of operation describing the:

(a) Delegation of responsibility;

(b) Services to be provided;

(c) Counties or portions of counties served; and

(d) Availability of services;

(2) Provide management and supervision of services throughout the service delivery area;

(3) Assure the scope of services are consistent with each authorized hospice plan of care;

(4) Arrange for one or more physicians to coordinate medical direction including:

(a) Advising the agency on policies and procedures;

(b) Serving as liaison with a patient's attending physician;

(c) Providing patient care;

(d) Approving modifications in individual plans of care; and

(e) Participating in care planning conferences as required by WAC 246-331-135;

(5) Make nursing consultation available twenty-four hours per day, seven days per week;

(6) Provide nursing in-home visits as needed twenty-four hours per day, seven days per week;

(7) Assure the following services are available to the patient unit, including, but not limited to:

(a) Social services;

(b) Spiritual counseling;

(c) Bereavement care;

(d) Volunteer services; and

(e) Respite care;

(8) Continue bereavement care, if requested, for up to one year after a patient's death;

(9) Develop and use set criteria for:

(a) Accepting patients;

(b) Discontinuing service;

(c) Referring patients; and

(d) Transferring patients;

(10) Inform each patient of alternate services prior to ceasing business or when the licensee is unable to meet the patient's needs;

(11) Review contracts annually for conformance with the agency's patient care policies and procedures, and document review; and

(12) Develop policies and procedures as required by WAC 246-331-115.

[Statutory Authority: RCW 70.127.120. 94-17-138, § 246-331-065, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-331-065, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-31-065, filed 6/7/89.]

WAC 246-331-077 Patient bill of rights. The licensee shall comply with RCW 70.127.140, Bill of rights—Billing statements.

[Statutory Authority: RCW 70.127.120. 94-17-138, § 246-331-077, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-331-077, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-31-077, filed 6/7/89.]

WAC 246-331-085 Organization and administration. (1) The licensee shall establish a mechanism to:

(a) Oversee the management and fiscal affairs of the agency;

(b) Approve and review, at least every two years, written policies and procedures related to safe, adequate patient care, and operation of the hospice agency;

(c) Approve and implement a quality assurance plan, which includes but is not limited to:

(i) A complaint process;

(ii) A method to identify, monitor, evaluate and correct problems identified by the patient unit, personnel, contractors, and volunteers; and

(iii) A system to assess patient unit satisfaction.

(2) The licensee shall appoint an administrator who shall:

(a) Implement the provisions of subsection (1) of this section;

(b) Designate an alternate to act in the administrator's absence;

(c) Organize and direct the ongoing functions of the agency;

(d) Arrange for necessary professional services;

(e) Serve as a liaison between the licensee and personnel;

(f) Assure personnel, contractors and volunteers comply with this chapter;

(g) Assure the complaint process is explained to the patient unit; and

(h) Assure the accuracy of public information materials and activities.

[Statutory Authority: RCW 70.127.120. 94-17-138, § 246-331-085, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-331-085, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-31-085, filed 6/7/89.]

WAC 246-331-095 Personnel, contractors and volunteers. (1) For agency personnel the licensee shall:

(a) Establish employment criteria consistent with chapter 49.60 RCW, Discrimination—Human rights commission;

(b) Develop and maintain job descriptions commensurate with responsibilities and consistent with health care professional credentialing standards when appropriate;

(c) Conduct criminal history background checks in accordance with WAC 246-331-100;

(d) Verify work references and document verification;

(e) Maintain documentation that health care professional credentials are current and in good standing;

(f) Provide and document:

(i) Orientation;

(ii) Ongoing training on current agency policies and procedures;

(iii) Cardiopulmonary resuscitation training, consistent with policies and procedures, for direct patient care personnel at least biennially; and

(iv) Scheduled support and counseling for personnel providing bereavement care;

(g) Provide the equipment necessary to implement the agency infection control policies and procedures, respiratory protection program and patients' plans of treatment or plans of care;

(h) Document compliance with WAC 246-331-115 (1)(f); and

(i) Conduct annual performance evaluations of all personnel, including on-site observation of personnel providing direct patient care.

(2) For direct care volunteers the licensee shall:

(a) Develop and maintain work descriptions commensurate with responsibilities;

(b) Conduct criminal history background checks in accordance with WAC 246-331-100;

(c) Provide and document orientation on patient care policies and procedures; and

(d) For volunteer health care professionals contributing services within their scope of practice:

(i) Maintain documentation credentials are current and in good standing; and

(ii) Provide and document on-going training, on agency patient care policies and procedures;

(e) Provide scheduled support and counseling for volunteers providing bereavement care;

(f) Provide the equipment necessary to implement the agency infection control policies and procedures, respiratory protection program and patients' plans of treatment or plans of care; and

(g) Document compliance with WAC 246-331-115 (1)(f).

(3) For contracted services, the licensee shall, directly or by contract:

(a) Comply with chapter 49.60 RCW, Discrimination—Human rights commission;

(b) Develop and maintain job descriptions commensurate with responsibilities and consistent with health care professional credentialing standards when appropriate;

(c) Conduct criminal history background checks as required by WAC 246-331-100;

(d) Verify work references and document verification;

(e) Maintain documentation that health care professional credentials are current and in good standing;

(f) Provide and document:

(i) Orientation;

(ii) Ongoing training on current agency policies and procedures;

(iii) Cardiopulmonary resuscitation training, consistent with policies and procedures for direct patient care personnel at least biennially; and

(iv) Access to scheduled support and counseling for contractors who provide bereavement care;

(g) Provide the equipment necessary to implement the agency infection control policies and procedures, respiratory protection program and patients' plans of treatment or plans of care;

(h) Document compliance with WAC 246-331-115 (1)(f); and

(i) Assure that direct patient care services provided are reviewed and evaluated on an ongoing basis and documented at least annually.

[Statutory Authority: RCW 70.127.120. 94-17-138, § 246-331-095, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-331-095, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-31-095, filed 6/7/89.]

WAC 246-331-100 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 hospice agency 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 either:

- (a) With the initial application for licensure; or
- (b) For current licensees, with the first application for renewal of license submitted after September 1, 1993.

(3) The licensee or license applicant shall:

(a) Require a Washington state patrol background inquiry as specified in RCW 43.43.842(1) for each:

(i) Personnel, volunteer, contractor, student, and any other individual currently associated with the licensed hospice agency having direct contact with vulnerable adults, when engaged on or since July 22, 1989; and

(ii) Prospective personnel, volunteer, contractor, student, and any other individual applying for association with the licensed agency 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 an agency; and

(ii) At least two years following termination of employment or association with an agency.

(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 agency having direct contact with vulnerable adults if the department has reason to believe that offenses specified under RCW 43.43.830 have occurred since completion of the previous disclosure statement or background inquiry.

[Statutory Authority: RCW 70.127.120. 94-17-138, § 246-331-100, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 43.43.830 through 43.43.842. 93-16-030 (Order 381), § 246-331-100, filed 7/26/93, effective 8/26/93.]

WAC 246-331-105 AIDS education and training. The licensee shall:

(1) Verify or arrange for two hours or more of appropriate education and training of nonlicensed personnel, volunteers and direct-care contractors within thirty days of direct patient contact 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: RCW 70.127.120. 94-17-138, § 246-331-105, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 70.127.120, 70.127.260 and 70.24.310. 92-02-018 (Order 224), § 246-331-105, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-331-105, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-31-105, filed 6/7/89.]

WAC 246-331-115 Patient care policies and procedures. (1) A licensee shall establish and implement the following written policies and procedures, consistent with this chapter and the services provided:

- (a) Admitting, transferring and discharging patients;
 - (b) Services to be provided to the patient unit and qualifications of the individuals performing the services;
 - (c) Coordinating interagency and intra-agency services;
 - (d) Techniques for communicating with the patient and family, and steps to take when communication is not possible, including but not limited to:
 - (i) Assistance with obtaining special communication devices;
 - (ii) Use of translated material, interpreters or interpreter services; or
 - (iii) Referral to community services;
 - (e) Providing a bereavement care program;
 - (f) Infection control principles and practices, including:
 - (i) Bloodborne pathogens in accordance with WAC 296-62-08001; and
 - (ii) Tuberculosis control program consistent with WISHA.
 - (g) Actions to take when an individual exhibits or reports symptoms of a communicable disease in an infectious stage in accordance with chapter 246-100 WAC;
 - (h) Maintaining supplies;
 - (i) Equipment maintenance program;
 - (j) Managing records consistent with WAC 246-331-165;
 - (k) Managing and handling patient-owned drugs consistent with state law;
 - (l) Managing abuse and neglect situations consistent with chapters 26.44 and 74.34 RCW; and
 - (m) Emergency care, identifying the responsible agency when more than one agency provides care, including:
 - (i) Addressing chapter 70.122 RCW, Natural Death Act and advanced directives; and
 - (ii) Actions to take upon the death of a patient.
- (2) The licensee shall document:
- (a) Approval of policies and procedures; and
 - (b) Review of policies and procedures every two years.
- (3) The licensee shall make the policies and procedures specified in subsection (1) of this section available to direct care personnel and contractors, and volunteers during the hours of operation.

[Statutory Authority: RCW 70.127.120. 94-17-138, § 246-331-115, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-331-115, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-31-115, filed 6/7/89.]

WAC 246-331-125 Supervision and coordination of patient services. (1) A licensee shall employ a RN as a supervisor of clinical services.

- (2) The clinical supervisor shall:
 - (a) Designate a similarly qualified alternate to act in the clinical supervisor's absence;
 - (b) Coordinate or participate in, developing and revising written patient care policies related to each service provided;
 - (c) Assign and monitor all patient care personnel and contractors, and volunteers;
 - (d) Coordinate interdisciplinary services;

- (e) Establish primary personnel or contractor responsibility for the plan of care;

- (f) Monitor a patient's plan of care to assure it is followed; and

- (g) Assure compliance with the patient's hospice plan of care.

(3) The clinical supervisor or alternate shall be available twenty-four hours per day, seven days per week.

(4) The licensee shall provide supervision, including, but not limited to:

- (a) RN supervision when using the services of a LPN, in accordance with chapter 18.78 RCW;

- (b) Supervision by an appropriate therapist when using the services of a therapy assistant; and

- (c) Supervision of home health aides in accordance with RCW 70.127.010(7).

(5) The licensee using home health aides shall:

- (a) Provide written instructions and orientation for each patient consistent with the hospice plan of care prior to initiating care;

- (b) Provide supervision by a health care professional or the clinical supervisor, and document:
 - (i) An in-home visit every two weeks; and
 - (ii) An in-home visit to directly observe the aide's performance at least every two months; and

- (c) Develop written guidelines to assure each aide:

- (i) Assists only with those medications ordinarily self-administered by the patient, and limits assistance to the patient to:
 - (A) Communicating appropriate information regarding self-administration;
 - (B) Reminding to take a medication as prescribed;
 - (C) Reading the medication label;
 - (D) Handing the medication container to the patient;
 - (E) Opening the medication container; and
 - (F) Applying or installing skin, rectal, nose, eye, and ear preparations under specific direction of the supervisor;

- (ii) Records pertinent information in the patient's clinical record;

- (iii) Observes and recognizes changes in the patient's condition, and reports any changes to the supervisor; and

- (iv) Initiates emergency procedures according to agency policy.

- (A) Communicating appropriate information regarding self-administration;

- (B) Reminding to take a medication as prescribed;

- (C) Reading the medication label;

- (D) Handing the medication container to the patient;

- (E) Opening the medication container; and

- (F) Applying or installing skin, rectal, nose, eye, and ear preparations under specific direction of the supervisor;

- (ii) Records pertinent information in the patient's clinical record;

- (iii) Observes and recognizes changes in the patient's condition, and reports any changes to the supervisor; and

- (iv) Initiates emergency procedures according to agency policy.

[Statutory Authority: RCW 70.127.120. 94-17-138, § 246-331-125, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-331-125, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-31-125, filed 6/7/89.]

WAC 246-331-135 Hospice plan of care. The licensee shall:

(1) Develop a written hospice plan of care for each patient unit including, but not limited to:

- (a) Current health problems pertaining to the health of the patient;

- (b) Resuscitation status of the patient according to the Natural Death Act and advanced directives, chapter 70.122 RCW;

- (c) Specific interventions and expected outcomes;

- (d) Responsibilities of interdisciplinary team members; and

- (e) Methods for implementing and evaluating the plan;

(2) Include the hospice plan of care in the patient's health record;

(3) Develop and implement a system to:

(a) Document the hospice plan of care was reviewed within the first week of admission, and every two weeks thereafter by members of the interdisciplinary team in a case planning conference, as necessary, and periodically by a physician;

(b) Assure drugs and treatments are:

(i) Ordered by the authorizing practitioner and a verbal order is countersigned in a timely manner not to exceed forty-five days;

(ii) Verified by an appropriate health care professional;

(iii) Administered by authorized agency personnel, contractors or volunteers according to state law; and

(iv) Documented in the patient record as soon as possible; and

(c) Teach and counsel the patient unit on meeting the patient's needs.

[Statutory Authority: RCW 70.127.120. 94-17-138, § 246-331-135, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-331-135, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-31-135, filed 6/7/89.]

WAC 246-331-165 Clinical records. The licensee shall:

(1) Develop and implement procedures for maintaining a current clinical record for each patient consistent with chapter 70.02 RCW, Medical records—Health care information access and disclosure act, which is:

(a) Accessible, in an integrated document, in the licensee's main or branch office for review by appropriate direct care personnel, volunteers and contractors, and the department;

(b) Written legibly or retrievable by electronic means:

(i) On the licensee's standardized forms; and

(ii) In a legally acceptable manner;

(c) Kept confidentially;

(d) Chronological in its entirety or by service; and

(e) Kept together to avoid loss of records;

(2) Include the following in each record:

(a) Patient units' name's, ages, current addresses and phone numbers;

(b) Patient's consent for care;

(c) Hospice plan of care in accordance with WAC 246-331-145;

(d) Past and current clinical findings pertinent to WAC 246-331-145;

(e) Dated and signed clinical notes for each contact with the patient describing:

(i) Specific observations;

(ii) Changes in condition; and

(iii) Medications given and adverse reactions to any medication;

(f) Instructions given to the patient unit; and

(g) Document services when other home health, home care or hospice agency's are caring for a patient;

(3) Consider the records as property of the licensee;

(4) Develop and implement policies and procedures for:

(a) Transferring patient information or a summary, when the patient is relocated to another agency or facility to assure continuity of care;

(b) Retaining records for:

(i) Adults no less than three years following the date of termination of services;

(ii) Minors no less than three years after attaining the age of eighteen years of age, or five years following discharge, whichever is longer;

(c) Storing records to:

(i) Prevent loss of information;

(ii) Maintain the integrity of the records; and

(iii) Protect against unauthorized access according to chapter 70.02 RCW, Medical records—Health care information access and disclosure act;

(d) Obtaining department approval to preserve or dispose of records prior to ceasing operation; and

(e) Disposing of records to protect confidentiality when ceasing operation or releasing of medical records after a patient's death.

[Statutory Authority: RCW 70.127.120. 94-17-138, § 246-331-165, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-331-165, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-31-165, filed 6/7/89.]

WAC 246-331-185 Medical supplies—Equipment services. Licensee's providing or contracting for medical supplies or equipment services shall:

(1) Develop and implement, for the scope of services provided a system for:

(a) Maintaining supplies;

(b) Cleaning, inspecting, repairing and calibrating equipment, and documenting with:

(i) Date;

(ii) Time; and

(iii) Name of the individual who conducted the activity;

(c) Informing the patient of the cost and method of payment for equipment repairs or replacement, unless under a managed care plan, and for documenting the patient's prior approval; and

(d) Replacing supplies or equipment essential for the health or safety of the patient;

(2) Provide knowledgeable and trained personnel capable of:

(a) Initiating the scope of services;

(b) Maintaining supplies and equipment; and

(c) Instructing each patient unit to use and maintain supplies and equipment in a language or format the patient unit understands, using one or more of the following:

(i) Written instruction;

(ii) Verbal instruction; or

(iii) Demonstration.

[Statutory Authority: RCW 70.127.120. 94-17-138, § 246-331-185, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-331-185, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-31-185, filed 6/7/89.]

WAC 246-331-990 Fees. (1) 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 ninety-seven dollars; and
- (ii) For agencies with:
 - (A) Fifteen or less FTEs, two hundred ten dollars;
 - (B) Sixteen through fifty FTEs, five hundred six dollars;

or

(C) Fifty-one or more FTEs, one thousand forty-eight 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 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 ninety-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 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 43.70.110 and 43.70.250. 96-12-025, § 246-331-990, filed 5/30/96, effective 6/30/96. 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 246-333 WAC APPROVAL OF EYE BANKS

WAC

246-333-010	Definitions.
246-333-020	Approval process.
246-333-030	HIV/AIDS education and training.
246-333-040	Records.

WAC 246-333-010 Definitions. As used herein the following terms shall have the meaning set forth in this section unless the context clearly indicates otherwise:

(1) "Accepted medical standards" shall mean those standards relating to the removal and storage of eye tissue

which preserve that tissue in a state wherein the tissue may be successfully transplanted.

(2) "Approved eye bank" shall mean a facility approved by the secretary wherein eye tissue may be received and stored in accordance with accepted medical standards for future transplantation or research.

(3) "Department" shall mean the department of health.

(4) "Developmental loss" shall mean the loss of developmental opportunities including, but not limited to, hand-eye coordination, small muscle development and dexterity and large muscle coordination which would occur in the normal course of development if the loss of vision had not occurred.

(5) "Economic loss" shall mean the loss of wages from employment and the loss of services within a home requiring the replacement of those services to provide for the care of dependent children and adults.

(6) "Educational loss" shall mean the loss of educational opportunities by virtue of an inability to perceive visual images.

(7) "Emergency" shall mean a situation which occurs as a result of trauma to the eyes necessitating the replacement of corneal tissue within 48 hours to prevent the loss of sight.

(8) "Secretary" shall mean the secretary of the department of health and his or her designee.

[Statutory Authority: RCW 43.70.040 and 68.50.280. 92-02-018 (Order 224), § 246-333-010, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-333-010, filed 12/27/90, effective 1/31/91; Order 134, § 248-33-020, filed 10/21/76.]

WAC 246-333-020 Approval process. (1) A facility which seeks to qualify as an approved eye bank must submit a written request for approval to the secretary. The request must include a statement of the arrangements made for the storage of tissue received, the name and availability of ophthalmologists and the policies to be followed for the distribution of tissue.

(2) Approval may be granted by the secretary when:

(a) The eye bank meets accepted medical standards for the preservation of eye tissue in a condition suitable for transplantation including, but not limited to, the provision of a storage area for the tissue which is maintained at an appropriate temperature and in which the tissue may be protected from contamination and/or damage, and

(b) There are one or more board certified or board qualified ophthalmologists on the staff of a hospital which seeks approval for its eye bank who are able to, and express a willingness to, perform corneal transplants, and

(c) The director or administrator of the eye bank declares it to be the intention of those who direct and/or administer the eye bank to distribute available corneal tissue to recipients in a fair and reasonable manner, which means the distribution of corneal tissue to recipients requiring such tissue:

(i) Without discrimination based on race, creed, ethnic origin, sex, or age, and

(ii) With consideration of the length of time that the potential recipient has had a medically defined need to receive corneal tissue, and

(iii) With consideration of the impact of waiting to receive such tissue on the recipient and the resulting eco-

conomic, educational, or developmental loss to the potential recipient, and

(iv) With provision made for emergency requests for corneal tissue.

(3) The department shall deny, suspend, modify, or revoke approval of an eye bank when a facility fails or refuses to comply with legal requirements, including the criteria set forth in chapter 246-08 WAC.

(4) The secretary may, in the secretary's discretion, reinstate the approval of an eye bank when the facility has corrected the conditions which led to the suspension, modification, or revocation of approval.

(5)(a) The department's notice of a denial, suspension, modification, or revocation of approval shall be consistent with RCW 43.70.115. An applicant or approval holder has the right to an adjudicative proceeding to contest the decision.

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

(i) File a written application for an adjudicative proceeding by a method showing proof of receipt with the Administrative Hearings Unit, Department of Health, 1300 Quince Street S.E., P.O. Box 47851, Olympia, WA 98504-7851; and

(ii) Include in or with the application:

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

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

(C) A copy of the contested department decision.

(c) The proceeding is governed by the Administrative Procedure Act (chapter 34.05 RCW), this chapter, and chapter 246-08 WAC. If a provision in this chapter conflicts with chapter 246-08 WAC, the provision in this chapter governs.

[Statutory Authority: RCW 43.70.040, 68.50.280 and 34.05.220. 92-02-018 (Order 224), § 246-333-020, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-333-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.050 and chapter 34.05 RCW. 90-05-038 (Order 034), § 248-33-040, filed 2/14/90, effective 3/17/90; Order 134, § 248-33-040, filed 10/21/76.]

WAC 246-333-030 HIV/AIDS education and training. Eye banks shall:

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

(2) Use infection control standards and educational material consistent with the approved curriculum manual *Know - HIV/AIDS Prevention Education for Health Care Facility Employees*, January 1991, published by the office on HIV/AIDS.

[Statutory Authority: RCW 43.70.040, 68.50.280 and 70.24.310. 92-02-018 (Order 224), § 246-333-030, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-333-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.310. 89-21-038 (Order 3), § 248-33-090, filed 10/12/89, effective 11/12/89.]

WAC 246-333-040 Records. Every approved eye bank shall keep a record of requests made to county coroners or medical examiners for corneal tissue on forms provided by the department. Information recorded shall include the initial request, the tissue received and its condition (acceptable for transplant or not acceptable for transplant), the name of the person who removed the tissue from the donor, the date and time of the removal of tissue, the date and time of the donor's death (observed or otherwise determined), the age of the donor (if known), the age, sex and racial or ethnic group identity of the recipient, the name of the physician who performed the transplant, the date of the transplant and the hospital where the transplant was performed.

This information shall be kept at the approved eye bank for a period of five years and made available to the secretary or his or her designee upon request.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-333-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.050. 78-03-060 (Order 156), § 248-33-100, filed 2/22/78; Order 134, § 248-33-100, filed 10/21/76.]

Chapter 246-336 WAC HOME CARE AGENCY RULES

WAC

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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-336-045	Civil fines. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-336-045, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and 70.126.040. 90-06-019 (Order 039), § 248-36-045, filed 2/28/90, effective 3/1/90. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-36-045, filed 6/7/89.] Repealed by 94-17-137, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 70.127.120.
246-336-055	License action and/or civil fine—Notice—Adjudicative proceeding. [Statutory Authority: RCW 70.127.120, 70.127.270 and 34.05.220. 92-02-018 (Order 224), § 246-336-055, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-336-055, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and 70.126.040. 90-06-019 (Order 039), § 248-36-055, filed 2/28/90, effective 3/1/90. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-36-055, filed 6/7/89.] Repealed by 94-17-137, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 70.127.120.

WAC 246-336-001 Purpose and scope. (1) This chapter implements chapter 70.127 RCW by establishing minimum standards for home care agencies.

(2) This chapter does not apply to:

- (a) Hospice care agencies as defined by RCW 70.127.010;
- (b) Home health agencies as defined by RCW 70.127.010; or
- (c) Other persons, activities or entities specified in RCW 70.127.040.

[Statutory Authority: RCW 70.127.120. 94-17-137, § 246-336-001, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-336-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-36-005, filed 6/7/89.]

WAC 246-336-010 Definitions. For the purpose of this chapter, the definitions in RCW 70.127.010 and in this section apply unless the context clearly indicates otherwise.

(1) "Administrator" means an individual responsible for managing the day-to-day operation of an agency.

(2) "AAA" means the area agency on aging designated by the aging and adult services administration to contract for home care services in the department of social and health services regions I through VI.

(3) "Branch office" means, according to RCW 70.127.010, a location or site from which a home care agency provides services within a portion of the total geographic area served by the parent agency. The branch office is part of the agency and is located sufficiently close to share administration, supervision, and services.

(4) "Contractor" means a person or agency who contracts with a licensee to provide participant care services or equipment.

(5) "Deemed status" means a designation assigned by the department for a licensee meeting the provisions of WAC 246-336-030 with a current contract to provide home care services with the department of social and health services or AAA.

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

(7) "Document" means to record with signature or unique identifier, title and date.

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

- (a) Designated by the participant, who may or may not be related; or
- (b) Legally appointed to represent the participant.

(9) "Home care agency" or "agency" means, according to RCW 70.127.010, a private or public agency or organization that administers or provides home care services directly or through a contract arrangement to ill, disabled, or infirm persons in places of temporary or permanent residence.

(10) "Home care plan of care" means, according to RCW 70.127.270, a written plan of care established and periodically reviewed by a home care agency that describes the home care to be provided.

(11) "Licensee" means the person to whom the department issues the home care agency license.

(12) "Managed care plan" means a plan controlled by the terms of the reimbursement source.

(13) "Participant" means an individual receiving home care services.

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

(15) "Personnel" means individuals employed and compensated by the licensee.

(16) "Volunteer" means an individual who provides direct care to a participant, and who:

- (a) Is not compensated by the agency; and
- (b) May be reimbursed for personal mileage incurred to deliver home care services.

(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 70.127.120. 94-17-137, § 246-336-010, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 70.127.120 and 70.127.270. 92-02-018 (Order 224), § 246-336-010, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-336-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-36-015, filed 6/7/89.]

WAC 246-336-025 Licensure—Initial, renewal, transfer. (1) A person shall have a current license issued by the department before operating or advertising a home care agency.

(2) An applicant for initial licensure shall submit to the department:

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

(b) Evidence of current professional liability, public liability, and property damage insurance coverage in accordance with RCW 70.127.080;

(c) A criminal history background check in accordance with WAC 246-336-100(2);

(d) The following information:

(i) Name of officers, managing personnel, directors, and partners or individuals owning ten percent or more of the applicant's assets;

(ii) A description of the organizational structure;

(iii) A description of the services to be offered;

(iv) Name and address of branch offices;

(v) Counties where applicant will provide home care services;

(vi) Other information as required by the department; and

(e) Fees specified in WAC 246-336-990.

(3) A licensee shall apply for license renewal 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) A criminal history background check in accordance with WAC 246-336-100(2);

(c) Documentation according to the provisions of WAC 246-336-030, if the applicant is applying for deemed status;

(d) Fees specified in WAC 246-336-990; and

(e) Other information as required by the department.

(4) At least thirty days prior to transferring ownership of a currently licensed agency:

(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 agency, and the name under which the transferred agency will operate; and

(iii) Date of the proposed change of ownership; and

(b) The prospective owner shall submit the transfer fee specified in WAC 246-336-990; and

(i) Apply for licensure according to subsection (2) of this section; or

(ii) If planning to add the transferred agency as a branch office, provide notification to the department according to WAC 246-336-035 (1)(b).

[Statutory Authority: RCW 70.127.120. 94-17-137, § 246-336-025, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 70.127.120 and 70.127.270. 92-02-018 (Order 224), § 246-336-025, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-336-025, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and 70.126.040. 90-06-019 (Order 039), § 248-36-025, filed 2/28/90, effective 3/1/90. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-36-025, filed 6/7/89.]

WAC 246-336-030 Deemed status. (1) The department shall grant deemed status to licensees meeting the requirements in this section, and otherwise qualified for licensure.

(2) The department shall renew a license without conducting an on-site survey for licensees with deemed status.

(3) A licensee applying for initial deemed status shall submit to the department, with the renewal application, verification of a current contract with the department of social and health services or AAA.

(4) The department shall grant deemed status to a licensee when:

(a) The licensee meets the requirements in this section;

(b) The licensee verifies an on-site survey has been conducted by a contracting agency within the twenty-four month period preceding the renewal due date; and

(c) The department determines, using a liberal interpretation, the monitoring standards used at the time of survey are substantially equivalent to chapter 70.127 RCW and this chapter.

(5) Upon determining monitoring standards used by a contracting agency are not substantially equivalent with chapter 70.127 RCW and this chapter, the department shall send affected licensees:

(a) A detailed description of the deficiencies in the alternate survey process; and

(b) An explanation concerning the risk to the consumer.

(6) The department shall conduct verification surveys according to RCW 70.127.085.

[Statutory Authority: RCW 70.127.120. 94-17-137, § 246-336-030, filed 8/22/94, effective 9/22/94.]

WAC 246-336-035 Responsibilities and rights—Licensee and department. (1) A licensee shall:

(a) Comply with the provisions of chapter 70.127 RCW and this chapter;

(b) Notify the department in writing;

(i) Thirty or more days before beginning or ceasing operation of an agency;

(ii) Upon beginning or ceasing operation of a branch office; and

(iii) Within ten working days of changing the geographical area served by the agency;

(c) Cooperate with the department during on-site surveys and investigations which may include reviewing agency records and in-home visits with participant consent;

(d) 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

(ii) A progress report of corrections.

(2) An applicant or licensee has the right to:

(a) Discuss with the surveyor deficiencies found during an on-site survey or investigation at the conclusion of the survey or investigation;

(b) A written statement of deficiencies found during the survey or investigation;

(c) Discuss the statement of deficiencies with the department's program manager; and

(d) 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 an initial license for one year;

(b) Issue a renewal license for two years;

(c) Issue a transfer license to the new licensee for the remainder of the current license period;

(d) Investigate any entity suspected of advertising or providing home care without a license;

(e) Investigate an agency suspected of providing insufficient, inadequate or inappropriate care;

(f) Provide for combined surveys for licensees with more than one license under chapter 70.127 RCW, in accordance with RCW 70.127.110;

(g) Conduct unannounced on-site surveys and investigations at any time to determine compliance with chapter 70.127 RCW and this chapter;

(h) Provide a period of time for a licensee or applicant to correct deficiencies cited by the department during an on-site survey or investigation, according to the plan of correction;

(i) Reserve the right, according to the provisions of RCW 70.127.170, 43.70.095, chapter 34.05 RCW and chapter 246-10 WAC, to:

(i) Deny, suspend, modify or revoke a home care license; and

(ii) Assess a civil monetary penalty, not to exceed one thousand dollars per deficiency, based on the preventive and remedial action of the licensee and threat to participant health or safety, for deficiencies including but not limited to:

(A) Failing to provide agreed-upon participant care services without appropriate notice;

(B) Actions resulting in the injury or death of a participant;

(C) Compromising the health or safety of a participant;

(D) Knowingly making a false statement of a material fact concerning information requested in this chapter or in any matter under department investigation;

(E) Conducting business or advertising in a misleading or fraudulent manner;

(F) Refusing to allow the department to examine records or wilfully interfering with an on-site survey or investigation;

(G) Failing to pay a fine within ten days after the assessment becomes final or as agreed to by the department and the licensee; and

(H) Continuing to operate after license revocation or suspension or operating outside the parameters of a modified or restricted license.

(4) 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 participant's health, safety or welfare.

[Statutory Authority: RCW 70.127.120. 94-17-137, § 246-336-035, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 70.127.120, 70.127.270 and 34.05.220. 92-02-018 (Order 224), § 246-336-035, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-336-035, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and 70.126.040. 90-06-019 (Order 039), § 248-36-035, filed 2/28/90, effective 3/1/90. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-36-035, filed 6/7/89.]

WAC 246-336-065 General requirements. The licensee shall:

(1) Have a written plan of operation describing the:

(a) Delegation of responsibility;

(b) Services to be provided;

(c) Counties or portions of counties served; and

(d) Availability of services, hours of operations, and staffing;

(2) Provide management and supervision of services throughout the service delivery area;

(3) Assure services are consistent with each authorized home care plan of care;

(4) Prior to accepting a participant, determine the services to be provided in consultation with the participant, family, and case manager in managed care plans;

(5) Develop and use set criteria for:

(a) Accepting participants;

(b) Discontinuing services;

(c) Referring participants; and

(d) Transferring participants;

(6) Inform the participant of alternate services prior to ceasing business or when the licensee is unable to meet the participant's needs;

(7) Review contracts annually for conformance with the agency's participant care policies and procedures, and document review; and

(8) Develop policies and procedures as required by WAC 246-336-115.

[Statutory Authority: RCW 70.127.120. 94-17-137, § 246-336-065, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-336-065, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-36-065, filed 6/7/89.]

WAC 246-336-077 Participant bill of rights. The licensee shall comply with RCW 70.127.140, Bill of rights—Billing statements.

[Statutory Authority: RCW 70.127.120. 94-17-137, § 246-336-077, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-336-077, filed 12/27/90, effective

1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-36-077, filed 6/7/89.]

WAC 246-336-085 Organization and administration. (1) The licensee shall establish a mechanism to:

(a) Oversee the management and fiscal affairs of the agency;

(b) Approve and implement a quality assurance plan, which includes but is not limited to:

(i) A complaint process;

(ii) A method to identify, monitor, evaluate and correct problems identified by participants, families, personnel, contractors, and volunteers; and

(iii) A system to assess participant satisfaction.

(2) The licensee shall appoint an administrator who shall:

(a) Implement the provisions of subsection (1) of this section;

(b) Designate an alternate to act in the administrator's absence;

(c) Organize and direct the ongoing functions of the agency;

(d) Arrange for necessary professional services;

(e) Serve as a liaison between the licensee and personnel;

(f) Assure personnel, contractors and volunteers comply with this chapter;

(g) Assure the complaint process is explained to the participant and the participant's family; and

(h) Assure the accuracy of public information materials and activities.

[Statutory Authority: RCW 70.127.120. 94-17-137, § 246-336-085, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-336-085, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-36-085, filed 6/7/89.]

WAC 246-336-095 Personnel, contractors and volunteers. (1) For agency personnel the licensee shall:

(a) Establish employment criteria consistent with chapter 49.60 RCW, Discrimination—Human rights commission;

(b) Develop and maintain job descriptions commensurate with responsibilities;

(c) Conduct criminal history background checks in accordance with WAC 246-336-100;

(d) Verify work references and document verification;

(e) Provide and document:

(i) Orientation; and

(ii) Ongoing training on current agency policies and procedures;

(f) Provide the equipment necessary to implement agency infection control policies and procedures and participants' plans of care; and

(g) Conduct annual performance evaluations of all personnel, including on-site observation of personnel providing direct participant care.

(2) For direct care volunteers the licensee shall:

(a) Develop and maintain work descriptions commensurate with responsibilities;

(b) Conduct criminal history background checks in accordance with WAC 246-336-100;

(c) Provide and document orientation on participant care policies and procedures; and

(d) Provide the equipment necessary to implement agency infection control policies and procedures and participants' plans of care.

(3) For contracted services, the licensee shall, directly or by contract:

(a) Comply with chapter 49.60 RCW, Discrimination—Human rights commission;

(b) Develop and maintain work descriptions commensurate with responsibilities;

(c) Conduct criminal history background checks in accordance with WAC 246-336-100;

(d) Verify work references and document verification;

(e) Provide and document:

(i) Orientation; and

(ii) Ongoing training on the agency's current participant care policies and procedures;

(f) Provide the equipment necessary to implement agency infection control policies and procedures and participants' plans of care; and

(g) Assure that direct participant care services provided are reviewed and evaluated on an ongoing basis and documented at least annually.

[Statutory Authority: RCW 70.127.120, 94-17-137, § 246-336-095, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-336-095, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040, 89-12-077 (Order 2790), § 248-36-095, filed 6/7/89.]

WAC 246-336-100 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 personnel, volunteer, contractor, student, and any other individual associated with the home care agency 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 either:

(a) With the initial application for licensure; or

(b) For current licensees, with the first application for renewal of license submitted after September 1, 1993.

(3) The licensee or license applicant shall:

(a) Require a Washington state patrol background inquiry as specified in RCW 43.43.842(1) for each:

(i) Personnel, volunteer, contractor, student, and any other individual currently associated with the licensed home care agency having direct contact with vulnerable adults, when engaged on or since July 22, 1989; and

(ii) Prospective personnel, volunteer, contractor, student, and any other individual applying for association with the licensed agency 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 an agency; and

(ii) At least two years following termination of employment or association with an agency.

(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 agency having direct contact with vulnerable adults if the department has reason to believe that offenses specified under RCW 43.43.830 have occurred since completion of the previous disclosure statement or background inquiry.

[Statutory Authority: RCW 70.127.120, 94-17-137, § 246-336-100, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 43.43.842, 43.43.830 through 43.43.842, 93-16-030 (Order 381), § 246-336-100, filed 7/26/93, effective 8/26/93.]

WAC 246-336-105 HIV/AIDS education and training. The licensee shall:

(1) Verify or arrange for two hours or more of appropriate education and training of nonlicensed personnel, volunteers and direct-care contractors within ninety days of direct

patient contact 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: RCW 70.127.120. 94-17-137, § 246-336-105, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 70.127.120, 70.127.270 and 70.24.310. 92-02-018 (Order 224), § 246-336-105, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-336-105, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-36-105, filed 6/7/89.]

WAC 246-336-115 Participant care policies and procedures. (1) A licensee shall establish and implement the following written policies and procedures, consistent with this chapter and the services provided:

(a) Accepting, referring and discontinuing participants, including specific policies, as needed, for accepting or discontinuing participants under managed care plans;

(b) Coordinating interagency and intra-agency services;

(c) Techniques for communicating with the participant and family, and steps to take when communication is not possible, including but not limited to:

(i) Assistance with obtaining special communication devices;

(ii) Use of translated material, interpreters or interpreter services; or

(iii) Referral to community services;

(d) Infection control principles and practices, including:

(i) Bloodborne pathogens in accordance with WAC 296-62-08001;

(ii) Food storing, preparing and handling; and

(iii) A tuberculosis control program consistent with WISHA;

(e) Actions to take when an individual exhibits or reports symptoms of a communicable disease in an infectious stage;

(f) Managing records consistent with WAC 246-336-165;

(g) Restricting medication assistance:

(i) As provided for in the home care plan of care and consistent with state law;

(ii) To participant-owned medications ordinarily self-administered; and

(iii) To the extent of:

(A) Communicating appropriate information regarding self-administration;

(B) Reminding to take a medication as prescribed;

(C) Reading the medication label;

(D) Handing the medication container to the participant;

(E) Opening the medication container; and

(F) Assisting with application of skin, rectal, nose, eye, and ear preparations under specific direction of the participant; and

(h) Managing abuse and neglect situations consistent with chapters 26.44 and 74.34 RCW; and

(i) Emergency care, identifying the responsible agency when more than one agency provides care; and

(j) Actions to take upon the death of a participant.

(2) A licensee shall document:

(a) Approval of policies and procedures; and

(b) Review of policies and procedures every two years.

(3) The licensee shall make the policies and procedures specified in subsection (1) of this section available to direct-care personnel and contractors, and volunteers during the hours of operation.

[Statutory Authority: RCW 70.127.120. 94-17-137, § 246-336-115, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-336-115, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-36-115, filed 6/7/89.]

WAC 246-336-125 Supervision and coordination of services. (1) The licensee shall employ a supervisor of direct care services.

(2) The supervisor of direct care services shall:

(a) Designate a similarly qualified alternate to act in the supervisor's absence;

(b) Coordinate or develop and revise participant care policies;

(c) Coordinate intra- and inter-agency services to:

(i) Develop the home care plan of care, except under managed care; and

(ii) Implement the home care plan of care;

(d) Supervise direct care personnel and contractors, and volunteers; and

(e) Assure compliance with the participant's home care plan of care.

(3) The supervisor or alternate shall be available during all hours of agency operation.

[Statutory Authority: RCW 70.127.120. 94-17-137, § 246-336-125, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 70.127.120 and 70.127.270. 92-02-018 (Order 224), § 246-336-125, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-336-125, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-36-125, filed 6/7/89.]

WAC 246-336-135 Home care plan of care. The licensee shall:

(1) Develop and implement a written home care plan of care for each participant:

(a) Prior to initiating care;

(b) Based on an assessment of participant and family needs; and

(c) With approval of participant, family, and case manager, in managed care plans;

(2) The home care plan of care shall include:

(a) Types of services and equipment required;

(b) Frequency of services;

(c) Any special dietary or nutritional needs; and

(d) Medication assistance according to agency policy and procedures;

(3) Develop a system to assure compliance with the home care plan of care;

(4) Document the review and update of the home care plan of care every six months, or more often as necessary; and

(5) Include the home care plan of care in the participant's record.

[Statutory Authority: RCW 70.127.120. 94-17-137, § 246-336-135, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-336-135, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-36-135, filed 6/7/89.]

WAC 246-336-165 Participant care records. The licensee shall:

(1) Maintain a current record for each participant consistent with chapter 70.02 RCW, Medical records—Health care information access and disclosure act, which is:

(a) Accessible, in an integrated document, in the licensee's main or branch office for review by appropriate direct care personnel and contractors and the department;

(b) Written legibly or retrievable by electronic means:

(i) On the licensee's standardized forms; and

(ii) In a legally acceptable manner;

(c) Kept confidentially;

(d) Chronological in its entirety or by service; and

(e) Kept together to avoid loss of records;

(2) Include the following in each record:

(a) Participant's name, age, current address and phone number;

(b) Participant's consent for service, care and payment source;

(c) Initial assessment;

(d) Home care plan of care;

(e) Notation of services provided; and

(f) Documentation of significant observations on changes in the participant's health or needs;

(3) Consider the records as property of the licensee;

(4) Transfer participant information or a summary when the participant:

(a) Requests agency administrator to send the information; and

(b) Is relocated to another agency or facility;

(5) Retain records for:

(a) Adults no less than three years following the date of termination of services; and

(b) Minors no less than three years after attaining the age of eighteen years of age, or five years following discharge, whichever is longer;

(6) Store records to:

(a) Prevent loss of information and maintain integrity; and

(b) Protect against unauthorized access according to chapter 70.02 RCW; and

(7) Dispose of records to protect confidentiality when ceasing operation, or releasing medical records after a participant's death, according to chapter 70.02 RCW; and

(8) Obtain department approval to preserve or dispose of records prior to ceasing operation.

[Statutory Authority: RCW 70.127.120. 94-17-137, § 246-336-165, filed 8/22/94, effective 9/22/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-336-165, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.126.040. 89-12-077 (Order 2790), § 248-36-165, filed 6/7/89.]

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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 personnel or contractors, as follows:

(i) A base fee of two hundred sixty-four dollars; and

(ii) For agencies with:

(A) Fifteen or less FTEs, one hundred forty dollars;

(B) Sixteen through fifty FTEs, one hundred sixty-nine dollars; or

(C) Fifty-one or more FTEs, two hundred forty-two 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 ninety-nine dollars; and

(ii) For agencies with:

(A) Fifteen or less FTEs, one hundred five dollars;

(B) Sixteen through fifty FTEs, one hundred twenty-five dollars;

(C) Fifty-one or more FTEs, one hundred eighty-five 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 43.70.110 and 43.70.250. 96-12-028, § 246-336-990, filed 5/30/96, effective 6/30/96. 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 246-338 WAC MEDICAL TEST SITE RULES

WAC

246-338-001	Purpose.
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WAC 246-338-001 Purpose. The purpose of this chapter is to implement chapter 70.42 RCW, by establishing minimum licensing standards for medical test sites, consistent with federal law and regulation, related to quality control, quality assurance, recordkeeping, personnel requirements, proficiency testing, and licensure waivers.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-001, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-001, filed 9/21/90, effective 10/22/90.]

WAC 246-338-010 Definitions. For the purpose of chapter 70.42 RCW and this chapter, the following words and phrases have these meanings unless the context clearly indicates otherwise.

(1) "Accreditation body" means a public or private organization or agency which accredits, certifies, or licenses medical test sites, by establishing and monitoring standards judged by the department to be consistent with federal law and regulation, and this chapter.

(2) "Authorized person" means any individual allowed by Washington state law or rule to order tests or receive test results.

(3) "Case" means any slide or group of slides, from one patient specimen source, submitted to a medical test site, at one time, for the purpose of cytological or histological examination.

(4) "Certificate of waiver" means a medical test site performing one or more of the tests listed under WAC 246-338-030(11), and no other tests.

(5) "Days" means calendar days.

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

(7) "Designated test site supervisor" means the available individual responsible for the technical functions of the medical test site and meeting the qualifications for Laboratory Director, listed in 42 CFR Part 493 Subpart M - Personnel for Moderate and High Complexity Testing.

(8) "Disciplinary action" means license or certificate of waiver denial, suspension, condition, revocation, civil fine, or any combination of the preceding actions, taken by the department against a medical test site.

(9) "Facility" means one or more locations where tests are performed, within one campus or complex, under one owner.

(10) "Federal law and regulation" means Section 353 of the Public Health Service Act, Clinical Laboratory Improvement Amendments of 1988, and regulations implementing the federal amendments, 42 CFR Part 493 - Laboratory Requirements.

(11) "Forensic" means investigative testing in which the results are never used for health care or treatment, or referral to health care or treatment, of the individual.

(12) "Licensed test" means all tests categorized as provider-performed microscopic procedures or moderate or high complexity tests consistent with federal law and regulation and not specifically listed as waived under WAC 246-338-030(11), or defined as forensic under subsection (11) of this section.

(13) "Limited public health testing" means a combination of fifteen or less waived tests, as listed under WAC 246-338-030(11), or tests of moderate complexity, as defined under subsection (12) of this section;

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

(15) "Medical test site" or "test site" means any facility or site, public or private, which analyzes materials derived from the human body for the purposes of health care, treatment, or screening. A medical test site does not mean:

(a) A facility or site, including a residence, where a test approved for home use by the Federal Food and Drug Administration is used by an individual to test himself or herself without direct supervision or guidance by another and where this test is not part of a commercial transaction; or

(b) A facility or site performing tests solely for forensic purposes.

(16) "Owner" means the person, corporation, or entity legally responsible for the business requiring licensure or a certificate of waiver as a medical test site under chapter 70.42 RCW.

(17) "Performance specification" means a value or range of values for a test that describe its accuracy, precision, analytical sensitivity, analytical specificity, reportable range and reference range.

(18) "Person" means any individual, public organization, private organization, agent, agency, corporation, firm, association, partnership, or business.

(19) "Physician" means an individual with a doctor of medicine, doctor of osteopathy, doctor of podiatric medicine, or equivalent degree who is a licensed professional under chapter 18.71 RCW Physicians; chapter 18.57 RCW Osteopathy—Osteopathic medicine and surgery; or chapter 18.22 RCW Podiatric medicine and surgery.

(20) "Provider-performed microscopic procedures" means only those tests listed under WAC 246-338-020 (2)(b)(i) through (xix), when the tests are performed in conjunction with a patient's visit by a licensed professional meeting one or more of the following qualifications:

(a) Physician licensed under chapter 18.71 RCW, Physicians; chapter 18.57 RCW, Osteopathy—Osteopathic medicine and surgery; or chapter 18.22 RCW, Podiatric medicine and surgery;

(b) Advanced registered nurse practitioner, licensed under chapter 18.88 RCW, Registered nurses;

(c) Midwife licensed under chapter 18.50 RCW, Midwifery;

(d) Physician assistant licensed under chapter 18.71A RCW, Physician assistants; or

(e) Naturopath licensed under chapter 18.36A RCW, Naturopathy.

(21) "Provisional license" means an interim approval issued by the department to the owner of a medical test site.

(22) "Recordkeeping" means books, files, or records necessary to show compliance with the quality control and quality assurance requirements under this chapter.

(23) "Shall" means compliance is mandatory.

(24) "Specialty" means a group of similar subspecialties or tests. The specialties for a medical test site are as follows:

- (a) Chemistry;
- (b) Cytogenetics;
- (c) Diagnostic immunology;
- (d) Immunohematology;
- (e) Hematology;
- (f) Histocompatibility;
- (g) Microbiology;
- (h) Pathology; and
- (i) Radiobioassay.

(25) "Subspecialty" means a group of similar tests. The subspecialties of a specialty for a medical test site are as follows, for:

- (a) Chemistry, the subspecialties are routine chemistry, urinalysis, endocrinology, toxicology, and other chemistry;
- (b) Diagnostic immunology, the subspecialties are syphilis serology and general immunology;
- (c) Immunohematology, the subspecialties are blood group and Rh typing, antibody detection, antibody identification, crossmatching, and other immunohematology;
- (d) Hematology, the subspecialties are routine hematology, coagulation, and other hematology;
- (e) Microbiology, the subspecialties are bacteriology, mycology, parasitology, virology, and mycobacteriology; and
- (f) Pathology, the subspecialties are histopathology, diagnostic cytology, and oral pathology.

(26) "Supervision" means authoritative procedural guidance by a qualified individual, assuming the responsibility for the accomplishment of a function or activity by technical personnel.

(27) "Technical personnel" means individuals employed to perform any test or part of a test.

(28) "Test" means any examination or procedure conducted on a sample taken from the human body, including screening.

[Statutory Authority: Chapter 70.42 RCW. 94-17-099, § 246-338-010, filed 8/17/94, effective 9/17/94; 93-18-091 (Order 390), § 246-338-010, filed 9/1/93, effective 10/2/93; 91-21-062 (Order 205), § 246-338-010, filed 10/16/91, effective 10/16/91. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-338-010, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-010, filed 9/21/90, effective 10/22/90.]

WAC 246-338-020 Licensure of the medical test sites. (1) After July 1, 1990, no person shall advertise, operate, manage, own, conduct, open, or maintain a medical test site without first obtaining from the department, a license or a certificate of waiver as described under chapter 70.42 RCW and this chapter.

(2) Applicants requesting a medical test site license or renewal shall:

(a) Submit a completed application and fee for the appropriate category of license to the department on forms furnished by the department, including signature of the owner;

(b) Submit a completed application and fee for provider-performed microscopic procedures if the medical test site restricts its testing performance to waived tests as listed under WAC 246-338-030(11) and one or more of the tests

listed in this section, unless specifically disallowed under federal law and regulation:

- (i) Wet mounts, including, but not limited to, preparations of vaginal, cervical or skin specimens;
- (ii) Potassium hydroxide (KOH) preparations;
- (iii) Pinworm examinations;
- (iv) Fern tests;
- (v) Post-coital direct, qualitative examinations of vaginal or cervical mucous;
- (vi) Urine sediment examinations;
- (vii) Nasal smears for eosinophils;
- (viii) Post vasectomy qualitative semen analysis; and
- (ix) Any other tests specifically categorized under federal law and regulation as provider-performed microscopic procedures;

(c) File a separate application for each facility except under the following conditions:

(i) If the medical test site is not at a fixed location and moves from testing site to testing site, or uses a temporary testing location such as a health fair, the medical test site may apply for a single license for the home base location;

(ii) If the medical test site is a not-for-profit or state or local government laboratory that engages in limited public health testing at different locations, the owner may file an application for a single license;

(d) Furnish full and complete information to the department in writing, as required for proper administration of rules implementing chapter 70.42 RCW including:

(i) Name, address, and phone number of the medical test site;

(ii) Name, address, and phone number of the owner of the medical test site;

(iii) Number and types of tests performed, planned, or projected;

(iv) Names and qualifications including educational background, training, and experience of the designated test site supervisor;

(v) Names and qualifications including educational background, training, and experience of technical personnel, if requested by the department, in order to determine consistency with federal law and regulation;

(vi) Name of proficiency testing program or programs used by the medical test site and a copy of the enrollment form for initial application;

(vii) Other information as required to implement chapter 70.42 RCW; and

(viii) Methodologies for tests performed, when the department determines the information is necessary, consistent with federal law and regulation.

(e) Submit to inspections by the Health Care Financing Administration (HCFA) or HCFA agents as a condition of licensure or approval, for the purpose of validation or in response to a complaint against the medical test site; and

(f) Authorize the department to release to HCFA or HCFA agents all records and information requested by HCFA;

(3) The owner or applicant shall submit an application and fee to the department thirty days prior to the expiration date of the current license.

(4) The department shall:

(a) Issue or renew a license for the medical test site, valid for two years, when the applicant or owner meets the

requirements of chapter 70.42 RCW and this chapter, subject to subsection (7) of this section;

(b) Terminate a provisional license, at the time a two-year license for the medical test site is issued;

(c) Establish fees to be paid under WAC 246-338-990;

(d) Prohibit transfer or reassignment of a license without thirty days prior written notice to the department and the department's approval;

(e) Examine records of the medical test site, if the department believes a person is conducting tests without an appropriate license;

(f) Give written notice of any violations to the medical test site, including a statement of deficiencies observed and requirements to:

(i) Present a written plan of correction to the department within fourteen days following the date of postmark; and

(ii) Comply within a specified time, not to exceed sixty days, after department approval of a written plan of correction;

(g) Allow the owner a reasonable period of time, not to exceed sixty days, to correct a deficiency unless the deficiency is an immediate threat to life, health, or safety.

(5) The department shall also issue a license for a medical test site if the medical test site:

(a) Is accredited, certified, or licensed by an accreditation body under WAC 246-338-040; and

(b) Submits to the department:

(i) Information defined under subsection (2)(a) and (d) of this section;

(ii) Proof of accreditation, certification or licensure by an accreditation body within eleven months of issuance of the medical test site license; and

(c) Authorizes the accrediting body to submit, upon request from the department:

(i) On-site inspection results;

(ii) Statement of deficiencies;

(iii) Plan of correction for the deficiencies cited;

(iv) Any disciplinary action and results of any disciplinary action taken by the accreditation body against the medical test site; and

(v) Any records or other information about the medical test site required for the department to determine whether or not standards are consistent with chapter 70.42 RCW and this chapter.

(6) The department shall require the owner of a medical test site to reapply for a medical test site license if:

(a) Proof of accreditation is not supplied to the department within eleven months of issuance of the medical test site license; or

(b) The medical test site has its accreditation denied or terminated by the accreditation body.

(7) The department may:

(a) Issue, to a medical test site applying for licensure for the first time a provisional license valid for a period of time not to exceed two years from date of issue;

(b) Conduct on-site review of a medical test site at any time to determine compliance with chapter 70.42 RCW and this chapter; and

(c) Initiate disciplinary action, as described under chapter 70.42 RCW and this chapter, if the owner or applicant fails to comply with chapter 70.42 RCW and this

chapter, consistent with chapter 34.05 RCW, Administrative Procedure Act.

(8) The department may:

(a) Extend a license for a period not to exceed six months beyond the expiration date of the license; or

(b) Issue a license for a period of one year for applications for licensure or renewal submitted during September 1993 to August 1995.

(9) The owner shall notify the department, in writing, at least thirty days prior to the date of a proposed change of ownership and provide the following information:

(a) Full name, address, and location of the current owner and prospective new owner, if known;

(b) Name and address of the medical test site and the new name of the medical test site, if known;

(c) Changes in technical personnel and supervisors, if known; and

(d) The date of the proposed change of ownership.

(10) The prospective new owner shall submit the information required under subsection (2)(a) and (d) of this section, at least thirty days prior to the change of ownership.

(11) The owner shall inform the department within thirty days, in writing, of:

(a) The date of opening or closing the medical test site; and

(b) Any changes in:

(i) Name;

(ii) Location; or

(iii) Designated test site supervisor.

(12) The owner shall inform the department within six months, in writing, of any changes in:

(a) Tests, specialties and subspecialties; and

(b) Test methodology.

[Statutory Authority: Chapter 70.42 RCW. 94-17-099, § 246-338-020, filed 8/17/94, effective 9/17/94; 93-18-091 (Order 390), § 246-338-020, filed 9/1/93, effective 10/2/93; 91-21-062 (Order 205), § 246-338-020, filed 10/16/91, effective 10/16/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-020, filed 9/21/90, effective 10/22/90.]

WAC 246-338-030 Waiver from licensure of medical test sites. (1) The department shall grant a certificate of waiver to a medical test site performing only the tests listed under this section.

(2) Applicants requesting a certificate of waiver or renewal shall:

(a) Submit a completed application and fee for initial certificate of waiver or renewal to the department on forms furnished by the department, including signature of the owner; and

(b) File a separate application for each facility except under the following conditions:

(i) If the medical test site is not at a fixed location and moves from testing site to testing site, or uses a temporary testing location such as a health fair, the medical test site may apply for a single certificate of waiver for the home base location;

(ii) If the medical test site is a not-for-profit or state or local government laboratory that performs, at different locations, only those tests listed in subsection (1) of this

section, the owner may file an application for a single certificate of waiver;

(c) Furnish full and complete information to the department in writing, as required for proper administration of rules to implement chapter 70.42 RCW including:

(i) Name, address, and phone number of the medical test site;

(ii) Name, address, and phone number of the owner of the medical test site;

(iii) Number and types of tests performed, planned or projected;

(iv) Names and qualifications including educational background, training and experience of the personnel directing and supervising the medical test site;

(v) Names and qualifications including educational background, training, and experience of personnel performing the test procedures, if requested by the department, in order to determine consistency with federal law and regulation;

(vi) Other information as required to implement chapter 70.42 RCW; and

(vii) Methodologies for tests performed, when the department determines the information is necessary consistent with federal law and regulation.

(3) The owner or applicant shall submit an application and fee to the department thirty days prior to the expiration date of the current certificate of waiver.

(4) The department shall:

(a) Grant a certificate of waiver or renewal of a certificate of waiver for the medical test site valid for two years when the applicant or owner meets the requirements of chapter 70.42 RCW and this chapter, subject to subsection (6) of this section;

(b) Establish fees to be paid under WAC 246-338-990; and

(c) Prohibit transfer or reassignment of a certificate of waiver without thirty days prior written notice to the department and the department's approval.

(5) The department may:

(a) Extend a certificate of waiver for a period not to exceed six months beyond the expiration date of the certificate of waiver; or

(b) Issue a certificate of waiver for a period of one year for initial or renewal applications submitted during September 1993 to August 1995.

(6) If the department has reason to believe a waived site is conducting tests requiring a license, the department shall:

(a) Conduct on-site reviews of the medical test site;

(b) Examine records of the medical test site;

(c) Give written notice of any violations to the medical test site, including a statement of deficiencies observed and requirements to:

(i) Present a written plan of correction to the department within fourteen days following the date of postmark; and

(ii) Comply within a specified time not to exceed sixty days after department approval of a written plan of correction;

(d) Allow the owner a reasonable period of time, not to exceed sixty days, to correct a deficiency unless the deficiency is an immediate threat to life, health, or safety.

(7) The department may:

(a) Conduct on-site review of a medical test site at any time to determine compliance with chapter 70.42 RCW and this chapter; and

(b) Initiate disciplinary action, as described under chapter 70.42 RCW and this chapter, if the owner or applicant fails to comply with chapter 70.42 RCW and this chapter, consistent with chapter 34.05 RCW, Administrative Procedure Act.

(8) The owner shall notify the department, in writing, at least thirty days prior to the date of a proposed change of ownership and provide the following information:

(a) Full name, address, and location of the current owner and prospective new owner, if known;

(b) Name and address of the medical test site and the new name of the medical test site, if known;

(c) Changes in personnel directing the medical test site, if known; and

(d) The date of the proposed change of ownership.

(9) The prospective new owner shall submit the information required under subsection (2)(a) and (c) of this section, at least thirty days prior to the change of ownership.

(10) The owner shall inform the department within thirty days, in writing, of:

(a) The date of opening or closing the medical test site; and

(b) Any changes in:

(i) Name;

(ii) Location; or

(iii) Personnel directing the medical test site.

(11) The department shall grant a certificate of waiver if the medical test site performs only the tests listed in this section and no other tests unless specifically disallowed or allowed under federal law and regulation:

(a) Dipstick or tablet reagent urinalysis;

(b) Fecal occult blood;

(c) Ovulation tests-visual color comparison tests for human luteinizing hormone;

(d) Urine pregnancy tests-visual color comparison tests;

(e) Erythrocyte sedimentation rate-nonautomated;

(f) Hemoglobin-copper sulfate-nonautomated;

(g) Blood glucose by glucose monitoring devices cleared by the FDA specifically for home use;

(h) Spun microhematocrit; and

(i) Hemoglobin by single analyte instruments with self-contained or component features to perform specimen/reagent interaction, providing direct measurement and readout.

(12) The department will make additions or deletions to the list of waived tests under subsection (11) of this section, by rule, consistent with federal law and regulation.

(13) If the medical test site adds tests not included under subsection (11) of this section, the owner shall apply for licensure as defined under chapter 70.42 RCW and WAC 246-338-020.

[Statutory Authority: Chapter 70.42 RCW. 94-17-099, § 246-338-030, filed 8/17/94, effective 9/17/94; 93-18-091 (Order 390), § 246-338-030, filed 9/1/93, effective 10/2/93; 91-21-062 (Order 205), § 246-338-030, filed 10/16/91, effective 10/16/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-030, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-030, filed 9/21/90, effective 10/22/90.]

WAC 246-338-040 Approval of accreditation bodies. (1) The department shall, under RCW 70.42.040, recognize the accreditation bodies granted deemed status by HCFA.

(2) The department, upon request, shall furnish a list of the deemed accreditation bodies.

(3) The department shall:

(a) Revoke deemed status from any organization which has deeming authority removed by HCFA;

(b) Require the accreditation bodies to agree in writing to:

(i) Allow the department to have jurisdiction to investigate complaints, do random on-site inspections and take disciplinary action against a medical test site if indicated; and

(ii) Notify the department within thirty days of any medical test that has had its accreditation withdrawn, revoked or limited.

(4) The department may deny or terminate the license for a medical test site, if the owner or applicant fails to authorize the accreditation body to notify the department of the test site's compliance with the standards of the accreditation body.

(5) The department shall notify the medical test site if an accreditation body loses department acceptance of approval as an accreditation body for the medical test site.

(6) The owner or applicant of a medical test site shall reapply for licensure within thirty days, if the acceptance of approval of the accreditation body for the medical test site is denied or terminated.

[Statutory Authority: Chapter 70.42 RCW. 93-18-091 (Order 390), § 246-338-040, filed 9/1/93, effective 10/2/93; 91-21-062 (Order 205), § 246-338-040, filed 10/16/91, effective 10/16/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-040, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-040, filed 9/21/90, effective 10/22/90.]

WAC 246-338-050 Proficiency testing. (1) All licensed medical test sites, excluding those granted a certificate of waiver, shall:

(a) Comply with federal proficiency testing requirements listed in 42 CFR Part 493-Laboratory Requirements, Subparts H and I; and

(b) Submit to the department, by December 31 of each year, a copy of proficiency testing enrollment form(s) for the tests the medical test site will perform during the following calendar year.

(2) The department shall:

(a) Recognize only those programs approved by the HCFA; and

(b) Furnish, upon request:

(i) 42 CFR Part 493 Subparts H and I; and

(ii) A list of the programs approved by HCFA.

(3) The department shall evaluate proficiency testing results by using the following grading criteria:

(a) An evaluation of scores for the last three testing events of proficiency testing samples including:

(i) Tests;

(ii) Subspecialties; and

(iii) Specialties;

(b) Maintenance of a minimum acceptable score of eighty percent for all tests, subspecialties, and specialties except one hundred percent for:

(i) ABO group and D(Rh₀) typing; and

(ii) Compatibility testing;

(c) Unsatisfactory performance occurs when:

(i) Unsatisfactory scores are obtained in any specialty or subspecialty in a testing event; or

(ii) An unsatisfactory score is obtained on a single test in a testing event;

(d) Unsuccessful participation occurs when a grade of unsatisfactory performance is obtained on a single test or in a specialty or subspecialty on two of any three successive testing events.

(4) For unsuccessful participation in proficiency testing, the following actions shall occur:

(a) The department shall mail a letter to the designated test site supervisor stating that the medical test site may choose to:

(i) Discontinue patient testing for the identified test, specialty or subspecialty; or

(ii) Follow a directed plan of correction; and

(b) The medical test site shall notify the department, within fifteen days of receipt of the notice of the decision to:

(i) Discontinue testing patient specimens for the identified test, subspecialty or specialty; or

(ii) Agree to a directed plan of correction.

(5) After completing a directed plan of correction, if a medical test site has continued unsatisfactory performance for a test, specialty or subspecialty in either of the next two sets of proficiency testing samples, the following action will occur:

(a) The department shall send to the owner and designated test site supervisor by certified mail a notice to the medical test site to cease performing the identified test, subspecialty, or specialty; and

(b) The owner shall notify the department within fifteen days of the receipt of the notice of the decision to voluntarily stop performing tests on patient specimens for the identified test, subspecialty, or specialty.

(6) The owner may petition the department for reinstatement of approval to perform tests on patient specimens after demonstrating satisfactory performance on two successive testing events of proficiency testing samples for the identified test, subspecialty, or specialty.

(7) The department shall notify the owner in writing, within fifteen days of receipt of petition, of the decision related to the request for reinstatement.

[Statutory Authority: Chapter 70.42 RCW. 94-17-099, § 246-338-050, filed 8/17/94, effective 9/17/94; 93-18-091 (Order 390), § 246-338-050, filed 9/1/93, effective 10/2/93; 91-21-062 (Order 205), § 246-338-050, filed 10/16/91, effective 10/16/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-050, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-050, filed 9/21/90, effective 10/22/90.]

WAC 246-338-060 Personnel. (1) Owners shall ensure medical test sites:

(a) Have a designated test site supervisor responsible for:

(i) The overall technical supervision and management of the test site personnel; and

(ii) Performing and reporting of testing procedures;
 (b) Have technical personnel, competent to perform tests and report test results; and

(c) Meet the standards for personnel qualifications and responsibilities in compliance with federal regulation, as listed in 42 CFR Part 493 Subpart M—Personnel for Moderate and High Complexity Testing, with the following exceptions:

(i) A person that achieved a satisfactory grade through an examination conducted by or under the sponsorship of the United States Public Health Service for director, on or before July 1, 1970, would qualify as a director, technical supervisor, technical consultant, general supervisor and testing personnel for the specialties in which a satisfactory grade was achieved for moderate and high complexity testing; and

(ii) A person that has completed 60 semester hours of academic credit including chemistry and biology as well as a structured curriculum in medical laboratory techniques at an accredited institution would qualify as testing personnel for high complexity testing.

(2) The department, upon request, shall furnish 42 CFR Part 493 Subpart M.

(3) Owners of medical test sites shall establish, post and observe safety precautions to ensure protection from physical, chemical, biochemical and electrical hazards and biohazardous materials.

(4) Designated test site supervisors shall:

(a) Establish and approve policies for:

(i) Performing, recording, and reporting of tests;

(ii) Maintaining an ongoing quality assurance program;

(iii) Supervision of testing; and

(iv) Compliance with chapter 70.42 RCW and this chapter;

(b) Evaluate, verify, and document the following related to technical personnel:

(i) Education, experience, and training in test performance and reporting tests results;

(ii) Sufficient numbers to cover the scope and complexity of the services provided;

(iii) Access to training appropriate for the type and complexity of the test site services offered; and

(iv) Maintenance of competency to perform test procedures and report test results;

(c) Be present, on call, or delegate the duties of the designated test site supervisor to an on-site technical person during testing.

[Statutory Authority: Chapter 70.42 RCW. 93-18-091 (Order 390), § 246-338-060, filed 9/1/93, effective 10/2/93; 91-21-062 (Order 205), § 246-338-060, filed 10/16/91, effective 10/16/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-060, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-060, filed 9/21/90, effective 10/22/90.]

WAC 246-338-070 Recordkeeping. The medical test site shall:

(1) Unless specified otherwise in subsection (2)(a), (b), and (c) of this section, maintain for two years:

(a) Test requisitions or equivalent;

(b) Test reports;

(c) Quality control records;

(d) Quality assurance records; and

(e) Discontinued procedures.

(2) Maintain:

(a) The items listed in subsection (1)(a), (b), (c), (d), and (e) of this section for transfusion services for five years;

(b) Abnormal cytology and all histology reports for ten years; and

(c) Normal cytology reports for five years.

(3) Request the following written information to accompany a test requisition:

(a) Patient's name or other method of specimen identification;

(b) Name or other suitable identifier of the authorized person ordering the test;

(c) Date of specimen collection, and time if appropriate;

(d) Source of specimen, if appropriate;

(e) Type of test ordered;

(f) Sex and age of the patient, if appropriate; and

(g) For cytology and histology specimens:

(i) Pertinent clinical information; and

(ii) For pap smears:

(A) The last menstrual period; and

(B) Indication whether the patient has history of cervical cancer or its precursors.

(4) Assure specimen records include:

(a) A medical test site identification;

(b) The patient's name or other method of specimen identification;

(c) The date the specimen was received at the medical test site, and time if appropriate;

(d) The reason for specimen rejection or limitation;

(e) The date of specimen testing; and

(f) The identification of the personnel who performed the test.

(5) Assure that test reports:

(a) Are maintained in a manner permitting identification and reasonable accessibility;

(b) Are released only to authorized persons or designees;

(c) Include the name of the medical test site, or where applicable, the name and address of each medical test site performing each test;

(d) Include the date reported;

(e) Include the time reported, if appropriate;

(f) Include any information regarding specimen rejection or limitation; and

(g) Include the exact language of the report from the testing facility, if the specimen was referred to another medical test site for testing.

(6) Assure cytology reports:

(a) Distinguish between unsatisfactory specimen and negative results; and

(b) Contain narrative descriptions for any abnormal results, such as the Bethesda system of terminology as published in the Journal of the American Medical Association, 1989, Volume 262, pages 931-934, for any abnormal results.

(7) Establish and make available for use by authorized persons ordering or utilizing the test results:

(a) Reference ranges; and

(b) A list of test methods, including performance specifications.

(8) Issue corrected reports when indicated.

(9) Establish criteria for and maintain appropriate documentation of:

- (a) Temperature-controlled spaces and equipment;
- (b) Preventive maintenance activities;
- (c) Equipment function checks;
- (d) Procedure calibrations;
- (e) Validation, precision, and accuracy checks;
- (f) Expiration date, lot numbers, and other pertinent information for:

- (i) Reagents;
 - (ii) Solutions;
 - (iii) Culture media;
 - (iv) Controls, as defined in WAC 246-338-090;
 - (v) Calibrators, as defined in WAC 246-338-090;
 - (vi) Standards, as defined in WAC 246-338-090;
 - (vii) Reference materials, as defined in WAC 246-338-090; and
 - (viii) Other testing materials;
 - (g) Testing of quality control samples; and
 - (h) Any remedial action taken in response to quality control, quality assurance, personnel, and proficiency testing.
- (10) Refer specimens for testing only to a medical test site with a valid license, or to an interstate laboratory with a valid CLIA certificate.

- (11) Maintain, or be able to reproduce, a copy of the report for all specimens that are referred for testing.

[Statutory Authority: Chapter 70.42 RCW. 93-18-091 (Order 390), § 246-338-070, filed 9/1/93, effective 10/2/93; 91-21-062 (Order 205), § 246-338-070, filed 10/16/91, effective 10/16/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-070, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-070, filed 9/21/90, effective 10/22/90.]

WAC 246-338-080 Quality assurance. (1) The medical test site shall establish and implement a written quality assurance plan, including policies and procedures, designed to:

(a) Monitor, evaluate, and review quality control, proficiency testing data, and test results, including biannual evaluation of:

- (i) Accuracy of test results for tests that are not covered by proficiency testing; and
- (ii) Relationship between test results when the medical test site performs the same test on different instruments or at different locations within the medical test site;

- (b) Identify and correct problems;
- (c) Establish and maintain accurate, reliable, and prompt reporting of test results;

(d) Verify all tests performed and reported by the medical test site conform to specified performance criteria in quality control under WAC 246-338-090; and

(e) Establish and maintain the adequacy and competency of the technical personnel.

(2) The quality assurance plan shall include mechanisms or systems to:

(a) Establish and apply criteria for specimen acceptance and rejection;

(b) Notify the appropriate individuals as soon as possible when test results indicate potential life-threatening conditions;

(c) Assess problems identified during quality assurance reviews and discuss them with the appropriate staff;

(d) Evaluate all test reporting systems to verify accurate and reliable reporting, transmittal, storage, and retrieval of data;

(e) Document all action taken to identify and correct problems or potential problems;

(f) Make available appropriate instructions for specimen collection, handling, preservation, and transportation; and

(g) Make available to clients updates of testing changes that would affect test results or the interpretation of test results.

(3) The owner shall maintain adequate space, facilities, and essential utilities for the performance and reporting of tests.

(4) The medical test site shall establish and implement policies and procedures for infectious and hazardous medical wastes consistent with local, state, and federal authorities.

[Statutory Authority: Chapter 70.42 RCW. 93-18-091 (Order 390), § 246-338-080, filed 9/1/93, effective 10/2/93; 91-21-062 (Order 205), § 246-338-080, filed 10/16/91, effective 10/16/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-080, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-080, filed 9/21/90, effective 10/22/90.]

WAC 246-338-090 Quality control. (1) For the purpose of this section, the following words and phrases have the following meanings, unless the context clearly indicates another meaning:

(a) "ABO, A, A₁, B, O, anti-A, anti-B, anti-D, anti Rh₀, Rh₀ (D), HLA, HLA-A, B, and DR" means taxonomy classifications for blood groups, types, cells, sera, or antisera;

(b) "Calibrator" means a material, solution, or lyophilized preparation designed to be used in calibration. The values or concentrations of the analytes of interest in the calibration material are known within limits ascertained during its preparation or before use;

(c) "Control" means a material, solution, lyophilized preparation, or pool of collected serum designed to be used in the process of quality control. The concentrations of the analytes of interest in the control material are known within limits ascertained during its preparation or before routine use;

(d) "Control slide" means a preparation fixed on a glass slide used in the process of quality control;

(e) "Reference material" means a material or substance, calibrator, control or standard where one or more properties are sufficiently well established for use in calibrating a process or for use in quality control;

(f) "Standard" means a reference material of fixed and known chemical composition capable of being prepared in essentially pure form, or any certified reference material generally accepted or officially recognized as the unique standard for the assay regardless of level or purity of the analyte content.

(2) The medical test site shall use quality control procedures providing and assuring accurate and reliable test results and reports, meeting the requirements of this chapter.

(3) The medical test site shall have written procedures and policies available in the work area including:

- (a) Analytical methods used by the technical personnel;
- (b) Specimen collection and processing procedures;
- (c) Preparation of solutions, reagents, and stains;
- (d) Calibration procedures;

- (e) Proper maintenance of equipment;
 - (f) Quality assurance policies;
 - (g) Quality control procedures;
 - (h) Corrective actions when quality control results deviate from expected values or patterns;
 - (i) Procedures for reporting test results;
 - (j) Limitations of methodologies; and
 - (k) Alternative or backup methods for performing tests including the use of a reference facility if applicable.
- (4) The medical test site shall perform quality control complying with the requirements of this section for each specialty and subspecialty as follows:
- (a) At least as frequently as specified in this section;
 - (b) More frequently if recommended by the manufacturer of the instrument or test procedure; or
 - (c) More frequently if specified by the medical test site
- (5) The medical test site shall:
- (a) Perform procedural calibration or recalibration, in accordance with manufacturer's instructions, when:
 - (i) Recommended by the manufacturer; or
 - (ii) Specified by the medical test site's established schedule, with at least the frequency recommended by the manufacturer;
 - (b) Perform calibration verification using materials appropriate for verifying the minimal, mid-point and maximum points of the reportable range, unless the medical test site can demonstrate an alternative method of assuring the accuracy of the procedure throughout the reportable range for patient test results:
 - (i) When a complete change of reagents for a procedure is introduced;
 - (ii) When there is major preventive maintenance or replacement of critical parts of equipment or instrumentation;
 - (iii) When controls begin to reflect an unusual trend or are outside acceptable range limits; or
 - (iv) At least every six months;
 - (c) If patient values are above the maximum or below the minimum calibration point or the linear range:
 - (i) Report the patient results as greater than the upper limit or less than the lower limit or an equivalent designation; or
 - (ii) Use an appropriate procedure to rerun the sample allowing results to fall within the established linear range;
 - (d) For quantitative tests:
 - (i) Include two reference materials of different concentrations each day of testing unknown samples, if these reference materials are available; or
 - (ii) Have an equivalent mechanism to assure the quality, accuracy, and precision of the test, if reference materials are not available;
 - (e) For qualitative tests, include positive and negative reference material each day of testing unknown samples;
 - (f) Determine the statistical limits for each lot number of unassayed reference materials through repeated testing;
 - (g) Use the manufacturer's reference material limits for assayed material, provided they are:
 - (i) Verified by the medical test site; and
 - (ii) Appropriate for the methods and instrument used by the medical test site;
 - (h) Make reference material limits readily available;
 - (i) Report patient results only when reference materials are within acceptable limits;

- (j) Use materials within their documented expiration date;
- (k) For microbiology:
 - (i) Check each batch or shipment of reagents, discs, stains, antisera, and identification system for reactivity with positive and negative reference organisms including:
 - (A) Each time of use for fluorescent stains;
 - (B) Each day of use for:
 - (I) Stains, unless specifically stated otherwise in this section; DNA probes; reagents used in mycobacteriology; catalase, coagulase, beta-lactamase, and oxidase reagents; and
 - (II) Direct antigen detection systems, using positive and negative controls that evaluate both the extraction and reaction phase;
 - (C) Each week of use for Gram and acid-fast stains, bacitracin, optochin, ONPG, X, and V discs or strips; and
 - (D) Each month of use for antisera;
 - (ii) When testing antimicrobial susceptibility, check each new batch of media and each new lot of antimicrobial discs or other testing systems using approved reference organisms:
 - (A) Before initial use; and
 - (B) Each day of testing, or weekly, if the medical test site can meet the quality control requirements for antimicrobial disc susceptibility testing as outlined by the National Committee for Clinical Laboratory Standards (NCCLS), available upon request from the department;
 - (iii) Document zone sizes or minimum inhibitory concentration for reference organisms are within established limits;
 - (iv) Have available and use appropriate stock organisms for quality control purposes;
 - (v) Have available a collection of slides, photographs, gross specimens, or text books for reference sources to aid in identification of microorganisms;
 - (vi) Document appropriate steps in the identification of microorganisms on patient specimens;
 - (vii) Check each batch or shipment of noncommercial media for sterility, ability to support growth, and if appropriate, selectivity, inhibition, or biochemical response;
 - (viii) If commercially manufactured media quality control results are used:
 - (A) Verify that the product insert specifies that the quality control checks meet the requirements, as outlined by NCCLS, for media quality control;
 - (B) Keep records of the manufacturer's quality control results;
 - (C) Document visual inspection of the media before use; and
 - (D) Follow the manufacturer's specifications for using the media;
 - (ix) When performing susceptibility testing for mycology:
 - (A) Test each drug each day of use with at least one control strain that is susceptible to the drug; and
 - (B) Document that controls are within established limits before reporting patient results;
 - (x) When performing parasitology:
 - (A) Use a calibrated ocular micrometer for determining the size of ova and parasites, if size is a critical parameter; and

(B) Check permanent stains using reference materials, each month of use;

(l) For syphilis serology:

(i) Use equipment, glassware, reagents, reference materials, and techniques conforming to manufacturers' specifications;

(ii) Perform serologic tests on unknown specimens concurrently with a positive serum reference material with known titer or graded reactivity and a negative reference material; and

(iii) Employ reference materials for all test components to ensure reactivity;

(m) For general immunology:

(i) Perform serologic tests on unknown specimens with a positive and a negative reference material;

(ii) Employ reference materials for all test components to ensure reactivity; and

(iii) Report test results only when the predetermined reactivity pattern of the reference material is observed;

(n) For chemistry, when performing blood gas analysis, include:

(i) A two-point calibration and a reference material each eight hours of testing; and

(ii) A one-point calibration or reference material each time patient samples are tested, unless automated instrumentation internally verifies calibration at least every thirty minutes; or

(iii) Another calibration and reference material schedule, approved by the department as equivalent to this subsection;

(o) For hematology and coagulation:

(i) Use one level of reference material each eight hours of testing patient samples for manual blood counts;

(ii) Use two levels of reference materials each eight hours of testing for:

(A) Instrumentation methods; and

(B) Manual tilt tube method for coagulation; and

(iii) Run manual coagulation tests and cell counts in duplicate;

(p) For immunohematology, for the services offered:

(i) Perform ABO grouping by testing unknown red cells with Federal Food and Drug Administration approved anti-A and anti-B grouping sera;

(ii) Confirm ABO grouping of unknown serum with known A₁ and B red cells;

(iii) Determine the Rh₀(D) group by testing unknown red cells with anti-D (anti Rh₀) blood grouping serum;

(iv) Employ a control system capable of detecting false positive Rh test results, when required by the manufacturer; and

(v) Perform quality control checks of cells and antisera each day of use;

(q) For transfusion services:

(i) Perform ABO grouping, Rh₀(D) typing, antibody detection, and identification and compatibility testing as described by the Food and Drug Administration under 21 CFR Part 606, with the exception of 21 CFR Part 606.20a, Personnel, and 21 CFR Part 640;

(ii) Collect, store, process, distribute and date blood and blood products as described by the Food and Drug Administration under 21 CFR Parts 606, 610.53 and 640;

(iii) When provided by an outside entity, have an agreement approved by the director for procurement, transfer and availability of blood and blood products; and

(iv) Promptly investigate all transfusion reactions according to the medical test site's procedures;

(r) For histopathology:

(i) Use positive control slides for each special stain to check for intended level of reactivity;

(ii) Retain stained slides at least ten years and specimen blocks at least two years from the date of examination;

(iii) Retain remnants of tissue specimens in an appropriate preserved state until the portions submitted for microscopic examination have been examined and diagnosed; and

(iv) Include on all reports the signature or initials of the technical supervisor, as defined under 42 CFR Part 493 Subpart M;

(s) For cytology:

(i) Develop criteria for submission of material and the assessment of the adequacy of the sample submitted, including notifying the physician;

(ii) Retain all negative slides for five years from the date of examination of the slide;

(iii) Retain all abnormal slides for ten years from the date of examination;

(iv) Include in quality control the rescreening and documentation of benign gynecological slides as follows:

(A) One hundred percent of slides from patient with a known history of cervical cancer or its precursors;

(B) Selection of benign slides for a total rescreening of a minimum of ten percent of all benign slides including patients identified in (s)(iv)(A) of this subsection; or

(C) Another method demonstrating equivalent effectiveness in discovering errors;

(v) Assure that quality control is performed by a person meeting the personnel requirements for technical supervisor or general supervisor in cytology, as defined under 42 CFR Part 493 Subpart M;

(vi) Evaluate the results of the quality control rescreen prior to reporting results for the cases selected;

(vii) Review cytologic specimens or records of previous reviews, for the prior five years, if available, for each abnormal cytology result;

(viii) Correlate abnormal cytology reports with prior cytology reports and with histopathology reports, if available, and determine the cause of any discrepancies;

(ix) Document reviews of negative slides from cases known to have a history of abnormal slides;

(x) Evaluate and document technical personnel slide examination performance, comparing against the medical test site's overall statistics; (xi) Evaluate and document significant discrepancies in examination of cytology slides;

(xii) Establish an annual statistical evaluation of the number of cytology cases examined, number of specimens processed by specimen type, volume of patient cases reported by diagnosis, number of cases where cytology and histology are discrepant, number of cases where histology results were unavailable for comparison and number of cases where rescreen of negative slides resulted in reclassification as abnormal;

(xiii) Take effective measures when staining to prevent cross-contamination between gynecologic and nongynecologic specimens;

- (xiv) The technical supervisor shall:
 - (A) Confirm all gynecological smears interpreted to be outside normal limits;
 - (B) Review all nongynecological cytological preparations;
 - (C) Sign or initial all reports from (s)(xiv)(A) or (B) of this subsection; and
 - (D) Establish, document and reassess, at least every six months, the workload limits for each cytotechnologist;
- (xv) Technical personnel shall examine, unless federal law and regulation specify otherwise, no more than one hundred cytological slides in a twenty-four hour period and in no less than a eight-hour period; and
- (xvi) All slide preparations must be evaluated on the premises:
 - (t) For histocompatibility:
 - (i) Use applicable quality control standards for immunohematology, transfusion services, and diagnostic immunology as described in this chapter;
 - (ii) For renal allotransplantation:
 - (A) Have available and follow criteria for:
 - (I) Selecting appropriate patient serum samples for crossmatching;
 - (II) The technique used in crossmatching;
 - (III) Preparation of donor lymphocytes for crossmatching;
 - (IV) Reporting crossmatch results;
 - (V) The preparation of lymphocytes for Human Leukocyte Antigen HLA-A, B and DR typing;
 - (VI) Selecting typing reagents; and
 - (VII) The assignment of HLA antigens;
 - (B) Have available:
 - (I) Serum specimens for all potential transplant recipients at initial typing, for periodic screening, for pretransplantation crossmatch, and following sensitizing events;
 - (II) Results of final crossmatches before an organ or tissue is transplanted; and
 - (III) A list of individuals for fresh panel bleeding if frozen panels are not used;
 - (C) Have appropriate storage and maintenance of both recipient sera and reagents;
 - (D) Indicate, when applicable:
 - (I) Source;
 - (II) Bleeding date;
 - (III) Identification number; and
 - (IV) Volume remaining for reagent typing sera inventory;
 - (E) Properly label and store:
 - (I) Cells;
 - (II) Complement;
 - (III) Buffers;
 - (IV) Dyes; and
 - (V) Reagents;
 - (F) Type all potential transplant recipient cells and cells from organ donors referred to the medical test site;
 - (G) Have adequate reagent trays for typing recipient and donor cells to define all HLA-A, B, and DR specificities as required to determine splits and cross-reactivity;
 - (H) Have a written policy establishing when antigen redefinition and retyping are required;
 - (I) Screen recipient sera for preformed antibodies with a suitable lymphocyte panel;
 - (J) Use a suitable cell panel for screening patient sera containing all the major HLA specificities and common splits;
 - (K) Use the mixed lymphocyte culture, or equivalent, to determine cellularly defined antigens;
 - (L) On each tray:
 - (I) Include positive and negative reference materials; and
 - (II) Use positive controls for specific cell types when applicable;
 - (M) Use controls to monitor the test components and each phase of the test system for:
 - (I) Each compatibility test; and
 - (II) Typing for disease associated antigens;
 - (N) Use quality control procedures to monitor the efficacy of the method if immunologic reagents are used to remove contaminating cells during the isolation of lymphocytes or lymphocyte subsets;
 - (O) Have each individual performing tests evaluate a previously tested specimen as an unknown on a monthly basis; and
 - (P) Participate in at least one national or regional cell exchange program, if available, or develop an exchange system with another medical test site;
 - (iii) When performing only transfusions, and nonrenal transplantation, excluding bone marrow and living transplants, meet all the requirements specified in this section except for the requirements for the performance of mixed lymphocyte cultures;
 - (iv) When performing bone marrow transplantation, meet all the requirements specified in this section including the performance of mixed lymphocyte cultures, or equivalent, to evaluate class II compatibility;
 - (v) When performing disease-associated studies, meet all the requirements specified in this section except for the performance of mixed lymphocyte cultures, antibody screening and crossmatching; and
 - (vi) Test donor for HIV reactivity;
 - (u) For cytogenetics:
 - (i) Document the:
 - (A) Number of metaphase chromosome spreads and cells counted and karyotyped;
 - (B) Number of chromosomes counted for each metaphase spread;
 - (C) Media used;
 - (D) Quality of banding; and
 - (E) Sufficient resolution to support the reported results;
 - (ii) Assure an adequate number of karyotypes are prepared for each patient, according to the indication given for performing cytogenetics study;
 - (iii) Use an adequate patient identification system for:
 - (A) Patient specimens;
 - (B) Photographs, photographic negatives, or computer stored images of metaphase spreads and karyotypes;
 - (C) Slides; and
 - (D) Records;
 - (iv) Include in the final report:
 - (A) The number of cells counted and karyotyped; and
 - (B) An interpretation of the karyotypes findings;
 - (v) Use appropriate nomenclature on final reports; and

(vi) When performing determination of sex by X and Y chromatin counts, perform confirmatory testing on all atypical results;

(v) For radioassay and radioimmunoassay:

(i) Check the counting equipment for stability each day of use with radioactive standards or reference sources; and

(ii) Meet Washington state radiation standards described under chapter 70.98 RCW, and chapter 402-10 through 402-24, 402-32 through 402-34, 402-62, and 402-70 WAC.

[Statutory Authority: Chapter 70.42 RCW. 93-18-091 (Order 390), § 246-338-090, filed 9/1/93, effective 10/2/93; 91-21-062 (Order 205), § 246-338-090, filed 10/16/91, effective 10/16/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-090, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-090, filed 9/21/90, effective 10/22/90.]

WAC 246-338-100 Disciplinary action. (1) The department may take disciplinary action against the license of a medical test site or an application for a license as a medical test site upon a determination that the licensee or applicant has engaged in or committed any of the following:

(a) Failure or refusal to comply with the requirements of chapter 70.42 RCW or the rules adopted under chapter 70.42 RCW;

(b) Knowingly, or with reason to know, made a false statement of a material fact in the application for a license or in any data attached thereto or in any record required by the department;

(c) Refused to allow representatives of the department to examine any book, record, or file required under this chapter;

(d) Willfully prevented, interfered with, or attempted to impede in any way, the work of a representative of the department; or

(e) Misrepresented or was fraudulent in any aspect of the owner's or applicant's business.

(2) Except as provided in subsection (3) of this section, the following actions may be taken against the applicant or licensee, individually or in any combination, as a disciplinary action:

(a) Denial of the license or renewal thereof;

(b) Conditions on the license which limit or cancel the test site's authority to conduct any tests or group of tests;

(c) Suspension of the license;

(d) Revocation of the license;

(e) Monetary penalties, not exceeding ten thousand dollars per violation.

(3) Upon a determination that the licensee or applicant has engaged in or committed any of the following described conduct, the sanction shall be as specified for that conduct. If more than one sanction is listed, the sanction may be ordered individually or in any combination:

(a) If the applicant was the holder of a license under chapter 70.42 RCW which was revoked for cause and never reissued by the department, then the license application may be denied;

(b) If the licensee willfully prevents or interferes with preservation of evidence of a known violation of chapter 70.42 RCW or the rules adopted under this chapter, a monetary penalty not exceeding ten thousand dollars per violation may be assessed or the license may be:

(i) Conditioned in a manner limiting or canceling the authority to conduct tests or groups of tests;

(ii) Suspended;

(iii) Revoked;

(c) If the licensee used false or fraudulent advertising, a monetary penalty not exceeding ten thousand dollars per violation may be assessed or the license may be suspended or revoked;

(d) If the licensee failed to pay any civil monetary penalty assessed by the department under chapter 70.42 RCW within twenty-eight days after the assessment becomes final, the license may be suspended or revoked;

(e) If the licensee intentionally referred its proficiency testing samples to another medical test site or laboratory for analysis, a monetary penalty not exceeding ten thousand dollars per violation may be assessed or the license may be:

(i) Conditioned in a manner limiting or canceling the authority to conduct tests or groups of tests;

(ii) Suspended;

(iii) Revoked.

(4) The department may summarily suspend or revoke a license when the department finds continued licensure of a test site immediately jeopardizes the public health, safety, or welfare.

(5) The department shall give written notice of any disciplinary action taken by the department to the owner or applicant for licensure, including notice of the opportunity for a hearing.

(6) A medical test site, convicted of fraud and abuse, false billing or kickbacks under state law must report this information to the department within thirty days.

[Statutory Authority: Chapter 70.42 RCW. 93-18-091 (Order 390), § 246-338-100, filed 9/1/93, effective 10/2/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-100, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-100, filed 9/21/90, effective 10/22/90.]

WAC 246-338-110 Adjudicative proceedings. (1) A licensee or applicant contesting a disciplinary action shall, within twenty-eight days of service of the notice of disciplinary action, file an application of adjudicative proceeding with the Department of Health, Office of Professional Standards, 2413 Pacific Avenue, P.O. Box 47872, Olympia, WA 98504-7872.

(2) The adjudicative proceeding is governed by chapter 34.05 RCW, the Administrative Procedure Act, this chapter, and chapter 246-10 WAC.

(3) Any licensee or applicant aggrieved upon issuance of the decision after the conduct of an adjudicative proceeding may, within sixty days of service of the adjudicative proceeding decision, petition the superior court for review of the decision under chapter 34.05 RCW.

[Statutory Authority: Chapter 70.42 RCW. 93-18-091 (Order 390), § 246-338-110, filed 9/1/93, effective 10/2/93; 91-21-062 (Order 205), § 246-338-110, filed 10/16/91, effective 10/16/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-110, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-110, filed 9/21/90, effective 10/22/90.]

WAC 246-338-990 Fees. (1) For the purpose of this section, the following words and phrases have the following meanings:

(a) "Accredited by organization" means a testing site is accredited, certified, or licensed by an organization meeting the requirements of WAC 246-338-040, Approval of accreditation bodies;

(b) "Limited testing" means a medical test site performing not more than seven hundred fifty licensed tests per year;

(c) "Low volume" means a medical test site performing greater than seven hundred fifty licensed tests per year, and not more than two thousand licensed tests per year;

(d) "Category A" means a medical test site performing greater than two thousand licensed tests per year, not more than ten thousand licensed tests per year and three or less specialties;

(e) "Category B" means a medical test site performing greater than two thousand licensed tests per year, not more than ten thousand licensed tests per year and at least four specialties;

(f) "Category C" means a medical test site performing greater than ten thousand licensed tests per year, not more than twenty-five thousand licensed tests per year and three or less specialties;

(g) "Category D" means a medical test site performing greater than ten thousand licensed tests per year, not more than twenty-five thousand licensed tests per year and four or more specialties;

(h) "Category E" means a medical test site performing greater than twenty-five thousand, but not more than fifty thousand licensed tests per year;

(i) "Category F" means a medical test site performing greater than fifty thousand, but not more than seventy-five thousand licensed tests per year;

(j) "Category G" means a medical test site performing greater than seventy-five thousand, but not more than one hundred thousand licensed tests per year;

(k) "Category H" means a medical test site performing greater than one hundred thousand, but not more than five hundred thousand licensed tests per year;

(l) "Category I" means a medical test site performing greater than five hundred thousand, but not more than one million licensed tests per year;

(m) "Category J" means a medical test site performing more than one million licensed tests per year;

(n) "Direct staff time" means all state employees' work time, including travel time and expenses involved in functions associated with medical test site licensure or complaint investigation including:

(i) On-site follow up visit; and

(ii) Telephone contacts and staff or management conferences in response to a deficiency statement or complaint.

(2) The department shall assess and collect biennial fees for medical test sites as follows:

(a) Charge fees, based on the requirements authorized under RCW 70.42.090 and this section;

(b) Assess additional fees when a medical test site adds licensed tests that result in a change of category; and

(c) Determine fees according to criteria below:

Certificate of waiver	\$105 per biennium;
Provider-performed	
microscopic procedures	158 per biennium;
Limited testing	526 per biennium;
Low volume	1051 per biennium;

Category A	1577 per biennium;
Category B	1892 per biennium;
Category C	2208 per biennium;
Category D	2628 per biennium;
Category E	3154 per biennium;
Category F	3680 per biennium;
Category G	4310 per biennium;
Category H	4941 per biennium;
Category I	5257 per biennium;
Category J	5782 per biennium;
Accredited by organization	315 per biennium;
Follow up survey for deficiencies	direct staff time;
Complaint investigation	direct staff time.

(3) The department shall exclude from fee charges the women, infant, and children (WIC) programs performing only hematocrit testing or hemoglobin testing as listed in WAC 246-338-030 (11)(f) or (i) for food distribution purposes and the Washington state migrant council performing only hematocrit testing or hemoglobin testing as listed in WAC 246-338-030 (11)(f) or (i) for nutritional evaluation.

[Statutory Authority: RCW 70.42.090. 96-12-011, § 246-338-990, filed 5/24/96, effective 6/24/96. Statutory Authority: Chapter 70.42 RCW. 94-17-099, § 246-338-990, filed 8/17/94, effective 9/17/94; 93-18-091 (Order 390), § 246-338-990, filed 9/1/93, effective 10/2/93; 91-21-062 (Order 205), § 246-338-990, filed 10/16/91, effective 10/16/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-990, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-120, filed 9/21/90, effective 10/22/90.]

Chapter 246-340 WAC

SECOND TRIMESTER ABORTION FACILITIES

WAC

246-340-085 Criminal history, disclosure, and background inquiries.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-340-001 Purpose. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-340-001, filed 12/27/90, effective 1/31/91. Statutory Authority: 1985 c 213. 86-08-002 (Order 2348), § 248-140-010, filed 3/20/86; Order 53, § 248-140-010, filed 2/8/71.] Repealed by 93-19-109 (Order 391), filed 9/20/93, effective 10/21/93. Statutory Authority: RCW 43.70.040.

246-340-010 Definitions. [Statutory Authority: RCW 43.70.040, 9.02.005 and 9.02.070. 92-02-018 (Order 224), § 246-340-010, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-340-010, filed 12/27/90, effective 1/31/91. Statutory Authority: 1985 c 213. 86-08-002 (Order 2348), § 248-140-140, filed 3/20/86. Statutory Authority: RCW 9.02.070 and 43.20.050. 83-01-066 (Order 251), § 248-140-140, filed 12/15/82; Order 87, § 248-140-140, filed 6/12/73.] Repealed by 93-19-109 (Order 391), filed 9/20/93, effective 10/21/93. Statutory Authority: RCW 43.70.040.

246-340-020 Facilities approved for termination of pregnancy. [Statutory Authority: RCW 43.70.040, 9.02.005 and 9.02.070. 92-02-018 (Order 224), § 246-340-020, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-340-020, filed 12/27/90, effective 1/31/91. Statutory Authority: 1985 c 213. 86-08-002 (Order 2348), § 248-140-150, filed 3/20/86. Statutory Authority: RCW 9.02.070 and 43.20.050. 83-01-066 (Order 251), § 248-140-150, filed 12/15/82; Order 87, § 248-140-150, filed 6/12/73.] Repealed by 93-19-109 (Order 391), filed 9/20/93, effective 10/21/93. Statutory Authority: RCW 43.70.040.

246-340-030 Certificate of approval required. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as §

- 246-340-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 9.02.070 and 43.20.050. 83-01-066 (Order 251), § 248-140-160, filed 12/15/82; Order 87, § 248-140-160, filed 6/12/73.] Repealed by 93-19-109 (Order 391), filed 9/20/93, effective 10/21/93. Statutory Authority: RCW 43.70.040.
- 246-340-040 Application for certificate of approval. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-340-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 9.02.070 and 43.20.050. 83-01-066 (Order 251), § 248-140-170, filed 12/15/82; Order 87, § 248-140-170, filed 6/12/73.] Repealed by 93-19-109 (Order 391), filed 9/20/93, effective 10/21/93. Statutory Authority: RCW 43.70.040.
- 246-340-050 Issuance, duration, and assignment of certificate of approval. [Statutory Authority: RCW 43.70.040, 9.02.005, 9.02.070 and 34.05.220. 92-02-018 (Order 224), § 246-340-050, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-340-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 9.02.070 and 43.20.050. 83-01-066 (Order 251), § 248-140-180, filed 12/15/82; Order 87, § 248-140-180, filed 6/12/73.] Repealed by 93-19-109 (Order 391), filed 9/20/93, effective 10/21/93. Statutory Authority: RCW 43.70.040.
- 246-340-060 Form of application for certificate of approval and inspection. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-340-060, filed 12/27/90, effective 1/31/91; Order 87, § 248-140-190, filed 6/12/73.] Repealed by 93-19-109 (Order 391), filed 9/20/93, effective 10/21/93. Statutory Authority: RCW 43.70.040.
- 246-340-070 Notice of decision—Adjudicative proceeding. [Statutory Authority: RCW 43.70.040, 9.02.005, 9.02.070 and 34.05.220. 92-02-018 (Order 224), § 246-340-070, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-340-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 42.20.050 and chapter 34.05 RCW. 90-05-038 (Order 034), § 248-140-200, filed 2/14/90, effective 3/17/90; Order 87, § 248-140-200, filed 6/12/73.] Repealed by 93-19-109 (Order 391), filed 9/20/93, effective 10/21/93. Statutory Authority: RCW 43.70.040.
- 246-340-080 Nonhospital facilities approved for termination of pregnancy during the second trimester. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-340-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 9.02.070 and 43.20.050. 83-01-066 (Order 251), § 248-140-210, filed 12/15/82; Order 87, § 248-140-210, filed 6/12/73.] Repealed by 93-19-109 (Order 391), filed 9/20/93, effective 10/21/93. Statutory Authority: RCW 43.70.040.
- 246-340-090 HIV/AIDS education and training. [Statutory Authority: RCW 43.70.040, 9.02.005, 9.02.070 and 70.24.310. 92-02-018 (Order 224), § 246-340-090, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-340-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.310. 89-21-038 (Order 3), § 248-140-215, filed 10/12/89, effective 11/12/89.] Repealed by 93-19-109 (Order 391), filed 9/20/93, effective 10/21/93. Statutory Authority: RCW 43.70.040.
- 246-340-100 Reporting of pregnancy terminations. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-340-100, filed 12/27/90, effective 1/31/91. Statutory Authority: 1985 c 213. 86-08-002 (Order 2348), § 248-140-220, filed 3/20/86. Statutory Authority: RCW 43.20.050. 80-14-063 (Order 202), § 248-140-220, filed 10/1/80; Order 87, § 248-140-220, filed 6/12/73.] Repealed by 93-19-109 (Order 391), filed 9/20/93, effective 10/21/93. Statutory Authority: RCW 43.70.040.
- 246-340-110 Disclosure of information. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-340-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.050. 80-14-063 (Order 202), § 248-140-230, filed 10/1/80.] Repealed by 93-19-109 (Order 391), filed 9/20/93, effective 10/21/93. Statutory Authority: RCW 43.70.040.
- 246-340-990 Fees. [Statutory Authority: RCW 43.70.040. 91-02-050 (Order 122), § 246-340-990, filed 12/27/90, effective 1/31/91.] Repealed by 93-19-109 (Order 391), filed 9/20/93, effective 10/21/93. Statutory Authority: RCW 43.70.040.

WAC 246-340-085 Criminal history, disclosure, and background inquiries. (1) A licensee or license applicant shall require a disclosure statement as specified under RCW 43.43.834 for each prospective employee, volunteer, contractor, student, and any other person associated with the facility having direct contact with:

- (a) Children under sixteen years of age;
- (b) Vulnerable adults as defined under RCW 43.43.830; and

(c) Developmentally disabled individuals.

(2) A license applicant having direct contact with vulnerable adults shall obtain a Washington state patrol criminal history background disclosure statement and submit it to the department either:

- (a) With the initial application for licensure; or
- (b) For current licensees, with the first application for renewal of license submitted after September 1, 1993.

(3) A licensee or license applicant shall:

(a) Require a Washington state patrol background inquiry as specified in RCW 43.43.842(1) for each:

- (i) Employee, volunteer, contractor, student, and any other person currently associated with the licensed facility, having direct contact with vulnerable adults, when engaged on or since July 22, 1989; and
- (ii) Prospective employee, volunteer, contractor, student, and person applying for association with the licensed facility prior to allowing the person direct contact with vulnerable adults, except as allowed by subsection (4) of this section;

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

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

(d) Verbally inform the person of the background inquiry results within seventy-two hours of receipt; and

(e) Offer to provide a copy of the background inquiry results to the person within ten days of receipt.

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

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

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

(5) Except as provided in RCW 43.43.842 and in subsection (4) of this section, a licensee shall not hire or retain, directly or by contract, any person having direct contact with vulnerable adults, if that person has been:

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

(b) Convicted of a crime relating to financial exploitation of a vulnerable adult;

(c) Found in any disciplinary board final decision to have abused a vulnerable adult under RCW 43.43.830; or

(d) The subject in a protective proceeding under chapter 74.34 RCW.

(6) The licensee shall establish and implement procedures ensuring that all disclosure statements and background inquiry responses are:

- (a) Maintained in a confidential and secure manner;
- (b) Used for employment purposes only;
- (c) Not disclosed to any person except:

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

- (ii) Authorized state and federal employees; and
- (iii) The Washington state patrol auditor.

(d) Retained and available for department review during and at least two years following termination of employment.

(7) The department shall:

(a) Review records required under this section;

(b) Investigate allegations of noncompliance with RCW 43.43.830 through 43.43.842, when necessary, in consultation with law enforcement personnel; and

(c) Use information collected under this section solely for the purpose of determining eligibility for licensure or relicensure as required under RCW 43.43.842.

(8) The department may require licensees to complete additional disclosure statements or background inquiries for a person associated with the licensed facility having direct contact with vulnerable adults if the department has reason to believe that offenses specified under RCW 43.43.830 have occurred since completion of the previous disclosure statement or background inquiry.

[Statutory Authority: RCW 43.43.830 through 43.43.842. 93-16-030 (Order 381), § 246-340-085, filed 7/26/93, effective 8/26/93.]

Chapter 246-358 WAC TEMPORARY WORKER HOUSING (Formerly Labor Camps)

WAC

246-358-001	Purpose and scope.
246-358-010	Definitions.
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246-358-025	Operating license.
246-358-030	Department authority.
246-358-045	Location and maintenance.
246-358-055	Water supply.
246-358-065	Sewage disposal.
246-358-075	Construction and maintenance.
246-358-090	Laundry facilities.
246-358-095	Bathing and handwashing facilities.
246-358-100	Toilet facilities.
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.
246-358-165	Rodent and insect control.
246-358-175	Disease prevention and control.
246-358-990	Operating license fees.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-358-035	Supervision and responsibility. [Statutory Authority: RCW 70.54.110. 92-04-082 (Order 242B), § 246-358-035, filed 2/5/92, effective 3/7/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-035, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-035, filed 5/2/88.] Repealed by 93-03-032 (Order 326B), filed 1/12/93, effective 2/12/93. Statutory Authority: RCW 70.54.110.
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 246-358-090 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 1:

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 246-358-125 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 246-358-165 Rodent and insect control. An operator shall take measures necessary to control rodents and insects in and around the housing.

[Statutory Authority: RCW 70.54.110. 93-03-032 (Order 326B), § 246-358-165, filed 1/12/93, effective 2/12/93. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-165, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-165, filed 5/2/88.]

WAC 246-358-175 Disease prevention and control. An operator shall:

- (1) Make reasonable efforts to know if disease is present among occupants;
- (2) Report immediately to the local health officer:
 - (a) The name and address of any occupant suspected of having an infectious or communicable disease;
 - (b) Any case of suspected food poisoning; and
 - (c) Any unusual prevalence of any illness in which fever, diarrhea, sore throat, vomiting, jaundice, productive cough, or weight loss is a prominent symptom among occupants;
- (3) 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.]

WAC 246-358-990 Operating license fees. (1) An operator shall pay the following annual fee as established by RCW 43.70.340(2):

- (a) Fifty dollars for housing with six or less units; or
- (b) Seventy-five dollars for housing with more than six units.

- (2) An operator shall submit the fee to the department with the annual application for an operating license.
- (3) An operator may request a refund if housing has not been occupied and inspected.
- (4) An operator regulated by a contracted health officer is exempt from subsections (2) and (3) of this section.

[Statutory Authority: RCW 43.70.340 and 43.70.040. 93-03-031 (Order 324), § 246-358-990, filed 1/12/93, effective 2/12/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-358-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20A.055. 87-24-074 (Order 2564), § 440-44-100, filed 12/2/87; 86-05-029 (Order 2342), § 440-44-100, filed 2/19/86.]

Chapter 246-360 WAC TRANSIENT ACCOMMODATIONS

WAC

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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-360-190	Housekeeping equipment and procedures. [Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-190, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-201, filed 5/17/89.] Repealed by 94-23-077, filed 11/16/94, effective 12/17/94. Statutory Authority: RCW 70.62.240.
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WAC 246-360-001 Purpose. (1) This chapter implements chapter 70.62 RCW.

(2) This chapter applies to facilities offering three or more lodging units to guests for periods of less than one month, including but not limited to:

- (a) Hotels;
- (b) Motels;
- (c) Bed and breakfast establishments;
- (d) Resorts;
- (e) Rustic resorts;
- (f) Inns;
- (g) Condominiums;
- (h) Apartments;
- (i) Crisis shelters;
- (j) Hostels; and

(k) Retreats.

(3) This chapter does not apply to:

(a) Overnight youth shelters regulated by chapter 388-160 WAC;

(b) Temporary-worker housing regulated by RCW 70.54.110 and chapter 246-358 WAC;

(c) Medical, psychological, drug/alcohol facilities, or related services otherwise regulated by Washington state law; or

(d) Transitional housing as defined in WAC 246-360-010.

(4) The requirements in WAC 246-360-001 through 246-360-500 are adopted by the board of health pursuant to RCW 70.62.240. WAC 246-360-990 is adopted by the department of health pursuant to RCW 43.70.110 and 43.70.250.

[Statutory Authority: RCW 70.62.240. 94-23-077, § 246-360-001, filed 11/16/94, effective 12/17/94; 92-02-019 (Order 225B), § 246-360-001, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-001, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-010, filed 5/17/89; Order 71, § 248-144-010, filed 4/11/72.]

WAC 246-360-010 Definitions. For the purpose of this chapter, the following words and phrases have the following meanings unless the context clearly indicates otherwise.

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

(2) "Bathroom" means a room containing a bathing fixture.

(3) "Board" means the Washington state board of health established under chapter 43.20 RCW.

(4) "Clean" means without visible or tangible soil or residues.

(5) "Compliance schedule" means a department-prepared document listing violations and a time schedule for the licensee to follow to correct the violations.

(6) "Construction" means:

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

(b) An addition, modification or alteration which changes the functional use of an existing transient accommodation or portion of a transient accommodation; or

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

(7) "Crisis shelter" means a transient accommodation providing emergency or planned lodging services to a specific population, for example, homeless families or relatives of individuals receiving hospital treatment, for periods of less than one month at a permanent physical location. A crisis shelter may or may not be reimbursed for services in the form of rental fee or labor. Crisis shelters do not include shelters for victims of domestic violence regulated by the department of social and health services pursuant to chapter 70.123 RCW.

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

(9) "Dormitory" means a lodging unit containing beds, cots, pads, or other furnishings intended for sleeping or use by a number of individuals.

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

(11) "Guest" means any individual occupying, or registered to occupy, a lodging unit.

(12) "Hostel" means a transient accommodation offering limited services, including lodging and use of a common kitchen, to guests on a daily or weekly basis in exchange for a rental fee, labor, or a combination of rental fee and labor.

(13) "Imminent health hazard" means a condition or situation presenting a serious or life-threatening danger to a guest's health and safety.

(14) "Laundry" means a central area or room with equipment to clean and dry bedding, linen, towels, and other items provided to guests.

(15) "Licensee" means the person to whom the department issues the transient accommodation license.

(16) "Local health department" means the city, town, county or district which provides public health services to individuals within the area according to the provisions of chapters 70.05 and 70.08 RCW.

(17) "Lodging unit" means one self-contained unit designated by number, letter, or other means of identification.

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

(19) "Retreat" means a transient accommodation intended to provide seclusion, meditation, contemplation, religious activities, training, or similar activities.

(20) "Rustic resort" means a rural transient accommodation lacking many modern conveniences.

(21) "Sanitary" means clean with a minimal presence of germs.

(22) "Sanitize" means to treat a surface or object with a chemical or physical process, such as heat, to control or limit the presence of germs.

(23) "Self-contained unit" means an individual room or group of interconnected rooms intended for sleeping, which may or may not include areas for cooking and eating, for rent or use by a guest.

(24) "Self-inspect" means the evaluation of a transient accommodation by the licensee for compliance with specific requirements in this chapter.

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

(26) "Transient accommodation" means any facility such as a hotel, motel, condominium, resort, or any other facility or place offering three or more lodging units to guests for periods of less than one month.

(27) "Transitional housing" means a program offering lodging for periods exceeding one month for the purpose of helping unemployed, homeless individuals to obtain employment and housing. Transitional housing is not a transient accommodation.

(28) "Utensil" means any food contact implement used in storing, preparing, transporting, dispensing, serving, or selling food or drink.

[Statutory Authority: RCW 70.62.240. 94-23-077, § 246-360-010, filed 11/16/94, effective 12/17/94; 92-02-019 (Order 225B), § 246-360-010, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-010, filed 12/27/90, effective

1/31/91; 89-11-058 (Order 328), § 248-144-020, filed 5/17/89; Order 71, § 248-144-020, filed 4/11/72.]

WAC 246-360-020 Licensure. (1) A person shall have a current license issued by the department before operating or advertising a transient accommodation.

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

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

(b) A completed self-inspection on forms provided by the department;

(c) The fee specified in WAC 246-360-990; and

(d) Other information as required by the department.

(3) A 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) A completed self-inspection on forms provided by the department;

(c) The fee specified in WAC 246-360-990; and

(d) Other information as required by the department.

(4) At least thirty days prior to transferring ownership of a transient accommodation:

(a) The current 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 transient accommodation, and the name under which the transferred transient accommodation will operate;

(iii) Date of the proposed change of ownership; and

(iv) Other information as required by the department;

and

(b) The prospective new owner shall apply for licensure by submitting to the department the items required by subsection (2) of this section.

(5) A licensee shall notify the department when changing the number of lodging units or name of the transient accommodation by submitting:

(a) A letter describing the intended change;

(b) The fee specified in WAC 246-360-990 for an amended license; and

(c) Other information as required by the department.

(6) The licensee shall notify the department prior to using new construction by submitting a letter describing:

(a) The construction;

(b) How the construction will be used;

(c) Any changes in the functional use of existing construction; and

(d) Other information as required by the department.

[Statutory Authority: RCW 70.62.240. 94-23-077, § 246-360-020, filed 11/16/94, effective 12/17/94; 92-02-019 (Order 225B), § 246-360-020, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW and RCW 42.20.050. 90-06-049 (Order 040), § 248-144-031, filed 3/2/90, effective 3/2/90. Statutory Authority: RCW 43.20.050. 89-11-058 (Order 328), § 248-144-031, filed 5/17/89.]

WAC 246-360-030 Responsibilities and rights—Licensee and department. (1) The licensee shall:

(a) Comply with the provisions of chapter 70.62 RCW and this chapter;

(b) Comply with chapter 212-12 WAC, Fire marshal standards;

(c) Conspicuously display a current transient accommodation license in the transient accommodation's lobby or office;

(d) Cooperate with the department during on-site surveys and investigations;

(e) Conduct self-inspections as requested by the department;

(f) 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

(ii) A progress report of corrections;

(g) Comply with a compliance schedule if issued by the department;

(h) Adequately supervise employees to keep the transient accommodation facility:

(i) Clean, safe, and sanitary;

(ii) In good repair; and

(iii) Free from infestation by insects, rodents, and other pests;

(i) Establish policies and procedures requiring employees to maintain good personal hygiene; and

(j) Consult with the department or local health department on any suspected imminent health hazard.

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

(3) The department shall:

(a) Conduct an on-site survey prior to issuing an initial transient accommodation license;

(b) Conduct an on-site survey prior to approving the following types of construction in a currently licensed transient accommodation:

(i) A new building;

(ii) An addition, modification or alteration which substantially changes functional use; or

(iii) The conversion of an existing building for use as part of the transient accommodation;

(c) Conduct unannounced on-site surveys and investigations at any time to determine compliance with chapter 70.62 RCW and this chapter;

(d) Issue or renew a license when the applicant or licensee and the facility meet the requirements in chapter 70.62 RCW and this chapter;

(e) Allow self-inspections to encourage compliance with chapter 70.62 RCW and this chapter;

(f) Comply with RCW 43.70.115, chapter 34.05 RCW and chapter 246-10 WAC when denying, suspending, modifying, or revoking a transient accommodation license; and

(g) Comply with RCW 43.70.095 when assessing civil fines.

(4) The department may deny, suspend, or revoke a transient accommodation license, or assess a civil fine, if the department finds the applicant, licensee, its agents, officers, directors, or any person with any interest therein:

(a) Knowingly or with reason to know, 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;
 - (iii) During an on-site survey; or
 - (iv) In a self-inspection;
- (b) Obtains or attempts to obtain a license by fraudulent means or misrepresentation;
- (c) Fails or refuses to comply with the requirements of chapter 70.62 RCW or this chapter;
- (d) Compromises the health or safety of a guest;
- (e) Conducts business or advertising in a misleading or fraudulent manner;

(f) 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 willfully interferes with an on-site survey or investigation;

(g) Fails to pay a fine within ten days after the assessment becomes final or as agreed to by the department and the licensee; or

(h) Operates with a suspended or revoked license.

(5) The department may summarily suspend a license if the department determines a deficiency is an imminent threat to public health, safety or welfare.

[Statutory Authority: RCW 70.62.240. 94-23-077, § 246-360-030, filed 11/16/94, effective 12/17/94. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-030, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-041, filed 5/17/89.]

WAC 246-360-040 Water supply and temperature control. The licensee shall:

(1) Provide a water supply system conforming to state board of health standards for public water systems, chapters 246-290 and 246-291 WAC;

(2) Maintain the transient accommodation free of cross connections;

(3) Provide hot and cold water under adequate pressure readily available to guests;

(4) Provide sinks and bathing fixtures used by guests with hot water between 110 and 130 degrees Fahrenheit at all times;

(5) When transient accommodation laundry is washed on site, maintain a minimum wash water temperature of:

- (a) 130 degrees Fahrenheit; or
- (b) 110 degrees Fahrenheit in combination with:
 - (i) An appropriate low temperature detergent and effective use of a chemical disinfectant; or
 - (ii) An industrial-type washing machine with multiple rinse cycles; and

(6) Label nonpotable water supplies at all accessible connections and valves "unsafe for domestic use."

[Statutory Authority: RCW 70.62.240. 94-23-077, § 246-360-040, filed 11/16/94, effective 12/17/94; 92-02-019 (Order 225B), § 246-360-040, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-040, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-051, filed 5/17/89.]

WAC 246-360-050 Sewage and liquid waste disposal. The licensee shall ensure sewage and liquid waste drain into:

- (1) A municipal sewage system if available; or
- (2) A sewage disposal system designed, constructed, and maintained in accordance with chapters 246-272 and 173-240 WAC and local ordinances.

[Statutory Authority: RCW 70.62.240. 94-23-077, § 246-360-050, filed 11/16/94, effective 12/17/94; 92-02-019 (Order 225B), § 246-360-050, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-050, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-061, filed 5/17/89.]

WAC 246-360-060 Swimming pools, spas, hot tubs, wading pools, bathing beaches. The licensee shall comply with chapter 70.90 RCW and chapter 246-260 WAC governing the safety and sanitation of water recreation facilities.

[Statutory Authority: RCW 70.62.240. 94-23-077, § 246-360-060, filed 11/16/94, effective 12/17/94. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-060, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-071, filed 5/17/89.]

WAC 246-360-070 Refuse and solid waste. The licensee shall:

(1) Provide one or more washable, leak-proof refuse containers, or containers with leak-proof disposable liners, in each lodging unit;

(2) Collect refuse as necessary to maintain a clean and sanitary environment in and around the facility;

(3) Collect refuse from lodging units:

- (a) After each guest occupancy; and
- (b) Twice a week when guests stay longer than three days;

(4) Handle refuse in a safe, clean and sanitary manner;

(5) Store refuse in washable, leak-proof, and covered containers to prevent the entrance of insects, rodents, birds, or other pests or nuisances outside the lodging units until removed for disposal; and

(6) Remove and dispose of refuse in a manner consistent with state and local sanitation codes and ordinances.

[Statutory Authority: RCW 70.62.240. 94-23-077, § 246-360-070, filed 11/16/94, effective 12/17/94. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-070, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-081, filed 5/17/89.]

WAC 246-360-080 Construction and maintenance. The licensee shall:

(1) Ensure new construction meets the requirements of:

- (a) Chapter 70.62 RCW and this chapter;
- (b) Chapter 19.27 RCW state building code; and
- (c) All other applicable city and county codes and ordinances;

(2) Ensure all buildings, facilities, fixtures, and furnishings are structurally sound, safe, clean and sanitary; and

(3) Take measures necessary to control insects, rodents and other pests in and around the facility.

[Statutory Authority: RCW 70.62.240. 94-23-077, § 246-360-080, filed 11/16/94, effective 12/17/94. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-080, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-091, filed 5/17/89.]

WAC 246-360-090 Lodging units. The licensee shall provide lodging units with:

- (1) At least fifty square feet of total floor area, not counting areas with a ceiling height lower than five feet, for each guest;
- (2) Adequate space to allow easy movement between beds, cots, mats or mattresses;
- (3) Three or more feet of clear vertical space between each bed or top bunk and the ceiling; and
- (4) Cleanable floors and walls kept in good repair.

[Statutory Authority: RCW 70.62.240. 94-23-077, § 246-360-090, filed 11/16/94, effective 12/17/94. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-090, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-101, filed 5/17/89.]

WAC 246-360-100 Bathrooms, toilet rooms, and handwashing sinks. The licensee shall:

- (1) Provide adequate private or common-use bathrooms, toilet rooms and handwashing sinks to meet the needs of guests;
- (2) Provide private and common-use bathrooms, toilet rooms, and handwashing areas with cleanable floors, walls, ceilings, fixtures and furnishings;
- (3) Provide an uncarpeted, easily cleanable area around each toilet and adjacent to each bathing fixture;
- (4) Maintain safe and properly working fixtures and drains;
- (5) Provide a means to maintain privacy for toileting and bathing;
- (6) Provide water flush toilets unless the licensee has approval from the department and local health district for alternative devices;
- (7) Provide a handwashing sink or equivalent within, or adjacent to, each toilet room;
- (8) Provide easy access to an acceptable single-use drying device from each common-use handwashing sink;
- (9) Provide toilet tissue conveniently located by each toilet;
- (10) For transient accommodations other than rustic resorts, provide soap for each handwashing and bathing fixture;
- (11) For transient accommodations other than rustic resorts, provide clean towels, washcloths and floor mats:
 - (a) For guests upon arrival; and
 - (b) At least twice a week for guests who stay longer than three days;
- (12) Assure clean towels, washcloths and floor mats stored in lodging units and common bathrooms are stored in a clean area off the floor; and
- (13) Provide common-use bathrooms, toilet rooms and handwashing sinks meeting the requirements of this section in a ratio of one bathing fixture, one toilet and one handwashing sink for each fifteen or fewer guests without such fixtures in their lodging units.

[Statutory Authority: RCW 70.62.240. 94-23-077, § 246-360-100, filed 11/16/94, effective 12/17/94. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-100, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-111, filed 5/17/89.]

WAC 246-360-110 Lodging unit kitchens. (1) A licensee offering kitchens in lodging units shall provide each kitchen with:

- (a) Cleanable and durable floors and walls;

(b) Ventilation according to the provisions of WAC 246-360-140;

(c) A sink, other than the handwashing sink, suitable for washing dishes;

(d) Hot running water according to the provisions of WAC 246-360-040;

(e) A refrigeration device that maintains food at a temperature of 45 degrees Fahrenheit or lower;

(f) Cooking equipment acceptable to the state director of fire protection;

(g) A cleanable food storage area;

(h) A table, counter, and chairs, or equivalent; and

(i) A washable, leak-proof waste food container.

(2) The licensee shall clean and sanitize food preparation areas between each guest occupancy.

(3) A licensee providing utensils shall comply with the provisions of WAC 246-360-160(2).

[Statutory Authority: RCW 70.62.240. 94-23-077, § 246-360-110, filed 11/16/94, effective 12/17/94; 92-02-019 (Order 225B), § 246-360-110, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-110, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-121, filed 5/17/89.]

WAC 246-360-120 Heating and cooling. (1) The licensee shall provide a safe, adequate means of maintaining an ambient air temperature of at least 65 degrees Fahrenheit in each lodging unit.

(2) A licensee providing a cooling system shall keep the system safe, clean and in good working condition.

[Statutory Authority: RCW 70.62.240. 94-23-077, § 246-360-120, filed 11/16/94, effective 12/17/94. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-120, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-131, filed 5/17/89.]

WAC 246-360-130 Lighting. The licensee shall maintain light intensities adequate for safety and facility maintenance with minimum light intensities measured at a height of three feet above the floor, as follows:

Lodging Unit	10 Foot Candles
Toilet rooms, bathrooms and handwashing areas	20 Foot Candles
Lodging Unit Kitchen	20 Foot Candles
Laundry Room Work Areas	30 Foot Candles
Corridors, Stairways, and Entryways	5 Foot Candles
Elevators, Walkways	5 Foot Candles
Swimming Pools	As required under chapter 246-260 WAC
Parking lots and exterior passages	5 Foot Candles measured three feet above the ground.

[Statutory Authority: RCW 70.62.240. 94-23-077, § 246-360-130, filed 11/16/94, effective 12/17/94. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-130, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-141, filed 5/17/89.]

WAC 246-360-140 Ventilation. (1) The licensee shall provide ventilation in all lodging units, kitchen areas, bathrooms, toilet rooms and laundry rooms.

(2) A licensee providing only natural ventilation:

(a) In lodging units shall provide operable windows, vents, or ducts opening directly to the out-of-doors; and

(b) In kitchen areas, bathrooms, toilet rooms and laundry rooms shall provide operable windows, operable

skylights, or ceiling vents opening directly to the out-of-doors sufficient to allow five air exchanges per hour.

(3) A licensee providing mechanical ventilation systems shall assure the system provides:

- (a) Two or more air exchanges per hour to each lodging unit and corridor;
- (b) Five or more air exchanges per hour to kitchen areas, bathrooms, toilet rooms and laundry rooms; and
- (c) Air circulation to and from the out-of-doors.

[Statutory Authority: RCW 70.62.240. 94-23-077, § 246-360-140, filed 11/16/94, effective 12/17/94. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-140, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-151, filed 5/17/89.]

WAC 246-360-150 Beds and bedding. A licensee providing beds shall:

- (1) Provide clean, sanitary bedding in good repair;
- (2) Maintain clean and safe beds, cots, bunks, or other furniture for sleeping;
- (3) Assure bunk beds, if used, have a clear vertical space of at least twenty-seven inches between the bottom bunk and top bunk;
- (4) Not provide, or allow the use of, triple bunk beds;
- (5) Supply each bed, cot, or bunk with a mattress or pad, top and bottom sheet, mattress pad, pillow and pillowcase, and blankets unless the facility is:
 - (a) A rustic resort;
 - (b) A crisis shelter; or
 - (c) A hostel;
- (6) Provide clean spreads, blankets and mattress pads as needed;
- (7) Provide clean pillowcases and sheets:
 - (a) For guests upon arrival; and
 - (b) At least twice a week for guests staying longer than three days; and
- (8) Ensure clean bedding kept in the lodging units is stored in a clean area off the floor.

[Statutory Authority: RCW 70.62.240. 94-23-077, § 246-360-150, filed 11/16/94, effective 12/17/94. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-150, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-161, filed 5/17/89.]

WAC 246-360-160 Food and beverage services. (1) A licensee providing food service to guests shall meet the requirements of:

- (a) Chapter 246-215 WAC, Food service;
 - (b) Chapter 246-217 WAC, Food worker permits; and
 - (c) Local ordinances.
- (2) A licensee providing utensils and ice buckets for guests shall:
- (a) Dispose of, and replace, single-use utensils and ice buckets between guest occupancies;
 - (b) Clean and sanitize multiple-use utensils and ice buckets between guest occupancies:
 - (i) In lodging unit kitchens meeting the requirements in WAC 246-360-110; or
 - (ii) In a clean and sanitary area separate from bathrooms, toilet rooms and adjoining handwash sinks;
 - (c) Handle and store utensils and ice buckets in a safe and sanitary manner to protect from contamination; and
 - (d) Maintain utensils and ice buckets in good condition, free from cracks.

(3) The licensee shall store and dispense ice in a sanitary manner, including:

- (a) Cleaning and sanitizing ice machines twice a year or more often as needed; and
- (b) Restricting guest access to unprotected bulk ice by:
 - (i) Providing self-dispensing ice machines or other "no contact" dispensing methods; or
 - (ii) Having employees dispense bulk ice to guests.
- (4) The licensee shall clean, maintain and properly adjust the water flow in drinking fountains.

[Statutory Authority: RCW 70.62.240. 94-23-077, § 246-360-160, filed 11/16/94, effective 12/17/94; 92-02-019 (Order 225B), § 246-360-160, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-160, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-171, filed 5/17/89.]

WAC 246-360-170 Travel trailers and mobile homes. A licensee providing travel trailers or mobile homes as lodging units shall:

- (1) Comply with chapters 296-150A and 296-150B WAC, which include minimum standards for factory-built housing, commercial structures, mobile homes, commercial coaches and recreational vehicles; and
- (2) Ensure all travel trailers and mobile homes used as lodging units are connected to approved water, sewer or approved sewage disposal system, and electrical utilities.

[Statutory Authority: RCW 70.62.240. 94-23-077, § 246-360-170, filed 11/16/94, effective 12/17/94. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-170, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-181, filed 5/17/89.]

WAC 246-360-180 Laundry. The licensee shall:

- (1) Provide clean, sanitary bedding, linens, towels, washcloths and other items intended for guest use by:
 - (a) Maintaining a laundry according to the provisions in this chapter; or
 - (b) Using a commercial laundry or other laundry meeting the requirements in WAC 246-360-040 and this section;
- (2) Store the clean and sanitized bedding, linens, towels, washcloths and other items in an area:
 - (a) Designated for clean items only;
 - (b) Off the floor;
 - (c) Protected from contamination; and
 - (d) Without access by guests, pets or other animals; and
- (3) Provide a means for handling, transporting, and separating soiled bedding, linens, towels, washcloths and other items to prevent contamination of clean items.

[Statutory Authority: RCW 70.62.240. 94-23-077, § 246-360-180, filed 11/16/94, effective 12/17/94; 92-02-019 (Order 225B), § 246-360-180, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-180, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-191, filed 5/17/89.]

WAC 246-360-200 Safety, chemical, and physical hazards. The licensee shall:

- (1) Establish and follow policies and procedures for properly storing and labeling all chemical agents, such as cleaners, solvents, disinfectants and insecticides to assure chemical agents are:
 - (a) Inaccessible to guests other than small amounts of household cleaners stored in lodging unit kitchens;

- (b) Stored to prevent contamination of clothing, towels, washcloths and bedding materials; and
- (c) Used according to manufacturer's recommendations;
- (2) Provide adequate and safe handrailing for all stairways, porches and balconies;
- (3) Ensure gas and oil-fired space heaters and water heaters are vented to the out-of-doors; and
- (4) Eliminate known physical hazards.

[Statutory Authority: RCW 70.62.240. 94-23-077, § 246-360-200, filed 11/16/94, effective 12/17/94. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-200, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-211, filed 5/17/89.]

WAC 246-360-210 Separability. If any provision of these regulations or their application to any person is held invalid, the remainder of the regulations or the application of the provision to other persons or circumstances is not affected.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-210, filed 12/27/90, effective 1/31/91; Order 71, § 248-144-250, filed 4/11/72.]

WAC 246-360-500 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 public health and safety.
- (2) If the department determines the exemption will not jeopardize public health or safety, and is not contrary to the intent of chapter 70.62 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 transient accommodation.

[Statutory Authority: RCW 70.62.240. 94-23-077, § 246-360-500, filed 11/16/94, effective 12/17/94.]

WAC 246-360-990 Fees. (1) The licensee or applicant shall:

- (a) Submit an annual fee according to the following schedule:

NUMBER OF LODGING UNITS	FEE
3 - 10	\$ 55
11 - 49	\$110
50 - over	\$160

- (b) Submit a transition fee of forty-five dollars for any license renewed in 1995;

(c) Submit an additional fee of fifty dollars for an amended license due to changing the number of lodging units or the name of the transient accommodation;

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

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

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- (ii) A complete on-site survey resulting from a substantiated complaint.

(2) The department shall refund fees only when all the following conditions are met:

- (a) A prospective new owner applies for initial licensure prior to taking ownership as required by WAC 246-360-020 (4)(b);
- (b) Transfer of ownership is not finalized;
- (c) The applicant requests a refund in writing; and
- (d) The department receives the fee and the request for refund in the same biennium.

[Statutory Authority: RCW 43.70.110 and 43.70.250. 94-21-016, § 246-360-990, filed 10/6/94, effective 11/6/94. Statutory Authority: RCW 70.62.220, 70.62.230 and 43.70.250. 92-21-089 (Order 312), § 246-360-990, filed 10/21/92, effective 11/21/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-360-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20A.055. 87-17-045 (Order 2524), § 440-44-075, filed 8/17/87; 85-12-029 (Order 2236), § 440-44-075, filed 5/31/85. Statutory Authority: 1982 c 201. 82-13-011 (Order 1825), § 440-44-075, filed 6/4/82.]

Chapter 246-366 WAC

PRIMARY AND SECONDARY SCHOOLS

WAC

246-366-001	Introduction.
246-366-010	Definitions.
246-366-020	Substitutions.
246-366-030	Site approval.
246-366-040	Plan review and inspection of schools.
246-366-050	Buildings.
246-366-060	Plumbing, water supply and fixtures.
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246-366-120	Lighting.
246-366-130	Food handling.
246-366-140	Safety.
246-366-150	Exemption.

WAC 246-366-001 Introduction. These rules and regulations are established as minimum environmental standards for educational facilities and do not necessarily reflect optimum standards for facility planning and operation.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-366-001, filed 12/27/90, effective 1/31/91; Order 55, § 248-64-210, filed 6/8/71.]

WAC 246-366-010 Definitions. The following definitions shall apply in the interpretation and the enforcement of these rules and regulations:

(1) "School" - Shall mean any publicly financed or private or parochial school or facility used for the purpose of school instruction, from the kindergarten through twelfth grade. This definition does not include a private residence in which parents teach their own natural or legally adopted children.

(2) "Board of education" - An appointive or elective board whose primary responsibility is to operate public or private or parochial schools or to contract for school services.

(3) "Instructional areas" - Space intended or used for instructional purposes.

(4) "New construction" - Shall include the following:

- (a) New school building.
- (b) Additions to existing schools.
- (c) Renovation, other than minor repair, of existing schools.
- (d) Schools established in all or part of any existing structures, previously designed or utilized for other purposes.
- (e) Installation or alteration of any equipment or systems, subject to these regulations, in schools.
- (f) Portables constructed after the effective date of these regulations.

(5) "Occupied zone" - Is that volume of space from the floor to 6 feet above the floor when determining temperature and air movement, exclusive of the 3 foot perimeter on the outside wall.

(6) "Site" - Shall include the areas used for buildings, playgrounds and other school functions.

(7) "Portables" - Any structure that is transported to a school site where it is placed or assembled for use as part of a school facility.

(8) "Health officer" - Legally qualified physician who has been appointed as the health officer for the city, town, county or district public health department as defined in RCW 70.05.010(2), or his authorized representative.

(9) "Secretary" - Means secretary of the Washington state department of health or the secretary's designee.

(10) "Department" - Means Washington state department of health.

[Statutory Authority: RCW 43.20.050, 92-02-019 (Order 225B), § 246-366-010, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-366-010, filed 12/27/90, effective 1/31/91; 82-07-015 (Order 225), § 248-64-220, filed 3/9/82; Order 131, § 248-64-220, filed 8/5/76; Order 55, § 248-64-220, filed 6/8/71.]

WAC 246-366-020 Substitutions. The secretary may allow the substitution of procedures or equipment for those outlined in these regulations, when such procedures or equipment have been demonstrated to be equivalent to those heretofore prescribed. When the secretary judges that such substitutions are justified, he shall grant permission for the substitution in writing. Requests for substitution shall be directed to the jurisdictional health officer who shall immediately forward them, including his recommendations, to the secretary. All decisions, substitutions, or interpretations shall be made a matter of public record and open to inspection.

[Statutory Authority: RCW 43.20.050, 91-02-051 (Order 124B), recodified as § 246-366-020, filed 12/27/90, effective 1/31/91; Order 55, § 248-64-230, filed 6/8/71.]

WAC 246-366-030 Site approval. (1) Before a new school facility is constructed, an addition is made to an existing school facility, or an existing school facility is remodeled, the board of education shall obtain written approval from the health officer that the proposed development site presents no health problems. The board of education may request the health officer make a survey and submit a written health appraisal of any proposed school site.

(2) School sites shall be of a size sufficient to provide for the health and safety of the school enrollment.

(3) Noise from any source at a proposed site for a new school, an addition to an existing school, or a portable classroom shall not exceed an hourly average of 55 dBA

(Leq ^{60 minutes}) and shall not exceed an hourly maximum (Lmax) of 75 dBA during the time of day the school is in session; except sites exceeding these sound levels are acceptable if a plan for sound reduction is included in the new construction proposal and the plan for sound reduction is approved by the health officer.

[Statutory Authority: RCW 43.20.050, 91-02-051 (Order 124B), recodified as § 246-366-030, filed 12/27/90, effective 1/31/91; 89-20-026 (Order 333), § 248-64-240, filed 9/28/89, effective 10/29/89; Order 88, § 248-64-240, filed 10/3/73; Order 55, § 248-64-240, filed 6/8/71.]

WAC 246-366-040 Plan review and inspection of schools. (1) Any board of education, before constructing a new facility, or making any addition to or major alteration of an existing facility or any of the utilities connected with the facility, shall:

(a) First submit final plans and specifications of such buildings or changes to the jurisdictional health officer;

(b) Shall obtain the health officer's recommendations and any required changes, in writing;

(c) Shall obtain written approval from the health officer, to the effect that such plans and specifications comply with these rules and regulations.

(2) The health officer shall:

(a) Conduct a preoccupancy inspection of new construction to determine its conformity with the approved plans and specifications.

(b) Make periodic inspections of each existing school within his jurisdiction, and forward to the board of education and the administrator of the inspected school a copy of his findings together with any required changes and recommendations.

[Statutory Authority: RCW 43.20.050, 91-02-051 (Order 124B), recodified as § 246-366-040, filed 12/27/90, effective 1/31/91; Order 55, § 248-64-250, filed 6/8/71.]

WAC 246-366-050 Buildings. (1) Buildings shall be kept clean and in good repair.

(2) Instructional areas shall have a minimum average ceiling height of 8 feet. Ceiling height shall be the clear vertical distance from the finished floor to the finished ceiling. No projections from the finished ceiling shall be less than 7 feet vertical distance from the finished floor, e.g., beams, lighting fixtures, sprinklers, pipe work.

(3) All stairway[s] and steps shall have handrails and nonslip treads.

(4) The floors shall have an easily cleanable surface.

(5) The premises and all buildings shall be free of insects and rodents of public health significance and conditions which attract, provide harborage and promote propagation of vermin.

(6) All poisonous compounds shall be easily identified, used with extreme caution and stored in such a manner as to prevent unauthorized use or possible contamination of food and drink.

(7) There shall be sufficient space provided for the storage of outdoor clothing, play equipment and instructional equipment. The space shall be easily accessible, well lighted, heated and ventilated.

(8) Schools shall be provided with windows sufficient in number, size and location to permit students to see to the outside. Windows are optional in special purpose instruc-

tional areas including, but not limited to, little theaters, music areas, multipurpose areas, gymnasiums, auditoriums, shops, libraries and seminar areas. No student shall occupy an instructional area without windows more than 50 percent of the school day.

(9) Exterior sun control shall be provided to exclude direct sunlight from window areas and skylights of instructional areas, assembly rooms and meeting rooms during at least 80 percent of the normal school hours. Each area shall be considered as an individual case. Sun control is not required for sun angles less than 42 degrees up from the horizontal. Exterior sun control is not required if air conditioning is provided, or special glass installed having a total solar energy transmission factor less than 60 percent.

[Statutory Authority: RCW 43.20.050, 91-02-051 (Order 124B), recodified as § 246-366-050, filed 12/27/90, effective 1/31/91; 82-07-015 (Order 225), § 248-64-260, filed 3/9/82; 79-08-078 (Order 183), § 248-64-260, filed 7/26/79; Order 124, § 248-64-260, filed 3/18/76; Order 55, § 248-64-260, filed 6/8/71.]

WAC 246-366-060 Plumbing, water supply and fixtures. (1) Plumbing: Plumbing shall be sized, installed, and maintained in accordance with the state building code. However, local code requirements shall prevail, when these requirements are more stringent or in excess of the state building code.

(2) Water supply: The water supply system for a school shall be designed, constructed, maintained and operated in accordance with chapter 246-290 WAC.

(3) Toilet and handwashing facilities.

(a) Adequate, conveniently located toilet and handwashing facilities shall be provided for students and employees. At handwashing facilities soap and single-service towels shall be provided. Common use towels are prohibited. Warm air dryers may be used in place of single-service towels. Toilet paper shall be available, conveniently located adjacent to each toilet fixture.

(b) The number of toilet and handwashing fixtures in schools established in existing structures, previously designed or utilized for other purposes shall be in accordance with the state building code. However, local code requirements shall prevail, when these requirements are more stringent or in excess of the state building code.

(c) Toilet and handwashing facilities must be accessible for use during school hours and scheduled events.

(d) Handwashing facilities shall be provided with hot water at a maximum temperature of 120 degrees Fahrenheit. If hand operated self-closing faucets are used, they must be of a metering type capable of providing at least ten seconds of running water.

(4) Showers:

(a) Showers shall be provided for classes in physical education, at grades 9 and above. An automatically controlled hot water supply of 100 to 120 degrees Fahrenheit shall be provided. Showers with cold water only shall not be permitted.

(b) Drying areas, if provided, shall be adjacent to the showers and adjacent to locker rooms. Shower and drying areas shall have water impervious nonskid floors. Walls shall be water impervious up to showerhead heights. Upper walls and ceiling shall be of smooth, easily washable construction.

(c) Locker and/or dressing room floors shall have a water impervious surface. Walls shall have a washable surface. In new construction, floor drains shall be provided in locker and dressing areas.

(d) If towels are supplied by the school, they shall be for individual use only and shall be laundered after each use.

[Statutory Authority: RCW 43.20.050, 92-02-019 (Order 225B), § 246-366-060, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-366-060, filed 12/27/90, effective 1/31/91; 82-07-015 (Order 225), § 248-64-270, filed 3/9/82; 79-08-078 (Order 183), § 248-64-270, filed 7/26/79; Order 124, § 248-64-270, filed 3/18/76; Order 55, § 248-64-270, filed 6/8/71.]

WAC 246-366-070 Sewage disposal. All sewage and waste water from a school shall be drained to a sewerage disposal system which is approved by the jurisdictional agency. On-site sewage disposal systems shall be designed, constructed and maintained in accordance with chapters 246-272 and 173-240 WAC.

[Statutory Authority: RCW 43.20.050, 92-02-019 (Order 225B), § 246-366-070, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-366-070, filed 12/27/90, effective 1/31/91; 82-07-015 (Order 225), § 248-64-280, filed 3/9/82; Order 55, § 248-64-280, filed 6/8/71.]

WAC 246-366-080 Ventilation. (1) All rooms used by students or staff shall be kept reasonably free of all objectionable odor, excessive heat or condensation.

(2) All sources producing air contaminants of public health importance shall be controlled by the provision and maintenance of local mechanical exhaust ventilation systems as approved by the health officer.

[Statutory Authority: RCW 43.20.050, 91-02-051 (Order 124B), recodified as § 246-366-080, filed 12/27/90, effective 1/31/91; 80-03-044 (Order 192), § 248-64-290, filed 2/20/80; 79-08-078 (Order 183), § 248-64-290, filed 7/26/79; Order 124, § 248-64-290, filed 3/18/76; Order 88, § 248-64-290, filed 10/3/73; Order 75, § 248-64-290, filed 7/11/72; Order 55, § 248-64-290, filed 6/8/71.]

WAC 246-366-090 Heating. The entire facility inhabited by students and employees shall be heated during school hours to maintain a minimum temperature of 65 degrees Fahrenheit except for gymnasiums which shall be maintained at a minimum temperature of 60 degrees Fahrenheit.

[Statutory Authority: RCW 43.20.050, 91-02-051 (Order 124B), recodified as § 246-366-090, filed 12/27/90, effective 1/31/91; 82-07-015 (Order 225), § 248-64-300, filed 3/9/82; Order 55, § 248-64-300, filed 6/8/71.]

WAC 246-366-100 Temperature control. Heating, ventilating and/or air conditioning systems shall be equipped with automatic room temperature controls.

[Statutory Authority: RCW 43.20.050, 91-02-051 (Order 124B), recodified as § 246-366-100, filed 12/27/90, effective 1/31/91; 82-07-015 (Order 225), § 248-64-310, filed 3/9/82; Order 55, § 248-64-310, filed 6/8/71.]

WAC 246-366-110 Sound control. (1) In new construction, plans submitted under WAC 246-366-040 shall specify ventilation equipment and other mechanical noise sources in classrooms are designed to provide background sound which conforms to a noise criterion curve or equivalent not to exceed NC-35. The owner shall certify equip-

ment and features are installed according to the approved plans.

(2) In new construction, the actual background noise at any student location within the classroom shall not exceed 45 dBA (Leq_x) and 70 dB (Leq_x) (unweighted scale) where _x is thirty seconds or more. The health officer shall determine compliance with this section when the ventilation system and the ventilation system's noise generating components, e.g., condenser, heat pump, etc., are in operation.

(3) Existing portable classrooms, constructed before January 1, 1990, moved from one site to another on the same school property or within the same school district are exempt from the requirements of this section if the portable classrooms meet the following:

(a) Noise abating or noise generating features shall not be altered in a manner that may increase noise levels;

(b) The portable classrooms were previously in use for general instruction;

(c) Ownership of the portable classrooms will remain the same; and

(d) The new site is in compliance with WAC 246-366-030(3).

(4) In new construction, the maximum ambient noise level in industrial arts, vocational agriculture and trade, and industrial classrooms shall not exceed 65 dBA when all fume and dust exhaust systems are operating.

(5) The maximum noise exposure for students in vocational education and music areas shall not exceed the levels specified in Table 1.

TABLE 1

MAXIMUM NOISE EXPOSURES PERMISSIBLE

Duration per day (hours)	Sound Level (dBA)
8 hours	85
6 hours	87
4 hours	90
3 hours	92
2 hours	95
1-1/2 hours	97
1 hour	100
1/2 hour	105
1/4 hour	110

Students shall not be exposed to sound levels equal to or greater than 115 dBA.

(6) Should the total noise exposure in vocational education and music areas exceed the levels specified in Table 1 of subsection (5) of this section, hearing protectors, e.g., ear plugs, muffs, etc., shall be provided to and used by the exposed students. Hearing protectors shall reduce student noise exposure to comply with the levels specified in Table 1 of subsection (5) of this section.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-366-110, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-366-110, filed 12/27/90, effective 1/31/91; 89-20-026 (Order 333), § 248-64-320, filed 9/28/89, effective 10/29/89; Order 124, § 248-64-320, filed 3/18/76; Order 88, § 248-64-320, filed 10/3/73; Order 55, § 248-64-320, filed 6/8/71.]

WAC 246-366-120 Lighting. (1) The following maintained light intensities shall be provided as measured 30 inches above the floor or on working or teaching surfaces.

General, task and/or natural lighting may be used to maintain the minimum lighting intensities.

	Minimum Foot - candle Intensity
General instructional areas including: Study halls, lecture rooms and libraries.	30
Special instructional areas where safety is of prime consideration or fine detail work is done including: Sewing rooms, laboratories (includes chemical storage areas), shops, drafting rooms and art and craft rooms.	50
Kitchen areas including: Food storage and preparation rooms.	30
Noninstructional areas including: Auditoriums, lunch rooms, assembly rooms, corridors, stairs, storerooms, and toilet rooms.	10
Gymnasiums: Main and auxiliary spaces, shower rooms and locker rooms.	20

(2) Excessive brightness and glare shall be controlled in all instructional areas. Surface contrasts and direct or indirect glare shall not cause excessive eye accommodation or eye strain problems.

(3) Lighting shall be provided in a manner which minimizes shadows and other lighting deficiencies on work and teaching surfaces.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-366-120, filed 12/27/90, effective 1/31/91; 82-07-015 (Order 225), § 248-64-330, filed 3/9/82; Order 124, § 248-64-330, filed 3/18/76; Order 55, § 248-64-330, filed 6/8/71.]

WAC 246-366-130 Food handling. (1) Food storage, preparation, and service facilities shall be constructed and maintained and operated in accordance with chapters 246-215 and 246-217 WAC.

(2) When central kitchens are used, food shall be transported in tightly covered containers. Only closed vehicles shall be used in transporting foods from central kitchens to other schools.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-366-130, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-366-130, filed 12/27/90, effective 1/31/91; Order 55, § 248-64-340, filed 6/8/71.]

WAC 246-366-140 Safety. (1) The existence of unsafe conditions which present a potential hazard to occupants of the school are in violation of these regulations. The secretary in cooperation with the state superintendent of public instruction shall review potentially hazardous conditions in schools which are in violation of good safety practice, especially in laboratories, industrial arts and vocational instructional areas. They shall jointly prepare a guide for use by department personnel during routine school inspections in identifying violations of good safety practices. The guide should also include recommendations for safe facilities and safety practices.

(2) In new construction, chemistry laboratories shall be provided with an eyewash fountain and a shower head for flushing in cases of chemical spill and clothing fires. If more than one laboratory is provided, one of each fixture will be adequate if the laboratories are in close proximity.

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

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

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

Chapter 246-374 WAC OUTDOOR MUSIC FESTIVALS

WAC

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

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

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

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

(2) "Local health officer" means the legally qualified physician who has been appointed as the health officer of the city, town, county or district public health department as defined in RCW 70.05.010(2), or his authorized representative.

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

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

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

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

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

(13) Transportation and facilities for emergency medical service.

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

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

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

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

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

(2) The water shall comply with the standards for quality as specified in chapter 246-290 WAC.

(3) The water supply shall be provided through a distribution system, capable of maintaining a minimum pressure of 10 pounds per square inch at all times, or by an alternative method acceptable to the local health officer.

(4) Water supply outlets shall be provided in a minimum ratio of one outlet for every 200 persons, and located within 300 feet of all portions of all day use and overnight camping areas.

(5) All components of the distribution system shall be disinfected prior to initial use in accordance with WAC 246-290-240.

(6) Common drinking container shall be prohibited.

[Statutory Authority: RCW 43.20.050 and 70.108.040. 92-02-019 (Order 225B), § 246-374-050, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-374-050, filed 12/27/90, effective 1/31/91; Order 59, § 248-73-050, filed 8/16/71.]

WAC 246-374-060 Sewage disposal. All sewage and liquid wastes shall be disposed of in a manner approved by the local health officer and shall comply with WAC 246-203-080 through 246-203-110.

[Statutory Authority: RCW 43.20.050 and 70.108.040. 92-02-019 (Order 225B), § 246-374-060, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-374-060, filed 12/27/90, effective 1/31/91; Order 59, § 248-73-060, filed 8/16/71.]

WAC 246-374-070 Toilet facilities. (1) There shall be provided separate toilet facilities for each sex. Such toilets shall consist of adequately designed and maintained privies, chemical toilets or other facilities for the collection

and disposal of human wastes, as may be approved by the local health officer.

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

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

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

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

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

WAC 246-374-080 Solid waste. (1) All solid waste, including but not limited to garbage, trash, and other refuse, shall be collected, transported and disposed of in a manner approved by the local health officer and shall comply with WAC 246-203-120.

(2) An adequate number of conveniently located containers, approved by the local health officer, shall be provided in all activity areas.

(3) All solid waste shall be collected at sufficient intervals to prevent nuisances or public health hazards.

(4) All solid waste collected from food service and medical service areas shall be stored in clean watertight containers with tight fitting lids.

[Statutory Authority: RCW 43.20.050 and 70.108.040. 92-02-019 (Order 225B), § 246-374-080, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-374-080, filed 12/27/90, effective 1/31/91; Order 59, § 248-73-080, filed 8/16/71.]

WAC 246-374-090 Insect and rodent control. Appropriate measures shall be taken to control rodents and insects.

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

WAC 246-374-100 Food service. Food service facilities shall be operated and maintained in accordance with the provisions of chapters 246-215 and 246-217 WAC.

[Statutory Authority: RCW 43.20.050 and 70.108.040. 92-02-019 (Order 225B), § 246-374-100, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-374-100, filed 12/27/90, effective 1/31/91; Order 59, § 248-73-100, filed 8/16/71.]

WAC 246-374-110 Dust control. Appropriate measures shall be taken to control dust. Special control measures such as watering, oiling, sawdust or application of other soil stabilizers shall be made at food concessions, and medical service facilities.

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

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

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

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

WAC 246-374-130 Bathing areas. All natural bathing areas shall comply with the provisions of WAC 246-260-180.

[Statutory Authority: RCW 43.20.050 and 70.108.040. 92-02-019 (Order 225B), § 246-374-130, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-374-130, filed 12/27/90, effective 1/31/91; Order 59, § 248-73-130, filed 8/16/71.]

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

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

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

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

Chapter 246-376 WAC CAMPS

WAC

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1997 Ed.)

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

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

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

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

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

Girls' water closets -

First 100 girls - 1 for each 10 girls

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

Boys' water closets -

First 100 boys - 1 for each 20 boys

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

Boys' urinals -

First 100 boys - 1 for each 20 boys

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

Lavatories -

First 100 users - 1 for each 12 users

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

WAC 246-376-100 Food handling. Food service facilities and practices in camps shall comply with chapter 246-215 WAC, Rules and regulations of the state board of health governing food service sanitation.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-376-100, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-376-100, filed 12/27/90, effective 1/31/91; Order 140, § 248-72-090, filed 2/7/77; Regulation 72.090, effective 3/11/60.]

WAC 246-376-110 Swimming pools, wading pools, and bathing beaches. All swimming pools, wading pools, and bathing beaches shall comply with the requirements set forth in chapter 246-260 WAC, Water recreation facilities.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-376-110, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-376-110, filed 12/27/90, effective 1/31/91; Order 140, § 248-72-110, filed 2/7/77; Regulation 72.110, effective 3/11/60.]

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

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

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

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

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

Chapter 246-380 WAC

STATE INSTITUTIONAL SURVEY PROGRAM

WAC

246-380-001	Purpose.
246-380-990	Fees.

WAC 246-380-001 Purpose. The purpose of this chapter is to specify the fees required to conduct the health and sanitation inspections in state institutions as mandated in RCW 43.70.130(8).

[Statutory Authority: RCW 43.20B.020. 91-21-075 (Order 204), § 246-380-001, filed 10/18/91, effective 11/18/91.]

WAC 246-380-990 Fees. An annual health and sanitation survey fee for community colleges, ferries, and other state of Washington institutions and facilities shall be assessed as follows:

	Annual Fee Per Facility
(1) Food Service	
(a) As defined in WAC 246-215-009(12) food service establishments or concessions in community colleges, ferries, or any other state of Washington facility preparing potentially hazardous foods. This shall include dockside food establishments directly providing food for the Washington state ferry system.	\$ 355

- (b) Food service establishments or concessions that do not prepare potentially hazardous foods. \$ 178 246-388-240 Core services—Twenty-four-hour emergency care.
- (c) The health and sanitation survey fee referenced in subsection (a) and (b) of this section may be waived provided there is an agreement between the department of health and the local jurisdictional health agency for the local health agency to conduct the food service establishments surveys. 246-388-250 Core service—Outpatient care.
- (2) State institutions or facilities. 246-388-260 Core service—Laboratory.
- (a) Institutions or facilities operating a food service: The annual fee shall be five dollars and fifty cents times the population count plus three hundred fifty-five dollars. The population count shall mean the average daily population for the past twelve months (January through December). 246-388-270 Core service—Radiology.
- (b) Institutions or facilities that do not operate a food service: The annual fee shall be five dollars and fifty cents times the population count. 246-388-280 Core service—Inpatient care.
- (c) The population count for a new institution shall mean the average projected daily population for the first twelve months of operation. 246-388-290 Core service—Low-risk maternal patient and newborn care.

[Statutory Authority: RCW 43.20B.020. 91-21-075 (Order 204), § 246-380-990, filed 10/18/91, effective 11/18/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-380-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20A.055. 87-14-066 (Order 2493), § 440-44-076, filed 7/1/87; 85-13-007 (Order 2238), § 440-44-076, filed 6/7/85.]

Chapter 246-388 WAC
RURAL HEALTH CARE FACILITY LICENSING
RULES

WAC	
246-388-001	Purpose.
246-388-010	Definitions.
246-388-020	License—Application—Denial—Appeal.
246-388-030	Exemptions.
246-388-040	Department approval of construction.
246-388-050	Governing body and administration.
246-388-060	Quality assurance.
246-388-070	Personnel.
246-388-072	Criminal history, disclosure, and background inquiries.
246-388-080	Infection control.
246-388-090	Abuse reports.
246-388-100	Water supply.
246-388-110	Plumbing.
246-388-120	Staff facilities.
246-388-130	Storage.
246-388-140	Heating.
246-388-150	Lighting and wiring.
246-388-160	Emergency light and power.
246-388-170	Ventilation.
246-388-180	Corridors and doors.
246-388-190	Carpets.
246-388-200	Stairways, ramps, and elevators.
246-388-210	Sewage, garbage, and waste.
246-388-220	Medical gases.
246-388-230	Core services.

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

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

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

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

- (1) "Abuse" means the injury, emotional, physical, or sexual abuse of an individual under circumstances indicating the health, welfare, and safety of the individual is harmed including:
 - (a) "Emotional abuse" means verbal behavior, harassment, or other actions which may result in emotional or behavioral problems, physical manifestations, disordered or delayed development.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(16) "Health care facility" means any land, structure, system, subsidiary, equipment, or other real or personal property or appurtenances useful for or associated with delivery of inpatient or outpatient health care service or support for such care or any combination operated or undertaken in connection with:

(a) A hospital;

(b) A clinic;

(c) A health maintenance organization;

(d) A diagnostic or treatment center;

(e) An extended care facility; or

(f) Any facility providing or designed to provide therapeutic, convalescent, or preventive health care services.

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

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

(a) Hotels, or similar places furnishing only food and lodging, or simply domiciliary care;

(b) Clinics, or physicians' offices where patients are not regularly kept as bed patients for twenty-four hours or more;

(c) Nursing homes under chapter 18.51 RCW;

(d) Maternity homes under chapter 18.46 RCW;

(e) Psychiatric or alcoholism hospitals under chapter 71.12 RCW;

(f) Any other hospital or institution specifically intended for use in the diagnosis and care of those suffering from mental illness, mental retardation, convulsive disorders, or other abnormal mental conditions;

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

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

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

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

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

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

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

(a) In general good health with uncomplicated prenatal course and participating in ongoing prenatal care;

(b) Participating in an appropriate childbirth and infant care education program;

(c) With no major medical problems;

(d) With no previous uterine wall surgery, caesarean section, or obstetrical complications likely to recur;

(e) With parity under six unless a justification for a variation is documented by medical staff;

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

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

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

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

(j) In labor, progressing normally;

(k) Without prolonged ruptured membranes;

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

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

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

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

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

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

(a) Benton;

(b) Clark;

(c) Franklin;

(d) King;

(e) Kitsap;

(f) Pierce;

(g) Snohomish;

(h) Spokane;

(i) Thurston;

(j) Whatcom; and

(k) Yakima.

(27) "Midwife" means an individual recognized by the Washington state board of nursing as an advanced registered nurse practitioner/certified nurse midwife under chapter 18.88 RCW and chapter 246-839 WAC, or an individual licensed to practice midwifery in the state of Washington under chapter 18.50 RCW.

(28) "Neglect" means negligent treatment or maltreatment; an act or omission evincing a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to a patient's health, welfare, and safety including:

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

(b) Physical neglect meaning physical or material deprivation, such as lack of medical care, lack of supervision

necessary for patient level of development, inadequate food, clothing, or cleanliness.

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

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

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

(b) Alterations;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) "Core services" means:

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

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

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

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

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

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

(vii) Support services and functions including:

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

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

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

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

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

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

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

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

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

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

(i) Long-term care described under WAC 246-388-410;

(ii) Occupational and physical therapy and respiratory care described under WAC 246-388-420;

(iii) Other diagnostic and therapeutic services described under WAC 246-388-430;

(iv) Surgical services described under WAC 246-388-440; and

(v) Anesthesia described under WAC 246-388-450.

(50) "Shall" means compliance is mandatory.

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

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

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

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

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

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

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

[Statutory Authority: RCW 70.175.040 and 70.175.100. 92-02-018 (Order 224), § 246-388-010, filed 12/23/91, effective 1/23/92. Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-010, filed 12/21/90, effective 1/21/91.]

WAC 246-388-020 License—Application—Denial—Appeal. (1) Persons choosing to establish rural health care facilities with formal organization or arrangement of facilities, equipment, and personnel capable of assuring availability of health services in a rural community health service catchment area, shall meet requirements in this chapter and obtain a license from the department.

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

(3) Rural health care facilities requesting licensure:

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

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

(4) Applicants shall:

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

(b) Provide evidence to the department of nonduplication and coordination within the described community health service catchment area including evidence of notices to all health care providers and health care facilities;

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

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

(5) The department shall:

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

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

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

(iii) Demonstrated evidence of:

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

(B) Nonduplication of services; and

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

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

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

(6) The department may:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(g) Require a member of the medical staff:

(i) On duty; or

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

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

(i) Medical direction;

(ii) Medical care services; and

(iii) Consultation to medical staff;

(i) Ensure physician availability through direct telecommunication for:

(i) Consultation;

(ii) Assistance with medical emergencies; and

(iii) Patient referrals;

- (j) Establish written policies and procedures for each service including general policies on:
- (i) Patient admission, discharge, and transfer criteria;
 - (ii) Immediate staff access to patient-occupied areas;
 - (iii) Protection of patients from assault, abuse, and neglect;
 - (iv) Staff response to a patient's assaultive or destructive behavior;
 - (v) Handling and administration of blood and blood products; and
 - (vi) Smoking by patients, staff, and visitors;
 - (k) Provide adequate spaces for clerical, communication, cleaning, and storage functions including:
 - (i) Medical records;
 - (ii) Access to telephones;
 - (iii) A place for recording and reviewing medical records;
 - (iv) Confidential communication among staff;
 - (v) Adequate and appropriate equipment for inpatient rooms and areas;
 - (vi) Preparation, cleaning, and storage of supplies used in inpatient areas; and
 - (vii) Separation of clean and soiled supplies and equipment.

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

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

- (1) At least one member of the governing body and one member of the medical staff participating in the implementation of the quality assurance program; and
- (2) A written plan for implementation including:
 - (a) Scope of all services offered by the rural health care facility;
 - (b) Ongoing assessment of performance and qualifications of all staff;
 - (c) Continuous and periodic collection and assessment of data concerning aspects of patient care as required under policies of the quality assurance program;
 - (d) Documented investigation and resolution of incidents and grievances involving patient care issues; and
 - (e) Arrangements for peer review of physicians, with outside review required when two or fewer physicians are members of medical staff.

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

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

- (2) Rural health care facilities shall establish personnel policies requiring:
 - (a) Written job descriptions for each job classification including job title, reporting relationships, summary of duties and responsibilities, and qualifications;
 - (b) Provisions for review every two years, with revision as necessary;
 - (c) Periodic performance evaluation of:
 - (i) All employees; and
 - (ii) Volunteers providing direct patient care;

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

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

- (i) Purpose and organizational structure;
- (ii) Location and layout of the rural health care facility;
- (iii) Infection control;
- (iv) Safety;
- (v) Policies and procedures; and
- (vi) Equipment pertinent to the job;
- (f) Continuing education for maintaining skills for personnel and volunteers providing direct patient care;
- (g) Documentation of orientation, in-service, and continuing education; and

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

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

(ii) Use of infection control standards and educational materials consistent with the department-approved manual *KNOW-HIV/AIDS Prevention Education for Health Care Facility Employees*, January 1991, office on HIV/AIDS.

(3) Rural health care facilities shall:

(a) Provide nursing staff on duty necessary to take care of inpatients with an on-call system when inpatients are not present;

(b) Require medical staff or registered nurse supervision of nonemployees and others performing patient care functions;

(c) Maintain an employee callback list for use in the event of disaster;

(d) Require individuals to remain off duty if they have a known communicable disease in an infectious stage when transmission to patients is probable during performance of assigned work duties;

(e) Require each employee and volunteer to have a tuberculin skin test by the Mantoux method within one week of serving with the rural health care facility, and as follows:

(i) A negative skin test defined as less than ten millimeters of induration read at forty-eight to seventy-two hours;

(ii) Negative reactors to the first test who are thirty-five years of age or older are required to have a second test one to three weeks after the first test;

(iii) Positive reactors to either test are required to have a chest x-ray within thirty days;

(iv) A record of test results, reports of x-ray findings, or exceptions to such kept in the facility;

(v) A copy of the record in (e)(iv) of this subsection supplied to the individual;

(vi) Exceptions including:

(A) Exclusion of new persons from screening if documenting a positive Mantoux test in the past; and

(B) Exclusion of an employee with a written waiver from the department tuberculosis control program after stating the tuberculin skin test by the Mantoux method presents a hazard to his or her health and presenting supportive medical data to the department tuberculosis control program.

[Statutory Authority: RCW 43.43.830 through 43.43.842. 93-16-030 (Order 381), § 246-388-070, filed 7/26/93, effective 8/26/93. Statutory

Authority: RCW 70.175.040 and 70.175.100. 92-02-018 (Order 224), § 246-388-070, filed 12/23/91, effective 1/23/92. Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-070, filed 12/21/90, effective 1/21/91.]

WAC 246-388-072 Criminal history, disclosure, and background inquiries. (1) A licensee or license applicant shall require a disclosure statement as specified under RCW 43.43.834 for each prospective employee, volunteer, contractor, student, and any other person associated with the rural health care facility having direct contact with:

- (a) Children under sixteen years of age;
- (b) Vulnerable adults as defined under RCW 43.43.830;

and

- (c) Developmentally disabled individuals.

(2) A license applicant having direct contact with vulnerable adults shall obtain a Washington state patrol criminal history background disclosure statement and submit it to the department either:

- (a) With the initial application for licensure; or
- (b) For current licensees, with the first application for renewal of license submitted after September 1, 1993.

(3) A licensee or license applicant shall:

(a) Require a Washington state patrol background inquiry as specified in RCW 43.43.842(1) for each:

(i) Employee, volunteer, contractor, student, and any other person currently associated with the licensed rural health care facility, having direct contact with vulnerable adults, when engaged on or since July 22, 1989; and

(ii) Prospective employee, volunteer, contractor, student, and person applying for association with the licensed facility prior to allowing the person direct contact with vulnerable adults, except as allowed by subsection (4) of this section;

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

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

(d) Verbally inform the person of the background inquiry results within seventy-two hours of receipt; and

(e) Offer to provide a copy of the background inquiry results to the person within ten days of receipt.

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

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

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

(5) Except as provided in RCW 43.43.842 and in subsection (4) of this section, a licensee shall not hire or retain, directly or by contract, any person having direct contact with vulnerable adults, if that person has been:

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

(b) Convicted of a crime relating to financial exploitation of a vulnerable adult;

(c) Found in any disciplinary board final decision to have abused a vulnerable adult under RCW 43.43.830; or

(d) The subject in a protective proceeding under chapter 74.34 RCW.

(6) The licensee shall establish and implement procedures ensuring that all disclosure statements and background inquiry responses are:

(a) Maintained in a confidential and secure manner;

(b) Used for employment purposes only;

(c) Not disclosed to any person except:

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

(ii) Authorized state and federal employees; and

(iii) The Washington state patrol auditor.

(d) Retained and available for department review during and at least two years following termination of employment.

(7) The department shall:

(a) Review records required under this section;

(b) Investigate allegations of noncompliance with RCW 43.43.830 through 43.43.842, when necessary, in consultation with law enforcement personnel; and

(c) Use information collected under this section solely for the purpose of determining eligibility for licensure or relicensure as required under RCW 43.43.842.

(8) The department may require licensees to complete additional disclosure statements or background inquiries for a person associated with the licensed facility having direct contact with vulnerable adults if the department has reason to believe that offenses specified under RCW 43.43.830 have occurred since completion of the previous disclosure statement or background inquiry.

[Statutory Authority: RCW 43.43.830 through 43.43.842. 93-16-030 (Order 381), § 246-388-072, filed 7/26/93, effective 8/26/93.]

WAC 246-388-080 Infection control. Rural health care facilities shall have an infection control program with a designated individual responsible for direction of the program, including establishing and maintaining systems, policies, and procedures for:

(1) Discovering, reporting, investigating, reviewing, and maintaining records on infections among patients and personnel;

(2) Surveillance of environmental hazards related to potential for transmission of infection;

(3) Universal precautions;

(4) Medical asepsis;

(5) Reporting and other requirements for communicable diseases as required under chapter 248-100 WAC, Communicable and certain other diseases; and

(6) Use of infection control standards and educational material consistent with department-approved manual *KNOW-HIV/AIDS Prevention Education for Health Care Facility Employees*, January 1991, office on HIV/AIDS.

[Statutory Authority: RCW 70.175.040, 70.175.100 and 70.24.310. 92-02-018 (Order 224), § 246-388-080, filed 12/23/91, effective 1/23/92. Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-080, filed 12/21/90, effective 1/21/91.]

WAC 246-388-090 Abuse reports. (1) Rural health care facilities shall report to a law enforcement agency or to the department of social and health services (DSHS) a suspected incident of nonaccidental injury, neglect, sexual abuse, or cruelty to an individual as required under chapter 26.44 RCW.

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

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

(4) Rural health care facilities shall:

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

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

(i) Appropriate local police and DSHS phone numbers; and

(ii) Reporting requirements;

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

(i) The date and time the report was made;

(ii) The agency to which it was made; and

(iii) Signature of the person making the report.

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

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

(a) An adequate supply of hot and cold water under pressure conforming to the quality standards under chapter 246-290 WAC; and

(b) Hot water supplied for bathing and handwashing purposes, not to exceed one hundred twenty degrees Fahrenheit.

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

(a) Install plumbing fixtures meeting the minimum water efficiency standards under chapter 51-18 WAC, Washington state water conservation performance standards; and

(b) Meet minimum construction requirements under the Uniform Plumbing Code and Uniform Plumbing Standards, WAC 51-16-060.

[Statutory Authority: RCW 70.175.040 and 70.175.100. 92-02-018 (Order 224), § 246-388-100, filed 12/23/91, effective 1/23/92. Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-100, filed 12/21/90, effective 1/21/91.]

WAC 246-388-110 Plumbing. (1) Rural health care facilities shall ensure:

(a) Water supply plumbing, fixtures, waste, and drainage systems maintained to avoid unsanitary conditions; and

(b) Prohibition of cross connections between potable and nonpotable water as required under chapter 246-290 WAC.

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

(a) Requirements under chapter 51-18 WAC, Washington state water conservation performance standards; and

(b) Minimum construction requirements under the Uniform Plumbing Code and Uniform Plumbing Standards, WAC 51-16-060.

[Statutory Authority: RCW 70.175.040 and 70.175.100. 92-02-018 (Order 224), § 246-388-110, filed 12/23/91, effective 1/23/92. Statutory Authority:

Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-110, filed 12/21/90, effective 1/21/91.]

WAC 246-388-120 Staff facilities. Rural health care facilities shall ensure provision of:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(2) A properly maintained, appropriately sized emergency generator for lighting and power in areas where core services occur.

[Statutory Authority: RCW 70.175.040 and 70.175.100. 92-02-018 (Order 224), § 246-388-160, filed 12/23/91, effective 1/23/92. Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-160, filed 12/21/90, effective 1/21/91.]

WAC 246-388-170 Ventilation. (1) Rural health care facilities shall ensure adequate ventilation for:

(a) All patient rooms;

(b) All rooms where personnel routinely work; and

(c) Rooms which, because of use, might have objectionable odors and/or excessive condensation.

(2) Rural health care facilities involved in new construction shall meet the following minimum requirements:

(a) The Uniform Building Code and Uniform Mechanical Code under WAC 51-16-030 and 51-16-040, respectively; and

(b) The state ventilation and indoor air quality code under chapter 51-13 WAC.

[Statutory Authority: RCW 70.175.040 and 70.175.100. 92-02-018 (Order 224), § 246-388-170, filed 12/23/91, effective 1/23/92. Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-170, filed 12/21/90, effective 1/21/91.]

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

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

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

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

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

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

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

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

(1) Exclude carpets from:

(a) Toilets and bathrooms;

(b) Surgical suites;

(c) Delivery suites;

(d) Dialysis units;

(e) Wet patient care areas; and

(f) Food service or preparation areas.

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

(a) Easily cleanable fiber;

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

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

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

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

(1) Rural health care facilities shall provide:

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

(b) Stairways and ramps with:

(i) Nonskid surfaces;

(ii) Handrails on both sides; and

(iii) Adequate protection.

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

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

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

Rural health care facilities shall provide:

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

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

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

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

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

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

(a) Safe storage of medical gas containers;

(b) Proper handling of medical gas containers; and

(c) Prohibiting use of combustible anesthetics;

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

(3) Labelling of medical gas gauges with:

(a) Name of gas; and

(b) Statement of "use no oil";

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

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

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

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

(a) Use of qualified personnel to conduct testing;

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

(c) Documentation.

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

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

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

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

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

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

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

- (a) Inpatient hospital care;
- (b) Additional and specialized diagnostic imaging and laboratory services;
- (c) Medical specialty consultation;
- (d) Skilled nursing care;
- (e) Home health care licensed under chapter 70.127

RCW;

- (f) Mental health services;
- (g) Substance abuse services; and
- (h) Patient transport.

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

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

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

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

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

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

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

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

- (i) Health maintenance;
- (ii) Prevention of illness and injury;
- (iii) Environmental hazards or concerns such as water, wastes, food, pesticides;
- (iv) Prenatal care;
- (v) Vision and hearing care;
- (vi) Dental care; and
- (vii) Nonemergent transportation to receive required health and medical care services.

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

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

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

- (c) Notify the receiving facility.

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

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

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

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

- (i) On duty in the emergency care area; or
- (ii) On call, available, and able to arrive at the emergency care area within fifteen minutes of notification or signal;
- (d) A mechanism for summoning personnel or volunteers for emergency care services as necessary to provide the types and amount of care required by patients.

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

- (a) Review and revision as necessary to keep current;
- (b) Date of approval by the governing body;
- (c) Readily available to those providing emergency care services;
- (d) Description of the type, location, and extent of the emergency care services provided;
- (e) Patient transfer to another health care facility, including transfer of the patient records;
- (f) The course of action when the number of emergency patients constitutes an overload;
- (g) Medical policies, standing emergency medical orders, and written medical procedures to guide the action of those providing emergency service when a member of the medical staff is not present;
- (h) Delineation of medical staff responsibilities for emergency care services related to assigned clinical privileges, staff coverage of emergency care services, and staff and volunteer participation in the training of personnel;
- (i) Notification of an emergency patient's next of kin or legal guardian;
- (j) A mechanism for obtaining consent for treatment from an emergency patient or other person who may legally give consent for treatment of the patient;
- (k) The care and treatment of persons requiring special medical consideration, such as:

(i) Substance abuse;

(ii) Communicable disease;

(iii) Child abuse or other suspected criminal acts;

(iv) Dead on arrival or death;

(v) Radioactive contamination; and

(vi) Pesticide exposure;

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

(m) Disclosure of information about a patient.

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

(a) Full name;

(b) Age and date of birth;

(c) A patient identifying number;

(d) Date and time of arrival and departure;

(e) Presenting complaint; and

(f) Disposition, discharge, or referral.

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

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

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

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

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

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

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

- (b) A means of providing visual privacy for the patient;
- (c) An outside call bell at the designated emergency entrance which, when activated, sounds in an area where personnel are always accessible;
- (d) Equipment and supplies necessary to provide emergency care services;
- (e) Current references on toxicology, antidote information, and the telephone number of the regional poison control center readily available in the emergency care area; and
- (f) Facility-to-ambulance radio communication compatible with the state-wide emergency communication system.

[Statutory Authority: RCW 70.175.040 and 70.175.100. 92-02-018 (Order 224), § 246-388-240, filed 12/23/91, effective 1/23/92. Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-240, filed 12/21/90, effective 1/21/91.]

WAC 246-388-250 Core service—Outpatient care.

- (1) Rural health care facilities shall:
- (a) Have an organized system for providing outpatient services within the community service catchment area;
 - (b) Ensure maintenance of appropriate physical plant, equipment, and supplies in each outpatient service;
 - (c) Provide or make arrangements for the following outpatient services:
 - (i) Prenatal care;
 - (ii) Vision and hearing screening with arrangements for diagnosis and treatment as necessary either:
 - (A) Within the community health service catchment area if possible; or
 - (B) With referral outside;
 - (iii) Preventive, diagnostic, and emergent dental care within the community health service catchment area or through referral;
 - (iv) Mental health evaluation services with referral for treatment as appropriate;
 - (v) Home care and home health care licensed under chapter 70.127 RCW;
 - (vi) Hospice care licensed under chapter 70.127 RCW; and
 - (vii) Alcohol and substance abuse assessment services including referral for treatment as appropriate;
 - (d) Establish a mechanism for arranging nonemergent transport for those unable to arrange or transport themselves in order to obtain services covered under this chapter; and
 - (e) Maintain one or more outpatient registers, other than registers for emergency care services containing sufficient data to allow:
 - (i) Positive identification of each outpatient; and
 - (ii) Rapid retrieval of medical records when indicated.
- (2) Outpatient services may share facilities, equipment, and space with other services.
- (3) Rural health care facilities outpatient services shall include:
- (a) Adequate waiting areas;
 - (b) Examining and treatment rooms;
 - (c) Toilets;
 - (d) Special rooms necessary for the services provided; and
 - (e) Support services as listed under WAC 246-388-010 (49)(a)(vii).

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

(1997 Ed.)

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

- (1) Provide or arrange for laboratory services to meet emergency and routine needs of patients; and
- (2) Ensure laboratory services meet the requirements under chapter 70.42 RCW and chapter 246-338 WAC, medical test site rules, as licensed or waived medical test sites.

[Statutory Authority: RCW 70.175.040 and 70.175.100. 92-02-018 (Order 224), § 246-388-260, filed 12/23/91, effective 1/23/92. Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-260, filed 12/21/90, effective 1/21/91.]

WAC 246-388-270 Core service—Radiology. (1)

Rural health care facilities shall provide or arrange for access to imaging services including:

- (a) Diagnostic x-ray in the same building as emergency services;
 - (b) Availability of radiologic services appropriate to the type and scope of rural health care facility services offered for emergency patients, inpatients, and outpatients; and
 - (c) A written description of the type and scope of imaging services provided in the rural health care facility.
- (2) Rural health care facilities shall:
- (a) Designate medical responsibility and require access to a radiologist;
 - (b) Perform radiology and other imaging services when ordered in accordance with rural health care facility policy and procedures;
 - (c) Require a reason specified in writing on requests for imaging services;
 - (d) Provide sufficient staff qualified to safely deliver the type, scope, and volume within each imaging service;
 - (e) Require persons operating radiology equipment to meet requirements under chapter 246-225 WAC;
 - (f) Establish and implement written policies and procedures approved by a radiologist and medical staff including:
 - (i) Patient preparation, examination, and administration of diagnostic agents;
 - (ii) Medical staff responsibility for preparation and administration of radiopharmaceuticals;
 - (iii) Who is authorized to use equipment;
 - (iv) Safe operation of equipment;
 - (v) Safe handling, storage, preparation, labeling, transporting, and disposal of radioactive materials;
 - (vi) Precautions to minimize unnecessary radiation exposure to patients and others;
 - (vii) Actions required in event of radioactive contamination of patients, personnel, equipment, and environment;
 - (viii) Prevention of electrical, mechanical, fire, explosion, and other hazards; and
 - (ix) Written reports on any adverse reaction of a patient to diagnostic or therapeutic agents, including notation in the medical record or outpatient report.

(3) Rural health care facilities imaging services shall:

- (a) Maintain patient logs for imaging services; and
- (b) Maintain authenticated and dated reports of providers and consultation interpretations as required under WAC 246-388-360.

(4) Rural health care facilities imaging services shall provide:

(a) Adequate space for services, equipment, and patients to accommodate:

- (i) Patient privacy;
- (ii) Patient access to a toilet;
- (iii) Patient examinations;
- (iv) Exposed and unexposed film storage; and
- (v) Safe storage, preparation, labeling, transportation, and disposal of radioactive materials;

(b) Maintenance of safe, clean equipment, facilities, and supplies appropriate for the type and scope of service offered;

(c) Maintenance of all patient care equipment in safe, operating condition with documentation of maintenance planned and performed;

(d) Emergency equipment, supplies, and medications;

(e) A method for summoning extra appropriate staff for emergencies arising in imaging service areas;

(f) Maintenance of radiology equipment meeting applicable state rules for radiation protection under chapter 246-225 WAC;

(g) Arrangements for services of a qualified expert as defined and described under WAC 246-240-040, if therapeutic radiation is utilized, as needed for:

(i) Consultation, including periodic radiologic safety testing;

(ii) Supervision of radiation safety measures; and

(iii) Participation in education programs;

(h) Maintain documentation of:

(i) Maintenance and periodic calibration of all radiation safety equipment;

(ii) Receipt and disposition of radioactive materials, if used.

[Statutory Authority: RCW 70.175.040 and 70.175.100. 92-02-018 (Order 224), § 246-388-270, filed 12/23/91, effective 1/23/92. Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-270, filed 12/21/90, effective 1/21/91.]

WAC 246-388-280 Core service—Inpatient care.

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

(2) Rural health care facilities shall:

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

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

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

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

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

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

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

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

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

(c) Provide evidence of a care planning process;

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

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

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

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

(h) Maintain a chronological inpatient register including:

(i) Patient's identifying number;

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

(iii) Date of admission;

(i) Provide toilet rooms and bathrooms with:

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

(ii) Grab bars properly located and securely mounted;

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

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

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

(j) Provide patient rooms with:

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

(ii) Floor space of:

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

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

(C) Forty square feet per pediatric bassinet;

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

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

(v) At least three feet between beds;

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

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

(viii) Sufficient electrical outlets; and

(ix) Room furnishings including:

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

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

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

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

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

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

(ii) Proper cleaning between patient occupancies; and

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

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

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

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

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

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

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

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

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

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

(a) Infection control principles related to:

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

(ii) Visitors;

(iii) Special clothing requirements for staff and visitors;

(iv) Universal precautions; and

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

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

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

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

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

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

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

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

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

(iv) Documentation of newborn eye treatment, required under chapter 248-100 [246-100] WAC, now or as hereafter amended.

(4) Rural health care facilities providing maternal and infant care services shall:

(a) Designate and maintain appropriate, safe, clean facilities and equipment for the care of the woman, fetus, and newborn; and

(b) Maintain systems for scrub, clean up, materials management, housekeeping, and staff change room facilities.

(5) Rural health care facilities providing birthing or obstetrical delivery services shall provide sufficient and appropriate area in rooms to accommodate not only patients, staff, and designated attendants, but also adequate and appropriate furnishings, equipment, and supplies for the care of the woman, fetus, and newborn including:

(a) A bed or equivalent suitable for labor, birth, and postpartum;

(b) Oxygen with individual flow meters and mechanical suction for woman and newborn;

(c) Newborn resuscitation bag, masks, endotracheal tubes, laryngoscopes, oral airways, and mechanical suction in the room for each birth;

(d) Newborn bed available;

(e) Radiant heat source available for the newborn;

(f) General lighting source and provision for examination lights;

(g) A clock with a sweep hand or equivalent second indicator visible from each patient's bedside;

(h) Work surfaces;

(i) Emergency power for lighting and operation of equipment;

(j) Easily cleanable floors, walls, cabinets, ceilings, and furnishings;

(k) Fetal monitoring equipment; and

(l) A method for staff to summon emergency back-up personnel.

(6) Rural health care facilities with maternal and infant services shall provide appropriate newborn care including, but not limited to:

(a) Devices for measuring weight, length, and circumference;

(b) An established system to identify newborns prior to separation from mother;

(c) Established policies and procedures including:

(i) Ongoing clinical assessment of newborn or infant;

(ii) Provisions for direct supervision of each newborn by nursing staff and family in a nonpublic area, considering:

(A) Physical well being;

(B) Safety; and

(C) Security, including prevention from abduction;

(d) Access to oxygen, oxygen analyzers, warmed and humidified oxygen, resuscitation and emergency equipment, mechanical suction, medical air and supplies specifically for infants and newborns.

[Statutory Authority: RCW 70.175.040 and 70.175.100. 92-02-018 (Order 224), § 246-388-290, filed 12/23/91, effective 1/23/92. Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-290, filed 12/21/90, effective 1/21/91.]

WAC 246-388-300 Support services and functions.

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

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

WAC 246-388-310 Support services and functions—Materials processing and management. Rural health care

facilities shall provide or arrange for materials processing and management including;

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

(2) Personnel trained in processing and sterilizing services;

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

(a) Personnel schedules for activities and routines;

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

(c) Aerating of items exposed to ethylene oxide;

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

(e) Establishment of shelf life determined by packaging material and storage environment;

(f) Recall, disposal, and reprocessing of outdated, improperly sterilized, and limited-use items;

(g) Maintaining clean areas free of external shipping containers; and

(h) Emergency collection and disposition of supplies when special warnings have been issued by a manufacturer or safety agency;

(4) Processing and sterilizing services and areas including:

(a) Adequate space and equipment for sorting, processing, and storage;

(b) Separation between soiled and clean items maintained during sorting, processing, transporting, and storage;

(c) Positive air pressure maintained in clean areas in relation to adjacent areas;

(d) Negative air flow maintained in soiled areas;

(e) Equipment, including sterilizers of the proper type for adequate sterilization, maintained in a satisfactory and safe condition; and

(f) If ethylene oxide sterilizers are used, mechanical aerators maintained in safe and satisfactory condition.

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

WAC 246-388-320 Support services and functions—

Dietary. Rural health care facilities shall provide or arrange for dietary and food service meeting requirements under chapter 246-215 WAC, Food service sanitation, excluding requirements under WAC 246-215-149, and including:

(1) Serving at least three scheduled meals a day at regular intervals with not more than fifteen hours between the evening meal and breakfast when inpatients are present;

(2) Making available snacks of nourishing quality at all times when inpatients are present;

(3) Serving meals and nourishments providing a variety of food of sufficient quantity and quality to meet the nutritional needs of each inpatient;

(4) Unless contraindicated, use of *Recommended Dietary Allowances, Ninth Edition*, 1980, the Food and Nutrition Board of the National Research Council, adjusted for activity;

(5) Written menus for inpatient services and long-term care services:

(a) Planned in advance;

(b) Approved by a dietitian;

(c) With substitutes of similar nutritional value, as approved by a dietitian; and

(d) With record of the planned menus, and substitutions as served, retained for one month;

(6) A designated individual responsible for dietary and/or food service;

(7) Arrangements for consultation with a dietitian, including documentation, when needed;

(8) Establishing and implementing written policies and procedures approved by a dietitian for:

(a) Adequate nutritional service;

(b) Arrangements for dietary consultation services as needed and regularly scheduled for long-term care patients;

(c) Safety;

(d) Infection control;

(e) Food acquisition;

(f) Food storage;

(g) Food preparation;

(h) Management of food not provided or purchased by rural health care facility dietary or food service;

(i) Serving of food; and

(j) Scheduled cleaning of all food service equipment and work areas;

(9) Written orders by an authorized individual for all patient diets;

(10) Restricted diets prepared and served as prescribed;

(11) A current diet manual, approved in writing by a dietitian and medical staff, used for planning and preparing diets.

[Statutory Authority: RCW 70.175.040 and 70.175.100. 92-02-018 (Order 224), § 246-388-320, filed 12/23/91, effective 1/23/92. Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-320, filed 12/21/90, effective 1/21/91.]

WAC 246-388-330 Support services and functions—

Housekeeping. Rural health care facilities shall provide housekeeping services to ensure a safe and sanitary environment by establishing and implementing written policies and procedures for:

(1) Daily and periodic cleaning schedules and routines;

(2) Cleaning between occupancies or visits;

(3) Cleaning of specialized areas;

(4) The use and storage of effective, safe, cleaning, and disinfecting agents; and

(5) Insect and rodent control.

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

WAC 246-388-340 Support services and functions—

Laundry. Rural health care facilities shall arrange or provide laundry services including:

(1) Establishing and implementing written policies and procedures specifying scheduled activities and routines of personnel;

(2) Adequate space and equipment for:

(a) Storage;

(b) Sorting and processing of clean and soiled linen and laundry;

(c) Separation between clean and soiled linen and laundry during sorting, processing, transporting, and storage;

(d) Handling to minimize contamination risks including bagging and provision of adequate supply of hot water at a minimum temperature of one hundred sixty degrees Fahrenheit or 71.1 degrees Centigrade, with use of appropriate disinfecting agents; and

(e) Providing clean linen and laundry free of toxic residues;

(3) A clean and safe environment with:

(a) Adequate ventilation and lighting;

(b) Positive clean air flow in clean linen and laundry areas;

(c) Negative soiled air flow in soiled linen and laundry areas;

(d) Chemical or soap product containers clearly labeled; and

(e) Posting of procedures for use and precautions related to chemical agents and soap products;

(4) Assuring all requirements are met when contractual services are used through:

(a) A written agreement; and

(b) An annual on-site visit of the complete physical plant of any contracted laundry:

(i) Conducted by designated infection control staff; and

(ii) Documented.

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

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

(1) Ensure the facility, its component parts, and equipment are:

(a) Clean;

(b) In good repair; and

(c) Maintained with consideration for the safety and well-being of the patients, staff, and visitors;

(2) Delegate responsibility for maintenance to qualified personnel familiar with the facility equipment and systems;

(3) Establish and implement written policies and procedures for:

(a) A preventive maintenance program including a system of identification for patient care and physical plant equipment including:

(i) Cleaning, calibration, and adjustment of equipment;

(ii) Definition of the inspection intervals; and

(iii) Description of equipment included with:

(A) Date of inspection and maintenance; and

(B) Name of technician;

(b) Retaining manufacturer's specifications and the maintenance and operation procedures appropriate for the facility equipment;

(c) Describing conditions requiring specific infection control measures;

(d) What to do in the event of failure of essential equipment and major utility services including a system for summoning essential personnel and outside assistance; and

(e) Documentation requirements.

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

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

(2) Rural health care facilities shall:

(a) Establish an organized medical record service consistent with recognized principles of medical record management and "*International Classification of Diseases*" (ICD), 9th edition, 1989, and directed, staffed, and equipped to ensure:

(i) Timely, complete, and accurate checking, processing, indexing, filing, and preservation of medical records; and

(ii) The compilation, maintenance, and distribution of patient care statistics;

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

(i) An established format for patients' individual medical records;

(ii) Access to and release of data in patients' individual medical records and other medical data considering the confidential nature of information in these records;

(iii) The retention, preservation, and destruction of medical records; and

(iv) Maintenance and disposition of medical and other patient care information and records;

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

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

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

(i) Date;

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

(iii) Significant observations;

(iv) Any diagnostic or treatment procedure;

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

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

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

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

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

(3) Rural health care facilities may:

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

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

- (i) Identification of the patient;
- (ii) Filing and retrieval of authenticated reports on all tests or examinations provided to any patient receiving services; and
- (c) Limit content in individual medical records for patients considered outpatients, except for use of parenteral injections during diagnostic tests, to:
 - (i) Documentation of relevant history and physical findings where indicated;
 - (ii) Known allergies or idiosyncratic reactions;
 - (iii) Diagnostic interpretations;
 - (iv) Written patient consent;
 - (v) Identifying admission data; and
 - (vi) Patient's presenting complaint.
- (4) Rural health care facilities shall require and ensure entry of the following data into a medical record for each period a patient receives inpatient or outpatient services with exceptions only as specified in subsection (3) of this section:
 - (a) Admission data including:
 - (i) Identifying and sociological data;
 - (ii) The name, address, and telephone number of the patient's next of kin or, when indicated, another person with legal authority over the person of the patient;
 - (iii) The date of the patient's admission as an inpatient or outpatient;
 - (iv) The name or names of the patient's attending medical staff member; and
 - (v) The admitting or provisional diagnosis or description of medical problem;
 - (b) A report on any medical history obtained from the patient;
 - (c) Report or reports on the findings of physical examination or examinations performed upon the patient;
 - (d) Authenticated orders for:
 - (i) Drugs or other therapy administered to a patient;
 - (ii) Diets served to the patient;
 - (iii) Standing medical orders used in the care and treatment of the patient except standing medical emergency orders; and
 - (iv) Restraint of the patient;
 - (e) Reports on all:
 - (i) Imaging examinations;
 - (ii) Clinical laboratory tests or examinations;
 - (iii) Macroscopic and microscopic examinations of tissue;
 - (iv) Other diagnostic procedures or examinations performed upon the patient; and
 - (v) Specimens obtained from the patient;
 - (f) Entries on:
 - (i) Known allergies of the patient or known idiosyncratic reaction to a drug or other agent;
 - (ii) Each administration of therapy, including drug therapy;
 - (iii) Care provided for the patient including:
 - (A) A report on all significant observations and assessments of the patient's condition or response to care and treatment;
 - (B) Interventions and other significant direct care including all administration of drugs or other therapy;
 - (C) An entry on the time and reason for each notification of medical staff or the patient's family regarding a significant change in the patient's condition; and

- (D) A record of other significant action on behalf of the patient;
 - (iv) Significant health education, training, or instruction provided to the patient or family related to the patient's health care;
 - (v) Social services provided the patient;
 - (vi) Adverse drug reactions of the patient;
 - (vii) Other untoward incidents or accidents occurring during admission or outpatient visit and involving the patient; and
 - (viii) Each anesthetic administered to the patient;
 - (g) Operative report or reports on all surgery performed;
 - (h) Reports on consultations concerning the patient;
 - (i) Reports on labor, delivery, and postpartum period for any woman giving birth in the facility;
 - (j) Status data for any infant born in or enroute to the rural health care facility including:
 - (i) The date and time of birth;
 - (ii) Condition at birth or upon arrival at the rural health care facility;
 - (iii) Sex; and
 - (iv) Weight, if condition permits weighing;
 - (k) Progress notes describing the results of treatment and changes in the patient's condition and portraying the patient's clinical course in chronological sequence;
 - (l) In the event of an inpatient leaving without medical approval, an entry on:
 - (i) Known events leading to the patient's decision to leave;
 - (ii) A record of notification of the medical staff regarding the patient's leaving; and
 - (iii) The time of the patient's departure;
 - (m) Discharge data including:
 - (i) The final diagnosis or diagnoses;
 - (ii) Any associated or secondary diagnoses or complications;
 - (iii) The titles of all surgical procedures performed upon the patient; and
 - (iv) A discharge summary for inpatients to:
 - (A) Outline significant clinical findings and events during the patient's admission;
 - (B) Describe the patient's condition upon discharge or transfer; and
 - (C) Summarize any recommendations and arrangements for future care of the patient;
 - (n) An entry on any transmittal of medical and related data regarding the patient to a health care facility or agency when the patient was referred or transferred;
 - (o) In event of the patient's death in the rural health care facility, entries, reports, and authorizations including:
 - (i) A pronouncement of death;
 - (ii) Notification of coroner, if required;
 - (iii) A report on the autopsy, if performed, including findings and conclusions; and
 - (iv) An entry on release of the patient's body to a mortuary, coroner, or medical examiner;
 - (p) Written consents, authorizations, or releases given by the patient or, if the patient was unable to give such consents, authorizations or releases, by a person or agency with legal authority over the person of the patient; and
 - (q) The relationship, legal or familial, of the signer to the patient clearly stated when a person other than the

patient gives written consent, or authorizes treatment, or signs a release.

(5) Rural health care facilities shall regard materials obtained through procedures employed in diagnosing a patient's condition or assessing the patient's clinical course as original clinical evidence excluded from requirements for content of medical records in subsection (4) of this section. Original clinical evidence includes, but is not limited to:

(a) X-ray films and other direct imaging printouts or products;

(b) Laboratory slides;

(c) Tissue specimens; and

(d) Medical photographs.

(6) Rural health care facilities:

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

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

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

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

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

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

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

(a) Patients in each service;

(b) Inpatients;

(c) Births;

(d) Deaths;

(e) Transfers;

(f) Emergency outpatients; and

(g) Outpatients.

(8) Rural health care facilities shall:

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

(b) Prevent access to records by unauthorized persons;

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

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

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

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

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

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

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

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

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

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

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

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

(i) Make immediate arrangements for preservation of medical records and other records or reports on patient care data in accordance with applicable state statutes and regulations; and

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

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

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

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

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

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

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

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

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

(c) Proper recording of time and dose given;

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

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

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

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

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

(6) Restrict access to drugs to authorized individuals.

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

WAC 246-388-380 Support services and functions—

Intravenous care. Rural health care facilities shall provide or arrange for intravenous care services with:

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

- (b) Site and site assessment;
 - (c) Date and time of insertion and removal of cannula;
 - (d) Device used, including gauge, length and type of needle, or cannula;
 - (e) Condition of cannula and site at time of removal;
 - (f) Use of electronic infusion devices;
 - (g) Observed complications and treatment of complications;
 - (h) Management of tubing and dressing; and
 - (i) Signature or authorization by the individual responsible for initiation, maintenance, and discontinuance of intravenous solution.
- (7) Readily available drug compatibility reference material.

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

WAC 246-388-390 Support services and functions—

Discharge planning. Rural health care facilities shall provide discharge planning including:

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

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

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

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

WAC 246-388-410 Optional—Long-term care.

Rural health care facilities offering long-term care shall:

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

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

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

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

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

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

- (1) Establish and implement policies and procedures:
 - (a) Addressing referral orders issued by persons other than medical staff;
 - (b) Specific to operation of each service offered including:

- (i) Patient safety and infection control;
- (ii) Maintenance and calibration of equipment; and
- (iii) Coordination with other rural health care facility services, as appropriate;
- (2) Require evidence of medical staff orders for any diagnostic or treatment services;
- (3) Maintain adequate space and equipment for the scope of services offered;
- (4) Provide for patient privacy.

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

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

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

- (vii) Anesthesia equipment and supplies;
- (viii) Emergency signaling device, telephone, or equivalent to obtain extra help as required; and
- (ix) Source of emergency power and lighting;
- (e) Appropriately maintained emergency equipment, supplies, and services available within sixty seconds and appropriate for the care of adults, children, and infants including:
 - (i) Ventilatory equipment, including airways;
 - (ii) Cardiac defibrillator;
 - (iii) Cardiac monitor;
 - (iv) Laryngoscopes and endotracheal tubes;
 - (v) Emergency drugs and fluids including schedules of pediatric dosages; and
 - (vi) Suctions;
 - (f) Filtered clean air in each surgical procedure room with a positive pressure ventilation gradient to adjoining corridors; and
 - (g) Temperature control device or system capable of maintaining appropriate patient body temperature;
 - (6) Surgical service areas including:
 - (a) Scrub sinks with:
 - (i) Cleansing agent located adjacent to sink; and
 - (ii) Hot and cold water;
 - (b) A dressing area available for persons entering surgical procedure rooms;
 - (c) Adequate types and quantities of surgical instruments, equipment, and supplies for procedures performed;
 - (d) Adequate storage for clean and sterile supplies and equipment;
 - (e) A designated area for collection and cleaning of soiled instruments and equipment; and
 - (f) Adequate, cleanable facilities for safe and appropriate waste collection and disposal;
 - (7) A surgical procedure register containing at least the following for each surgical procedure:
 - (a) Date;
 - (b) Identifying number and name of patient;
 - (c) Descriptive name of surgical procedure;
 - (d) Name of medical staff and others performing or assisting with the procedure;
 - (e) Type of anesthesia; and
 - (f) Name and title of the person administering anesthesia;
 - (8) Discharge instructions based upon patient evaluation prior to discharge including:
 - (a) Signs and symptoms the patient should report;
 - (b) Who to contact;
 - (c) Limitations on activities or diet;
 - (d) Medication control;
 - (e) Driving or operation of mechanical equipment; and
 - (f) Instructions for follow-up.

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

WAC 246-388-450 Optional—Anesthesia services. Rural health care facilities anesthesia and post-anesthesia care services shall:

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

- (a) Facilities;
- (b) Equipment;
- (c) Personnel; and
- (d) Policies and procedures;
- (2) Designate a physician member of medical staff responsible for:
 - (a) Anesthesia services; and
 - (b) Establishing general policies for anesthesia administration and post-anesthesia care;
 - (3) Designate a registered nurse available for provision of post-anesthesia recovery;
 - (4) Provide or arrange for a registered nurse anesthetist ARNP under RCW 18.88.175 or a physician trained in anesthesia present whenever a patient is under anesthesia or is recovering from anesthesia;
 - (5) Establish written policies and procedures including:
 - (a) Appropriate monitoring and attendance of all anesthetized patients;
 - (b) Qualifications and responsibilities of persons performing anesthesia services;
 - (c) Evaluation of each patient prior to anesthesia;
 - (d) Recording of pertinent information in the medical record at the time of the preoperative anesthesia evaluation;
 - (e) Criteria or protocols for assessment of all patients by qualified persons prior to discharge from any post-anesthesia recovery area;
 - (f) Safe administration of anesthetizing agents and other drugs consistent with rural health care facility policy;
 - (g) Preparation, administration, and documentation of intravenous solutions, medications, and admixtures; and
 - (h) Management of infectious cases;
 - (6) Enter information specific to the condition and treatment of the patient into the medical record including:
 - (a) Anesthesia induction;
 - (b) Anesthesia maintenance; and
 - (c) Emergence from anesthesia;
 - (7) Provide post-anesthesia equipment and supplies including:
 - (a) A handwashing facility or lavatory, soap dispenser, and towel dispenser available within each post-anesthesia recovery area;
 - (b) Provisions for visual privacy for patients;
 - (c) Suction and oxygen available for each patient;
 - (d) Emergency equipment and supplies available within sixty seconds;
 - (e) Adequate, easily cleanable storage facilities;
 - (f) A designated area for handling, collection, and cleaning of soiled equipment; and
 - (g) An emergency signaling device, phone, or equivalent to obtain additional help when required.

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

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

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

Chapter 246-390 WAC

DRINKING WATER CERTIFICATION RULES

WAC

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

WAC 246-390-001 Purpose—Objectives. (1) The purpose of this chapter is to establish a state drinking water program for certification of laboratories analyzing public drinking water under RCW 43.20.050. The certification program is designed to satisfy the intent of the primacy agreement with United States Environmental Protection Agency and the state, in compliance with 40 C.F.R. 142.10, 7/1/90.

(2) The department certification program:

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

(b) Aids laboratories in improving quality assurance;

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

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

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

WAC 246-390-010 Definitions. Definitions in this section shall apply throughout this chapter, unless clearly indicated otherwise.

(1) "Administrative Procedure Act" means the adjudicative proceedings governed by chapter 34.05 RCW and chapter 246-08 WAC.

(2) "Analytical data" means the recorded qualitative and/or quantitative results of a chemical, physical, biological, microbiological, or radiological determination.

(3) "Certification" means the formal contractual agreement between the department and the certified laboratory indicating a laboratory is capable of producing accurate analytical data and is authorized to test drinking water compliance samples. The department will issue a certificate to the laboratory indicating the contaminants the laboratory is authorized to analyze. Certification does not guarantee validity of analytical data submitted by a certified laboratory.

(4) "Certification authority" means the designated official or a representative of the official authorized by the department as the head of the certification program.

(5) "Certification manual" means the most recent revision of the procedural and technical criteria of the drinking water certification rules. This document, entitled "Certification Manual for Laboratories Analyzing Washington State Drinking Water," is available from the Department of Health, Public Health Laboratory, Drinking Water Certification Program, 1610 NE 150th St., Seattle, Washington 98155-7224.

(6) "Certification official (CO)" means the designated official authorized by the department to certify drinking water laboratories.

(7) "Compliance sample" means a drinking water sample collected in accordance with WAC 246-290-300 and/or 246-290-320 and submitted to a state certified laboratory for analysis.

(8) "Department" means the Washington state department of health.

(9) "EMSL-CI" means the EPA Environmental Monitoring and Support Laboratory, Cincinnati, Ohio.

(10) "EMSL-LV" means the EPA Environmental Monitoring System Laboratory, Las Vegas, Nevada.

(11) "EPA" means United States Environmental Protection Agency.

(12) "Intercomparison studies" means a series of cross check samples sent to radiochemistry laboratories by EPA to compare the results between participating laboratories.

(13) "Laboratory" means any facility under the ownership and technical management of a single entity in a single geographical locale. A laboratory is where scientific examinations are performed on drinking water samples.

(14) "Maximum contaminant level (MCL)" means the maximum permissible level of a contaminant in water the purveyor delivers to any public water system user, measured at the location identified under WAC 246-290-300, Table 4.

(15) "Official methods" means methodologies specified by EPA drinking water regulations under 40 C.F.R. 141.21 - 141.30, 141.41 - 141.42, 7/1/90 and approved by the department.

(16) "Parameter" means a single determination or group of related determinations using a specific written official method.

(17) "Performance evaluation (PE)" means an evaluation of the results of analysis of samples from an external testing source whose true values are unknown to the laboratory conducting the analysis. The external testing service must be approved by the department and/or CO if other than EPA sources are used.

(18) "On-site audit" means an on-site inspection performed by the department to determine a laboratory's capabilities and facilities.

(19) "Quality assurance (QA)" means all those planned and systematic actions necessary to provide confidence that an analysis, measurement, or surveillance program produces data of known and defensible quality.

(20) "Quality controls (QC)" means internal written procedures and routine analyses of laboratory reference materials, samples, and blanks to insure precision and accuracy of methodology, equipment and results.

(21) "State advisory level (SAL)" means a department-established value for a chemical without an existing MCL. The SAL represents a level which when exceeded, indicates the need for further assessment to determine if the chemical is an actual or potential threat to human health.

[Statutory Authority: RCW 43.20.050. 92-15-152 (Order 290B), § 246-390-010, filed 7/22/92, effective 8/22/92.]

WAC 246-390-020 Requirement for certification.

(1) Certification officers are required to meet EPA requirements for drinking water certification as described in the

latest version of the *Manual for the Certification of Laboratories Analyzing Drinking Water*, EPA/570/9-90/008,4/90.

(2) Applicants for laboratory certification shall submit to the department:

(a) An application fee as specified in WAC 246-390-990;

(b) A written application which includes one of the following:

(i) A request for first-time certification;

(ii) A request for certification to analyze additional or newly regulated contaminants; or

(iii) A request to reapply for certification after correction of deficiencies which resulted in the downgrading or revocation of certification status, or after lapse of previous contract; and

(c) A QA plan as specified in subsection (6) of this section.

(3) Applicants for routine renewal shall submit to the department at least three months before expiration of the contract:

(a) A renewal fee as specified in WAC 246-390-990;

(b) A written application which includes:

(i) Name and address of each laboratory or testing site;

(ii) Owner's name, address, and contact person;

(iii) List of parameters to be certified;

(iv) Completed personnel training and experience forms;

(v) List of methods used;

(vi) Copy of QA manual; and

(vii) List of equipment;

(c) Verification of the successful performance of PE studies as specified in subsection (4) of this section; and

(d) A QA plan, if changes have been made since the plan was last submitted to the department.

(4) Laboratory approved personnel shall participate in EPA Water Supply, EMSL-CI, EMSL-LV, or other department approved PE studies at least once annually for microbiological and twice annually for chemistry and radiochemistry laboratories as described in the certification manual. Radiochemistry laboratories must also participate in two intercomparison studies per year.

(5) Laboratory directors shall allow on-site audit by the CO as follows:

(a) At least every three years;

(b) Announced or unannounced;

(c) At contract renewal; or

(d) At the discretion of the CO.

(6) Laboratory directors shall submit a QA plan with a section specific to drinking water with initial application; at contract renewal, if changes have been made; or at the discretion of the CO. The QA plan or manual shall follow EPA and state requirements, as described in the certification manual.

(7) Laboratory personnel shall notify the CO in writing within thirty days of major changes to analytical staff management including:

(a) Moving facilities;

(b) Loss or replacement of the laboratory supervisor;

(c) A situation in which a trained and experienced analyst no longer is available to analyze a particular parameter for which certification had been granted;

(d) Loss or replacement of major equipment; and

(e) Any other situation described in the certification manual that would affect laboratory operations.

(8) Laboratories shall meet the following minimum workload requirements for each certified parameter:

(a) Microbiological laboratories to analyze a minimum of fifteen water samples per quarter that are positive for both total and fecal coliform.

(b) Chemistry and radiochemistry laboratories to analyze five water samples per quarter. These workload requirements shall not include PE samples. Laboratories must assure the CO that proper QA/QC was followed, and official drinking water methods were used. See certification manual for further explanation.

(9) Laboratory personnel shall follow official EPA methods, or EPA approved alternate analytical techniques, as described in the certification manual.

(10) Laboratory personnel shall accurately report analytical results of compliance samples in a timely manner as described in the certification manual using:

(a) The department specified format; and

(b) Electronic or hard copy transmission.

(11) Laboratories shall follow the standard of quality requirements as described in the certification manual.

[Statutory Authority: RCW 43.20.050, 92-15-152 (Order 290B), § 246-390-020, filed 7/22/92, effective 8/22/92.]

WAC 246-390-030 Certification. (1) The department may grant certification to a laboratory after conducting a complete assessment of the laboratory's capabilities, including:

(a) Submission of a completed application;

(b) Submission of the proper fees;

(c) Satisfactory performance on PE studies, and intercomparison samples where necessary;

(d) Submission of an updated QA plan; and

(e) Successful completion of an on-site inspection.

(2) The department may grant less than full certification based on terms and conditions incorporated in the contractual agreement between the laboratory and the department.

[Statutory Authority: RCW 43.20.050, 92-15-152 (Order 290B), § 246-390-030, filed 7/22/92, effective 8/22/92.]

WAC 246-390-040 Provisional certification. Laboratories which have deficiencies requiring corrective action but which can produce valid analytical data as determined by the CO may be given provisional certification. The department may downgrade a laboratory to provisional certification for failure to:

(1) Analyze a PE sample and/or an intercomparison sample, or any other unknown test sample within the acceptance limits established by the EPA and/or the department. Failure on a mandatory PE sample is defined as a failure on any concentration provided, unless otherwise specified by the EPA and/or the department. The laboratory shall be given an opportunity to request a make up PE or QC sample before the CO takes action.

(2) Notify the CO in writing within thirty days of major change impairing analytical capability, such as personnel, equipment, or location.

(3) Demonstrate that the laboratory maintains the required standard of quality, based upon an on-site evalua-

tion. See certification manual for minimum standard of quality requirements.

(4) Promptly send reports of analysis to the department as described in the certification manual.

(5) Promptly notify the public water system by the end of the business day, or the department if the public water system can not be notified, of results exceeding MCL or SAL. For all results exceeding MCL or SAL the laboratory must notify the department as soon as possible.

[Statutory Authority: RCW 43.20.050. 92-15-152 (Order 290B), § 246-390-040, filed 7/22/92, effective 8/22/92.]

WAC 246-390-050 Revoking or denying certification. Action shall be taken consistent with the contract, with 40 C.F.R. 142.10 7/1/90, EPA Manual, RCW 43.20.050, and chapter 246-08 WAC. The department may immediately downgrade laboratories from certified or provisionally certified to not certified, or may deny certification for a particular contaminant analysis or group of contaminants, for the following reasons:

(1) Two consecutive failures to analyze a PE sample or intercomparison sample or any other unknown test sample for a particular contaminant within the acceptance limits established by EPA and/or the department. The laboratory shall be given an opportunity to request a make-up PE or QC sample before the CO takes final action. The decision to revoke certification shall be made at the discretion of the CO after examination of all information.

(2) Failure to demonstrate to the CO that the laboratory has corrected deficiencies identified during an on-site evaluation within:

(a) Three months to correct a procedural or administrative deficiency; and

(b) Six months to correct an equipment deficiency. If the equipment or instrument involved is the only instrument available for a particular analysis, certification may be downgraded immediately, at the discretion of the CO.

(3) Submission of a PE sample to another laboratory for analysis and reporting data as its own.

(4) Failure to use analytical methodology specified in the certification manual.

(5) Failure to submit an appropriate application and associated fees to the department.

(6) Failure to pass a re-audit and correct deficiencies if the laboratory is found deficient in its ability to provide accurate analytical data.

(7) Justifiable evidence of falsification of data or any other practice considered deceptive by the department.

(8) Failure to comply with other provisions of the contractual agreement between the department and the laboratory.

(9) Failure to correct deficiencies quoted in a revoked certificate before reapplying for certification.

(10) Failure to permit entry of a CO or CO's representative for an on-site audit to examine methods, facilities, equipment, and analytical data.

[Statutory Authority: RCW 43.20.050. 92-15-152 (Order 290B), § 246-390-050, filed 7/22/92, effective 8/22/92.]

WAC 246-390-060 Reciprocity. The department may recognize certification of an out-of-state laboratory by

another primacy state with which the department has an established mutual reciprocity agreement. The laboratory shall submit an application and a fee as specified in WAC 246-390-990; perform approved PE studies; follow the workload requirements; and follow drinking water methods per WAC 246-390-020. A laboratory accepted under the reciprocity agreement shall enter into a contract with the department.

[Statutory Authority: RCW 43.20.050. 92-15-152 (Order 290B), § 246-390-060, filed 7/22/92, effective 8/22/92.]

WAC 246-390-070 Third-party certification. The department shall recognize only the certification officials authorized and approved by the department. See certification manual for recognized and approved certification officials. Laboratories requesting third party certification shall submit an application; perform approved PE studies; follow the workload requirements; and follow drinking water methods per WAC 246-390-020.

[Statutory Authority: RCW 43.20.050. 92-15-152 (Order 290B), § 246-390-070, filed 7/22/92, effective 8/22/92.]

WAC 246-390-100 Appeals. A laboratory manager may appeal any certification action such as denial and revocation in writing to the CO. If the question is not satisfactorily resolved, the laboratory manager may appeal in writing by certified mail to the certification authority within thirty days of the decision of the CO. Decisions of the certification authority may be appealed to the secretary of the department within thirty days of notification of final action. The adjudication procedure is governed by the Administrative Procedure Act, this chapter, and chapter 246-08 WAC. Laboratories may be allowed to maintain certification during the appeal process.

[Statutory Authority: RCW 43.20.050. 92-15-152 (Order 290B), § 246-390-100, filed 7/22/92, effective 8/22/92.]

WAC 246-390-990 Fees. The fees in this section are established in accordance with RCW 43.70.250 to defray the department's costs associated with certifying laboratories. The department shall review the fee structure annually and may modify the fees as necessary to reflect current administrative costs.

(1) On-site inspections shall not be conducted nor shall provisional or other certifications be granted until appropriate fees have been received by the department.

(2) Out-of-state laboratories requesting reciprocity shall pay a fee of one hundred dollars.

(3) Out-of-state laboratories in states which have not established a reciprocity agreement with Washington shall follow the fee schedule in this section and pay all travel costs for the CO for any necessary on-site inspections.

(4) The following fees are due upon application and at the time of each renewal:

BASE FEE OF \$100 PLUS THE FOLLOWING SCHEDULE

Category	Parameter		Fee/ Parameter	Max. Fee per Category
Inorganic Contaminants & Physical Character- istics	Arsenic	As	\$60.00	\$1000.00
	Barium	Ba		
	Cadmium	Cd		
	Chromium	Cr		
	Iron	Fe		
	Lead	Pb		
	Manganese	Mn		
	Mercury	Hg		
	Selenium	Se		
	Silver	Ag		
	Sodium	Na		
	Hardness			
	Conductivity			
	Turbidity			
	Color			
	Fluoride	F		
	Nitrate	as N		
	Chloride	Cl		
	Sulfate	SO ₄		
	TDS			
	Copper	Cu		
	Zinc	Zn		
	Residual Disinfection Chlorine			
	Ozone			
	Chlorine Dioxide			
	Alkalinity			
	Calcium			
Nitrite				
Temperature				
pH				
Chloride				
Organic Contaminants (GC, GC/MS)	Insecticides (Endrin, Lindane, methoxychlor & toxaphene)		\$150.00	\$750.00
	Herbicides (2,4-D & 2,4,5-TP)		\$150.00	
	TTHM		\$150.00	
	MTP		\$150.00	
	Regulated VOCs		\$150.00	
	Unregulated VOCs		\$150.00	
Micro- biological	MF		\$150.00	\$450.00
	P-A		\$150.00	
	HPC		\$150.00	
	MPN		\$150.00	
Radio- logical	Gross alpha		\$150.00	\$1400.00
	Radium-226		\$150.00	
	Radium-228		\$150.00	
	Uranium		\$150.00	
	Gross beta		\$150.00	
	Strontium-89		\$150.00	
	Strontium-90		\$150.00	
	Photon Emitters		\$150.00	
	Iodine-131		\$150.00	
	Tritium		\$150.00	
Radon		\$150.00		

[Statutory Authority: RCW 43.20.050, 92-23-060 (Order 313), § 246-390-990, filed 11/17/92, effective 12/18/92.]

Chapter 246-420 WAC
SENTINEL BIRTH DEFECTS

WAC	Purpose
246-420-001	Purpose.
246-420-010	Definitions.
246-420-020	General requirements.
246-420-030	Information—Content of reports.
246-420-040	Information to parents.
246-420-050	Confidentiality of reports—Access to information— Use of information.
246-420-060	Information on public and private services for handi- capped.

WAC 246-420-001 Purpose. (1) The purpose of these rules and regulations is to establish procedures for reporting birth defects to the department's birth defects monitoring program (BDMP). These rules are promulgated pursuant to RCW 70.58.300 through 70.58.350 directing the department of social and health services to implement the provisions of the Sentinel Birth Defects Act.

(2) The purposes of the BDMP are to count and map birth defects, to correlate data on birth defects with factors potentially affecting the fetal environment such as environmental exposures, genetic disease, and maternal nutrition, and to provide information needed for planning and evaluating services for the handicapped.

[Statutory Authority: RCW 43.20.050, 91-02-051 (Order 124B), recodified as § 246-420-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.58.350 and 43.20.505, 85-21-038 (Order 295), § 248-164-001, filed 10/11/85.]

WAC 246-420-010 Definitions. (1) "BDMP" means the department's birth defects monitoring program.

(2) "Confidential" means information maintained in the DSHS birth defects registry that identifies or which could be used to identify a child with a birth defect.

(3) "Department" means the Washington state department of social and health services (DSHS).

(4) "ICD-9-CM" means a publication entitled International Classification of Diseases, 9th Revision, Clinical Modification, published by the U.S. Department of Health and Human Services, where disease classification is confined to a limited number of categories encompassing the entire range of morbid conditions.

(5) "May" means permissive or discretionary on the part of the department.

(6) "Record" means the computerized birth defects registry record for a child with a reported birth defect.

(7) "Report" means a written report of information required for birth defects registration purposes made on a form designated for reporting purposes by the department.

(8) "Sentinel" means a birth defect signaling the possible presence of environmental hazards, genetic disease, poor maternal health, or some other risk factor to which a child's mother and/or father was exposed and which exposure may have contributed to development of the child's birth defect. For purposes of this chapter, sentinel birth defects include all congenital anomalies (ICD-9-CM, 740.0-759.9), childhood cancers, cerebral palsy, mental retardation, and congenital infections.

(9) "Shall" means compliance is mandatory.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-420-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.58.350 and 43.20.505. 85-21-038 (Order 295), § 248-164-010, filed 10/11/85.]

WAC 246-420-020 General requirements. (1) Physicians have primary responsibility for reporting birth defects detected in their patients.

(2) Birth defects shall be reported if each of the following criteria apply:

(a) The condition is among those listed in WAC 248-164-030;

(b) The child was born on or after January 1, 1986;

(c) The child was between zero and fourteen years of age at the time of first diagnosis or treatment of the condition; and

(d) The child was seen for the condition in a medical care setting in Washington state.

(3) Hospitals and outpatient clinics may elect to fulfill physicians' reporting responsibilities. Physicians need not submit reports for patients treated at hospitals or clinics having agreed to provide birth defects information to the BDMP directly.

(4) For infants delivered in a birth center or other nonhospital setting, the attendant at birth shall be responsible for reporting birth defects detected at time of birth.

(5) Physicians need not report conditions already reported to the DSHS crippled children's services (CCS) program or the DSHS division of developmental disabilities (DDD).

(6) Conditions need only be reported once. To avoid duplicate reporting, health care providers may contact the BDMP at 1-800-228-6087 to find out whether a condition of their patient was previously reported.

(7) Instructions for completing and submitting birth defects reports shall be provided in a procedures manual published by the BDMP.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-420-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.58.350 and 43.20.505. 85-21-038 (Order 295), § 248-164-020, filed 10/11/85.]

WAC 246-420-030 Information—Content of reports. (1) Congenital anomalies and other childhood conditions shall be reported in a manner identifying conditions by name and ICD-9-CM code. Conditions to be reported include:

Conditions	Code ICD-9-CM Range
(a) Anomalies of the central nervous system	740.0 - 742.9
(b) Anomalies of the eye	743.0 - 743.9
(c) Anomalies of the ear, face, neck	744.0 - 744.9
(d) Anomalies of the cardiovascular system	745.0 - 747.9
(e) Anomalies of the respiratory system	748.0 - 748.9
(f) Anomalies of the gastrointestinal system	749.0 - 751.9
(g) Urogenital anomalies	752.0 - 753.9
(h) Musculoskeletal deformities	754.0 - 756.9
(i) Anomalies of the skin	757.0 - 757.9
(j) Chromosomal anomalies, syndromes, and other congenital anomalies	758.0 - 759.9
(k) Childhood cancers	140.0 - 208.9
(l) Mental retardation (I.Q. less than 70)	317 - 319
(m) Congenital infections	090.0 - 090.2, 090.4 - 090.9, 770.0 - 771.2,

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(n) Cerebral palsy

760.2

343.0 - 343.3,

437.8

(2) For children having one or more of the above cited reportable birth defects, the following diagnostic information shall be reported:

(a) Name and ICD-9-CM code of diagnosed birth defect.

(b) Month, day, and year defect was diagnosed or treated.

(c) Whether diagnosed defects comprise a recognizable birth defect syndrome and, if so, the name and ICD-9-CM code of syndrome.

(d) Child's height and weight (only for nonneonates and only if available).

(e) Child's head circumference (for nonneonates up to two years of age if available).

(3) To eliminate duplicate reports for the same condition, and to permit combining of information from multiple reporting sources, the following identifying information shall be reported:

(a) Child's name (first, last, and middle initial).

(b) Name of child's father and mother, if available (first, last, and middle initial).

(c) Child's current address (street, city, state, ZIP code).

(d) Child's residence at time of birth (state or foreign country).

(e) Child's birth date (month, day, and year).

(f) Child's sex.

(4) To provide a basis for verifying the accuracy and completeness of birth defects information, and to provide information needed for follow-back epidemiologic studies, the following information shall be reported:

(a) Name of physician detecting or treating child's condition (first, last, and middle initial).

(b) Identification of data source (name of hospital, clinic, service treatment program, etc.).

(c) Name and phone number of person completing form.

(d) Identification number on child's medical/treatment chart.

(e) Date report was completed (month, day, and year).

(5) Forms for reporting of birth defects shall be available through the office of the birth defects monitoring program of the Division of Health, DSHS, Mailstop ET-14, Olympia, Washington 98504.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-420-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.58.350 and 43.20.505. 85-21-038 (Order 295), § 248-164-030, filed 10/11/85.]

WAC 246-420-040 Information to parents. The primary physician or other primary health care provider of the child shall advise parents or legal guardians of birth defects reported to the birth defects registry. DSHS shall make available a brochure and a copy of the completed birth defects report that may be used as a means of meeting this information requirement.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-420-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.58.350 and 43.20.505. 85-21-038 (Order 295), § 248-164-040, filed 10/11/85.]

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WAC 246-420-050 Confidentiality of reports—Access to information—Use of information. (1) The release of confidential information shall be governed by the provisions of current law regarding personal records/disclosure (chapter 334, Laws of 1985).

(2) In accordance with the provisions of chapter 334, Laws of 1985, confidential information shall not be disclosed unless:

(a) The request for confidential information is made by the child's parent or legal guardian or the child himself or herself at age of majority; or

(b) The request for confidential information is made by a scientific research professional associated with a bona fide scientific research organization, and the research professional's written research proposal has been reviewed and approved by the department's human research review board with respect to scientific merit and confidentiality safeguards, and the director of the division of health has given administrative approval for the proposal; or

(c) The request for confidential information is made by the DSHS office of epidemiology and is needed for epidemiological research activities in response to a real or suspected immediate public health hazard.

(3) In carrying out epidemiologic investigations using confidential information, researchers shall contact the child's attending physician before contacting families if possible.

[Statutory Authority: RCW 43.20.050, 91-02-051 (Order 124B), recodified as § 246-420-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.58.350 and 43.20.505, 85-21-038 (Order 295), § 248-164-050, filed 10/11/85.]

WAC 246-420-060 Information on public and private services for handicapped. Information on public and private services for the handicapped shall be available through the BDMP.

[Statutory Authority: RCW 43.20.050, 91-02-051 (Order 124B), recodified as § 246-420-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.58.350 and 43.20.505, 85-21-038 (Order 295), § 248-164-060, filed 10/11/85.]

Chapter 246-430 WAC CANCER REPORTING

WAC

246-430-001	Purpose.
246-430-010	Definitions.
246-430-020	Cancer case identification.
246-430-030	Data collection requirements.
246-430-040	Form, frequency, and format for reporting.
246-430-050	Data quality assurance.
246-430-060	Access and release of information.

WAC 246-430-001 Purpose. The purpose of this chapter is to establish department rules implementing RCW 70.54.230, 70.54.240, 70.54.250, 70.54.260, and 70.54.270 including criteria and procedures for identifying and reporting diagnosed cancer cases, and standards for information access and release.

[Statutory Authority: RCW 70.54.230 through 70.54.270, 92-01-050 (Order 209), § 246-430-001, filed 12/10/91, effective 1/10/92.]

WAC 246-430-010 Definitions. For the purpose of RCW 70.54.230, 70.54.240, 70.54.250, 70.54.260, 70.54.270, and this chapter, the following words and phrases shall have the following meaning unless the context clearly indicates otherwise:

(1) "Attending health care provider" means the physician or other health professional who ordered the diagnostic procedure confirming a cancer diagnosis.

(2) "Cancer case" means any or all of the following:

(a) Any malignant neoplasm, with the exception of basal and squamous cell carcinoma of the skin;

(b) Basal and squamous cell carcinoma of the external genital organ sites (vulva, labia, clitoris, prepuce, penis, scrotum);

(c) All brain tumors;

(d) Ovarian tumor of borderline or low malignant potential;

(e) Cancer in situ.

(3) "Cancer diagnosis or treatment facilities" means hospitals, surgical centers, outpatient radiation therapy centers, doctors offices, and any other facilities where cancer cases are diagnosed or treated.

(4) "Confidential information" means any information collected by contractors which could lead to the identification of cancer patients, cancer diagnosis or treatment facilities, independent clinical laboratories, or attending health care providers.

(5) "Contractors" means agencies designated by contract with the department of health to perform activities related to identification, collection, and processing of cancer data.

(6) "Department" means the Washington state department of health.

(7) "Designees" means hospital-based tumor registrars, contractor employees, or other persons designated by contractors to perform data collection activities.

(8) "Independent clinical laboratories" means free-standing medical test sites.

(9) "In situ" means tumors described as "in situ" by the pathologist reading the diagnostic report(s).

(10) "Reportable cancer case" means any cancer case diagnosed in a Washington state resident on or after the effective date of these rules.

(11) "Resident" means an individual residing in Washington state at time of cancer diagnosis.

(12) "Stage of disease" means a cancer classification system encompassing attributes of a tumor as determined and described by:

(a) *Summary Staging Guide, Cancer Surveillance Epidemiology and End-Results Reporting (SEER), SEER Program, April, 1977*; and

(b) *Manual for Staging of Cancer, 3rd Edition, American Joint Committee on Cancer, (AJCC), 1988.*

(13) "State cancer registry" means the state-wide cancer data base maintained by the office of hospital and patient data, division of health information, department of health.

(14) "State cancer registry contract" means the legal agreement by which contractors are authorized to obtain information on reportable cancer cases. It also means the document specifying the contractors' obligations to the state cancer registry with respect to how and when information is collected, processed, and provided and how quality assurance standards are met.

[Statutory Authority: RCW 70.54.230 through 70.54.270. 92-01-050 (Order 209), § 246-430-010, filed 12/10/91, effective 1/10/92.]

WAC 246-430-020 Cancer case identification. (1)

Contractors shall identify:

(a) Reportable cancer cases diagnosed or treated in hospitals, surgical centers, and outpatient radiation therapy centers; and

(b) Reportable cancers processed and reported by independent clinical laboratories.

(2) Hospitals, surgical centers, and outpatient radiation therapy centers shall:

(a) Organize case finding documents by procedure or service date to permit identification of cancer cases to be reviewed each contractor visit; and

(b) Submit or make available to contractors, per arrangement with contractors, case finding documents including the following if maintained:

(i) Disease and operation indices for cancer cases;

(ii) Pathology and cytology reports;

(iii) New patient radiation logs;

(iv) New patient chemotherapy logs; and

(v) Other alternative information which contractors determine is necessary to identify or verify reportable cancer cases.

(3) Independent clinical laboratories shall:

(a) Organize pathology reports by slide order, numerical order, or service date; and

(b) Make pathology reports available to contractors, if not otherwise available through hospitals, on a monthly basis.

(4) Attending health care providers shall identify to contractors reportable cancer cases diagnosed at facilities other than hospitals, surgical centers, and outpatient radiation therapy centers (as specified under WAC 246-430-030 and 246-430-040) unless the patient was hospitalized for additional cancer diagnosis or treatment services within one month of diagnosis.

[Statutory Authority: RCW 70.54.230 through 70.54.270. 92-01-050 (Order 209), § 246-430-020, filed 12/10/91, effective 1/10/92.]

WAC 246-430-030 Data collection requirements.

(1) Contractors or their designees shall complete cancer abstracts for patients identified through hospitals, surgical centers, independent clinical laboratories, and outpatient radiation therapy centers;

(2) Cancer diagnosis or treatment facilities and independent clinical laboratories shall provide contractors with access to pathology and cytology reports and all medical records pertaining to identified cancer cases;

(3) Attending health care providers shall be responsible for completing cancer abstracts for patients diagnosed at facilities other than hospitals, surgical centers, independent clinical laboratories, and outpatient radiation therapy centers, unless the patient was hospitalized for additional cancer diagnosis or treatment services within one month of diagnosis;

(4) Contractors, contractor designees, or attending health care providers shall include the following information items in cancer abstracts, providing the information is obtainable from the patient's medical records:

(a) Patient information:

(i) Name;

(ii) Address at time of diagnosis;

(iii) Sex;

(iv) Race;

(v) Hispanic origin;

(vi) Birthdate;

(vii) Age at time of diagnosis;

(viii) Tobacco use;

(ix) Social Security number;

(x) State or country of birth; and

(xi) Usual occupation.

(b) Diagnostic information:

(i) Date of admission;

(ii) Primary site or sites;

(iii) Histologic type or types, behavior and grade;

(iv) Date of each diagnosis;

(v) Method or methods of diagnostic confirmation;

(vi) Stage of disease at diagnosis using:

(A) SEER system; and

(B) AJCC system if maintained by the cancer diagnostic or treatment facility.

(vii) Sequence;

(viii) Laterality; and

(ix) First course of treatment.

(c) Other information:

(i) Name and address of cancer diagnosis or treatment facility providing information;

(ii) Medical record number;

(iii) Name and address of attending health care provider; and

(iv) Items required under contract between the National Cancer Institute's (NCI) SEER program (NCI-No. N01-CN-05230, available through the department's office of hospital and patient data) and the contractor, if the contractor is the Fred Hutchinson Cancer Research Center (FHCR).

(5) The department may require submission of additional information from contractors as needed to assess data reliability and validity;

(6) Contractors shall prepare detailed data collection protocols for inclusion in the state cancer registry contract.

[Statutory Authority: RCW 70.54.270 and 43.70.040. 96-13-027, § 246-430-030, filed 6/11/96, effective 7/12/96. Statutory Authority: RCW 70.54.230 through 70.54.270. 92-01-050 (Order 209), § 246-430-030, filed 12/10/91, effective 1/10/92.]

WAC 246-430-040 Form, frequency, and format for reporting. (1) Contractors shall:

(a) Develop and distribute cancer abstract forms;

(b) Prepare computer tapes containing information from completed cancer abstracts; and

(c) Provide computer tapes to the state cancer registry on a semiannual basis.

(2) Hospitals, surgical centers, independent clinical laboratories, and outpatient radiation therapy centers shall:

(a) Provide case finding documents as defined in WAC 246-430-020 within thirty days following the end of each reporting period;

(b) Submit case finding documents to contractors in paper form or on computer disk, or arrange with contractors for on-site review of case finding documents.

(3) Attending health care providers shall complete and submit cancer abstracts to contractors when required under WAC 246-430-020 and 246-430-030 within sixty days following a patient's cancer diagnosis date, for patients not hospitalized for cancer related diagnosis or treatment within one month of diagnosis.

(4) The department shall provide:

(a) Detailed instructions regarding preparation of computer tapes for inclusion in the state cancer registry contract; and

(b) Establish a record retention schedule for computer tapes provided to the department.

[Statutory Authority: RCW 70.54.230 through 70.54.270. 92-01-050 (Order 209), § 246-430-040, filed 12/10/91, effective 1/10/92.]

WAC 246-430-050 Data quality assurance. (1) Contractors shall:

(a) Perform data validity studies to assess the completeness and accuracy of case identification and data collection;

(b) Verify coding accuracy of a sample of completed cancer abstracts;

(c) Develop and utilize computerized edit programs to assess the completeness and accuracy of data keying and computerized data transformations;

(d) Maintain an archive system for permanent retention of completed cancer abstracts for the duration of the contract; and

(e) Develop detailed protocols for data quality assurance and quality control, consistent with *Data Quality Guidelines*, December, 1990, available through the department's office of hospital and patient data.

(2) The department may require contractors to make available all findings from data quality assurance activities for review and verification.

[Statutory Authority: RCW 70.54.230 through 70.54.270. 92-01-050 (Order 209), § 246-430-050, filed 12/10/91, effective 1/10/92.]

WAC 246-430-060 Access and release of information. (1) Persons with access to information collected under RCW 70.54.230, 70.54.240, 70.54.250, 70.54.260, 70.54.270, and this chapter shall use information only for statistical, scientific, medical research, and public health purposes;

(2) Cancer diagnosis or treatment facilities and independent clinical laboratories may:

(a) Require contractors to sign an oath of confidentiality regarding access and release of cancer data; and

(b) Prepare, administer, and maintain confidentiality oaths as needed.

(3) Cancer diagnosis or treatment facilities and independent clinical laboratories shall adhere to recommendations in RCW 70.54.260 regarding content of confidentiality oaths if confidentiality oaths are used.

(4) Contractors may release confidential information if the requested release was reviewed and approved by an institutional review board utilizing guidelines at least as restrictive as:

(a) The minimum requirements under Title 45 Part 46 of the Code of Federal Regulations;

(b) Chapter 42.48 RCW; and

(c) The *DSHS/DOH Guide to Policy on Protection of Human Research Subjects*, March, 1990, available through

the department of social and health service's human research review board.

(5) The department may release confidential information if the requested release was reviewed and approved by the department's human research review board.

(6) The department or contractor shall, before releasing confidential information:

(a) Make a documented attempt to notify a patient's attending health care provider before contacting the patient;

(b) Not contact a patient if the attending health care provider indicates that contact might jeopardize the patient's health or well-being.

(7) The department shall monitor release of confidential information by data contractors.

[Statutory Authority: RCW 70.54.230 through 70.54.270. 92-01-050 (Order 209), § 246-430-060, filed 12/10/91, effective 1/10/92.]

Chapter 246-451 WAC

HOSPITALS—ASSESSMENTS AND RELATED REPORTS

WAC

246-451-001	Purpose.
246-451-010	Definitions.
246-451-020	Levying of assessment.
246-451-030	Payment of assessment.
246-451-040	Assessment exceptions.
246-451-050	Reporting of information.
246-451-060	Penalties for violation.

WAC 246-451-001 Purpose. This chapter is adopted by the Washington state department of health to implement the provisions of RCW 70.170.080, regarding the financing of the basic expenses for the hospital data collection and reporting activities by the department by an assessment against hospitals.

[Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW. 94-12-089, § 246-451-001, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-451-001, filed 12/27/90, effective 1/31/91; Order 74-04, § 261-10-010, filed 3/29/74; Order 74-03, § 261-10-010, filed 2/15/74.]

WAC 246-451-010 Definitions. As used in this chapter, unless the context requires otherwise,

(1) "Department" shall mean the Washington state department of health created by chapter 43.70 RCW.

(2) "Hospital" shall mean any health care institution which is required to qualify for a license under RCW 70.41.020(2); or as a psychiatric hospital under chapter 71.12 RCW.

(3) "Gross operating costs" shall mean the sum of direct operating expenses required to be reported in cost centers 6000-8999, as specified in the manual adopted under WAC 246-454-020.

[Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW. 94-12-089, § 246-451-010, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-451-010, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 84-20-066 (Order 84-05, Resolution No. 84-05), § 261-10-020, filed 10/1/84; 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-10-020, filed 2/28/83; Order 74-03, § 261-10-020, filed 2/15/74.]

WAC 246-451-020 Levying of assessment. Rate: The department, pursuant to RCW 70.170.080 hereby levies upon each hospital an annual assessment at the rate of four one-hundredths of one percent of such hospital's gross operating costs incurred during its fiscal year ending on or before June 30th of the preceding calendar year.

[Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW. 94-12-089, § 246-451-020, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-451-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-10-030, filed 2/28/83; Order 74-03, § 261-10-030, filed 2/15/74.]

WAC 246-451-030 Payment of assessment. (1) The department annually shall calculate the amount of assessment due from each hospital, and shall prepare and mail to such hospital a statement indicating the amount of the assessment. The assessment shall be paid within ninety days after the statement of such assessment is mailed by the department.

(2) An assessment reminder notice shall be mailed forty-five days after the mailing of the initial statement.

(3) A second assessment reminder notice shall be mailed ninety days after the mailing of the initial statement. This reminder shall declare the assessment delinquent and a penalty shall be payable, calculated as interest on the delinquent assessment at the rate of twelve percent per annum.

(4) A third assessment reminder notice shall be mailed one hundred twenty days after the mailing of the initial statement. This reminder shall state the delinquent status of the assessment and the total accrued interest to the date of this reminder notice.

(5) A fourth assessment reminder notice shall be mailed one hundred fifty days after the mailing of the initial statement. This reminder shall be the final reminder and shall state the amount of the delinquent assessment and total interest accrued to the date of this reminder. In addition, the hospital will be notified that if payment of the assessment and all accrued interest is not made within thirty days of the reminder, the account will be sent to the attorney general for appropriate action.

(6) Whenever a partial payment is made, the remaining balance shall be treated in the same manner as provided in subsections (2) through (5) of this section.

[Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW. 94-12-089, § 246-451-030, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-451-030, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-10-040, filed 2/28/83; Order 74-03, § 261-10-040, filed 2/15/74.]

WAC 246-451-040 Assessment exceptions. (1) Upon receipt of a request in detail to the satisfaction of the department, the department may grant an exemption from assessment to a hospital for such assessment period(s) or portion thereof as the department shall specify, for the following reasons:

(a) The hospital was not in operation for the entire twelve months of its assessable fiscal year. (Such hospital, however, shall be liable for an assessment based on its gross operating costs for the period of its assessable fiscal year during which it was in operation.)

(b) The hospital charges no fee to users of its services; presents no billing, either direct or indirect, to users of its services; and presents no billing and accepts no payment for services from private or public insurers.

(2) The request for an exemption from assessment shall specify the assessment period(s) or portion thereof for which exemption is sought, and the reasons why the department should grant the exemption. A request for an exemption shall be acted upon by the department within sixty days of the receipt thereof.

(3) Any hospital granted an exemption from assessment under this chapter, nevertheless, shall be required to conform to all reporting requirements as the department may prescribe.

(4) An entity that assumes the operation of, or otherwise becomes the operator of a hospital shall also assume the assessment obligation of any previous operating entity.

[Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW. 94-12-089, § 246-451-040, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-451-040, filed 12/27/90, effective 1/31/91; Order 74-03, § 261-10-050, filed 2/15/74.]

WAC 246-451-050 Reporting of information. For the purpose of calculating the assessment, the department will use the most recent year-end report submitted pursuant to WAC 246-454-050.

[Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW. 94-12-089, § 246-451-050, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-451-050, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-10-060, filed 2/28/83; Order 74-03, § 261-10-060, filed 2/15/74.]

WAC 246-451-060 Penalties for violation. RCW 70.170.070 provides that every person who shall violate or knowingly aid and abet the violation of chapter 70.170 RCW or any valid orders, rules, or regulations thereunder, or who fails to perform any act which that chapter makes it his/her duty to perform shall be guilty of a misdemeanor. Following official notice to the accused by the department of the existence of an alleged violation, each day upon which a violation occurs shall constitute a separate violation. Any person violating the provisions of chapter 70.170 RCW may be enjoined from continuing such violation. Failure to remit the payment required by WAC 246-451-030 or file the reports required by WAC 246-451-050 shall constitute a violation, and the department may levy a civil penalty not to exceed one thousand dollars per day for each day following official notice of the violation by the department. The department may grant extensions of time to remit the payment or file the reports, in which cases failure to file the reports shall not constitute a violation until the extension period has expired.

[Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW. 94-12-089, § 246-451-060, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-451-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.39.180. 86-11-041 (Order 86-01, Resolution No. 86-01), § 261-10-080, filed 5/16/86; Order 74-03, § 261-10-080, filed 2/15/74.]

**Chapter 246-453 WAC
HOSPITAL CHARITY CARE**

WAC

246-453-001	Purpose.
246-453-010	Definitions.
246-453-020	Uniform procedures for the identification of indigent persons.
246-453-030	Data requirements for the identification of indigent persons.
246-453-040	Uniform criteria for the identification of indigent persons.
246-453-050	Guidelines for the development of sliding fee schedules.
246-453-060	Denial of access to emergency care based upon ability to pay and transfer of patients with emergency medical conditions or active labor.
246-453-070	Standards for acceptability of hospital policies for charity care and bad debts.
246-453-080	Reporting requirements.
246-453-090	Penalties for violation.

**DISPOSITION OF SECTIONS FORMERLY
CODIFIED IN THIS CHAPTER**

246-453-085	Charity care measurement. [Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-453-085, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW, 85-01-007 (Order 84-07, Resolution No. 84-07), § 261-14-050, filed 12/7/84.] Repealed by 91-05-048 (Order 142), filed 2/14/91, effective 3/17/91. Statutory Authority: RCW 70.170.060.
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WAC 246-453-001 Purpose. This chapter is adopted by the Washington state department of health to implement the provisions of chapter 70.170 RCW. These sections relate to hospital policies for charity care, bad debt and emergency medical care, including admission practices, the compilation and measurement of the level of charity care services provided by each hospital, and penalties for violation of these provisions.

[Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW, 94-12-089, § 246-453-001, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 70.170.060, 91-05-048 (Order 142), § 246-453-001, filed 2/14/91, effective 3/17/91. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-453-001, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW, 85-01-007 (Order 84-07, Resolution No. 84-07), § 261-14-010, filed 12/7/84.]

WAC 246-453-010 Definitions. As used in this chapter, unless the context requires otherwise,

(1) "Department" means the Washington state department of health created by chapter 43.70 RCW;

(2) "Hospital" means any health care institution which is required to qualify for a license under RCW 70.41.020(2); or as a psychiatric hospital under chapter 71.12 RCW;

(3) "Manual" means the *Washington State Department of Health Accounting and Reporting Manual for Hospitals*, adopted under WAC 246-454-020;

(4) "Indigent persons" means those patients who have exhausted any third-party sources, including Medicare and Medicaid, and whose income is equal to or below 200% of the federal poverty standards, adjusted for family size or is otherwise not sufficient to enable them to pay for the care or to pay deductibles or coinsurance amounts required by a third-party payor;

(5) "Charity care" means appropriate hospital-based medical services provided to indigent persons, as defined in this section;

(6) "Bad debts" means uncollectible amounts, excluding contractual adjustments, arising from failure to pay by patients whose care has not been classified as charity care;

(7) "Appropriate hospital-based medical services" means those hospital services which are reasonably calculated to diagnose, correct, cure, alleviate, or prevent the worsening of conditions that endanger life, or cause suffering or pain, or result in illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no other equally effective more conservative or substantially less costly course of treatment available or suitable for the person requesting the service. For purpose of this section, "course of treatment" may include mere observation or, where appropriate, no treatment at all;

(8) "Medical staff" means physicians, dentists, nurses, and other professional individuals who have admitting privileges to the hospital, and may also participate as members of the medical staff committees, serve as officers of the medical staff, and serve as directors or chiefs of hospital departments;

(9) "Third-party coverage" and "third-party sponsorship" means an obligation on the part of an insurance company or governmental program which contracts with hospitals and patients to pay for the care of covered patients and services, and may include settlements, judgments, or awards actually received related to the negligent acts of others which have resulted in the medical condition for which the patient has received hospital services;

(10) "Unusually costly or prolonged treatment" means those services or combinations of services which exceed two standard deviations above the average charge, and/or three standard deviations above the average length of stay, as determined by the department's discharge data base;

(11) "Emergency care or emergency services" means services provided for care related to an emergency medical or mental condition;

(12) "Emergency department" and "emergency room" means that portion of the hospital facility organized for the purpose of providing emergency care or emergency services;

(13) "Emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in:

(a) Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;

(b) Serious impairment of bodily functions;

(c) Serious dysfunction of any bodily organ or part.

With respect to a pregnant woman who is having contractions the term shall mean:

(d) That there is inadequate time to effect a safe transfer to another hospital before delivery; or

(e) That transfer may pose a threat to the health or safety of the woman or the unborn child;

(14) "Responsible party" means that individual who is responsible for the payment of any hospital charges which are not subject to third-party sponsorship;

(15) "Limited medical resources" means the nonavailability of services or medical expertise which are required or are expected to be required for the appropriate diagnosis, treatment, or stabilization per federal requirements of an individual's medical or mental situation;

(16) "Publicly available" means posted or prominently displayed within public areas of the hospital, and provided to the individual in writing and explained, at the time that the hospital requests information from the responsible party with regard to the availability of any third-party coverage, in any language spoken by more than ten percent of the population in the hospital's service area, and interpreted for other non-English speaking or limited-English speaking or other patients who can not read or understand the writing and explanation;

(17) "Income" means total cash receipts before taxes derived from wages and salaries, welfare payments, Social Security payments, strike benefits, unemployment or disability benefits, child support, alimony, and net earnings from business and investment activities paid to the individual;

(18) "Family" means a group of two or more persons related by birth, marriage, or adoption who live together; all such related persons are considered as members of one family;

(19) "Initial determination of sponsorship status" means an indication, pending verification, that the services provided by the hospital may or may not be covered by third party sponsorship, or an indication from the responsible party, pending verification, that he or she may meet the criteria for designation as an indigent person qualifying for charity care; and

(20) "Final determination of sponsorship status" means the verification of third party coverage or lack of third party coverage, as evidenced by payment received from the third party sponsor or denial of payment by the alleged third party sponsor, and verification of the responsible party's qualification for classification as an indigent person, subsequent to the completion of any appeals to which the responsible party may be entitled and which on their merits have a reasonable chance of achieving third-party sponsorship in full or in part.

[Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW. 94-12-089, § 246-453-010, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 70.170.060. 91-05-048 (Order 142), § 246-453-010, filed 2/14/91, effective 3/17/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-453-010, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 85-01-007 (Order 84-07, Resolution No. 84-07), § 261-14-020, filed 12/7/84.]

WAC 246-453-020 Uniform procedures for the identification of indigent persons. For the purpose of identifying those patients that will be classified as indigent persons, all hospitals shall adopt and implement the following procedures:

(1) The initiation of collection efforts directed at the responsible party shall be precluded pending an initial determination of sponsorship status, provided that the responsible party is cooperative with the hospital's efforts to reach an initial determination of sponsorship status;

(a) Collection efforts shall include any demand for payment or transmission of account documents or information which is not clearly identified as being intended solely

for the purpose of transmitting information to the responsible party;

(b) The initial determination of sponsorship status shall be completed at the time of admission or as soon as possible following the initiation of services to the patient;

(c) If the initial determination of sponsorship status indicates that the responsible party may meet the criteria for classification as an indigent person, as described in WAC 246-453-040, collection efforts directed at the responsible party will be precluded pending a final determination of that classification, provided that the responsible party is cooperative with the hospital's reasonable efforts to reach a final determination of sponsorship status;

(d) During the pendency of the initial determination of sponsorship status and/or the final determination of the applicability of indigent person criteria, hospitals may pursue reimbursement from any third-party coverage that may be identified to the hospital;

(e) The requirements of this subsection shall not apply to clinics operated by disproportionate share hospitals, as defined and identified by the department of social and health services, medical assistance services, provided that patients are advised of the availability of charity care at the time that services are provided and when presented with a request for payment.

(2) Notice shall be made publicly available that charges for services provided to those persons meeting the criteria established within WAC 246-453-040 may be waived or reduced.

(3) Any responsible party who has been initially determined to meet the criteria identified within WAC 246-453-040 shall be provided with at least fourteen calendar days or such time as the person's medical condition may require, or such time as may reasonably be necessary to secure and to present documentation as described within WAC 246-453-030 prior to receiving a final determination of sponsorship status.

(4) Hospitals must make every reasonable effort to determine the existence or nonexistence of third-party sponsorship that might cover in full or in part the charges for services provided to each patient.

(5) Hospitals may require potential indigent persons to use an application process attesting to the accuracy of the information provided to the hospital for purposes of determining the person's qualification for charity care sponsorship. Hospitals may not impose application procedures for charity care sponsorship which place an unreasonable burden upon the responsible party, taking into account any physical, mental, intellectual, or sensory deficiencies or language barriers which may hinder the responsible party's capability of complying with the application procedures. The failure of a responsible party to reasonably complete appropriate application procedures shall be sufficient grounds for the hospital to initiate collection efforts directed at the patient.

(6) Hospitals may not require deposits from those responsible parties meeting the criteria identified within WAC 246-453-040 (1) or (2), as indicated through an initial determination of sponsorship status.

(7) Hospitals must notify persons applying for charity care sponsorship of their final determination of sponsorship status within fourteen calendar days of receiving information in accordance with WAC 246-453-030; such notification

must include a determination of the amount for which the responsible party will be held financially accountable.

(8) In the event that the hospital denies the responsible party's application for charity care sponsorship, the hospital must notify the responsible party of the denial and the basis for that denial.

(9) All responsible parties denied charity care sponsorship under WAC 246-453-040 (1) or (2) shall be provided with, and notified of, an appeals procedure that enables them to correct any deficiencies in documentation or request review of the denial and results in review of the determination by the hospital's chief financial officer or equivalent.

(a) Responsible parties shall be notified that they have thirty calendar days within which to request an appeal of the final determination of sponsorship status. Within the first fourteen days of this period, the hospital may not refer the account at issue to an external collection agency. After the fourteen day period, if no appeal has been filed, the hospital may initiate collection activities.

(b) If the hospital has initiated collection activities and discovers an appeal has been filed, they shall cease collection efforts until the appeal is finalized.

(c) In the event that the hospital's final decision upon appeal affirms the previous denial of charity care designation under the criteria described in WAC 246-453-040 (1) or (2), the responsible party and the department of health shall be notified in writing of the decision and the basis for the decision, and the department of health shall be provided with copies of documentation upon which the decision was based.

(d) The department will review the instances of denials of charity care. In the event of an inappropriate denial of charity care, the department may seek penalties as provided in RCW 70.170.070.

(10) Hospitals should make every reasonable effort to reach initial and final determinations of charity care designation in a timely manner; however, hospitals shall make those designations at any time upon learning of facts or receiving documentation, as described in WAC 246-453-030, indicating that the responsible party's income is equal to or below two hundred percent of the federal poverty standard as adjusted for family size. The timing of reaching a final determination of charity care status shall have no bearing on the identification of charity care deductions from revenue as distinct from bad debts.

(11) In the event that a responsible party pays a portion or all of the charges related to appropriate hospital-based medical care services, and is subsequently found to have met the charity care criteria at the time that services were provided, any payments in excess of the amount determined to be appropriate in accordance with WAC 246-453-040 shall be refunded to the patient within thirty days of achieving the charity care designation.

[Statutory Authority: RCW 70.170.060. 91-05-048 (Order 142), § 246-453-020, filed 2/14/91, effective 3/17/91.]

WAC 246-453-030 Data requirements for the identification of indigent persons. (1) For the purpose of reaching an initial determination of sponsorship status, hospitals shall rely upon information provided orally by the responsible party. The hospital may require the responsible party to sign a statement attesting to the accuracy of the

information provided to the hospital for purposes of the initial determination of sponsorship status.

(2) Any one of the following documents shall be considered sufficient evidence upon which to base the final determination of charity care sponsorship status, when the income information is annualized as may be appropriate:

- (a) A "W-2" withholding statement;
- (b) Pay stubs;
- (c) An income tax return from the most recently filed calendar year;
- (d) Forms approving or denying eligibility for Medicaid and/or state-funded medical assistance;
- (e) Forms approving or denying unemployment compensation; or
- (f) Written statements from employers or welfare agencies.

(3) In the event that the responsible party's identification as an indigent person is obvious to hospital personnel, and the hospital personnel are able to establish the position of the income level within the broad criteria described in WAC 246-453-040 or within income ranges included in the hospital's sliding fee schedule, the hospital is not obligated to establish the exact income level or to request the aforementioned documentation from the responsible party, unless the responsible party requests further review.

(4) In the event that the responsible party is not able to provide any of the documentation described above, the hospital shall rely upon written and signed statements from the responsible party for making a final determination of eligibility for classification as an indigent person.

(5) Information requests, from the hospital to the responsible party, for the verification of income and family size shall be limited to that which is reasonably necessary and readily available to substantiate the responsible party's qualification for charity sponsorship, and may not be used to discourage applications for such sponsorship. Only those facts relevant to eligibility may be verified, and duplicate forms of verification shall not be demanded.

[Statutory Authority: RCW 70.170.060. 91-05-048 (Order 142), § 246-453-030, filed 2/14/91, effective 3/17/91.]

WAC 246-453-040 Uniform criteria for the identification of indigent persons. For the purpose of identifying indigent persons, all hospitals shall use the following criteria:

(1) All responsible parties with family income equal to or below one hundred percent of the federal poverty standard, adjusted for family size, shall be determined to be indigent persons qualifying for charity sponsorship for the full amount of hospital charges related to appropriate hospital-based medical services that are not covered by private or public third-party sponsorship;

(2) All responsible parties with family income between one hundred one and two hundred percent of the federal poverty standard, adjusted for family size, shall be determined to be indigent persons qualifying for discounts from charges related to appropriate hospital-based medical services in accordance with the hospital's sliding fee schedule and policies regarding individual financial circumstances;

(3) Hospitals may classify any individual responsible party whose income exceeds two hundred percent of the federal poverty standard, adjusted for family size, as an

indigent person eligible for a discount from charges based upon that responsible party's individual financial circumstances.

[Statutory Authority: RCW 70.170.060, 91-05-048 (Order 142), § 246-453-040, filed 2/14/91, effective 3/17/91.]

WAC 246-453-050 Guidelines for the development of sliding fee schedules. All hospitals shall, within ninety days of the adoption of these rules, implement a sliding fee schedule for determination of discounts from billed charges for responsible parties meeting the criteria in WAC 246-453-040(2). These sliding fee schedules must be made available upon request.

(1) In developing these sliding fee schedules, hospitals shall consider the following guidelines:

(a) The sliding fee schedule shall consider the level of charges that are not covered by any public or private sponsorship in relation to or as a percentage of the responsible party's family income;

(b) The sliding fee schedule shall determine the maximum amount of charges for which the responsible party will be expected to provide payment, with flexibility for hospital management to hold the responsible party accountable for a lesser amount after taking into account the specific financial situation of the responsible party;

(c) The sliding fee schedule shall take into account the potential necessity for allowing the responsible party to satisfy the maximum amount of charges for which the responsible party will be expected to provide payment over a reasonable period of time, without interest or late fees; and

(d) Hospital policies and procedures regarding the sliding fee schedule shall specify the individual financial circumstances which may be considered by appropriate hospital personnel for purposes of adjusting the amount resulting from the application of the sliding fee schedule, such as:

(i) Extraordinary nondiscretionary expenses relative to the amount of the responsible party's medical care expenses;

(ii) The existence and availability of family assets, which may only be considered with regard to the applicability of the sliding fee schedule;

(iii) The responsible party's future income earning capacity, especially where his or her ability to work in the future may be limited as a result of illness; and

(iv) The responsible party's ability to make payments over an extended period of time.

(2) Examples of sliding fee schedules which address the guidelines in the previous subsection are:

(a) A person whose annual family income is between one hundred one and two hundred percent of the federal poverty standard, adjusted for family size, shall have his/her hospital charges that are not covered by public or private sponsorship limited to forty percent of the excess of that person's annual family income over one hundred percent of the federal poverty standard, adjusted for family size. This responsibility may be adjusted by appropriate hospital personnel after taking into consideration the individual financial circumstances of the responsible party. The responsible party's financial obligation which remains after the application of this sliding fee schedule may be payable in monthly installments over a reasonable period of time,

without interest or late fees, as negotiated between the hospital and the responsible party.

(b) A person whose family income is between one hundred one and two hundred percent of the federal poverty standard, adjusted for family size, shall have his/her hospital charges that are not covered by public or private sponsorship reduced according to the schedule below. The resulting responsibility may be adjusted by appropriate hospital personnel after taking into consideration the individual financial circumstances of the responsible party. The responsible party's financial obligation which remains after the application of this sliding fee schedule may be payable in monthly installments over a reasonable period of time, without interest or late fees, as negotiated between the hospital and the responsible party. The schedule is as follows:

<u>INCOME AS A PERCENTAGE OF FEDERAL POVERTY LEVEL</u>	<u>PERCENTAGE DISCOUNT</u>
One hundred one to one hundred thirty-three	Seventy-five percent
One hundred thirty-four to one hundred sixty-six	Fifty percent
One hundred sixty-seven to two hundred	Twenty-five percent

(3) The provisions of this section and RCW 70.170.-060(5) shall not apply to the professional services of the hospital's medical staff, provided that the charges for such services are either submitted by the individual medical staff or are separately identified within the hospital's billing system.

[Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW. 94-12-089, § 246-453-050, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 70.170.060, 91-05-048 (Order 142), § 246-453-050, filed 2/14/91, effective 3/17/91.]

WAC 246-453-060 Denial of access to emergency care based upon ability to pay and transfer of patients with emergency medical conditions or active labor. (1) No hospital or its medical staff shall adopt or maintain admission practices or policies which result in:

(a) A significant reduction in the proportion of patients who have no third-party coverage and who are unable to pay for hospital services;

(b) A significant reduction in the proportion of individuals admitted for inpatient hospital services for which payment is, or is likely to be, less than the anticipated charges for or costs of such services; or

(c) The refusal to admit patients who would be expected to require unusually costly or prolonged treatment for reasons other than those related to the appropriateness of the care available at the hospital.

(2) No hospital shall adopt or maintain practices or policies which would deny access to emergency care based on ability to pay. No hospital which maintains an emergency department shall transfer a patient with an emergency medical condition or who is in active labor unless the transfer is performed at the request of the patient or is due to the limited medical resources of the transferring hospital. Hospitals must follow reasonable procedures in making transfers to other hospitals including confirmation of acceptance of the transfer by the receiving hospital.

(3) The department shall monitor hospital compliance with subsections (1) and (2) of this section. The department shall report to the legislature and the governor on hospital compliance with these requirements and shall report individual instances of possible noncompliance to the state attorney general or the appropriate federal agency. For purposes of monitoring compliance with subsection (2) of this section, the department is to follow all definitions and requirements of federal law.

(4) Except as required by federal law and subsection (2) of this section, nothing in this section shall be interpreted to indicate that hospitals and their medical staff are required to provide appropriate hospital-based medical services, including experimental services, to any individual.

[Statutory Authority: RCW 70.170.060. 91-05-048 (Order 142), § 246-453-060, filed 2/14/91, effective 3/17/91.]

WAC 246-453-070 Standards for acceptability of hospital policies for charity care and bad debts. (1) Each hospital shall develop, and submit to the department, charity care policies, procedures, and sliding fee schedules consistent with the requirements included in WAC 246-453-020, 246-453-030, 246-453-040, and 246-453-050. Any subsequent modifications to those policies, procedures, and sliding fee schedules must be submitted to the department no later than thirty days prior to their adoption by the hospital.

(2) Each hospital shall develop, and submit to the department, bad debt policies and procedures, including reasonable and uniform standards for collection of the unpaid portions of hospital charges that are the patient's responsibility. These standards are to be part of each hospital's system of accounts receivable management manuals, which support hospital collection policies. Manuals should cover procedures for preadmission, admission, discharge, outpatient registration and discharge, billing, and credit and collections. All subsequent modifications to these bad debt policies must be submitted to the department no later than thirty days prior to their adoption by the hospital.

(3) The department shall review the charity care and bad debt policies and procedures submitted in accordance with the provisions of this section. If any of the policies and procedures do not meet the requirements of this section or WAC 246-453-020, 246-453-030, 246-453-040, or 246-453-050, the department shall reject the policies and procedures and shall so notify the hospital. Such notification shall be in writing, addressed to the hospital's chief executive officer or equivalent, and shall specify the reason(s) that the policies and procedures have been rejected. Any such notification must be mailed within fourteen calendar days of the receipt of the hospital's policies and procedures. Within fourteen days of the date of the rejection notification, the hospital shall revise and resubmit the policies and procedures.

[Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW. 94-12-089, § 246-453-070, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 70.170.060. 91-05-048 (Order 142), § 246-453-070, filed 2/14/91, effective 3/17/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-453-070, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 85-01-007 (Order 84-07, Resolution No. 84-07), § 261-14-030, filed 12/7/84.]

WAC 246-453-080 Reporting requirements. Each hospital shall compile and report data to the department with

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regard to the amount of charity care provided, in accordance with instructions issued by the department.

[Statutory Authority: RCW 70.170.060. 91-05-048 (Order 142), § 246-453-080, filed 2/14/91, effective 3/17/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-453-080, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 85-01-007 (Order 84-07, Resolution No. 84-07), § 261-14-040, filed 12/7/84.]

WAC 246-453-090 Penalties for violation. (1) Failure to file the policies, procedures, and sliding fee schedules as required by WAC 246-453-070 or the reports required by WAC 246-453-080 shall constitute a violation of RCW 70.170.060, and the department will levy a civil penalty of one thousand dollars per day for each day following official notice of the violation. The department may grant extensions of time to file the reports, in which cases failure to file the reports shall not constitute a violation until the extension period has expired.

(2) Failure to comply with other provisions of chapter 70.170 RCW, and chapter 246-453 WAC, shall result in civil penalties as provided within RCW 70.170.070(2), with the exception that the terms "not exceeding" and "not to exceed" will be read to mean "of."

[Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW. 94-12-089, § 246-453-090, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 70.170.060. 91-05-048 (Order 142), § 246-453-090, filed 2/14/91, effective 3/17/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-453-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.39.180. 86-11-041 (Order 86-01, Resolution No. 86-01), § 261-14-090, filed 5/16/86.]

Chapter 246-454 WAC

HOSPITALS—SYSTEM OF ACCOUNTING, FINANCIAL REPORTING, BUDGETING, COST ALLOCATION

WAC

246-454-001	Purpose.
246-454-010	Definitions.
246-454-020	Adoption and establishment of uniform system.
246-454-030	Submission of budget.
246-454-050	Submission of year-end report.
246-454-070	Submission of quarterly reports.
246-454-080	Alternative system of financial reporting.
246-454-090	Modifications of uniform system.
246-454-110	Uniformly applicable interpretive rulings and minor manual modifications.
246-454-120	Penalties for violation.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-454-040	Budget amendment submittals authorized—Time limitations—Presumption. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-454-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.39.180. 86-13-052 (Order 86-02, Resolution No. 86-02), § 261-20-045, filed 6/13/86. Statutory Authority: Chapter 70.39 RCW. 84-20-066 (Order 84-05, Resolution No. 84-05), § 261-20-045, filed 10/1/84; 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-20-045, filed 2/28/83.] Repealed by 94-12-089, filed 6/1/94, effective 7/2/94. Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW.
246-454-060	Inspection of hospitals' books and records. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-454-060, filed 12/27/90, effective

1/31/91. Statutory Authority: Chapter 70.39 RCW. 84-20-066 (Order 84-05, Resolution No. 84-05), § 261-20-054, filed 10/1/84.] Repealed by 94-12-089, filed 6/1/94, effective 7/2/94. Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW.

246-454-100

Modifications of uniform system applicable to only "basic service" hospitals. [Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-454-100, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 84-20-066 (Order 84-05, Resolution No. 84-05), § 261-20-074, filed 10/1/84; 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-20-074, filed 2/28/83.] Repealed by 94-12-089, filed 6/1/94, effective 7/2/94. Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW.

WAC 246-454-001 Purpose. This chapter is adopted by the Washington state department of health to implement the provisions of RCW 70.170.100 and 43.70.050 regarding the establishment of a uniform system of accounting, financial reporting, budgeting and cost allocation for hospitals in Washington state. This system shall be utilized by each hospital to record and report to the department its revenues, expenses, other income, other outlays, assets and liabilities, and units of service and to submit information, as may be required by the department, pertaining to the total financial needs of the hospital and the resources available or expected to become available to meet such needs.

[Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW. 94-12-089, § 246-454-001, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-454-001, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 84-20-066 (Order 84-05, Resolution No. 84-05), § 261-20-010, filed 10/1/84; 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-20-010, filed 2/28/83; 81-06-016 (Order 81-01, Resolution No. R-81-01), § 261-20-010, filed 2/20/81.]

WAC 246-454-010 Definitions. As used in this chapter, unless the context requires otherwise.

(1) "Department" means the Washington state department of health created by chapter 43.70 RCW.

(2) "Hospital" means any health care institution which is required to qualify for a license under RCW 70.41.020(2); or as a psychiatric hospital under chapter 71.12 RCW.

(3) "Manual" means the *Washington State Department of Health Accounting and Reporting Manual for Hospitals*, third edition adopted under WAC 246-454-020.

(4) "System of accounts" means the list of accounts, code numbers, definitions, units of measure, and principles and concepts included in the manual.

(5) "Budget" means the forecast of each hospital's total financial needs and the resources available to meet such needs for its next fiscal year and includes such information as shall be specified in the manual concerning volume and utilization projections, operating expenses, capital requirements, and deductions from revenue.

[Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW. 94-12-089, § 246-454-010, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-454-010, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 84-20-066 (Order 84-05, Resolution No. 84-05), § 261-20-020, filed 10/1/84; 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-20-020, filed 2/28/83; 81-06-016 (Order 81-01, Resolution No. R-81-01), § 261-20-020, filed 2/20/81.]

WAC 246-454-020 Adoption and establishment of uniform system. The department, pursuant to RCW 70.170.100, hereby adopts and establishes a uniform system of accounting, financial reporting, budgeting, and cost allocation for hospitals in Washington state, which system is described in the department's publication entitled *Washington State Department of Health Accounting and Reporting Manual for Hospitals*, third edition, which publication is hereby incorporated by this reference. The hospital shall utilize the manual for submitting information as may be required by the department, pertaining to the total financial needs of the hospital and the resources available or expected to become available to meet such needs.

[Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW. 94-12-089, § 246-454-020, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-454-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 84-20-066 (Order 84-05, Resolution No. 84-05), § 261-20-030, filed 10/1/84; 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-20-030, filed 2/28/83; 81-06-016 and 81-06-017 (Order 81-01, Resolution No. R-81-01 and Order 81-02, Resolution No. R-81-02), § 261-20-030, filed 2/20/81.]

Reviser's note: Amendments to the *Washington State Hospital Commission's Accounting and Reporting Manual*, second edition, were filed by the Washington State Hospital Commission under Order and Resolution No. 84-01, filed June 8, 1984, (Statutory Authority: Chapter 70.39 RCW). The code reviser, under the authority of RCW 34.05.210(4), has deemed it unduly cumbersome to publish. Copies of the *Accounting and Reporting Manual*, second edition, may be obtained by writing to the Washington State Hospital Commission, Mailstop FJ-21, Olympia, WA 98504.

Reviser's note: Amendments to the commission's *Accounting and Reporting Manual*, second edition, were filed on August 29, 1984, by Order and Resolution No. 84-03 (Statutory Authority: RCW 70.39.180(1)). The specific portions of the manual amended are as follows:

The addition of "Appendix E Respiratory Therapy Services Uniform Reporting Service Code Listing";
Page 2420.2 (cont. 13) 7180 RESPIRATORY SERVICES;
Appendices Table of Contents.

Reviser's note: Amendments to the *Washington State Hospital Commission's Accounting and Reporting Manual*, second edition, were filed with the code reviser under Order and Resolution No. 84-08, filed December 7, 1984, (Statutory Authority: Chapter 70.39 RCW). The specific portions of the manual amended by this action are as follows:

(1) Addition of Appendix G, HFMA Principles and Practices Board Statement 2, defining charity service as contrasted to bad debt; and
(2) Revising the appendices table of contents to add Appendix G.

Reviser's note: Amendments to the *Washington State Hospital Commission's Accounting and Reporting Manual*, second edition, were filed with the code reviser under Order and Resolution No. 85-01, filed January 31, 1985, (Statutory Authority: Chapter 70.39 RCW). The specific portions of the manual amended by this action are as follows:
Accounting and reporting manual chapter 10000, entitled, "Reporting Requirements" sections:

Section 10001	Year-end report
Section 10010	Instructions
Section 10101	Quarterly report
Section 10110	Instructions

Form HOS-939 (1/85), Quarterly report (WSHC Q1)

Reviser's note: Amendments to the *Washington State Hospital Commission's Accounting and Reporting Manual*, second edition, were filed with the code reviser on July 29, 1985, under Order and Resolution No. 85-04 (Statutory Authority: RCW 70.39.180(1)), affecting System of Accounts, chapters 2000, 8000, and 10000. The specific pages of the manual amended are as follows:

Page	2210.4
	2220
	2220.1
	2410.4
	2410.4 (cont. 1)

2410.4 (cont. 2)
 2410.4 (cont. 3)
 8020 (cont. 60)
 10101
 10110
 10110 (cont. 1)
 10110 (cont. 2)
 Quarterly Report Form
 SS-8 Forms

Reviser's note: Amendments to the *Washington State Hospital Commission's Accounting And Reporting Manual*, second edition, were filed with the code reviser on November 24, 1986, under Order and Resolution No. 86-05 (Statutory Authority: Chapter 70.39 RCW). The topics amended are as follows:

Quarterly Report

- volumes by payer source
- deductions from revenue related to charity care
- expense and revenue accounts
- budgeting forms and instructions for magnetic resonance imaging, air transportation, extracorporeal shock wave lithotripsy, and organ acquisition
- reporting forms, accounts, and instructions for deductions from revenue
- bad debt collection procedures
- amendment request procedures, forms and instructions

Appendices

- radiology relative value units
- standards for collection procedures
- magnetic resonance imaging relative value units
- nuclear medicine relative value units.

WAC 246-454-030 Submission of budget. (1) Each hospital shall submit its annual budget to the department not less than thirty days prior to the beginning of its fiscal year. The budget shall contain that information specified in the manual and shall be submitted in the form and manner specified in the manual. If more than one hospital is operated by the reporting organization, the information required by this section shall be reported for each hospital separately.

(2) The hospital chief executive officer and presiding officer of the hospital's governing body shall attest that the information submitted under this section has been examined by such person and that to the best of his/her knowledge and belief such information is a true and correct statement of the total financial needs of the hospital for the budget period.

[Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW. 94-12-089, § 246-454-030, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-454-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.39.180. 86-11-041 (Order 86-01, Resolution No. 86-01), § 261-20-040, filed 5/16/86. Statutory Authority: Chapter 70.39 RCW. 84-20-066 (Order 84-05, Resolution No. 84-05), § 261-20-040, filed 10/1/84; 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-20-040, filed 2/28/83; 81-06-016 (Order 81-01, Resolution No. R-81-01), § 261-20-040, filed 2/20/81.]

WAC 246-454-050 Submission of year-end report.

(1) Each hospital annually shall file its year-end report with the department within one hundred twenty days after the close of its fiscal year in the form and manner specified in the manual: *Provided, however,* The one hundred twenty-day period may be extended up to and including an additional sixty days upon submission of adequate justification to the department. If more than one hospital is operated by the

reporting organization, the information required by this section shall be reported for each hospital separately.

(2) Information submitted pursuant to this section shall be certified by the hospital's administrative and financial officers, that such reports, to the best of their knowledge and belief, have been prepared in accordance with the prescribed system of accounting and reporting, and fairly state the financial position of the hospital as of the specified date. The department also may require attestation as to such statements from responsible officials of the hospital so designated by the governing body, if any, of the hospital.

[Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW. 94-12-089, § 246-454-050, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-454-050, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 84-20-066 (Order 84-05, Resolution No. 84-05), § 261-20-050, filed 10/1/84; 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-20-050, filed 2/28/83; 81-06-016 (Order 81-01, Resolution No. R-81-01), § 261-20-050, filed 2/20/81.]

WAC 246-454-070 Submission of quarterly reports.

Each hospital shall submit a quarterly summary utilization and financial report within forty-five days after the end of each calendar quarter. The quarterly report shall contain that information specified by the department and shall be submitted in the form and manner specified by the department.

[Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW. 94-12-089, § 246-454-070, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-454-070, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 85-04-026 (Order 85-01, Resolution No. 85-01), § 261-20-057, filed 1/31/85.]

WAC 246-454-080 Alternative system of financial reporting. Upon receipt of a request in detail to the satisfaction of the department, the department in its discretion may approve an alternative system for reporting of information under WAC 246-454-030 or 246-454-050 by a hospital for such period(s) or portion thereof as the department shall specify, if:

(1) The hospital charges no fee to users of its services, presents no billing, either direct or indirect, to users of its services, and presents no billing and accepts no payment for services from private or public insurers.

(2) The hospital is significantly different from other hospitals in one or more of the following respects: Size; financial structure; methods of payment for services; or scope, type, and method of providing services.

(3) The hospital has other pertinent distinguishing characteristics.

(4) Such alternative system will avoid otherwise unduly burdensome costs in meeting the requirements of the uniform reporting system established by the department.

[Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW. 94-12-089, § 246-454-080, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-454-080, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-20-060, filed 2/28/83; 81-06-016 (Order 81-01, Resolution No. R-81-01), § 261-20-060, filed 2/20/81.]

WAC 246-454-090 Modifications of uniform system. The department, after due consideration, in its discretion,

may prepare and publish modifications of the manual, for such period and under such conditions as the department shall determine. Such modifications shall be prepared in the format of, and shall be adopted by the department as a rule pursuant to chapter 34.04 [34.05] RCW. A copy of such modifications shall be mailed to each hospital and manual holder of record.

[Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW. 94-12-089, § 246-454-090, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-454-090, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-20-070, filed 2/28/83; 81-06-016 (Order 81-01, Resolution No. R-81-01), § 261-20-070, filed 2/20/81.]

WAC 246-454-110 Uniformly applicable interpretive rulings and minor manual modifications. (1) The department is authorized to make uniformly applicable interpretive rulings with respect to matters contained in the manual. The department is also authorized to correct typographical and coding errors as well as make other minor organizational modifications when such corrections and modifications appear to be necessary.

(2) Any such interpretive ruling, correction, or modification shall be in writing and distributed as an attachment to a consecutively numbered transmittal. Such transmittal shall describe the changes in detail and shall include instructions regarding the placement of such material in the manual. Each hospital and manual holder of record shall be sent a copy of any such transmittal together with all attachments.

[Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW. 94-12-089, § 246-454-110, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-454-110, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-20-080, filed 2/28/83; 81-06-016 (Order 81-01, Resolution No. R-81-01), § 261-20-080, filed 2/20/81.]

WAC 246-454-120 Penalties for violation. RCW 70.170.070 provides that every person who shall violate or knowingly aid and abet the violation of chapter 70.170 RCW or any valid orders, rules, or regulations thereunder, or who fails to perform any act which that chapter makes it his/her duty to perform shall be guilty of a misdemeanor. Following official notice to the accused by the department of the existence of an alleged violation, each day upon which a violation occurs shall constitute a separate violation. Any person violating the provisions of chapter 70.170 RCW may be enjoined from continuing such violation. Failure to file the reports required by WAC 246-454-030(1), 246-454-050(1), and 246-454-070 shall constitute a violation, and the department may levy a civil penalty not to exceed one thousand dollars per day for each day following official notice of the violation by the department. The department may grant extensions of time to file the reports, in which cases failure to file the reports shall not constitute a violation until the extension period has expired.

[Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW. 94-12-089, § 246-454-120, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-454-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.39.180. 86-11-041 (Order 86-01, Resolution No. 86-01), § 261-20-090, filed 5/16/86. Statutory Authority: Chapter 70.39 RCW. 85-04-026 (Order 85-01,

Resolution No. 85-01), § 261-20-090, filed 1/31/85; 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-20-090, filed 2/28/83.]

Chapter 246-455 WAC

HOSPITAL PATIENT DISCHARGE INFORMATION REPORTING

WAC

246-455-001	Purpose.
246-455-010	Definitions.
246-455-020	Reporting of UB-92 data set information.
246-455-030	Reporting of E-Codes.
246-455-040	Acceptable media for submission of data.
246-455-050	Time deadline for submission of data.
246-455-060	Edits to data.
246-455-070	Revisions to submitted data.
246-455-080	Confidentiality of data.
246-455-090	Certification of data accuracy.
246-455-100	Penalties for violation.

WAC 246-455-001 Purpose. This chapter is adopted by the Washington state department of health pursuant to RCW 70.170.100 relating to the collection and maintenance of patient discharge data, including data necessary for identification of discharges by diagnosis-related groups.

[Statutory Authority: RCW 43.70.040 and chapter 70.170 RCW. 94-12-090, § 246-455-001, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-455-001, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 84-20-067 (Order 84-06, Resolution No. 84-06), § 261-50-010, filed 10/1/84.]

WAC 246-455-010 Definitions. As used in this chapter, unless the context requires otherwise,

- (1) "Department" means department of health.
- (2) "Diagnosis-related groups" is a classification system that groups hospital patients according to principal and secondary diagnosis, presence or absence of a surgical procedure, age, presence or absence of significant comorbidities or complications, and other relevant criteria.
- (3) "Hospital" means any health care institution which is required to qualify for a license under RCW 70.41.020(2); or as a psychiatric hospital under chapter 71.12 RCW.
- (4) "UB-92 data set" means the data element specifications developed by the Washington state uniform billing committee and set forth in the state of Washington *UB-92 Procedure Manual*, which is available to the public upon request.
- (5) "Patient discharge" means the termination of an inpatient admission or stay, including an admission as a result of a birth, in a Washington hospital.
- (6) "HMO" means a health maintenance organization.
- (7) "SNF" means a skilled nursing facility.
- (8) "HCF" means a health care facility.
- (9) "ICF" means an intermediate care facility.
- (10) "HHA" means a home health agency.
- (11) "IV" means intravenous.
- (12) "UPIN" means unique physician identification number.
- (13) "CHARS" means comprehensive hospital abstract reporting system.

[Statutory Authority: RCW 43.70.040 and chapter 70.170 RCW. 94-12-090, § 246-455-010, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-455-010, filed

12/27/90, effective 1/31/91. Statutory Authority: RCW 70.39.180. 85-17-020 (Order 85-05, Resolution No. 85-05), § 261-50-020, filed 8/13/85. Statutory Authority: Chapter 70.39 RCW. 84-20-067 (Order 84-06, Resolution No. 84-06), § 261-50-020, filed 10/1/84.]

WAC 246-455-020 Reporting of UB-92 data set information. (1) Effective with all hospital patient discharges on or after April 1, 1994, hospitals shall collect and report the following UB-92 data set elements to the department:

(a) Patient control number

Patient's unique alpha-numeric number assigned by the hospital to facilitate retrieval of individual patient records. This number should be constructed to allow prompt hospital access to the patient's discharge record for data verification.

(b) Type of bill

This three-digit code requires 1 digit each, in the following sequence form: Type of facility, bill classification, frequency.

Digit #1 must be "1" to indicate a hospital.

Digit #2 must be a "1," a "2" or an "8" to indicate an inpatient.

Digit #3 must be a "1" to indicate admit through discharge claim.

(c) Medicare provider number

This is the number assigned to the provider by Medicare.

(d) Patient identifier

The patient identifier shall be composed of the first two letters of the patient's last name, the first two letters of the patient's first name, or one or two initials if no first name is available, or when the last name is a single letter add three letters of first name, and the patient's birthdate.

(e) ZIP Code

Patient's five or nine digit ZIP Code. In the case of a foreign country, enter the first nine characters of the name.

(f) Birthdate

The patient's date of birth in MMDDYYYY format.

(g) Sex

Patient's sex in M/F format.

(h) Admission date

Admission date in MMDDYY format.

(i) Type of admission

This field is filled with one of the following codes:

- 1 Emergency
- 2 Urgent
- 3 Elective
- 4 Newborn

(j) Source of admission

This field is completed with one of the following codes:

- 1 Physician referral
- 2 Clinic referral
- 3 HMO referral
- 4 Transfer from another hospital
- 5 Transfer from a SNF
- 6 Transfer from another HCF
- 7 Emergency room
- 8 Court/law enforcement
- 9 Other

When type of admission is a "4 newborn," enter one of the following for source of admission:

- 1 Normal delivery
- 2 Premature delivery
- 3 Sick baby
- 4 Extramural birth
- 5 Multiple birth

(k) Patient status

Patient discharge disposition in one of the following codes:

- 01 Discharged home or self care
- 02 Discharged to another short-term general hospital
- 03 Discharged to SNF
- 04 Discharged to an ICF
- 05 Discharged to another type institution
- 06 Discharged to home under care of HHA
- 07 Left against medical advice
- 08 Discharged/transferred to home under care of home IV provider
- 20 Expired

(l) Statement covers period

This is the beginning and ending dates for which the UB-92 covers.

(m) Revenue code

The Medicare required revenue code (as defined in the *UB-92 Procedure Manual*), which identifies a specific accommodation, ancillary service or billing calculation.

(n) Units of service

The Medicare required units of service (as defined in the *UB-92 Procedure Manual*) which provide a quantitative measure of services rendered by revenue category to or for the patient. Where no units of service are required by Medicare, the units of service may be those used by the hospital.

(o) Total charges by revenue code category

Total charges pertaining to the related revenue code.

(p) Payer identification #1

Enter the three-digit code that identifies the primary payer.

The required code options include:

- 001 for Medicare
- 002 for Medicaid
- 004 for health maintenance organizations
- 006 for commercial insurance
- 008 for workers' compensation which includes state fund, self-insured employers, and labor and industries crime victims claims
- 009 for self pay
- 610 for health care service contractors, e.g., Blue Cross, county medical bureaus, Washington Physicians Service
- 625 for other sponsored patients, e.g., CHAMPUS, Indian health
- 630 charity care, as defined in chapter 70.170 RCW

(q) Payer identification #2

Same requirements as in payer identification #1. This field should only be completed when a secondary payer has been identified.

(r) Principal diagnosis code

ICD-9-CM code describing the principal diagnosis (the condition established after study to be chiefly responsible for causing the admission of the patient for care).

(s) Other diagnoses codes
ICD-9-CM codes identifying up to eight additional conditions that coexist at the time of admission, or develop subsequently, and which have an effect on the treatment received or the length of stay).

(t) Principal procedure code
The ICD-9-CM code that identifies the principal procedure performed during the patient admission.

(u) Other procedure codes
ICD-9-CM codes identifying up to five significant procedures other than the principal procedure performed during the admission.

(v) Attending physician identification
The UPIN number of the licensed physician who would normally be expected to certify and recertify the medical necessity of the services rendered and/or who has primary responsibility for the patient's medical care and treatment. For physicians who do not have a UPIN number, the state Medicaid number or the state license number should be used.

(w) Other physician identification
The UPIN number of the licensed physician who performed the principal procedure. For physicians who do not have a UPIN number, the state Medicaid number or the state license number should be used. If no principal procedure was performed, this field should be left blank.

(2) The hospital shall report all inpatients discharge data described in WAC 246-455-020. Each patient discharge must carry a separate, unique patient control number on a separate UB-92 record. For example, a mother and her newborn require separate UB-92s, each with a separate, unique patient control number.

[Statutory Authority: RCW 43.70.040 and chapter 70.170 RCW. 94-12-090, § 246-455-020, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-455-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 87-08-037 (Order 87-02, Resolution No. 87-02), § 261-50-030, filed 3/30/87; 87-04-008 (Order 87-01, Resolution No. 87-01), § 261-50-030, filed 1/23/87. Statutory Authority: RCW 70.39.180. 86-14-081 (Order 86-03, Resolution No. 86-03), § 261-50-030, filed 7/1/86; 85-17-020 (Order 85-05, Resolution No. 85-05), § 261-50-030, filed 8/13/85. Statutory Authority: Chapter 70.39 RCW. 84-20-067 (Order 84-06, Resolution No. 84-06), § 261-50-030, filed 10/1/84.]

WAC 246-455-030 Reporting of E-Codes. Effective with hospital patient discharges occurring on or after January 1, 1989, hospitals shall collect and report up to two ICD-9-CM codes identifying the external cause of injury and poisoning (E-Codes), when applicable.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-455-030, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 88-16-043 (Order 88-05, Resolution No. 88-05), § 261-50-035, filed 7/29/88.]

WAC 246-455-040 Acceptable media for submission of data. Hospitals shall submit data in the form prescribed by the department in the *CHARS Procedure Manual*.

[Statutory Authority: RCW 43.70.040 and chapter 70.170 RCW. 94-12-090, § 246-455-040, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-455-040, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 88-16-043 (Order 88-05, Resolution No. 88-05), § 261-50-040, filed 7/29/88; 87-04-008 (Order 87-01, Resolution No. 87-01), § 261-50-040, filed 1/23/87. Statutory Authority: RCW 70.39.180. 86-14-081 (Order 86-03, Resolution No. 86-03), § 261-50-040, filed 7/1/86; 85-17-020 (Order 85-05,

Resolution No. 85-05), § 261-50-040, filed 8/13/85. Statutory Authority: Chapter 70.39 RCW. 84-20-067 (Order 84-06, Resolution No. 84-06), § 261-50-040, filed 10/1/84.]

WAC 246-455-050 Time deadline for submission of data. The hospital shall submit data to the department or its designee within forty-five days following the end of each calendar month.

[Statutory Authority: RCW 43.70.040 and chapter 70.170 RCW. 94-12-090, § 246-455-050, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-455-050, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 88-16-043 (Order 88-05, Resolution No. 88-05), § 261-50-050, filed 7/29/88; 87-04-008 (Order 87-01, Resolution No. 87-01), § 261-50-050, filed 1/23/87; 84-20-067 (Order 84-06, Resolution No. 84-06), § 261-50-050, filed 10/1/84.]

WAC 246-455-060 Edits to data. The department shall edit the data as follows:

(1) Record layout compatibility edits on data submitted in accordance with WAC 246-455-020; and

(2) Verification of the data set elements set forth in WAC 246-455-020.

[Statutory Authority: RCW 43.70.040 and chapter 70.170 RCW. 94-12-090, § 246-455-060, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-455-060, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 88-16-043 (Order 88-05, Resolution No. 88-05), § 261-50-060, filed 7/29/88; 87-04-008 (Order 87-01, Resolution No. 87-01), § 261-50-060, filed 1/23/87; 84-20-067 (Order 84-06, Resolution No. 84-06), § 261-50-060, filed 10/1/84.]

WAC 246-455-070 Revisions to submitted data. (1) All data revisions required as a result of the edits performed pursuant to WAC 246-455-020 shall be corrected and returned to the department or its designee within fourteen working days.

(2) The department may assess a civil penalty as provided in RCW 70.170.070 and WAC 246-455-100 for the costs associated with more than one cycle of edits as described in WAC 246-455-060.

[Statutory Authority: RCW 43.70.040 and chapter 70.170 RCW. 94-12-090, § 246-455-070, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-455-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.39.180. 85-17-020 (Order 85-05, Resolution No. 85-05), § 261-50-065, filed 8/13/85. Statutory Authority: Chapter 70.39 RCW. 84-20-067 (Order 84-06, Resolution No. 84-06), § 261-50-065, filed 10/1/84.]

WAC 246-455-080 Confidentiality of data. The department and any of its contractors or agents shall maintain the confidentiality of any information which may in any manner identify individual patients. RCW 70.170.090.

The following confidential data elements are not public data: Patient control number, patient identifier, patient birthdate, admission date, discharge date, and nine-digit ZIP Code. The following data elements are public data: Patient's age at admission, discharge month and year, length of stay, and a five-digit ZIP Code.

Records containing confidential data elements may be disclosed for research purposes after approval from the human research review board in accordance with RCW 42.48.020.

[Statutory Authority: RCW 43.70.040 and chapter 70.170 RCW. 94-12-090, § 246-455-080, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-455-080, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 84-20-067 (Order 84-06, Resolution No. 84-06), § 261-50-070, filed 10/1/84.]

WAC 246-455-090 Certification of data accuracy.

The department shall furnish each hospital a report of its quarterly discharge data contained in the department's discharge data system. The chief executive officer of the hospital shall, within fourteen calendar days of receipt of the report, certify that the information contained in the department's discharge data system is complete and accurate to within ninety-five percent of the total discharges and total charges experienced at the hospital during that quarter, or submit the necessary corrections to the data to permit such certification.

[Statutory Authority: RCW 43.70.040 and chapter 70.170 RCW. 94-12-090, § 246-455-090, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-455-090, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 87-08-037 (Order 87-02, Resolution No. 87-02), § 261-50-075, filed 3/30/87.]

WAC 246-455-100 Penalties for violation. RCW 70.170.070 describes the penalty for violation of any valid orders, rules, regulations, and reporting requirements. The department may grant extensions of time to file the information, in which cases failure to file the information shall not constitute a violation until the extension period has expired.

[Statutory Authority: RCW 43.70.040 and chapter 70.170 RCW. 94-12-090, § 246-455-100, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-455-100, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 88-16-043 (Order 88-05, Resolution No. 88-05), § 261-50-090, filed 7/29/88; 87-08-037 (Order 87-02, Resolution No. 87-02), § 261-50-090, filed 3/30/87; 87-04-008 (Order 87-01, Resolution No. 87-01), § 261-50-090, filed 1/23/87. Statutory Authority: RCW 70.39.180. 86-14-081 (Order 86-03, Resolution No. 86-03), § 261-50-090, filed 7/1/86; 85-17-020 (Order 85-05, Resolution No. 85-05), § 261-50-090, filed 8/13/85.]

Chapter 246-490 WAC VITAL STATISTICS

WAC

246-490-001	Legal authorities.
246-490-019	New record for child when father acknowledges paternity.
246-490-029	Father and/or mother may change given name.
246-490-039	Certificates in pencil not allowed.
246-490-040	Handling and care of human remains.
246-490-050	Transportation of human remains.
246-490-060	Cremated remains.
246-490-069	Birth certificate to be filed for foundling child.
246-490-100	Reporting of pregnancy terminations.
246-490-110	Disclosure of information.

WAC 246-490-001 Legal authorities. (1) Chapter 246-490 WAC implements chapters 70.58, 43.20, and 43.70 RCW.

(2) The following sections are adopted by the state board of health under the authority of RCW 43.20.050:

- (a) WAC 246-490-001;
- (b) WAC 246-490-040;
- (c) WAC 246-490-050; and
- (d) WAC 246-490-060.

(3) The following sections are adopted by the department of health under the authority of RCW 43.70.040:

- (a) WAC 246-490-019;
- (b) WAC 246-490-029;
- (c) WAC 246-490-039; and
- (d) WAC 246-490-069.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-490-001, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-490-001, filed 12/27/90, effective 1/31/91; Regulation .40.999, effective 3/11/60.]

WAC 246-490-019 New record for child when father acknowledges paternity. Whenever the father and mother are not married at the time of the child's birth, but they become legally married at any time subsequent to the birth of the child, the state registrar shall require such satisfactory evidence to be presented in the form of affidavits, certified copies of records or otherwise, as may be necessary to establish the fact of such marriage, and when so established a new certificate shall be substituted for the original to record the father's name on the child's birth certificate.

[Statutory Authority: RCW 43.70.040 and 43.70.150. 92-02-018 (Order 224), § 246-490-019, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-490-019, filed 12/27/90, effective 1/31/91; Regulation .40.010, effective 3/11/60.]

WAC 246-490-029 Father and/or mother may change given name. The father and/or mother of any child whose birth has been registered may, during the minority of said child, change the given name of the child on the record by filing an affidavit of change with the state registrar.

[Statutory Authority: RCW 43.70.040 and 43.70.150. 92-02-018 (Order 224), § 246-490-029, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-490-029, filed 12/27/90, effective 1/31/91; Regulation .40.020, effective 3/11/60.]

WAC 246-490-039 Certificates in pencil not allowed. All certificates of birth or death shall either be made out legibly with unfading ink or typewritten through a good grade of typewriter ribbon, and shall be signed in either case in ink. No certificate made in pencil shall be accepted by a registrar as a permanent record of birth or death.

[Statutory Authority: RCW 43.70.040 and 43.70.150. 92-02-018 (Order 224), § 246-490-039, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-490-039, filed 12/27/90, effective 1/31/91; Regulation .40.030, effective 3/11/60.]

WAC 246-490-040 Handling and care of human remains. (1) Definitions applicable to WAC 246-490-040 and 246-490-050.

(a) "Barrier precaution" means protective attire or equipment or other physical barriers worn to protect or prevent exposure of skin and mucous membranes of the wearer to infected or potentially infected blood, tissue, and body fluids.

(b) "Burial transit permit" means a form, approved and supplied by the state registrar of vital statistics as described in chapter 43.20A RCW, identifying the name of the deceased, date and place of death, general information, disposition and registrar and sexton information.

(c) "Common carrier" means any person transporting property for the general public for compensation as defined in chapter 81.80 RCW.

(d) "Department" means the Washington state department of health.

(e) "Embalmer" means a person licensed as required in chapter 18.39 RCW and engaged in the profession or business of disinfecting, preserving, or preparing dead human bodies for disposal or transportation.

(f) "Funeral director" means a person licensed as required in chapter 18.39 RCW and engaged in the profession or business of conducting funerals and supervising or directing the burials and disposal of human remains.

(g) "Health care facility" means any facility or institution licensed under:

(i) Chapter 18.20 RCW, boarding homes;

(ii) Chapter 18.46 RCW, maternity homes;

(iii) Chapter 18.51 RCW, nursing homes;

(iv) Chapter 70.41 RCW, hospitals; or

(v) Chapter 71.12 RCW, private establishments, or clinics, or other settings where one or more health care providers practice.

(h) "Health care provider" means any person having direct or supervisory responsibility for the delivery of health care or medical care including persons licensed in Washington state under Title 18 RCW to practice medicine, podiatry, chiropractic, optometry, osteopathy, nursing, midwifery, dentistry, physician assistant, and military personnel providing health care within Washington state regardless of licensure.

(i) "Local registrar of vital statistics" means the health officer or administrator who registers certificates of birth and death occurring in his or her designated registration district as defined in chapter 70.58 RCW.

(2) Funeral directors, medical examiners, coroners, health care providers, health care facilities, and their employees directly handling or touching human remains shall:

(a) Wash hands and other exposed skin surfaces with soap and water or equivalent immediately and thoroughly after contact with human remains, blood, or body fluids;

(b) Use barrier precautions whenever a procedure involves potential contact with blood, body fluids, or tissues of the deceased;

(c) Not eat, drink, or smoke in areas where handling of human remains or body fluids take place;

(d) Use reasonable precautions to prevent spillage of body fluids during transfer and transport of human remains including, when necessary:

(i) Containing, wrapping, or pouching with materials appropriate to the condition of the human remains; and

(ii) Obtaining approval from the coroner or medical examiner prior to pouching any human remains under their jurisdiction.

(e) Wash hands immediately after gloves are removed;

(f) Take precautions to prevent injuries by needles, scalpels, instruments, and equipment during use, cleaning, and disposal;

(g) Properly disinfect or discard protective garments and gloves immediately after use;

(h) Properly disinfect all surfaces, instruments, and equipment used if in contact with human remains, blood, or body fluids;

(i) Provide appropriate disposal of body fluids, blood, tissues, and wastes including:

(i) Equipping autopsy rooms, morgues, holding rooms, preparation rooms, and other places with impervious containers;

(ii) Lining containers with impervious, disposable material;

(iii) Equipping disposal containers with tightly fitting closures;

(iv) Destroying contents of disposal containers by methods approved by local ordinances and requirements related to disposal of infectious wastes;

(v) Immediately disposing of all fluids removed from bodies into a sewage system approved by the local health jurisdiction or by the department; and

(vi) Disinfecting immediately after use all containers and cans used to receive solid or fluid material taken from human remains.

(3) Funeral directors, embalmers, and others assisting in preparation of human remains shall refrigerate or embalm the remains within twenty-four hours of receipt. If remains are refrigerated, they shall remain so until final disposition or transport as permitted under WAC 246-490-050.

(4) Persons responsible for transfer or transport of human remains shall clean and disinfect equipment and the vehicle if body fluids are present and as necessary.

(5) Persons disposing of human remains in Washington state shall comply with requirements under chapter 68.50 RCW.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-490-040, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-490-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.050 (2)(e). 89-02-007 (Order 323), § 248-40-040, filed 12/27/88; 88-13-080 (Order 312), § 248-40-040, filed 6/16/88. Statutory Authority: RCW 43.20.050. 86-14-008 (Order 300), § 248-40-040, filed 6/19/86; Regulation .40.040, effective 3/11/60.]

WAC 246-490-050 Transportation of human remains. (1) Persons handling human remains shall:

(a) Use effective hygienic measures consistent with handling potentially infectious material;

(b) Obtain and use a burial-transit permit from the local health officer or local registrar of vital statistics when transporting human remains by common carrier;

(c) Enclose the burial-transit permit in a sturdy envelope; and

(d) Attach the permit to the shipping case.

(2) Prior to transporting human remains by common carrier, persons responsible for preparing and handling the remains shall:

(a) Enclose the casket or transfer case in a tightly closed, securely constructed outer box;

(b) Transport human remains pending final disposition more than twenty-four hours after receipt of human remains by the funeral director only if:

(i) The remains are thoroughly embalmed, or

(ii) The remains are prepared by:

(A) Packing orifices with a material saturated with a topical preservative;

(B) Wrapping the remains in absorbent material approximately one inch thick and saturated with a preservative or coating the remains with heavy viscosity preservative gel;

(C) Placing the remains in a lightweight, disposable burial pouch; and

(D) Placing the disposable burial pouch inside a heavy canvas rubberized pouch and appropriately sealing along the zipped area with a substance such as collodion.

(3) Persons responsible for human remains routed to the point of final destination on a burial-transit permit shall:

(a) Allow temporary holding of remains at a stopover point within the state of Washington for funeral or other purposes without an additional permit; and

(b) Surrender the burial-transit permit to the sexton or crematory official at the point of interment or cremation.

(4) Sextons and cremation officials shall accept the burial-transit permit as authority for interment or cremation anywhere within the state of Washington.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-490-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.050 (2)(e). 89-02-007 (Order 323), § 248-40-050, filed 12/27/88; 88-13-080 (Order 312), § 248-40-050, filed 6/16/88. Statutory Authority: RCW 43.20.050. 86-14-008 (Order 300), § 248-40-050, filed 6/19/86; Regulation .40.050, effective 3/11/60.]

WAC 246-490-060 Cremated remains. Rules and regulations adopted by the state board of health pertaining to dead human bodies shall not be construed as applying to human remains after cremation: *Provided, however,* That a permit for disposition of cremated remains may be issued by local registrars in cooperation with the Washington state cemetery board. The permit for the disposition of cremated remains may be used in connection with the transportation of cremated remains by common carrier or other means: *Provided further,* That the state department of health may issue a permit for the disposition of cremated remains which have been in the lawful possession of any person, firm, corporation, or association for a period of two years or more. Issuance of such a permit shall not be construed as authorizing disposition which is inconsistent with any statute of the state of Washington or rule or regulation prescribed by the state department of licenses.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-490-060, filed 12/27/90, effective 1/31/91; Regulation .40.060, effective 3/11/60.]

WAC 246-490-069 Birth certificate to be filed for foundling child. When an infant is found for whom no known certificate of birth is on file and for whom no other identification is known, the finder shall notify the police authorities having jurisdiction within the area of finding.

The police authorities, within 48 hours, shall have the local health officer determine or cause to be determined the approximate date of birth of the child.

The health officer, within 72 hours of notification shall complete a certificate of live birth on a standard Washington certificate of live birth form designating the place of finding as the place of birth and place of residence, the approximate date of birth, sex, and assign a given name. He shall write across the face of the certificate in the sections provided for parental information the words, "foundling child," sign, and date the certificate and cause the same to be filed with the local registrar of the area in which the finding occurred.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-490-069, filed 12/27/90, effective 1/31/91; Regulation .40.080, effective 3/11/60.]

WAC 246-490-100 Reporting of pregnancy terminations. Each hospital and facility where lawful induced abortions are performed during the first, second, or third trimester of pregnancy shall, on forms prescribed and supplied by the secretary, report to the department during the following month the number and dates of induced abortions performed during the previous month, giving for each abortion the age of the patient, geographic location of patient's residence, patient's previous pregnancy history, the duration of the pregnancy, the method of abortion, any complications, such as perforations, infections, and incomplete evacuations, the name of the physician or physicians performing or participating in the abortion and such other relevant information as may be required by the secretary. All physicians performing abortions in nonapproved facilities when the physician has determined that termination of pregnancy was immediately necessary to meet a medical emergency, shall also report in the same manner, and shall additionally provide a clear and detailed statement of the facts upon which he or she based his or her judgment of medical emergency.

[Statutory Authority: RCW 43.70.040 and [43.70.]050. 94-04-083, § 246-490-100, filed 1/31/94, effective 3/3/94.]

WAC 246-490-110 Disclosure of information. To assure accuracy and completeness in reporting, as required to fulfill the purposes for which abortion statistics are collected, information received by the board or the department through filed reports or as otherwise authorized, shall not be disclosed publicly in such a manner as to identify any individual without their consent, except by subpoena, nor in such a manner as to identify any facility except in a proceeding involving issues of certificates of approval.

[Statutory Authority: RCW 43.70.040 and [43.70.]050. 94-04-083, § 246-490-110, filed 1/31/94, effective 3/3/94.]

Chapter 246-491 WAC

VITAL STATISTICS—CERTIFICATES

WAC

246-491-029	Adoption of United States standard certificates and report—Modifications.
246-491-039	Confidential information on state of Washington live birth and fetal death certificates pursuant to chapter 70.58 RCW.
246-491-149	Adoption of United States standard certificates and report—Modifications pursuant to RCW 43.70.150.
246-491-990	Vital records fees.

WAC 246-491-029 Adoption of United States standard certificates and report—Modifications. Pursuant to chapter 70.58 RCW, the Washington state board of health adopts and approves for use in the state of Washington, effective January 1, 1992, the 1988 revisions of the United States standard forms of live birth and fetal death. These forms are developed by the United States Department of Health and Human Services, National Center for Health

Statistics. The board of health shall make the following modifications to the confidential section of the U.S. standard certificate of live birth and U.S. standard report of fetal death:

U.S. STANDARD CERTIFICATE OF LIVE BIRTH

- Add "Spanish" to "of Hispanic origin."
- Add "or descent? (ancestry)" to "of Hispanic origin."
- Add "Asian or Pacific Islander" to "race."
- Add "occupation" and "type of business or industry" for both parents.
- Add "parental identification of ethnicity and race of child."
- Add "twenty weeks or more, less than twenty weeks" to "pregnancy history."
- Add separate categories for "spontaneous" and "induced" terminations to "pregnancy history."
- Add "total prior pregnancies."
- Add under the heading "medical risk factors for this pregnancy," "polyhydramnios, genital herpes, syphilis, "hepatitis B-HB_sA_g positive."
- Add under the heading "method of delivery," "C-section with no labor, C-section with trial of labor."
- Add under the heading "abnormal conditions of the newborn," drug withdrawal syndrome in newborn.
- Delete under 38a "hydramnios."
- Delete under item 37b "name of facility infant transferred to."
- Add under the heading "other risk factors for pregnancy," "weight before pregnancy."
- Add under the heading "complication of labor and/or delivery," "nuchal cord."
- Change "tobacco use during pregnancy" to "did mother smoke at any time during pregnancy"?
- Add "principal source of payment for prenatal care."
- Add "during pregnancy mother participated in (special programs)."

U.S. STANDARD REPORT OF FETAL DEATH

- Add "or descent? (ancestry)" to "of Hispanic origin."
- Add "Spanish" to "of Hispanic origin."
- Add "Asian or Pacific Islander" to "race."
- Add "twenty weeks or more, less than twenty weeks" to "other pregnancy outcomes."
- Add under the heading "medical risk factors for this pregnancy" "polyhydramnios, first trimester bleeding, epilepsy, genital herpes, syphilis."
- Add separate categories for "spontaneous" and "induced" terminations to "pregnancy history."
- Add "total prior pregnancies."
- Add "fetal hemorrhage, placenta and cord conditions (specify), hemolytic disease, fetal hydrops, shoulder dystocia, other (specify), and none."
- Add "C-section with no labor" and "C-section with trial of labor."
- Add under the heading "other risk factors for pregnancy," "weight before pregnancy."
- Change "tobacco use during pregnancy" to "did mother smoke at any time during pregnancy"?
- Add "principal source of payment for prenatal care."
- Add "during pregnancy mother participated in (special programs)."

Delete under item 23a "hydramnios and uterine bleeding."

Delete under item 26 "hysterotomy/hysterectomy."

[Statutory Authority: Chapter 70.58 RCW. 91-20-073 (Order 196B), § 246-491-029, filed 9/26/91, effective 10/27/91. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-491-029, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.58.200. 88-19-092 (Order 310), § 248-124-010, filed 9/20/88. Statutory Authority: RCW 43.20.050 and 70.58.200. 84-02-004 (Order 270), § 248-124-010, filed 12/23/83; Order, § 248-124-010, filed 9/1/67.]

WAC 246-491-039 Confidential information on state of Washington live birth and fetal death certificates pursuant to chapter 70.58 RCW. The confidential sections of the certificate of live birth and the certificate of fetal death shall not be subject to public inspection and shall not be included on certified copies of the record except upon order of a court.

[Statutory Authority: Chapter 70.58 RCW. 91-20-073 (Order 196B), § 246-491-039, filed 9/26/91, effective 10/27/91. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-491-039, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.58.200. 88-19-092 (Order 310), § 248-124-015, filed 9/20/88.]

WAC 246-491-149 Adoption of United States standard certificates and report—Modifications pursuant to RCW 43.70.150. The department adopts and approves for use in the state of Washington, effective January 1, 1992, the 1988 revisions of the United States standard forms for live birth, death, fetal death, marriage, and dissolution. These forms are developed by the United States Department of Health and Human Services, National Center for Health Statistics. With the exception of the confidential section, the department may modify any part of these forms and shall make the following modifications:

U.S. STANDARD CERTIFICATE OF LIVE BIRTH.

- Add "mother's request to issue Social Security number (allow up to six months)."
- Add "record amendment."
- Add "how long at current residence"?

U.S. STANDARD CERTIFICATE OF DEATH.

- Under "place of death" add "in transport," "hospital."
- Add "smoking in last fifteen years."
- Add "or descent" after "of Hispanic origin."
- Add "length of residence."
- Add "date of disposition."
- Add "medical examiner/coroner file number."
- Add "hour pronounced dead (24-hours)."
- Add "record amended section."
- Delete "license number (funeral director)" under item 21b.
- Delete "license number (certifier)" under item 23b.
- Delete "were autopsy findings available prior to completion of cause of death yes/no" under item 28b.
- Delete check boxes under item 20a.
- Delete "donation" under item 20a.
- Delete check boxes under item 31a.
- Delete item 32.
- Delete "inpatient" under item 9a.
- Delete check boxes under item 29.
- Delete "natural" under item 29.

U.S. STANDARD REPORT OF FETAL DEATH.

- Add "fetus name."
- Add "time of delivery."
- Add "place of delivery."
- Add "state of birth."
- Add "registrar signature."
- Add "date filed."
- Add "burial, cremation, removal, other (specify)."
- Add "date (burial)."
- Add "cemetery/crematory-name."
- Add "location (cemetery)."
- Add "funeral director signature."
- Add "name of facility."
- Add "address of facility."
- Add "autopsy yes/no."
- Add "were autopsy findings used to complete the cause of death"?
- Add "certification statement."
- Change title to "certificate of fetal death."

U.S. STANDARD LICENSE AND CERTIFICATE OF MARRIAGE.

- Change title to "certificate of marriage."
- Add "type of ceremony (religious/civil ceremony)."
- Add "officiant - date signed."
- Add "inside of city limits for bride and groom."
- Delete "age last birthday" for the groom under item 2.
- Delete "age last birthday" for the bride under item 9.
- Delete "license to marry" section.
- Delete "expiration date of license" under item 17.
- Delete "title of issuing official" under item 20.
- Delete "confidential information" under items 27 through 30b.

U.S. STANDARD CERTIFICATE OF DIVORCE, DISSOLUTION OF MARRIAGE, OR ANNULMENT.

- Change title to "certificate of dissolution, declaration of invalidity of marriage or legal separation."
- Add check boxes for "type of decree."
- Add "inside city limits" for both parties.
- Delete "date couple last resided in same household" under item 11.
- Change "number of children under eighteen in this household as of this date" to "number of children born alive of this marriage" under item 12.
- Delete check boxes for "petitioner" under item 13.
- Delete section "number of children under eighteen whose physical custody was awarded to" under item 18.
- Delete "title of court" under item 20.
- Delete "title of certifying official" under item 22.
- Delete "date signed" under item 23.
- Delete "confidential information" under items 24 through 27b.

[Statutory Authority: RCW 43.70.150, 91-23-026 (Order 211), § 246-491-149, filed 11/12/91, effective 12/13/91. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-491-149, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20A.620, 88-19-034 (Order 2696), § 248-124-160, filed 9/12/88.]

WAC 246-491-990 Vital records fees. The department shall collect fees to cover program costs as follows:

- (1) To prepare a sealed file following amendment of the original vital record \$15.00

(2) To review a sealed file \$15.00

(3) The director of the division of health may enter into agreements with state and local government agencies to establish alternate fee schedules and payment arrangements for reimbursement of these program costs.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-491-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 26.33.330, 88-15-011 (Order 2650), § 440-44-095, filed 7/8/88; 85-04-023 (Order 2199), § 440-44-095, filed 1/30/85.]

Chapter 246-510 WAC STANDARDS FOR COMMUNITY HEALTH CLINICS

WAC

WAC	Purpose.
246-510-001	Purpose.
246-510-010	Definitions.
246-510-100	Administration.
246-510-130	Application for funds.
246-510-160	Eligibility.
246-510-200	Allocation of state funds.
246-510-300	Dispute resolution procedures.
246-510-320	Audit review.
246-510-400	Limitations on awards.

WAC 246-510-001 Purpose. The purpose of this chapter is to establish procedures for determining eligibility and distribution of funds for medical and dental services to community health clinics under section 214(3), chapter 19, Laws of 1989 1st ex. sess. including other state general fund appropriations for medical and dental services in community health clinics since 1985.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-510-001, filed 12/27/90, effective 1/31/91. Statutory Authority: 1989 1st ex.s. c 19 § 214, 90-04-082 (Order 027), § 248-170-001, filed 2/6/90, effective 3/9/90.]

WAC 246-510-010 Definitions. For the purposes of these rules, the following words and phrases shall have these meanings unless the context clearly indicates otherwise.

(1) "Community health clinic" means a public or private nonprofit tax exempt corporation with the mission of providing primary health care to low income individuals at a charge based upon ability to pay.

(2) "Department" means the Washington state department of health.

(3) "Encounter" means a face-to-face contact between a patient and a health care provider exercising independent judgment, providing primary health care, and documenting the care in the individual's health record.

(4) "Health care provider" means any person having direct or supervisory responsibility for the delivery of health care including:

- (a) Physicians under chapters 18.57 and 18.71 RCW;
- (b) Dentists under chapter 18.32 RCW;
- (c) Advanced registered nurse practitioner under chapter 18.88 RCW;
- (d) Physician's assistant under chapters 18.71A and 18.57A RCW;
- (e) Dental hygienist under chapter 18.29 RCW;
- (f) Licensed midwife under chapter 18.50 RCW;
- (g) Registered nurse under chapter 18.88 RCW.

(h) Federal uniformed service personnel lawfully providing health care within Washington state.

(5) "Low income individual" means a person with income at or below 200% of federal poverty level. The poverty level has been established by Public Law 97-35 § 652 (codified at 42 USC 9847), § 673(2) (codified at 42 USC 9902 (2)) as amended; and the Poverty Income Guide-line updated annually in the Federal Register.

(6) "Primary health care" means a basic level of preventive and therapeutic medical and dental care, usually delivered in an outpatient setting, and focused on improving and maintaining the individual's general health.

(7) "Relative value unit" means a standard measure of performance based upon time to complete a clinical procedure. The formula is 1 unit equals 10 minutes. A table is available from the department stating the actual values.

(8) "Secretary" means the secretary of the department of health or the secretary's designee.

(9) "User" means an individual having one or more primary health care encounters and counted only once during a calendar year.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-510-010, filed 12/27/90, effective 1/31/91. Statutory Authority: 1989 1st ex.s. c 19 § 214. 90-04-082 (Order 027), § 248-170-020, filed 2/6/90, effective 3/9/90.]

WAC 246-510-100 Administration. The department shall contract with community health clinics to provide primary health care in the state of Washington by;

(1) Developing criteria for the selection of community health clinics to receive funding;

(2) Establishing statewide standards governing the granting of awards and assistance to community health clinics;

(3) Disbursing funds appropriated for community health clinics only to those clinics meeting the criteria in WAC 246-510-160;

(4) Distributing available state funds to community health clinics according to the following priority in the order listed:

(a) First, to community health clinics that are private, nonprofit corporations classified exempt under Internal Revenue Service Rule 501 (c)(3) when governed by a board of directors including representatives from the populations served.

(b) Second, to public health departments with an organized primary health clinic or division.

(d) Third, to private nonprofit or public hospitals with an organized primary health clinic or department.

(5) Reviewing records and conducting on-site visits of contractors as necessary to assure compliance with these rules and;

(6) Withholding funding from a contractor until such time as satisfactory evidence of corrective action is received and approved by the department, if the department determines:

(a) Noncompliance with applicable state law or rule; or

(b) Noncompliance with the contract; or

(c) Failure to provide such records and data required by the department to establish compliance with chapter 19, section 214(3), this chapter, and the contract; or

(d) The contractor or applicant provided inaccurate information in the application.

[Statutory Authority: Statutory Authority: 1989 c 19 § 214(3). 92-02-018 (Order 224), § 246-510-100, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-510-100, filed 12/27/90, effective 1/31/91. Statutory Authority: 1989 1st ex.s. c 19 § 214. 90-04-082 (Order 027), § 248-170-100, filed 2/6/90, effective 3/9/90.]

WAC 246-510-130 Application for funds. (1) The department shall:

(a) Upon request, supply a prospective applicant with an application kit for a contract requesting information as follows:

(b) Include in the application a request for information as follows:

(i) The applicant's name, address, and telephone number;

(ii) A description of the primary health care provided;

(iii) A brief statement of intent to apply for funds;

(iv) The signature of the agency's authorized representative;

(v) Description of the nature and scope of services provided or planned;

(vi) Evidence of a current financial audit establishing financial accountability; and

(vii) A description of how the applicant meets eligibility requirements under WAC 246-510-160.

(c) Notify existing contractors at least 90 days in advance of the date a new contract application is due to the department.

(d) Review completed application kits for evidence of compliance with this section.

(e) Develop procedures for:

(i) Awarding of funds for new contractors, special projects, and emergency needs of existing contractors; and

(ii) Notifying existing and prospective contractors of procedures and application process.

(2) The applicant shall:

(a) Complete the application on standard forms provided or approved by the department; and

(b) Return the completed application kit to the department by the specified due date.

[Statutory Authority: 1989 c 19 § 214(3). 92-02-018 (Order 224), § 246-510-130, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-510-130, filed 12/27/90, effective 1/31/91. Statutory Authority: 1989 1st ex.s. c 19 § 214. 90-04-082 (Order 027), § 248-170-130, filed 2/6/90, effective 3/9/90.]

WAC 246-510-160 Eligibility. Applicants shall:

(1) Demonstrate private, nonprofit, tax exempt status incorporated in Washington state or public agency status under the jurisdiction of a local or county government;

(2) Receive other funds from at least one of the following sources:

(a) Section 329 of the Public Health Services Act,

(b) Section 330 of the Public Health Services Act,

(c) Community development block grant funds,

(d) Title V Urban Indian Health Service funds, or

(e) Other public or private funds providing the clinic demonstrates:

(i) 51% of total clinic population are low income;

(ii) 51% or greater of funds come from sources other than programs under WAC 246-510-160.

(3) Operate as a community health clinic providing primary health care for at least eighteen months prior to applying for funding;

(4) By July 1, 1991 provide primary health care services with:

(a) Twenty-four hour coverage of the clinic including provision or arrangement for medical and dental services after clinic hours;

(b) Direct clinical services provided by one or more of the following:

(i) Physician licensed under chapters 18.57 and 18.71 RCW;

(ii) Physician's assistant licensed under chapters 18.71A and 18.57A RCW;

(iii) Advanced registered nurse practitioner under chapter 18.88 RCW;

(iv) Dentist under chapter 18.32 RCW.

(c) Provision or arrangement for services as follows:

(i) Preventive health services on site or elsewhere including:

(A) Eye and ear examinations for children;

(B) Perinatal services;

(C) Well-child services; and

(D) Family planning services.

(ii) Diagnostic and treatment services of physicians and where feasible a physician's assistant and/or advanced registered nurse practitioner, on site;

(iii) Services of a dental professional licensed under Title 18 on site or elsewhere;

(iv) Diagnostic laboratory and radiological services on site or elsewhere;

(v) Emergency medical services on site or elsewhere;

(vi) Arrangements for transportation services;

(vii) Preventive dental services on site or elsewhere; and

(viii) Pharmaceutical services, as appropriate, on site or elsewhere.

(5) Demonstrate eligibility to receive and receipt of reimbursement from:

(a) Public insurance programs; and

(b) Public assistant programs, where feasible and possible.

(6) Have established a sliding scale fee schedule for adjustment of charges, based upon the individual's ability to pay for low income individuals;

(7) Provide health care regardless of the individual's ability to pay; and

(8) Establish policies and procedures reflecting sensitivity to cultural and linguistic differences of individuals served and provide sufficient staff with the ability to communicate with the individuals.

[Statutory Authority: 1989 c 19 § 214(3), 92-02-018 (Order 224), § 246-510-160, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-510-160, filed 12/27/90, effective 1/31/91. Statutory Authority: 1989 1st ex.s. c 19 § 214, 90-04-082 (Order 027), § 248-170-160, filed 2/6/90, effective 3/9/90.]

WAC 246-510-200 Allocation of state funds. The department shall allocate available funds to medical and dental contractors providing primary health care based on the following criteria:

(1) Medical

(a) The department may withhold appropriated funds as follows:

(i) As specified under law or up to ten percent to provide funding for new contractors, special projects, and emergency needs:

(A) With distribution of any remaining portion of this ten percent among contractors by April 1 of each year;

(B) Prorated according to the percentage of total medical contract funds distributed to each contractor.

(ii) Up to ten percent for administration.

(b) The remainder of the appropriated funds is referred to as the "medical base." The medical base means the total amount of money appropriated by the legislature for the medical program minus the amounts specified in (a)(i) and (a)(ii) of this subsection. The medical base is distributed to medical contractors based upon the following formulas:

(i) 40% of the medical base is distributed equally among all medical contractors.

(ii) 30% of the medical base is distributed by the ratio of the contractor's primary health care (PHC) medical users divided by the total medical users of all contractors as reported in the prior calendar year annual reports.

$$\frac{\text{individual contractor's medical users}}{\text{total of all contractors' medical users}} \times 30\% \text{ medical base}$$

(iii) 30% of the medical base is distributed by the ratio of the contractor's primary health care (PHC) medical encounters by the total number of medical encounters reported by all contractors as reported in the prior calendar year annual reports.

$$\frac{\text{individual contractor's medical encounters}}{\text{total of all contractors' medical encounters}} \times 30\% \text{ medical base}$$

(2) Dental

(a) The department may withhold appropriated funds as follows:

(i) As specified under law or up to ten percent of appropriated funds to provide funding for new contractors, special projects, and emergency needs:

(A) With distribution of any remaining portion of this ten percent among contractors by April 1 of each year:

(B) Prorated according to the percentage of total dental contract funds distributed to each contractor.

(ii) Up to ten percent for administration.

(b) The remainder of the funds is referred to as the dental base. The dental base means the total amounts appropriated by the legislature for dental programs minus the amounts specified in (i) and (ii) in part (a) of this subsection and as follows:

(i) The dental base is distributed to dental contractors based upon the following formula until June 30, 1991:

(A) 40% of the dental base is distributed equally among all dental contractors.

(B) 30% of the dental base is distributed by the ratio of the contractor's primary health care (PHC) medical users divided by the total medical users of all contractors as reported in the prior calendar year annual reports.

$$\frac{\text{individual contractor's medical users}}{\text{total of all contractors' medical users}} \times 30\% \text{ dental base}$$

(C) 30% of the dental base is distributed by the ratio of the contractor's primary health care (PHC) medical encounters by the total number of medical encounters of all contractors as reported in the prior calendar year annual reports.

individual contractor's medical encounters
 _____ X 30% dental base
 total of all contractors' medical encounters

(ii) Starting July 1, 1991, the dental base is distributed to dental contractors based upon the following formula:

(A) 40% of the dental base distributed equally among all dental contractors;

(B) 30% of the dental base distributed by the ratio of contractor primary health care (PHC) medical users divided by the total medical users of all contractors as reported in the prior calendar year annual reports.

individual contractor's medical users
 _____ X 30% dental base
 total of all contractors' users

(C) 30% of the dental base is distributed by the ratio of the contractor's relative value units (RVU) divided by the total relative value units of all contractors as reported in the prior calendar year annual reports.

individual contractor's RVU
 _____ X 30% dental base
 total of all contractors' RVU

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-510-200, filed 12/27/90, effective 1/31/91. Statutory Authority: 1989 1st ex.s. c 19 § 214. 90-04-082 (Order 027), § 248-170-200, filed 2/6/90, effective 3/9/90.]

WAC 246-510-300 Dispute resolution procedures.

The department shall define dispute resolution procedures in the contract which shall be the exclusive remedy and shall be binding and final to all parties.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-510-300, filed 12/27/90, effective 1/31/91. Statutory Authority: 1989 1st ex.s. c 19 § 214. 90-04-082 (Order 027), § 248-170-300, filed 2/6/90, effective 3/9/90.]

WAC 246-510-320 Audit review. Contractors shall:

(1) Maintain books, records, documents, and other materials relevant to the provision of goods or services adequate to document the scope and nature of the goods or services provided;

(2) Make the materials in subsection (1) available at all reasonable times with prior notice for inspection by the department;

(3) Retain these materials for at least three years after the initial contract with the department;

(4) Provide access to the facilities at all reasonable times with prior notice for on-site inspection by the department; and

(5) Submit annual reports consistent with the instructions of the department.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-510-320, filed 12/27/90, effective 1/31/91. Statutory Authority: 1989 1st ex.s. c 19 § 214. 90-04-082 (Order 027), § 248-170-320, filed 2/6/90, effective 3/9/90.]

WAC 246-510-400 Limitations on awards. Specific to the medical and dental base as referenced in WAC 246-510-200 (1)(b) and (2)(b):

(1) Any approved contractor shall initially receive no more than one hundred ten percent of that contractor's previous year's initial allotment.

(2) Any approved contractor shall initially receive no less than ninety percent of that contractor's previous year's initial allotment. In the event that funding is inadequate to provide ninety percent, criteria shall be established to equitably allocate the available funds.

(3) Funds in excess of the initial allocation shall be distributed in a supplemental allotment pursuant to WAC 246-510-200.

[Statutory Authority: RCW 43.70.040 and 1989 sp.s. c 19 § 214. 92-14-055 (Order 282), § 246-510-400, filed 6/25/92, effective 6/30/92.]

Chapter 246-560 WAC

RURAL HEALTH SYSTEM PROJECT

WAC

246-560-001	Purpose.
246-560-010	Definitions.
246-560-015	Implementation.
246-560-020	Review process.
246-560-030	Time schedule.
246-560-040	Letters of interest.
246-560-050	Letter of interest selection considerations.
246-560-060	Submission of applications.
246-560-070	Selection criteria for funded demonstration projects.
246-560-080	Selection criteria for assisted demonstration projects.
246-560-090	Issuance of contracts.
246-560-100	Use of project funds.
246-560-105	Continuation funding.
246-560-110	Consultation.
246-560-120	Periodic reports.

WAC 246-560-001 Purpose. (1) The purpose of these rules is to implement RCW 70.175.010, 70.175.020, 70.175.030, 70.175.040, 70.175.050, 70.175.060, 70.175.070, 70.175.080, and 70.175.090. The Washington rural health system project was established to provide financial and technical assistance to promote affordable access to health care services in rural areas.

(2) The goals of the rural health system project are:

(a) To encourage innovative or established community-based approaches to improving rural health care delivery systems that may serve as models for other communities.

(b) To help rural communities obtain needed technical assistance for local activities designed to:

(i) Identify a reasonable service delivery area in terms of geographic conditions, health care delivery patterns, and population characteristics;

(ii) Identify desired health outcomes and improvements in the health care system;

(iii) Identify and analyze deficiencies in the community's health care system;

(iv) Identify innovative steps the community may need to correct the deficiencies; and

(v) Initiate planned and positive actions to correct problems and make health care system improvements.

(c) To explore the use of outcome targets related to health status for rural health system development.

(d) To encourage the use of planning principles in the rural community health system decision making processes including:

- (i) Community decisions regarding expected health outcomes and health care services produced;
 - (ii) Development of action plans; and
 - (iii) The regular, periodic updating of objectives.
- (e) To identify public and private resources for:
- (i) Providing technical assistance to rural communities; and
 - (ii) Facilitating community access to appropriate resources.

[Statutory Authority: Chapter 70.175 RCW. 91-16-108 (Order 186), § 246-560-001, filed 8/7/91, effective 9/7/91.]

WAC 246-560-010 Definitions. For the purpose of this chapter the following words and phrases have the following meanings unless the context clearly indicates otherwise.

(1) "Advisory committee" means the rural health advisory committee or its successor, appointed by the secretary under RCW 70.175.030(3).

(2) "Applicant" means any eligible entity who has submitted an application proposing a rural health system demonstration project.

(3) "Application" means a proposal for a rural health system demonstration project.

(4) "Assisted demonstration project" means a nonfunded application selected to receive specific technical assistance provided or supported by the department.

(5) "Basic health care services" means organized care modalities to prevent death, disability, and serious illness. The term includes, but is not limited to:

- (a) Emergency services;
- (b) Primary care physicians, physician assistants, nurse practitioners, and midwifery services;
- (c) Short term inpatient care;
- (d) Home health care;
- (e) Community based care for chronic conditions;
- (f) Dental care;
- (g) Vision care;
- (h) Hearing care;
- (i) Hospice care;
- (j) Mental health;
- (k) Necessary support services;
- (l) Nutrition related services; and
- (m) Other "basic health services" specified and described in "A Report to the Legislature on Rural Health Care in the State of Washington" written by the Washington rural health care commission, January 1989.

(6) "Catchment area" means the geographic area where people who are likely to use the service live or are temporarily located.

(7) "Community" means the resident individuals and organizations in a catchment area who may benefit from the services included in a demonstration project.

(8) "Department" means the Washington state department of health.

(9) "Demonstration project" means an application selected to participate in the project, including both funded and assisted demonstration projects.

(10) "Eligible entity" means any for-profit, not-for-profit, or governmental entity which is:

- (a) Located in a rural catchment area;
- (b) Acting on behalf of the population in a rural catchment area; or
- (c) Acting on behalf of the population living in a catchment area, a significant portion of which is rural, and in which the target population is more than thirty minutes average travel time from the primary source of health care.

(11) "Financially vulnerable" means a health care facility falling below a reasonable level of performance.

(a) For hospitals the department uses the *Financial Viability Index* and/or the *Financial Flexibility Index* to measure performance.

(b) For health care facilities other than hospitals the department considers:

- (i) Financial viability or the overall financial performance of the facility; and/or
- (ii) Financial flexibility or the ability of the facility to obtain financing to meet its needs, however unexpected.

(12) "Funded demonstration project" means an application selected by the department to receive funds to support planning, organizing, and implementing activities.

(13) "Health care delivery system" means services and personnel involved in providing health care to a population in a geographic area.

(14) "Health care facility" means any land, structure, system, machinery, equipment, or other real or personal property or appurtenances useful for or associated with delivery of inpatient or outpatient health care service or support for such care or any combination thereof which is operated or undertaken in connection with a hospital, rural health care facility, clinic, health maintenance organization, diagnostic or treatment center, extended care facility, or any facility providing or designed to provide therapeutic, convalescent, or preventive health care services.

(15) "Interested party" means any eligible entity interested in proposing a rural health system development project.

(16) "Letter of interest" means a brief description of a proposal for a demonstration project as described in WAC 246-560-040.

(17) "Letter of invitation" means a letter inviting an interested party who has submitted a letter of interest to submit an application.

(18) "Local project administrator" means an individual or organization representing the applicant and authorized to enter into legal agreements on behalf of the applicant.

(19) "Metropolitan statistical area" or "MSA" means a metropolitan statistical area defined and described by the United States Department of Census, Bureau of the Census, *Statistical Abstract of United States: 1988*, 108th edition, Washington, D.C., United States Government Printing Office, and displayed for the state of Washington in *State of Washington Data Book*, Office of Financial Management, Olympia, Washington, 1988, including:

- (a) Benton;
- (b) Clark;
- (c) Franklin;
- (d) King;
- (e) Kitsap;
- (f) Pierce;
- (g) Snohomish;

- (h) Spokane;
- (i) Thurston;
- (j) Whatcom; and
- (k) Yakima.

(20) "Program" means the office of rural health, or its successor, within the Washington state department of health.

(21) "Project" means the Washington rural health system project as authorized under chapter 70.175 RCW.

(22) "Rural" means a geographical area outside the boundaries of metropolitan statistical areas (MSA's) or an area within an MSA but more than thirty minutes average travel time from an area of at least ten thousand population.

(23) "Secretary" means the secretary of the department of health or his or her designee.

(24) "Successful applicant" means an applicant whose project has been selected as a demonstration project.

(25) "Urban" means areas within a MSA that are thirty minutes average travel time or less from a city or town or contiguous cities or towns with a population of ten thousand or more.

[Statutory Authority: Chapter 70.175 RCW. 91-16-108 (Order 186), § 246-560-010, filed 8/7/91, effective 9/7/91.]

WAC 246-560-015 Implementation. The department shall:

(1) Notify interested parties of the review schedule at least thirty days prior to the date the department expects to receive the letters of interest; and

(2) Conduct at least two public meetings to explain the demonstration project guidelines and the review process.

[Statutory Authority: Chapter 70.175 RCW. 91-16-108 (Order 186), § 246-560-015, filed 8/7/91, effective 9/7/91.]

WAC 246-560-020 Review process. The department shall:

(1) Administer a review process in the following sequence:

(a) Request submission of letters of interest;

(b) Review letters of interest;

(c) Send letters of invitation;

(d) Review applications using an expert panel; and

(e) Approve or deny applications for funding or assistance.

(2) The department may consult with other entities, when appropriate, including but not limited to the advisory committee.

[Statutory Authority: Chapter 70.175 RCW. 91-16-108 (Order 186), § 246-560-020, filed 8/7/91, effective 9/7/91.]

WAC 246-560-030 Time schedule. (1) Proposals for demonstration projects shall be reviewed and approved according to the following schedule:

(a) The department shall request letters of interest by sending a notice to interested parties once each biennium.

(b) Interested parties shall submit letters of interest to the department ensuring department receipt by the date specified in the notice to interested parties.

(c) The department shall review letters of interest and identify those meeting the criteria in WAC 246-560-050.

(d) The department shall mail a letter of invitation to interested parties meeting the criteria in WAC 246-560-050.

(1997 Ed.)

The letter of invitation shall be mailed within forty-five days of the deadline for receipt of letters of interest.

(e) Applicants shall ensure department receipt of the application on the date specified in the letter of invitation. The department shall determine the application due date by adding sixty days to the date letters of invitation are mailed.

(f) The department shall mail a notice to each applicant within sixty days of the deadline for application submission. The notice shall indicate:

(i) Approval or denial of the application; and

(ii) When approved, whether as a funded or an assisted demonstration project.

(2) Time periods are computed by excluding the first day and including the last day. The department considers a time period to be over at 5:00 p.m. on the last day. Time periods ending on a Saturday, Sunday, or legal holiday observed by the state of Washington shall be extended until 5:00 p.m. of the first working day thereafter.

[Statutory Authority: Chapter 70.175 RCW. 91-16-108 (Order 186), § 246-560-030, filed 8/7/91, effective 9/7/91.]

WAC 246-560-040 Letters of interest. (1) Any interested party proposing a demonstration project shall submit a letter of interest. The letter shall follow the schedule in WAC 246-560-030 and:

(a) Not exceed two pages;

(b) Briefly describe the catchment area and the community;

(c) Identify the health care problem;

(d) Briefly describe what will be done; and

(e) Identify key health care providers, business representatives, public officials, and community leaders to be involved in the project.

(2) The department may request combining activities proposed in separate letters of interest for inclusion in a single application to:

(a) Avoid duplication;

(b) Increase cooperation; or

(c) Strengthen the overall health system serving the catchment area.

(3) The department may request additional information to enable it to apply the letter of interest selection criteria in WAC 246-560-050.

[Statutory Authority: Chapter 70.175 RCW. 91-16-108 (Order 186), § 246-560-040, filed 8/7/91, effective 9/7/91.]

WAC 246-560-050 Letter of interest selection considerations. The department shall consider the following factors to select interested parties to receive letters of invitation:

(1) The proposed demonstration project addresses the goals of the rural health system project specified under WAC 246-560-001;

(2) The proposed demonstration project is in an area where a financially vulnerable health care facility is present;

(3) The proposed demonstration project is in an area where a financially vulnerable health care facility is present and an adjoining community in the same catchment area has a competing facility;

(4) The proposed demonstration project addresses access to basic health care services in an area where access is severely limited;

(5) The proposed demonstration project addresses needed improvements in the delivery of basic health services, including preventive services;

(6) The proposed demonstration project contains well thought out approaches to problem solving likely to result in improvements persisting after the project period;

(7) The proposed demonstration project reflects a cooperative approach, which may involve several organizations, categories of health care providers, and communities;

(8) The proposed demonstration project is unique and serves as a model for other communities; and

(9) The extent to which the proposed demonstration project uses multiple funding sources.

[Statutory Authority: Chapter 70.175 RCW. 91-16-108 (Order 186), § 246-560-050, filed 8/7/91, effective 9/7/91.]

WAC 246-560-060 Submission of applications.

Applicants shall submit applications on the form provided by the department. The application shall, at a minimum, follow the time schedule in WAC 246-560-030 and:

(1) Describe the problem including:

- (a) The duration of the problem or deficiency; and
- (b) The number of people affected;

(2) Describe the catchment area. When the proposal involves a service or services not currently provided, the applicant shall demonstrate to the satisfaction of the department:

(a) A reasonable service delivery area in the sense that geographic conditions, health care delivery patterns, other social and economic relationship patterns, and population characteristics make it a realistic market; and

(b) A reasonable use area from the perspective of the residents, in the sense that residents are likely to go to the proposed delivery site as a preferred source for the proposed service.

(3) Identify any special needs in the catchment area;

(4) Explain how the proposal addresses the goals identified in WAC 246-560-001 or why this proposal should be approved as a demonstration project if the goals are not addressed;

(5) Identify any model or models used in a proposed demonstration project;

(6) Describe the relationship between the proposed demonstration project and any current or previous programs designed in whole or in part to solve related health care problems in the catchment area;

(7) Identify key health care providers, business representatives, public officials, and community leaders involved in the project;

(8) Identify project goals, specific objectives, and procedures to assure results from the project consistent with the letter of interest;

(9) Specify the work program for achieving the objectives;

(10) Explain how the demonstration project will coordinate and avoid unnecessary duplication of services and activities with existing health services, including public and private health care services in the catchment area;

(11) Identify the potential and steps required to financially sustain the activities initiated as a result of the project;

(12) Describe how the applicant will evaluate the demonstration project;

(13) Describe the decision-making process or processes for determining appropriate courses of action throughout the demonstration project;

(14) Provide the proposed budget for the project period indicating:

- (a) The amount of state funds requested;
 - (b) The amount by source of other financial support;
- and

(c) The schedule of payments requested from the state;

(15) Identify whether the proposal may be considered for:

(a) Designation as a funded demonstration project only; or

(b) Identify the portions of the proposal to be considered as an assisted demonstration project;

(16) Provide letters of support and commitment to participate from key providers, local government officials, and business and community leaders.

(17) Discuss any issues raised by the department in the letter of invitation.

[Statutory Authority: Chapter 70.175 RCW. 91-16-108 (Order 186), § 246-560-060, filed 8/7/91, effective 9/7/91.]

WAC 246-560-070 Selection criteria for funded demonstration projects. (1) The department may group applications proposing similar types of demonstration projects.

(2) The department shall use the following criteria to select funded demonstration projects:

(a) Considerations identified under WAC 246-560-050.

(b) The nature and amount of evidence indicating commitment and support for the demonstration project in the catchment area including:

- (i) Participation of community leaders and residents;
- (ii) Involvement of effected local health care providers;
- (iii) Contribution of local funds and other community resources;

(iv) Availability of local staff;

(v) Use of a multidisciplinary approach;

(vi) Linkages between and among health care facilities offering a similar type and intensity of service; and

(vii) Linkages between and among health care facilities offering different types and intensity of service.

(c) Evidence of a relationship between and among:

- (i) Identified problems/deficiencies;
- (ii) Proposed activities;
- (iii) Participating individuals and organizations;
- (iv) Existing local and neighboring health facilities and personnel; and

(v) Total resource commitment to the project;

(d) How the demonstration project enhances service capabilities and economic viability of the health care system serving the community;

(e) How the demonstration project goals address long-term improvements of the health care system in the catchment area;

(f) Evidence of measurable demonstration project objectives;

(g) Evidence the demonstration project improves the public's understanding regarding the relationship between quality of care, health outcomes, and the effects of obtaining services within the catchment area versus having to travel out of area for care;

(h) Evidence of a specific process for local evaluation of the demonstration project; and

(i) The demonstration projects would have a reasonable state-wide geographic distribution.

[Statutory Authority: Chapter 70.175 RCW. 91-16-108 (Order 186), § 246-560-070, filed 8/7/91, effective 9/7/91.]

WAC 246-560-080 Selection criteria for assisted demonstration projects. The department shall evaluate applications to select assisted demonstration projects using the following criteria:

(1) A request for consideration as an assisted demonstration project;

(2) The criteria identified in WAC 246-560-070;

(3) Evaluation of the proposal focus on achieving health status outcome goals;

(4) The extent to which assistance will have a demonstrable impact on resolving the identified problem or problems;

(5) The extent to which assistance will enable activities with ongoing community benefit; and

(6) The extent to which assistance increases the likelihood of obtaining the project objectives.

[Statutory Authority: Chapter 70.175 RCW. 91-16-108 (Order 186), § 246-560-080, filed 8/7/91, effective 9/7/91.]

WAC 246-560-090 Issuance of contracts. (1) The department shall develop contracts with successful applicants for demonstration projects consistent with *State of Washington Department of Health Contracts Manual*, November 1990.

(2) The department shall:

(a) Determine the amount awarded in each contract through negotiation with the local project administrator considering:

(i) The amount of the proposed budget;

(ii) The need for state financial support;

(iii) The availability of state funds; and

(iv) The availability of other sources of support for the demonstration project.

(b) Make payments according to the provisions of the contract; and

(c) Specify the duration of funding in each contract.

[Statutory Authority: Chapter 70.175 RCW. 91-16-108 (Order 186), § 246-560-090, filed 8/7/91, effective 9/7/91.]

WAC 246-560-100 Use of project funds. (1) Project funds may be used to support the following activities consistent with department policy under the *State of Washington Department of Health Contract Manual*, November 1990:

(a) Problem identification;

(b) Problem analysis;

(c) Identification of possible solutions;

(d) Decision making to determine action steps;

(e) Technical assistance from consultants approved by the department;

(f) Carrying out action steps; and

(g) Capital acquisitions.

(2) Funds shall not be used to retire existing debt.

(3) The department shall:

(a) Award the majority of funds available for the project to funded demonstration projects; and

(b) Generally award funded demonstration project contracts in a range of five to seventy thousand dollars.

[Statutory Authority: Chapter 70.175 RCW. 91-16-108 (Order 186), § 246-560-100, filed 8/7/91, effective 9/7/91.]

WAC 246-560-105 Continuation funding. (1) Funded demonstration projects with current contracts may be approved for continuation funding only when the department finds:

(a) Extraordinary circumstances have prevented completion of the demonstration project; and

(b) A brief period of funding will assure the demonstration project's full operation and self-sufficiency.

(2) Funded demonstration projects must submit a request for continuation funding to the department.

(3) The request for continuation funding shall:

(a) Be in writing;

(b) Identify the specific contract items which remain to be completed;

(c) Identify the specific dollar amounts needed to complete the demonstration project;

(d) Identify the extraordinary circumstances which have prevented completion of the project;

(e) Document efforts and explain why alternative funding has not been found;

(f) Provide assurance that activities supported by continuation funding will be supported by other revenue sources at the end of the continuation funding period; and

(g) Describe how continued funding would be consistent with the goals of the project as identified in WAC 246-560-001.

(4) The department shall by July 30 of each new biennium:

(a) Review any requests; and

(b) Approve or deny all requests for continuation funding.

(5) The duration of continuation funding shall not exceed the total elapsed time permitted by the time schedule identified in WAC 246-560-030.

[Statutory Authority: Chapter 70.175 RCW. 91-16-108 (Order 186), § 246-560-105, filed 8/7/91, effective 9/7/91.]

WAC 246-560-110 Consultation. The department shall:

(1) Develop a register of public and private resources available to provide technical assistance to demonstration projects;

(2) Include those consultants who expressed interest in assisting demonstration projects if they have consulting experience in rural communities acceptable to the department;

(3) Provide the register to all successful applicants; and

(4) Work with the local project administrator to identify and arrange access to public and private consultation resources.

[Statutory Authority: Chapter 70.175 RCW. 91-16-108 (Order 186), § 246-560-110, filed 8/7/91, effective 9/7/91.]

WAC 246-560-120 Periodic reports. (1) The contracts shall require the local project administrator to submit to the department:

- (a) Progress reports; and
- (b) A final evaluation of the demonstration project including:
 - (i) A comparison of actual accomplishments with the objectives set forth in the proposal;
 - (ii) An explanation of the reason or reasons for any disparities; and
 - (iii) Recommendations for improving future project activities.

(2) The department shall prepare an overall evaluation of the project at the conclusion of each contract period including:

- (a) An examination of the demonstration project accomplishments in relation to the goals identified under WAC 246-560-001; and
- (b) Recommendations for improving project administration.

[Statutory Authority: Chapter 70.175 RCW. 91-16-108 (Order 186), § 246-560-120, filed 8/7/91, effective 9/7/91.]

Chapter 246-650 WAC NEWBORN SCREENING

WAC

246-650-001	Purpose.
246-650-010	Definitions.
246-650-020	Performance of screening tests.
246-650-030	Implementation of hemoglobinopathy screening.
246-650-990	Fees.

WAC 246-650-001 Purpose. The purpose of this chapter is to establish board rules to detect, in newborns, congenital disorders leading to developmental impairment or physical disabilities as required by RCW 70.83.050.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-650-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.050 and 70.83.050. 87-11-040 (Order 303), § 248-103-001, filed 5/18/87.]

WAC 246-650-010 Definitions. For the purposes of this chapter:

- (1) "Board" means the Washington state board of health.
- (2) "Congenital adrenal hyperplasia" means a severe disorder of adrenal steroid metabolism which may result in death of an infant during the neonatal period if undetected and untreated.
- (3) "Congenital hypothyroidism" means a disorder of thyroid function during the neonatal period causing impaired mental functioning if undetected and untreated.
- (4) "Department" means the Washington state department of health.

(5) "Newborn" means an infant born in a hospital in the state of Washington prior to discharge from the hospital of birth or transfer.

(6) "Phenylketonuria" (PKU) means a metabolic disorder characterized by abnormal phenylalanine metabolism causing impaired mental functioning if undetected and untreated.

(7) "Hemoglobinopathy" means a hereditary blood disorder caused by genetic alteration of hemoglobin which results in characteristic clinical and laboratory abnormalities and which leads to developmental impairment or physical disabilities.

(8) "Significant screening test result" means a laboratory test result indicating a suspicion of abnormality and requiring further diagnostic evaluation of the involved infant for the specific disorder.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-650-010, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapters 43.20 and 70.83 RCW. 91-01-032 (Order 114B), § 248-103-010, filed 12/11/90, effective 1/11/91. Statutory Authority: RCW 43.20.050 and 70.83.050. 87-11-040 (Order 303), § 248-103-010, filed 5/18/87.]

WAC 246-650-020 Performance of screening tests.

(1) Hospitals providing birth and delivery services or neonatal care to infants shall:

(a) Inform parents or responsible parties, by providing a departmental information pamphlet or by other means, of:

(i) The purpose of screening newborns for congenital disorders,

(ii) Disorders of concern as listed in WAC 246-650-020(2),

(iii) The requirement for newborn screening, and

(iv) The legal right of parents or responsible parties to refuse testing because of religious tenets or practices as specified in RCW 70.83.020.

(b) Obtain a blood specimen for laboratory testing as specified by the department from each newborn prior to discharge from the hospital or, if not yet discharged, no later than five days of age.

(c) Use department-approved forms and directions for obtaining specimens.

(d) Enter all identifying and related information required on the form attached to the specimen following directions of the department.

(e) In the event a parent or responsible party refuses to allow newborn metabolic screening, obtain signatures from parents or responsible parties on the department form.

(f) Forward the specimen or signed refusal with the attached identifying forms to the Washington state public health laboratory no later than the day after collection or refusal signature.

(2) Upon receipt of specimens, the department shall:

(a) Perform appropriate screening tests for phenylketonuria, congenital hypothyroidism, congenital adrenal hyperplasia, and hemoglobinopathies according to the schedule in WAC 246-650-030;

(b) Report significant screening test results to the infant's attending physician or family if an attending physician cannot be identified; and

(c) Offer diagnostic and treatment resources of the department to physicians attending infants with presumptive

positive screening tests within limits determined by the department.

[Statutory Authority: RCW 43.20.050 and 70.83.050. 92-02-019 (Order 225B), § 246-650-020, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-650-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapters 43.20 and 70.83 RCW. 91-01-032 (Order 114B), § 248-103-020, filed 12/11/90, effective 1/11/91. Statutory Authority: RCW 43.20.050 and 70.83.050. 87-11-040 (Order 303), § 248-103-020, filed 5/18/87.]

WAC 246-650-030 Implementation of hemoglobinopathy screening. The department shall:

(1) Begin performing appropriate screening tests for hemoglobinopathy on all newborn screening specimens received from Pierce County by May 1, 1991;

(2) Expand screening by performing appropriate screening tests on all newborn screening specimens received from King County along with those received from Pierce County by August 1, 1991;

(3) Fully implement screening by performing appropriate screening tests on all newborn screening specimens received by November 1, 1991;

(4) On or before January 31, 1991, and annually thereafter, report to the board the following information concerning tests conducted pursuant to this section:

(a) The costs of tests as charged by the department;

(b) The results of each category of tests, by county of birth and ethnic group, as reported on the newborn screening form and, if available, birth certificates;

(c) Follow-up procedures and the results of such follow-up procedures.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-650-030, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapters 43.20 and 70.83 RCW. 91-01-032 (Order 114B), § 248-103-040, filed 12/11/90, effective 1/11/91.]

WAC 246-650-990 Fees. The department has authority under RCW 43.20B.020 to require a reasonable fee from parents or responsible parties for the costs of newborn metabolic screening to be collected through the hospital where the specimen was obtained.

[Statutory Authority: RCW 43.20B.020. 92-02-018 (Order 224), § 246-650-990, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-650-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.050 and 70.83.050. 87-11-040 (Order 303), § 248-103-030, filed 5/18/87.]

Chapter 246-680 WAC

PRENATAL TESTS—CONGENITAL AND HERITABLE DISORDERS

WAC

246-680-001	Purpose.
246-680-010	Definitions.
246-680-020	Board of health standards for screening and diagnostic tests during pregnancy.

WAC 246-680-001 Purpose. The purpose of this chapter is to:

(1) Establish department and state board of health description, definition, and enumeration of prenatal tests under RCW 70.83B.020 (3)(a) and (b);

(2) Establish standards of the Washington state board of health for screening and diagnostic procedures for prenatal diagnosis of congenital disorders of the fetus under RCW 48.21.244, 48.44.344, and 48.46.375;

(3) Require health care provider to provide information on certain prenatal tests under RCW 70.83B.030 to both their pregnant patients and the department;

(4) Establish requirements for laboratories to provide information on certain prenatal tests under RCW 70.83B.030 to the department; and

(5) Establish criteria and time lines for distribution of educational materials by health care providers related to prenatal tests under RCW 70.54.220.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-680-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 48.21.244, 48.44.344 and 48.46.375. 90-02-094 (Order 024), § 248-106-001, filed 1/3/90, effective 2/3/90.]

WAC 246-680-010 Definitions. For the purpose of RCW 70.83B.020, 70.83B.030, 70.83B.040, 70.54.220, 48.42.090, 48.21.244, 48.44.344, and 48.46.375 and chapter 248-106 WAC:

(1) "Approved written information" means the department form DOH 344-002 "prenatal genetic information," or an equivalent form.

(2) "Department" means the Washington state department of health.

(3) "Health care providers" means persons licensed or certified by the state of Washington under Title 18 RCW to provide prenatal care or to practice medicine.

(4) "Laboratory" means a private or public person, agency, or organization performing prenatal tests for congenital and heritable disorders.

(5) "Parental chromosomal testing" means a procedure to remove blood or other tissue from one or both parents in order to perform laboratory analysis to establish chromosome constitution of the parents.

(6) "Prenatal test" means any test to predict congenital or heritable disorders which:

(a) When improperly utilized, may clearly harm or endanger the health, safety, or welfare of the public;

(b) Potential harm is easily recognizable and not remote or dependent upon tenuous argument; and

(c) As determined by the state board of health under RCW 70.83B.020(3) and enumerated by the department, includes procedures and laboratory tests as follows:

(i) Maternal serum alpha-fetoprotein (MSAFP) screening is a procedure involving obtaining blood from a pregnant woman during the fifteenth to twentieth completed menstrual weeks of gestation, in order to measure through laboratory tests the level of alpha-fetoprotein in the blood.

(ii) Amniocentesis is a procedure performed to remove a small amount of amniotic fluid from the uterus of a pregnant woman, in order to perform one or more of the following laboratory tests:

(A) Measure the level of alpha-fetoprotein;

(B) Measure the level of acetylcholinesterase;

(C) Cytogenetic studies on fetal cells;

(D) Biochemical studies on fetal cells or amniotic fluid; and

(E) Deoxyribonucleic Acid (DNA) studies on fetal cells.

(iii) Chorionic villus sampling is a procedure to remove a small amount of cells from the developing placenta, in order to perform one or more of the following laboratory tests:

- (A) Cytogenetic studies on fetal cells;
- (B) Biochemical studies on fetal cells; and
- (C) DNA studies on fetal cells.

(iv) Percutaneous umbilical cord blood sampling is a procedure to obtain blood from the fetus, in order to perform one or more of the following laboratory tests:

- (A) Cytogenetic studies;
- (B) Viral titer studies;
- (C) Fetal blood typing for isoimmunization studies;
- (D) Prenatal diagnostic tests for hematological disorders;
- (E) DNA studies on fetal cells.

(v) Prenatal ultrasonography is a procedure resulting in visualization of the uterus, the placenta, the fetus, and internal structures through use of sound waves.

(d) Includes pre-procedure and post-procedure genetic counseling when required under WAC 248-106-020.

(7) "Pre-procedure genetic counseling" means individual counseling, which may be part of another substantive procedure or service, involving a health care provider or a qualified genetic counselor under direction of a physician and a pregnant woman with or without other family members, to discuss the purposes, risks, accuracy, and limitations of a prenatal testing procedure, and to aid in decision making.

(8) "Post-procedure genetic counseling" means, when test results are available, individual counseling, which may be part of another substantive procedure or service, involving a health care provider or a qualified genetic counselor under direction of a physician and a pregnant woman with or without other family members, to discuss:

(a) The meaning of the results of the prenatal tests done; and

(b) Subsequent testing or procedures available.

(9) "Qualified genetic counselor" means an individual eligible for certification or certified as defined in *Bulletin of Information*, 1984, American Board of Medical Genetics, Inc., as a:

- (a) Genetic counselor;
- (b) Clinical geneticist;
- (c) Ph.D. medical geneticist;
- (d) Clinical cytogeneticist; or
- (e) Clinical biochemical geneticist.

[Statutory Authority: RCW 43.20.050, 91-02-051 (Order 124B), recodified as § 246-680-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 48.21.244, 48.44.344 and 48.46.375. 90-02-094 (Order 024), § 248-106-010, filed 1/3/90, effective 2/3/90.]

WAC 246-680-020 Board of health standards for screening and diagnostic tests during pregnancy. (1) For the purpose of RCW 48.21.244, RCW 48.44.344, and RCW 48.46.375, the following are standards of medical necessity for insurers, health care service contractors, and health maintenance organizations to use in determining medical necessity on a case-by-case basis:

(a) Maternal serum alpha-fetoprotein screening for all pregnant women beginning prenatal care before the twentieth completed menstrual week of gestation:

(i) Without the requirement for case-by-case determination; and

(ii) Including post-procedure genetic counseling if test result is abnormal.

(b) Prenatal ultrasonography if one or more of the following criteria are met:

(i) A woman undergoing amniocentesis, chorionic villus sampling, or percutaneous umbilical cord blood sampling;

(ii) The results on a maternal serum alpha-fetoprotein screening test are abnormal;

(iii) A woman or her partner:

(A) Has a prior child or fetus with a congenital abnormality detectable by prenatal ultrasonography; or

(B) Has a family history of congenital abnormality detectable by prenatal ultrasonography; or

(C) Is affected with a congenital abnormality detectable by prenatal ultrasonography.

(iv) A woman is suspected to be carrying a fetus with a congenital abnormality; or

(v) A medical evaluation indicates the possibility of hydramnios or oligohydramnios.

(c) Amniocentesis with pre-procedure and post-procedure genetic counseling if one or more of the following criteria are met:

(i) A woman thirty-five years of age or older at the time of delivery;

(ii) A woman or her partner having had a previous child or fetus with a chromosomal abnormality;

(iii) A woman or her partner is a carrier of a chromosomal rearrangement or anomaly;

(iv) A woman or her partner:

(A) With a neural tube defect; or

(B) Having had a child or fetus with a neural tube defect.

(v) A woman or her partner with a history of:

(A) A sibling with a neural tube defect;

(B) A parent with a neural tube defect;

(C) A niece or nephew with a neural tube defect; or

(D) Other risk factors related to a neural tube defect.

(vi) A woman and/or her partner are carriers of, or affected with, a prenatal diagnosable inherited disorder;

(vii) The results on a maternal serum alpha-fetoprotein screening test are abnormal;

(viii) A woman with a documented history of three or more miscarriages of unknown cause when circumstances prevent parental chromosomal testing;

(ix) Ultrasound diagnosis of fetal anomaly.

(2) The board recommends the following additional procedures for use of insurers, health service contractors, and health maintenance organizations in determining medical necessity on a case-by-case basis:

(a) Chorionic villus sampling with pre-procedure and post-procedure genetic counseling if one or more of the following criteria are met:

(i) A woman thirty-five years of age or older at the time of delivery;

(ii) A woman or her partner having had a previous child or fetus with a chromosomal abnormality;

(iii) A woman or her partner is a carrier of a chromosomal rearrangement or anomaly;

(iv) A woman or her partner are carriers of, or affected with, a prenatal diagnosable inherited disorder; or

(v) A woman with a documented history of three or more miscarriages of unknown cause when circumstances prevent parental chromosomal testing.

(b) Percutaneous umbilical cord blood sampling with pre-procedure and post-procedure genetic counseling if one or more of the following criteria are met:

(i) A medical evaluation indicates rapid or detailed chromosomal diagnosis is required to:

- (A) Protect the health of the mother; or
- (B) Predict prognosis for the fetus.

(ii) A medical evaluation indicates the possibility of a prenatal diagnosable fetal infection;

(iii) Fetal blood studies are medically indicated for isoimmunization studies or therapy;

(iv) Prenatal diagnosis of hematological disorders is medically indicated.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-680-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 48.21.244, 48.44.344 and 48.46.375. 90-02-094 (Order 024), § 248-106-020, filed 1/3/90, effective 2/3/90.]

**Chapter 246-710 WAC
COORDINATED CHILDREN'S SERVICES**

WAC

246-710-001	Declaration of purpose.
246-710-010	Definitions.
246-710-020	Program eligibility.
246-710-030	Program limitations.
246-710-040	Funding ceilings on neuromuscular program and individual neuromuscular centers.
246-710-050	Authorization of services.
246-710-060	Qualifications and assurances of providers.
246-710-070	Fees and payments.
246-710-080	Third-party resources.
246-710-090	Repayment.

WAC 246-710-001 Declaration of purpose. The following rules are adopted pursuant to RCW 43.20.140 wherein the state board of health is empowered to promulgate rules and regulations as shall be necessary to carry out the purposes of RCW 43.20A.635 empowering the secretary of the department of social and health services to establish and administer a program of services for crippled children. It is the purpose of the crippled children's services program to develop, extend, and improve services for locating, diagnosing, and treating children who are crippled or who are suffering from physical conditions leading to crippling.

In accordance with RCW 43.20A.635 and these rules, the crippled children's services (CCS) program shall limit services in such manner and degree as will assure, in the judgment of the physician-director, provision of optimum services to crippled children with the greatest needs, commensurate with the fixed funding available to CCS.

It is the declared purpose of the department of social and health services and the state board of health that the CCS program shall be administered strictly within the limits of funds available for CCS purposes and that CCS may not authorize provision of services beyond those limits.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-710-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-010, filed 12/2/82.]

WAC 246-710-010 Definitions. (1) "Client" means an individual whose application for crippled children's services program funds has been approved.

(2) "Crippled child" means an individual below the age of eighteen years having an organic disease, defect or condition substantially interfering with normal growth and development.

(3) "CCS" means crippled children's services.

(4) "DSHS" means department of social and health services.

(5) "Limited intervention" means treatment given during a limited period of time designed to move a client's status from a lower to a substantially higher level of functioning.

(6) "Local CCS agency" means the local health department and/or district or other agency locally administering the CCS program for the county where the CCS applicant or client resides.

(7) "Physician-director" means a medical doctor or osteopath employed by the department of social and health services having the following qualifications:

(a) Doctorate of medicine from a school of medicine accredited by the liaison committee on medical education; and

(b) Licensed to practice medicine in the state of Washington; and

(c) Certified (or eligible for certification) by an appropriate medical specialty board.

(8) "Services" means medical, surgical and rehabilitation care, and equipment and appliances provided in hospitals, clinics, offices, and homes by approved physicians and other approved health care providers.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-710-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-020, filed 12/2/82.]

WAC 246-710-020 Program eligibility. Medical and financial eligibility is required in order to confine program expenditures for services to the program funding available. Both medical and financial eligibility must be established before an applicant may receive service which may be paid for by CCS program funds. However, determinations of financial and medical eligibility do not constitute entitlement to services. Services must be requested by providers and authorized in advance by CCS according to procedures outlined in WAC 248-105-060.

(1) Medical eligibility shall be determined by the physician-director of the crippled children's services program and shall be based upon the following medical criteria:

(a) The applicant's physical condition must be of such a nature that the applicant is crippled or is expected to become crippled; and

(b) The condition must be beyond the usual scope of routine medical care and must not be a problem common to children during the growing-up process, such as upper respiratory infections, ear infections, urinary tract infection, pneumonia, and appendicitis; and

(c) The condition must be amenable to limited intervention; and

(d) The condition must not be of a kind requiring long-term continuous treatment to maintain the condition at a relatively stable level; and

(e) There must be a strong likelihood the treatment will have a substantial impact upon the crippling conditions.

(2) The crippled children's services program shall determine at least annually the financial eligibility of individual clients for CCS services according to criteria established by the department. These criteria shall consider nationally accepted standards of living for low-income families such as federal poverty levels or state median income, adjusted for family size. A client shall be determined eligible if his or her family's resources are insufficient to cover the cost of eligible medical services required by the client during the period of his or her eligibility. Resources shall include:

- (a) Family income from all sources;
- (b) Family savings, property, and other assets;
- (c) Medical insurance or other third-party resources.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-710-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-030, filed 12/2/82.]

WAC 246-710-030 Program limitations. (1) Reductions in the scope of the program shall be made by the department when required to limit program expenditures for services according to program funding available.

(2) CCS may, for budgetary reasons, upon the advice and authority of the physician-director, impose or revise funding limitations on certain CCS programs.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-710-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-040, filed 12/2/82.]

WAC 246-710-040 Funding ceilings on neuromuscular program and individual neuromuscular centers. (1) CCS may, for budgetary reasons, impose or revise funding ceilings upon the amount paid for neuromuscular services throughout the state. The ceilings may be placed on a monthly, quarterly, annual or biennial basis as deemed appropriate by the physician-director.

(2) CCS may, for budgetary reasons, impose or revise funding ceilings upon each individual designated neuromuscular center (NMC). In the event the individual designated NMC is limited by funding ceilings, the professional staff members of the NMC shall prioritize requests for authorization for neuromuscular services according to sound principles of medical judgment with due consideration that optimum services to children most in need of those services requested be provided in accordance with WAC 248-105-010.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-710-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-050, filed 12/2/82.]

WAC 246-710-050 Authorization of services. Authorization for services shall be accomplished in the form and manner described by crippled children's services, in accordance with the following:

(1) Using forms approved by CCS, the local CCS agency secures financial resource information from the family and the medical documentation of the crippling

condition from the provider, prepares a request for authorization, and forwards all three to the state CCS office.

(2) Medical eligibility, under the supervision of the CCS physician-director, and financial eligibility shall be determined by the state CCS staff.

(3) If the child is accepted on the program, each requested service is reviewed for appropriateness to program policies and guidelines, and quality assurance criteria. Services must be of a nature and state of development as to be a recognized acceptable form of treatment by a significant portion of the professional community.

(4) If all criteria are met and funding is available, an authorization document is prepared by state CCS staff and sent directly to the provider of service and local CCS agencies.

(5) Written notification of a child's acceptance or nonacceptance to the program shall be mailed to the family.

(6) No services will be authorized for out-of-state providers if an equivalent service is available within the state of Washington. This does not preclude utilization of resources in contiguous states when appropriate.

(7) In cases of emergencies, and on the basis of information available, the CCS physician-director shall have the authority to approve requested services in advance of a written application and service request being received.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-710-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-060, filed 12/2/82.]

WAC 246-710-060 Qualifications and assurances of providers. (1) Hospitals authorized by CCS to provide services must be accredited by the joint commission of accreditation of hospitals and licensed by the state of location.

(2) Physicians and other health care providers authorized by CCS to provide services must meet all requirements and assurances set forth in the crippled children's services provider agreement form.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-710-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-070, filed 12/2/82.]

WAC 246-710-070 Fees and payments. Payments to providers of services shall be made in accordance with the DSHS schedule of maximum allowances and the crippled children's services supplemental fee schedule.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-710-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-080, filed 12/2/82.]

WAC 246-710-080 Third-party resources. CCS is a secondary payer to all private and other public funded health programs. Such sources of funding must be utilized before CCS payment is made. These sources include, but are not limited to, insurance, Medicaid, Medicare, CHAMPUS (Civilians Health and Medical Program of the Uniformed Services) including provisions for basic benefits and benefits under the program for the handicapped, and other special programs with liability for health care, such as

prisons, group or foster homes, and state mental hospitals and facilities. No payment will be made where trust funds or other protected assets are available.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-710-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-090, filed 12/2/82.]

WAC 246-710-090 Repayment. Repayment from the provider, family or other source is required should trusts, court-awarded damages or like funds become available, and where payments have been made to the family or provider for services paid for by CCS.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-710-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-100, filed 12/2/82.]

Chapter 246-760 WAC

AUDITORY AND VISUAL STANDARDS—SCHOOL DISTRICTS

WAC

246-760-001	Purpose.
	AUDITORY ACUITY STANDARDS
246-760-020	Criteria for selection of children for screening.
246-760-030	Auditory acuity screening standards—Screening equipment and procedures.
246-760-040	Auditory acuity screening procedures.
246-760-050	Auditory acuity screening failure—Referral procedures.
246-760-060	Auditory acuity screening—Qualification of personnel.
	VISUAL ACUITY STANDARDS
246-760-070	Visual acuity screening equipment.
246-760-080	Visual acuity screening procedures.
246-760-090	Visual acuity screening failure—Referral procedures.
246-760-100	Qualifications of personnel.

WAC 246-760-001 Purpose. The following regulations are adopted pursuant to chapter 32, Laws of 1971, wherein is contained the legislative mandate that each board of school directors in the state shall provide for and require screening of the auditory and visual acuity of children attending schools in their districts to ascertain if any of such children "have defects sufficient to retard them in their studies." It is the purpose of such screening procedures to identify those children who are likely to have visual or auditory defects. In addition to the requirements of these regulations, the need for appropriate educational services as provided in chapter 28A.210 RCW must be recognized and arranged for those children whose visual or auditory handicaps warrant special facilities or educational methods.

[Statutory Authority: RCW 43.20.050 and 28A.210.020. 92-02-019 (Order 225B), § 246-760-001, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-760-001, filed 12/27/90, effective 1/31/91; Order 63, § 248-144-010 (codified as WAC 248-148-010), filed 11/1/71.]

AUDITORY ACUITY STANDARDS

WAC 246-760-020 Criteria for selection of children for screening. Boards of school directors shall require auditory and visual screening of children as follows:

- (1) Schools shall screen all children in kindergarten and grades one, two, three, five, and seven.
- (2) Schools shall promptly screen all children having a possible loss in auditory or visual acuity referred to the district by parents, guardians, or school staff.
- (3) If manpower resources permit, schools shall annually screen children at other grade levels.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-760-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.030. 87-22-010 (Order 306), § 248-148-021, filed 10/26/87.]

WAC 246-760-030 Auditory acuity screening standards—Screening equipment and procedures. (1) Schools shall use auditory screening equipment providing tonal stimuli at frequencies at one thousand, two thousand, and four thousand herz (Hz) at hearing levels of twenty or twenty-five decibels (dB), as measured at the earphones, in reference to American National Standards Institute (ANSI) 1969 standards.

(2) Qualified persons shall check the calibration of said frequencies and intensity at least every twelve months, at the earphones, using equipment designed for audiometer calibration.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-760-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.030. 87-22-010 (Order 306), § 248-148-031, filed 10/26/87.]

WAC 246-760-040 Auditory acuity screening procedures. (1) Schools shall screen all children referenced in WAC 246-760-020 on an individual basis at one thousand, two thousand, and four thousand Hz.

- (2) The screener shall:
 - (a) Present each of the tonal stimuli at a hearing level of twenty or twenty-five dB based on the ANSI 1969 standards;
 - (b) Conduct screenings in an environment free of extraneous noise;
 - (c) If at all possible, complete screening within the first semester of each school year;
 - (d) Place the results of screenings, any referrals, and results of such referrals in each student's health and/or school record; and
 - (e) Forward the results to the student's new school if the student transfers.

[Statutory Authority: RCW 43.20.050 and 28A.210.020. 92-02-019 (Order 225B), § 246-760-040, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-760-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.030. 87-22-010 (Order 306), § 248-148-035, filed 10/26/87.]

WAC 246-760-050 Auditory acuity screening failure—Referral procedures. Boards of school directors shall establish procedures requiring school districts:

- (1) Rescreen students not responding to one or more frequencies in either ear in three to six weeks after the initial screening, and notify their teachers of the need for preferen-

tial positioning in class because of the possibility of decreased hearing.

(2) Notify parents of the need for audiological evaluation if the student fails the second screening.

(3) Schools shall notify parents of the need for medical evaluation if:

- (a) Indicated by audiological evaluation, or
- (b) Audiological evaluation is not available.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-760-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.030. 87-22-010 (Order 306), § 248-148-091, filed 10/26/87.]

WAC 246-760-060 Auditory acuity screening—Qualification of personnel. Each school district shall designate a district audiologist or district staff member having:

(1) Responsibility for the administration of the auditory screening program in conformity with these regulations, and

(2) Training and experience appropriate to:

(a) Develop an administrative plan for conducting auditory screening in cooperation with the appropriate school personnel in order to ensure the program can be carried out efficiently and effectively;

(b) Obtain the necessary instrumentation for carrying out the screening program, and ensuring the equipment is in proper working order and calibration; and

(c) Secure appropriate personnel for carrying out the screening program, if such assistance is necessary, and for assuring such personnel are sufficiently trained to:

(i) Understand the purposes and regulations involved in the auditory screening programs; and

(ii) Utilize the screening equipment in an appropriate manner to ensure maximum accuracy.

(d) Ensure records are made and distributed as appropriate; and

(e) Disseminate information to other school personnel acquainting them with aspects of a child's behavior denoting the need for referral for auditory screening.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-760-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.030. 87-22-010 (Order 306), § 248-148-101, filed 10/26/87.]

VISUAL ACUITY STANDARDS

WAC 246-760-070 Visual acuity screening equipment. Boards of school districts shall require personnel conducting the screening use a Snellen test chart for screening for distance central vision acuity: *Provided*, That either the Snellen E chart or the standard Snellen distance acuity chart may be used as appropriate to the child's age and abilities. The test chart shall be properly illuminated and glare free.

Other screening procedures equivalent to the Snellen test may be used only if approved by the state board of health.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-760-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.030. 87-22-010 (Order 306), § 248-148-121, filed 10/26/87.]

WAC 246-760-080 Visual acuity screening procedures. (1) Schools shall:

(a) Screen children wearing glasses for distance viewing with their glasses on;

(b) Place the results of screening, any referrals, and results of such referrals in each student's health and/or school record; and

(c) Forward the results to the student's new school if the student transfers.

(2) When a child is observed by school personnel to demonstrate other signs or symptoms related to eye problems to the extent such signs or symptoms negatively influence the child in his or her studies, school personnel shall refer the child to the parents or guardians for professional care.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-760-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.030. 87-22-010 (Order 306), § 248-148-123, filed 10/26/87.]

WAC 246-760-090 Visual acuity screening failure—Referral procedures. Boards of school directors shall require schools rescreen students having a visual acuity of 20/40 or less in either eye as determined by the Snellen test or its approved equivalent within two weeks or as soon as possible after the original screening. Failure is indicated by the inability to identify the majority of letters or symbols on the thirty foot line of the test chart at a distance of twenty feet.

Schools shall inform parents or guardians of students failing the second screening, in writing, of the need and importance of the child receiving professional care.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-760-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.030. 87-22-010 (Order 306), § 248-148-131, filed 10/26/87.]

WAC 246-760-100 Qualifications of personnel. (1) Screening shall be performed by persons competent to administer such screening procedures as a function of their professional training and background and/or special training and demonstrated competence under supervision.

(2) Technicians and nonprofessional volunteers shall have adequate preparation and thorough understanding of the tests as demonstrated by their performance under supervision.

(3) Supervision, training, reporting and referral shall be the responsibility of a professional person specifically designated by the school administration. He may be a school nurse or public health nurse, a special educator, teacher or administrator who possesses basic knowledge of the objectives and methods of visual acuity screening, supervisory experience and ability, demonstrated ability to teach others and demonstrated capacity to work well with people.

(4) Screening will not be performed by ophthalmologists, optometrists, or opticians or any individuals where a conflict of interest might occur.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-760-100, filed 12/27/90, effective 1/31/91; Order 63, § 248-144-150 (codified as WAC 248-148-150), filed 11/1/71.]

Chapter 246-762 WAC

SCOLIOSIS SCREENING—SCHOOL DISTRICTS

WAC

246-762-001	Declaration of purpose.
246-762-010	Examinations of school children for scoliosis— Definitions.
246-762-020	Criteria for selection of children for scoliosis screening.
246-762-030	Qualification of personnel.
246-762-040	Screening procedures.
246-762-050	Screening results—Recording and referral procedures.
246-762-060	Distribution of rules and procedures.
246-762-070	Exemptions from examinations—Screening waivers.

WAC 246-762-001 Declaration of purpose. The following rules are adopted pursuant to chapter 28A.31 RCW, wherein is contained the mandate that the superintendent of public instruction shall provide for and require screening for scoliosis of school children in the state of Washington. It is the purpose of such screening to identify those children who may have a lateral curvature of the spine.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-762-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.134 and 43.20.050. 85-23-029 (Order 294), § 248-150-010, filed 11/14/85. Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-150-010, filed 10/31/79.]

WAC 246-762-010 Examinations of school children for scoliosis—Definitions. (1) "Proper training" means instruction and training provided by, or under the supervision of, physicians licensed pursuant to chapters 18.57 or 18.71 RCW specializing in orthopedic, physiatric, or rehabilitative medicine, or a registered nurse licensed pursuant to RCW 18.88.130 who has had specialty training in scoliosis detection, and appropriate for persons who perform the screening procedures referred to in WAC 246-762-040.

(2) "Pupil" means a student enrolled in the public school system in the state.

(3) "Public schools" means common schools referred to in Article IX of the state Constitution and those schools and institutions of learning having a curriculum below the college or university level as now or may be established by law and maintained at public expense.

(4) "Qualified licensed health practitioners" means physicians licensed pursuant to chapters 18.57 and 18.71 RCW, registered nurses licensed pursuant to RCW 18.88.130, and physical therapists licensed pursuant to chapter 18.74 RCW, practicing within the scope of their field as defined by the appropriate regulatory authority.

(5) "Scoliosis" includes idiopathic scoliosis and kyphosis.

(6) "Screening" means a procedure to be performed for the purpose of detecting the possible presence of the condition known as scoliosis, except as provided for in WAC 246-762-070.

(7) "Superintendent" means the superintendent of public instruction pursuant to Article III of the state Constitution or his or her designee.

[Statutory Authority: RCW 28A.210.200 and [28A.210].220. 92-06-067 (Order 249B), § 246-762-010, filed 3/3/92, effective 4/3/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-762-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.134 and 43.20.050. 85-23-029 (Order 294), § 248-150-020, filed

11/14/85. Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-150-020, filed 10/31/79.]

WAC 246-762-020 Criteria for selection of children for scoliosis screening. All children in grades five, seven, and nine shall be screened annually except as provided for in RCW 28A.210.240.

[Statutory Authority: RCW 28A.210.200 and [28A.210].220. 92-06-067 (Order 249B), § 246-762-020, filed 3/3/92, effective 4/3/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-762-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.134 and 43.20.050. 85-23-029 (Order 294), § 248-150-030, filed 11/14/85. Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-150-030, filed 10/31/79.]

WAC 246-762-030 Qualification of personnel. (1) Screening shall be conducted by school physicians, school nurses, qualified licensed health practitioners, physical education instructors, other school personnel, or persons designated by school authorities who have received proper training in screening techniques for scoliosis.

(2) Each school district shall designate one individual of the district's staff who shall be responsible for the administration of scoliosis screening. This individual's training and experience shall be appropriate to perform the following tasks:

(a) To develop an administrative plan for conducting scoliosis screening in the district in cooperation with the appropriate school personnel in order to ensure the program can be carried out efficiently with minimum disruption, to include arrangement of appropriate scheduling for scoliosis screenings;

(b) To secure appropriate personnel to carry out the screening program and to ensure such personnel receive proper training to conduct the necessary screening procedures;

(c) To ensure accurate and appropriate records are made, to make recommendations appropriate to the needs of each child whose screening test is indicative of scoliosis, and to provide copies of these records to parents or legal guardians of the child, as provided for in section 4, chapter 216, Laws of 1985;

(d) To disseminate information to other school personnel explaining the purpose of the program, and to acquaint them with the criteria which might denote the need for referral for scoliosis screening; and

(e) To institute a procedure to evaluate the effectiveness and accuracy of the screening program.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-762-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.134 and 43.20.050. 85-23-029 (Order 294), § 248-150-040, filed 11/14/85. Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-150-040, filed 10/31/79.]

WAC 246-762-040 Screening procedures. The screening procedures shall be consistent with nationally accepted standards for scoliosis screening and published by the American Academy of Orthopedic Surgeons as contained in *Screening Procedure Guidelines*, to be obtained from the Scoliosis Research Society.

[Statutory Authority: RCW 28A.210.200 and [28A.210].220. 92-06-067 (Order 249B), § 246-762-040, filed 3/3/92, effective 4/3/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-

762-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.134 and 43.20.050. 85-23-029 (Order 294), § 248-150-050, filed 11/14/85. Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-150-050, filed 10/31/79.]

WAC 246-762-050 Screening results—Recording and referral procedures. A record of the "screening" results shall be made of each child suspected of having scoliosis and copies of the results shall be sent to the parents or guardians of the children. The notification shall include an explanation of scoliosis, the significance of treating scoliosis at an early stage, the services generally available from a qualified licensed health practitioner for treatment after diagnosis, and a method for the school to receive follow-up information from health care providers.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-762-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.134 and 43.20.050. 85-23-029 (Order 294), § 248-150-060, filed 11/14/85. Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-15-060 (codified as WAC 248-150-060), filed 10/31/79.]

WAC 246-762-060 Distribution of rules and procedures. The superintendent shall print and distribute to school officials these rules and the recommended records and forms to be used in recording and reporting the screening results to parents and to the superintendent.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-762-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.134 and 43.20.050. 85-23-029 (Order 294), § 248-150-070, filed 11/14/85. Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-150-070, filed 10/31/79.]

WAC 246-762-070 Exemptions from examinations—Screening waivers. (1) Any pupil shall be exempt from the screening procedure upon written request of his or her parent or guardian as specifically provided for in section 5, chapter 216, Laws of 1985.

(2) Screening waivers shall occur as provided by section 6, chapter 216, Laws of 1985.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-762-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.134 and 43.20.050. 85-23-029 (Order 294), § 248-150-080, filed 11/14/85. Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-150-080, filed 10/31/79.]

Chapter 246-780 WAC

FARMERS' MARKET NUTRITION PROGRAM

WAC

246-780-001	Description of farmers' market nutrition program.
246-780-010	Definitions.
246-780-020	Contractor responsibilities.
246-780-030	Authorized foods.
246-780-040	Sanctions.
246-780-050	Notice of adverse action to a FMNP contractor and/or grower.
246-780-060	Dispute appeals.
246-780-070	Contractor/grower-continued participation pending dispute resolution.

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 depart-

ment 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 246-790 WAC

SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS, AND CHILDREN (WIC)

WAC

246-790-010	Definitions.
246-790-050	Description of WIC program.
246-790-060	Authorized foods.
246-790-070	Food vendor participation.
246-790-080	Food vendor contracts.
246-790-090	Food vendor monitoring.
246-790-100	Food vendor sanctions.
246-790-110	Notice of adverse action to WIC food vendor—Denial of food vendor application, contract nonrenewal.
246-790-120	WIC food vendor—Administrative review—Contract dispute resolution.
246-790-130	WIC contractor—Continued participation pending contract dispute resolution.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-790-020	Rules—Applicability. [Statutory Authority: RCW 43.17.060, 43.21C.120 and 43.20A.550, 91-01-098 (Order 3118), § 246-790-020, filed 12/18/90, effective 1/18/91.] Repealed by 92-22-036 (Order 314), filed 10/27/92, effective 11/27/92. Statutory Authority: RCW 43.70.120.
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WAC 246-790-010 Definitions. (1) "Applicant" means any food vendor making a written request for authorization to participate in the program.

(2) "Authorization" means the applicant has been given approval by the department to participate in the WIC program.

(3) "CFR" means the Code of Federal Regulations.

(4) "Contract" means a written legal document with the department, which allows the food vendor to accept food instruments from WIC in exchange for specified supplemental foods. The contract shall be signed by the food vendor's legal representative and the contracting officer of the department of health.

(5) "Contractor" means a WIC-authorized food vendor.

(6) "Department" means the Washington state department of health.

(7) "Disqualification" means the act of ending the participation of an authorized food vendor, participant, or local agency in the WIC program.

(8) "Food company" means a manufacturer of food items.

(9) "Food instrument" means a WIC check which is used by a participant to obtain specified supplemental foods.

(10) "Food vendor" means the owner, chief executive officer, controller, or other person legally authorized to obligate a store location to a contract.

(11) "Fine" means a sum of money imposed as a penalty for an offense.

(12) "Fraud" means any act in which a food vendor misuses the WIC program for monetary gain.

(13) "Local WIC agency" means the contracted clinic or agency where a participant receives WIC services.

(14) "Program" means the special supplemental food program for women, infants and children (WIC).

(15) "Supplemental foods" means those foods containing nutrients determined to be beneficial for pregnant, breast-feeding, and postpartum women, infants and children, as prescribed by federal and state regulations.

(16) "Termination" means discontinuing:

(a) Authorization of a food vendor to participate in the program; or

(b) Authorization of a participant to receive WIC benefits.

(17) "Wholesaler" means a business entity which sells food and other items to a food vendor.

(18) "WIC participant" means any individual receiving WIC benefits.

[Statutory Authority: RCW 43.70.120, 92-22-036 (Order 314), § 246-790-010, filed 10/27/92, effective 11/27/92. Statutory Authority: RCW 43.17.060, 43.21C.120 and 43.20A.550, 91-01-098 (Order 3118), § 246-790-010, filed 12/18/90, effective 1/18/91.]

WAC 246-790-050 Description of WIC program.

(1) The WIC program is a federally funded program established in 1972 by an amendment to the Child Nutrition Act of 1966. The purpose of the program is to serve as an adjunct to health care by providing nutritious food; nutrition education and counseling; health screening; and referral services to pregnant and breast-feeding women, infants, and children in certain high-risk categories.

(2) Federal regulations governing the WIC program (7 CFR Part 246) require implementation of standards and procedures to guide the state's administration of the WIC program and are hereby incorporated by reference. These regulations are designed to promote consistent and high quality services to clients, promote consistent application of procedures for eligibility and food issuance, and lessen the possibility of participant, food vendor, and local agency abuse of the WIC program. These regulations define the rights, responsibilities, and legal procedures of participants, vendors, and local agencies.

(3) The WIC program in the state of Washington is administered by the office of WIC services in the department of health.

[Statutory Authority: RCW 43.70.120, 92-22-036 (Order 314), § 246-790-050, filed 10/27/92, effective 11/27/92. Statutory Authority: RCW 43.20A.550, 91-01-097 (Order 3117), recodified as § 246-790-050, filed 12/18/90, effective 1/18/91; 90-12-112 (Order 2960), § 388-19-005, filed 6/6/90, effective 7/7/90; 88-14-037 (Order 2638), § 388-19-005, filed 6/30/88.]

WAC 246-790-060 Authorized foods. (1) The department shall provide one or more of the following foods to eligible women, infants, and children:

- (a) Cereals,
- (b) Juices,
- (c) Infant formula,
- (d) Infant cereal,
- (e) Milk,
- (f) Eggs,

(g) Dry beans and peas,

(h) Peanut butter, and

(i) Cheese.

These foods shall meet nutritional standards established by federal regulations.

The department shall approve specific brands of infant formula, juice, and cereal based on federal nutritional requirements. In addition, the department specifies juice provided to WIC clients must be unsweetened.

The department shall designate specific types of domestic, pasteurized cheese for the WIC program.

(2) A copy of the authorized WIC food list shall be included in the annually revised state plan which is available for public comment and is submitted to the United States Department of Agriculture Food and Nutrition Services regional office.

(3) The following steps have been established by the department as the formal procedure for adding a food product to the WIC program:

(a) A food company or other entity, such as a local WIC clinic, shall submit a written request for authorization of a product;

(b) The food company representative shall furnish the state WIC office with:

(i) Package flats or labels, information on package sizes and prices, and a summary of current distribution; and

(ii) The food company's summary of current distribution shall be in writing and shall include, but not be limited to:

(A) Identification of the wholesaler carrying the product; and

(B) Assessment of when the new product replaces the old on store shelves when there is a change in the product formulation.

This information must be received ninety days or more before WIC food instrument revision deadlines.

(c) When the product meets federal and state requirements, the department shall verify product availability and price;

(d) The nutrition services work group of the office of WIC services shall make a recommendation based on the product's ingredients and value to the promotion of healthful and economic food buying practices;

(e) The department shall survey local WIC agency staff for their recommendation in regard to need and demand for the product;

(f) The department shall review data and recommendations and shall notify the food company of the department's decision;

(g) The department shall add the newly authorized food items to the WIC food instrument at the next scheduled printing.

(4) State WIC monitor staff shall determine if a food product considered for authorization is available to retail outlets, statewide, and has a history of availability for one year or more.

(5) The department reserves the right to require a food company to submit a statement guaranteeing a minimum period of time during which a food product will be available throughout the state of Washington.

(6) The department reserves the right to refuse any food product that appears in contradiction to the principles

promoted by the WIC program's nutrition service component.

(7) The department reserves the right to limit the number of authorized foods within a food category.

(8) Food companies shall notify the department of any changes in product content, name, label design, or availability.

(a) If a food company fails to notify the department of the changes in writing, the WIC program shall revoke the product's authorization; and

(b) A food company shall notify the department of changes before a Washington state wholesaler receives the new product.

(9) A food company shall not use the term "WIC approved" without prior department approval.

[Statutory Authority: RCW 43.70.120, 92-22-036 (Order 314), § 246-790-060, filed 10/27/92, effective 11/27/92. Statutory Authority: RCW 43.20A.550, 91-01-097 (Order 3117), recodified as § 246-790-060, filed 12/18/90, effective 1/18/91; 90-12-112 (Order 2960), § 388-19-015, filed 6/6/90, effective 7/7/90; 88-14-037 (Order 2638), § 388-19-015, filed 6/30/88.]

WAC 246-790-070 Food vendor participation. (1)

The department shall authorize food vendors who may redeem WIC food instruments or otherwise provide supplemental foods to WIC participants. Unauthorized vendors who redeem WIC food instruments are subject to the penalties specified in WAC 246-790-100.

(2) Application procedure.

(a) Food vendors shall submit an application to the department, including a price list for authorized WIC food. Forms used in the application process are contained in the state plan which is submitted annually to the United States Department of Agriculture Food and Nutrition Service regional office.

(b) The department may require applicants to provide information regarding gross food sales and inventory records for WIC-approved foods.

(c) The department shall conduct a documented on-site visit prior to, or at the time of, initial authorization of a new food vendor, for the purpose of evaluating the inventory of WIC foods and providing training on rules and regulations of WIC transactions.

(d) The department shall issue contracts for a maximum period of two years. All contracts expire on March 31 of odd-numbered years. No new applications will be accepted after October 1 in even-numbered years, except in the case of an ownership change or where there is a documented need for a location in order to solve client access problems. The department has the authority to limit acceptance of new applications to other specific times as well.

(3) The department shall authorize an appropriate number and distribution of food vendors to assure adequate participant convenience and access, and to assure the department can effectively manage review of these food vendors. The department has the authority to limit the number of authorized food vendors in any given geographic area or state-wide. Selection is based on the following conditions:

(a) The applicant shall have requests from or the potential of serving six or more WIC participants.

(i) For vendors without prior contracts, the local WIC agency shall document six or more WIC participants requesting use of a location.

(ii) Vendors applying for re-authorization shall have a check redemption record averaging fifteen or more checks per month over a six-month period, documented by department statistics reports.

(iii) Exceptions may be made for:

(A) Pharmacies needed as suppliers of special infant formulas; or

(B) Retail grocery stores in isolated areas.

In either case, the need shall be documented by the local WIC agency.

(b) Food vendors shall stock representative items from all food categories on the authorized WIC food list that apply to the vendor's classification. Minimum quantities specified on the authorized WIC food list shall be stocked before a contract is offered to the food vendor. A food vendor seeking a waiver from the minimum formula stock requirement shall request the waiver in writing for each contracting period. No waivers shall be granted unless there is an insufficient number of authorized vendors in a given service area;

(c) Prices of individual food items shall not exceed one hundred twenty percent of the state-wide average price. The state WIC office shall have the prerogative to grant waivers to the price percentage requirement when client access is jeopardized;

(d) The food vendor shall possess a valid Washington state tax registration number;

(e) The food vendor shall comply with training sessions, monitor visits, and provide invoices and shelf prices upon the department's request;

(f) The food vendor's store shall be open for business eight or more hours per day, six days per week.

(4) The department shall give written notification of denial, stating the reason, and advising the food vendor of the vendor's right of appeal. The department may deny a food vendor authorization for reasons including, but not limited to the following:

(a) Redeeming WIC food instruments without authorization;

(b) Changing ownership more than twice during a two-year contracting period;

(c) Failure to implement corrective action imposed by the department;

(d) Failure to complete payment of an imposed fine or reimbursement of an overcharge within the time specified;

(e) Refusing to accept training from the WIC program; and

(f) Repeated department-documented noncompliance with program regulations.

[Statutory Authority: RCW 43.70.120, 92-22-036 (Order 314), § 246-790-070, filed 10/27/92, effective 11/27/92; 91-06-029 (Order 145), § 246-790-070, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 43.20A.550, 91-01-097 (Order 3117), recodified as § 246-790-070, filed 12/18/90, effective 1/18/91; 90-12-112 (Order 2960), § 388-19-020, filed 6/6/90, effective 7/7/90; 88-18-022 (Order 2681), § 388-19-020, filed 8/30/88; 88-14-037 (Order 2638), § 388-19-020, filed 6/30/88.]

WAC 246-790-080 Food vendor contracts. (1) All authorized food vendors shall enter into written contracts

with the department. The contract shall be signed by the food vendor's legal representative.

(2) When the food vendor obligates more than one store location, all participating store locations shall be listed by name and location on the contract. Individual store locations may be added, disqualified, or terminated by contract amendment without affecting the remaining store locations.

(3) The department shall have the authority to contract with a sole source for a specified WIC food product or food product category.

(4) WIC vendor rules. The food vendor contract shall contain the following rules:

(a) The food vendor shall stock sufficient quantities of authorized WIC foods to meet the needs of WIC customers;

(b) The food vendor shall redeem food instruments made payable only to that specific store or with the words "any authorized WIC vendor;"

(c) The food vendor shall accept food instruments from a WIC customer within thirty days of the time period specified on the food instrument and submit for payment within the time period stated on the food instrument;

(d) The food vendor shall ensure both signatures on the WIC check match;

(e) The food vendor shall not accept WIC food instruments altered in any way;

(f) The food vendor shall redeem WIC food instruments for only the supplemental foods specified and in the quantity specified on the food instrument;

(g) The food vendor shall post the prices of WIC foods so they are visible to the public;

(h) The food vendor shall provide supplemental foods at the current price or at less than the current price charged other customers;

(i) The food vendor shall not sell WIC-authorized foods after the manufacturer's expiration date;

(j) The food vendor shall not accept WIC checks exceeding the maximum amount allowable;

(k) The department has the right to demand refunds from the food vendors for documented overcharges;

(l) The department may deny payment to the food vendor for improperly handled food instruments or may demand refunds for payments already made on improperly handled food instruments.

(m) The food vendor shall not seek restitution from WIC participants for food instruments not honored by the WIC program, nor shall the food vendor seek restitution through a collection agency;

(n) The food vendor shall not request cash or give change in a WIC transaction;

(o) The food vendor shall not impose a surcharge or charge sales tax on any product purchased with WIC food instruments;

(p) The food vendor shall not issue refunds for returned WIC foods or allow exchanges of WIC foods;

(q) The food vendor shall not issue rain checks or any form of credit;

(r) The food vendor shall treat WIC customers with the same courtesy provided to other customers;

(s) The department shall hold the food vendor responsible for the actions of employees or agents of the vendor with regard to any WIC transaction;

(t) The manager of the store or an authorized representative such as head cashier shall agree to accept training on WIC program requirements and procedures. The department shall provide this training;

(u) The food vendor shall inform and train cashiers or other employees on WIC program rules and food instrument cashing procedures;

(v) The department shall monitor the food vendor for compliance with WIC program rules;

(w) During the department monitoring visit of a food vendor, the food vendor shall provide access to redeemed food instruments for the purpose of review by the department representative;

(x) Food vendors shall provide department reviewers access to shelf price records, wholesale receipts, and purchase orders;

(y) Each food vendor shall provide the department with a complete price list of authorized WIC foods not more than twelve times per year; and

(z) The food vendor shall notify the department of any store closure or change of ownership, store name, and/or location no later than the tenth of the month before the month during which the change is effective. Notices from the vendor shall be addressed to DOH WIC Program, P.O. Box 47880, Olympia, Washington 98504 7880.

(5) Renewal of contract.

(a) Neither the department nor the food vendor is obligated to renew the food vendor contract. The department shall notify food vendors in writing not less than fifteen days before the expiration of a contract not being renewed by the department.

(b) Food vendors shall observe time lines, such as deadlines for submitting price lists and returning properly signed contracts. Failure of food vendors to do so may result in denial of authorization.

(6) Contract terminations.

(a) Either the department or the food vendor may terminate the contract at any time by submitting a written notice to the other party thirty days in advance.

(b) The food vendor contract shall automatically be terminated without advance notice from the department in the event of a store closure or change in ownership.

(c) The food vendor must reapply to be considered for participation in the WIC program.

(d) The food vendor shall remain in compliance with selection criteria (WAC 246-790-070(3)) and WIC food vendor rules (WAC 246-790-080).

[Statutory Authority: RCW 43.70.120, 92-22-036 (Order 314), § 246-790-080, filed 10/27/92, effective 11/27/92; 91-23-078 (Order 215), § 246-790-080, filed 11/19/91, effective 12/20/91. Statutory Authority: RCW 43.20A.550, 91-01-097 (Order 3117), recodified as § 246-790-080, filed 12/18/90, effective 1/18/91; 90-12-112 (Order 2960), § 388-19-025, filed 6/6/90, effective 7/7/90; 88-14-037 (Order 2638), § 388-19-025, filed 6/30/88.]

WAC 246-790-090 Food vendor monitoring. (1)

The department shall identify high-risk food vendors and ensure on-site monitoring, further investigation, and sanctioning of such food vendors. Criteria for identifying high-risk vendors shall include, but not be limited to, such considerations as participant complaints and the amount or frequency

of suspected overcharges or other improper handling of redeemed food instruments.

(2) The department shall conduct on-site monitoring visits as required by CFR 246. Vendors shall take corrective action as directed by the department.

(3) The department shall submit a summary of the results of the monitoring of high-risk and representative food vendors and of the review of food instruments to USDA Food and Nutrition Service on an annual basis within four months after the end of the federal fiscal year.

(4) The department shall document the following for all on-site vendor monitoring visits:

(a) Names of vendor, reviewer, and, except for compliance buys, persons interviewed;

(b) Date of review;

(c) Nature of problem or problems detected or observation that the food vendor appears to be in compliance with program requirements;

(d) If the deficiencies are detected, how the food vendor plans to correct those deficiencies; and

(e) Signature of reviewer.

(5) Methods of on-site monitoring visits include, but are not limited to:

(a) Compliance purchases;

(b) Review of cashier check-out procedures;

(c) Review of inventory records;

(d) Review of the availability, prices, and expiration dates of authorized WIC foods; and

(e) Review of food instruments negotiated the day of the review.

(6) The department may conduct compliance purchases to collect evidence of improper food vendor practices, or arrange for this responsibility to be assumed by the proper federal, state, or local authorities.

(7) The department shall establish procedures to document the handling of complaints by WIC participants against food vendors. The department shall deal with complaints of civil rights discrimination in accordance with 7 CFR 246.8(b).

(8) The department shall establish procedures to document the handling of complaints by food vendors against WIC participants or other food vendors.

[Statutory Authority: RCW 43.70.120, 92-22-036 (Order 314), § 246-790-090, filed 10/27/92, effective 11/27/92. Statutory Authority: RCW 43.20A.550, 91-01-097 (Order 3117), recodified as § 246-790-090, filed 12/18/90, effective 1/18/91; 90-12-112 (Order 2960), § 388-19-030, filed 6/6/90, effective 7/7/90; 88-14-037 (Order 2638), § 388-19-030, filed 6/30/88.]

WAC 246-790-100 Food vendor sanctions. (1) The department may disqualify a food vendor for reasons of program abuse, and terminate the food vendor's participation in the WIC program for a specified period of time. At the end of the disqualification period, the food vendor shall be required to reapply for authorization.

(2) Food vendors may be subject to sanctions in addition to, or in lieu of, disqualification, such as fines for improperly handled food instruments. Prior to disqualifying a food vendor, the department shall consider whether the disqualification would create undue hardships for WIC participants.

(3) The department shall set the period of disqualification from program participation at a minimum of one year and shall not exceed three years.

(4) The department shall disqualify a food vendor from the WIC program if that food vendor is suspended or disqualified from another FNS program.

(5) The department shall recover funds due the WIC program and impose a fine of not less than one hundred dollars on food vendors for the offenses in subsection (5) of this section. The department shall account for these funds in accordance with federal regulations.

Money shall be paid to the department within the time period specified in the notice of adverse action or the food vendor shall be disqualified from the WIC program for a period of at least one year. Offenses include:

(a) Providing cash, unauthorized food, nonfood items, or other items to WIC customers in lieu of or in addition to authorized WIC supplemental foods;

(b) Charging the WIC program for foods not received by the customer;

(c) Charging the WIC program more for authorized WIC supplemental foods than other customers are charged for the same food item;

(d) Providing rain checks or credit to customers in a WIC transaction;

(e) Charging WIC customers cash or giving change to customers in a WIC transaction; and

(f) Redeeming WIC food instruments without having authorization from the department.

Repeating any offense listed in subsection (5) of this section shall subject a food vendor to additional sanctions including disqualification.

(6) A food vendor who fails to give the specified notice of a change in ownership, store name, and/or location shall be liable for resultant costs incurred by the WIC program. In addition, a food vendor who fails to furnish the state WIC office with written notice of a change in ownership before the effective date of sale shall be subject to a fine of not less than one hundred dollars.

(7) A food vendor's failure to maintain a sufficient stock of WIC authorized foods or to follow the appropriate WIC food instrument cashing procedure may result in a one-year disqualification.

(8) Food vendors who have willfully misapplied, stolen, or fraudulently obtained program funds shall be subject to a fine of not more than one thousand dollars or imprisonment for not more than five years or both, if the value of the funds is one hundred dollars or more. If the value is less than one hundred dollars, the penalties are a fine of not more than one thousand dollars or imprisonment for not more than one year or both. The department shall refer these food vendors to federal, state, or local authorities for prosecution under applicable statutes.

[Statutory Authority: RCW 43.70.120, 92-22-036 (Order 314), § 246-790-100, filed 10/27/92, effective 11/27/92. Statutory Authority: RCW 43.20A.550, 91-01-097 (Order 3117), recodified as § 246-790-100, filed 12/18/90, effective 1/18/91; 90-12-112 (Order 2960), § 388-19-035, filed 6/6/90, effective 7/7/90; 88-14-037 (Order 2638), § 388-19-035, filed 6/30/88.]

WAC 246-790-110 Notice of adverse action to WIC food vendor—Denial of food vendor application, contract

nonrenewal. (1) When the department denies a food vendor's application to participate in the WIC program or denies a contractor's application to renew the contract, the denial shall be in writing. The notice shall state the basis for the denial.

(2) When the department proposes to take an adverse action against a food vendor with whom the department has a contract, the department shall give the contractor a written notice. The notice shall:

- (a) State the cause for the action;
- (b) State the effective date of the action;
- (c) State the procedure for requesting an administrative review; and
- (d) Be provided to the contractor not less than fifteen days in advance of the effective date of the action.

[Statutory Authority: RCW 43.70.120, 92-22-036 (Order 314), § 246-790-110, filed 10/27/92, effective 11/27/92. Statutory Authority: RCW 43.20A.550, 91-01-097 (Order 3117), recodified as § 246-790-110, filed 12/18/90, effective 1/18/91; 88-14-037 (Order 2638), § 388-19-040, filed 6/30/88.]

WAC 246-790-120 WIC food vendor—Administrative review—Contract dispute resolution. (1) Administrative review.

(a) A food vendor whose application to participate in the WIC program is denied has the right to administrative review which is an informal meeting between the department and the food vendor to discuss the reasons for the denial. With the exception of required reimbursements, contracted food vendors dissatisfied with department decisions regarding sanctions or affecting the food vendor's participation may request an administrative review.

(b) A request for an administrative review shall be in writing and:

- (i) State the issue raised;
- (ii) State the grounds for contesting the aggrieving department action;
- (iii) State the law and allegations of fact on which the appeal relies;
- (iv) Contain the appellant's current address and telephone number, if any; and
- (v) Have a copy of the adverse department notice attached.

(c) A request for an administrative review shall be made by personal service on parent-child health services headquarters office or by certified mail to the address given in the notice of adverse action. The request shall be made within thirty days of the date the food vendor received the notice of adverse action. When the request is mailed, it shall be treated as having been made on the date it was postmarked provided it is received by the division of parent-child health services properly addressed and with no postage due.

(d) The director of parent-child health services, or the director's designee, shall conduct the administrative review. The time limit for making the determination is thirty days from the date the request for an administrative review was received by the office. The time shall be extended by as many days as the vendor requests, assents to, or necessitates a delay in the proceedings with due cause.

(e) Administrative review is the sole administrative remedy the department offers a WIC contract applicant.

Contracted food vendors dissatisfied with administrative review decisions may request a contract dispute resolution.

(2) Contract dispute resolution.

(a) A WIC food vendor who is disqualified from participating in the program or who is aggrieved by any other adverse action the department takes which affects participation, has the right to a contract dispute resolution. This shall not apply to a nonrenewal of the contract.

(b) A request for a contract dispute resolution shall be in writing and:

- (i) State the issue raised;
- (ii) State the grounds for contesting the aggrieving department action;
- (iii) State the law and allegations of fact on which the appeal relies;
- (iv) Contain the contractor's current address and telephone number, if any; and
- (v) Have a copy of the adverse department notice attached.

(c) A request for a contract dispute resolution shall be made by personal service on the office of contracts management in Olympia or by certified mail addressed to the Office of Contracts Management, 1300 SE Quince, P.O. Box 47902, Olympia, Washington 98504-7902. The request shall be made within thirty days of the date the contractor received the notice of adverse action. When the request is mailed, it shall be treated as having been made on the date it was postmarked provided it is received by the office of contracts management properly addressed and with no postage due.

(d) The time limit for making the determination is thirty days from the date the request for a contract dispute resolution was received by the office of contracts management. The time shall be extended by as many days as the contractor requests, assents to, or causes a delay in the proceedings.

(e) The contract dispute resolution is the sole administrative remedy the department offers a WIC contractor.

[Statutory Authority: RCW 43.70.120, 92-22-036 (Order 314), § 246-790-120, filed 10/27/92, effective 11/27/92. Statutory Authority: RCW 43.20A.550, 91-01-097 (Order 3117), recodified as § 246-790-120, filed 12/18/90, effective 1/18/91; 90-12-112 (Order 2960), § 388-19-045, filed 6/6/90, effective 7/7/90; 88-18-022 (Order 2681), § 388-19-045, filed 8/30/88; 88-14-037 (Order 2638), § 388-19-045, filed 6/30/88.]

WAC 246-790-130 WIC contractor—Continued participation pending contract dispute resolution. (1) If the action being appealed is a disqualification of a WIC authorized food vendor, that food vendor shall cease redeeming WIC checks effective on the date specified in the sanction notice. The food vendor shall not accept WIC food instruments during the appeal period. Payments shall not be made for any food instruments submitted by a food vendor for payment during a period of disqualification.

(2) The department may at its discretion permit the contractor to continue participating in the WIC program pending the proceedings outcome when implementing the action would unduly inconvenience WIC participants.

[Statutory Authority: RCW 43.70.120, 92-22-036 (Order 314), § 246-790-130, filed 10/27/92, effective 11/27/92. Statutory Authority: RCW 43.20A.550, 91-01-097 (Order 3117), recodified as § 246-790-130, filed 12/18/90, effective 1/18/91; 88-18-022 (Order 2681), § 388-19-050, filed 8/30/88; 88-14-037 (Order 2638), § 388-19-050, filed 6/30/88.]

Chapter 246-800 WAC**GENERAL PROVISIONS—PROFESSIONALS****WAC****TRIPPLICATE PRESCRIPTION FORM PROGRAM**

246-800-101	Scope and purpose of chapter.
246-800-120	Official triplicate prescription forms.
246-800-130	Distribution and retention of the triplicate prescription forms.
246-800-140	Drugs administered or dispensed by the health care practitioner.
246-800-150	Emergency prescriptions.

TRIPPLICATE PRESCRIPTION FORM PROGRAM

WAC 246-800-101 Scope and purpose of chapter. This chapter is intended to implement RCW 69.50.311. The purpose of this chapter is to establish a triplicate prescription program participation which may be imposed by the appropriate disciplinary authority upon licensed health care practitioners with prescription or dispensing authority. Participation in this triplicate prescription program may be required of licensees as a part of disciplinary action or board-supervision of the licensee's practice. The determination as to whether to impose participation in this program upon a licensee shall be within the sole discretion of the disciplinary authority.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-800-101, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 69.50.311. 86-10-036 (Order 197), § 308-250-010, filed 5/5/86.]

WAC 246-800-120 Official triplicate prescription forms. Any licensed health care practitioner upon whom participation in the triplicate prescription form program is imposed shall obtain official triplicate prescription forms from the Washington state department of health. The practitioner shall pay a fee for these forms that is equal to the cost to the department of the forms. The official triplicate prescriptions forms shall be utilized by the practitioner with respect to the drug or drugs specified by the disciplinary authority. The official triplicate prescriptions forms utilized in this program will be sequentially numbered. The practitioner shall account for all numbered prescriptions provided to him or her.

[Statutory Authority: RCW 69.50.311. 92-02-018 (Order 224), § 246-800-120, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-800-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 69.50.311. 86-10-036 (Order 197), § 308-250-020, filed 5/5/86.]

WAC 246-800-130 Distribution and retention of the triplicate prescription forms. The triplicate prescriptions utilized pursuant to this program shall be retained as follows:

(1) The original prescription shall be provided to the patient unless the drug is dispensed or administered to the patient by the practitioner, or if an emergency prescription is issued. In instances where the drug is dispensed or administered, the provisions of WAC 246-800-140 shall apply. In the case of an emergency prescription, the provisions of WAC 246-800-150 shall apply;

(2) One copy shall be transmitted to the department. These copies shall be transmitted to the department monthly unless otherwise directed by the disciplinary authority;

(3) One copy shall be retained by the health care practitioner and shall be available for inspection by an authorized representative of the department.

(4) Any official triplicate prescription forms improperly completed, damaged or otherwise not utilized shall be accounted for by the practitioner. An explanation and accounting for the forms not properly utilized, along with any improperly completed or damaged triplicate prescriptions forms shall be returned to the department along with the other copies to be submitted pursuant to this rule.

[Statutory Authority: RCW 69.50.311. 92-02-018 (Order 224), § 246-800-130, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-800-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 69.50.311. 86-10-036 (Order 197), § 308-250-030, filed 5/5/86.]

WAC 246-800-140 Drugs administered or dispensed by the health care practitioner. A health care practitioner participating in the triplicate prescription program shall complete a prescription form for all drugs specified by the disciplinary authority. If the drugs are administered or dispensed to the patient, the original shall be transmitted to the department along with the copy as required by WAC 246-800-130.

[Statutory Authority: RCW 69.50.311. 92-02-018 (Order 224), § 246-800-140, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-800-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 69.50.311. 86-10-036 (Order 197), § 308-250-040, filed 5/5/86.]

WAC 246-800-150 Emergency prescriptions. In an emergency, unless prohibited by the order of the disciplinary authority, a practitioner participating in this program may orally prescribe and a pharmacist may dispense a drug specified by the disciplinary authority to be included in the triplicate prescription program. For the purposes of this rule, "emergency" means that the immediate provision of the drug is necessary for proper treatment, that no alternative treatment is available and it is not possible for the practitioner to provide a written prescription for the drug. If such a drug is orally prescribed, the practitioner shall:

(1) Contemporaneously reduce the prescription to writing;

(2) Cause the original of the written prescription to be delivered to the pharmacy filling the prescription within 72 hours; and,

(3) Retain and transmit copies of the prescription as provided in WAC 246-800-130.

[Statutory Authority: RCW 69.50.311. 92-02-018 (Order 224), § 246-800-150, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-800-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 69.50.311. 86-10-036 (Order 197), § 308-250-050, filed 5/5/86.]

**Chapter 246-802 WAC
ACUPUNCTURISTS**

WAC

246-802-010	Definitions.
246-802-020	License renewal registration date and fee.
246-802-025	Inactive status.
246-802-030	Approval of school, program, apprenticeship or tutorial instruction.
246-802-040	Western sciences.
246-802-050	Acupuncture sciences.
246-802-060	Clinical training.
246-802-070	Documents in foreign language.
246-802-080	Sufficiency of documents.
246-802-090	Examinations.
246-802-100	Consultation plan.
246-802-110	Referral to other health care practitioners.
246-802-120	Patient informed consent.
246-802-130	Application exhibits required.
246-802-140	Advertising.
246-802-160	General provisions.
246-802-170	Mandatory reporting.
246-802-180	Health care institutions.
246-802-190	Acupuncture associations or societies.
246-802-200	Health care service contractors and disability insurance carriers.
246-802-210	Professional liability carriers.
246-802-220	Courts.
246-802-230	State and federal agencies.
246-802-240	Cooperation with investigation.
246-802-250	AIDS prevention and information education requirements.
246-802-990	Acupuncture fees.

**DISPOSITION OF SECTIONS FORMERLY
CODIFIED IN THIS CHAPTER**

246-802-150	Examination appeal procedures. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 88-07-031 (Order PM 713), § 308-180-280, filed 3/9/88.] Repealed by 92-17-035 (Order 295B), filed 8/13/92, effective 9/13/92. Statutory Authority: RCW 43.70.040.
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WAC 246-802-010 Definitions. For the purpose of administering chapter 18.06 RCW, the following terms shall be considered in the following manner:

(1) "Acupuncture school" is an academic institution which has the sole purpose of offering training in acupuncture.

(2) "Acupuncture program" is training in acupuncture offered by an academic institution which also offers training in other areas of study. A program is an established area of study offered on a continuing basis.

(3) "Acupuncture apprenticeship" is training in acupuncture which is offered by a qualified acupuncture employer to an apprentice on the basis of an apprenticeship agreement between the employer and the apprentice. An apprenticeship is of limited duration and ceases at the time the parties to the apprenticeship agreement have performed their obligations under the agreement.

(4) "Acupuncture tutorial instruction" is training in acupuncture which is offered by an academic institution or qualified instructor on the basis of a tutorial agreement between the school or instructor and the student. A tutorial is of limited duration and ceases at the time the parties to the

tutorial agreement have performed their obligations under the agreement.

(5) "Academic year" is three quarters or two semesters.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 87-06-050 (Order PM 641), § 308-180-130, filed 3/4/87.]

WAC 246-802-020 License renewal registration date and fee. (1) The annual license renewal date will coincide with the licensee's birth anniversary date.

(2) Individuals making application for initial license and examination, provided they meet all such requirements, will be issued a license, to expire on their next birth anniversary date.

(3) Licensees who fail to pay the license renewal fee within thirty days of the license expiration date will be subject to the late penalty fee as set forth in RCW 18.06.120 and established in WAC 308-180-260.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 90-11-093 (Order 051), § 308-180-120, filed 5/18/90, effective 6/18/90; 88-07-031 (Order PM 713), § 308-180-120, filed 3/9/88; 86-10-038 (Order PL 592), § 308-180-120, filed 5/5/86.]

WAC 246-802-025 Inactive status. (1) A certified acupuncturist, in good standing, who practices exclusively out-of-state or is on sabbatical, may place his or her license on inactive status by submitting to the department:

(a) A written request for inactive status; and

(b) The inactive renewal fee specified in WAC 246-802-990.

(2) An acupuncturist may request that an inactive license be made active by submitting to the department:

(a) A written request to activate the inactive license;

(b) The renewal fee specified in WAC 246-802-990;

(c) An updated consultation plan.

[Statutory Authority: RCW 43.70.040. 92-17-035 (Order 295B), § 246-802-025, filed 8/13/92, effective 9/13/92.]

WAC 246-802-030 Approval of school, program, apprenticeship or tutorial instruction. The department will consider for approval any school, program, apprenticeship or tutorial instruction which meets the requirements outlined in chapter 18.06 RCW and which provides all or part of the courses required in RCW 18.06.050.

(1) A school or program may be approved by the secretary without formal application to the department provided that:

(a) The school or program is accredited or has candidacy status as a United States postsecondary school or program; or

(b) The school or program is accredited under the procedures of another country and these procedures satisfy accreditation standards used for postsecondary education in the United States; or

(c) The nonaccredited school or program is approved by or has candidacy status with the National Accreditation Commission for Schools and Colleges of Acupuncture and Oriental Medicine; or

(d) The nonaccredited school or program is approved by the Washington state board of medical examiners to prepare persons for the practice of acupuncture.

(2) Approval of any other school, program, apprenticeship or tutorial instruction may be requested on a form provided by the department.

(3) Application for approval of a school, program, apprenticeship or tutorial instruction shall be made by the authorized representative of the school or the administrator of the apprenticeship or tutorial agreement.

(4) An applicant may request approval of the school, program, apprenticeship or tutorial instruction as of the date of the application or retroactively to a specified date.

(5) The application for approval of a school, program, apprenticeship or tutorial instruction shall include documentation required by the department pertaining to educational administration, qualifications of instructors, didactic and/or clinical facilities, and content of offered training.

(6) An application fee must accompany the completed application.

(7) The department will evaluate the application and, if necessary, conduct a site inspection of the school, program, apprenticeship or tutorial instruction prior to approval by the department.

(8) Upon completion of the evaluation of the application, the department may grant or deny approval, or grant approval conditioned upon appropriate modification to the application.

(9) In the event the department denies an application or grants conditional approval, the authorized representative of the applicant school or program or the administrator of the applicant apprenticeship or tutorial instruction may request a review within ninety days of the department's adverse action. Should a request for review of an adverse action be made after ninety days following the department's action, the contesting party may obtain review only by submitting a new application.

(10) The authorized representative of an approved school or program or the administrator of an apprenticeship or tutorial agreement shall notify the department of significant changes with respect to educational administration, instructor qualifications, facilities, or content of training.

(11) The department may inspect an approved school, program, apprenticeship or tutorial instruction at reasonable intervals for compliance. Approval may be withdrawn if the department finds failure to comply with the requirements of law, administrative rules, or representations in the application.

(12) The authorized representative of a school or administrator of an agreement must immediately correct deficiencies which resulted in withdrawal of the department's approval.

[Statutory Authority: RCW 43.70.040. 92-17-035 (Order 295B), § 246-802-030, filed 8/13/92, effective 9/13/92; 91-02-049 (Order 121), recodified as § 246-802-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 87-06-050 (Order PM 641), § 308-180-140, filed 3/4/87.]

WAC 246-802-040 Western sciences. The training in western sciences shall consist of forty-five academic credits based on the quarter system in which a credit equals ten classroom contact hours at the collegiate level of

instruction or equivalent. These forty-five academic credits shall consist of the following:

- (1) Anatomy;
- (2) Physiology;
- (3) Microbiology;
- (4) Biochemistry;
- (5) Pathology;
- (6) Survey of western clinical sciences;
- (7) Hygiene; and
- (8) Cardio-pulmonary resuscitation (CPR).

Training in hygiene and CPR shall consist of a minimum of one academic credit hour or equivalent in each subject. Red Cross certification or documentation of equivalent training may be substituted for one academic credit hour in CPR.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 90-12-114 (Order 052), § 308-180-150, filed 6/6/90, effective 7/7/90; 87-06-050 (Order PM 641), § 308-180-150, filed 3/4/87.]

WAC 246-802-050 Acupuncture sciences. The training in acupuncture sciences shall consist of seventy-five academic credits based on the quarter system in which a credit equals ten classroom contact hours at the collegiate level of instruction or equivalent. These seventy-five academic credits shall include the following subjects:

- (1) Fundamental principles of acupuncture;
- (2) Acupuncture diagnosis;
- (3) Acupuncture pathology;
- (4) Acupuncture therapeutics;
- (5) Acupuncture meridians and points; and
- (6) Acupuncture techniques, including electroacupuncture.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 87-06-050 (Order PM 641), § 308-180-160, filed 3/4/87.]

WAC 246-802-060 Clinical training. (1) A minimum of one hundred hours or nine quarter credits of clinical training shall consist of observation which shall include case presentation and discussion.

(2) Supervised practice consists of at least four hundred separate patient treatments involving a minimum of one hundred patients. Twenty-nine quarter credits of supervised practice shall be completed over a minimum period of one academic year.

(a) A qualified instructor must observe and provide guidance to the student during the first one hundred patient treatments and be available within the clinical facility to provide consultation and assistance to the student for patient treatments performed subsequently. In the case of each and every treatment, the instructor must have knowledge of and approve the diagnosis and treatment plan prior to the initiation of treatment.

(b) "Patient treatment" shall include:

(i) Conducting a patient intake interview concerning the patient's past and present medical history;

(ii) Performing traditional acupuncture examination and diagnosis;

(iii) Discussion between the instructor and the student concerning the proposed diagnosis and treatment plan;

(iv) Applying acupuncture treatment principles and techniques (a minimum of three hundred sixty patient treatments involving point location, insertion and withdrawal of all needles must be performed); and

(v) Charting of patient conditions, evaluative discussions and findings, and concluding remarks.

(c) Supervised practice shall consist of a reasonable time per patient treatment and a reasonable distribution of patient treatment over one or more academic years so as to facilitate the student's learning experience. If the department is not satisfied that the time per patient treatment and distribution of treatments over one or more academic years facilitates the student's learning experience, it may require detailed documentation of the patient treatments.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 87-06-050 (Order PM 641), § 308-180-170, filed 3/4/87.]

WAC 246-802-070 Documents in foreign language.

All documents submitted in a foreign language shall be accompanied by an accurate translation in English. Each translated document shall bear the affidavit of the translator certifying that the translator is competent in both the language of the document and the English language and that the translation is a true and complete translation of the foreign language original, and sworn to before a notary public. Translation of any document relative to a person's application shall be at the expense of the applicant.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 87-06-050 (Order PM 641), § 308-180-190, filed 3/4/87.]

WAC 246-802-080 Sufficiency of documents.

In all cases the departments' decision as to the sufficiency of the documentation shall be final. The department may request further proof of qualification.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 87-06-050 (Order PM 641), § 308-180-200, filed 3/4/87.]

WAC 246-802-090 Examinations.

(1) An examination shall be given twice yearly for qualified applicants.

(2) An applicant for certification as an acupuncturist shall pass the following examinations:

(a) National Commission for Certification of Acupuncturists (NCCA) written examination;

(b) NCCA point location examination; and

(c) NCCA-approved clean needle technique course.

(3) An applicant may take and pass the examinations in subsection (1) of this section in a language other than English if that applicant:

(a) Holds a degree or diploma or transfers from an institution in an English-speaking country; or

(b) Passes the test of English as a foreign language with a minimum score of 550.

(4) Application fees are nonrefundable.

[Statutory Authority: RCW 43.70.040. 92-17-035 (Order 295B), § 246-802-090, filed 8/13/92, effective 9/13/92; 91-02-049 (Order 121), recodified as § 246-802-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 90-12-114 (Order 052), § 308-180-210, filed 6/6/90, effective 7/7/90; 88-07-031 (Order PM 713), § 308-180-210, filed 3/9/88; 87-06-050 (Order PM 641), § 308-180-210, filed 3/4/87.]

WAC 246-802-100 Consultation plan. Every certified acupuncturist shall develop a written plan for consultation, emergency transfer, and referral. The written consultation plan must be kept on file at the practitioner's place of business and be available on request by the department or its representative. The written consultation plan must include:

(1) The name, address, and telephone numbers of two consulting physicians;

(2) The name, address, and a telephone number of the nearest emergency room facility;

(3) An emergency transport mechanism (i.e., ambulance) with the name, address, and telephone number of the dispatcher nearest to the location of practice; and

(4) Confirmation from the physicians listed as to their agreement to consult with and accept referred patients from the applicant upon becoming a certified acupuncturist and establishing a place of practice.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 88-07-031 (Order PM 713), § 308-180-220, filed 3/9/88; 87-06-050 (Order PM 641), § 308-180-220, filed 3/4/87.]

WAC 246-802-110 Referral to other health care practitioners. When the acupuncturist sees patients with potentially serious disorders including but not limited to:

(1) Cardiac conditions including uncontrolled hypertension;

(2) Acute abdominal symptoms;

(3) Acute undiagnosed neurological changes;

(4) Unexplained weight loss or gain in excess of fifteen percent body weight within a three-month period;

(5) Suspected fracture or dislocation;

(6) Suspected systemic infection;

(7) Any serious undiagnosed hemorrhagic disorder; and

(8) Acute respiratory distress without previous history or diagnosis.

The acupuncturist shall provide the following as medically prudent:

(a) The acupuncturist shall immediately request a consultation or written diagnosis from a physician licensed under chapter 18.71 or 18.57 RCW for patients with potentially serious disorders. In the event the patient refuses to authorize such consultation or provide a recent diagnosis from such physician, acupuncture treatment shall not be continued.

(b) In emergency situations the acupuncturist shall provide life support and emergency transport to the nearest licensed medical facility.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 87-06-050 (Order PM 641), § 308-180-230, filed 3/4/87.]

WAC 246-802-120 Patient informed consent. The patient informed consent is to advise the patient of the credentials of the practitioner and the scope of practice of acupuncturists in the state of Washington. The following information must be furnished to each patient in writing prior to or at the time of the initial patient visit.

(1) Practitioner's qualifications, including:

(a) Education. Dates and location(s) of didactic and clinical training.

(b) License information, including:

- (i) State license number;
- (ii) Date of licensure;
- (iii) Licensure in other states or jurisdiction.

(2) The "scope of practice" for an acupuncturist in the state of Washington includes but is not limited to the following list of techniques:

- (a) Use of acupuncture needles to stimulate acupuncture points and meridians;
- (b) Use of electrical, mechanical, or magnetic devices to stimulate acupuncture points and meridians;
- (c) Moxibustion;
- (d) Acupressure;
- (e) Cupping;
- (f) Dermal friction technique (gwa hsa);
- (g) Infra-red;
- (h) Sonopuncture;
- (i) Lasarpuncture;
- (j) Dietary advice based on traditional Chinese medical theory; and
- (k) Point injection therapy (aquapuncture.)

(3) Side effects may include, but are not limited to, the following:

- (a) Some pain following treatment in insertion area;
- (b) Minor bruising;
- (c) Infection;
- (d) Needle sickness; and
- (e) Broken needle.

(4) Patients with severe bleeding disorders or pace makers should inform practitioners prior to any treatment.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 87-06-050 (Order PM 641), § 308-180-240, filed 3/4/87.]

WAC 246-802-130 Application exhibits required.

Every application shall be accompanied by:

- (1) The application fee;
- (2) Verification of academic or educational study and training at a school or college which may include the following:

(a) Photostatic copy of diploma, certificate, or other certified documents and original copy of school transcript from a school or college evidencing completion of a program and a copy of the curriculum in the areas of study involved in the school or college forwarded directly from the issuing agency/organization; or

(b) Notarized affidavit or statement bearing the official school seal and signed by an officer of the school or training program certifying the applicant's satisfactory completion of the academic and clinical training and designating the subjects and hours; or

(c) If, for good cause shown, the school is no longer existent, an applicant may submit a sworn affidavit so stating and shall name the school, its address, dates of enrollment and curriculum completed, and such other information and documents as the department may deem necessary; or

(d) Certified copies of licenses issued by the applicants jurisdiction which must be forwarded directly to the department of health from the issuing licensing and/or translation agency rather than the applicant.

(3) Verification of clinical training. The applicant shall submit a certification signed by the instructor(s) under oath that the applicant completed a course of clinical training under the direction of the instructor which shall include:

- (a) The location of the training site.
- (b) The inclusive dates of training.

(c) That the supervised practice included a minimum of four hundred patient treatments involving a minimum of one hundred different patients.

(d) One hundred hours of observation including case presentation and discussion.

(4) Certified verification of successful completion of the national written examination, practical examination of point location skills and approved clean needle technique course from the National Commission for Certification of Acupuncturists.

(5) Certified verification of a successful score of at least 550 on the test of English as a foreign language (TOEFL) if required by WAC 246-802-090(3). The applicant shall have a copy of his/her official score records sent directly to the department from the testing service. The department may grant an exemption to this requirement if the department determines there is good cause.

[Statutory Authority: RCW 43.70.040. 92-17-035 (Order 295B), § 246-802-130, filed 8/13/92, effective 9/13/92; 91-02-049 (Order 121), recodified as § 246-802-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 90-12-114 (Order 052), § 308-180-250, filed 6/6/90, effective 7/7/90; 88-07-031 (Order PM 713), § 308-180-250, filed 3/9/88; 87-06-050 (Order PM 641), § 308-180-250, filed 3/4/87.]

WAC 246-802-140 Advertising. (1) A person certified under chapter 18.06 RCW shall use the title certified acupuncturist or C.A. following their name in all forms of advertising, professional literature and billings. A certified acupuncturist may not represent that he or she holds a degree from an acupuncture school other than that degree which appears on his or her application for certification which has been verified in accordance with the director's requirements, unless the additional degree has also been verified in accordance with WAC 308-180-140.

(2) A certified acupuncturist may not use the title "doctor," "Dr.," or "Ph.D." on any advertising or other printed material unless the nature of the degree is clearly stated.

(3) A certified acupuncturist shall not engage in false, deceptive, or misleading advertising including but not limited to the following:

(a) Advertising which misrepresents the potential of acupuncture.

(b) Advertising of any service, technique, or procedure that is outside the scope of the certified acupuncturist as provided in RCW 18.06.010.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 88-07-031 (Order PM 713), § 308-180-270, filed 3/9/88.]

WAC 246-802-160 General provisions. (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Department" means the department of health, whose address is:

Department of Health
Professional Licensing Services
1300 S.E. Quince St.
P.O. Box 47868
Olympia, Washington 98504-7868

(5) "Acupuncturist" means a person certified under chapter 18.06 RCW.

(6) "Mentally or physically disabled acupuncturist" means an acupuncturist who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice acupuncture with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

[Statutory Authority: RCW 43.70.040. 92-17-035 (Order 295B), § 246-802-160, filed 8/13/92, effective 9/13/92; 91-02-049 (Order 121), recodified as § 246-802-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-180-290, filed 6/30/89.]

WAC 246-802-170 Mandatory reporting. (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the acupuncturist being reported.

(c) The case number of any patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-180-300, filed 6/30/89.]

WAC 246-802-180 Health care institutions. The chief administrator or executive officer or their designee of any hospital or nursing home shall report to the department when any acupuncturist's services are terminated or are

restricted based on a determination that the acupuncturist has either committed an act or acts which may constitute unprofessional conduct or that the acupuncturist may be mentally or physically disabled.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-180, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-180-310, filed 6/30/89.]

WAC 246-802-190 Acupuncture associations or societies. The president or chief executive officer of any acupuncture association or society within this state shall report to the department when the association or society determines that an acupuncturist has committed unprofessional conduct or that an acupuncturist may not be able to practice acupuncture with reasonable skill and safety to patients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the license holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-190, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-180-320, filed 6/30/89.]

WAC 246-802-200 Health care service contractors and disability insurance carriers. The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that an acupuncturist has engaged in fraud in billing for services.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-200, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-180-330, filed 6/30/89.]

WAC 246-802-210 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to acupuncturists shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured acupuncturist's incompetency or negligence in the practice of acupuncture. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the acupuncturist's alleged incompetence or negligence in the practice of acupuncture.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-210, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-180-340, filed 6/30/89.]

WAC 246-802-220 Courts. The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of licensed acupuncturists, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-220, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-180-350, filed 6/30/89.]

WAC 246-802-230 State and federal agencies. The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which an acupuncturist is employed to provide patient care services, to report to the department whenever such an acupuncturist has been judged to have demonstrated his/her incompetency or negligence in the practice of acupuncture, or has otherwise committed unprofessional conduct. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-230, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-180-360, filed 6/30/89.]

WAC 246-802-240 Cooperation with investigation.

(1) A certificant must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the secretary of the department of health by submitting the requested items within fourteen calendar days of receipt of the request by either the certificant or their attorney, whichever is first. If the certificant fails to comply with the request within fourteen calendar days, the investigator will contact that individual or their attorney by telephone or letter as a reminder.

(2) Investigators may extend the time for response if the request for extension does not exceed seven calendar days. Any other requests for extension of time may be granted by the director or the director's designee.

(3) If the certificant fails to comply with the request within three business days after receiving the reminder, a subpoena will be served to obtain the requested items. A statement of charges may be issued pursuant to RCW 18.130.180(8) for failure to cooperate. If there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(4) If the certificant complies with the request after the issuance of the statement of charges, the secretary or the secretary's designee will decide if the charges will be prosecuted or settled. If the charges are to be settled the settlement proposal will be negotiated by the secretary's designee. Settlements are not considered final until the secretary signs the settlement agreement.

[Statutory Authority: RCW 43.70.040. 92-17-035 (Order 295B), § 246-802-240, filed 8/13/92, effective 9/13/92; 91-02-049 (Order 121), recodified as § 246-802-240, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-180-370, filed 6/30/89.]

WAC 246-802-250 AIDS prevention and information education requirements. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of social and health services or any successor

department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for licensure. Effective January 1, 1989, persons applying for licensure shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (3) of this section.

(3) AIDS education and training.

(a) Acceptable education and training. The secretary will accept education and training that is consistent with the topical outline supported by the office on AIDS. Such education and training shall be a minimum of seven clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) Implementation. Effective January 1, 1989, the requirement for licensure, renewal, or reinstatement of any license on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of (a) of this subsection.

(c) Documentation. The applicant shall:

(i) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;

(ii) Keep records for two years documenting attendance and description of the learning;

(iii) Be prepared to validate, through submission of these records, that attendance has taken place.

[Statutory Authority: RCW 43.70.040. 92-17-035 (Order 295B), § 246-802-250, filed 8/13/92, effective 9/13/92; 91-02-049 (Order 121), recodified as § 246-802-250, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-180-400, filed 11/2/88.]

WAC 246-802-990 Acupuncture fees. The following fees shall be charged by the professional licensing division of the department of health:

Title of Fee	Fee
Application nonrefundable	\$200.00
Annual license renewal	240.00
Inactive renewal	110.00
Late renewal penalty	100.00
Duplicate license	15.00
Certification	25.00
Acupuncture training program application	500.00

[Statutory Authority: RCW 43.70.250, chapter 18.06 RCW. 95-01-038, § 246-802-990, filed 12/12/94, effective 1/1/95. Statutory Authority: RCW 43.70.040 and 43.70.250. 92-17-035 (Order 295B), § 246-802-990, filed 8/13/92, effective 9/13/92. Statutory Authority: RCW 43.70.250. 91-13-002 (Order 173), § 246-802-990, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250. 90-18-039 (Order 084), § 308-180-260, filed 8/29/90, effective 9/29/90; 90-04-094 (Order 029), § 308-180-260, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43.24.086. 88-15-030 (Order PM 735), § 308-180-260, filed 7/13/88; 87-18-031 (Order PM 667), § 308-180-260, filed 8/27/87.]

Chapter 246-808 WAC
CHIROPRACTIC QUALITY ASSURANCE
COMMISSION

WAC

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CHIROPRACTORS

WAC 246-808-001 Purpose. The purpose of these rules is to further clarify and define chapter 18.25 RCW, Chiropractic.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-001, filed 8/6/96, effective 9/6/96.]

WAC 246-808-010 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.

"College" means an institution whose curriculum provides education leading to the acquiring of a professional degree in chiropractic.

"Commission" means the chiropractic quality assurance commission, whose address is:

Department of Health
 Health Profession Quality Assurance Division
 Chiropractic Quality Assurance Commission
 1112 SE Quince Street, PO Box 47867
 Olympia, WA 98504-7867

"Office on AIDS" means that section within the department of health with jurisdiction over public health matters as defined in chapter 70.24 RCW.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-010, filed 8/6/96, effective 9/6/96.]

WAC 246-808-015 Adjudicative proceedings—Procedural rules for the commission. The commission adopts the model procedural rules for adjudicative proceed-

ings as adopted by the department of health and contained in chapter 246-11 WAC, including subsequent amendments.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-015, filed 8/6/96, effective 9/6/96.]

WAC 246-808-020 Colleges—Policy. (1) In determining a college's eligibility for accreditation the commission may utilize, at its discretion, recognized chiropractic accrediting associations, recognized regional accrediting associations, and appropriate professional firms, agencies and individuals.

(2) Accreditation shall be primarily contingent upon a course of study which incorporates educationally sound practices and complies with the chiropractic educational requirements for the state of Washington.

(3) A college must have successfully graduated a class prior to making application for accreditation.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-020, filed 8/6/96, effective 9/6/96.]

WAC 246-808-030 Accreditation of colleges—Procedure. (1) Application and determination. A chiropractic college which desires to be accredited by the commission may secure an application form by sending a written request to the commission. The applicant shall complete the application form and submit it to the commission, along with any accompanying documents. Recent photographs of the college or the buildings in which the college is located shall be submitted with the application. Within one hundred twenty days after the receipt of the completed application, the commission shall consider the application, determine whether or not the college fulfills the requirements for accreditation, and notify the applicant, by mail, of the commission's determination. If the commission determines that the college is not approved for accreditation, the notice shall set forth the reasons for denial. The commission may withhold making a determination for a reasonable period of time for any justifiable cause upon giving notice to the applicant.

(2) Interrogatories. If the commission desires, it may request the applicant to answer specific inquiries. The granting or the denial of accreditation may be contingent upon the applicants' response to such inquiries.

(3) Oath. The answers to the inquiries in the application, and any other inquiries, shall be sworn to before a notary public.

(4) Inspection. If the commission desires, it may make the physical inspection of a particular college a condition for its being accredited. Reasonable costs for necessary on-campus visitation shall be paid by the applicant.

(5) Duration. A college which is once accredited shall continue to be accredited for so long as it fulfills the requirements set forth by the commission, or to be set forth by the commission. Upon receiving convincing evidence that a college has ceased to fulfill the requirements, the commission shall withdraw the accreditation of the college and shall inform the college of its reasons for doing so. A college shall inform the commission of changes, if any, in status which could reasonably jeopardize the college's qualifications for accreditation. Such changes shall include,

but are not limited to, changes in curriculum, administration, faculty, classrooms and equipment.

(6) Revocation of accreditation. When the commission receives evidence that an accredited institution is not complying with commission criteria, it may, after meeting with institutional representatives, place the institution on probation. The institution shall be supplied with a written statement of charges setting forth the specifics of the noncompliance. The commission and chief administrative officer of the institution may agree on a mutually acceptable timetable and procedures for correction of the deficiencies or the commission may set the timetable. Should the institution not make the corrections recommended, or should further deficiencies develop during the probation, the commission may, after meeting with institutional representatives, revoke the accreditation of the college.

(7) Reinstatement of accredited status. Once the commission has revoked the accredited status of an institution, it must reapply by submitting either a new self-study or an updated self-study as may be required by the commission. The commission's usual procedure for applicants for initial accreditation and petitions for renewal is applied to petitioners for reinstatement. The visitation team report, hearing evidence and supporting data must show not only correction of the deficiencies which led to the disaccreditation but, in addition, compliance with the commission's criteria.

(8) Appeal. An appeal of a decision adverse to the college must be filed with the commission within thirty days of receipt of the commission's written decision. To be valid the appeal must contain a certified copy of a formal action authorizing the appeal, taken by a lawfully constituted meeting of the governing body of the institution. The appeal is based on a review of self-evaluation documents, catalog, visitor's report, institution's response to visitor's report, predecision hearing of the commission and commission decision. Alleged improvements effective subsequent to the evaluation which can be verified only through another on-site visit provide the basis for another evaluation, not for an appeal. An appeal does not include a dispute on a finding of fact unless appellant presents a valid reason showing the finding is clearly erroneous in view of the reliable, probative and substantial evidence on the whole record before the commission. The commission shall meet to consider the appeal at its earliest opportunity, and send a formal reply to the appealing college within thirty days of such meeting, unless it extends the time for good cause shown.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-030, filed 8/6/96, effective 9/6/96.]

WAC 246-808-040 Colleges—Educational standards required for accreditation. (1) Objectives - the college shall have clearly defined objectives.

(2) Administration and organization - the college shall:

(a) Be incorporated as a nonprofit institution and recognized as such by its state of domicile.

(b) Have full-time administrator.

(c) Have either a president or a dean of education with a doctor of chiropractic degree.

(d) Adopt policy of nondiscrimination as to national origin, race, religion, or sex.

(3) Educational offerings - the college shall:

(a) Provide educational offerings which prepare the student for successfully completing licensing examination and engaging in practice.

(b) Offer an educational program with a minimum of four thousand in-class hours provided over a four year academic term.

(c) Have available syllabi for all courses.

(d) Offer chiropractic curriculum as follows: Principles of chiropractic - two hundred in-class hours; adjustive technique - four hundred in-class hours; spinal roentgenology - one hundred seventy-five in-class hours; symptomatology and diagnosis - four hundred twenty-five in-class hours; clinic - six hundred twenty-five in-class hours.

(e) Offer at least one hundred twenty hours for the study of "principles of chiropractic" as the study of chiropractic philosophy, which shall be defined as the commonly held tenets which provide the basis for chiropractic as a separate and distinct form of practice.

The required one hundred twenty hours of philosophy instruction shall be clearly identified in the application and subsequent college catalogue as philosophy of chiropractic by course title and description. The remaining eighty required hours may include history of chiropractic, ethics, interprofessional relationships and other subjects specifically relating to the principles and practice of chiropractic.

(f) Not include mechanotherapy, physiotherapy, acupuncture, acupressure, or dietary therapy or any other therapy in computation of the qualifying four thousand classroom hours.

(g) Maintain a clinical program sufficient to fulfill the objectives of the college.

(4) Faculty - the college shall provide sufficient faculty to support the educational program of the college.

(5) Students - the college shall:

(a) Select students on a nondiscriminatory basis.

(b) Require that students maintain a 2.00 grade average and have no chiropractic subject grade less than 2.0.

(c) Require the student to complete a four-year academic program which meets all requirements of statute and rule for licensing to practice chiropractic in Washington state.

(6) Physical facilities and equipment - the college shall:

(a) Maintain a library of size and quality sufficient to serve the educational program.

(b) Maintain a basic plant that facilitates the educational program.

(c) Maintain clinic facilities that are of sufficient size and equipped appropriately to serve the student.

(7) Financial - the college shall:

(a) Have adequate present and anticipated income to sustain a sound educational program.

(b) Have well formulated plans for financing existing and projected education programs.

(c) Have an annual audit of financial records by a CPA.

(d) Make records available for review by the commission upon request.

(8) Self-evaluation - the college shall have a program of continuing self-evaluation and such evaluation must be made available upon request by the commission.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-040, filed 8/6/96, effective 9/6/96.]

LICENSURE - APPLICATION AND ELIGIBILITY REQUIREMENTS

WAC 246-808-101 Purpose. The purpose of WAC 246-808-101 through 246-808-190 is to establish guidelines on eligibility, and set forth the procedures for application to receive a license to practice chiropractic. By statute, the eligibility and application criterion are established in RCW 18.25.020 through 18.25.070.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-101, filed 8/6/96, effective 9/6/96.]

WAC 246-808-105 Chiropractic licensure—Initial eligibility and application requirements. To be eligible for Washington state chiropractic licensure, the applicant shall complete an application provided by the commission, and shall include written documentation to meet the eligibility criteria for such licensure.

(1) Eligibility. An applicant shall provide proof that they:

(a) Graduated from an accredited chiropractic college approved by the commission and show satisfactory evidence of completion of a resident course of study of at least four thousand classroom hours of instruction.

(b) Successfully completed National Board of Chiropractic Examiners test parts I and II.

(c) Completed not less than one-half the requirements for a baccalaureate degree at an accredited and approved college or university if the applicant matriculated after January 1, 1975. Applicants who matriculated prior to January 1, 1975, must show proof of high school graduation or its equivalent.

(2) Application procedure. Each applicant shall submit:

(a) Completed official application including two recent photos.

(b) The nonrefundable examination fee. Fees must be in U.S. funds and made payable, by check or money order, to the department of health. (Refer to WAC 246-808-990 for fee schedule.)

(c) Official transcripts from prechiropractic schools showing successful completion of at least two years of liberal arts and sciences study.

(d) An official transcript and diploma certified by the registrar, from an approved chiropractic college.

(e) An official certificate of proficiency sent directly to the commission from the National Board of Chiropractic Examiners, parts I and II.

(f) Verification of licensure status from all states where applicant has been issued a license to practice chiropractic. Verification is required whether license is active or inactive.

(g) Certification of completion of four hours of AIDS education and training as further defined by WAC 246-808-106.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-105, filed 8/6/96, effective 9/6/96.]

WAC 246-808-106 AIDS prevention and information education requirements. (1) Application for licensure. Persons applying for licensure shall submit, in addition to the other requirements, evidence to show compliance with the educational requirements of subsection (3) of this section.

(2) AIDS education and training.

(a) Acceptable education and training. The commission shall accept education and training that is consistent with the model curriculum available from the office on AIDS. Such education and training shall be a minimum of four clock hours and may include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations. Education may be obtained by formal lecture, video program or home study programs.

(b) Implementation. The requirement for licensure, renewal, or reinstatement of any license on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of (a) of this subsection.

(c) Documentation. The licensee shall:

(i) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;

(ii) Keep records for two years documenting compliance and description of the education;

(iii) Be prepared to validate, through submission of these records, that the required education has been obtained.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-106, filed 8/6/96, effective 9/6/96.]

WAC 246-808-115 Examinations. (1) In order to be eligible to take the commission administered examination, all applicants shall satisfactorily pass the National Board of Chiropractic Examiners test parts I and II which covers the subjects set forth in RCW 18.25.030.

(2) The commission's written examination includes the law relating to chiropractic.

(3) The commission's practical examination contains the following sections:

(a) Practical x-ray;

(b) Practical technique.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-115, filed 8/6/96, effective 9/6/96.]

WAC 246-808-120 Chiropractic examination scores. Applicants who do not pass the entire examination in two consecutive sittings must retake the entire examination and may be required to demonstrate evidence of completion of a commission-approved remedial program or refresher chiropractic course in the subject(s) failed. An applicant must pass all sections within six sittings. After six failures the applicant must petition the commission for permission to take any further examination. The commission shall have complete discretion regarding such petition and the conditions under which further examination permission may be granted.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-120, filed 8/6/96, effective 9/6/96.]

WAC 246-808-130 Temporary permits—Issuance and duration. (1) An applicant may request a temporary practice permit by submitting to the commission:

(a) A completed application on forms provided by the department with the request for a temporary practice permit indicated;

(b) An application fee and a temporary practice permit fee as specified in WAC 246-808-990; and

(c) Written verification directly from all states in which the applicant has a license, attesting that the applicant has a license in good standing and is not subject to charges or disciplinary action for unprofessional conduct or impairment.

(2) The commission shall issue a one-time-only temporary practice permit unless the commission determines a basis for denial of the license or issuance of a conditional license.

(3) The temporary permit shall expire immediately upon:

(a) The issuance of a license by the commission;

(b) Initiation of an investigation of the applicant by the commission;

(c) Failure to pass the examinations given by the commission; or

(d) Three months, whichever occurs first.

An applicant who has failed the examination must apply for and take the next examination for which they are eligible.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-130, filed 8/6/96, effective 9/6/96.]

WAC 246-808-135 Licensure by endorsement. An applicant may apply for licensure by endorsement by submitting to the commission:

(1) A completed application on forms provided by the department;

(2) A fee as specified in WAC 246-808-990; and

(3) Evidence, satisfactory to the commission:

(a) Of a license to practice chiropractic in another jurisdiction including, but not limited to, another state, a territory of the United States, the District of Columbia, the Commonwealth of Puerto Rico or a province in Canada;

(b) Of credentials and qualifications which are equivalent to the requirements of the state of Washington for licensure by examination at the time of application under this section;

(c) That the jurisdiction in which the applicant is licensed grants similar recognition to licensees in the state of Washington;

(d) That the applicant has been engaged in the full-time practice of chiropractic, or has taught general clinical chiropractic subjects at an accredited school of chiropractic, as set forth in WAC 246-808-040, in a jurisdiction described in subsection (3)(a) of this section for at least three of the five years immediately preceding application under this section;

(e) That the applicant has not been convicted of a crime, if such crime would be grounds for the refusal, suspension, or revocation of a license to practice chiropractic in this state if committed in the state of Washington;

(f) That the applicant's license to practice chiropractic is not, at the time of application under this section, suspended or revoked in any jurisdiction, based on grounds which

would be grounds for the refusal, suspension or revocation of a license to practice chiropractic in this state; and

(g) Of passing a jurisprudence and adjustive technique examination administered by the Washington commission of chiropractic examiners.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-135, filed 8/6/96, effective 9/6/96.]

WAC 246-808-140 Thirty-day permit. A chiropractor practicing under authority of RCW 18.25.190(1) shall register with the commission by:

(1) Notifying the commission of the nature and dates of their practice in the state of Washington;

(2) Submitting a copy of their current, valid license in the other jurisdiction in which they are licensed; and

(3) Submitting a declaration, on forms provided by the commission, attesting to the possession of a current, valid license and not having had a license to practice chiropractic suspended, revoked, or conditioned in any jurisdiction in the preceding five years. No fee shall be charged to register under this section.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-140, filed 8/6/96, effective 9/6/96.]

WAC 246-808-150 Commission approved continuing education. (1) Licensed chiropractors shall be responsible for obtaining twenty-five hours of commission approved continuing education each year with proof (transcripts, certificates) to be submitted with annual renewal of their license.

(2) The commission approves the following subject material for continuing chiropractic education credit:

(a) Diagnosis and treatment of the spine or immediate articulations within the scope of practice;

(b) X-ray/diagnostic imaging;

(c) Adjustive technique;

(d) Detection of a subluxation;

(e) Physical examination;

(f) Hygiene;

(g) Symptomatology;

(h) Neurology;

(i) Spinal pathology;

(j) Spinal orthopedics;

(k) Patient/case management;

(l) Impairment within the scope of practice;

(m) CPR - once every three years;

(n) Dietary advice; and

(o) Chiropractic philosophy.

(3) Subject matter not approved for continuing education credit:

(a) Business management;

(b) Subject matter not directly relating to the chiropractic clinical scope of practice;

(c) Practice building; and

(d) Conduct prohibited by Washington state statutes or rules governing chiropractic practice.

(4) A formal video continuing education program that meets the requirements of this section is acceptable provided that the video viewing is accompanied by a moderator and/or a panel knowledgeable in the video contents to comment thereon and answer questions or conduct discussions.

(5) The individual or organization responsible for a continuing education presentation must provide documentation of attendance to the participants.

(6) Credit for hours of continuing education in a commission approved continuing education program can be counted only once per year toward the annual continuing education requirement regardless of the number of times that program is attended. Licensed chiropractors serving as teachers or lecturers in commission approved continuing education programs receive credit on the same basis as the doctors attending the program.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-150, filed 8/6/96, effective 9/6/96.]

WAC 246-808-155 Prior approval not required. (1) It shall be unnecessary for a chiropractor to inquire into the prior approval of any continuing chiropractic education. The commission shall accept any continuing chiropractic education that falls within these regulations and relies upon each individual chiropractor's integrity in complying with this requirement.

(2) Continuing chiropractic education program sponsors need not apply for, nor expect to receive, prior commission approval for a formal continuing chiropractic education program. The number of creditable hours may be determined by counting the contact hours of instruction and rounding to the nearest quarter hour. The commission relies upon the integrity of program sponsors to present continuing chiropractic education that constitutes a meritorious learning experience and complies with RCW 18.25.070.

(3) The commission shall conduct a random compliance audit of renewal applicants. If the commission determines that the applicant has not obtained continuing chiropractic education that falls within the subject matter defined in WAC 246-808-150 and the guidelines for symposium approval in WAC 246-808-150, then the application for renewal shall be denied.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-155, filed 8/6/96, effective 9/6/96.]

WAC 246-808-160 License renewal—Affidavit of compliance with continuing education requirements. (1) In conjunction with their annual application for renewal of license, a licensee shall submit, on a form provided by the commission, an affidavit of compliance with the continuing education requirement of RCW 18.25.070.

(2) In addition to the affidavit of compliance, the licensee shall submit other evidence and documentation to substantiate the affidavit of compliance as the commission may request in any individual case and which shall include a certificate of attendance and a brochure or syllabus for each course attended. It shall be the responsibility of the licensee to maintain and provide such evidence and/or documentation on request of the commission.

(3) The commission shall conduct a random compliance audit of renewal applicants. If the commission determines that the applicant has not obtained continuing chiropractic education that falls within the subject matter defined in WAC 246-808-150 then the application for renewal shall be subject to denial.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-160, filed 8/6/96, effective 9/6/96.]

WAC 246-808-165 Exemptions. In the event a licensee fails to meet requirements because of illness or retirement (with no further provision of chiropractic services to consumers) or failure to renew, or other extenuating circumstances, each case shall be considered by the commission on an individual basis. When circumstances justify it, the commission may grant a time extension. In the case of permanent retirement or illness, the commission may grant indefinite waiver of continuing chiropractic education as a requirement for relicensure, provided an affidavit is received indicating the chiropractor is not providing chiropractic services to consumers. If such permanent illness or retirement status is changed or consumer chiropractic services resumed, it is incumbent upon the licensed chiropractor to immediately notify the commission and meet continuing chiropractic education requirements for relicensure. Continuing chiropractic education hours shall be prorated for the portion of that three-year period involving resumption of such services.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-165, filed 8/6/96, effective 9/6/96.]

WAC 246-808-170 Licensees residing and practicing out-of-state—Continuing education requirements. Pursuant to RCW 18.25.070 (1)(c), Washington licensed chiropractors who reside and practice exclusively outside the state of Washington may satisfy the continuing education requirements for renewal of their Washington licenses by meeting, and certifying to the commission that they have met, the continuing education requirements of the state in which they are residing and practicing.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-170, filed 8/6/96, effective 9/6/96.]

WAC 246-808-180 Lapsed and inactive licenses—Requirements for reinstating or activating a license. (1) A licensee who allows their chiropractic license to lapse for more than three years must pay all back renewal fees plus penalty fee and submit proof of continuing education courses during the time the license was lapsed. If the licensee cannot submit proof of continuing education courses during the time the license was lapsed, reexamination of the former licensee as provided in RCW 18.25.040 and 18.25.070(2) shall be required.

(2) A licensee who has placed their chiropractic license on inactive status and now requests to activate the license shall submit to the commission, in writing, a request to activate their license from inactive status. 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 commission's discretion. The request to activate a license must include the following:

- (a) An applicable fee, per WAC 246-808-990;
- (b) Updated chronology from date license was placed into inactive status;
- (c) Proof of four hours of AIDS education as defined in WAC 246-808-106;

(d) Documentation of any continuing education courses taken during the time their license was inactive.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-180, filed 8/6/96, effective 9/6/96.]

WAC 246-808-185 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: Chapter 18.25 RCW. 96-16-074, § 246-808-185, filed 8/6/96, effective 9/6/96.]

WAC 246-808-190 Preceptor or direct supervisory doctor. A preceptor is a doctor of chiropractic who is approved by the commission to provide direct supervision to an unlicensed chiropractic doctor as set forth in RCW 18.25.190. The commission shall maintain a list of approved preceptors.

(1) An approved preceptor shall:

- (a) Provide direct supervision and control;
- (b) Be on the premises any time the unlicensed chiropractic doctor treats patients in accordance with WAC 246-808-535; and
- (c) Meet with the patient prior to commencement of chiropractic care.

(2) To apply for commission approval to function as a preceptor, a doctor of chiropractic shall submit to the commission:

- (a) Proof of licensure as a Washington chiropractic doctor for the preceding five years, during which time the license has not been suspended, revoked, or conditioned;
- (b) A completed official application;
- (c) Verification of approval to participate in the program by an approved chiropractic college;
- (d) Evidence of malpractice insurance for the unlicensed chiropractic doctor and the preceptor applicant; and
- (e) A fee as specified in WAC 246-808-990.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-190, filed 8/6/96, effective 9/6/96.]

REGISTRATION OF CHIROPRACTIC X-RAY TECHNICIANS

WAC 246-808-201 Purpose. The purpose of WAC 246-808-201 through 246-808-215 is to establish eligibility criterion for registration of chiropractic x-ray technicians as allowed under RCW 18.25.180.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-201, filed 8/6/96, effective 9/6/96.]

WAC 246-808-215 Registration of chiropractic x-ray technicians. (1) Chiropractic doctors shall employ only commission registered technicians to operate x-ray equipment.

(2) Application. An x-ray technician may apply for registration by submitting to the commission:

- (a) Proof of satisfactory completion of a course of classroom instruction of at least forty-eight hours which has been approved by the commission in accordance with subsection (4) of this section; and

(b) Verification of passing a proficiency examination in radiologic technology, which is approved by the commission. A passing grade shall be seventy-five percent or a standardized score approved by the commission. If the applicant fails the initial examination, the applicant may reapply to take the examination one additional time without additional classroom instruction. If the applicant fails a second examination, the applicant shall complete an additional sixteen hours of classroom instruction prior to reapplying for a third examination.

(3) Exceptions. An applicant who holds a current active registration, license, or certification from a national certifying agency or other governmental licensing agency whose standards for registration, licensure or certification are equal to or exceed the standards under these rules may register without examination.

(4) Course approval. An individual may request commission approval of a course of classroom instruction for x-ray technicians by submitting the following information to the commission no later than ninety days prior to the first day of instruction:

(a) An outline of the course of instruction, which shall include:

- (i) Physics and equipment;
- (ii) Principles of radiographic exposure;
- (iii) Radiation protection;
- (iv) Anatomy and physiology; and
- (v) Radiographic positioning and procedures.

(b) Proficiency examination;

(c) Verification that the course instructor has on-campus or postgraduate faculty status in the field of radiology with a commission approved chiropractic college; and

(d) Any other information deemed necessary by the commission to make a determination.

(5) Continuing education. A registered chiropractic x-ray technician shall submit an affidavit certifying the completion of six hours of continuing education over the preceding year when applying for annual renewal.

(a) The commission approves continuing education of subject matter listed in subsection (4) of this section. Prior approval of continuing education programs is not required by the commission.

(b) The commission shall conduct random audits. If the commission determines that the applicant has not obtained continuing education that falls within the subject matter defined in subsection (4), the commission shall deny renewal of the registration.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-215, filed 8/6/96, effective 9/6/96.]

STANDARDS OF CARE

WAC 246-808-301 Purpose. The purpose of WAC 246-808-301 through 246-808-720 is to provide standards of care to guide the practitioner of chiropractic in the conduct of their practice.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-301, filed 8/6/96, effective 9/6/96.]

WAC 246-808-320 Privileged communications. A chiropractor shall not, without the consent of the patient,

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reveal any information acquired in attending such patient, which was necessary to enable the chiropractor 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: Chapter 18.25 RCW. 96-16-074, § 246-808-320, filed 8/6/96, effective 9/6/96.]

WAC 246-808-330 Patient abandonment. The chiropractor shall always be free to accept or reject a particular patient, bearing in mind that whenever possible a chiropractor shall respond to any reasonable request for his/her services in the interest of public health and welfare.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-330, filed 8/6/96, effective 9/6/96.]

WAC 246-808-340 Consultation. In difficult or protracted cases consultations are advisable, and the chiropractor shall be ready to act upon any desire the patient may express for a consultation, even though the chiropractor may not personally feel the need for it.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-340, filed 8/6/96, effective 9/6/96.]

WAC 246-808-350 Unethical requests. A chiropractor shall not assist in any immoral practice such as aiding in the pretense of disability in order to avoid jury or military duty, or the concealment of physical disability in order to secure favorable insurance.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-350, filed 8/6/96, effective 9/6/96.]

WAC 246-808-360 Patient welfare. The health and welfare of the patient shall always be paramount, and expectation of remuneration or lack thereof shall not in any way affect the quality of service rendered the indigent patient.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-360, filed 8/6/96, effective 9/6/96.]

WAC 246-808-370 Patient disclosure. Absolute honesty shall characterize all transactions with patients. The chiropractor shall neither intentionally exaggerate nor minimize the gravity of the patient's condition, nor offer any false hope or prognosis.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-370, filed 8/6/96, effective 9/6/96.]

WAC 246-808-380 Degree of skill. The chiropractor owes their patient(s) the highest degree of skill and care of which they are capable. To this end the chiropractor shall endeavor to keep abreast of new developments in chiropractic and shall constantly endeavor to improve their knowledge and skill in the science and art or philosophy of chiropractic, as defined in chapter 18.25 RCW.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-380, filed 8/6/96, effective 9/6/96.]

WAC 246-808-390 Illegal practitioners. Chiropractors shall safeguard their profession by exposing those who might attempt to practice without proper credentials, and by reporting violations of the laws regulating chiropractic to the proper authorities.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-390, filed 8/6/96, effective 9/6/96.]

WAC 246-808-400 Excessive professional charges.

(1) A chiropractor shall not enter into an agreement for, charge, or collect an illegal or clearly excessive fee.

(2) A fee is clearly excessive when, after a review of the facts, a chiropractor would be left with a definite and firm conviction that the fee is in excess of a reasonable fee. Factors to be considered as guides in determining the reasonableness of a fee include the following:

(a) The time, effort and skill required requisite to perform the chiropractic service properly;

(b) The fee customarily charged in the locality for similar chiropractic services;

(c) The experience, reputation, and ability of the chiropractor performing the services.

(3) A chiropractor shall not prescribe nor perform any services which are not reasonably necessary in consideration of the patient's condition and shall furnish an explanation of charges for chiropractic services upon request of the commission.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-400, filed 8/6/96, effective 9/6/96.]

WAC 246-808-410 Disparaging other practitioners.

No chiropractor shall falsely malign another practitioner or a practitioner's method of practice.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-410, filed 8/6/96, effective 9/6/96.]

WAC 246-808-505 Classification of chiropractic procedures and instrumentation. (1) Procedures, instruments for treatment and/or diagnostic evaluation used by a doctor of chiropractic shall be classified by the commission as follows:

(a) **"Approved"**: A procedure or instrument which is taught by a commission approved chiropractic college for patient clinical application and not for research or experimental purposes and is allowable by statute. All factors listed under subsection (4) of this section shall be considered before a procedure or instrument is placed in the approved classification.

(b) **"Nonapproved or experimental"**: Any procedure or instrument that does not meet with commission approval. A procedure or instrument in this classification shall pass further testing in the laboratory before it can be used on the public. These may be defined by previous declaratory rules or rules and regulations.

(c) **"Research or investigational"**: A procedure or instrumentation that is not approved, but may have a positive benefit in the diagnosis or care of a patient's condition. No billing is allowed for procedures or instruments used under this classification.

(2) The commission shall maintain a classified list of chiropractic procedures and instrumentation. The list shall be made available upon request.

(3) A doctor who intends to use a new procedure or instrument in practice shall notify the commission to determine the classification of the procedure or instrument. If the procedure or instrument is not classified or if new information on a previously classified procedure or instrument is available the doctor shall:

(a) Provide the commission with supporting documentation concerning the use of such a procedure or instrumentation;

(b) Demonstrate sufficient additional training or study for the doctor and utilizing staff to properly use the procedure or instrumentation.

(4) The commission may use the following factors to determine the classification of the procedure or instrumentation, and shall notify the doctor of such classification:

(a) The new procedure or instrument is taught at an approved chiropractic college.

(b) There is a scientific basis for the new procedure or instrument.

(c) The procedure or instrument has a direct and positive relationship to chiropractic care.

(d) Comparison of potential risk to benefit to the patient.

(e) Any other factors the commission may wish to consider.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-505, filed 8/6/96, effective 9/6/96.]

WAC 246-808-510 Definitions. "Auxiliary services" means those services, excluding those practices which are restricted to licensed chiropractors, which may be needed for the support of chiropractic care.

"Auxiliary staff" means personnel, except graduate doctors of chiropractic, who are working for or at the direction of a licensed doctor of chiropractic.

"Chiropractor" means a person licensed pursuant to chapter 18.25 RCW.

"Direct supervision" means having a licensed chiropractor on the premises and immediately available.

"Graduate doctor of chiropractic" means a graduate of an approved chiropractic college who has applied for a Washington state chiropractic license. Graduate doctors of chiropractic who have failed to pass the Washington state chiropractic examination within one year of applying for a Washington state chiropractic license may only perform auxiliary services. Graduate doctors who have had their chiropractic license suspended or revoked shall not be authorized to perform any auxiliary services.

"Mentally or physically disabled chiropractor" means a chiropractor who has either been determined by a court to be mentally incompetent or mentally ill or who is unable to practice chiropractic with reasonable skill and safety to patients by reason of any mental or physical condition.

"Unprofessional conduct" as used in these regulations shall mean the conduct described in RCW 18.130.180 and 18.25.112.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-510, filed 8/6/96, effective 9/6/96.]

WAC 246-808-520 Identification. (1) A chiropractor must clearly identify oneself as a chiropractor on his/her office signs.

(2) All identification of chiropractic practice shall be presented in a dignified manner and shall not be sensational or misleading.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-520, filed 8/6/96, effective 9/6/96.]

WAC 246-808-525 Health food store ownership. (1) A chiropractor may own an interest in a retail outlet for the sale of health foods only on the following conditions:

(a) The chiropractor's office(s) or premises are so physically separated from the office(s) or premises of the health food store that patients have a free and untrammelled access and exit to and from the chiropractor's office(s) or premises;

(b) The chiropractor refrains from directly or indirectly or by inference referring, directing, suggesting or inviting a patient to purchase any dietary substance recommended for the normal regimen and rehabilitation of the patient (including vitamins, minerals and food supplements), from any health food store in which the chiropractor owns an interest.

(2) Any chiropractor who fails to abide by the conditions set forth above shall be subject to charges of unprofessional conduct for the illegal referral of patients within the meaning of RCW 19.68.030 which prohibits the receipt of compensation for such a referral by licensed chiropractors.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-525, filed 8/6/96, effective 9/6/96.]

WAC 246-808-530 Vitamins, minerals and food supplements. (1) No chiropractor shall sell or dispense or permit to be sold or dispensed any vitamins, minerals or food supplements.

(2) Dietary advice may include the recommendation of vitamins, minerals and food supplements as long as they are recommended for the normal regimen of the patient and not for treatment of a specific disease.

(3) The chiropractor shall not receive any direct or indirect profit from the sale of vitamins, minerals and food supplements as provided in chapter 19.68 RCW.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-530, filed 8/6/96, effective 9/6/96.]

WAC 246-808-535 Delegation of services to auxiliary staff and graduate doctors of chiropractic. (1) A licensed chiropractor may, within the confines of this section, delegate certain services to auxiliary staff and graduate doctors of chiropractic, provided that these services are performed under the licensed chiropractor's direct supervision. The supervising chiropractor shall be responsible for determining that auxiliary staff and graduate doctors of chiropractic are competent to perform the delegated services. The licensed supervising chiropractor must render adequate supervision so that the patient's health and safety is not at risk.

(2) Auxiliary staff and graduate doctors of chiropractic shall not perform the following services:

(a) Detection of subluxation;

(b) Adjustment or manipulation of the articulations of the spinal column or its immediate articulations;

(c) Interpretation or analysis of radiographs;

(d) Determining the necessity for chiropractic care;

(e) Orthopedic or neurological examinations provided, graduate doctors of chiropractic may perform preliminary orthopedic or neurological examinations under the direct supervision of a licensed chiropractor.

(3) Auxiliary staff and graduate doctors of chiropractic may perform the following auxiliary services: Preliminary patient history, height, weight, temperature, blood pressure, pulse rate, and gross postural observation (active spinal range of motion utilizing a generally accepted measuring device).

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-535, filed 8/6/96, effective 9/6/96.]

WAC 246-808-540 Billing. A doctor of chiropractic may bill for all provided services that are allowable under chapter 18.25 RCW and the rules adopted pursuant to the foregoing statute. The doctor shall utilize codes and/or descriptions of services that accurately describe the professional services rendered.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-540, filed 8/6/96, effective 9/6/96.]

WAC 246-808-545 Improper billing practices. The following acts shall constitute grounds for which disciplinary action may be taken:

(1) Rebating or offering to rebate to an insured any payment to the licensee by the third-party payor of the insured for services or treatments rendered under the insured's policy.

(2) Submitting to any third-party payor a claim for a service or treatment at a greater or an inflated fee or charge than the usual fee the licensee charges for that service or treatment when rendered without third-party reimbursement.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-545, filed 8/6/96, effective 9/6/96.]

WAC 246-808-550 Future care contracts prohibited. It shall be considered unprofessional conduct for any chiropractor to enter into a contract which would obligate a patient to pay for care to be rendered in the future, unless the contract provides that the patient is entitled to a complete refund for any care not received.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-550, filed 8/6/96, effective 9/6/96.]

WAC 246-808-560 Documentation of care. (1) The recordkeeping procedures of a chiropractor shall be adequate to provide documentation of the necessity and rationale for examination, diagnostic/analytical procedures, and chiropractic services. The required documentation shall include, but not necessarily be limited to, the patient's history and/or subjective complaints; examination findings and/or objective findings; and a record of all chiropractic services performed.

(2) Chiropractic examinations shall be documented by specifying subjective complaints, objective findings, an assessment or appraisal of the patient's condition and the

plan for care. Daily chart notes may be brief notations recorded in the patient's chart file between examinations. These notations shall indicate any changes in the care or progress of the patient and the chiropractic, diagnostic, or analytical services performed or ordered. Detailed entries need not be documented on every visit as long as examinations are performed at reasonable intervals and those examinations are documented as specified in this section.

(3) If a code is utilized by the doctor in connection with recordkeeping, a code legend shall be included in the records.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-560, filed 8/6/96, effective 9/6/96.]

WAC 246-808-565 Radiographic standards. The following requirements for chiropractic x-ray have been established because of concerns about over-radiation and unnecessary x-ray exposure.

(1) The following shall appear on the films:

- (a) Patient's name and age;
- (b) Doctor's name, facility name, and address;
- (c) Date of study;
- (d) Left or right marker;
- (e) Other markers as indicated;
- (f) Adequate collimation;
- (g) Gonad shielding, where applicable.

(2) Minimum of A/P and lateral views are necessary for any regional study unless clinically justified.

(3) As clinical evidence indicates, it may be advisable to produce multiple projections where there is an indication of possible fracture, significant pathology, congenital defects, or when an individual study is insufficient to make a comprehensive diagnosis/analysis.

(4) Each film shall be of adequate density, contrast, and definition, and no artifacts shall be present.

(5) The subjective complaints, if any, and the objective findings substantiating the repeat radiographic study must be documented in the patient record.

(6) These rules are intended to complement and not supersede those rules adopted by the radiation control agency set forth in chapter 246-225 WAC, Radiation protection—X-rays in the healing arts.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-565, filed 8/6/96, effective 9/6/96.]

WAC 246-808-570 Pelvic or prostate examination prohibited. The physical examination to determine the necessity for chiropractic care does not include vaginal (pelvic) examination or prostate examination. Chiropractors are prohibited from performing such examination and from directing any agent or employee to perform such examination.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-570, filed 8/6/96, effective 9/6/96.]

WAC 246-808-575 Intravaginal adjustment restricted. It shall be considered unprofessional conduct for a chiropractor to perform an adjustment of the coccyx through the vagina unless the following conditions are met:

(1) The coccyx cannot be adjusted rectally or the patient is offered and declines the option of the rectal technique;

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(2) The coccyx adjustment is performed with the use of a disposable finger cot or rubber glove; and

(3) A female attendant is present at all times the patient is examined and the coccyx adjustment is being performed.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-575, filed 8/6/96, effective 9/6/96.]

WAC 246-808-580 Acupuncture. No chiropractor shall:

(1) Employ the use of needles in the treatment of a patient; or

(2) Hold himself or herself out as practicing acupuncture in any form: This prohibition shall not restrict a chiropractor who is also a certified acupuncturist pursuant to chapter 18.06 RCW from practicing acupuncture, provided that the chiropractor differentiates chiropractic care from acupuncture care at all times as is required by RCW 18.25.112.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-580, filed 8/6/96, effective 9/6/96.]

WAC 246-808-585 Clinically necessary x-rays. All offers of free x-rays shall be accompanied by a disclosure statement that x-rays shall only be taken if clinically necessary in order to avoid unnecessary radiation exposure.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-585, filed 8/6/96, effective 9/6/96.]

WAC 246-808-590 Sexual misconduct. (1) The chiropractor shall never engage in sexual contact or sexual activity with current clients.

(2) The chiropractor shall never engage in sexual contact or sexual activity with former clients if such contact or activity involves the abuse of the chiropractor-client relationship. Factors which the commission may consider in evaluating if the chiropractor-client relationship has been abusive include, but are not limited to:

- (a) The amount of time that has passed since therapy terminated;
- (b) The nature and duration of the therapy;
- (c) The circumstances of cessation or termination;
- (d) The former client's personal history;
- (e) The former client's current mental status;
- (f) The likelihood of adverse impact on the former client and others; and

(g) Any statements or actions made by the chiropractor during the course of treatment suggesting or inviting the possibility of a post-termination sexual or romantic relationship with the former client.

(3) The chiropractor shall never engage in sexually harassing or demeaning behavior with current or former clients.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-590, filed 8/6/96, effective 9/6/96.]

WAC 246-808-600 Prohibited publicity and advertising. (1) A chiropractor shall not, on behalf of himself/herself, his/her partner, associate or any other chiropractor affiliated with his/her office or clinic, use or allow to be used, any form of public communications or advertising which is false, fraudulent, deceptive or misleading, including,

but not limited to, such advertising which takes any of the following forms which are prohibited:

- (a) Advertising which guarantees any result or cure;
- (b) Advertising which makes claims of professional superiority;
- (c) Advertising which fails to differentiate chiropractic care from all other methods of healing;
- (d) Advertising for a service outside the practice of chiropractic as permitted in Washington.

(2) A chiropractor shall, upon request made by the commission, provide the commission with substantiation of the truth and accuracy of any and all claims made in their advertisements.

(3) Advertising is prohibited which offers gratuitous goods or services or discounts in connection with chiropractic services, unless the chiropractor provides a disclosure statement to be signed by the patient which explains:

- (a) When there shall be a charge for goods and services;
- (b) When the free services have been completed and that any additional services the patient requests are subject to charge; or
- (c) When the discount has been exhausted and any additional services shall be subject to full charge: This subsection shall not be construed to relate to the negotiation of fee between chiropractors and patients or to prohibit the rendering of chiropractic services for which no fee is charged.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-600, filed 8/6/96, effective 9/6/96.]

WAC 246-808-605 Honoring of publicity and advertisements. (1) If a chiropractor advertises a fee for a service, the chiropractor must render that service for no more than the fee advertised.

(2) Unless otherwise specified in the advertisement, if a chiropractor publishes any fee information authorized under chapter 246-808 WAC, the chiropractor shall be bound by any representation made therein for the periods specified in the following categories:

(a) If in a publication which is published more frequently than one time per month, for a period of not less than thirty days after such publication.

(b) If in a publication which is published once a month or less frequently, until the publication of the succeeding issue.

(c) If in a publication which has no fixed date for publication of the succeeding issue, for a reasonable period of time after publication, but in no event less than one year.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-605, filed 8/6/96, effective 9/6/96.]

WAC 246-808-610 Prohibited transactions. A chiropractor shall not compensate or give anything of value to representatives of the press, radio, television or other communication media in anticipation of or in return for professional publicity of any individual chiropractor in a news item.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-610, filed 8/6/96, effective 9/6/96.]

WAC 246-808-615 Professional notices, letterheads, cards, and mailings. In his/her use of professional notices, letterheads, cards, and mailings, a chiropractor is subject to the same regulations of chapter 246-808 WAC which apply to his/her use of other print media.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-615, filed 8/6/96, effective 9/6/96.]

WAC 246-808-620 Suggestion of need of chiropractic services. A chiropractor who has given in-person, unsolicited advice to a lay person that he/she should obtain chiropractic care shall not accept employment resulting from that advice except that:

(1) A chiropractor may accept employment by a close friend, relative, former patient (if the advice is germane to the former treatment), or one whom the chiropractor reasonably believes to be a patient; and

(2) Without affecting his/her right to accept employment, a chiropractor may speak publicly or write for publication on chiropractic topics so long as he/she does not emphasize his/her own professional experience or reputation and does not undertake to give individual advice.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-620, filed 8/6/96, effective 9/6/96.]

WAC 246-808-625 Public testimonial advertising. (1) Public testimonial advertising includes the use of a statement testifying as to a chiropractor's qualifications, abilities and character, or to the value of chiropractic services.

(2) The use of testimonial advertising shall not be considered false or misleading if the following guidelines are met:

(a) Testimonials must relate to patient care provided within the immediately preceding five-year period.

(b) The testimonial shall be documented by a notarized statement of the patient, a copy of which is kept by both the chiropractor and the patient.

(c) The testimonial must be consistent with the history of the patient's care, including office records, examination reports and x-rays.

(d) Testimonials shall not:

- (i) Be exaggerated or misrepresented;
- (ii) State that a technique or doctor is superior;
- (iii) Claim specific cures;
- (iv) Compare one chiropractor to another;
- (v) Include a named diagnosis.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-625, filed 8/6/96, effective 9/6/96.]

WAC 246-808-630 Full disclosure of cost of services. (1) This rule shall apply to all representations made in public advertising regarding the provision of chiropractic services, including x-rays or chiropractic examinations, on a free basis or at a reduced cost. This rule shall also apply to all billings or other written or oral communications regarding charges for chiropractic services whether made to patients, third-party health care payors, or to any other person, firm, or governmental agency.

(2) When a chiropractic service is represented in public advertising as available without cost, or at a reduced cost,

that service must be made available to everyone who wishes to take advantage of the offer on an equal basis. No charge may be made to any individual or third-party health care payor for any services which have been provided on a free basis.

(3) All billings to third-party payors for patients who are also being treated for an unrelated condition must fully disclose the additional treatment being provided and the charges for that treatment.

(4) Billings to patients or to third-party health care payors shall accurately reflect the actual charge to the patient, including any discounts, reduced fees, or waiver of copayment.

(5) Because of the potential element of fraud being present, advertising full or partial forgiveness of coinsurance shall be prohibited unless the insurance company is given accurate and complete information relating to the actual charge to the patient and that coinsurance has been fully or partially waived.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-630, filed 8/6/96, effective 9/6/96.]

WAC 246-808-640 Scope of practice—Revocation or suspension of license authorized for practice outside scope. (1) The chiropractic quality assurance commission finds that over the past few years there has been an increasing number of persons licensed as chiropractors who have been practicing other healing arts while holding themselves out to the public as chiropractors to the detriment of the public health and welfare of the state of Washington and contrary to the legislative directive contained in RCW 18.25.002(4). The commission further finds and deems it necessary to carry out the provisions of chapter 18.25 RCW that this rule be adopted to give guidance to members of the profession, and the public, in interpreting for purposes of application by the disciplinary commission of RCW 18.25.112, the scope of health care which comes within the definition of chiropractic in RCW 18.25.005 and which is authorized under a license to practice chiropractic in the state of Washington.

(2) RCW 18.25.005 defines the term "chiropractic." The commission finds that the following diagnostic techniques and procedures, by whatever name known, are not within the definition of "chiropractic" as specified in RCW 18.25.005, and, consequently, a license to practice chiropractic does not authorize their use:

(a) The use of x-rays or other forms of radiation for any other reason than to x-ray the human skeleton.

(b) The use of any form of electrocardiogram.

(c) The testing and reduction to mathematical formulae of sputum and/or urine (commonly known as "reams" testing).

(d) Hair analysis.

(e) The use of iridology.

(f) The taking of blood samples.

(g) Female breast examinations.

The above list is not to be considered exhaustive or to limit the commission in any way from finding under the statutory definition in RCW 18.25.005 that any other diagnostic technique or procedure is outside the scope of chiropractic practice.

(3) The commission finds that the following treatment modalities, by whatever name known, are not within the definition of "chiropractic" as specified in subsection (2) of this section and in RCW 18.25.005 and, consequently, a license to practice chiropractic does not authorize their use:

(a) Ultrasound, diathermy, high voltage galvanic therapy and x-rays or other radiation.

(b) Electrotherapy.

(c) The use of a transcutaneous electrical nerve stimulator (TENS).

(d) The use of the endonasal technique.

(e) The use of any type of casting other than light body casting.

(f) The use of meridian therapy, whether known as "acupressure," or the same type of therapy under any other names unless complementary or preparatory to a chiropractic spinal adjustment.

(g) The use of hypnosis.

(h) The use of clinical herbology.

The above list is not to be considered exhaustive or to limit the commission in any way from finding under the statutory definition in RCW 18.25.005 that any other treatment modalities are outside the scope of chiropractic practice.

(4) The use by a chiropractor of diagnostic techniques or procedures or treatment modalities which are outside the definition of chiropractic in RCW 18.25.005, whether or not listed in this rule, or the use by a chiropractor of any of the diagnostic techniques and procedures listed in subsection (2) of this section or the use by a chiropractor of any of the treatment modalities listed in subsection (3) of this section shall constitute unprofessional conduct under RCW 18.130.180(12) which shall be good and sufficient cause for revocation or suspension of that chiropractor's license to practice chiropractic in Washington.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-640, filed 8/6/96, effective 9/6/96.]

WAC 246-808-650 Records and x-rays and withdrawal from practice—Maintenance and retention of patient records. (1) Any chiropractor who treats patients in the state of Washington shall maintain all treatment records regarding patients treated. These records may include, but shall not be limited to, x-rays, treatment plans, patient charts, patient histories, correspondence, financial data, and billing. These records shall be retained by the chiropractor for five years in an orderly, accessible file and shall be readily available for inspection by the commission or its authorized representative: X-rays or copies of records may be forwarded pursuant to a licensed agent's written request. Also, office records shall state the date on which the records were released, method forwarded and to whom, and the reason for the release. A reasonable fee may be charged the patient to cover mailing and clerical costs.

(2) A chiropractor shall honor within fifteen days a written request from an adult patient or their legal representative or the legal representative of a minor child to release:

(a) Original x-rays and records to other licensed health care providers; or

(b) The chiropractor may provide duplicate films or a copy of the patient records to the health care provider or the

patient. The health care provider may bill the patient reasonable duplication costs. Once the original films have been loaned at patient request, the chiropractor is no longer responsible for them, or for their retrieval or subsequent production.

A chiropractor who has received original x-rays on a loan basis shall return them to the loaning chiropractor upon request within sixty days unless other arrangements are made.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-650, filed 8/6/96, effective 9/6/96.]

WAC 246-808-655 Duties of a chiropractor who retires or withdraws from practice. Any chiropractor who ceases practice in their community for any reason, including retirement, illness, disability, or relocation shall comply with the following duties:

(1) The chiropractor shall notify all current patients that they shall not be able to provide chiropractic services and shall notify the patient to seek another chiropractor to continue their care.

(2) The chiropractor shall offer to deliver to the patient, or to another chiropractor or licensed health care professional chosen by the patient, the originals or copies of all patient examination and treatment records and x-rays or notify the patient of a community area location where the records and x-rays shall be maintained and accessible for at least one year after the notice is sent to the patient.

(3) The chiropractor shall refund any part of fees paid in advance that have not been earned.

(4) The commission requests that the executor or executrix of a deceased chiropractor comply with the duties set forth herein to the fullest extent possible. The commission staff shall provide advice and assistance to such executor or executrix upon request.

(5) For the purpose of this section, any relocation or restriction of practice which substantially interferes with a patient's reasonable access to their chiropractor shall be cause for the chiropractor to comply with the duties set forth.

(6) Willful failure to comply with this section shall be cause to suspend a chiropractor's license until the required duties are fulfilled.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-655, filed 8/6/96, effective 9/6/96.]

WAC 246-808-660 Mandatory reporting. (1) All reports required by these regulations shall be submitted to the commission as soon as possible, but no later than sixty days after a determination is made.

(2) A report shall contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name, address, and telephone number of the chiropractor being reported.

(c) The name of any patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(1997 Ed.)

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid the evaluation of the report.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-660, filed 8/6/96, effective 9/6/96.]

WAC 246-808-670 Chiropractic associations or societies. The president or chief executive officer of any chiropractic association or society within this state shall report to the commission when an association or society determines that a chiropractor has committed unprofessional conduct or that a chiropractor may not be able to practice chiropractic with reasonable skill and safety to patients as the result of any mental or physical condition and constitutes an apparent risk to the public health, safety, or welfare. The report required by this section shall be made without regard to whether the license holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-670, filed 8/6/96, effective 9/6/96.]

WAC 246-808-680 Insurance carriers. The executive officer of every insurer, licensed under Title 48 RCW operating in the state of Washington, shall report to the commission any evidence that a chiropractor has charged fees for chiropractic services not actually provided, or has otherwise committed unprofessional conduct.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-680, filed 8/6/96, effective 9/6/96.]

WAC 246-808-685 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to chiropractors shall send the commission a complete report of any malpractice settlement, award or payment over thirty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured chiropractor's incompetence or negligence in the practice of chiropractic. Such institution or organization shall also report the payment of three or more claims during a year as the result of alleged incompetence or negligence in the practice of chiropractic regardless of the dollar amount of the payment.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-685, filed 8/6/96, effective 9/6/96.]

WAC 246-808-690 Courts. The commission requests the assistance of all clerks of trial courts within the state to report to the commission, all professional malpractice judgments and all criminal convictions of licensed chiropractors, other than for minor traffic violations.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-690, filed 8/6/96, effective 9/6/96.]

WAC 246-808-695 State and federal agencies. The commission requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a chiropractor has been judged to

have demonstrated incompetence or negligence in the practice of chiropractic, or has otherwise committed unprofessional conduct; or whose practice is impaired as a result of a mental, physical or chemical condition, to report to the commission all professional malpractice judgments and decisions.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-695, filed 8/6/96, effective 9/6/96.]

WAC 246-808-700 Cooperation with investigation.

(1) A chiropractor shall comply with a request for records, documents or explanation from an investigator who is acting on behalf of the commission, by submitting the requested items within fourteen calendar days of receipt of the request by the chiropractor or the chiropractor's attorney, whichever is first.

(2) If the chiropractor fails to comply with the request within fourteen calendar days, the investigator shall contact the chiropractor or the chiropractor's attorney by telephone or letter as a reminder.

(3) Investigators may extend the time for response if the chiropractor requests an extension for a period not to exceed seven calendar days.

(4) If the chiropractor fails to comply with the request within three business days after the receipt of the reminder, then a subpoena shall be served upon the chiropractor to obtain the requested items.

(5) If the chiropractor fails to comply with the subpoena, a statement of charges shall be issued pursuant to RCW 18.130.180(8) and, if there is sufficient evidence to support additional charges, then those charges may be included in the statement of charges.

(6) If the chiropractor complies with the request after the issuance of the statement of charges, the commission's assistant attorney general-prosecutor shall decide whether the charges based on RCW 18.130.180(8) shall be prosecuted or settled. If the charges based on RCW 18.130.180(8) are to be settled, the settlement proposal shall be presented to the commission or a duly constituted panel of the commission for a decision on ratification and until ratified, the settlement is not final.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-700, filed 8/6/96, effective 9/6/96.]

WAC 246-808-710 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 commission 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: Chapter 18.25 RCW. 96-16-074, § 246-808-710, filed 8/6/96, effective 9/6/96.]

WAC 246-808-720 Commission conflict of interest. Members of the commission shall not participate in deciding a case or in rule making where their participation presents a conflict of interest, creates an appearance of a conflict of

interest or where the commission determines the member's participation raises questions as to the impartiality of the commission.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-720, filed 8/6/96, effective 9/6/96.]

SUBSTANCE ABUSE MONITORING

WAC 246-808-801 Purpose. The commission recognizes the need to establish a means of proactively providing early recognition and treatment options for chiropractors whose competency may be impaired due to the abuse of drugs or alcohol. The commission intends that such chiropractors be treated and their treatment monitored so that they can return to or continue to practice their profession in a way which safeguards the public. To accomplish this, the commission shall approve voluntary substance abuse monitoring programs and shall refer chiropractors impaired by substance abuse to approved programs as an alternative to instituting disciplinary proceedings as defined in RCW 18.130.160.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-801, filed 8/6/96, effective 9/6/96.]

WAC 246-808-810 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 chiropractor and the chiropractor's family with group or individual counseling sessions, discussions with other families, ongoing contact and participation in self-help groups and ongoing continued support of treatment program staff.

"**Approved substance abuse monitoring program**" or "**approved monitoring program**" is a program the commission has determined meets the requirements of the law and the criteria established by the commission in WAC 246-808-820 which enters into a contract with chiropractors who have substance abuse problems regarding the required components of the chiropractor's recovery activity and oversees the chiropractor's compliance with these requirements. Substance abuse monitoring programs do not provide evaluation or treatment to participating chiropractors.

"**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 chiropractor and the approved monitoring program stipulating the chiropractor's consent to comply with the monitoring program and its required components of the chiropractor's recovery activity.

"**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 commission, of a chiropractor'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 chiropractors 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: Chapter 18.25 RCW. 96-16-074, § 246-808-810, filed 8/6/96, effective 9/6/96.]

WAC 246-808-820 Approval of substance abuse monitoring programs. The commission shall approve the monitoring program(s) which shall participate in the commission's substance abuse monitoring program. A monitoring program approved by the commission 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 chiropractor.

(2) The approved monitoring program staff must have the qualifications and knowledge of both substance abuse and the practice of chiropractic as defined in this chapter to be able to evaluate:

- (a) Clinical laboratories;
- (b) Laboratory results;
- (c) Providers of substance abuse treatment, both individuals and facilities;
- (d) Support groups;
- (e) The chiropractic work environment; and
- (f) The ability of the chiropractor to practice with reasonable skill and safety.

(3) The approved monitoring program shall enter into a contract with the chiropractor and the commission to oversee the chiropractor's compliance with the requirements of the program.

(4) The approved monitoring program may make exceptions to individual components of the contract on an individual basis.

(5) The approved monitoring program staff shall recommend, on an individual basis, whether a chiropractor shall be prohibited from engaging in the practice of chiropractic for a period of time and restrictions, if any, on the chiropractor's access to controlled substances in the workplace.

(6) The approved monitoring program shall maintain records on participants.

(7) The approved monitoring program shall be responsible for providing feedback to the chiropractor as to whether treatment progress is acceptable.

(8) The approved monitoring program shall report to the commission any chiropractor who fails to comply with the requirements of the monitoring program.

(9) The approved monitoring program shall receive from the commission guidelines on treatment, monitoring, and limitations on the practice of chiropractic for those participating in the program.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-820, filed 8/6/96, effective 9/6/96.]

WAC 246-808-830 Participation in approved substance abuse monitoring program. (1) In lieu of disciplinary action, the chiropractor may accept commission referral into the approved substance abuse monitoring program.

(a) The chiropractor shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation 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 chiropractor shall enter into a contract with the commission and the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The chiropractor shall undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The chiropractor 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 chiropractor 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 chiropractor shall submit to random drug screening as specified by the approved monitoring program.

(vi) The chiropractor shall attend support groups facilitated by a health care professional and/or twelve-step group meetings as specified by the contract.

(vii) The chiropractor shall comply with specified employment conditions and restrictions as defined by the contract.

(viii) The chiropractor shall sign a waiver allowing the approved monitoring program to release information to the commission if the chiropractor does not comply with the requirements of this contract.

(c) The chiropractor is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, and random drug screens.

(d) The chiropractor may be subject to disciplinary action under RCW 18.130.160 if the chiropractor does not consent to be referred to the approved monitoring program, does not comply with specified employment restrictions, or does not successfully complete the program.

(2) A chiropractor who is not being investigated by the commission or subject to current disciplinary action or currently being monitored by the commission for substance abuse may voluntarily participate in the approved substance

abuse monitoring program without being referred by the commission. 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 commission 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 commission 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: Chapter 18.25 RCW. 96-16-074, § 246-808-830, filed 8/6/96, effective 9/6/96.]

CHIROPRACTIC FEES

WAC 246-808-990 Chiropractic fees. The following fees shall be charged by the department of health:

Title of Fee	Fee
Application/full examination or reexamination	\$300.00
Original license	200.00
Temporary permit application	150.00
Temporary practice permit	50.00
Preceptorship	100.00
License renewal	300.00
Late renewal penalty	150.00
Inactive license renewal	150.00
Duplicate	15.00
Certification	25.00
Chiropractic x-ray technician application	25.00
Chiropractic x-ray technician original registration	25.00
Renewal	40.00
Late renewal penalty	25.00
Duplicate	15.00
Certification	25.00

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-990, filed 8/6/96, effective 9/6/96.]

**Chapter 246-810 WAC
COUNSELORS**

WAC

COUNSELORS

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FEES

246-810-990	Fees.
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COUNSELORS

WAC 246-810-010 Definitions. The following terms are defined within the meaning of this chapter.

(1) "Fee" as referred to in RCW 18.19.030 means compensation paid in exchange for counseling service whether or not the fee is paid on a contractual basis through a government agency or another third party, or is charged by a company, corporation, or any other type of firm, business, or individual provider.

(2) "Similarly regulated" means individuals who are currently registered, certified, or licensed under other laws of this state wherein disciplinary standards defining acts of unprofessional conduct apply to each individual under the regulation.

(3) "Therapeutic techniques" means the method of procedures used when assisting an individual with emotional, behavioral, or mental issues.

(4) "Treatment" means assisting or attempting to assist an individual and does not include the initial assessment/evaluation.

(5) "Counselor trainee" means any individual who is learning to be a counselor through on-the-job training while providing counseling services.

(6) "Student" means any individual enrolled in a college or university who is taking part in a counseling practicum for course credit.

(7) "Counselor intern" means any individual defined as a student.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.060. 89-14-070 (Order PM 840), § 308-190-030, filed 6/30/89. Statutory Authority: RCW 18.19.050. 88-11-024 (Order PM 728), § 308-190-030, filed 5/11/88.]

WAC 246-810-020 Expiration of registration or certification. A registration or certification shall expire on the registered or certified practitioner's first birthdate following the date of initial issue at which time it will be subject to renewal. Thereafter, the registration or certification will be renewable at one-year intervals, on or before the birthdate of the registered or certified practitioner.

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-810-020, filed 6/24/93, effective 7/25/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-020, filed 12/27/90, effective 1/31/91. Statutory Authority: 1987 c 512 § 10. 87-21-011 (Order PM 686), § 308-190-020, filed 10/9/87.]

WAC 246-810-030 Client disclosure information. The term "counselor" as used in the wording of these rules includes all counselors, hypnotherapists, marriage and family therapists, mental health counselors, and social workers, whether registered or certified.

Counselors must provide disclosure information to each client in accordance with chapter 18.19 RCW prior to implementation of a treatment plan. The disclosure information must be specific to the type of counseling service offered; in language that can be easily understood by the client; and contain sufficient detail to enable the client to make an informed decision whether or not to accept treatment from the disclosing counselor.

Firms, agencies, or businesses may supply generic information relative to a counselor's disclosure to the client, in a format which does not duplicate disclosure information provided when more than one counselor is involved in treatment.

The disclosure information must be printed in a format selected by the counselor. Whatever format is chosen must include all required disclosure information.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.060. 89-14-070 (Order PM 840), § 308-190-040, filed 6/30/89. Statutory Authority: RCW 18.19.050. 88-11-024 (Order PM 728), § 308-190-040, filed 5/11/88.]

WAC 246-810-031 Required disclosure information.

(1) The following information shall be provided to each counseling client:

(a) Name of firm, agency, business, or counselor's practice.

(b) Counselor's business address and telephone number.

(c) Washington state registration or certification number.

(d) The counselor's name and type of counseling they provide.

(e) The methods or techniques the counselor uses.

(f) The counselor's education, training, and experience.

(g) Client's cost per each counseling session and the course of treatment where known.

(h) The following language must appear on every client's disclosure statement:

"Counselors practicing counseling for a fee must be registered or certified with the department of licensing for the protection of the public health and safety. Registration of an individual with the department does not include a recognition of any practice standards, nor necessarily implies the effectiveness of any treatment."

(i) Counseling clients are to be informed of the purpose of the Counselor Credentialing Act. The purpose of the law regulating counselors is: (A) To provide protection for public health and safety; and (B) to empower the citizens of the state of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.

(j) Counseling clients are to be informed that they as individuals have the right to choose counselors who best suit their needs and purposes. (This subsection is not intended to provide new rights by superseding those adopted by previous statutes.)

(k) Counseling clients are to be informed of the extent of confidentiality provided by RCW 18.19.180 (1) through (6).

(l) Counseling clients are to be provided a list of or copy of the acts of unprofessional conduct in RCW 18.130.180 with the name, address, and contact telephone within the department of licensing.

(2) Signatures are required of both the counselor providing the disclosure information and the client following a statement that the client had been provided a copy of the required disclosure information and the client has read and understands the information provided. The date of signature by each party is to be included at the time of signing.

(3) The department of licensing publishes a brochure for the education and assistance of the public. The department

brochure may be photocopied and provided to each client as an option to satisfy the required disclosure information of subsection (1)(j) through (l) of this section.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-031, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.060. 89-14-070 (Order PM 840), § 308-190-041, filed 6/30/89.]

WAC 246-810-032 Failure to provide client disclosure information. Failure to provide to the client any of the disclosure information as set forth in WAC 308-190-040 and as required by the law shall constitute an act of unprofessional conduct as defined in RCW 18.130.180(21).

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-032, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88-11-024 (Order PM 728), § 308-190-050, filed 5/11/88.]

WAC 246-810-040 Reporting of suspected abuse or neglect of a child, dependent adult, or a developmentally disabled person. As required by chapter 26.44 RCW, all hypnotherapists and counselors, registered or certified, shall report abuse or neglect of a child, dependent adult, or developmentally disabled person when they have reasonable cause to believe that such an incident has occurred.

The report shall be made to the local law enforcement agency or to the department of social and health services at the first opportunity, but no longer than forty-eight hours after there is reasonable cause to believe that the child or adult has suffered abuse or neglect.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.060. 89-14-070 (Order PM 840), § 308-190-042, filed 6/30/89.]

WAC 246-810-050 General provisions. (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Department" means the department of licensing, whose address is:

Department of Licensing
Professional Programs Management Division
P.O. Box 9012
Olympia, Washington 98504-8001

(5) "Counselor" means a person registered pursuant to chapter 18.19 RCW.

(6) "Mentally or physically disabled counselor" means a counselor who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice counseling with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-190-060, filed 6/30/89.]

WAC 246-810-060 Mandatory reporting. (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the registered counselors being reported.

(c) The case number of any client whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-190-070, filed 6/30/89.]

WAC 246-810-061 Health care institutions. The chief administrator or executive officer or their designee of any hospital or nursing home or alcohol treatment agency as defined in chapters 70.96 and 70.96A RCW, drug treatment agency as defined in chapter 69.54 RCW, and public and private mental health treatment agencies as defined in RCW 71.05.020 (6) and (7), and 71.24.025(3), shall report to the department when any registered counselor's services are terminated or are restricted based upon a determination that the registered counselor has committed an act which may constitute unprofessional conduct or that the registered counselor may be unable to practice with reasonable skill or safety to clients by reason of a mental or physical condition.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-061, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-190-080, filed 6/30/89.]

WAC 246-810-062 Counselor associations or societies. The president or chief executive officer of any counselor association or society within this state shall report to the department when the association or society determines that a registered counselor has committed unprofessional conduct or that a registered counselor may not be able to practice counseling with reasonable skill and safety to clients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the registration holder appeals, accepts, or acts upon

the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-062, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-190-090, filed 6/30/89.]

WAC 246-810-063 Health care service contractors and disability insurance carriers. The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that a registered counselor has engaged in fraud in billing for services.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-063, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-190-100, filed 6/30/89.]

WAC 246-810-064 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to registered counselors shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured registered counselor's incompetency or negligence in the practice of counseling. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the counselor's alleged incompetence or negligence in the practice of counseling.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-064, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-190-110, filed 6/30/89.]

WAC 246-810-065 Courts. The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of registered counselors, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-065, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-190-120, filed 6/30/89.]

WAC 246-810-066 State and federal agencies. The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a registered counselor is employed to provide client care services, to report to the department whenever such a registered counselor has been judged to have demonstrated his/her incompetency or negligence in the practice of counseling, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled counselor. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-066, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-190-130, filed 6/30/89.]

WAC 246-810-070 Cooperation with investigation.

(1) A registrant must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the director of the department of licensing by submitting the requested items within fourteen calendar days of receipt of the request by either the registrant or their attorney, whichever is first. If the registrant fails to comply with the request within fourteen calendar days, the investigator will contact that individual or their attorney by telephone or letter as a reminder.

(2) Investigators may extend the time for response if the request for extension does not exceed seven calendar days. Any other requests for extension of time may be granted by the director or the director's designee.

(3) If the registrant fails to comply with the request within three business days after receiving the reminder, a subpoena will be served to obtain the requested items. A statement of charges may be issued pursuant to RCW 18.130.180(8) for failure to cooperate. If there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(4) If the registrant complies with the request after the issuance of the statement of charges, the director or the director's designee will decide if the charges will be prosecuted or settled. If the charges are to be settled the settlement proposal will be negotiated by the director's designee. Settlements are not considered final until the director signs the settlement agreement.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-190-140, filed 6/30/89.]

WAC 246-810-080 AIDS prevention and information education requirements. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for registration. Effective January 1, 1989 persons applying for registration shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4).

(3) 1989 Renewal of registration. Effective for the 1989 renewal period beginning January 1, 1989 all persons making application for registration renewal shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4). Those persons who must renew during 1989 shall submit evidence of compliance with the education requirements of subsection (4) with their renewal application. Those persons who must renew during 1990 shall submit evidence of compliance with subsection (4) on or before December 31, 1989. Persons whose 1989 registration expires on or before March 31, 1989 will, upon written application, be granted an extension to April 15, 1989, to meet the AIDS education requirement. Renewal applicants who have documented hardship that prevents obtaining the required education may petition for an extension.

(4) AIDS education and training.

(a) Acceptable education and training. The director will accept education and training that is consistent with the topical outline supported by the office on AIDS. Such education and training shall be a minimum of four clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) Implementation. Effective January 1, 1989, the requirement for registration, renewal, or reinstatement of any registration on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of subsection (a).

(c) Documentation. The applicant shall:

(i) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;

(ii) Keep records for two years documenting attendance and description of the learning;

(iii) Be prepared to validate, through submission of these records, that attendance has taken place.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-810-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270, 88-22-077 (Order PM 786), § 308-190-200, filed 11/2/88.]

CERTIFIED MARRIAGE AND FAMILY THERAPISTS

WAC 246-810-310 Definitions. Definitions within the meaning of this chapter as pertains to the certification of marriage and family therapists.

(1) "Shows evidence" is defined as the official transcript sent directly to the department of licensing by the approved college or university to include course catalogs and syllabi if requested by the department.

(2) "Approved school" and "approved graduate school" both mean any regionally accredited college or university.

(3) "Marriage and family assessment" includes the evaluation and diagnosis of individual, marital, family functioning, and psychopathology.

(4) "Treatment" is a process that is derived from a systemic or interactional theoretical orientation where psychotherapy is employed to improve the individual, marital, and family functioning.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-810-310, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050, 89-04-003 (Order PM 817), § 308-220-010, filed 1/19/89; 88-11-079 (Order PM 729), § 308-220-010, filed 5/18/88.]

WAC 246-810-320 Degree equivalents. The following are considered to establish equivalence to a master's or doctoral degree in marriage and family therapy from an approved school or an approved graduate school:

(1) A doctoral or master's degree in any of the behavioral sciences that shows evidence of fulfillment of the coursework requirements set out in WAC 308-220-040;

(2) A doctoral or master's degree in any of the behavioral sciences that shows evidence of partial fulfillment of the equivalent coursework requirements set out in WAC 308-220-040, plus supplemental coursework from either an AAMFT accredited postgraduate institution or from a regionally accredited college or university to satisfy the remaining equivalent coursework requirements set out in WAC 308-220-040; or

(3) A doctoral or master's degree in any of the behavioral sciences and proof of meeting requirements for receiving AAMFT clinical membership.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-810-320, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050, 89-04-003 (Order PM 817), § 308-220-030, filed 1/19/89; 88-11-079 (Order PM 729), § 308-220-030, filed 5/18/88.]

WAC 246-810-321 Program equivalency. The equivalent course of graduate study shall include courses in marital and family systems, marital and family therapy, individual development psychopathology, human sexuality, research, professional ethics and law, supervised clinical practice and electives. A total of forty-five semester hours and sixty quarter hours are required in all nine areas of study. A minimum of twenty-seven semester hours or thirty-six quarter hours are required in the first five areas of study: Marital and family systems, marital and family therapy, individual development psychopathology, human sexuality, and research. Distribution follows below:

(1) Marital and family systems.

(a) An applicant must take from two to four courses in marital and family systems. Course hours required are a minimum of six to twelve semester hours or eight to sixteen quarter hours.

(b) Marital and family systems is a fundamental introduction to the systems approach to intervention. The student should learn to think in systems terms on a number of levels across a wide variety of family structures, and regarding a diverse range of presenting problems. While the most intense focus may be on the nuclear family (in both its traditional and alternative forms), models should be taught which integrate information regarding the marital, sibling, and individual subsystems, as well as the family of origin and external societal influences. Developmental aspects of family functioning should also be considered of the family system, it also provides a theoretical basis for treatment strategy. Some material may be drawn from familiar sources such as family sociology, but it should be integrated with recent clinically-oriented systems concepts. Supplemental studies may include family simulation, the observation of well families, and study of the student's family of origin.

(2) Marital and family therapy.

(a) An applicant must take from two to four courses in marital and family therapy. Course hours required are a minimum of two to four semester hours or three to six quarter hours.

(b) Marital and family therapy is intended to provide a substantive understanding of the major theories of systems change and the applied practices evolving from each orientation. Major theoretical approaches to be surveyed might include strategic, structural, experiential, neoanalytical (e.g., object relations), communications, and behavioral. Applied studies should consider the range of technique associated

with each orientation, as well as a variety of treatment structures, including individual, concurrent, collaborative, conjoint marital, marital group, transgenerational, and network therapies.

(3) Individual development.

(a) An applicant must take one course in individual development. Course hours required are a minimum of two to four semester hours or three to six quarter hours.

(b) A course in this area is intended to provide a knowledge of individual personality development and its normal and abnormal manifestations. The student should have relevant coursework in human development across the life span, and in personality theory. An attempt should be made to integrate this material with systems concepts. Several of the courses in this category may be required as prerequisites for some degree programs.

(4) Psychopathology.

(a) An applicant must take one course in psychopathology. Course hours required are a minimum of two to four semester hours and three to six quarter hours.

(b) Psychopathology is the assessment and diagnosis including familiarity with current diagnostic nomenclature, diagnostic categories and the development of treatment strategies.

(5) Human sexuality.

(a) An applicant must take one course in human sexuality. Course hours required are a minimum of two to four semester hours and three to six quarter hours.

(b) Human sexuality includes normal psycho-sexual development, sexual functioning and its physiological aspects and sexual dysfunction and its treatment.

(6) Research.

(a) An applicant must take one course in research methods. Course hours required are a minimum of three semester hours and four quarter hours.

(b) The research area is intended to provide assistance to students in becoming informed consumers of research in the marital and family therapy field. Familiarity with substantive findings, together with the ability to make critical judgments as to the adequacy of research reports, is expected.

(7) Professional ethics and law.

(a) An applicant must take one course in professional ethics and law. Course hours required are a minimum of three semester hours and four quarter hours.

(b) This area is intended to contribute to the development of a professional attitude and identity. Areas of study will include professional socialization and the role of the professional organization, licensure or certification legislation, legal responsibilities and liabilities, ethics and family law, confidentiality, independent practice and interprofessional cooperation.

(8) Supervised clinical practice.

(a) An applicant must have a minimum of one year of supervised clinical practice in marriage and family therapy under the supervision of a qualified marriage and family therapist. Course hours required are a minimum of nine semester hours and twelve quarter hours.

(b) A minimum of five hundred hours of direct contact is required during graduate school. The student shall be involved in direct systemic/interactional clinical work with individuals, couples, and families. This work will continue

without interruption for the balance of the student's academic program or at least one calendar year. A total of five hundred direct clinical hours shall be spread evenly throughout the calendar year with a minimum of one hundred hours of supervision (a minimum of fifty group hours and a minimum of fifty individuals).

(c) Applicants who have completed master's programs accredited by the AAMFT commission of accreditation will have met the five hundred hours of direct contact required during graduate school.

(9) Electives.

(a) An individual must take one course in an elective area. Course hours required are a minimum of three semester hours and four quarter hours.

(b) This area will vary with different institutions but is intended to provide supplemental and/or specialized supporting areas.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-321, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88-11-079 (Order PM 729), § 308-220-040, filed 5/18/88.]

WAC 246-810-330 Supervision. Supervision means the oversight and responsibility for the supervisee's continuing clinical practice of marriage and family therapy for a minimum of one hour every other week. Supervision of marriage and family therapy is expected to have the following characteristics:

(1) It is face-to-face conversations with the supervisor, usually in periods of approximately one hour each.

(2) Marriage and family therapy supervision focuses on the raw data from a supervisee's continuing practice, as this is made directly available to the supervisor through such means as direct observation, cotherapy, written clinical notes and audio and video recordings.

(3) Marriage and family therapy supervision is a process clearly distinguishable from (if in some ways similar to) personal psychotherapy and is contracted in order to serve professional/vocational goals.

(4) Supervision from a family member is not acceptable.

(5) Peer supervision, a contradiction in terms, is not acceptable. Activities between clinical peers are not applicable for credit toward supervision.

(6) In order for a supervisee to receive credit, supervision may be done in a group of no more than six supervisees plus their supervisors for group credit and of no more than two supervisees for individual credit.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-330, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88-11-079 (Order PM 729), § 308-220-050, filed 5/18/88.]

WAC 246-810-331 Supervisor qualifications. Marriage and family therapists qualified to supervise are those that document at least three years of post certification experience to include at least one year of experience in the provision of marriage and family therapy supervision. Documentation shall consist of two letters verifying supervision experience and sent directly to the department of licensing from an agency director, supervisor or certified family therapist, or:

Marital and family therapists certified prior to July 27, 1988, and who have three years of documented marital and family therapy practice, prior to July 27, 1988, will be recognized as a qualified supervisor, or:

An American Association of Marriage and Family Therapy approved supervisor.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-331, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88-11-079 (Order PM 729), § 308-220-060, filed 5/18/88.]

WAC 246-810-332 Supervised postgraduate practice. Two years of supervised postgraduate practice is required to be eligible for certification examination. The two years would include at least two hundred hours of supervision with at least one hundred of the two hundred hours to be individual supervision. The two hundred hours of supervised practice represents one thousand hours of direct client contact.

Applicants who have completed a master's program accredited by the AAMFT commission on accreditation may be credited with one hundred hours of supervision toward the two hundred hour supervision requirement.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-332, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88-11-079 (Order PM 729), § 308-220-070, filed 5/18/88.]

WAC 246-810-340 Examination. Examinations will be given at least once annually as determined by the director. Applications must be complete and submitted at least ninety days in advance.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-340, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88-11-079 (Order PM 729), § 308-220-020, filed 5/18/88.]

WAC 246-810-350 General provisions. (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Department" means the department of licensing, whose address is:

Department of Licensing
Professional Programs Management Division
P.O. Box 9012
Olympia, Washington 98504-8001

(5) "Marriage and family therapist" means a person certified pursuant to chapter 18.19 RCW.

(6) "Mentally or physically disabled marriage and family therapist" means a marriage and family therapist who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice marriage and family counseling with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-350, filed 12/27/90, effective 1/31/91. Statutory Authority:

RCW 18.130.070. 89-14-092 (Order PM 842), § 308-220-090, filed 6/30/89.]

WAC 246-810-360 Mandatory reporting. (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the certified marriage and family therapist being reported.

(c) The case number of any client/patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-360, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-220-100, filed 6/30/89.]

WAC 246-810-361 Health care institutions. The chief administrator or executive officer or their designee of any hospital or nursing home or alcohol treatment agency as defined in chapters 70.96 and 70.96A RCW, drug treatment agency as defined in chapter 69.54 RCW, and public and private mental health treatment agencies as defined in RCW 71.05.020 (6) and (7), and 71.24.025(3), shall report to the department when any certified marriage and family therapist's services are terminated or are restricted based upon a determination that the certified marriage and family therapist has committed an act which may constitute unprofessional conduct or that the certified marriage and family therapist may be unable to practice with reasonable skill or safety to clients by reason of any mental or physical condition.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-361, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-220-110, filed 6/30/89.]

WAC 246-810-362 Marriage and family therapist associations or societies. The president or chief executive officer of any marriage and family therapist association or society within this state shall report to the department when the association or society determines that a certified marriage and family therapist has committed unprofessional conduct

or that a certified marriage and family therapist may not be able to practice marriage and family therapy with reasonable skill and safety to clients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the holder of the certificate appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-810-362, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-220-120, filed 6/30/89.]

WAC 246-810-363 Health care service contractors and disability insurance carriers. The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that a certified marriage and family therapist has engaged in fraud in billing for services.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-810-363, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-220-130, filed 6/30/89.]

WAC 246-810-364 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to certified marriage and family therapists shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured certified marriage and family therapist's incompetency or negligence in the practice of marriage and family therapy. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the marriage and family therapist's alleged incompetence or negligence.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-810-364, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-220-140, filed 6/30/89.]

WAC 246-810-365 Courts. The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of certified marriage and family therapists, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-810-365, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-220-150, filed 6/30/89.]

WAC 246-810-366 State and federal agencies. The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a certified marriage and family therapist is employed to provide client care services, to report to the department whenever such a certified marriage and family therapist has been judged to have demonstrated his/her incompetency or negligence in the practice of

marriage and family therapy, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled certified marriage and family therapist. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-810-366, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-220-160, filed 6/30/89.]

WAC 246-810-370 Cooperation with investigation.

(1) A certificant must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the director of the department of licensing by submitting the requested items within fourteen calendar days of receipt of the request by either the licensee, certificant, or registrant or their attorney, whichever is first. If the certificant fails to comply with the request within fourteen calendar days, the investigator will contact that individual or their attorney by telephone or letter as a reminder.

(2) Investigators may extend the time for response if the request for extension does not exceed seven calendar days. Any other requests for extension of time may be granted by the director or the director's designee.

(3) If the certificant fails to comply with the request within three business days after receiving the reminder, a subpoena will be served to obtain the requested items. A statement of charges may be issued pursuant to RCW 18.130.180(8) for failure to cooperate. If there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(4) If the certificant complies with the request after the issuance of the statement of charges, the director or the director's designee will decide if the charges will be prosecuted or settled. If the charges are to be settled the settlement proposal will be negotiated by the director's designee. Settlements are not considered final until the director signs the settlement agreement.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-810-370, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-220-170, filed 6/30/89.]

WAC 246-810-380 AIDS prevention and information education requirements. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for certification. Effective January 1, 1989 persons applying for certification shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4).

(3) 1989 Renewal of certificate. Effective for the 1989 renewal period beginning January 1, 1989 all persons making application for certification renewal shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4). Those persons who must renew during 1989 shall submit evidence of compliance with the education requirements of subsection (4)

with their renewal application. Those persons who must renew during 1990 shall submit evidence of compliance with subsection (4) on or before December 31, 1989. Persons whose 1989 certificate expires on or before March 31, 1989 will, upon written application, be granted an extension to April 15, 1989, to meet the AIDS education requirement. Renewal applicants who have documented hardship that prevents obtaining the required education may petition for an extension.

(4) AIDS education and training.

(a) Acceptable education and training. The director will accept education and training that is consistent with the topical outline supported by the office on AIDS. Such education and training shall be a minimum of four clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) Implementation. Effective January 1, 1989, the requirement for certification, renewal, or reinstatement of any certificate on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of subsection (a).

(c) Documentation. The applicant shall:

(i) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;

(ii) Keep records for two years documenting attendance and description of the learning;

(iii) Be prepared to validate, through submission of these records, that attendance has taken place.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-380, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-220-200, filed 11/2/88.]

CERTIFIED MENTAL HEALTH COUNSELORS

WAC 246-810-510 Definitions. (1) "Wellness model" is defined as focusing on a client's inherent strengths rather than pathology or restrictions on the clientele to be treated. "Wellness model" is an attitudinal rather than methodological intention.

(2) "Postgraduate supervision" is defined as consisting of a total of one hundred documented hours of individual face-to-face case consultation with an approved supervisor, with no more than six hours per month to be allowed to accrue toward the total.

(3) "Postgraduate professional experience" is defined as consisting of face-to-face counseling service with an individual or with a group of individuals for at least fifty percent of counseling service hours per week for a full-time or part-time employee. The total number of counseling hours is two thousand or more documented hours accumulated over a minimum of twenty-four months but not more than forty-eight months.

(4) "Counseling practicum" is defined as mental health counseling that is supervised as a part of a course.

(5) "Counseling internship" is defined as supervised mental health counseling performed through counseling field placement.

(6) "Approved supervisor" shall include a certified mental health counselor, licensed psychologist, licensed psychiatrist, or other mental health care provider who meets or exceeds the requirements of certified mental health counselor; provided, the supervisor is not a blood or legal relative or cohabitant of the supervisee.

(7) "Related field" is defined as counseling, psychology, social work, nursing, education, or social sciences.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-510, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.120. 89-14-071 (Order PM 841), § 308-210-010, filed 6/30/89. Statutory Authority: RCW 18.19.050. 88-11-025 (Order PM 730), § 308-210-010, filed 5/11/88.]

WAC 246-810-520 Approved schools. Approved schools are those colleges or universities which were accredited by Western Association of Schools and Colleges, Northwest Association of Schools and Colleges, or an essentially equivalent national or regional accrediting body recognized by the council on postsecondary accreditation at the time the applicant completed the required education.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-520, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88-11-025 (Order PM 730), § 308-210-020, filed 5/11/88.]

WAC 246-810-521 Mental health counselors—Education requirement prior to examination for certification. (1) To meet the education requirement imposed by RCW 18.19.120, an applicant must possess:

(a) A master's or doctoral degree in mental health counseling or related field from a regionally accredited college or university; or

(b) Have successfully completed at least thirty graduate semester hours or forty-five graduate quarter hours in the field of mental health counseling or the substantial equivalent in subject content.

(2) Subject content includes a core of study relating to counseling theories, counseling philosophy, counseling practicum, counseling internship, and should incorporate content in professional ethics and law and shall include at least five content areas (a) through (h) of this subsection and at least two additional content areas from the entire list:

- (a) Assessment/diagnosis.
- (b) Career development counseling.
- (c) Counseling individuals.
- (d) Counseling groups.
- (e) Counseling couples and families.
- (f) Developmental psychology (may be child, adolescent, adult or life span).
- (g) Abnormal psychology/psychopathology.
- (h) Research and evaluation.
- (i) Multicultural concerns.
- (j) Substance/chemical abuse.
- (k) Physiological psychology.
- (l) Organizational psychology.
- (m) Mental health consultation.
- (n) Developmentally disabled persons.
- (o) Abusive relationships.

(p) Chronically mentally ill.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-521, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.120. 89-14-071 (Order PM 841), § 308-210-050, filed 6/30/89. Statutory Authority: RCW 18.19.050. 88-11-025 (Order PM 730), § 308-210-050, filed 5/11/88.]

WAC 246-810-530 Mental health counselors—Professional experience requirement prior to examination for certification. (1) To meet the postgraduate professional experience and supervision requirements provided in RCW 18.19.120(1) an applicant with a master's or doctoral degree in mental health counseling or related field from a regionally accredited college or university must have accumulated:

(a) Twenty-four months of postgraduate professional experience as defined in WAC 308-210-010(3); and

(b) Postgraduate supervision as defined in WAC 308-210-010(2).

(2) To meet the postgraduate professional experience and supervision requirements provided in RCW 18.19.120(1) an applicant who has successfully completed at least thirty graduate semester hours or forty-five graduate quarter hours in the field of mental health counseling or the substantial equivalent in subject content as described in WAC 308-210-050(2) must have accumulated:

(a) Twenty-four months of professional experience as described in WAC 308-210-010(3), accumulated after obtaining a bachelor's degree and the required graduate hours; and

(b) Supervision as defined in WAC 308-210-010(2) which has been provided after obtaining a bachelor's degree and the required graduate hours.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-530, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.120. 89-14-071 (Order PM 841), § 308-210-045, filed 6/30/89.]

WAC 246-810-540 Examination for certified mental health counselors. (1) A written, multiple-choice certification examination on knowledge and application of mental health counseling will be administered at least once a year. Applications must be submitted at least ninety days prior to the examination date.

(2) Applicants who successfully complete and pass the National Board of Certified Counselors (NBCC) certification examination have met the examination requirement of RCW 18.19.120. Verification of successful completion and passage of the NBCC certification examination is to be provided directly to the department of licensing by the NBCC at the request of the applicant for Washington state certified mental health counselor.

(3) Applicants who successfully complete and pass the National Academy of Certified Clinical Mental Health Counselors (NACCMHC) certification examination have met the examination requirement of RCW 18.19.120. Verification of successful completion and passage of the NACCMHC certification examination is to be provided directly to the department of licensing by the NACCMHC at the request of the applicant for Washington state certified mental health counselor.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-540, filed 12/27/90, effective 1/31/91. Statutory Authority:

(1997 Ed.)

RCW 18.19.120. 89-14-071 (Order PM 841), § 308-210-040, filed 6/30/89. Statutory Authority: RCW 18.19.050. 88-11-025 (Order PM 730), § 308-210-040, filed 5/11/88.]

WAC 246-810-541 Applicants with graduate degree by January 26, 1989. Applicants who have completed a master's or doctoral degree program in mental health counseling or a related field from a regionally accredited college or university by January 26, 1989, may qualify for examination without the postgraduate professional experience or postgraduate supervision required by WAC 308-210-045.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-541, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.120. 89-14-071 (Order PM 841), § 308-210-046, filed 6/30/89.]

WAC 246-810-542 Examination waiver eligibility. In order to apply for certification without examination, an applicant must have submitted a written intent to become certified or have become registered by July 26, 1988. All education, experience, and supervision requirements must have been met by July 26, 1988.

(1) Graduate degree applicants.

(a) Graduate degree applicants must have a master's or doctoral degree in mental health counseling or in psychology, social work, nursing, education, or social sciences which includes the substantial equivalent in subject content to a graduate mental health counseling degree as defined in WAC 308-210-050; and

(b) Postgraduate professional experience and postgraduate supervision.

(2) Alternative training and experience equivalent applicants.

(a) Alternative training and experience equivalent applicants must have a minimum of a bachelor's degree in counseling, psychology, social work, nursing, education, or social sciences from a regionally accredited institution; and

(b) At least five years of documented experience employed in a mental health setting with two thousand hours of supervised face-to-face counseling; or

(c) A combination of supervised and unsupervised face-to-face counseling where two and one-half hours without supervision may be considered as replacement for one hour with supervision.

(3) Persons applying for certification as a mental health counselor during the initial certification period shall meet the requirement for supervised practice or shall be required to pass the certification examination.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-542, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.120. 89-14-071 (Order PM 841), § 308-210-030, filed 6/30/89. Statutory Authority: RCW 18.19.050. 88-11-025 (Order PM 730), § 308-210-030, filed 5/11/88.]

WAC 246-810-550 General provisions. (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Department" means the department of licensing, whose address is:

Department of Licensing
Professional Programs Management Division
P.O. Box 9012
Olympia, Washington 98504-8001

(5) "Mental health counselor" means a person certified pursuant to chapter 18.19 RCW.

(6) "Mentally or physically disabled mental health counselor" means a mental health counselor who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice mental health counseling with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-550, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-210-080, filed 6/30/89.]

WAC 246-810-560 Mandatory reporting. (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone number of the certified mental health counselor being reported.

(c) The case number of any client/patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-560, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-210-090, filed 6/30/89.]

WAC 246-810-561 Health care institutions. The chief administrator or executive officer or their designee of any hospital or nursing home or alcohol treatment agency as defined in chapters 70.96 and 70.96A RCW, drug treatment agency as defined in chapter 69.54 RCW, and public and private mental health treatment agencies as defined in RCW 71.05.020 (6) and (7), and 71.24.025(3), shall report to the

department when any certified mental health counselor's services are terminated or are restricted based upon a determination that the certified mental health counselor has committed an act which may constitute unprofessional conduct or that the certified mental health counselor may be unable to practice with reasonable skill or safety to clients by reason of any mental or physical condition.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-561, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-210-100, filed 6/30/89.]

WAC 246-810-562 Mental health counselor associations or societies. The president or chief executive officer of any mental health counselor association or society within this state shall report to the department when the association or society determines that a certified mental health counselor has committed unprofessional conduct or that a certified mental health counselor may not be able to practice mental health counseling with reasonable skill and safety to clients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the certificate holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-562, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-210-110, filed 6/30/89.]

WAC 246-810-563 Health care service contractors and disability insurance carriers. The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that a certified mental health counselor has engaged in fraud in billing for services.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-563, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-210-120, filed 6/30/89.]

WAC 246-810-564 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to certified mental health counselors shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured certified mental health counselor's incompetency or negligence in the practice of mental health counseling. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the mental health counselor's alleged incompetence or negligence in the practice of mental health counseling.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-564, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-210-130, filed 6/30/89.]

WAC 246-810-565 Courts. The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of certified mental health counselors, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-565, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-210-140, filed 6/30/89.]

WAC 246-810-566 State and federal agencies. The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a certified mental health counselor is employed to provide patient/client care services, to report to the department whenever such a certified mental health counselor has been judged to have demonstrated his/her incompetency or negligence in the practice of mental health counseling, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled certified mental health counselor. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-566, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-210-150, filed 6/30/89.]

WAC 246-810-570 Cooperation with investigation.

(1) A certificant must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the director of the department of licensing by submitting the requested items within fourteen calendar days of receipt of the request by either the certificant or their attorney, whichever is first. If the certificant fails to comply with the request within fourteen calendar days, the investigator will contact that individual or their attorney by telephone or letter as a reminder.

(2) Investigators may extend the time for response if the request for extension does not exceed seven calendar days. Any other requests for extension of time may be granted by the director or the director's designee.

(3) If the certificant fails to comply with the request within three business days after receiving the reminder, a subpoena will be served to obtain the requested items. A statement of charges may be issued pursuant to RCW 18.130.180(8) for failure to cooperate. If there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(4) If the certificant complies with the request after the issuance of the statement of charges, the director or the director's designee will decide if the charges will be prosecuted or settled. If the charges are to be settled the settlement proposal will be negotiated by the director's designee. Settlements are not considered final until the director signs the settlement agreement.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-570, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-210-160, filed 6/30/89.]

WAC 246-810-580 AIDS prevention and information education requirements. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for certification. Effective January 1, 1989 persons applying for certification shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4).

(3) 1989 Renewal of certificate. Effective for the 1989 renewal period beginning January 1, 1989 all persons making application for certification renewal shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4). Those persons who must renew during 1989 shall submit evidence of compliance with the education requirements of subsection (4) with their renewal application. Those persons who must renew during 1990 shall submit evidence of compliance with subsection (4) on or before December 31, 1989. Persons whose 1989 certificate expires on or before March 31, 1989 will, upon written application, be granted an extension to April 15, 1989, to meet the AIDS education requirement. Renewal applicants who have documented hardship that prevents obtaining the required education may petition for an extension.

(4) AIDS education and training.

(a) Acceptable education and training. The director will accept education and training that is consistent with the topical outline supported by the office on AIDS. Such education and training shall be a minimum of four clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) Implementation. Effective January 1, 1989, the requirement for certification, renewal, or reinstatement of any certificate on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of subsection (a).

(c) Documentation. The applicant shall:

(i) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;

(ii) Keep records for two years documenting attendance and description of the learning;

(iii) Be prepared to validate, through submission of these records, that attendance has taken place.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-580, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-210-200, filed 11/2/88.]

CERTIFIED SOCIAL WORKERS

WAC 246-810-720 Accredited programs. Accredited graduate school of social work as provided in RCW 18.19.110, means a program accredited by the council of social work education. Program equivalency includes:

- (1) Canadian graduate schools of social work that are approved by the Canadian council of social work; and
- (2) Foreign curriculum which meets the requirements of the foreign equivalency determining service of the council on social work education. Obtaining such equivalency approval is the applicant's responsibility.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-720, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88-11-078 (Order PM 727), § 308-230-010, filed 5/18/88.]

WAC 246-810-730 Supervision requirements. Three thousand two hundred hours of supervised social work practice is required.

- (1) Within that practice, ninety hours of formal meetings with the supervisor to discuss social work practice related issues shall occur.
- (2) Of the ninety hours, at least forty-five hours must be under the supervision of a person who is either a Washington state certified social worker, ACSW or social worker who can demonstrate equal qualifications to those required by the department. No more than forty-five hours may be under the supervision of a professional registered or licensed in the following categories: Psychiatrists, psychologists, psychiatric nurses, mental health counselors and marriage and family therapists; or a mental health professional from the above list who can demonstrate equal qualifications as required by the department.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-730, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88-11-078 (Order PM 727), § 308-230-040, filed 5/18/88.]

WAC 246-810-731 Education and supervision equivalency. Anyone with current Academy of Certified Social Workers (ACSW) status and proof of forty-five hours of master of social work supervision as provided in WAC 308-230-040(2) is considered to have met the education and supervision requirements for Washington state certification. Documentation of ACSW status for Washington state residents must be verified from the National Association of Social Workers (NASW). Verification must be sent directly to the department of licensing from the national office of NASW or any state chapter office of NASW.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-731, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88-11-078 (Order PM 727), § 308-230-030, filed 5/18/88.]

WAC 246-810-740 Examination required. The American Association of State Social Work Board's level C examination is approved for use as the state examination for certification of social workers.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-740, filed 12/27/90, effective 1/31/91. Statutory Authority:

RCW 18.19.050. 88-11-078 (Order PM 727), § 308-230-020, filed 5/18/88.]

WAC 246-810-741 Certification of persons credentialed out-of-state. Substantially equal, as referenced in RCW 18.19.160 means having the same qualifications as required by Washington state statute and rules. Certification of persons credentialed out-of-state through grandfathering provisions whereby proof of education, supervised practice experience, and/or examination was not required, is not considered substantially equal.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-741, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88-11-078 (Order PM 727), § 308-230-050, filed 5/18/88.]

WAC 246-810-750 General provisions. (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

- (2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.
- (3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.
- (4) "Department" means the department of licensing, whose address is:

Department of Licensing
Professional Programs Management Division
P.O. Box 9012
Olympia, Washington 98504-8001

(5) "Social worker" means a person licensed pursuant to chapter 18.19 RCW.

(6) "Mentally or physically disabled social worker" means a social worker who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice social work with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-750, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-230-060, filed 6/30/89.]

WAC 246-810-760 Mandatory reporting. (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

- (a) The name, address, and telephone number of the person making the report.
- (b) The name and address and telephone numbers of the certified social worker being reported.
- (c) The case number of any patient/client whose treatment is a subject of the report.
- (d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-760, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-230-070, filed 6/30/89.]

WAC 246-810-761 Health care institutions. The chief administrator or executive officer or their designee of any hospital or nursing home or alcohol treatment agency as defined in chapters 70.96 and 70.96A RCW, drug treatment agency as defined in chapter 69.54 RCW, and public and private mental health treatment agencies as defined in RCW 71.05.020 (6) and (7), and 71.24.025(3), shall report to the department when any certified social worker's services are terminated or are restricted based upon a determination that the certified social worker has committed an act which may constitute unprofessional conduct or that the social worker may be unable to practice with reasonable skill or safety to clients by reason of a mental or physical condition.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-761, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-230-080, filed 6/30/89.]

WAC 246-810-762 Social worker associations or societies. The president or chief executive officer of any social worker association or society within this state shall report to the department when the association or society determines that a certified social worker has committed unprofessional conduct or that a certified social worker may not be able to practice social work with reasonable skill and safety to clients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the certificate holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-762, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-230-090, filed 6/30/89.]

WAC 246-810-763 Health care service contractors and disability insurance carriers. The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that a certified social worker has engaged in fraud in billing for services.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-763, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-230-100, filed 6/30/89.]

WAC 246-810-764 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to certified social workers shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured certified social worker's incompetency or negligence in the practice of social work. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the social worker's alleged incompetence or negligence.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-764, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-230-110, filed 6/30/89.]

WAC 246-810-765 Courts. The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of certified social workers, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-765, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-230-120, filed 6/30/89.]

WAC 246-810-766 State and federal agencies. The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a certified social worker is employed to provide client care services, to report to the department whenever such a certified social worker has been judged to have demonstrated his/her incompetency or negligence in the practice of social work, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled certified social worker. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-766, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-230-130, filed 6/30/89.]

WAC 246-810-770 Cooperation with investigation.
(1) A licensee must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the director of the department of licensing by submitting the requested items within fourteen calendar days of receipt of the request by either the licensee or their attorney, whichever is first. If the licensee fails to comply with the request within fourteen calendar days, the investigator will contact that individual or their attorney by telephone or letter as a reminder.

(2) Investigators may extend the time for response if the request for extension does not exceed seven calendar days. Any other requests for extension of time may be granted by the director or the director's designee.

(3) If the licensee fails to comply with the request within three business days after receiving the reminder, a subpoena will be served to obtain the requested items. A statement of charges may be issued pursuant to RCW 18.130.180(8) for failure to cooperate. If there is sufficient

evidence to support additional charges, those charges may be included in the statement of charges.

(4) If the licensee complies with the request after the issuance of the statement of charges, the director or the director's designee will decide if the charges will be prosecuted or settled. If the charges are to be settled the settlement proposal will be negotiated by the director's designee. Settlements are not considered final until the director signs the settlement agreement.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-770, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-230-140, filed 6/30/89.]

WAC 246-810-780 AIDS prevention and information education requirements. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for certification. Effective January 1, 1989 persons applying for certification shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4).

(3) 1989 Renewal of certificate. Effective for the 1989 renewal period beginning January 1, 1989 all persons making application for certification renewal shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4). Those persons who must renew during 1989 shall submit evidence of compliance with the education requirements of subsection (4) with their renewal application. Those persons who must renew during 1990 shall submit evidence of compliance with subsection (4) on or before December 31, 1989. Persons whose 1989 certificate expires on or before March 31, 1989 will, upon written application, be granted an extension to April 15, 1989, to meet the AIDS education requirement. Renewal applicants who have documented hardship that prevents obtaining the required education may petition for an extension.

(4) AIDS education and training.

(a) Acceptable education and training. The director will accept education and training that is consistent with the topical outline supported by the office on AIDS. Such education and training shall be a minimum of four clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) Implementation. Effective January 1, 1989, the requirement for certification, renewal, or reinstatement of any certificate on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of subsection (a).

(c) Documentation. The applicant shall:

(i) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;

(ii) Keep records for two years documenting attendance and description of the learning;

(iii) Be prepared to validate, through submission of these records, that attendance has taken place.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-780, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-230-200, filed 11/2/88.]

FEEES

WAC 246-810-990 Fees. The following fees shall be charged by the professional licensing services division of the department of health:

Title	Fee
Registered counselor:	
Application and registration	\$ 40.00
Renewal	37.00
Late renewal penalty	37.00
Duplicate registration	15.00
Certification/verification	15.00
Registered hypnotherapist:	
Application and registration	95.00
Renewal	130.00
Late renewal penalty	65.00
Duplicate registration	15.00
Certification/verification	15.00
Certified marriage and family therapist:	
Application	100.00
Initial certification	125.00
Written examination	250.00
Retake examination—Written	250.00
Renewal	200.00
Late renewal penalty	100.00
Duplicate certification	15.00
Certification/verification	15.00
Wall certificate	15.00
Certified mental health counselor:	
Application	75.00
Initial certification	60.00
Renewal	65.00
Late renewal penalty	50.00
Duplicate certification	15.00
Certification/verification	15.00
Wall certificate	15.00
Certified social worker:	
Application	50.00
Initial certification	50.00
Renewal	65.00
Late renewal penalty	50.00
Duplicate certification	15.00
Certification/verification	15.00
Wall certificate	15.00

[Statutory Authority: Chapter 18.19 RCW. 96-08-069, § 246-810-990, filed 4/3/96, effective 5/4/96. Statutory Authority: RCW 43.70.250. 93-14-011, § 246-810-990, filed 6/24/93, effective 7/25/93. Statutory Authority: RCW

43.70.040, 91-02-049 (Order 121), recodified as § 246-810-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250, 90-18-039 (Order 084), § 308-190-010, filed 8/29/90, effective 9/29/90; 90-04-094 (Order 029), § 308-190-010, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43.24.086, 87-18-033 (Order PM 669), § 308-190-010, filed 8/27/87.]

Chapter 246-812 WAC BOARD OF DENTURE TECHNOLOGY

WAC

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- 246-812-990 Denturist fees.

DENTURISTS

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.]

LICENSURE—APPLICATION AND ELIGIBILITY REQUIREMENTS

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.]

PRACTICE STANDARDS

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 denturist shall always be free to accept or reject a particular patient, bearing in mind that whenever possible a denturist 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 denturist licensed under the provisions of chapter 18.30 RCW, or fabricated pursuant to the denturist's work order or under the denturist'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 denturist fabricating the denture. If, in the professional judgment of the denturist, 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 denturist has committed unprofessional conduct or that a denturist 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 dentist 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 dentists 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 dentistry. 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 dentistry 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 dentists, 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 dentistry, 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.]

INFECTION CONTROL

WAC 246-812-501 Purpose. The purpose of WAC 246-812-501 through 246-812-520 is to establish requirements for infection control in dentist offices to protect the health and well-being of the people of the state of Washington. For purposes of infection control, all dentist 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 dentist and staff, dentist 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 246-812-620 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 dentist staff who directly provide dentist 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 dentist and staff to patients, from patient to patient and from patient to dentist 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 dentist and direct care staff during treatment which involves intraoral procedures or contact with items potentially contaminated with the patient's bodily fluids. Fresh gloves shall be used for every intraoral patient contact. Gloves shall not be washed or reused for any purpose. The same pair of gloves shall not be used, removed, and reused for the same patient at the same visit or for any other purpose. Gloves that have been used for dentist treatment shall not be reused for any nondentist purpose.

(b) Masks shall be worn by the dentist 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 dentist 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 dentist 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 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) 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.]

SUBSTANCE ABUSE MONITORING

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 dentists 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 denturism 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 denturism 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.]

FEES

WAC 246-812-990 Denturist 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.
246-815-030	Education requirements for licensure applicants.
246-815-031	Dental hygiene expanded functions education requirement for licensure implementation.
246-815-040	AIDS prevention and information education requirements.
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246-815-110	Application procedures for approval of dental hygiene expanded functions education programs.
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246-815-120	Standards required for approval of dental hygiene expanded functions education programs.
246-815-130	Curriculum requirements for expanded functions dental hygiene education programs approval.
246-815-140	Continuing education for dental hygienists.
246-815-150	Renewal of licenses.
246-815-160	Standards of dental hygiene conduct or practice.
246-815-170	General provisions.
246-815-180	Mandatory reporting.
246-815-190	Health care institutions.
246-815-200	Dental hygienist associations or societies.
246-815-210	Health care service contractors and disability insurance carriers.
246-815-220	Professional liability carriers.
246-815-230	Courts.
246-815-240	State and federal agencies.
246-815-250	Cooperation with investigation.
246-815-300	Reinstatement of a dental hygiene expired license.
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 246-815-030 Education requirements for licensure applicants. (1) To be eligible for dental hygiene licensure, the applicant must have successfully completed a dental hygiene education program approved by the secretary of the department of health. The secretary adopts those standards of the American Dental Association Commission on Dental Accreditation relevant to the accreditation of dental hygiene schools, in effect in January, 1993. In implementing the adopted standards, the secretary approves those dental hygiene education programs which were accredited by the commission as of January 1993. *Provided*, That the accredited education program's curriculum includes:

- (a) Didactic and clinical competency in the administration of injections of local anesthetic;
- (b) Didactic and clinical competency in the administration of nitrous oxide analgesia;
- (c) Didactic and clinical competency in the placement of restorations into cavities prepared by a dentist; and
- (d) Didactic and clinical competency in the carving, contouring, and adjusting contacts and occlusions of restorations.

(2) Dental hygiene education programs approved by the secretary of the department of health pursuant to the American Dental Association Commission on Dental Accreditation standards in effect in January, 1993, whose curriculum does not include the didactic and clinical competency enumerated in (1)(a)-(d) above will be accepted if the applicant has successfully completed an expanded functions education program(s) approved pursuant to WAC 246-815-110, 246-815-120, and 246-815-130.

(3) A form will be provided in the department of health licensure application packages for the purpose of education verification.

[Statutory Authority: RCW 18.29.130, 94-05-053, § 246-815-030, filed 2/10/94 effective 3/13/94; 92-02-018 (Order 224), § 246-815-030, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-815-030, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 18.29 RCW, RCW 18.29.021, [18.29.]045 and [18.29.]130, 90-23-011 (Order 098), § 308-25-013, filed 11/13/90, effective 12/14/90.]

WAC 246-815-031 Dental hygiene expanded functions education requirement for licensure implementation. The dental hygiene education requirement for licensure regarding the didactic and clinical competency of the expanded functions referenced in WAC 246-815-030 (1)(a)-(d), (2) and (3) shall become effective February 1, 1993.

[Statutory Authority: RCW 18.29.130(6), 92-03-006 (Order 232), § 246-815-031, filed 1/3/92, effective 2/3/92; 91-11-065 (Order 172), § 246-815-031, filed 5/16/91, effective 6/16/91.]

WAC 246-815-040 AIDS prevention and information education requirements. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of health or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for licensure. Effective January 1, 1989 persons applying for licensure shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (3) of this section.

(3) AIDS education and training.

(a) Acceptable education and training. The secretary will accept education and training that is consistent with the topical outline supported by the office on AIDS. Such education and training shall be a minimum of seven clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) The requirements for licensure, renewal, or reinstatement of any license on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of (a) of this subsection.

(c) Documentation. The applicant shall:

- (i) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;
- (ii) Keep records for two years documenting attendance and description of the learning;
- (iii) Be prepared to validate, through submission of these records, that attendance has taken place.

[Statutory Authority: RCW 18.29.130 and 70.24.270, 92-02-018 (Order 224), § 246-815-040, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-815-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270, 88-22-077 (Order PM 786), § 308-25-300, filed 11/2/88.]

WAC 246-815-050 Examination. (1) The dental hygiene examination will consist of both written and practical tests 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 246-815-080 Written examination review procedures.

(1) Any candidate who takes the written examination phase of the dental hygiene examination and does not pass may request informal review by the examining committee of his or her examination results. The request for an informal review must be in writing, a form will be provided with the examination results, and must be received by the department within twenty days of the postmark date of notification of the examination results. The examining committee will not set aside its prior determination unless the candidate shows, by a preponderance of evidence, significant error in examination content or procedure, bias, fraud or discrimination in the examination process.

(2) The procedure for filing an informal review is as follows:

(a) The request for an informal review must be in writing, a form will be provided with the examination results, and must be received by the department within twenty days of the postmark date of notification of the examination results. The department of health office will schedule in Olympia an appointment for the candidate to appear personally to review the questions missed and the

answers selected by the candidate on the failed written portion of the examination.

(b) The candidate will be provided a form at the scheduled personal review in Olympia to request an informal review by the committee. On that form, the candidate must specifically identify the challenged portion(s) of the examination and must state the specific reason or reasons why the candidate believes the results of the examination should be changed.

(c) The candidate will be identified only by candidate number for the purpose of this review. Letters of reference or requests for special consideration will not be read or considered by the examining committee.

(d) The candidate may not bring in notes, texts, or other individuals except for an attorney, while completing the informal review form.

(e) The candidate will not be allowed to take any notes or materials from the office upon leaving.

(f) The examining committee will schedule a closed session meeting to review the examination, score sheets and the form completed by the candidate. Candidates are not permitted to attend.

(g) The candidate will be notified in writing of the results of the informal review.

(3) Any candidate who is not satisfied with the result of the informal examination review may submit a written request for a formal hearing to be held before an administrative law judge. The hearing will be conducted under the Administrative Procedure Act, chapter 34.05 RCW and the rules adopted thereunder. The written request for a formal hearing must be received by the department of health within twenty days of the postmark date of the notification of the results of the informal review. The written request must specifically identify the challenged portion(s) of the examination and must state the specific reason(s) why the candidate believes the results of the examination should be changed. The final decision shall be made by the secretary of the department of health. The secretary will not modify the examination results unless the candidate shows, by a preponderance of evidence, significant error in examination content or procedure, bias, fraud or discrimination in the examination process.

(4) Before the hearing is scheduled the parties shall attempt by informal means to resolve the following:

(a) The simplification of issues;

(b) Amendments, if any, to the candidate's notice identifying the challenged portion(s) of the examination and the statement of the specific reason(s) why the candidate believes the results of the examination should be changed;

(c) The obtaining of stipulations, admission of facts and documents;

(d) The limitation of the number of witnesses;

(e) A schedule for completion of all discovery; and,

(f) Such other matters as may aid in the disposition of the proceeding.

If the parties are unable to resolve any of these issues informally, either party shall request a prehearing conference to be held before the administrative law judge.

(5) In the event there is a prehearing conference, the administrative law judge shall enter an order which sets forth the actions taken at the conference, the amendments to the candidate's notice and the agreements reached by the parties

as to any of the matters considered, including but not limited to the settlement or simplification of issues. The prehearing order limits the issues for hearing to those not disposed of by admissions or agreements. Such order shall control the subsequent course of the proceeding unless modified for good cause by subsequent prehearing order.

(6) Candidates will receive at least seven days notice of the time and place of the formal hearing. The hearing will be restricted to the specific portion(s) of the examination the candidate has identified as the basis for his or her challenge of the examination results unless amended by a prehearing order. The issues raised by the candidate at the formal hearing shall be limited to those issues raised by the candidate for consideration at the informal review unless amended by a prehearing order.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.29.120(5). 90-12-068 (Order 064), § 308-25-037, filed 6/1/90, effective 7/2/90.]

WAC 246-815-090 Practical examination review procedures. (1) Any candidate who takes the practical examination for licensure as a dental hygienist and does not pass may request informal review by the examining committee of his or her examination results. This request must be in writing and must be received by the department within twenty days of the postmark date of the mailing of the practical examination score sheets. The examining committee will not set aside its prior determination unless the candidate shows, by a preponderance of evidence, significant error in examination procedure, bias, fraud or discrimination in the examination process.

(2) The procedure for filing an informal review is as follows:

(a) Request, on the form provided with the examination results, a copy of the score sheets on the failed practical portion of the examination. This request must be in writing and must be received by the department within fifteen days of the postmark date of notification of the examination results.

(b) The candidate will be provided along with the copies of the failed grade sheets a form to complete on which the candidate must specifically identify the challenged portion(s) of the examination and must state the specific reason(s) why the candidate believes the results of the examination should be changed. Such form must be returned to the department within twenty days of the postmark date of the mailing of the practical examination score sheets.

(c) The candidate will be identified only by candidate number for the purpose of this review. Letters of reference, requests for special consideration, or any reexamination of the patient will not be considered by the examining committee. Patient difficulty will not be considered by the examining committee if the patient category selected by the candidate was accepted for the examination.

(d) The examining committee will schedule a closed session meeting to review the examination, score sheets, and form completed by the candidate for the purpose of informal review. Candidates are not permitted to attend.

(e) The candidate will be notified in writing of the results.

(3) Any candidate who is not satisfied with the result of the informal examination review may submit a written request for a formal hearing to be held before an administrative law judge. The hearing will be conducted under the Administrative Procedure Act, chapter 34.05 RCW and the rules adopted thereunder. The written request for a formal hearing must be received by the department of health within twenty days of the postmark date of the notification of the results of the informal review. The written request must specifically identify the challenged portion(s) of the examination and must state the specific reason(s) why the candidate believes the results of the examination should be changed. The final decision shall be made by the secretary of the department of health. The secretary will not modify the examination results unless the candidate shows, by a preponderance of evidence, significant error in examination procedure, bias, fraud or discrimination in the examination process.

(4) Before the hearing is scheduled the parties shall attempt by informal means to resolve the following:

(a) The simplification of issues;

(b) Amendments, if any, to the candidate's notice identifying the challenged portion(s) of the examination and the statement of the specific reason(s) why the candidate believes the results of the examination should be changed;

(c) The obtaining of stipulations, admission of facts, and documents;

(d) The limitation of the number of witnesses;

(e) A schedule for completion of all discovery; and

(f) Such other matters as may aid in the disposition of the proceeding.

If the parties are unable to resolve any of these issues informally, either party shall request a prehearing conference to be held before the administrative law judge.

(5) In the event there is a prehearing conference, the administrative law judge shall enter an order which sets forth the actions taken at the conference, the amendments to the candidate's notice and the agreements reached by the parties as to any of the matters considered, including but not limited to the settlement or simplification of issues. The prehearing order limits the issues for hearing to those not disposed of by admissions or agreements. Such order shall control the subsequent course of the proceeding unless modified for good cause by subsequent prehearing order.

(6) Candidates will receive at least seven days notice of the time and place of the formal hearing. The hearing will be restricted to the specific portion(s) of the examination the candidate has identified as the basis for his or her challenge of the examination results unless amended by a prehearing order. The issues raised by the candidate at the formal hearing shall be limited to those issues raised by the candidate of consideration at the informal review unless amended by a prehearing order. Letters of reference, requests for special consideration or any reexamination of the patient will not be considered.

[Statutory Authority: RCW 18.29.120(5). 92-15-033 (Order 284), § 246-815-090, filed 7/7/92, effective 8/7/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.29.120(5). 90-12-068 (Order 064), § 308-25-038, filed 6/1/90, effective 7/2/90.]

WAC 246-815-100 Licensure by interstate endorsement of credentials. A license to practice as a dental hygienist in Washington may be issued pursuant to RCW 18.29.045 provided the applicant meets the following requirements:

(1) The applicant has successfully completed a dental hygiene education program which is approved by the secretary of the department of health pursuant to WAC 246-815-030.

(2) The applicant has been issued a valid, current, 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 dentofoms. 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 246-815-110 Application procedures for approval of dental hygiene expanded functions education programs. (1) The representative of the education program must complete the required application materials and pay the required nonrefundable fee.

(2) Applications for approval of dental hygiene expanded functions education programs are available from the department of health, professional licensing services, dental hygiene program.

(3) The application shall include but is not limited to a self study guide which reflects WAC 246-815-120 and 246-815-130.

(4) The application may include a site visit and evaluation at the discretion of the secretary of the department of health.

(5) An approved dental hygiene expanded function education program shall report in writing all modifications of the approved program to the department of health and shall be required to pay the nonrefundable evaluation fee if the secretary of the department determines that the modification(s) substantially affects an area included in WAC 246-815-120.

(6) An approved dental hygiene expanded function education program shall apply for evaluation sixty days prior to the month and day of the initial approval date every four years and shall pay the required nonrefundable evaluation fee. *Provided*, That the approved dental hygiene expanded function education program has not been required to be evaluated due to modifications within one year prior to the required four year evaluation date.

[Statutory Authority: RCW 18.29.130. 92-02-018 (Order 224), § 246-815-110, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-110, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 18.29 RCW, RCW 18.29.021, [18.29.]045 and [18.29.]130. 90-23-011 (Order 098), § 308-25-072, filed 11/13/90, effective 12/14/90.]

WAC 246-815-115 Exception application procedures for approval of dental hygiene expanded functions education programs. (1) This section applies only to dental hygiene programs:

(a) Currently accredited by the American Dental Association Commission on Dental Accreditation; and

(b) With accredited program curriculum that includes the administration of local anesthetic, administration of nitrous oxide analgesia and restorative dentistry.

(2) A program representative may apply for approval of a dental hygiene expanded function(s) education program by submitting to the department:

(a) An application on forms available from the department of health, professional licensing services, dental hygiene program, Olympia, Washington.

(b) The current and the proposed expanded function course outlines and syllabuses, and:

(i) An identification of the differences between the current and proposed courses;

(ii) Documentation of the differences between the current and proposed courses.

(3) The program representative shall not submit a self study guide or an application fee.

(4) The department may, at the secretary's discretion, conduct a site visit and evaluation.

(5) The representative of an approved expanded function education program shall:

(a) Report all modifications of the approved program to the department in writing; and

(b) Apply for evaluation every four years, sixty days prior to the month and day of the initial approval date. Provided, that the program has not been evaluated due to modifications within the year previous to the required evaluation date.

[Statutory Authority: RCW 18.29.130(6) and 18.29.021 (1)(a). 92-03-126 (Order 236), § 246-815-115, filed 1/21/92, effective 2/21/92.]

WAC 246-815-120 Standards required for approval of dental hygiene expanded functions education programs. The standards for approval by the secretary of the department of health of dental hygiene expanded functions education programs shall include:

(1) Administration. Administrative structure must insure the attainment of program goals. Administration must include formal provisions for program planning, development, staffing, direction, coordination and evaluation.

(2) Curriculum. The curriculum must be defined in terms of program goals, general and specific instructional objectives, learning experiences designed to achieve goals and objectives and evaluation procedures to assess attainment of goals and objectives.

(a) Instructional objectives shall be defined in the cognitive, psychomotor and affective domains which are consistent with and contributory to the attainment of program goals.

(b) Written documentation of all aspects of the curriculum, including comprehensive course outlines, must be prepared by the faculty.

(c) There must be mechanisms for ongoing curriculum evaluation, revision and implementation.

(3) Admissions. Admission of dental hygiene students must be based upon specific written criteria, procedures and policies.

(a) The program administrator and faculty, in cooperation with appropriate college personnel, shall establish admission criteria procedures and policies that will be followed in accepting students.

(b) Civil rights and nondiscriminatory policies must be observed in admitting students.

(4) Faculty. The program shall be staffed by faculty who are well qualified in curricular subject matter, dental hygiene functions and educational methodology.

(5) Facilities. Physical facilities and equipment must be adequate to permit achievement of dental hygiene program objectives. Facilities shall effectively accommodate the number of students, faculty and staff and include appropriate provisions for safety.

(6) Learning resources. A wide range of printed materials and instructional aids and equipment shall be available for utilization by students and faculty.

(7) Students. Policies and procedures to protect and serve students must be established and implemented.

(a) Ethical standards and policies to protect the students as consumers and avenues for appeal and due process must be provided.

(b) Student records should accurately reflect work accomplished in the program and be maintained in a secure manner.

(8) Assess outcomes. The program must regularly evaluate the degree to which its goals are being met through a formal assessment of outcomes. Approved programs must design and implement their own outcome measures to determine the degree to which their stated goals and objectives are met.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-120, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 18.29 RCW, RCW 18.29.021, [18.29.]045 and [18.29.]130. 90-23-011 (Order 098), § 308-25-073, filed 11/13/90, effective 12/14/90.]

WAC 246-815-130 Curriculum requirements for expanded functions dental hygiene education programs approval. (1) Curriculum for expanded function dental hygiene education programs approved by the secretary of the department of health shall include:

(a) Instruction in the administration of injections of a local anesthetic.

(i) The basic curriculum shall require didactic and clinical competency.

(ii) Demonstration of clinical proficiency in each of the following functions:

Infiltration: ASA, MSA, Nasopalatine, greater palatine.

Block: Long buccal, mental, inferior alveolar and PSA.

(b) Instruction in the administration of nitrous oxide analgesia. The basic curriculum shall require didactic and clinical competency.

(c) Instruction in restorative dentistry and specifically how to place restorations into a cavity prepared by the dentist and thereafter carve, contour, and adjust contacts and occlusion of the restoration. The basic curriculum shall require didactic and clinical competency.

(2) Representatives of expanded function dental hygiene education programs may apply for approval of one or more

of (1)(a)-(c) above. Approval of the specific expanded function(s) will be based on the applicable curriculum listed in (1)(a)-(c) above.

(3) It shall be the responsibility of the approved expanded functions education program to evaluate the students curriculum needs on an individual basis for successful completion of their approved program.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-130, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 18.29 RCW, RCW 18.29.021, [18.29.]045 and [18.29.]130. 90-23-011 (Order 098), § 308-25-074, filed 11/13/90, effective 12/14/90.]

WAC 246-815-140 Continuing education for dental hygienists. (1) Purposes. The secretary of the department of health in consultation with the dental hygiene examining committee has determined that the public health, safety and welfare will be served by requiring all holders of dental hygiene licenses granted under chapter 18.29 RCW to continue their education after receiving such licenses.

(2) Implementation. Notification of the continuing education requirements will be provided to licensees with renewal notices beginning January 1, 1991. Effective January 1, 1992, renewal of any current license or reinstatement of any license on lapsed or disciplinary status shall require evidence of completion of continuing education which meets the requirements of subsection[s] (3) & (4).

(3) Requirements. All dental hygiene licensees shall acquire 15 clock hours of continuing education, which shall include a non-expired CPR card, in each year prior to their license renewal date. One clock hour is defined as sixty minutes.

(4) Acceptable continuing education. Continuing education must be dental related education for professional development as a dental hygienist. The 15 clock hours shall be obtained through continuing education courses, correspondence courses, college credit courses, dental hygiene examination standardization/calibration workshops and dental hygiene examination item writer workshops.

(5) Documentation. The licensee shall:

(a) Certify on forms provided, that the minimum continuing education has been completed in the year prior to their renewal date.

(b) Keep records for two years documenting attendance or completion and description of the information addressed in the course.

(c) Be prepared to validate, through submission of the records in (5)(b), attendance or completion of the requisite number of clock hours.

(6) The department of health may conduct random compliance audits of continuing education records. If the department determines that the licensee has not obtained continuing education as defined in (3) and (4) above, then the license renewal or reinstatement may be denied pursuant to RCW 18.130.180.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-140, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 18.29 RCW, RCW 18.29.021, [18.29.]045 and [18.29.]130. 90-23-011 (Order 098), § 308-25-180, filed 11/13/90, effective 12/14/90.]

WAC 246-815-150 Renewal of licenses. The annual license renewal date for the licensed dental hygienists is hereby changed to coincide with the licensee's birthdate.

(1997 Ed.)

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.24.020 and 43.24.024. 82-06-043 (Order 672), § 308-25-050, filed 3/2/82.]

WAC 246-815-160 Standards of dental hygiene conduct or practice. The purpose of defining standards of dental hygiene conduct or practice is to identify minimum responsibilities of the registered dental hygienist licensed in Washington in health care settings and as provided in the Dental Hygiene Practice Act, chapter 18.29 RCW, and the Uniform Disciplinary Act, chapter 18.130 RCW. The standards provide consumers with information about quality care and provides the secretary guidelines to evaluate safe and effective care. Upon entering the practice of dental hygiene, each individual assumes the responsibility, public trust, and a corresponding obligation to adhere to the standards of dental hygiene practice.

(1) Dental hygiene provision of care.

The dental hygienist shall:

(a) Accurately and systematically collect, permanently record, and update data on the general and oral health status of the client.

(b) Communicate collected data to the appropriate health care professional.

(c) Take into consideration the dental hygiene assessment, the client treatment goals, appropriate sequencing of procedures, and currently accepted scientific knowledge in developing a dental hygiene plan.

(i) The dental hygiene plan shall include preventative and therapeutic care to promote and maintain the clients' oral health.

(ii) Where appropriate, the dental hygiene plan shall be compatible with the treatment plan of other licensed health care professionals.

(d) Communicate the dental hygiene plan to the client and/or legal guardian.

The client and/or legal guardian or where appropriate other health care professionals are to be informed of the progress and results of dental hygiene care and clients' self-care.

(e) Continually re-evaluate client progress related to the attainment of their oral health goals. Implement additional dental hygiene treatment and client self-care as appropriate.

(2) Professional responsibilities.

The licensed dental hygienist shall have knowledge of the statutes and regulations governing dental hygiene practice and shall function within the legal scope of dental hygiene practice.

[Statutory Authority: RCW 18.29.130, 18.29.076 and 18.130.050. 92-02-018 (Order 224), § 246-815-160, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.29.076 and 18.130.050(12). 89-16-096 (Order PM 858), § 308-25-170, filed 8/2/89, effective 9/2/89.]

WAC 246-815-170 General provisions. (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

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(4) "Department" means the department of health.

(5) "Dental hygienist" means a person licensed pursuant to chapter 18.29 RCW.

(6) "Mentally or physically disabled dental hygienist" means a dental hygienist who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice dental hygiene with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

[Statutory Authority: RCW 18.29.130 and 18.130.070. 92-02-018 (Order 224), § 246-815-170, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-25-080, filed 6/30/89.]

WAC 246-815-180 Mandatory reporting. (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the dental hygienist being reported.

(c) The case number of any client whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-180, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-25-090, filed 6/30/89.]

WAC 246-815-190 Health care institutions. The chief administrator or executive officer or their designee of any hospital or nursing home shall report to the department when any dental hygienist's services are terminated or are restricted based on a determination that the dental hygienist has either committed an act or acts which may constitute unprofessional conduct or that the dental hygienist may be unable to practice with reasonable skill or safety to the client by reason of a mental or physical condition.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-190, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-25-100, filed 6/30/89.]

WAC 246-815-200 Dental hygienist associations or societies. The president or chief executive officer of any dental hygienist association or society within this state shall report to the department when an association or society determines that a dental hygienist has committed unprofessional conduct or that a dental hygienist may not be able to practice dental hygiene with reasonable skill and safety to clients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the license holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-200, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-25-110, filed 6/30/89.]

WAC 246-815-210 Health care service contractors and disability insurance carriers. The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that a dental hygienist has engaged in fraud in billing for services.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-210, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-25-120, filed 6/30/89.]

WAC 246-815-220 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to dental hygienists shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured dental hygienist's incompetency or negligence in the practice of dental hygiene. Such organization or institution shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the dental hygienist's alleged incompetence or negligence in the practice of dental hygiene.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-220, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-25-130, filed 6/30/89.]

WAC 246-815-230 Courts. The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of licensed dental hygienists, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-230, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-25-140, filed 6/30/89.]

WAC 246-815-240 State and federal agencies. The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a dental hygienist is employed to provide client care services, to report to the department

whenever such a dental hygienist has been judged to have demonstrated his/her incompetency or negligence in the practice of dental hygiene, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled dental hygienist. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-240, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-25-150, filed 6/30/89.]

WAC 246-815-250 Cooperation with investigation.

(1) A licensee must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the secretary of the department of health by submitting the requested items within fourteen calendar days of receipt of the request by either the licensee or their attorney, whichever is first. If the licensee fails to comply with the request within fourteen calendar days, the investigator will contact that individual or their attorney by telephone or letter as a reminder.

(2) Investigators may extend the time for response if the request for extension does not exceed seven calendar days. Any other requests for extension of time may be granted by the secretary or the secretary's designee.

(3) If the licensee fails to comply with the request within three business days after receiving the reminder, a subpoena will be served to obtain the requested items. A statement of charges may be issued pursuant to RCW 18.130.180(8) for failure to cooperate. If there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(4) If the licensee complies with the request after the issuance of the statement of charges, the secretary or the secretary's designee will decide if the charges will be prosecuted or settled. If the charges are to be settled the settlement proposal will be negotiated by the secretary's designee. Settlements are not considered final until the secretary signs the settlement agreement.

[Statutory Authority: RCW 18.29.130 and 18.130.070. 92-02-018 (Order 224), § 246-815-250, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-250, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-25-160, filed 6/30/89.]

WAC 246-815-300 Reinstatement of a dental hygiene expired license. Reinstatement of an expired dental hygiene license shall require:

(1) The filing of an application for reinstatement.

(2) The payment of the current renewal fee and late penalty fee.

(3) The total delinquent qualifying continuing education for the most recent two years the license was expired and shall be verified by affidavit at the specific rate for the applicable years.

[Statutory Authority: RCW 18.29.071. 94-04-005, § 246-815-300, filed 1/20/94, effective 2/20/94.]

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 246-817 WAC

DENTAL QUALITY ASSURANCE COMMISSION (Formerly chapters 246-816 and 246-818 WAC)

WAC

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DENTISTS

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.]

LICENSURE—APPLICATION AND ELIGIBILITY REQUIREMENTS

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 responsibility 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 dentist 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.

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[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.]

GENERAL PRACTICE REQUIREMENTS AND PROHIBITIONS

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.]

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.]

DELEGATIONS OF DUTIES TO PERSONS NOT LICENSED AS DENTISTS

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.]

INFECTION CONTROL

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, prophylaxis angles and nose cone sleeves.
- (ii) High speed handpieces.
- (iii) Hand instruments.
- (iv) Burs.
- (v) Endodontic instruments.
- (vi) Air-water syringe tips.
- (vii) High volume evacuator tips.
- (viii) Surgical instruments.
- (ix) Sonic or ultrasonic periodontal scalers and tips.
- (x) Surgical handpieces.

(c) Gross debris shall be removed from items prior to sterilization. Ultrasonic cleaning shall be used whenever possible.

(d) Nondisposable items used in patient care which cannot be autoclaved, dry heat, unsaturated formaldehyde/alcohol vapor (such as MDT Chemiclave ®) or ethylene oxide sterilized shall be immersed in a chemical sterilant. If such a technique is used, the solution shall be approved by the Environmental Protection Agency and used in accordance with the manufacturer's directions for sterilization.

(e) Items such as impressions contaminated with blood or saliva shall be thoroughly rinsed, placed in and transported to the dental laboratory in an appropriate 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, prophylaxis cups, prophylaxis 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.]

ADMINISTRATION OF ANESTHETIC AGENTS FOR DENTAL PROCEDURES

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.]

(1997 Ed.)

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.]

SUBSTANCE ABUSE MONITORING PROGRAMS

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

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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
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Certification	25.00
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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 246-822 WAC DIETITIANS OR NUTRITIONISTS

WAC	
246-822-010	Definitions.
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246-822-110	AIDS prevention and information education requirements.
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246-822-990	Dietitian and nutritionist fees.

WAC 246-822-010 Definitions. (1) "Accredited college or university" means a college or university accredited by a national or regional accrediting body recognized by the council on postsecondary education at the time the applicant completed the required education.

(2) "Continuous preprofessional experience" means a minimum of 900 hours of supervised competency-based practice in the field of dietetics accumulated over a maximum of thirty-six months. This competency-based practice should include, but not be limited to the following:

(a) Assuring that food service operations meet the food and nutrition needs of clients and target markets.

(b) Utilization of food, nutrition, and social services in community programs.

(c) Providing nutrition care through systematic assessment, planning, intervention, and evaluation of groups and individuals.

(d) Providing nutrition counseling and education to individuals and groups for health promotion, health maintenance, and rehabilitation.

(e) Applying current research information and methods to dietetic practice.

(f) Utilizing computer and other technology in the practice of dietetics.

(g) Integrating food and nutrition services in the health care delivery system.

(h) Promoting positive relationships with others who impact on dietetic service.

(i) Coordinating nutrition care with food service systems.

(j) Participating in the management of cost-effective nutrition care systems.

(k) Utilizing menu as the focal point for control of the food service system.

(l) Participating in the management of food service systems, including procurement, food production, distribution, and service.

(m) Participating in the management of human, financial, material, physical, and operational resources.

(n) Providing education and training to other professionals and supportive personnel.

(o) Engaging in activities that promote improved nutrition status of the public and advance the profession of dietetics.

(p) Recognizing the impact of political, legislative, and economic factors on dietetic practice.

(q) Utilizing effective communication skills in the practice of dietetics.

(r) Participating in the management of a quality assurance program.

(3) "Supervision" means the oversight and responsibility for the dietitian's or nutritionist's continued practice by a qualified supervisor. Methods of supervision may include face-to-face conversations, direct observation, or review of written notes or tapes.

(4) "Qualified supervisor" means a dietitian who is certified under this chapter or who is qualified for certification under this chapter.

(5) "Coordinated undergraduate program" means supervised dietetic practice that is part of a course of study.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.138.070. 89-17-071, § 308-177-115, filed 8/16/89, effective 9/16/89.]

WAC 246-822-020 General provisions. (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Department" means the department of health, whose address is:

Department of Health
Professional Licensing Services
1300 Quince St., P.O. Box 47870
Olympia, Washington 98504-7870

(5) "Dietitian or nutritionist" means a person certified pursuant to chapter 18.138 RCW.

(6) "Mentally or physically disabled dietitian or nutritionist" means a dietitian or nutritionist who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice dietetics or general nutrition services with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

[Statutory Authority: RCW 18.138.070, 18.130.050 and 18.130.070. 92-02-018 (Order 224), § 246-822-020, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-177-010, filed 6/30/89.]

WAC 246-822-030 Mandatory reporting. (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the dietitian or nutritionist being reported.

(c) The case number of any client whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-177-020, filed 6/30/89.]

WAC 246-822-040 Health care institutions. The chief administrator or executive officer or designee of any hospital or nursing home shall report to the department when any dietitian or nutritionist's services are terminated or are restricted based on a determination that the dietitian or nutritionist has either committed an act or acts which may

constitute unprofessional conduct or that the dietitian or nutritionist may be unable to practice with reasonable skill or safety to clients by reason of a physical or mental condition.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-177-030, filed 6/30/89.]

WAC 246-822-050 Dietitian or nutritionist associations or societies. The president or chief executive officer of any dietitian or nutritionist association or society within this state shall report to the department when the association or society determines that a dietitian or nutritionist has committed unprofessional conduct or that a dietitian or nutritionist may not be able to practice dietetics or general nutrition services with reasonable skill and safety to clients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the certificate holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-177-040, filed 6/30/89.]

WAC 246-822-060 Health care service contractors and disability insurance carriers. The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that a dietitian or nutritionist has engaged in fraud in billing for services.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-177-050, filed 6/30/89.]

WAC 246-822-070 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to dietitians or nutritionists shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured dietitian or nutritionist's incompetency or negligence in the practice of dietetics or general nutrition services. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the dietitian or nutritionist's alleged incompetence or negligence in the practice of dietetics or general nutrition services.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-177-060, filed 6/30/89.]

WAC 246-822-080 Courts. The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions

of dietitians or nutritionists, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-177-070, filed 6/30/89.]

WAC 246-822-090 State and federal agencies. The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a dietitian or nutritionist is employed to provide patient care services, to report to the department whenever such a dietitian or nutritionist has been judged to have demonstrated his/her incompetency or negligence in the practice of dietetics or general nutrition services, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled dietitian or nutritionist. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-177-080, filed 6/30/89.]

WAC 246-822-100 Cooperation with investigation.

(1) A certificant must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the director of the department of health by submitting the requested items within fourteen calendar days of receipt of the request by either the certificant or their attorney, whichever is first. If the certificant fails to comply with the request within fourteen calendar days, the investigator will contact that individual or their attorney by telephone or letter as a reminder.

(2) Investigators may extend the time for response if the request for extension does not exceed seven calendar days. Any other requests for extension of time may be granted by the secretary or the secretary's designee.

(3) If the certificant fails to comply with the request within three business days after receiving the reminder, a subpoena will be served to obtain the requested items. A statement of charges may be issued for failure to cooperate pursuant to RCW 18.130.180(8). If there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(4) If the certificant complies with the request after the issuance of the statement of charges, the secretary or the secretary's designee will decide if the charges will be prosecuted or settled. If the charges are to be settled the settlement proposal will be negotiated by the secretary's designee. Settlements are not considered final until the secretary signs the settlement agreement.

[Statutory Authority: RCW 18.138.070, 18.130.050 and 18.130.070. 92-02-018 (Order 224), § 246-822-100, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-177-090, filed 6/30/89.]

WAC 246-822-110 AIDS prevention and information education requirements. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of health or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for certification. Effective January 1, 1989 persons applying for certification shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (3) of this section.

(3) AIDS education and training.

(a) Acceptable education and training. The secretary will accept education and training that is consistent with the topical outline supported by the office on AIDS. Such education and training shall be a minimum of four clock hours for dietitians and seven clock hours for nutritionists and shall include, but is not limited to, the following: Etiology and epidemiology; infection control guidelines; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) Implementation. Effective January 1, 1989, the requirement for certification, renewal, or reinstatement of any certificate on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of (a) of this subsection.

(c) Documentation. The applicant shall:

(i) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;

(ii) Keep records for two years documenting attendance and description of the learning;

(iii) Be prepared to validate, through submission of these records, that attendance has taken place.

[Statutory Authority: RCW 18.138.070, 18.130.050, 18.130.070 and 70.24.270. 92-02-018 (Order 224), § 246-822-110, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-177-100, filed 11/2/88.]

WAC 246-822-120 Application requirements. (1) Individuals applying for certification as a certified dietitian must submit:

(a) A completed application form with fee;

(b) Verification of AIDS education and training as set forth in WAC 246-822-110; and

(c) Verification of current registration status with the commission on dietetic registration.

(2) Individuals applying for certification as a certified dietitian who have not passed the required written examination or who are not registered with the commission on dietetic registration must:

(a) Provide transcripts forwarded directly from the issuing college or university showing completion of a baccalaureate degree or higher in a major course of study in human nutrition, foods and nutrition, dietetics, or food management;

(b) Provide evidence of completion of a continuous preprofessional experience or coordinated undergraduate program in dietetics under the supervision of a qualified supervisor;

(c) Take and pass the required written examination; and

(d) Provide verification of AIDS education and training as set forth in WAC 246-822-110.

(3) Individuals applying for certification as a certified nutritionist must submit:

(a) A completed application form with fee; and

(b) Documentation that the applicant meets the application requirements for certified dietitians, as set forth in subsection (1) or (2) of this section; or

(c) Transcripts forwarded directly from the issuing college or university showing completion of a masters or doctorate degree in one of the following subject areas: Human nutrition, nutrition education, foods and nutrition, or public health nutrition; and

(d) Verification of AIDS education and training as set forth in WAC 246-822-110.

[Statutory Authority: RCW 18.138.070, 18.130.050 and 18.130.070. 92-02-018 (Order 224), § 246-822-120, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.138.070. 89-17-071, § 308-177-120, filed 8/16/89, effective 9/16/89; 89-03-035 (Order PM 814), § 308-177-120, filed 1/11/89.]

WAC 246-822-130 Nutritionist minimum core curriculum. Training for certified nutritionist should include coursework at the collegiate level or equivalent in the following areas:

(1) Basic science - Which should include courses in one or more of the following:

(a) Physiology.

(b) Biochemistry.

(2) Foods - Which should include courses in one or more of the following:

(a) Selection.

(b) Composition.

(c) Food science.

(3) Nutritional science.

(4) Applied nutrition - Which should include courses in one or more of the following:

(a) Diet therapy.

(b) Nutrition of the life cycle.

(c) Cultural/anthropological nutrition.

(d) Public health nutrition.

(5) Counseling/education - Which should include courses in one or more of the following:

(a) Psychological counseling.

(b) Educational psychology.

(c) Communication.

(d) Psychology.

(e) Education.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.138.070. 89-17-071, § 308-177-130, filed 8/16/89, effective 9/16/89; 89-03-035 (Order PM 814), § 308-177-130, filed 1/11/89.]

WAC 246-822-140 Certification renewal registration date. (1) The annual certification renewal date will coincide with the individual's birth anniversary date.

(2) Failure to pay the renewal fee on or before the expiration date will invalidate the certification. An individual may reinstate the certificate by written application to the department, payment of a single late renewal penalty fee and payment of all delinquent renewal fees.

(3) Dietitians and nutritionists who fail to renew their certifications for a period of three years will be required to reapply.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.138.070. 89-03-035 (Order PM 814), § 308-177-140, filed 1/11/89.]

WAC 246-822-150 Examinations. (1) A written examination will be given at least once annually to qualified applicants at a time and place determined by the secretary.

(2) Applications must be received sixty days in advance of the scheduled examination.

(3) Applicants who fail the examination shall submit the appropriate fee for reexamination.

[Statutory Authority: RCW 18.138.070, 18.130.050 and 18.130.070. 92-02-018 (Order 224), § 246-822-150, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.138.070. 89-17-071, § 308-177-160, filed 8/16/89, effective 9/16/89.]

WAC 246-822-160 Foreign degree equivalency. Applicants who obtained their education outside of the United States and its territories must have their academic degree(s) validated as substantially equivalent to the baccalaureate, master's, or doctorate degree conferred by a regionally accredited college or university recognized by the council on postsecondary education at the time the applicant completed the required degree.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.138.070. 89-17-071, § 308-177-180, filed 8/16/89, effective 9/16/89.]

WAC 246-822-170 Certification for dietitians—Grandfathering. An individual may be certified as a certified dietitian if he or she provides evidence of meeting criteria for registration with the commission on dietetic registration on June 9, 1988, and provides documentation of completion of the AIDS education requirements as set forth in WAC 246-822-110.

[Statutory Authority: RCW 18.138.070, 18.130.050 and 18.130.070. 92-02-018 (Order 224), § 246-822-170, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.138.070. 89-17-071, § 308-177-190, filed 8/16/89, effective 9/16/89.]

WAC 246-822-990 Dietitian and nutritionist fees. The following fees shall be charged by the professional licensing division of the department of health:

Title	Fee
Application	\$100.00
Renewal	80.00
Late renewal	25.00
Certification	25.00
Duplicate	15.00

[Statutory Authority: RCW 43.70.250. 91-13-002 (Order 173), § 246-822-990, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250. 90-04-094 (Order 029), § 308-177-110, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 18.138.070. 89-17-071, § 308-177-110, filed 8/16/89, effective 9/16/89; 89-03-035 (Order PM 814), § 308-177-110, filed 1/11/89.]

**Chapter 246-824 WAC
DISPENSING OPTICIANS**

WAC

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- 246-824-990 Dispensing optician fees.

WAC 246-824-010 Definitions. For the purpose of administering and recording apprenticeship training, in accordance with the conditions specified by RCW 18.34.070 (5)(a), one year shall be defined as 2,000 hours of training under supervision of a licensed physician, optometrist or dispensing optician. This definition will not be used to extend the limit of apprenticeship training as specified in RCW 18.34.030.

(1) No apprentice shall engage in the work of dispensing optician except in the course and scope of apprenticeship training under the direct supervision of a duly licensed physician, optometrist, or dispensing optician. In those situations where the apprentice or the supervisor rotates within the same eye care organization or business operation, the provisions of WAC 308-26-010(2) (as amended February 23, 1976) will apply.

(2) "Direct supervision" shall mean that the supervising optometrist, physician, or dispensing optician shall:

(a) Inspect a substantial portion of the apprentice's work;

(b) Be physically present on the premises where the apprentice is working and available for consultation with the apprentice a minimum of 80% of the time claimed as apprenticeship training. Thus, of the 2,000 training hours in one year of apprenticeship, the supervisor must be on the

premises simultaneously with the apprentice for 1,600 hours, and have available at each location where an apprentice is working a monthly log with verification by initial of both the licensed supervisor and the apprentice to be shown upon request made by the state; and

(c) Except that in the case of the fitting or adjusting of contact lenses, "direct supervision" shall require that the supervising optician, optometrist, or physician inspect all of the apprentice's work and be physically present on the premises at all times.

Provided, however, That if the supervisor is absent for extended periods of time, the apprentice shall be supervised by another licensed physician, optometrist, or dispensing optician, and provided further that "direct supervision" shall not require that the supervisor while on the premises inspect all of the apprentice's work, nor shall it require that the supervisor and apprentice be constantly in the same room.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.04.040. 78-07-073 (Order PL-289), § 308-26-005, filed 6/30/78; Order PL-106, § 308-26-005, filed 2/2/71.]

WAC 246-824-020 Registration of apprentices. (1) Registration of an apprentice shall be requested by the physician, optometrist or dispensing optician who intends to provide the training for and direct supervision of the apprentice's work, on a form provided by the secretary.

(2) Separate registrations shall be required if an individual receives his or her apprenticeship training from more than one licensee.

(3) In determining whether or not an individual has completed his or her apprenticeship, within the minimum of three years or the maximum of six years, only the apprenticeship training received subsequent to the date that the apprentice was formally registered with the secretary will be considered: *Provided,* That an individual who has been registered in an apprentice-type program by an agency of the state of Washington, which program has been approved by the secretary, and who has been trained and directly supervised by a licensed physician, optometrist, or dispensing optician while in such program, may have all such training considered toward fulfillment of his or her apprenticeship, whether such training occurred before or after his or her formal registration with the secretary: *Provided, further,* That this exemption is not to be construed or applied in any manner which would except any person from any provision of RCW 18.34.030: *Provided, further,* That before such training may be considered toward fulfillment of an apprenticeship, formal registration of the individual must be requested by the physician, optometrist, or dispensing optician who has trained and supervised the individual, in retrospective accordance with subsections (1), (2) and (4) of this section, on a form provided by the secretary.

(4) The licensee initially requesting the registration of an apprentice shall notify the secretary whenever he or she terminates the apprenticeship training, unless such termination is concluded by reason of the apprentice becoming licensed as a dispensing optician.

(5) After registration, the apprentice shall notify the secretary, in writing and within thirty days, of any name or address change.

[Statutory Authority: RCW 43.17.060 and 18.130.070. 91-09-024 (Order 155), § 246-824-020, filed 4/10/91, effective 5/11/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-020, filed 12/27/90, effective 1/31/91; Order PL 241, § 308-26-010, filed 2/26/76; Order PL-106, § 308-26-010, filed 2/2/71.]

WAC 246-824-030 Comments. In order to facilitate comments on the apprentice's performance, the name, business address and business telephone number of the departmental supervisor or the supervising optician, optometrist or physician shall be posted in public view on the premises where the apprentice works.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.04.040. 78-07-073 (Order PL-289), § 308-26-011, filed 6/30/78.]

WAC 246-824-040 Application for examination. (1) An individual shall make application for examination, in accordance with RCW 18.34.070, on an application form prepared and provided by the secretary.

(2) The apprenticeship training requirement shall be supported with certification by the licensed individual (or individuals) who provided such training.

(3) Examination fees are not refundable. If an applicant is unable to attend his or her scheduled examination, and so notifies the secretary in writing at least 7 days prior to the scheduled examination date, the applicant will be rescheduled at no additional charge. Otherwise, the fee will be forfeited. (Emergencies considered.)

(4) If an applicant takes the examination and fails to obtain a satisfactory grade, he or she may be scheduled to retake the examination by submitting an application and paying the statutory examination fee.

(5) Applications and fees for examination and all documents required in support of the application must be submitted to the division of professional licensing, department of health, at least sixty days prior to the scheduled examination. Failure to meet the deadline will result in the applicant not being scheduled until the next scheduled examination.

(6) Apprenticeship training shall be completed prior to the application deadline.

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-824-040, filed 6/24/93, effective 7/25/93. Statutory Authority: RCW 43.70.040 and chapter 18.34 RCW. 92-02-018 (Order 224), § 246-824-040, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.34.040 and 18.34.080. 84-08-019 (Order PL 464), § 308-26-015, filed 3/27/84; Order PL-106, § 308-26-015, filed 2/2/71.]

WAC 246-824-050 Approval of prescribed courses in opticianry. The secretary, pursuant to RCW 18.34.070, hereby adopts the accreditation standards of the Commission on Opticianry Accreditation, "Essentials of an Accredited Educational Program for Ophthalmic Dispensers," as adopted by the Commission on Opticianry Accreditation on July 1, 1990. The secretary approves all and only those institutions accredited by, and in good standing with, the Commission on Opticianry Accreditation in accordance with these accreditation standards as of July 1, 1990. Institutions approved by the secretary which have not been accredited by the Commission on Opticianry Accreditation are hereby required to

obtain such accreditation on or before September 30, 1992. Graduates from institutions that have not received accreditation from the Commission on Opticianry Accreditation by that date will not be eligible to sit for the examination.

It is the responsibility of a student to ascertain whether or not a school has been approved by the secretary.

[Statutory Authority: RCW 43.17.060 and 18.130.070. 91-21-028 (Order 197), § 246-824-050, filed 10/8/91, effective 11/8/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.34.040 and 18.34.070(5). 80-01-070 (Order 327), § 308-26-016, filed 12/21/79.]

WAC 246-824-060 Dispensing optician examination.

(1) Every qualified applicant shall pass an examination with a score of at least seventy percent in each of the three examination sections: Written contact lenses, written basic optical concepts to include anatomy and physiology, and practical. Subject to subsection (2), any applicant obtaining a score of less than 70% in any section will only be required to retake the section(s) in which a grade of less than 70% was obtained.

(2) Applicants failing an examination section may retake the section(s) failed at the next scheduled examination. Failure to pass the entire examination after three consecutive regularly scheduled examinations (emergencies may be considered) shall require reexamination on all three sections.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.34.040 and 18.34.080. 84-08-019 (Order PL 464), § 308-26-017, filed 3/27/84. Statutory Authority: RCW 18.34.080. 82-11-056 (Order PL 397), § 308-26-017, filed 5/13/82.]

WAC 246-824-065 Duties and responsibilities of the dispensing optician examining committee. The dispensing optician examining committee shall meet at such times as deemed necessary by the secretary to prepare and administer the state's licensing examinations and to provide technical expertise, advise, and make recommendations to the secretary on the administration of the dispensing optician statute.

[Statutory Authority: RCW 43.17.060 and 18.130.070. 91-21-028 (Order 197), § 246-824-065, filed 10/8/91, effective 11/8/91.]

WAC 246-824-070 Examination appeal procedures.

(1) Any candidate who takes the state examination for licensure and does not pass may request informal review by the dispensing optician examining committee of his or her examination results. This request must be in writing and must be received by the department within thirty days of the postmark of notification of the examination results. The committee will not set aside its prior determination unless the candidate shows, by a preponderance of evidence, error in examination content or procedure, or bias, prejudice, or discrimination in the examination process. The committee will not consider any challenges to examination scores unless the total revised score could result in issuance of a license.

(2) The procedure for filing an informal review is as follows:

(a) Contact the department of health office in Olympia for an appointment to appear personally to review incorrect answers on the written portion of failed examination, and score sheets on the failed practical portion of the examination.

(b) The candidate will be provided a form to complete in the department of health office in Olympia in defense of examination answers.

(c) The candidate must specifically identify the challenged portion(s) of the examination and must state the specific reason or reasons why the candidate feels the results of the examination should be changed.

(d) The candidate will be identified only by candidate number for the purpose of this review. Letters of reference or requests for special consideration will not be read or considered by the examining committee.

(e) The candidate may not bring in notes or texts for use while completing the informal review form.

(f) The candidate will not be allowed to take any notes or materials from the office upon leaving.

(g) The examining committee will schedule a closed session meeting to review the examinations, score sheets and forms completed by the candidate for the purpose of informal review.

(h) The candidate will be notified in writing of the results.

(3) Any candidate who is not satisfied with the result of the informal examination review may submit a written request for a formal hearing to be held before the dispensing optician examining committee pursuant to the administrative procedures act. Such written request for hearing must be received by the department of health within twenty days of the postmark of the result of the committee's informal review of the examination results. The written request must specifically identify the challenged portion(s) of the examination and must state the specific reason(s) why the candidate feels the results of the examination should be changed. The examining committee will not set aside its prior determination unless the candidate shows, by a preponderance of evidence, error in examination content or procedure, or bias, prejudice, or discrimination in the examination process. The committee will not consider any challenges to examination scores unless the total revised score could result in issuance of a license.

(4) Before the hearing is scheduled either party may request a prehearing conference before an administrative law judge to consider the following:

(a) The simplification of issues;

(b) Amendments to the candidate's notice identifying the challenged portion(s) of the examination and the statement of the specific reason(s) why the candidate feels the results of the examination should be changed;

(c) The possibility of obtaining stipulations, admission of facts and documents;

(d) The limitation of the number of expert witnesses;

(e) A schedule for completion of all discovery; and,

(f) Such other matters as may aid in the disposition of the proceeding.

(5) In the event there is a prehearing conference, the administrative law judge shall enter an order which sets forth the actions taken at the conference, the amendments allowed to the pleading and the agreements made by the parties of their qualified representatives as to any of the matters considered, including the settlement or simplification of issues. The prehearing order limits the issues for hearing to those not disposed of by admissions or agreements. Such order shall control the subsequent course of the proceeding

unless modified for good cause by subsequent prehearing order.

(6) Candidates will receive at least twenty days notice of the time and place of the formal hearing. The hearing will be restricted to the specific portion(s) of the examination the candidate has identified as the bases for his or her challenge of the examination results unless amended by a prehearing order. The issues raised by the candidate at the formal hearing shall be limited to those issues raised by the candidate for consideration at the informal review unless amended by a prehearing order.

[Statutory Authority: RCW 43.70.040 and chapter 18.34 RCW. 92-02-018 (Order 224), § 246-824-070, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-824-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.24.060, 87-22-019 (Order PM 688), § 308-26-025, filed 10/27/87.]

WAC 246-824-071 Licensure by endorsement—Definitions. (1) For the purpose of licensure by endorsement the following definitions shall apply:

(a) "Credential in another state" means the applicant holds a current valid license to practice as a dispensing optician in another state.

(b) "Substantially equivalent" means the applicant has successfully completed an examination administered by or authorized by either a national professional association or a state other than Washington state. The examination shall cover the same subject matter as the Washington state examination. The licensing law under which the applicant is licensed shall, at a minimum, include the duties described in RCW 18.34.060.

(2) The department shall issue a license by endorsement unless there is a basis for denial of the license or issuance of a license conditioned on the applicant's compliance with an order entered pursuant to RCW 18.130.160. A person applying for a license by endorsement shall submit to the department:

(a) A completed application on a form provided by the department;

(b) An application fee, and if the application is approved, an original license fee;

(c) Evidence satisfactory to the department that the education and examination requirements of the other state are substantially equivalent to that of Washington;

(d) A completed open-book state law examination provided by the department;

(e) Proof of compliance with the AIDS prevention and information education requirements as listed in WAC 246-824-170.

(3) Written documentation shall be submitted directly from all states in which the applicant is or has been licensed, verifying the applicant is in good standing and not subject to charges or disciplinary action for unprofessional conduct or impairment.

(4) If licensure by endorsement is denied, and the applicant is otherwise qualified for the licensing examination, he or she may apply for licensure by examination in accordance with RCW 18.34.070 and WAC 246-824-040.

(5) Endorsement application fees are nonrefundable, but may be applied towards the examination fee if licensure by endorsement is denied.

(6) A license issued by endorsement is subject to annual renewal, penalty for late renewal as established in RCW 18.34.120 and WAC 246-824-990, and continuing education as provided for in WAC 246-824-075.

[Statutory Authority: RCW 43.70.250, 93-14-011, § 246-824-071, filed 6/24/93, effective 7/25/93.]

WAC 246-824-072 Temporary permits. Eligibility requirements for temporary permits are the same for licensure by endorsement (WAC 246-824-071), therefore, no temporary permits will be issued. Individuals inquiring about temporary permits will be given information and an application for licensure by endorsement.

[Statutory Authority: RCW 43.70.250, 93-14-011, § 246-824-072, filed 6/24/93, effective 7/25/93.]

WAC 246-824-073 Retired active license. (1) A person holding a current Washington state dispensing optician license who wishes to practice only in emergency or intermittent circumstances may apply for a retired active license if that person:

(a) Practices no more than ninety days each year in Washington state;

(b) Does not wish to practice on an intermittent basis but is available to practice for an extended period of time for the purpose of providing his or her professional services in emergency circumstances such as times of declared war or other states of emergency.

(2) An individual requesting a retired active license status shall submit a letter to the department declaring the intent to practice only on an intermittent or emergency basis, along with the active retired renewal fee specified in WAC 246-824-990. Active retired licenses will not be retroactively issued for prior years.

(3) An active retired license is subject to annual renewal and penalty for late renewal as established in RCW 18.34.120 and WAC 246-824-990. Subsequent to being issued a retired active license, the licensee shall report, with the annual renewal the dates and circumstances under which the licensee practiced during the previous year.

(4) An active retired license is subject to continuing education as established in WAC 246-824-075.

(5) To reinstate the license to an active license status the licensee shall notify the department in writing five days in advance of the change and pay a reinstatement fee as specified in WAC 246-824-990.

(6) Individuals on a retired active license status are subject to chapter 18.130 RCW to the same extent as individuals holding an active license.

[Statutory Authority: RCW 43.70.250, 93-14-011, § 246-824-073, filed 6/24/93, effective 7/25/93.]

WAC 246-824-075 Continuing education requirements for dispensing opticians. Purpose and scope. The purpose of these requirements is to ensure the continued high quality of services provided by the licensed dispensing optician. Continuing education consists of educational activities designed to review existing concepts and techniques and conveys information and knowledge about advances in the field of opticianry, so as to keep the licensed

dispensing opticians abreast of current and forecasted developments in a rapidly changing field.

(1) Basic requirements. As a prerequisite for license renewal, licensed dispensing opticians are required to have thirty hours of continuing education every three years. The credit hours will be measured as follows: Any single session covering not less than two hours and forty minutes will be assigned three credits; any single session covering not less than one hour and forty minutes will be assigned two credits; any single session covering not less than fifty minutes will be assigned one credit.

Fifteen of the credit hours shall relate to contact lenses.

Continuing education credit hours in excess of the required hours earned in any renewal period may not be carried forward to a subsequent renewal period.

(2) Effective date of requirement. The effective date of the continuing education requirement will be upon the 1994 license renewal date or three years after initial licensure in Washington state, whichever is later.

(3) Qualification of program for continuing education credit. Courses offered by the organizations and methods listed in this section will be presumed to qualify as continuing education courses. The secretary reserves the authority to refuse to accept credits in any course if the secretary determines that the course did not provide information sufficient in amount or relevancy to opticianry. Qualifying organizations and methods for the purposes of this section shall include in-class training, correspondence courses, video and/or audio tapes offered by any of the following:

- (a) American board of opticianry;
- (b) National academy of opticianry;
- (c) Optical laboratories association;
- (d) National contact lens examiners;
- (e) Pacific coast contact lens society;
- (f) Contact lens society of America;
- (g) Opticians association of Washington;
- (h) Opticianry colleges or universities approved by the secretary;
- (i) Speakers sponsored by any of the above organizations;
- (j) Any state or national opticianry association; and
- (k) Additional qualifying organizations or associations as approved by the secretary.

(4) Certification of compliance. Each licensee shall certify, on forms provided by the department, that the minimum continuing education and training requirements have been met. Each licensee shall be responsible for retaining copies of all records, certificates, or other evidence of continuing education course completion. In said documentation the licensee shall:

- (a) Keep records documenting attendance course title and course content.
- (b) Be prepared to validate, through submission of these records, that attendance has taken place.

The department may, at its discretion, require any licensee to submit, in addition to the sworn certification, proof of completion of continuing education requirements. Failure to comply with the continuing education requirements will be cause for a license to lapse. Any licensee whose license has lapsed shall pay a late penalty fee as established by rule for each year the license has lapsed and submit evidence of continuing education requirement

compliance. Any licensee whose license has lapsed for a period of two years or more may reinstate his or her license by paying an examination fee and successfully passing the examination provided in RCW 18.34.070.

[Statutory Authority: RCW 43.17.060 and 18.130.070. 91-09-024 (Order 155), § 246-824-075, filed 4/10/91, effective 5/11/91.]

WAC 246-824-080 General provisions. (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Department" means the department of health, whose address is:

Department of Health
Professional Licensing Services
1300 S.E. Quince St.
Olympia, Washington 98504

(5) "Dispensing optician" means a person licensed pursuant to chapter 18.34 RCW.

(6) "Mentally or physically disabled dispensing optician" means a dispensing optician who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice dispensing with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

[Statutory Authority: RCW 43.17.060 and 18.130.070. 91-09-024 (Order 155), § 246-824-080, filed 4/10/91, effective 5/11/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-26-055, filed 6/30/89.]

WAC 246-824-090 Mandatory reporting. (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

- (a) The name, address, and telephone number of the person making the report.
- (b) The name and address and telephone numbers of the dispensing optician being reported.
- (c) The case number of any patient whose treatment is a subject of the report.
- (d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.
- (e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.
- (f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-26-065, filed 6/30/89.]

WAC 246-824-100 Health care institutions. The chief administrator or executive officer of any hospital or nursing home or their designee shall report to the department when any dispensing optician's services are terminated or are restricted based on a determination that the dispensing optician has either committed an act or acts which may constitute unprofessional conduct or that the dispensing optician may be unable to practice with reasonable skill or safety to clients by reason of any mental or physical condition.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-26-075, filed 6/30/89.]

WAC 246-824-110 Dispensing optician associations or societies. The president or chief executive officer of any dispensing optician association or society within this state shall report to the department when the association or society determines that a dispensing optician has committed unprofessional conduct or that a dispensing optician may not be able to practice dispensing of optical goods with reasonable skill and safety to clients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the license holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-26-085, filed 6/30/89.]

WAC 246-824-120 Health care service contractors and disability insurance carriers. The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that a dispensing optician has engaged in fraud in billing for services.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-26-095, filed 6/30/89.]

WAC 246-824-130 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to dispensing opticians shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured dispensing optician's incompetency or negligence in the practice of opticianry. Such institution or organization shall also report

the award, settlement, or payment of three or more claims during a twelve-month period as a result of the dispensing optician's alleged incompetence or negligence.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-26-105, filed 6/30/89.]

WAC 246-824-140 Courts. The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of licensed dispensing opticians, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-26-115, filed 6/30/89.]

WAC 246-824-150 State and federal agencies. The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a dispensing optician is employed to provide client care services, to report to the department whenever such a dispensing optician has been judged to have demonstrated his/her incompetency or negligence in the practice of opticianry, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled dispensing optician. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-26-125, filed 6/30/89.]

WAC 246-824-160 Cooperation with investigation.

(1) A licensee must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the secretary of the department of health by submitting the requested items within fourteen calendar days of receipt of the request by either the licensee or their attorney, whichever is first. If the licensee fails to comply with the request within fourteen calendar days, the investigator will contact that individual or their attorney by telephone or letter as a reminder.

(2) Investigators may extend the time for response if the request for extension does not exceed seven calendar days. Any other requests for extension of time may be granted by the secretary or the secretary's designee.

(3) If the licensee fails to comply with the request within three business days after receiving the reminder, a subpoena will be served to obtain the requested items. A statement of charges may be issued pursuant to RCW 18.130.180(8) for failure to cooperate. If there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(4) If the licensee complies with the request after the issuance of the statement of charges, the secretary or the secretary's designee will decide if the charges will be prosecuted or settled. If the charges are to be settled the settlement proposal will be negotiated by the secretary's designee. Settlements are not considered final until the secretary signs the settlement agreement.

[Statutory Authority: RCW 43.70.040, 18.130.050, 18.130.070 and chapter 18.34 RCW. 92-02-018 (Order 224), § 246-824-160, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-26-135, filed 6/30/89.]

WAC 246-824-170 AIDS prevention and information education requirements. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for licensure. Persons applying for licensure shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (3) of this section.

(3) AIDS education and training.

(a) Acceptable education and training. The secretary will accept education and training that is consistent with the topical outline supported by the office on AIDS. Such education and training shall be a minimum of four clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; infection control guidelines; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) Effective January 1, 1989, the requirement for licensure, renewal, or reinstatement of any license on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of (a) of this subsection.

(c) Documentation. The applicant shall:

(i) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;

(ii) Keep records for two years documenting attendance and description of the learning;

(iii) Be prepared to validate, through submission of these records, that attendance has taken place.

[Statutory Authority: RCW 43.70.040, 70.24.270 and chapter 18.34 RCW. 92-02-018 (Order 224), § 246-824-170, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-26-200, filed 11/2/88.]

WAC 246-824-220 Retention of contact lens records. Dispensing opticians shall maintain contact lens records for a minimum of five years. Such records shall include:

- (1) The written prescription;
- (2) Base curve (posterior radius of curvature);
- (3) Thickness when applicable;
- (4) Secondary/peripheral curve, when applicable;
- (5) Power of lens dispensed;
- (6) Lens material, brand name and/or manufacturer;
- (7) Diameter, when applicable;
- (8) Suggested wearing schedule and care regimen;
- (10) Color, when applicable;

[Statutory Authority: RCW 18.130.070, 43.17.060 and 43.70.040. 94-06-047, § 246-824-220, filed 3/1/94, effective 4/1/94.]

WAC 246-824-230 Minimum fitting equipment.

Dispensing opticians shall have direct access to the following equipment while fitting contact lenses: Slitlamp or biomicroscope (for evaluation of the fit only), radioscope, diameter gauge, thickness gauge, lensometer, and keratometer.

[Statutory Authority: RCW 18.130.070, 43.17.060 and 43.70.040. 94-06-047, § 246-824-230, filed 3/1/94, effective 4/1/94.]

WAC 246-824-990 Dispensing optician fees. The following fees shall be charged by the professional licensing services division of the department of health:

Title of Fee	Fee
Optician:	
Full examination (or reexamination)	\$200.00
Reexamination—Practical only	50.00
Reexamination—Written (basic) only	25.00
Reexamination—Written (contact lens) only	25.00
Renewal	125.00
Late renewal penalty	75.00
Duplicate license	15.00
Certification	15.00
Apprentice registration	75.00
Endorsement application	100.00
Inactive license	35.00

[Statutory Authority: RCW 43.70.250. 94-08-078, § 246-824-990, filed 4/5/94, effective 5/6/94; 93-14-011, § 246-824-990, filed 6/24/93, effective 7/25/93. Statutory Authority: RCW 43.70.040, 43.70.250 and chapter 18.34 RCW. 92-02-018 (Order 224), § 246-824-990, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.24.086. 87-10-028 (Order PM 650), § 308-26-045, filed 5/1/87.]

**Chapter 246-826 WAC
HEALTH CARE ASSISTANTS**

WAC

246-826-020	Delegation of functions to health care assistants.
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246-826-130	Category A minimum requirements.
246-826-140	Category B minimum requirements.
246-826-150	Category C minimum requirements.
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246-826-230	AIDS prevention and information education requirements—Health care assistants.
246-826-990	Health care assistant fees.

WAC 246-826-020 Delegation of functions to health care assistants. The authority to perform the functions authorized in chapter 18.135 RCW may only be personally delegated from one individual (the delegator) to another individual (the delegatee). The delegator can only delegate those functions that he or she can order within the scope of his or her license. A licensee who is performing a function at or under the direction of another may not further delegate that function. Functions may not be delegated unless a completed and current certification/delegation form is on file with the department of health.

[Statutory Authority: RCW 18.135.030. 92-02-018 (Order 224), § 246-826-020, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 85-06-018 (Order PL 515), § 308-175-010, filed 2/25/85.]

WAC 246-826-030 Supervision of health care assistants. A health care assistant may be supervised by either the practitioner who delegated the act or by a practitioner who could order the act under his or her own license. The practitioner who is supervising the health care assistant must be physically present and immediately available in the facility during the administration of injections. The supervising practitioner need not be present during procedures to withdraw blood.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 85-06-018 (Order PL 515), § 308-175-020, filed 2/25/85.]

WAC 246-826-040 Certification of health care assistants. Health care assistants' certification is valid for two years. The delegating practitioner or health care facility is responsible for certifying or recertifying health care assistants. An updated recertification form must be submitted if a health care assistant is to be delegated functions by a practitioner other than the delegating practitioner indicated on his or her delegation/certification form.

[Statutory Authority: RCW 18.135.030. 92-02-018 (Order 224), § 246-826-040, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 85-06-018 (Order PL 515), § 308-175-030, filed 2/25/85.]

WAC 246-826-050 Renewal of health care assistants. Updated certification/delegation forms must be submitted within two years from the date of the most recent certification on file with the department of health. The department will send renewal forms to the delegation or facility's address on record approximately sixty days prior to the expiration date. It shall be the responsibility of every health care facility and health care practitioner who certifies health care assistants to submit the renewal forms and fees on or before certification expiration date.

[Statutory Authority: RCW 18.135.030. 92-02-018 (Order 224), § 246-826-050, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-040, filed 11/12/87; 85-06-018 (Order PL 515), § 308-175-040, filed 2/25/85.]

WAC 246-826-060 Department of health responsibilities. The department of health will maintain files with regard to certification of health care assistants and delegation of functions. Department of health will not approve training programs.

[Statutory Authority: RCW 18.135.030. 92-02-018 (Order 224), § 246-826-060, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-050, filed 11/12/87; 85-06-018 (Order PL 515), § 308-175-050, filed 2/25/85.]

WAC 246-826-070 Maintenance of listing of drugs and functions authorized. Each delegator must maintain a list of the specific medications/diagnostic agents and the route of administration of each that he or she has authorized for injection. Both the delegator and the delegatee shall sign the above list, indicating the date of each signature. The signed list shall be available for review by the secretary of the department of health or his/her designee.

[Statutory Authority: RCW 18.135.030. 92-02-018 (Order 224), § 246-826-070, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 85-06-018 (Order PL 515), § 308-175-060, filed 2/25/85.]

WAC 246-826-080 Medication and diagnostic agent list. The list of specific medications, diagnostic agents, and the route of administration of each that has been authorized for injection pursuant to RCW 18.135.065 shall be submitted to the secretary at the time of initial certification registration and again with every recertification registration. If any changes occur which alter the list, a new list with the delegator and delegatee's signatures must be submitted to the department within thirty days of the change. All submitted lists will be maintained in the department of health filed under the name of the certifying practitioner or facility and shall be available for review.

[Statutory Authority: RCW 18.135.030. 92-02-018 (Order 224), § 246-826-080, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-065, filed 11/12/87.]

WAC 246-826-090 Decertification or disciplinary actions. Any proceeding taken pursuant to these rules or chapter 18.135 RCW by the department of health, by the licensing authority of health care facilities or by the disciplinary board of the delegating or supervising health care practitioner shall be pursuant to the provisions of the Administrative Procedure Act, chapter 34.05 RCW.

[Statutory Authority: RCW 18.135.030 and 34.05.220. 92-02-018 (Order 224), § 246-826-090, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 85-06-018 (Order PL 515), § 308-175-070, filed 2/25/85.]

WAC 246-826-100 Health care assistant classification. Effective September 1, 1988, there shall be six categories of health care assistants:

(1) Category A assistants may perform venous and capillary invasive procedures for blood withdrawal.

(2) Category B assistants may perform arterial invasive procedures for blood withdrawal.

(3) Category C assistants may perform intradermal, subcutaneous and intramuscular injections for diagnostic agents and administer skin tests.

(4) Category D assistants may perform intravenous injections for diagnostic agents.

(5) Category E assistants may perform intradermal, subcutaneous and intramuscular injections for therapeutic agents.

(6) Category F assistants may perform intravenous injections for therapeutic agents.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-075, filed 11/12/87.]

WAC 246-826-110 Qualified trainer. Qualified trainers for health care assistant trainees are:

(1) Delegator with a minimum of two years of current experience (within the last five years) in the appropriate category in which they are providing the training.

(2) Delegatee from the appropriate category of health care assistants who has a minimum of two years experience obtained within the last five years in the appropriate procedures.

(3) Licensed nurses who meet the educational and experiential criteria for the appropriate category.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-085, filed 11/12/87.]

WAC 246-826-120 Provision of health care assistants training. The training of health care assistants may be provided either:

(1) Under a licensed physician, osteopathic physician, podiatrist or certified registered nurse with prescriptive authorization, who shall ascertain the proficiency of the health care assistant; or under a registered nurse, physician's assistant, osteopathic physician's assistant, health care assistant, or LPN acting under the direction of a licensed physician, osteopathic physician, podiatrist or certified registered nurse with prescriptive authorization who shall be responsible for determining the content of the training and for ascertaining the proficiency of the health care assistant; or

(2) In a training program provided by a post-secondary institution registered with the Washington state council for post-secondary education, or a community college approved by the Washington state board for community college education, or a vocational education program approved by the superintendent of public instruction, or in a private vocational school registered with the Washington state commission on vocational education, or in a program or post-secondary institution accredited by an accrediting agency recognized by the U.S. Department of Education.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-090, filed 11/12/87; 85-06-018 (Order PL 515), § 308-175-090, filed 2/25/85.]

WAC 246-826-130 Category A minimum requirements. Effective September 1, 1988, Category A assistants shall meet all of the following minimum requirements:

(1) Educational and occupational qualifications to perform venous and capillary invasive procedures for blood withdrawal:

(a) High school education or its equivalent;

(b) The ability to read, write, and converse in the English language; and

(c) Adequate physical ability, including sufficient manual dexterity to perform the requisite health care services.

(2) Training and instruction. The Category A assistant shall receive training, evaluation(s), and assessment of knowledge and skills to determine entry level competency in the following areas:

(a) Job responsibilities - to cover all areas of the responsibilities to be delegated which include ethical implications and patient confidentiality;

(b) Patient identification process;

(c) Identification of and relationship to licensed health care practitioner;

(d) Procedure requesting process, including forms used, accessing process, and collection patterns;

(e) Materials to be used;

(f) Anatomic considerations for performing such functions as venipuncture, capillary finger collection, heel sticks;

(g) Procedural standards and techniques for blood collection;

(h) Common terminology and practices such as medical classifications, standard diagnoses, test synonyms, background information on procedures, interferences;

(i) Physical layout of the work place, including patient care areas; and

(j) Safety requirements including the handling of infectious disease cases and the handling and disposal of biohazardous materials.

(3) Work experience. The Category A assistant should have the following work experience under the direct supervision of a qualified trainer:

(a) Practice technique in a simulated situation;

(b) Observe and perform procedures on patients until the trainee demonstrates proficiency to be certified at the minimum entry level of competency. The time and number of performances will vary with the specific procedure and skill of the trainee; and

(c) Document all training on a checklist appropriate to the facility and the duties and responsibilities of the trainee. This will be completed, signed by the qualified trainer, trainee and delegator and be placed in employee personnel file.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-095, filed 11/12/87.]

WAC 246-826-140 Category B minimum requirements. Effective September 1, 1988, Category B assistants shall meet all of the following minimum requirements:

(1) Educational and occupational qualifications to perform arterial invasive procedures for blood withdrawal:

(a) Minimum high school education or its equivalent with additional education to include but not be limited to anatomy, physiology, concepts of asepsis, and microbiology;

(b) The ability to read, write, and converse in the English language; and

(c) Adequate physical ability, including sufficient manual dexterity to perform the requisite health care services.

(2) Training and instruction. The Category B assistant shall receive training, evaluation(s), and assessment of knowledge and skills to determine entry level competency in the following areas:

(a) Job responsibilities - to cover all areas of the responsibilities to be delegated which include ethical implications and patient confidentiality;

(b) Patient identification process;

(c) Identification of and relationship to licensed health care practitioner;

(d) Procedure requesting process, including forms used, accessing process, and collection patterns;

(e) Materials to be used;

(f) Anatomic considerations for performing such functions as venipuncture, capillary finger collection, heel sticks, arterial puncture, line draws, and use of local anesthetic agents;

(g) Procedural standards and techniques for blood collection;

(h) Common terminology and practices such as medical classifications, standard diagnoses, test synonyms, background information on procedures, interferences;

(i) Physical layout of the work place, including patient care areas; and

(j) Safety requirements including the handling of infectious disease cases and the handling and disposal of biohazardous materials.

(3) Work experience. The Category B assistant should have the following work experience under the direct supervision of a qualified trainer:

(a) Practice technique in a simulated situation;

(b) Observe and perform procedures on patients until the trainee demonstrates proficiency to be certified at the minimum level of competency. The time and number of performances will vary with the specific procedure and skill of the trainee; and

(c) Document all training on a checklist appropriate to the facility and the duties and responsibilities of the trainee. This will be completed, signed by the qualified trainer, trainee, and delegator and be placed in employee personnel file.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-100, filed 11/12/87.]

WAC 246-826-150 Category C minimum requirements. Effective September 1, 1988, Category C assistants shall meet all of the following minimum requirements:

(1) Educational and occupational qualifications to perform intradermal (including skin tests), subcutaneous, and intramuscular injections for diagnostic agents:

(a) One academic year of formal education at the post-secondary level. Education shall include but not be limited

to anatomy, physiology, basic pharmacology, concepts of asepsis, and microbiology;

(b) The ability to read, write, and converse in the English language;

(c) Possess a basic knowledge of mathematics; and

(d) Adequate physical ability including sufficient manual dexterity to perform the requisite health care services.

(2) Training and instruction. The Category C assistant shall receive training, evaluation(s), and assessment of knowledge and skills to determine entry level competency in the following areas:

(a) Job responsibilities - to cover all areas of the responsibilities to be delegated which include ethical implications and patient confidentiality;

(b) Patient identification process;

(c) Identification of and relationship to licensed health care practitioner;

(d) Procedure requesting process to include, but not be limited to, forms used;

(e) Materials to be used;

(f) Anatomic considerations for performing injections;

(g) Procedures for injections of agents will include readily available written, current, organized information. For each agent there shall be instruction concerning dosage, technique, acceptable route(s) of administration and appropriate anatomic sites, expected reactions, possible adverse reactions, appropriate intervention for adverse reaction and risk to patient and employee;

(h) Common terminology and practices such as medical classifications, standard diagnoses, test synonyms, background information on procedures, interferences;

(i) Physical layout of the work place, including patient care areas; and

(j) Safety requirements including the handling of infectious disease cases and the handling and disposal of biohazardous materials.

(3) Work experience. The Category C assistant should have the following work experience under the direct supervision of a qualified trainer:

(a) Practice technique in a simulated situation;

(b) Observe and perform procedure on patients until the trainee demonstrates proficiency in each drug classification. The time and number of performances will vary with the specific procedure and skill of the trainee; and

(c) Document all health care assistants' training on a checklist appropriate to the facility and the duties and responsibilities of the trainee. This documentation will be completed, signed by the qualified trainer, trainee, and delegator and be placed in employee personnel file. The trainee must demonstrate minimum entry level skill proficiency before certification can be granted.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-105, filed 11/12/87.]

WAC 246-826-160 Category D minimum requirements. Effective September 1, 1988, Category D assistants shall meet all of the following minimum requirements:

(1) Educational and occupational qualifications to perform intravenous injections for diagnostic agents:

(a) Two academic years of formal education at the post-secondary level. Education shall include but not be limited to anatomy, physiology, basic pharmacology, mathematics, chemistry, concepts of asepsis, and microbiology;

(b) The ability to read, write, and converse in the English language; and

(c) Adequate physical ability including sufficient manual dexterity to perform the requisite health care services.

(2) Training and instruction. The Category D assistant shall receive training, evaluation(s), and assessment of knowledge and skills to determine entry level competency in the following areas:

(a) Job responsibilities - to cover all areas of the responsibilities to be delegated which include ethical implications and patient confidentiality;

(b) Patient identification process;

(c) Identification of and relationship to licensed health care practitioner;

(d) Procedure requesting process to include, but not be limited to, forms used;

(e) Materials to be used;

(f) Anatomic considerations for performing injections;

(g) Procedures for injections of agents will include readily available written, current, organized information. For each agent there shall be instruction concerning dosage, technique, acceptable route(s) of administration and appropriate anatomic sites, expected reactions, possible adverse reactions, appropriate intervention for adverse reaction and risk to patient and employee;

(h) Common terminology and practices such as medical classifications, standard diagnoses, test synonyms, background information on procedures, interferences;

(i) Physical layout of the work place, including patient care areas; and

(j) Safety requirements including the handling of infectious disease cases and the handling and disposal of bio-hazardous materials.

(3) Work experience. The Category D assistant should have the following work experience under the direct supervision of a qualified trainer:

(a) Practice technique in a simulated situation;

(b) Observe and perform procedure on patients until the trainee demonstrates proficiency in each drug classification. The time and number of performances will vary with the specific procedure and skill of the trainee; and

(c) Document all health care assistants' training on a checklist appropriate to the facility and the duties and responsibilities of the trainee. This documentation will be completed, signed by the qualified trainer, trainee, and delegator and be placed in employee personnel file. The trainee must demonstrate minimum entry level skill proficiency before certification can be granted.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-110, filed 11/12/87.]

WAC 246-826-170 Category E minimum requirements. Effective September 1, 1988, Category E assistants shall meet all of the following minimum requirements:

(1) Educational and occupational qualifications to perform intramuscular, intradermal (including skin tests), and subcutaneous injections for therapeutic agents:

(a) One academic year of formal education at the post-secondary level. Education shall include but not be limited to anatomy, physiology, pharmacological principles and medication administration, mathematics, concepts of asepsis, and microbiology;

(b) The ability to read, write, and converse in the English language; and

(c) Adequate physical ability including sufficient manual dexterity to perform the requisite health care services.

(2) Training and instruction. The Category E assistant shall receive training, evaluation(s), and assessment of knowledge and skills to determine entry level competency in the following areas:

(a) Job responsibilities - to cover all areas of the responsibilities to be delegated which include ethical implications and patient confidentiality;

(b) Patient identification process;

(c) Identification of and relationship to licensed health care practitioner;

(d) Procedure requesting process to include, but not be limited to, forms used;

(e) Materials to be used;

(f) Anatomic considerations for performing injections;

(g) Procedures for injections of agents will include readily available written, current, organized information. For each agent there shall be instruction concerning dosage, technique, acceptable route(s) of administration and appropriate anatomic sites, expected reactions, possible adverse reactions, appropriate intervention for adverse reaction, and risk to patient and employee;

(h) Common terminology and practices such as medical classifications, standard diagnoses, test synonyms, background information on procedures, interferences;

(i) Physical layout of the work place, including patient care areas; and

(j) Safety requirements including the handling of infectious disease cases and the handling and disposal of bio-hazardous materials.

(3) Work experience. The Category E assistant should have the following work experience under the direct supervision of a qualified trainer:

(a) Practice technique in a simulated situation;

(b) Observe and perform procedure on patients until the trainee demonstrates proficiency in each drug classification. The time and number of performances will vary with the specific procedure and skill of the trainee; and

(c) Document all health care assistants' training on a checklist appropriate to the facility and the duties and responsibilities of the trainee. This documentation will be completed, signed by the qualified trainer, trainee, and delegator and be placed in employee personnel file. The trainee must demonstrate minimum entry level skill proficiency before certification can be granted.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-115, filed 11/12/87.]

WAC 246-826-180 Category F minimum requirements. Effective September 1, 1988, Category F assistants shall meet all of the following minimum requirements:

(1) Educational and occupational qualifications to perform intravenous injections for therapeutic agents:

(a) Two academic years of formal education at the post-secondary level. Education shall include but not be limited to anatomy, physiology, pharmacological principles and medication administration, chemistry, mathematics, concepts of asepsis, and microbiology;

(b) The ability to read, write, and converse in the English language; and

(c) Adequate physical ability including sufficient manual dexterity to perform the requisite health care services.

(2) Training and instruction. The Category F assistant shall receive training, evaluation(s), and assessment of knowledge and skills to determine entry level competency in the following areas:

(a) Job responsibilities - to cover all areas of the responsibilities to be delegated which include ethical implications and patient confidentiality;

(b) Patient identification process;

(c) Identification of and relationship to licensed health care practitioner;

(d) Procedure requesting process to include, but not be limited to, forms used;

(e) Materials to be used;

(f) Anatomic considerations for performing injections;

(g) Procedures for injections of agents will include readily available written, current, organized information. For each agent there shall be instruction concerning dosage, technique, acceptable route(s) of administration and appropriate anatomic sites, expected reactions, possible adverse reactions, appropriate intervention for adverse reaction and risk to patient and employee;

(h) Common terminology and practices such as medical classifications, standard diagnoses, test synonyms, background information on procedures, interferences;

(i) Physical layout of the work place, including patient care areas; and

(j) Safety requirements including the handling of infectious disease cases and the handling and disposal of biohazardous materials.

(3) Work experience. The Category F assistant should have the following work experience under the direct supervision of a qualified trainer:

(a) Practice technique in a simulated situation;

(b) Observe and perform procedure on patients until the trainee demonstrates proficiency in each drug classification. The time and number of performances will vary with the specific procedure and skill of the trainee; and

(c) Document all health care assistants' training on a checklist appropriate to the facility and the duties and responsibilities of the trainee. This documentation will be completed, signed by the qualified trainer, trainee, and delegator and be placed in employee personnel file. The trainee must demonstrate minimum entry level skill proficiency before certification can be granted.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-180, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-120, filed 11/12/87.]

WAC 246-826-190 Grandfather clause. Currently certified health care assistants performing any of the practices authorized in RCW 18.135.010 may continue to be certified or recertified by demonstrating proficiency in the appropriate classification to a delegator as defined in RCW 18.135.020. Retraining or completion of a training program shall not be necessary if the health care assistant is able to so demonstrate. Eligibility for recertification by individuals certified under the provisions of this section shall not be restricted by change of employment.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-190, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-125, filed 11/12/87.]

WAC 246-826-200 Hospital or nursing home drug injection. (1) Class C, D, E, or F health care assistants working in a hospital or nursing home may administer the following types of drugs by injection as authorized and directed by a delegator and as permitted by the category of certification of the health care assistant:

- Antihistamines
- Antiinfective agents
- Antineoplastic agents
- Autonomic drugs
- Blood derivatives
- Blood formation and coagulation
- Cardiovascular drugs
- CNS agents
- Diagnostic agents
- Electrolytic, caloric and water balance
- Enzymes
- Gastrointestinal drugs
- Gold compounds
- Heavy metal antagonists
- Hormones/synthetic substitutes
- Local anesthetics
- Oxytocics
- Radioactive agents
- Serums toxoids, vaccines
- Skin and mucous membrane agents
- Smooth muscle relaxants
- Vitamins
- Unclassified therapeutic agents

(2) The schedule of drugs in subsection (1) of this section shall not include any controlled substances as defined in RCW 69.50.101 (1)(d), any experimental drug and any cancer chemotherapy agent unless a delegator is physically present in the immediate area where the drug is administered.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-200, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-130, filed 11/12/87.]

WAC 246-826-210 Intravenous medications flow restrictions. (1) Category D and F assistants will be permitted to interrupt an IV, administer an injection, and restart at the same rate.

(2) Line draws may be performed by a Category B assistant only if the IV is stopped and restarted by a licensed practitioner.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-210, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-135, filed 11/12/87.]

WAC 246-826-230 AIDS prevention and information education requirements—Health care assistants. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of health or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for certification. Effective January 1, 1989, persons applying for certification shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (3) of this section.

(3) AIDS education and training.

(a) Acceptable education and training. The secretary will accept education and training that is consistent with the topical outline supported by the office on AIDS. Such education and training shall be a minimum of seven clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) Implementation. Effective January 1, 1989, the requirement for certification, renewal, or reinstatement of any certificate on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of (a) of this subsection.

(c) Documentation. The applicant shall:

(i) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;

(ii) Keep records for two years documenting attendance and description of the learning;

(iii) Be prepared to validate, through submission of these records, that attendance has taken place.

(4) Temporary emergency waiver of seven hours training requirement. The secretary may waive the minimum seven clock hour requirement of subsection (3)(a) of this section if evidence is provided which documents compliance with AIDS training curriculum content. Certificates issued under this provision will be effective for one hundred twenty days only.

[Statutory Authority: RCW 18.135.030 and 70.24.270. 92-02-018 (Order 224), § 246-826-230, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-230, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 90-14-131 (Order 069), § 308-175-200, filed 7/5/90, effective 8/5/90; 88-22-076 (Order PM 785), § 308-175-200, filed 11/2/88.]

WAC 246-826-990 Health care assistant fees. The following fees shall be charged by the professional licensing division of the department of health:

Title of Fee	Fee
First certification	\$35.00
Renewal	33.00
Recertification	35.00
Duplicate	15.00

[Statutory Authority: RCW 43.70.250. 91-13-002 (Order 173), § 246-826-990, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250. 90-04-094 (Order 029), § 308-175-140, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-140, filed 11/12/87.]

Chapter 246-828 WAC

HEARING AID FITTERS AND DISPENSERS

WAC

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WAC 246-828-005 Fitting and dispensing activities requiring license defined. Fitting and dispensing activities requiring licensing include the following:

(1) The sale, lease, or rental or attempted sale, lease, or rental of a hearing aid; and

(2) The selection or adaptation of a hearing aid in connection with the sale, lease, or rental of a hearing aid; and

(3) The taking of an ear mold impression to be used in connection with the sale, lease, or rental of a hearing aid except when taking an ear mold impression for the purpose of replacing a current ear mold with one of the same type.

Activities exempt from the provisions of chapter 18.35 RCW: The sale, lease, or rental of assistive listening devices which are described as personal or group listening systems, telephone listening devices, or altering devices are exempt from provisions of chapter 18.35 RCW. Assistive listening devices are designed to solve specific listening problems and are generally worn on a temporary basis. Hearing aids are designed for a wide range of listening situations and are generally worn on a full time basis.

[Statutory Authority: RCW 18.35.161(1). 93-07-009 (Order 339B), § 246-828-005, filed 3/5/93, effective 4/5/93.]

WAC 246-828-020 Examinations. (1) The examination required of applicants shall be in three parts: One written and two practical.

(2) The minimum passing grade shall be seventy percent for each part to pass the required examination for licensure.

(3) In addition to those subjects listed in RCW 18.35.070, the examination shall test the knowledge of the applicant in the basic act governing hearing aid fitter/dispensers and rules and regulations promulgated pursuant to this act.

(4) Applications for examination shall be received by the department at least sixty days prior to the date of the scheduled examination. If the application is received less than sixty days before the next scheduled examination, the applicant will be scheduled for the second examination following receipt of the application.

[Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-020, filed 5/8/91, effective 6/8/91. Statutory Authority: RCW 18.35.161(4). 89-08-096 (Order PM 828), § 308-50-010, filed 4/5/89. Statutory Authority: RCW 18.35.161(3). 87-14-030 (Order PM 654), § 308-50-010, filed 6/26/87. Statutory Authority: RCW 18.35.161. 84-08-062 (Order PL 463), § 308-50-010, filed 4/4/84; Order PL 190, § 308-50-010, filed 5/23/75; Order PL 159, § 308-50-010, filed 2/8/74.]

WAC 246-828-030 Reexaminations. (1) Should an applicant fail any part of the examination, he/she may apply to the department to retake the failed part of the examination.

(2) All reexaminations shall be conducted at the next regularly scheduled examination.

(3) Any person who fails to qualify for licensure after three consecutive regularly scheduled examinations shall be required to take the entire examination. A waiver may be granted upon a showing of emergency circumstances.

[Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-030, filed 5/8/91, effective 6/8/91; 89-04-017 (Order PM 818), § 308-50-020, filed 1/23/89. Statutory Authority: RCW 18.35.161(3). 87-14-030 (Order PM 654), § 308-50-020, filed 6/26/87. Statutory Authority: RCW 18.35.161. 84-19-019 (Order PL 479), § 308-50-020, filed 9/12/84; Order PL 222, § 308-50-020, filed 11/5/75; Order PL 159, § 308-50-020, filed 2/8/74.]

WAC 246-828-040 Examination review and appeal procedures. (1) Each applicant who 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 prehearing 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 246-828-050 Refunds on examination fee. (1)

Applicants who notify the department at least sixty days prior to the next regularly scheduled examination that they are withdrawing their application will have their examination fee refunded.

(2) Applicants who have not notified the department within the required sixty days or who do not appear for their originally scheduled examination shall not be entitled to a refund.

[Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-050, filed 5/8/91, effective 6/8/91; Order PL 159, § 308-50-040, filed 2/8/74.]

WAC 246-828-055 Trainees—Definitions. For the purposes of this chapter, these terms shall be defined as follows:

(1) "Sponsor" shall mean the licensed hearing aid fitter dispenser who is registered with the department of health to provide sponsorship to a trainee. The sponsor must have been licensed in good standing as a hearing aid fitter dispenser in the state of Washington for at least one year.

(2) "Direct supervision" shall mean that the sponsor is physically present and in the same room with the trainee, observing the testing, fitting and dispensing activities of the trainee at all times.

(3) "Indirect supervision" shall mean the sponsor is immediately available for consultation.

(4) "Sponsor in good standing" shall mean a sponsor whose license has not been subject to sanctions pursuant to RCW 18.130.160 in the last one year.

[Statutory Authority: RCW 18.35.161. 94-11-108, § 246-828-055, filed 5/18/94, effective 6/18/94.]

WAC 246-828-060 Trainees—General information.

(1) A trainee shall wear an identification badge readily visible to the public which identifies him or her as a trainee.

(2) Trainees shall identify themselves on sales contracts, business cards, or any other document, by his or her name, "trainee," and license number.

(3) Trainees are subject to the provisions of chapter 18.130 RCW, Uniform Disciplinary Act.

[Statutory Authority: RCW 18.35.161. 94-11-108, § 246-828-060, filed 5/18/94, effective 6/18/94; 91-11-031 (Order 165B), recodified as § 246-828-060, filed 5/8/91, effective 6/8/91; 84-19-018 (Order PL 478), § 308-50-090, filed 9/12/84; Order PL 159, § 308-50-090, filed 2/8/74.]

WAC 246-828-065 Trainees—Supervision.

(1) Direct supervision by the sponsor is required for a trainee to fit and dispense a hearing aid or to be in physical contact with a client or patient, except as provided in subsection (2) of this section.

(2) Upon successful completion of the minimum standards of training and after a minimum of ninety days after licensure as a trainee, a trainee may fit and dispense a hearing aid or be in physical contact with a client or patient under the indirect supervision of the sponsor.

(3) The sponsor shall review and initial all audiometric tests performed by his/her trainee and shall initial all trainee contracts whether or not under direct supervision.

(4) Termination of trainee sponsorship.

(a) A trainee who loses his or her sponsor for any reason shall not continue his or her trainee status with a new sponsor until a new trainee application and fee has been filed and approved by the department: *Provided*, That if a trainee obtains a new sponsor and submits the required application within fifteen days of the withdrawal of his or her previous sponsor, the fee shall be that required of a transfer of sponsor.

(b) It shall be the responsibility of the trainee to report the loss of such sponsorship to the department in writing within ten days of such occurrence.

(c) The sponsor of a trainee who desires to terminate the responsibilities of sponsorship shall provide the trainee written notice of such termination, giving reasons, and shall immediately notify the department, by registered or certified mail, of the termination of such sponsorship.

(d) In the event the trainee quits or terminates for any reason, the sponsor shall notify the department immediately by registered or certified mail.

(e) The sponsor of such terminating trainee shall be responsible for the trainee until such time as the notification of termination is deposited in the United States mail.

[Statutory Authority: RCW 18.35.161. 94-11-108, § 246-828-065, filed 5/18/94, effective 6/18/94.]

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 246-828-110 Bait advertising. It shall be unethical to engage in bait advertising. In determining whether there has been a violation of this rule, consideration will be given to acts or practices indicating that the offer was not made in good faith for the purpose of selling the advertised product or service, but was made for the purpose of contacting prospective purchasers and selling them a product, service or products other than the product or service offered. In addition to the procedures outlined in chapter 18.35 RCW, other acts or practices which are considered bait advertising include:

(1) The creation, through the initial offer or advertisement, of a false impression of the product offered in any material respect;

(2) The refusal to show, demonstrate, or sell the product offered in accordance with the terms of the offer;

(3) The disparagement, by acts or words, of the product offered, or the disparagement of the guarantee, credit terms, availability of service, repairs or parts, or in any other respect, in connection with it;

(4) The showing, demonstrating, and in the event of sale, the delivery, of a product which is unusable or impractical for the purpose represented or implied in the offer;

(5) The refusal, in the event of sale of the product offered, to deliver such product to the buyer within a reasonable time thereafter; and

(6) The failure to have available a quantity of the advertised product at the advertised price sufficient to meet reasonably anticipated demands.

It is not necessary that each act or practice set forth above be present in order to establish that a particular offer is violative of this rule.

[Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-110, filed 5/8/91, effective 6/8/91; Readopted by 84-14-100 (Order PL 469), § 308-50-140, filed 7/3/84; Order PL 159, § 308-50-140, filed 2/8/74.]

WAC 246-828-120 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Misrepresenting products, services, personnel or material facts. It shall be an unfair or deceptive practice, unethical conduct or unfair method of competition for a licensee to misrepresent:

(1) The grade, quality, quantity, origin, novelty, price, cost, terms of sale, use, construction, size, composition, dimensions, type, design, development, visibility, durability, performance, fit, appearance, efficacy, benefits, cost of operation, resistance to climatic conditions, or physiological benefits of any hearing aid or the psychological well-being induced by a hearing aid;

(2) Any service or adjustment offered, promised, or to be supplied to purchasers of any hearing aid;

(3) Any material fact pertaining to the manufacture, distribution or marketing of any hearing aid; or

(4) The scientific or technical knowledge, training, experience or other qualifications of a licensee, or of his/her 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 246-828-130 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Guarantees and warranties. It shall be an unfair or deceptive practice, unethical conduct or unfair method of competition for a licensee to represent in advertising or otherwise that a hearing aid is "guaranteed" without clear and conspicuous disclosure of:

(1) The nature and extent of the guarantee, and

(2) Any material conditions or limitations in the guarantee which are imposed by the guarantor, and

(3) The manner in which the guarantor will perform thereunder, and

(4) The identity of the guarantor. (The necessary disclosure requires that any guarantee made by the licensee which is not backed up by the manufacturer must clearly state that the guarantee is offered by the licensee only.)

Representations that a hearing aid is "guaranteed for life" or has a "lifetime guarantee," in addition to meeting the above requirements, shall contain a conspicuous disclosure of the meaning of "life" or "lifetime" as used (whether that of the purchaser, the product or otherwise).

Guarantees shall not be used which under normal conditions are impractical of fulfillment or which are for such a period of time or are otherwise of such nature as may have the tendency to mislead purchasers or prospective purchasers into the belief that the hearing aid so guaranteed has a greater degree of serviceability, durability or performance capability in actual use than is true in fact.

This rule has application not only to "guarantees" but also to "warranties," to purported "guarantees" and "warranties," and to any promise or representation in the nature of a "guarantee" or "warranty."

[Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-130, filed 5/8/91, effective 6/8/91; Readopted by 84-14-100 (Order PL 469), § 308-50-160, filed 7/3/84; Order PL 159, § 308-50-160, filed 2/8/74.]

WAC 246-828-140 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Character of business, etc. It shall be an unfair or deceptive practice, unethical conduct or unfair method of competition for a licensee to represent, unless it is true, directly or indirectly through the use of any word or term in his corporate or trade name, in his advertising or otherwise:

(1) That he is a manufacturer of hearing aids or devices, or of batteries, parts, or accessories therefor;

(2) That he is the owner or operator of a factory or producing company manufacturing such products; or

(3) That he owns or maintains a laboratory devoted to hearing aid research, testing, experimentation, or development.

[Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-140, filed 5/8/91, effective 6/8/91; Readopted by 84-14-100 (Order PL 469), § 308-50-170, filed 7/3/84; Order PL 159, § 308-50-170, filed 2/8/74.]

WAC 246-828-150 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Use of physician. It shall be an unfair or deceptive practice, unethical conduct or unfair method of competition for a licensee to represent directly or by implication, unless it is true:

(1) That the services or advice of a physician have been used in the designing or manufacturing of hearing aids or in the selection, fitting, adjustment, maintenance or repair of hearing aids.

(2) The prohibitions of this rule are applicable to the use of the terms "doctor," "physician," "otologist" or "otolaryngologist"; to any abbreviations, variations or derivatives of such terms; and to the use of any symbol, depiction, or representation having a medical or osteopathic connotation.

[Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-150, filed 5/8/91, effective 6/8/91; Readopted by 84-14-100 (Order PL 469), § 308-50-180, filed 7/3/84; Order PL 159, § 308-50-180, filed 2/8/74.]

WAC 246-828-160 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Use of words "prescription," "diagnosis," etc. It shall be an unfair or deceptive practice, unethical conduct or unfair method of competition for a licensee to use, in advertising or otherwise, the words "prescribe," "prescription," "diagnose," "diagnosis," or "diagnostic" or any abbreviation, variation or derivative thereof or symbol therefor, in his business name or in referring to or describing his service, business, business activity or any industry product, unless such licensee is a licensed physician or such licensee clearly reveals that the use of such term(s) refers to a function or action or activity which has been or will be performed only by a licensed physician.

[Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-160, filed 5/8/91, effective 6/8/91; Readopted by 84-14-100 (Order PL 469), § 308-50-190, filed 7/3/84; Order PL 261, § 308-50-190, filed 12/21/76; Order PL 190, § 308-50-190, filed 5/23/75; Order PL 159, § 308-50-190, filed 2/8/74.]

WAC 246-828-170 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Deception as to visibility, construction, etc. A licensee shall not:

(1) Represent, directly or by implication, through the use of such words or expressions as "invisible," "hidden," "hidden hearing," "completely out of sight," "conceal your deafness," "hear in secret," "unnoticed even by your closest friends," "no one will know you are hard of hearing," "your hearing loss is your secret," "no one need know you are wearing a hearing aid," "hidden or out of sight when inserted in the ear canal," or by any other words or expressions of similar import, that any hearing aid, device, or part is hidden or cannot be seen unless such is the fact.

(2) Use in advertising the words or expressions "no cord," "cordless," "one hundred percent cordless," "no unsightly cord dangling from your ear," "no wires," "no tell-tale wires," or other words or expressions of similar import, unless such representations are true and unless, in close connection therewith and with equal prominence, a clear and adequate disclosure is made that a plastic tube (or similar device) runs from the instrument to the ear if such is the fact.

(3) Use in advertising the words or expressions, "no button," "no ear button," "no buttons or receivers in either ear," or other words or expressions of similar import, unless such representations are true and unless, in close connection therewith and with equal prominence, a clear and adequate disclosure is made that an earmold or plastic tip is inserted in the ear if such is the fact.

(4) Represent, directly or by implication, that a hearing aid utilizing bone conduction has certain specified features such as the absence of anything in the ear, or leading to the ear, or the like, without disclosing clearly and conspicuously that the instrument operates on the bone conduction principle and that in most cases of hearing loss this type of instrument is not suitable.

[Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-170, filed 5/8/91, effective 6/8/91; Readopted by 84-14-100 (Order PL 469), § 308-50-200, filed 7/3/84; Order PL 159, § 308-50-200, filed 2/8/74.]

WAC 246-828-180 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Deception as to batteries. Licensees shall not represent directly or by implication, that batteries sold only by such licensees, or bearing a specified brand, label, or other identifying mark, are the only ones suitable for use in a particular type or make of hearing aid or device when such is not a true fact.

[Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-180, filed 5/8/91, effective 6/8/91; Readopted by 84-14-100 (Order PL 469), § 308-50-210, filed 7/3/84; Order PL 159, § 308-50-210, filed 2/8/74.]

WAC 246-828-190 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Deception representing novelty of products. It shall be an unfair or deceptive practice, unethical conduct or unfair method of competition for a licensee to advertise or otherwise represent to purchasers or prospective purchasers any statement or statements which have the capacity and tendency or effect of misleading or deceiving them into the belief that any hearing aid or device, or part or accessory thereof, is a new invention or involves a new mechanical or scientific principle, when such is not the fact.

Representations of the following or similar types, when not fully justified by the facts, are among those prohibited by this rule: "Amazing new discovery," "revolutionary new invention," "radically new and different," "sensational new laboratory development," "remarkable new electronic device," "brand-new invention," "marvelous new hearing invention," "new scientific aid," "miracle," "automatic noise suppression (ans)," "automatic," "word separator," "computer," "computerized," "computer circuitry," and "continuous adoptive tone (cat)."

[Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-190, filed 5/8/91, effective 6/8/91; 84-14-100 (Order PL 469), § 308-50-220, filed 7/3/84; Order PL 159, § 308-50-220, filed 2/8/74.]

WAC 246-828-200 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Advertising of parts, accessories or components. It shall be an unfair or deceptive practice, unethical conduct or unfair method of competition for a licensee to use or cause to be used, any type of advertising or promotional literature depicting or describing a part, accessory, or component of any hearing aid or device, such as a battery on a finger, a transistor held in the hand, etc., in such manner as to have the capacity and tendency to mislead or deceive purchasers or prospective purchasers into the erroneous belief that the said part, accessory or component is all that needs to be worn or carried.

[Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-200, filed 5/8/91, effective 6/8/91; Readopted by 84-14-100 (Order PL 469), § 308-50-240, filed 7/3/84; Order PL 159, § 308-50-240, filed 2/8/74.]

WAC 246-828-210 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Endorsements, etc. It shall be an unfair or deceptive practice, unethical conduct or unfair method of competition for a licensee to advertise or otherwise represent:

(1) That the particular individual, organization, or institution endorses, uses or recommends such licensee's hearing aids, devices, or other industry products when such is not the fact; or

(2) That a particular individual wears such licensee's hearing aids or devices when such is not the fact.

[Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-210, filed 5/8/91, effective 6/8/91; Readopted by 84-14-100 (Order PL 469), § 308-50-250, filed 7/3/84; Order PL 159, § 308-50-250, filed 2/8/74.]

WAC 246-828-220 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Used or rebuilt products. (1) A licensee may not represent, directly or indirectly, that any industry product or part thereof is new, unused, or rebuilt, when such is not the fact.

(2) In the marketing of a hearing aid which has been used, or which contains used parts, a licensee shall make full and nondeceptive disclosure of such fact in all advertising and promotional literature relating to the product, on the container, box or package in which such product is packed or enclosed and, if the product has the appearance of being new, on the product itself. The required disclosure may be made by use of such words as "used," "secondhand," "repaired," or "rebuilt," whichever most accurately describes the product involved.

(3) A licensee shall not misrepresent the identity of the rebuilder of a hearing aid. If the rebuilding of a hearing aid was done by other than the original manufacturer, a licensee shall disclose such fact wherever the original manufacturer is identified.

[Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-220, filed 5/8/91, effective 6/8/91; Readopted by 84-14-100 (Order PL 469), § 308-50-260, filed 7/3/84; Order PL 159, § 308-50-260, filed 2/8/74.]

WAC 246-828-230 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Association with the state of Washington. A licensee shall not represent in any manner that (s)he is endorsed by or associated with the state of Washington or any of its administrative bodies when such is not the case. Nothing in this rule is to preclude the licensee from verifying upon request that (s)he is licensed by the state to engage in the fitting and dispensing of hearing aids.

[Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-230, filed 5/8/91, effective 6/8/91; 85-05-020 (Order PL 518), § 308-50-270, filed 2/13/85; Readopted by 84-14-100 (Order PL 469), § 308-50-270, filed 7/3/84; Order PL 159, § 308-50-270, filed 2/8/74.]

WAC 246-828-240 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Tests, acceptance or approval. A licensee shall not:

(1) Represent or use any seals, emblems, shields or other insignia which represent, directly or by implication, in any manner that a hearing aid or device has been tested, accepted, or approved by any individual, concern, organiza-

tion, group, or association, unless such is the fact and unless the hearing aid or device has been tested by such individual, concern, organization, group or association in such manner as reasonable to insure the quality and performance of the instrument in relation to its intended usage and the fulfillment of any material claims made, implied or intended to be supported by such representation or insignia.

(2) Represent that a hearing aid or device tested, accepted, or approved by any individual, concern, organization, group or association has been subjected to tests based on more severe standards of performance, workmanship and quality than is in fact true.

(3) Make any other false, misleading or deceptive representation respecting and testing, acceptance or approval of a hearing aid or device by any individual, concern, organization, group or association.

(Note: Under this rule, it is not necessary for each individual hearing aid or device to be tested where the method employed is a sample testing and full and nondeceptive disclosure of this fact is given in all advertising and otherwise.)

[Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-240, filed 5/8/91, effective 6/8/91; Readopted by 84-14-100 (Order PL 469), § 308-50-280, filed 7/3/84; Order PL 159, § 308-50-280, filed 2/8/74.]

WAC 246-828-250 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Use, imitation or simulation of trademarks, etc. A licensee shall not:

(1) Imitate or simulate the trademarks, trade names, brands or labels of competitors with the capacity and tendency or effect of misleading or deceiving purchasers or prospective purchasers.

(2) Use in his advertising the name, model name or trademark of a particular manufacturer of hearing aids in such manner as to imply a relationship with the manufacturer that does not exist or otherwise to mislead or deceive purchasers or prospective purchasers.

(3) Use any trade name, corporate name, trademark or other trade designation, which has the capacity and tendency or effect of misleading or deceiving purchasers or prospective purchasers as to the name, nature or origin of any product of the industry or of any material used therein, or which is false, deceptive or misleading in any other material respect.

[Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-250, filed 5/8/91, effective 6/8/91; Readopted by 84-14-100 (Order PL 469), § 308-50-290, filed 7/3/84; Order PL 159, § 308-50-290, filed 2/8/74.]

WAC 246-828-260 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Defamation of competitors or false disparagement of their products. (1) It is an unfair trade practice to defame competitors by falsely imputing to them dishonorable conduct, inability to perform contracts, questionable credit standing, or by other false representations, or falsely to disparage the products of competitors in any respect, or their testing procedures, testing equipment, business methods, selling prices, values, credit terms, policies, or services, or to knowingly intervene in any way with any contractual agreement between a competitor and his/her hearing aid

purchaser, or to try to influence the purchaser to cancel the contract, or to attempt to induce the purchaser to cancel the contract by offering a lower price or by any other act of intervention.

(Note: The use of "bait" or "blind" advertisements as a means of accomplishing such defamation or false disparagement is deemed to be within the prohibitions of this rule.)

(2) Under this rule, it is an unfair trade practice for an industry member:

(a) To display competitive products in his show window, shop, or in his advertising in such manner as falsely to disparage them; or

(b) To represent falsely that competitors are unreliable but that the disparager is not; or

(c) To quote prices of competitive hearing aids or devices without disclosing that they are not the present current prices, or to show, demonstrate, or represent competitive models as being the current models when such is not the fact.

[Statutory Authority: RCW 18.35.161. 91-11-032 (Order 166B), § 246-828-260, filed 5/8/91, effective 6/8/91; 91-11-031 (Order 165B), recodified as § 246-828-260, filed 5/8/91, effective 6/8/91; Readopted by 84-14-100 (Order PL 469), § 308-50-295, filed 7/3/84; Order PL 190, § 308-50-295, filed 5/23/75.]

WAC 246-828-270 Personal disclosure. A licensee who contacts a prospective purchaser away from the licensee's place of business must:

(1) When the contact is in person, present the prospective purchaser with written notice of:

(a) His or her name, the name of his or her business firm, his or her business address and telephone number;

(b) The number of his or her license.

(2) Telephone contact with prospective purchasers must disclose the name of the licensee, name and location of his or her principal establishment and purpose of call.

(3) When the contact is through a direct mail piece or other advertising initiated by the licensee, clearly show on all promotional items the business/establishment name, the principal establishment address and telephone number, not just the address or telephone number where he/she will be on given days.

(4) A principal establishment is one which is bonded pursuant to RCW 18.35.240.

[Statutory Authority: RCW 18.35.161. 91-11-032 (Order 166B), § 246-828-270, filed 5/8/91, effective 6/8/91; 91-11-031 (Order 165B), recodified as § 246-828-270, filed 5/8/91, effective 6/8/91; 85-23-065 (Order PL 563), § 308-50-310, filed 11/19/85; Order PL 159, § 308-50-310, filed 2/8/74.]

WAC 246-828-280 Documentation of referrals. A licensee or trainee shall document the name of the referral source for all persons who are fit with a hearing aid. Documentation shall consist of a name and address of the referral source and the date of such referral. Should the referral source be the person being fit with the hearing aid, this information shall also be recorded as the referral source.

[Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-280, filed 5/8/91, effective 6/8/91; 85-10-024 (Order PL 526), § 308-50-320, filed 4/24/85; Order PL 159, § 308-50-320, filed 2/8/74.]

WAC 246-828-290 Purchaser recision rights. In addition to the receipt and disclosure information required by RCW 18.35.030, 63.14.040 and 63.14.120, every retail agreement for the sale of a hearing aid shall contain or have attached the following notice to buyer in ten point boldface type or larger on the front page in reasonable proximity to the purchaser signature line.

The notice of additional rights must be made known to the purchaser before the contract is executed. Such knowledge shall be demonstrated by the signature of the purchaser following a statement of those "additional rights" or following a statement on the face of the contract that the purchaser has been advised and is aware of the "additional rights." The "additional rights" must be provided in writing to the purchaser by the licensee and be in ten point boldface type or larger.

Notice to Buyer

(1) Do not sign this agreement before you read it or if any spaces intended for the agreed terms, except as to unavailable information, are blank.

(2) You are entitled to a copy of this agreement at the time you sign it.

(3) You may cancel this agreement if it was solicited in person, and you sign it, at a place other than the seller's business address shown on the agreement, by sending notice of such cancellation by certified mail, return receipt requested, to the seller at his address shown on the agreement, which notice shall be posted not later than midnight of the third day (excluding Sundays and holidays) following your signing this agreement; you must return or make available to the seller at the place of delivery any merchandise, in its original condition, received by you under this agreement.

Additional Rights

In addition to the rights and remedies provided for under the above circumstances, you, the purchaser, have the right to rescind the transaction for other than the seller's breach if, for reasonable cause, you return the hearing aid or hold it at the seller's disposal and the hearing aid is in its original condition less normal wear and tear, and you send a notice to the licensee's regular place of business by certified mail, return receipt requested. The notice should state that the transaction is cancelled pursuant to RCW 18.35.190(3) and must be mailed not later than thirty days following the date of delivery. Reasonable cause does not include a mere change of mind or cosmetic concerns.

In the event of cancellation under RCW 18.35.190(3), or as otherwise provided by law, the licensee must, without further request, refund to you postmarked within ten days after such cancellation, all deposits, including down payment, less fifteen percent of the total purchase price or one hundred dollars per hearing aid, whichever is less. He must also return all goods traded in.

You, the buyer, shall incur no additional liability for such cancellation. If you have taken the steps described above to cancel the purchase and subsequently agree with the seller to extend the trial or recision period, you remain entitled to receive the refund upon demand made within sixty days of the original date of delivery or such other time as agreed to in writing by both parties. Written notice of the

last date for demanding a refund is to be provided to you at the time the trial or recision period is extended.

[Statutory Authority: RCW 18.35.161, 91-11-031 (Order 165B), recodified as § 246-828-290, filed 5/8/91, effective 6/8/91; 86-09-064 (Order PL 586), § 308-50-330, filed 4/17/86; Order PL 190, § 308-50-330, filed 5/23/75; Order PL 159, § 308-50-330, filed 2/8/74.]

WAC 246-828-295 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 246-828-310 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Misrepresenting products, services, personnel or other material facts during telephone solicitations. It shall be an unfair or deceptive practice, unethical conduct or an unfair method of competition for a licensee to make, or cause to be made, any misrepresentations of products, services, personnel or material facts when using telephone solicitation. This shall include, but not be limited to, a licensee or agent of the licensee, indicating to a prospective purchaser that an anonymous person has referred the purchaser's name to the licensee when such is not the case.

[Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-310, filed 5/8/91, effective 6/8/91; 85-05-020 (Order PL 518), § 308-50-380, filed 2/13/85.]

WAC 246-828-320 Minimum standards for fitting and dispensing locations. (1) The hours of business of each hearing aid establishment shall be prominently and continuously displayed and visible to the public at each regular place or places of business owned or operated by that establishment.

(2) All such regular place or places of business or any activities emanating therefrom shall meet the minimum standards for facilities and equipment essential for the testing of hearing and the fitting and dispensing of hearing aids as set forth in WAC 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 246-828-330 Notice of availability and location of follow-up services. Every licensee shall provide to a hearing aid purchaser, in writing prior to the signing of the contract, notice of availability of services. The notice shall include the specific location of the follow-up service, including date and time if applicable.

[Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-330, filed 5/8/91, effective 6/8/91; 85-10-024 (Order PL 526), § 308-50-400, filed 4/24/85.]

WAC 246-828-340 Surety bonding—Security in lieu of bonding. Every establishment shall file a bond or security in lieu of a bond as required by RCW 18.35.240. An establishment means any facility engaged in the fitting and dispensing of hearing aids.

In addition to the primary establishment, a branch facility requires separate bonding if that facility is open to the public at a permanent location for twenty or more hours a week or one thousand hours a year. Fitter-dispensers who

rent or lease office space in a facility whose primary function is other than the fitting and dispensing of hearing aids do not require separate bonding for that facility unless the fitter-dispenser or his/her representative is present at that location twenty or more hours a week.

[Statutory Authority: RCW 18.35.161(1), 93-07-010 (Order 340B), § 246-828-340, filed 3/5/93, effective 4/5/93. Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-340, filed 5/8/91, effective 6/8/91; 85-10-024 (Order PL 526), § 308-50-410, filed 4/24/85.]

WAC 246-828-350 Reasonable cause for rescission. The purchaser of the hearing aid(s) may rescind the purchase and recover moneys in accordance with RCW 18.35.190(2) for reasonable cause. The term "reasonable cause" is defined to include the following:

(1) Any material misstatement of fact or misrepresentation by the licensee regarding the hearing aid(s) or fitting and dispensing services to be provided which the purchaser relied on or which induced the purchaser into making the agreement;

(2) Failure by the licensee to provide the purchaser with the hearing aid(s) and fitting and dispensing services which conform to those specified in the purchase agreement between the parties;

(3) Diagnosis of a medical condition unknown to the purchaser at the time of purchase, which precludes the purchaser from using the hearing aid(s);

(4) Failure by the licensee to remedy a significant material defect of the hearing aid(s) within a reasonable period of time in accordance with RCW 18.35.190 (2)(c);

(5) The hearing aid(s) and/or fitting and dispensing services would not be in accordance with accepted practices of the industry; and

(6) The licensee fails to meet any standard of conduct prescribed in the laws regarding the fitting and dispensing of hearing aids and this failure adversely affects in any way the transaction which the purchaser seeks to rescind.

[Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-350, filed 5/8/91, effective 6/8/91; 89-04-017 (Order PM 818), § 308-50-420, filed 1/23/89; 86-09-064 (Order PL 586), § 308-50-420, filed 4/17/86.]

WAC 246-828-360 Procedure for declaratory ruling. (1) In accord with RCW 34.05.240, 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.

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(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 246-828-420 Issuance of temporary practice permits. The department shall issue a temporary practice permit unless there is a basis for denial of the license or issuance of a conditional license. In addition to general application requirements, a person applying for a temporary practice permit shall submit to the department as a condition of temporary permit issuance:

(1) A completed application requesting a temporary practice permit on a form provided by the department;

(2) Examination fee and temporary practice permit fee, as specified in WAC 246-828-990;

(3) Cause written verification to be sent to the licensing office from all states in which the applicant is or has been licensed. The verification will be completed by the state and

will verify the applicant is in good standing and not subject to charges or disciplinary action for unprofessional conduct or impairment and has been practicing for six months or longer; and

(4) An affidavit attesting that the temporary permit applicant has read, understands, and will abide by the Washington state laws regarding the dispensing and fitting of hearing aids on forms provided by the department.

[Statutory Authority: RCW 18.35.161(3). 93-07-008 (Order 341B), § 246-828-420, filed 3/5/93, effective 4/5/93.]

WAC 246-828-430 Duration of temporary practice permits. The temporary permit shall be issued only once to any applicant. The temporary practice permit is nonrenewable and shall expire upon any one of the following conditions whichever comes first:

- (1) The release of the results of the next scheduled examination for which the applicant would be eligible;
- (2) Issuance of a license by the department; or
- (3) Nine months.

[Statutory Authority: RCW 18.35.161(3). 93-07-008 (Order 341B), § 246-828-430, filed 3/5/93, effective 4/5/93.]

WAC 246-828-500 Citation and purpose. The purpose of these rules is to require licensed hearing aid fitters and dispensers to continue their professional education as a condition of maintaining a license to practice the fitting and dispensing of hearing aids in this state.

[Statutory Authority: RCW 18.35.161(3). 93-07-007 (Order 342B), § 246-828-500, filed 3/5/93, effective 4/5/93.]

WAC 246-828-510 Basic requirement—Amount. In the one-year period immediately preceding the annual renewal of the license to practice the fitting and dispensing of hearing aids, the applicant shall complete or accumulate ten hours of acceptable continuing education.

(1) Measurement is in full academic hours only (a fifty-minute period equals one hour). A one-day course shall constitute eight hours of credit.

(2) Credit shall be granted only for class hours and not preparation hours.

(3) Acceptable courses taken after January 1, 1993, may be included in the first computation of continuing education hours necessary for renewal.

(4) The same course taken more than once during the renewal period shall be counted only once.

[Statutory Authority: RCW 18.35.161(3). 93-07-007 (Order 342B), § 246-828-510, filed 3/5/93, effective 4/5/93.]

WAC 246-828-520 Effective date of requirement.

(1) The effective date of the continuing education requirement shall be one year after the 1993 renewal date. Therefore, the required number of hours must first be met by the July 1, 1994, license renewal date.

(2) With respect to any individual, the regulation shall become effective on the 1994 renewal or one year after initial licensure in this state, whichever is later.

[Statutory Authority: RCW 18.35.161(3). 93-07-007 (Order 342B), § 246-828-520, filed 3/5/93, effective 4/5/93.]

WAC 246-828-530 Exceptions. The following is an exception from the continuing education requirements. Upon a showing of good cause by a licensee to the secretary, the secretary, with advice from the 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 246-828-540 Qualification of program for continuing education credit. (1) Generally, formal completion of a program of learning which contributes directly to the professional competence of an individual to practice the fitting and dispensing of hearing aids after he/she has been licensed to do so shall qualify an individual to receive credit for continuing education.

(2) Specifically, of the total ten hours of required education, a maximum of two hours may be in the area of practice management. Practice management includes, but is not limited to, marketing, computer recordkeeping, and personnel issues.

[Statutory Authority: RCW 18.35.161(3). 93-07-007 (Order 342B), § 246-828-540, filed 3/5/93, effective 4/5/93.]

WAC 246-828-550 Programs approved by the 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 246-828-570 Adjudicative proceedings. The board adopts the model procedural rules for adjudicative proceedings as adopted by the department of Health and contained in chapter 246-11 WAC, including subsequent amendments.

[Statutory Authority: RCW 18.35.161(3). 93-17-044, § 246-828-570, filed 8/12/93, effective 9/12/93.]

WAC 246-828-990 Hearing aid fitter/dispenser fees. The following fees shall be charged by the 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

MESSAGE PRACTITIONERS

WAC

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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-830-030	Reciprocity. [Statutory Authority: RCW 18.108.025. 91-01-077 (Order 102B), recodified as § 246-830-030, filed 12/17/90, effective 1/31/91; 88-19-048 (Order PM 770), § 308-51-021, filed 9/14/88.] Repealed by 94-13-181, filed 6/21/94, effective 7/22/94. Statutory Authority: RCW 18.108.025(1).
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).

MISCELLANEOUS

WAC 246-830-005 Definitions. For the purpose of administering chapter 18.108 RCW, the following definitions shall apply:

- (1) "Massage" is as defined in RCW 18.108.010.
- (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) and 18.108.085 (1)(a). 96-22-098, § 246-830-005, filed 11/6/96, effective 12/7/96. Statutory Authority: RCW 18.108.025(1). 95-11-108, § 246-830-005, filed 5/23/95, effective 6/23/95.]

WAC 246-830-010 Meetings of the board. The board shall meet as needed throughout the year to accomplish the business of the board. The meeting dates are listed in the Washington State Register. Information regarding meetings of the board may be obtained by contacting: Department of Health, Board of Massage, P.O. Box 47869, 1300 Quince St. SE, Olympia, WA 98504-7869.

[Statutory Authority: RCW 18.108.025(1). 94-13-181, § 246-830-010, filed 6/21/94, effective 7/22/94.]

WAC 246-830-020 Applications. Application forms for licensure shall be prepared by the secretary and shall provide for the statement of all information required for the license in question. An applicant shall be required to furnish to the secretary a current photograph of passport size, approximately two inches by two inches, with the original application and satisfactory evidence to establish that all requirements for the license have been fulfilled by the applicant, including the requirement that the applicant be of good moral character and is not in violation of chapter 18.130 RCW.

[Statutory Authority: RCW 18.108.085. 92-02-018 (Order 224), § 246-830-020, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 18.108.025. 91-01-077 (Order 102B), recodified as § 246-830-020, filed 12/17/90, effective 1/31/91; 88-11-011 (Order PM 725), § 308-51-010, filed 5/10/88. Statutory Authority: RCW 18.108.020 and 18.108.070. 85-01-043 (Order PL 501), § 308-51-010, filed 12/13/84. Statutory Authority: RCW 18.108.020. 81-11-005 (Order PL 379), § 308-51-010, filed 5/11/81; Order PL 255, § 308-51-010, filed 8/20/76; Order PL 231, § 308-51-010, filed 10/30/75.]

WAC 246-830-035 Licensing without examination.

(1) A license to practice massage shall be issued without

examination provided an individual holds a current license to practice massage in another jurisdiction that has examination and education requirements substantially equivalent to those in Washington.

(2) An individual applying for a license without examination shall submit to the department:

(a) A completed application on a form provided by the department;

(b) The required nonrefundable application fee;

(c) Documentation that the examination and education requirements of the other jurisdiction are substantially equivalent to those in Washington;

(d) Successful completion of an open book test provided by the department which demonstrates a working knowledge of Washington law as contained in chapters 18.108 and 18.130 RCW, and chapter 246-830 WAC;

(e) Proof of compliance with WAC 246-830-050 AIDS, prevention and information education requirements.

(f) Written certification from all jurisdictions in which the applicant has practiced massage verifying that the applicant has a record of good standing and has not been the subject of any disciplinary action.

(3) Restrictions:

(a) All applicants shall be subject to the grounds for denial or issuance of a license conditioned on the applicant's compliance with an order entered pursuant to RCW 18.130.160;

(b) An individual who has failed the Washington state licensing examination shall not be eligible for licensing without examination.

(4) If application for licensing without examination is denied, the applicant may apply for licensing as set forth in RCW 18.108.070.

(5) A license issued without examination is subject to an original license fee and all other renewal requirements set forth in this chapter.

[Statutory Authority: RCW 18.108.025(1). 94-13-181, § 246-830-035, filed 6/21/94, effective 7/22/94.]

WAC 246-830-040 Equipment and sanitation. (1)

All practitioners utilizing hydrotherapies including but not limited to cabinet, vapor or steam baths, whirlpool, hot tub or tub baths shall have available adequate shower facilities.

(2) All cabinets, showers, tubs, basins, massage or steam tables, hydrotherapy equipment, and all other fixed equipment used shall be thoroughly cleansed and shall be rendered free from harmful organisms by the application of an accepted bactericidal agent.

(3) Combs, brushes, shower caps, mechanical, massage and hydrotherapy instruments, or bathing devices that come in contact with the body shall be sterilized or disinfected by modern and approved methods and instruments. Devices, equipment or parts thereof having been used on one person shall be sterilized or disinfected before being used on another person.

(4) Impervious material shall cover, full length, all massage tables or pads, directly under fresh sheets and linens or disposable paper sheets.

(5) All single service materials and clean linen such as sheets, towels, gowns, pillow cases and all other linens used in the practice of massage, shall be furnished by the practi-

tioner for the use of each client. Linens shall be stored in a sanitary manner.

(6) All towels and linens used for one person shall be laundered or cleaned before they are used by any other person.

(7) All soiled linens shall be immediately placed in a covered receptacle.

(8) Soap and clean towels shall be provided by the practitioner for use by clients and employees.

(9) All equipment shall be clean, well maintained and in good repair.

[Statutory Authority: RCW 18.108.025. 91-01-077 (Order 102B), recodified as § 246-830-040, filed 12/17/90, effective 1/31/91; 88-11-011 (Order PM 725), § 308-51-050, filed 5/10/88; Order PL 231, § 308-51-050, filed 10/30/75.]

WAC 246-830-050 AIDS prevention and information education requirements. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of health or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for licensure. Effective January 1, 1989 persons applying for licensure shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4) of this section.

(3) Requirements for licensure, renewal, or reinstatement of any license on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of subsection (4) of this section.

(4) AIDS education and training.

The secretary will accept education and training that is consistent with the topical outline supported by the office on AIDS. Such education and training shall be a minimum of four clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; infection control guidelines; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(5) Documentation. The applicant shall:

(a) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;

(b) Keep records for two years documenting attendance and description of the learning;

(c) Be prepared to validate, through submission of these records, that attendance has taken place.

[Statutory Authority: RCW 18.108.085 and 70.24.270. 92-02-018 (Order 224), § 246-830-050, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-830-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-51-320, filed 11/2/88.]

EXAMINATION

WAC 246-830-201 Scope of examination. (1) The examination for a massage practitioner's license shall, except as noted in subsection (2) of this section, consist of written questions as well as a practical demonstration of massage therapy.

(2) An applicant handicapped by blindness will not be subject to a written examination. A blind applicant will be asked questions orally to appropriately test the range and depth of his/her knowledge of the subjects shown in subsection (3) of this section.

(3) Questions will be sufficient in number to satisfy the board of massage that the applicant has been given an adequate opportunity to express his or her knowledge relating to subjects as stated in RCW 18.108.073(2).

(4) The practical demonstration of massage will be conducted before the examiner(s) and the applicant will be required to perform massage therapy. The following will be evaluated:

- (a) Professional manner,
- (b) Lubrication,
- (c) Overall demonstration of work: Pressure, rhythm, smoothness, organization,
- (d) Interaction with client,
- (e) Effleurage,
- (f) Petrissage,
- (g) Friction,
- (h) Vibration,
- (i) Tapotement,
- (j) Joint demonstration and Swedish gymnastics,
- (k) Specific muscle demonstration,
- (l) Client endangerment,
- (m) Draping and turning,
- (n) Treatment of various conditions.

[Statutory Authority: RCW 18.108.025. 91-01-077 (Order 102B), recodified as § 246-830-201, filed 12/17/90, effective 1/31/91; 88-11-011 (Order PM 725), § 308-51-100, filed 5/10/88. Statutory Authority: RCW 18.108.020 and 18.108.070. 85-01-043 (Order PL 501), § 308-51-100, filed 12/13/84. Statutory Authority: RCW 18.108.020. 80-01-018 (Order PL 329, Resolution No. 12/79), § 308-51-100, filed 12/13/79; Order PL 248, § 308-51-100, filed 5/25/76.]

WAC 246-830-220 Grading of examinations. Each applicant must obtain a grade of 70 or better on each portion of the examination before being considered by the board to be technically qualified for licensing as a massage practitioner.

[Statutory Authority: RCW 18.108.025. 91-01-077 (Order 102B), recodified as § 246-830-220, filed 12/17/90, effective 1/31/91; 88-11-011 (Order PM 725), § 308-51-110, filed 5/10/88. Statutory Authority: RCW 18.108.020 and 18.108.070. 85-01-043 (Order PL 501), § 308-51-110, filed 12/13/84. Statutory Authority: RCW 18.108.020. 79-10-042 (Order 314, Resolution No. 9/79), § 308-51-110, filed 9/13/79; Order PL 248, § 308-51-110, filed 5/25/76.]

WAC 246-830-230 Frequency and location of examinations. (1) The board will normally conduct examinations twice a year.

(2) Written examinations will be conducted prior to the practical examinations. Applicants will be required to pass the written examination and the practical examination.

(3) Written and practical examinations will be conducted at a location within the state as determined by the secretary.

(4) A notification will be sent to the 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 246-830-240 Examination appeal procedures.

(1) Any candidate who takes the state examination for licensure and does not pass either the written examination or the practical examination, may request review of the results of either examination by the Washington state board of massage.

(a) The board will not modify examination results unless the candidate presents clear and convincing evidence of error in the examination content or procedure, or bias, prejudice or discrimination in the examination process.

(b) The board will not consider any challenges to examination scores unless the total of the potentially revised score would result in issuance of a license.

(2) The procedure for requesting an informal review of examination results is as follows:

(a) The request must be in writing and must be received by the department within thirty days of the date on the letter of notification of examination results sent to the candidate.

(b) The following procedures apply to an appeal of the results of the written examination.

(i) In addition to the written request required in (a) of this subsection, the candidate must appear personally in the department office in Olympia for an examination review session. The candidate must contact the department to make an appointment for the exam review session.

(ii) The candidate's incorrect answers will be available during the review session. The candidate will be given a form to complete in defense of the examination answers. The candidate must specifically identify the challenged questions on the examination and must state the specific reason(s) why the candidate believes the results should be modified.

(iii) The candidate will be allowed one-half the time originally allotted to take the examination for this review session.

(iv) The candidate may not bring in any resource material for use while completing the informal review form.

(v) The candidate will not be allowed to remove any notes or materials from the office upon completing the review session.

(c) The following procedures apply to an appeal of the results of the practical examination.

(i) In addition to the written request required in (a) of this subsection, the candidate must, within thirty days of the date on the letter of notification of exam results, request in writing a breakdown of the candidate's scores in the various areas of the examination.

(ii) The candidate will be sent the breakdown and will also be provided a form to complete in defense of the candidate's examination performance. The candidate must complete the form and specifically identify the challenged portion(s) of the examination and must state the specific reason(s) why the candidate believes the results should be modified. This form must be returned to the department within fifteen days of the date on the letter of breakdown sent to the candidate.

(d) The board will schedule a closed session meeting to review the examinations, score sheets and forms completed by the candidate. The candidate will be notified in writing of the board decision.

(i) The candidate will be identified only by candidate number for the purpose of this review.

(ii) Letters of referral or requests for special consideration will not be read or considered by the board.

(e) Any candidate who is not satisfied with the results of the informal examination review may request a formal hearing before the board to challenge the examination results.

(3) The procedures for requesting a formal hearing are as follows:

(a) The candidate must complete the informal review process before requesting a formal hearing.

(b) The request for formal hearing must be received by the department within twenty days of the date on the notice of the results of the board's informal review.

(c) The written request must specifically identify the challenged portion(s) of the examination and must state the specific reason(s) why the candidate believes the examination results should be modified.

(d) Candidates will receive at least twenty days notice of the time and place of the formal hearing.

(e) The hearing will be restricted to the specific portion(s) of the examination the candidate has identified in the request for formal hearing.

(f) The formal hearing will be conducted pursuant to the Administrative Procedure Act, chapter 34.04 RCW.

(g) The candidate will be notified in writing of the board decision.

[Statutory Authority: RCW 18.108.025, 91-01-077 (Order 102B), recodified as § 246-830-240, filed 12/17/90, effective 1/31/91; 88-11-011 (Order PM 725), § 308-51-125, filed 5/10/88. Statutory Authority: RCW 18.108.020, 87-21-049 (Order PM 685), § 308-51-125, filed 10/15/87.]

WAC 246-830-250 Reexamination. An applicant who has failed to pass either or both portions of the examination may apply for reexamination, provided the required reexamination fee(s) is submitted and current application

requirements are met. An applicant must successfully complete both portions of the examination prior to licensure. If an applicant fails to successfully pass either portion of the examination within two years of the date of the original examination, he/she must retake the entire examination.

[Statutory Authority: RCW 18.108.025, 91-01-077 (Order 102B), recodified as § 246-830-250, filed 12/17/90, effective 1/31/91; 90-13-005 (Order 053), § 308-51-130, filed 6/7/90, effective 7/8/90. Statutory Authority: RCW 18.108.020, 80-04-012 (Order PL 336), § 308-51-130, filed 3/10/80; Order PL 248, § 308-51-130, filed 5/25/76.]

WAC 246-830-255 Time limitation on initial application for licensure. If an applicant does not apply for a license within three years of the successful completion of the license examination, reexamination shall be required. An individual who has been notified of his/her passing scores has three years from the date of notification to obtain a license. If a license is not obtained, the passing scores shall be declared null and void and the applicant shall reapply and pay the fee for full examination, meeting all current requirements and submitting original documents as needed.

[Statutory Authority: RCW 18.108.025(1), 94-13-181, § 246-830-255, filed 6/21/94, effective 7/22/94.]

WAC 246-830-260 Special examination. An applicant who states that the applicant cannot read or speak the English language with sufficient facility to take the written or practical examination may elect one of the following options:

- (1) To have the examination read in English; or
- (2) Take the examination with the assistance of a translator.

The applicant must notify the department of the applicant's need for a translator at the time of filing an application to take the massage exam.

The translator shall not define or translate from English to the requested language any medical terms, conditions, or treatments.

[Statutory Authority: RCW 18.108.025, 91-01-077 (Order 102B), recodified as § 246-830-260, filed 12/17/90, effective 1/31/91; 88-19-048 (Order PM 770), § 308-51-140, filed 9/14/88; 88-11-011 (Order PM 725), § 308-51-140, filed 5/10/88; Order PL 248, § 308-51-140, filed 5/25/76.]

WAC 246-830-270 Reexamination for assurance of competency. (1) An applicant for licensure who has been previously licensed shall retake both the practical and written portions of the examination and achieve passing scores before relicensure under any one of the following circumstances:

- (a) The applicant has been unlicensed voluntarily for more than thirty-six calendar months; or
- (b) The applicant's license has been revoked or suspended by reason of a disciplinary action by the secretary of the department of health.

(2) The secretary may require reexamination in any disciplinary order, based upon findings and conclusions relative to the competency of a licensee to practice massage before issuing an unconditional license.

(3) Whenever reexamination is required, the licensee shall pay the appropriate fees set forth in WAC 246-830-990.

[Statutory Authority: RCW 18.108.085, 92-02-018 (Order 224), § 246-830-270, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 18.108.025, 91-01-077 (Order 102B), recodified as § 246-830-270, filed 12/17/90, effective 1/31/91; 88-11-011 (Order PM 725), § 308-51-220, filed 5/10/88.]

WAC 246-830-280 Dismissal from examination. Any applicant whose conduct interferes with the testing process may be dismissed from the examination and that applicant's examination will be rejected. Disciplinary action may be taken by the secretary in response to a report of an applicant's dismissal from the examination. Such conduct will include but not be limited to the following:

- (1) Giving or receiving examination data, either directly or indirectly, during the examination process;
- (2) Failure to follow written or oral instructions relative to conducting the examination, including termination times and procedures;
- (3) Endangering the life or health of a model, other applicants or examination staff;
- (4) The introduction of unauthorized materials during any portion of the examination;
- (5) Any attempt to remove examination materials or notations from the testing site.

[Statutory Authority: RCW 18.108.025(1), 94-13-181, § 246-830-280, filed 6/21/94, effective 7/22/94.]

WAC 246-830-290 Documents in a foreign language. All application documents submitted in a foreign language shall be accompanied by an accurate translation of those documents into English. Translated documents shall bear a notarized affidavit certifying that the translator is competent in both the language of the document and the English language and that the translation is a true and complete translation of the foreign language original. Costs of translation of all documents shall be at the expense of the applicant.

[Statutory Authority: RCW 18.108.025(1), 94-13-181, § 246-830-290, filed 6/21/94, effective 7/22/94.]

EDUCATION

WAC 246-830-401 Scope and purpose. (1) The minimum educational requirements for licensure to practice massage therapy in Washington is successful completion of a course of study from a massage school, 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 246-830-420 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 scholar-

ly 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 246-830-460 Continuing education requirement—Amount. The licensee shall demonstrate continued professional competency by completing sixteen hours of acceptable continuing education every two years.

(1) Hours for continuing education shall be measured in full academic hours (a fifty-minute period equals one hour).

(2) Continuing education credit shall be granted for class hours only and not preparation time.

[Statutory Authority: RCW 18.108.025(1). 94-13-181, § 246-830-460, filed 6/21/94, effective 7/22/94.]

WAC 246-830-465 Effective date of requirement. The effective date of the continuing education requirement shall be July 1, 1994. Acceptable courses taken after that date may be included in the first computation of continuing education hours necessary for renewal which is reportable on or after July 1, 1996. The first reporting date for newly licensed practitioners shall be two years from their initial licensing date.

[Statutory Authority: RCW 18.108.025(1). 94-13-181, § 246-830-465, filed 6/21/94, effective 7/22/94.]

WAC 246-830-470 Exemptions. Upon a showing of good cause by a licensee, the secretary with advice from the board, may exempt such licensee from any, all, or part of the

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continuing education requirement. Exemptions are effective for one year.

[Statutory Authority: RCW 18.108.025(1). 94-13-181, § 246-830-470, filed 6/21/94, effective 7/22/94.]

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 246-830-480 Certification of compliance. (1) Each licensee shall submit an affidavit of compliance every two years on a form provided by the secretary indicating the sixteen hours of continuing education has been completed. The secretary, with recommendations from the board, reserves the right to require any licensee to submit evidence of training in order to demonstrate compliance with the continuing education requirement. It is therefore the responsibility of each licensee to maintain records, or certificates or other evidence of compliance with the continuing education requirements for up to three years.

(2) Failure on the part of a licensee to demonstrate that the continuing education requirement has been met shall be grounds for disciplinary action.

[Statutory Authority: RCW 18.108.025(1). 94-13-181, § 246-830-480, filed 6/21/94, effective 7/22/94.]

DISCIPLINARY

WAC 246-830-610 Definitions. For the purposes of WAC 246-830-610 through 246-830-690, the following words and phrases shall have the following meanings unless the context clearly indicates otherwise.

(1) "Department" means the department of health, whose address is:

Department of Health
 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 246-830-620 Mandatory reporting. (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the massage practitioner being reported.

(c) The case number of any client whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-830-620, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-51-240, filed 6/30/89.]

WAC 246-830-630 Health care institutions. The chief administrator or executive officer of any hospital or

nursing home or their designee shall report to the department when any massage practitioner's services are terminated or are restricted based on a determination that the massage practitioner has either committed an act or acts which may constitute unprofessional conduct or that the massage practitioner may be unable to practice with reasonable skill or safety to clients by reason of any mental or physical condition.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-830-630, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-51-250, filed 6/30/89.]

WAC 246-830-640 Massage practitioner associations or societies. The president or chief executive officer of any massage practitioner association or society within this state shall report to the department when the association or society determines that a massage practitioner has committed unprofessional conduct or that a massage practitioner may not be able to practice massage therapy with reasonable skill and safety to clients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the license holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-830-640, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-51-260, filed 6/30/89.]

WAC 246-830-650 Health care service contractors and disability insurance carriers. The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that a massage practitioner has engaged in fraud in billing for services.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-830-650, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-51-270, filed 6/30/89.]

WAC 246-830-660 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to massage practitioners shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured massage practitioner's incompetency or negligence in the practice of massage. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the massage practitioner's alleged incompetence or negligence in the practice of massage therapy.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-830-660, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-51-280, filed 6/30/89.]

WAC 246-830-670 Courts. The department requests the assistance of the clerk of trial courts within the state to

report all professional malpractice judgments and all convictions of licensed massage practitioners, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-830-670, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-51-290, filed 6/30/89.]

WAC 246-830-680 State and federal agencies. The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a massage practitioner is employed to provide client care services, to report to the department whenever such a massage practitioner has been judged to have demonstrated his/her incompetency or negligence in the practice of massage therapy, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled massage practitioner. These requirements do not supersede any state or federal law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-830-680, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-51-300, filed 6/30/89.]

WAC 246-830-690 Cooperation with investigation.

(1) A licensee must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the secretary of the department of health by submitting the requested items within fourteen calendar days of receipt of the request by either the licensee or their attorney, whichever is first. If the licensee fails to comply with the request within fourteen calendar days, the investigator will contact that individual or their attorney by telephone or letter as a reminder.

(2) Investigators may extend the time for response if the request for extension does not exceed seven calendar days. Any other requests for extension of time may be granted by the secretary or the secretary's designee.

(3) If the licensee fails to comply with the request within three business days after receiving the reminder, a subpoena will be served to obtain the requested items. A statement of charges may be issued pursuant to RCW 18.130.180(8) for failure to cooperate. If there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(4) If the licensee complies with the request after the issuance of the statement of charges, the secretary or the secretary's designee will decide if the charges will be prosecuted or settled. If the charges are to be settled the settlement proposal will be negotiated by the secretary's designee. Settlements are not considered final until the secretary signs the settlement agreement.

[Statutory Authority: RCW 18.108.085, 18.130.050 and 18.130.070. 92-02-018 (Order 224), § 246-830-690, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-830-690, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-51-310, filed 6/30/89.]

FEEES

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 246-834 WAC

MIDWIVES

WAC

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WAC 246-834-010 Definitions. (1) Academic director as used in these rules means the individual who is

responsible for planning, organizing and implementing all aspects of the curriculum of a midwifery education program.

(2) Health care provider as used in RCW 18.50.108 means any licensed physician who is engaged in active clinical obstetrical practice.

(3) Nursing education as used in these rules means completion of courses for credit in a school that is approved to train persons for licensure as registered nurses or licensed practical nurses, or courses in other formal training programs which include instruction in basic nursing skills.

(4) Practical midwifery experience as used in these rules means performance in midwifery functions, prior to obtaining a license, that is verified by affidavit, testimony or other sworn written documentation that verifies that the experience and its documentation is equivalent to that required of regularly enrolled midwifery students.

(5) Preceptor. A preceptor is a licensed or legally practicing obstetric practitioner who assumes responsibility for supervising the practical (clinical obstetric) experience of a student midwife. The preceptor shall be physically present whenever the student is managing a birth, and shall evaluate in writing the student's overall performance.

(6) Supervision means the observation and evaluation of a student midwife's practical performance. A supervisor need not be physically present in nonbirth situations. However, when a student midwife undertakes managing a birth, the supervisor must be physically present.

(7) Survey visit is an information gathering and observational visit intended to provide the basis for the director's assessment of a school's compliance with all aspects of chapter 18.50 RCW.

[Statutory Authority: RCW 18.50.135 and 18.50.045. 92-02-018 (Order 224), § 246-834-010, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 85-23-044 (Order PL 566), § 308-115-050, filed 11/18/85; 82-19-079 (Order PL 406), § 308-115-050, filed 9/21/82.]

WAC 246-834-060 Application for licensing examination. (1) All applicants shall file a completed, notarized application, with the application fee specified in WAC 246-834-990, at least 45 days prior to the examination.

(2) Applicants shall request that the school of midwifery send an official transcript directly to the department of health, professional licensing services.

(3) Those who have properly applied to take the midwifery licensing examination and have met all qualifications will be notified of their eligibility to be examined. Upon notification of eligibility, the examination fee specified in WAC 246-834-990 must be submitted. Only applicants so notified will be admitted to the examination.

(4) No fees submitted and processed by the department will be subject to refund.

(5) All applicants shall take the current state licensing examination for midwives.

(6) The minimum passing score on the licensing examination is 75 percent.

[Statutory Authority: RCW 18.50.135 and 18.50.045. 92-02-018 (Order 224), § 246-834-060, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 82-19-079 (Order PL 406), § 308-115-060, filed 9/21/82.]

WAC 246-834-065 Application for examination—Out-of-state education. (1) A midwife not licensed in the state of Washington may sit for the licensing examination without completing the required coursework or the midwife-in-training program provided the midwife meets the following requirements:

(a) Has completed a program preparing candidates to practice as a midwife provided such program is equivalent to the minimum course requirements of approved midwifery programs in Washington at the time of applicant's program completion. Proof of equivalency shall be submitted by the applicant with the application.

(b) The transcript of the applicant's completed midwifery program verifies that:

(i) All courses were completed with a grade of C (pass) or better; and

(ii) At least fifteen managed births were completed under the preceptorship of an experienced midwife approved by the candidate's educational program.

(c) If managed births completed under the preceptorship in (1)(b)(ii) are less than fifty, then affidavits of births the applicant has managed must be submitted in a sufficient number to prove that the applicant has managed a total of at least fifty births.

(2) The applicant shall submit to the department:

(i) A complete notarized application with the required fee. The fee is nonrefundable.

(ii) Notarized copies of educational preparation or an official transcript verifying educational preparation or an official transcript verifying educational preparation to practice midwifery.

(iii) Affidavits of managed births as required in (1)(c).

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-065, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 89-16-037 (Order PM 856), § 308-115-065, filed 7/25/89, effective 8/25/89.]

WAC 246-834-070 Release of examination results. (1) Applicants shall be notified of examination results. All notices shall be by mail.

(2) Applicants who pass shall receive the results of the examination and instructions for obtaining a license to practice as a midwife.

(3) Applicants who fail shall receive notice of their eligibility to be reexamined, and of the procedure for applying for reexamination.

(4) Each accredited school of midwifery shall receive a statistical report of the test results of applicants who graduated from that school.

(5) Results of the examination will not be released to anyone except as provided above unless release is authorized by the applicant in writing.

(6) The applicant's examination results will be maintained by the department.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 82-19-079 (Order PL 406), § 308-115-070, filed 9/21/82.]

WAC 246-834-080 Failures. (1) An applicant who has failed the examination may be reexamined if he/she

(a) Applies to the department at least 30 days prior to the next scheduled examination, and

(b) Pays any required fee as specified in WAC 246-834-990.

(2) If an applicant fails his/her first examination, no additional fee will be required if the candidate is reexamined within one year. Applicants shall pay an examination fee determined by the secretary for examinations taken after the first reexamination.

(3) Applicants who fail the second retest shall be required to submit evidence to the secretary of completion of an individualized program of study prior to being permitted to be reexamined.

[Statutory Authority: RCW 18.50.135 and 18.50.045. 92-02-018 (Order 224), § 246-834-080, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 82-19-079 (Order PL 406), § 308-115-080, filed 9/21/82.]

WAC 246-834-090 Purpose of accreditation of midwifery educational programs. The secretary provides for accreditation of midwifery educational programs for the following reasons:

(1) To ensure that only qualified midwives will be licensed to practice in the state of Washington.

(2) To ensure the safe practice of midwifery by setting minimum standards for midwifery educational programs that prepare persons for licensure as midwives.

(3) To ensure that each midwifery educational program has flexibility to develop and implement its program of study and that it is based on minimum standards for accredited schools of midwifery provided herein.

(4) To ensure that standards for each accredited midwifery program promote self evaluation.

(5) To assure the graduates of accredited schools of their eligibility for taking the licensing examination for midwives.

[Statutory Authority: RCW 18.50.135 and 18.50.045. 92-02-018 (Order 224), § 246-834-090, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 82-19-079 (Order PL 406), § 308-115-090, filed 9/21/82.]

WAC 246-834-100 Philosophy, purpose and objectives of an accredited midwifery educational program. The philosophy, purpose and objectives of an accredited midwifery educational program shall be stated clearly and shall be in written form.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 82-19-079 (Order PL 406), § 308-115-100, filed 9/21/82.]

WAC 246-834-110 Advisory body. Each institution that offers a midwifery educational program shall appoint an advisory body composed of health professionals, midwives and public members. The group should have a minimum of five members and should meet regularly. Functions of the advisory body shall include but not be limited to the following:

(1) Promoting communication between the community and the school;

(2) Making recommendations on the curriculum, student selection and faculty;

(3) Informing the school about needs in midwifery education and practices; and

(4) Being informed about the school's finances.

In institutions whose advisory bodies are provided for by statute, or rule as in the case of public community colleges, universities and vocational-technical institutes, it can be presumed that the advisory body provided for meets these requirements.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 82-19-079 (Order PL 406), § 308-115-110, filed 9/21/82.]

WAC 246-834-120 Learning sites. (1) Learning sites utilized by accredited midwifery educational programs shall:

(a) Include a variety of sites in addition to the school that may be used for student experience. These may include, but need not be limited to, hospitals, clinics, offices of health professionals and health centers.

(b) Provide learning experiences of sufficient number and variety that students can achieve the course/curriculum objectives and requirements of the statute.

(2) Written agreements shall be maintained between the school and any supervising clinicians and faculty. Such agreements shall be reviewed periodically by the parties and shall state the responsibilities and privileges of each party.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 82-19-079 (Order PL 406), § 308-115-120, filed 9/21/82.]

WAC 246-834-130 Staffing and teacher qualifications. At the time of application for accreditation pursuant to WAC 246-834-180, the school shall provide proof of the following:

(1) That the academic director for the midwifery program is either (a) a midwife licensed under chapter 18.50 RCW or (b) a nurse midwife (ARNP) licensed under chapter 18.88 RCW or (c) has been educated in a midwifery program having standards comparable to standards in Washington and has experience in legal midwifery clinical practice.

(2) That the clinical faculty and preceptors either (a) hold a current license in the jurisdiction where they practice and demonstrate expertise in the subject area to be taught, or (b) are legally engaged in an active clinical practice and demonstrate expertise in the subject area to be taught.

(3) That each member of the faculty either (a) holds a certificate or degree in midwifery or the subject area to be taught, or (b) has no less than three years of experience in the subject area to be taught.

[Statutory Authority: RCW 18.50.135 and 18.50.045. 92-02-018 (Order 224), § 246-834-130, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.045. 86-16-012 (Order PM 608), § 308-115-130, filed 7/25/86. Statutory Authority: RCW 18.50.135. 82-19-079 (Order PL 406), § 308-115-130, filed 9/21/82.]

WAC 246-834-140 Curriculum. (1) The basic curriculum shall be at least three academic years, and shall consist of both didactic and clinical instruction sufficient to meet the educational standards of the school and of chapter

18.50 RCW. However, the school may shorten the length of time for the program after consideration of the student's documented education and experience in the required subjects, if the applicant is a registered nurse under chapter 18.88 RCW, a licensed practical nurse under chapter 18.78 RCW, or has had previous nursing education or practical midwifery experience. The midwifery training shall not be reduced to a period of less than two academic years. Each student must undertake the care of not less than fifty women in each of the prenatal, intrapartum and early postpartum periods. The care of up to thirty five women in each of the periods may be undertaken as a part of previous nursing education or practical midwifery experience as defined in WAC 246-834-010(5). No less than fifteen women must be cared for in each period while enrolled in the school from which the student graduates. The student need not see the same women throughout each of the periods. A candidate for licensure must observe an additional fifty women in the intrapartum period in order to qualify for licensure. Up to thirty five of these observations may be as a part of previous nursing education or practical midwifery experience as defined in WAC 246-834-010(5). No less than fifteen women must be observed in the intrapartum period while enrolled in the school from which the student graduates.

(2) Each school must ensure that the students receive instructions in the following instruction area:

(a) Instruction in basic sciences (including biology, physiology, microbiology, anatomy with emphasis on female reproductive anatomy, genetics and embryology) normal and abnormal obstetrics and gynecology, family planning techniques, childbirth education, nutrition both during pregnancy and lactation, breast feeding, neonatology, epidemiology, community care, and medicolegal aspects of midwifery.

(b) Instruction in basic nursing skills and clinical skills, including but not limited to vital signs, perineal prep, enema, catheterization, aseptic techniques, administration of medications both orally and by injection, local infiltration for anesthesia, venipuncture, administration of intravenous fluids, infant and adult resuscitation, and charting.

(c) Clinical practice in midwifery which includes care of women in the prenatal, intrapartum and early postpartum periods, in compliance with RCW 18.50.040.

(3) Provision shall be made for systematic, periodic evaluation of the curriculum.

(4) Any proposed major curriculum revision shall be presented to the secretary at least three months prior to implementation.

[Statutory Authority: RCW 18.50.135 and 18.50.045. 92-02-018 (Order 224), § 246-834-140, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 87-21-011 (Order PM 686), § 308-115-140, filed 10/9/87; 85-23-044 (Order PL 566), § 308-115-140, filed 11/18/85; 82-19-079 (Order PL 406), § 308-115-140, filed 9/21/82.]

WAC 246-834-150 Students. (1) Written policies and procedures for selection, admission, promotion, graduation and withdrawal of students shall be available.

(2) Courses completed prior to enrollment in the midwifery school should have been completed within ten years of enrollment and must be documented by official

transcript in order for reduction of basic requirements to be considered.

(3) Students who seek admission by transfer from another midwifery educational program shall meet the equivalent of the school's current standards for those regularly enrolled. The school may grant credit for the care of up to thirty five women in each of the periods undertaken as a part of previous midwifery education. No less than fifteen women must be cared for in each period while enrolled in the school from which the student graduates. The student need not see the same women throughout each of the periods. A candidate for licensure must observe an additional fifty women in the intrapartum period in order to qualify for licensure. Up to thirty five of these observations may be as a part of previous midwifery education. No less than fifteen women must be observed in the intrapartum period while enrolled in the school from which the student graduates.

(4) Individuals may request advanced placement on the basis of their previous practical midwifery experience as specified in RCW 18.50.040(2) and WAC 246-834-010(5) but in no case shall a school grant credit for more than thirty-five of the fifty required managed births. At least fifteen of the managed births must be undertaken while enrolled in the school granting advanced placement.

(5) Each school shall maintain a comprehensive system of student records.

[Statutory Authority: RCW 18.50.135 and 18.50.045. 92-02-018 (Order 224), § 246-834-150, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 85-23-044 (Order PL 566), § 308-115-150, filed 11/18/85; 82-19-079 (Order PL 406), § 308-115-150, filed 9/21/82.]

WAC 246-834-160 Student midwife permit. (1) A permit may be issued to any individual who has:

(a) Successfully completed an accredited midwifery program as specified in RCW 18.50.040 (2)(a) and (b); and

(b) Undertaken the care of not less than fifty women in each of the prenatal, intrapartum and early postpartum periods as required by RCW 18.50.040 (2)(c) and by these rules; and

(c) Satisfactorily completed the licensing examination required by RCW 18.50.060; and

(d) Filed a completed application for student midwife permit accompanied by a nonrefundable fee as specified in WAC 246-834-990.

(2) The student midwife permit authorizes the individuals to practice and observe fifty women in the intrapartum period under the supervision of a licensed midwife, licensed physicians or CRN (nurse midwife).

[Statutory Authority: RCW 18.50.135 and 18.50.045. 92-02-018 (Order 224), § 246-834-160, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 82-19-079 (Order PL 406), § 308-115-160, filed 9/21/82.]

WAC 246-834-170 Reports to the director of department of licensing by accredited midwifery educational programs. (1) An annual report on the program and its progress for the period July 1 to June 30 shall be submit-

ted to the department by each midwifery educational program on forms supplied by the department.

(2) Written notification shall be sent to the department regarding major changes relating to, but not limited to, the following:

- (a) Change in the administrator or academic director.
- (b) Organizational change.
- (c) Changes in extended learning sites.

The information submitted to the department of health shall include the reason for the proposed change.

(3) The secretary may require submission of additional reports.

[Statutory Authority: RCW 18.50.135 and 18.50.045. 92-02-018 (Order 224), § 246-834-170, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 82-19-079 (Order PL 406), § 308-115-170, filed 9/21/82.]

WAC 246-834-180 Application for accreditation.

Applicants for accreditation as midwifery educational programs shall:

(1) Apply for accreditation using a form provided by the secretary.

(2) Comply with the department's accreditation procedures and obtain accreditation before its first class graduates, in order for these graduates to be eligible to take the state licensing examination.

The accreditation will be based on, but not limited to, the quality of the curriculum and the qualifications of the faculty and preceptors.

[Statutory Authority: RCW 18.50.135 and 18.50.045. 92-02-018 (Order 224), § 246-834-180, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-180, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.045. 86-16-012 (Order PM 608), § 308-115-180, filed 7/25/86. Statutory Authority: RCW 18.50.135. 82-19-079 (Order PL 406), § 308-115-180, filed 9/21/82.]

WAC 246-834-190 School survey visits. The secretary's designee shall make survey visits to midwifery educational programs:

(1) At least annually during the first three years of operation, and

(2) At least every two years after the new school's first three years of operation or more often at the discretion of the secretary.

(3) The cost of a survey visit to a midwifery educational program outside the state of Washington shall be borne by the program requesting accreditation.

[Statutory Authority: RCW 18.50.135 and 18.50.045. 92-02-018 (Order 224), § 246-834-190, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-190, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 85-23-044 (Order PL 566), § 308-115-190, filed 11/18/85; 82-19-079 (Order PL 406), § 308-115-190, filed 9/21/82.]

WAC 246-834-200 Appeal of department of licensing decisions. A school of midwifery aggrieved by a department decision affecting its accreditation may appeal the decision pursuant to chapter 18.50 RCW and the Administrative Procedure Act, chapter 34.05 RCW.

[Statutory Authority: RCW 18.50.135, 18.50.045 and 34.05.220. 92-02-018 (Order 224), § 246-834-200, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-

834-200, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 82-19-079 (Order PL 406), § 308-115-200, filed 9/21/82.]

WAC 246-834-210 Closure of an accredited school of midwifery. (1) When an organization decides to discontinue its school of midwifery, written notification of the planned closure should be sent to the department.

(2) A school in the process of closing shall remain accredited until the students who are enrolled at the time the department receives the notice of planned closure have been graduated, provided that the minimum standards are maintained by the school.

(3) When a closing midwifery school's last students graduate, its accreditation shall terminate.

(4) A closing midwifery school shall provide for safe storage of vital school records and should confer with the secretary concerning the matter.

[Statutory Authority: RCW 18.50.135 and 18.50.045. 92-02-018 (Order 224), § 246-834-210, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-210, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 82-19-079 (Order PL 406), § 308-115-210, filed 9/21/82.]

WAC 246-834-220 Credit toward educational requirements for licensure. (1) Applicants not meeting the minimum requirements set forth in WAC 246-834-060 may apply to the department for licensure by submitting the following:

(a) A completed, notarized application on a form provided by the department accompanied by a nonrefundable fee as specified in WAC 308-115-405;

(b) Credit for academic courses:

(i) Certification by an accrediting body, which has been approved by the department, of completed academic and continuing education courses as required in RCW 18.50.040 (2)(b) for which the applicant has received a grade of "C" or better. A certified copy of the courses taken and grades or scores achieved shall be submitted by the accrediting body directly to the department; or

(ii) Completion of challenge examinations approved by the department with a minimum score of 75% for any academic subject required in RCW 18.50.040 (2)(b). Challenge examinations shall be administered a minimum of twice a year. An applicant for challenge examination must file a completed application for each examination along with the required fee with the department at least 45 days prior to the examination.

(c) A prospectus for permission to undertake a midwife-in-training program. Such a program shall be on such terms as the department finds necessary to assure that the applicant meets the minimum statutory requirements for licensure set forth in RCW 18.50.040, and shall include, but not be limited to the following:

(i) The program shall be under the guidance and supervision of a preceptor, and shall be conducted for a period of not more than five years;

(ii) The program shall be designed to provide for individual learning experiences and instruction based upon the applicant's academic background, training, and experience;

(iii) The prospectus for the program shall be submitted on an approved form, signed by the preceptor, and approved

by the department prior to the commencement of the program. Any changes in the program shall be reported within 30 days in writing to the department, and the department may withdraw the approval given, or alter the conditions under which approval was originally given, if the department finds that the program as originally submitted and approved has not been or is not being followed.

(2) The midwife-in-training program prospectus must include the following components:

(a) A plan for completion of required academic subjects required in RCW 18.50.040 (2)(b);

(b) Planned reading and written assignments;

(c) A project including at least one problem-solving component to be submitted in writing. The problem-solving component should include the definition of an acknowledged problem, the method of approach to the problem, the listing of possible alternatives, the actions taken, evaluation, and final recommendations to improve care given;

(d) Other planned learning experiences including acquisition of knowledge about other health and welfare agencies in the community;

(e) A quarterly written report, on an approved form, submitted to the department by the trainee, which shall include a detailed outline of progress toward meeting the objectives of the prospectus during the reporting period;

(f) The program must provide for a broad range of experience with a close working relationship between preceptor and the trainee. Toward that end, as a general rule, no program will be approved which would result in an individual preceptor supervising more than two midwives-in-training simultaneously. Exception to this rule may be granted by the department in unusual circumstances;

(g) The department may, in an individual case, require additional approved education, based upon assessment of the individual applicant's background, training and experience.

(3) Upon approval of the application, a trainee permit will be issued which enables the trainee to practice under the supervision of a preceptor. The permit shall expire within one year of issuance and may be extended as provided by rule.

(4) The trainee shall provide documentation of care given as follows:

(a) Records of no more than thirty-five women to whom the trainee has given care in each of the prenatal, intrapartum, and early postpartum periods, although the same women need not have been seen through all three periods. These records must contain affidavits from the clients certifying that the care was given. If a client is unavailable to sign an affidavit, an affidavit from a preceptor or a certified copy of the birth certificate may be substituted. The care may have been given prior to the beginning of the midwife-in-training program or during the trainee period;

(b) After being issued a trainee permit, the trainee must manage care in the prenatal, intrapartum, and early postpartum period of fifteen women under the supervision of the preceptor. These women shall be in addition to the women whose records were used to meet the conditions of (a) of this subsection. The preceptor shall submit, on approved forms, completed check-lists of skills and experiences when this requirement has been met;

(c) Evidence, on an approved form, of observing 50 deliveries in addition to those specified in (b) of this subsection.

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tion. The deliveries may have been observed prior to the beginning of the midwife-in-training program or may be observed during the trainee period.

(5) Upon satisfactory completion of subsections (1)(a) through (4)(c) of this section, the trainee is eligible to apply for the examination.

[Statutory Authority: RCW 18.50.135 and 18.50.045. 92-02-018 (Order 224), § 246-834-220, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-220, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.040(3) and 18.50.115. 88-12-040 (Order PM 732), § 308-115-220, filed 5/27/88.]

WAC 246-834-230 Preceptor for midwife-in-training program. (1) In reviewing a proposed midwife-in-training program, the department shall use the following criteria in assessing the qualifications and determining the responsibilities of the preceptor:

(a) Qualifications of preceptor:

(i) The preceptor shall have demonstrated the ability and skill to provide safe, quality care;

(ii) The preceptor shall have demonstrated continued interest in professional development beyond the requirements of basic licensure;

(iii) The preceptor shall participate in and successfully complete any preceptor workshop or other training deemed necessary by the department; and,

(iv) The preceptor shall be licensed in the state of Washington. Exception to this rule may be granted by the department in unusual circumstances.

(b) Responsibilities of the preceptor:

(i) The preceptor shall monitor the educational activities of the trainee and shall have at least one conference with the trainee quarterly to discuss progress;

(ii) The preceptor shall submit quarterly progress reports on approved forms to the department, and,

(iii) The preceptor shall maintain and submit the check-lists as specified in WAC 246-834-220 (4)(b).

[Statutory Authority: RCW 18.50.135 and 18.50.045. 92-02-018 (Order 224), § 246-834-230, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-230, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.040(3) and 18.50.115. 88-12-040 (Order PM 732), § 308-115-230, filed 5/27/88.]

WAC 246-834-240 Trainee permit for midwife-in-training program. (1) A trainee permit may be issued to any individual who has:

(a) Been approved for a midwife-in-training program; and,

(b) Filed a completed application accompanied by a non-refundable fee.

(2) The trainee permit authorizes individuals to manage care as required in WAC 246-834-220 (4)(b).

(3) Permits will be issued yearly for the duration of the trainee's midwife-in-training program.

[Statutory Authority: RCW 18.50.135 and 18.50.045. 92-02-018 (Order 224), § 246-834-240, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-240, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.040(3) and 18.50.115. 88-12-040 (Order PM 732), § 308-115-240, filed 5/27/88.]

WAC 246-834-250 Legend drugs and devices. (1) Licensed midwives may purchase and use legend drugs and

devices which are deemed integral to providing safe care to the public. Such devices include the following:

(a) Dopplers, syringes, needles, phlebotomy equipment, suture, urinary catheters, intravenous equipment, heparin locks, amnihooks, and "DeLee type" mucous traps;

(b) Pharmacies may fill orders for diaphragms which have been issued by licensed midwives for postpartum women.

(2) In addition to medications listed in RCW 18.50.115, licensed midwives may administer the following medications:

(a) Intravenous fluids limited to Lactated Ringers, 5% Dextrose with Lactated Ringers, and 5% Dextrose with water;

(b) Heparin for use in heparin locks, Epinephrine for use in allergic reactions, and Magnesium Sulphate shall be used according to midwifery advisory committee established protocols. Such protocols shall state the indications for use, the dosage and the administration of these medications.

(c) Licensed midwives may obtain and administer Rubella vaccine to non-immune postpartum women.

(3) The client's records shall contain documentation of all medications administered.

(4) Whenever Epinephrine or Magnesium Sulfate is administered, a report, on approved forms, shall be submitted within thirty days to the midwifery advisory committee.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-250, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.040(3) and 18.50.115. 88-12-040 (Order PM 732), § 308-115-250, filed 5/27/88.]

WAC 246-834-260 General provisions. (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Department" means the department of health, whose address is:

Department of Health
Professional Licensing Services
1300 S.E. Quince St.
P.O. Box 1099
Olympia, Washington 98504

(5) "Midwife" means a person licensed pursuant to chapter 18.50 RCW.

(6) "Mentally or physically disabled midwife" means a midwife who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice midwifery with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

[Statutory Authority: RCW 18.50.135, 18.50.045, 18.130.050 and 18.130.070. 92-02-018 (Order 224), § 246-834-260, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-260, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-115-260, filed 6/30/89.]

WAC 246-834-270 Mandatory reporting. (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the midwife being reported.

(c) The case number of any patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-270, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-115-270, filed 6/30/89.]

WAC 246-834-280 Health care institutions. The chief administrator or executive officer or their designee of any hospital or nursing home shall report to the department when any midwife's services are terminated or are restricted based on a determination that the midwife has either committed an act or acts which may constitute unprofessional conduct or that the midwife may be unable to practice with reasonable skill or safety to clients by reason of any mental or physical condition.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-280, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-115-280, filed 6/30/89.]

WAC 246-834-290 Midwifery associations or societies. The president or chief executive officer of any midwifery association or society within this state shall report to the department when the association or society determines that a midwife has committed unprofessional conduct or that a midwife may not be able to practice midwifery with reasonable skill and safety to patients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the license holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-290, filed 12/27/90, effective 1/31/91. Statutory Authority:

RCW 18.130.070. 89-14-092 (Order PM 842), § 308-115-290, filed 6/30/89.]

WAC 246-834-310 Health care service contractors and disability insurance carriers. The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that a midwife has engaged in fraud in billing for services.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-310, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-115-310, filed 6/30/89.]

WAC 246-834-320 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to midwives shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured midwife's incompetency or negligence in the practice of midwifery. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the midwife's alleged incompetence or negligence in the practice of midwifery.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-320, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-115-320, filed 6/30/89.]

WAC 246-834-330 Courts. The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of licensed midwives, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-330, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-115-330, filed 6/30/89.]

WAC 246-834-340 State and federal agencies. The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a midwife is employed to provide patient care services, to report to the department whenever such a midwife has been judged to have demonstrated his/her incompetency or negligence in the practice of midwifery, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled midwife. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-340, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-115-340, filed 6/30/89.]

WAC 246-834-350 Cooperation with investigation.
(1) A licensee must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the secretary of the department of health by submitting the requested items within fourteen calendar days

of receipt of the request by either the licensee or their attorney, whichever is first. If the licensee fails to comply with the request within fourteen calendar days, the investigator will contact that individual or their attorney by telephone or letter as a reminder.

(2) Investigators may extend the time for response if the request for extension does not exceed seven calendar days. Any other requests for extension of time may be granted by the secretary or the secretary's designee.

(3) If the licensee fails to comply with the request within three business days after receiving the reminder, a subpoena will be served to obtain the requested items. A statement of charges may be issued pursuant to RCW 18.130.180(8) for failure to cooperate. If there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(4) If the licensee complies with the request after the issuance of the statement of charges, the secretary or the secretary's designee will decide if the charges will be prosecuted or settled. If the charges are to be settled the settlement proposal will be negotiated by the secretary's designee. Settlements are not considered final until the secretary signs the settlement agreement.

[Statutory Authority: RCW 18.50.135, 18.50.045, 18.130.050 and 18.130.070. 92-02-018 (Order 224), § 246-834-350, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-350, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-115-350, filed 6/30/89.]

WAC 246-834-500 AIDS prevention and information education requirements. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for licensure. Effective January 1, 1989 persons applying for licensure shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (3) of this section.

(3) AIDS education and training.

(a) Acceptable education and training. The secretary will accept education and training that is consistent with the topical outline supported by the office on AIDS. Such education and training shall be a minimum of seven clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) Implementation. Licensure, renewal, or reinstatement of any license on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of (a) of this subsection.

(c) Documentation. The applicant shall:

(i) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;

(ii) Keep records for two years documenting attendance and description of the learning;

(iii) Be prepared to validate, through submission of these records, that attendance has taken place.

[Statutory Authority: RCW 18.50.135, 18.50.045 and 70.24.270. 92-02-018 (Order 224), § 246-834-500, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-500, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-115-500, filed 11/2/88.]

WAC 246-834-990 Midwifery fees. The following fees shall be charged by the professional licensing division of the department of health:

Title of Fee	Fee
Initial application nonrefundable	\$375.00
Examination	375.00
Reexamination (second subsequent or more)	375.00
Renewal	325.00
Late renewal penalty	325.00
Duplicate license	15.00
Certification	25.00
Application fee—Midwife-in-training program	75.00

[Statutory Authority: RCW 43.70.250. 91-13-002 (Order 173), § 246-834-990, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250. 90-04-094 (Order 029), § 308-115-405, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 18.50.135. 89-08-008 (Order PM 827), § 308-115-405, filed 3/24/89. Statutory Authority: RCW 43.24.086. 87-18-031 (Order PM 667), § 308-115-405, filed 8/27/87. Statutory Authority: 1983 c 168 § 12. 83-17-031 (Order PL 442), § 308-115-405, filed 8/10/83. Formerly WAC 308-115-400.]

Chapter 246-836 WAC NATUROPATHIC PHYSICIANS

WAC

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246-836-410	AIDS prevention and information education requirements.
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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-836-320	General provisions. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-320, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-130-320, filed 6/30/89.] Repealed by 92-02-018 (Order 224), filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 18.36A.060.
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WAC 246-836-010 Definitions. For the purposes of this chapter, the following words and phrases shall have the following meanings unless the context clearly indicates otherwise.

(1) "Department" means the department of health, whose address is:

Department of Health
Professional Licensing Service
P.O. Box 1099
Olympia, Washington 98507

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Mentally or physically disabled naturopath" means a naturopath who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice naturopathy with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

(4) "Naturopath" means a person licensed pursuant to chapter 18.36A RCW.

(5) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(6) "Unprofessional conduct" means the conduct described in RCW 18.130.180.

[Statutory Authority: RCW 18.36A.060. 92-02-018 (Order 224), § 246-836-010, filed 12/23/91, effective 1/23/92.]

WAC 246-836-020 Eligibility for licensure examination. (1) Graduates holding a degree/diploma from a college of naturopathic medicine approved by Washington state department of health shall be eligible to take the examination, provided all other requirements of RCW 18.36A.090 are met.

(2) All applicants shall file with the department a completed application, with the required fee, at least 60 days prior to the exam.

(3) Applicants shall request that the college of naturopathic medicine send official transcripts directly to the department.

(4) Applicants who have filed the required applications, whose official transcript has been received by the department, and who meet all qualifications shall be notified of

their eligibility, and only such applicants will be admitted to the exam.

[Statutory Authority: RCW 18.36A.060. 92-02-018 (Order 224), § 246-836-020, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060. 88-14-009 (Order PM 742), § 308-34-110, filed 6/24/88.]

WAC 246-836-030 Licensure examination. (1) The licensure examination shall consist of the following components and tests:

(a) Basic science component which may include but not be limited to tests in the following subjects: Pathology, anatomy, physiology, microbiology and biochemistry.

(b) Clinical science component which may include but not be limited to tests in the following subjects: Physical diagnosis; nutrition; physical medicine; botanical medicines and toxicology; psychological and lifestyle counseling; emergency medicine, basic skills and public health; lab and x-ray diagnosis.

(c) Law of the state and administrative regulations as they relate to the practice of naturopathic medicine.

(d) The department, at its discretion, may require tests in other subjects. Candidates will receive information concerning additional tests prior to the examination.

(2) Candidates may take the basic science component of the exam after two years of training. A candidate who has achieved a passing score on the basic science component after two years of training must achieve a passing score on the clinical science component and the state law test within twenty-seven months after graduation; otherwise, the candidate's basic science component exam results will be null and void and the candidate must again take the basic science component of the exam. All exam candidates are required to obtain a passing score on all tests before a license is issued. A candidate who takes the basic science component of the exam after two years of training must submit an application for reexamination, along with reexamination fees, to take the clinical science component and the state law test at a later exam administration.

(3) Examinations shall be conducted twice a year.

(4) The minimum passing score for each test in the examination is seventy-five.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060. 88-14-009 (Order PM 742), § 308-34-120, filed 6/24/88.]

WAC 246-836-040 Release of examination results.

(1) Candidates shall be notified of examination results by mail only.

(2) Candidates who successfully complete all components and tests of the examination shall receive a license to practice as a naturopathic physician provided all other requirements are met.

(3) Candidates who fail any test in the examination shall be so notified and shall be sent an application to retake the examination.

(4) A candidate's examination scores shall be released only to the candidate unless the candidate has requested, in writing, that the examination scores also be released to a specific school, individual, or entity.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060. 88-14-009 (Order PM 742), § 308-34-130, filed 6/24/88.]

WAC 246-836-050 Reexaminations. (1) A candidate wishing to retake the examination or any portion thereof must file with the department the required reexamination fees and an application to retake the examination at least sixty days before the administration of the exam.

(2) A candidate must retake the entire basic science component if he or she failed to achieve a passing score in three or more basic science tests. A candidate must retake the entire clinical science component if he or she failed to achieve a passing score in four or more clinical science tests. A candidate must retake any test(s) for which the candidate failed to achieve a passing score.

(3) A candidate who failed to achieve a passing score in three or more basic science tests and/or four or more clinical science tests must achieve a passing score on those tests within the next two administrations of the examination. A candidate who does not achieve a passing score within those next two administrations of the exam will be required to retake the entire component.

(4) A candidate must achieve passing scores on all tests in the entire exam within a twenty-seven month period; otherwise the candidate's exam results are null and void and the candidate must retake the entire exam. Provided: WAC 246-836-030(2) shall apply to a candidate who took the basic science component of the exam after two years in training.

(5) A candidate is required to pay a reexamination fee to retake the exam or any portion thereof.

(6) A candidate who took the basic science component of the exam after two years of training must submit an application for reexamination, along with reexamination fees, to take the clinical science component and the state law test at a later exam administration.

[Statutory Authority: RCW 18.36A.060. 92-02-018 (Order 224), § 246-836-050, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060. 88-14-009 (Order PM 742), § 308-34-140, filed 6/24/88.]

WAC 246-836-060 Examination appeals. (1) Any candidate who takes the licensure examination and does not pass may request informal review of his or her examination results. This request must be in writing and must be received by the department within thirty days of the date of service of notification of the examination results. The department will not set aside its prior determination unless the candidate shows, by a preponderance of evidence, error in examination content or procedure, or bias, prejudice, or discrimination in the examination process. The department will not consider any challenges to examination scores unless the total revised score could result in issuance of a license.

(2) The procedure for filing an informal review is as follows:

(a) Contact the department of health office in Olympia for an appointment to appear personally to review questions answered incorrectly and the incorrect answers on the written portion of failed examination.

(b) The candidate will be provided a form to complete in the department of health office in Olympia in defense of examination answers.

(c) The candidate must specifically identify the challenged portion(s) of the examination and must state the specific reason or reasons why the candidate feels the results of the examination should be changed.

(d) The candidate will be identified only by candidate number for the purpose of this review. Letters of reference or requests for special consideration will not be read or considered by the department.

(e) The candidate may not bring in notes, texts, or resource material for use while completing the informal review form.

(f) The candidate will not be allowed to take any notes or materials from the office upon leaving.

(g) The department will schedule a closed session meeting to review the examinations, score sheets and forms completed by the candidate for the purpose of informal review.

(h) The candidate will be notified in writing of the results.

(3) Any candidate who is not satisfied with the result of the informal examination review may submit a written request for a formal hearing to be held before an administrative law judge. The hearing will be conducted pursuant to the administrative procedures act. The issues raised by the candidate at the formal hearing shall be limited to those issues raised by the candidate for consideration at the informal review unless amended by a prehearing order. Such written request for hearing must be received by the department of health within twenty days of the date of service of the result of the department's informal review of the examination results. The written request must specifically identify the challenged portion(s) of the examination and must state the specific reason(s) why the candidate feels the results of the examination should be changed. The department will not set aside its prior determination unless the candidate shows, by a preponderance of evidence, error in examination content or procedure, or bias, prejudice, or discrimination in the examination process. The department will not consider any challenges to examination scores unless the total revised score could result in issuance of a license.

(4) Before the hearing is scheduled either party may request a prehearing conference before an administrative law judge to consider the following:

(a) The simplification of issues;

(b) Amendments to the candidate's notice identifying the challenged portion(s) of the examination and the statement of the specific reason(s) why the candidate feels the results of the examination should be changed;

(c) The possibility of obtaining stipulations, admission of facts and documents;

(d) The limitation of the number of expert witnesses;

(e) A schedule for completion of all discovery; and,

(f) Such other matters as may aid in the disposition of the proceeding.

(5) In the event there is a prehearing conference, the administrative law judge shall enter an order which sets forth the actions taken at the conference, the amendments allowed to the pleading and the agreements made by the parties of their qualified representatives as to any of the matters consi-

dered, including the settlement or simplification of issues. The prehearing order limits the issues for hearing to those not disposed of by admissions or agreements. Such order shall control the subsequent course of the proceeding unless modified for good cause by subsequent prehearing order.

(6) Candidates will receive at least twenty days notice of the time and place of the formal hearing. The hearing will be restricted to the specific portion(s) of the examination the candidate has identified as the bases for his or her challenge of the examination results unless amended by a prehearing order.

[Statutory Authority: RCW 18.36A.060. 92-02-018 (Order 224), § 246-836-060, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060. 88-14-009 (Order PM 742), § 308-34-150, filed 6/24/88.]

WAC 246-836-070 Renewal of licenses. (1) The license renewal date shall coincide with the licensee's birthdate.

(2) Licensees may renew their licenses at the annual renewal fee rate, for one year, from birth date to next birth date.

(3) The late renewal penalty provision will be applied as follows: Before the expiration date of the individual's license, the secretary shall mail the licensee a notice for renewal of license. The licensee must return such renewal notice, and proof of having met continuing educational requirements, along with current renewal fees prior to the expiration of said license. Failure of any licensee to receive such notice for renewal shall not relieve or exempt such licensee from the requirements of license renewal by the licensee's birthdate. Should the licensee fail to renew his or her license prior to the expiration date, he or she is subject to the late renewal penalty fee.

(4) Any licensee failing to renew his or her license within one year from expiration must reapply for licensing in accordance with the section of this chapter pertaining to license reinstatement.

(5) Failure to renew a license shall invalidate the license and all privileges granted by the license.

(6) A licensee's annual renewal fees may be prorated during the transition period while renewal dates are changed to coincide with the licensee's birthdate.

[Statutory Authority: RCW 18.36A.060. 92-02-018 (Order 224), § 246-836-070, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060. 88-14-009 (Order PM 742), § 308-34-160, filed 6/24/88.]

WAC 246-836-080 Continuing competency program. (1) Naturopathic physicians licensed under these rules shall complete 20 hours of continuing education each year in courses approved by the director. Prior approval of courses shall be available by application to the secretary. Only courses in diagnosis and therapeutics as listed in RCW 18.36A.040 shall be eligible for credit.

(2) In addition to the license renewal form and fee, the licensee shall submit an affidavit of compliance with the twenty hour continuing education requirement on a form provided by the department. Failure to submit the sworn certification will result in nonrenewal of the license.

(3) It is the responsibility of the licensee to maintain appropriate records or evidence of compliance with the continuing education requirement. The department may, in its discretion require any licensee to submit, in addition to the sworn certification, proof of completion of continuing education requirements.

(4) A material false statement on the sworn certification, or failure to provide proof of completion of continuing education requirements when proof is required in the department's discretion, is grounds for disciplinary action, including but not limited to, suspension, revocation, or nonrenewal of the license.

(5) Continuing education hours in excess of the required hours earned in any renewal period may not be carried forward to a subsequent renewal period.

(6) In emergency situations, such as personal or family illness, the department may in its discretion, for good cause shown, waive all or part of the continuing education requirement for a particular one year period for an individual licensee. The department may require such verification of the emergency as is necessary to prove its existence.

[Statutory Authority: RCW 18.36A.060. 92-02-018 (Order 224), § 246-836-080, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060. 88-14-009 (Order PM 742), § 308-34-180, filed 6/24/88.]

WAC 246-836-090 License reinstatement. (1) Any naturopathic physician whose license has expired must pay the current application fee and penalty fee, if applicable, and apply for reinstatement on an application form provided by the department. The application shall include an explanation for the license lapse and a chronology of the applicant's professional activities since last renewal.

(2) Any licensee who has been out of active practice for one year or more or has allowed his or her license to lapse for a period of three years or more, may, at the discretion of the secretary, be required to pass the licensing examination in order to determine the applicant's fitness to practice naturopathic medicine.

(3) In all cases, any person seeking to reinstate a license which has lapsed for one year or more must present satisfactory evidence of having completed at least twenty hours of approved continuing education for each year since his or her license expired, lapsed, or otherwise was not current and valid.

[Statutory Authority: RCW 18.36A.060. 92-02-018 (Order 224), § 246-836-090, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060. 88-14-009 (Order PM 742), § 308-34-190, filed 6/24/88.]

WAC 246-836-100 Applicants educated and/or licensed in another country. (1) Applicants for licensure educated in a country outside the United States or its territories shall meet the following requirements for licensure.

(a) Satisfactory completion of a basic naturopathic medical program in a naturopathic school or college officially approved by the country where the school is located.

(i) The naturopathic education program at the time of graduation shall be equivalent to or exceed the minimum

required standards for Washington state approved colleges of naturopathic medicine.

(ii) Any deficiencies in the naturopathic medical program shall be satisfactorily completed in a Washington state approved college of naturopathic medicine.

(b) Applicants licensed under the laws of a country outside of the United States or its territories shall be required to take the current licensing examinations noted in WAC 246-836-030: *Provided*, That those persons meeting the requirements of WAC 246-836-110, (Licensing by endorsement), are exempt from this requirement.

(c) All other requirements of chapter 18.36A RCW and this chapter must be met, including the requirement that the applicant be of good moral character; not have engaged in unprofessional conduct; and not be unable to practice with reasonable skill and safety as a result of a physical or mental impairment.

(2) Applicants for examination shall:

(a) File with the department a completed notarized license application with the required fee at least sixty days prior to examination.

(b) Request the college of naturopathic medicine to submit an official transcript directly to the department.

(c) Request the licensing agency in the country of original license to submit evidence of licensure to the department.

(d) If the applicant's original documents (education and licensing) are on file in another state, the applicant may request that the other state send to the department notarized copies in lieu of the originals.

[Statutory Authority: RCW 18.36A.060. 92-02-018 (Order 224), § 246-836-100, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060(1). 89-02-051 (Order PM 815), § 308-34-310, filed 1/3/89.]

WAC 246-836-110 Licensing by endorsement. A license to practice as a naturopathic physician in the state of Washington may be issued without examination at the discretion of the secretary provided the applicant meets all of the following requirements:

(1) The candidate has graduated from and holds a degree/diploma from a college of naturopathic medicine approved by the state or jurisdiction where the school is located and which prepares candidates for licensure as a naturopathic physician: *Provided*, That such program at the time of the candidate's graduation is equivalent to or exceeds the minimum naturopathic medical educational standards required for Washington state approved schools;

(2) The candidate holds a current valid license in good standing to practice as a naturopathic physician in another state or jurisdiction. Official written verification of such licensure status must be received by the department from the other state or jurisdiction;

(3) The candidate has completed and filed with the department a notarized application for licensure by endorsement, a true and correct copy of the current valid license, and the required application fee;

(4) The candidate has successfully passed a naturopathic physician licensure examination in another state or jurisdiction. Written official verification of successful completion of the licensure examination and of licensure in good

standing must be requested of the state or jurisdiction by the candidate and must be received by the department directly from the state or jurisdiction;

(5) The candidate must meet all other requirements of chapter 18.36A RCW and this chapter, including the requirement that the applicant be of good moral character; not have engaged in unprofessional conduct; and not be unable to practice with reasonable skill and safety as a result of a physical or mental impairment; and

(6) The state or jurisdiction in which the candidate is currently licensed grants similar privilege of licensure without examination to candidates who are licensed in Washington as naturopathic physicians.

[Statutory Authority: RCW 18.36A.060. 92-02-018 (Order 224), § 246-836-110, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060(1). 89-02-051 (Order PM 815), § 308-34-320, filed 1/3/89.]

WAC 246-836-120 Reciprocity or waiver of examination requirements. Reciprocity or waiver of examination requirements may be granted for certain examinations administered by other states or jurisdictions. These examinations must include the clinical and the basic science sections. The minimum passing score will depend upon the quality of the examination, but must be equivalent to or better than the score of seventy-five which is required in WAC 246-836-030. Reciprocity or waiver shall be in accordance with the reciprocal agreement in place with that state or jurisdiction.

[Statutory Authority: RCW 18.36A.060. 92-02-018 (Order 224), § 246-836-120, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060(1). 89-02-051 (Order PM 815), § 308-34-330, filed 1/3/89.]

WAC 246-836-130 Approval of colleges of naturopathic medicine. (1) The minimum educational requirement for licensure to practice naturopathic medicine in Washington is graduation from a naturopathic college approved by the secretary which teaches adequate courses in all subjects necessary to the practice of naturopathic medicine.

(2) These rules provide the standards and procedures by which naturopathic colleges may obtain approval by the secretary in order that graduates of those schools may be permitted to take examinations for license.

[Statutory Authority: RCW 18.36A.060. 92-02-018 (Order 224), § 246-836-130, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060(1). 89-02-051 (Order PM 815), § 308-34-410, filed 1/3/89.]

WAC 246-836-140 Provisional approval of colleges of naturopathic medicine. Provisional approval is the initial approval given to a previously unapproved program while the program is undergoing the process of gaining full program approval. The secretary may grant provisional approval to a naturopathic college which has been in continuous operation for at least one year. Provisional approval may be granted for a period not to exceed two and one-half years and may not be renewed or extended. Provisional approval shall neither imply nor assure eventual approval.

(1) In order to obtain provisional approval, a naturopathic college must demonstrate compliance with, or adequate planning and resources to achieve compliance with, the standards contained in this chapter and chapter 18.36A RCW.

(2) The procedures for application, examination, review and revocation of provisional approval shall be the same as those specified for full approval in this chapter.

[Statutory Authority: RCW 18.36A.060. 92-02-018 (Order 224), § 246-836-140, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060(1). 89-02-051 (Order PM 815), § 308-34-420, filed 1/3/89.]

WAC 246-836-150 Full approval of colleges of naturopathic medicine. (1) Full approval of a college of naturopathic medicine is the approval given a program that meets the requirements of chapter 18.36A RCW and this chapter. Colleges of naturopathic medicine seeking approval shall apply to the secretary on a form and in a manner prescribed by the secretary.

(2) The secretary may grant full approval to naturopathic colleges which have demonstrated compliance with the standards contained in this chapter and chapter 18.36A RCW.

(3) To be eligible for full approval a naturopathic college must have been in continuous operation for a period of at least three years.

(4) After approval by the secretary, periodic reports may be required. Failure to conform to or maintain established standards may result in loss of approval. No naturopathic college shall receive approval for a period longer than five years. Prior to the expiration of the period of approval, the college must apply to the secretary for renewal of approval. The secretary shall review the application and make a final decision of approval or disapproval in not more than one hundred twenty days.

(5) If a naturopathic college fails to maintain the required standards or fails to report significant institutional changes, including changes in location, within ninety days of the change, the secretary may revoke or suspend approval. The secretary may contact a naturopathic college at any time, either through an evaluation committee or representative, to audit, inspect or gather information concerning the operating of the school or college.

(6) After suspension of approval of a naturopathic college, the secretary may reinstate approval upon receipt of satisfactory evidence that the college meets the standards of chapter 18.36A RCW and this chapter.

(7) After revocation of approval of a naturopathic college, a college may seek provisional approval, if otherwise qualified.

[Statutory Authority: RCW 18.36A.060. 92-02-018 (Order 224), § 246-836-150, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060(1). 89-02-051 (Order PM 815), § 308-34-430, filed 1/3/89.]

WAC 246-836-160 Unapproved college of naturopathic medicine. An "unapproved college of naturopathic medicine" is a program that has been removed from the secretary's list of approved colleges of naturopathic medicine

for failure to meet the requirements of chapter 18.36A RCW and/or this chapter, or a program that has never been approved by the secretary.

[Statutory Authority: RCW 18.36A.060, 92-02-018 (Order 224), § 246-836-160, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-836-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060(1), 89-02-051 (Order PM 815), § 308-34-440, filed 1/3/89.]

WAC 246-836-170 Appeal of secretary's decisions.

A college of naturopathic medicine deeming itself aggrieved by a decision of the secretary affecting its approval status shall have the right to appeal the secretary's decision in accordance with the provisions of the Administrative Procedure Act, chapter 34.05 RCW.

[Statutory Authority: RCW 18.36A.060 and 34.05.220, 92-02-018 (Order 224), § 246-836-170, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-836-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060(1), 89-02-051 (Order PM 815), § 308-34-450, filed 1/3/89.]

WAC 246-836-180 Standards for approval of colleges of naturopathic medicine. The following standards shall be used by the secretary in considering a naturopathic college's application for approval:

(1) Objectives. The objectives of the institution shall be clearly stated and address the preparation for the naturopathic physician to provide patient care. The implementation of the objectives should be apparent in the administration of the institution, individual course objectives, and in the total program leading to graduation.

(2) Organization. The institution shall be incorporated under the laws of the state of its residence as an education corporation. Control shall be vested in a board of directors composed of naturopathic physicians and others. No less than one-third plus one of the directors shall be naturopathic physicians. Under no circumstances shall more than one-third of the directors have administrative or instructional positions in the college. The directors must demonstrate collective responsibility in their knowledge of, and policy decisions consistent with, the objectives of the college; support of college programs and active participation in college governance; and selection and oversight of the chief administrative officer.

(3) Administration. The education and experience of directors, administrators, supervisors, and instructors should be sufficient to ensure that the student will receive educational services consistent with institutional objectives. The administration of the institution shall be such that the lines of authority are clearly drawn. The institution shall present with its application a catalog and a brief, narrative explanation of how the administration of the institution is, or is to be, organized and how the administrative responsibility for each of the following is, or is to be, managed:

- (a) Faculty and staff recruitment;
- (b) Personnel records management;
- (c) Faculty pay scale and policies;
- (d) Standards and practices relating to evaluation, improvement of instruction, promotion, retention and tenure;
- (e) Admissions policies including procedures used to solicit students;

(f) Development and administration of policies governing rejection and retention of students, job placement, and student counseling and advising services;

- (g) Curriculum requirements;
- (h) Tuition and fee policies; and
- (i) Financial management policies.

(4) Financial condition. The institution shall demonstrate its financial stability by submitting certified audits once every three years and, reports, or other appropriate evidence annually.

(5) Records. The institution shall maintain an adequately detailed system of records for each student beginning with application credentials through the entire period of attendance. The records, including matriculation, attendance, grades, disciplinary action and financial accounts, shall be the permanent property of the institution, to be safeguarded from all hazards and not to be loaned or destroyed.

(6) Educational credentials.

(a) Upon satisfactory completion of the educational program, the student shall receive a degree from the institution indicating that the course of study has been satisfactorily completed by the student.

(b) In addition, for each student who graduates or withdraws, the institution shall prepare, permanently file, and make available a transcript which specifies all courses completed. Each course entry shall include a title, the number of credits awarded, and a grade. The transcript shall separately identify all credits awarded by transfer or by examination.

(c) Upon request, all student records and transcripts shall be made available to the secretary.

(7) Catalog. The institution shall publish a current catalog at least every two years containing the following information:

- (a) Name and address of the school;
- (b) Date of publication;
- (c) Admission requirements and procedures;
- (d) A statement of tuition and other fees or charges for which a student is responsible and a statement on refund policies;
- (e) A school calendar designating the beginning and ending dates of each term, vacation periods, holidays, and other dates of significance to students;
- (f) Objectives of the institution;
- (g) A list of trustees (directors), administrative officers and faculty members including titles and academic qualifications;

(h) A statement of policy about standards of progress required of students, including the grading system, minimum satisfactory grades, conditions for interruption for unsatisfactory progress, probation, and reentry, if any;

(i) A description of each course indicating the number of hours and course content, and its place in the total program;

(j) A description of facilities and major equipment, including library, laboratory and clinical training facilities;

(k) Statements on the nature and availability of student financial assistance, counseling, housing, and placement services, if any;

(l) A statement indicating whether the school is recognized by other agencies or associations for the licensing or certification of naturopathic physicians; and

(m) Any other material facts concerning the institution which are reasonably likely to affect the decision of the potential student.

(8) Admission policies and procedures. The institution shall not deny admission to a prospective student because of sex, race, color, religion, physical handicap and/or ethnic origin.

(9) Attendance. The institution shall have a written policy relative to attendance.

(10) Curriculum. The curriculum of the institution shall be designed and presented to meet or exceed the requirements of this chapter. Each student shall complete a minimum of three thousand hours instruction, which shall include no less than two hundred post-graduate hours in the study of mechanotherapy. A minimum total clinical training shall be one thousand one hundred hours, of which no less than eight hundred hours shall be training with student actively involved in diagnosis and treatment in accordance with RCW 18.36A.050(3). The remainder, if any, may be preceptorships overseen by the college. The clinical training shall be in naturopathic procedures. The following standards are intended not as an exact description of a college's curriculum, but rather as guidelines for the typical acceptable program. It is expected that the actual program taught by each naturopathic college will be prepared by the academic departments of the college to meet the needs of their students and will exceed the outline present here. The secretary's policy is to preserve the autonomy and uniqueness of each naturopathic college, and to encourage innovative and experimental programs to enhance the quality of education in colleges of naturopathic medicine.

(a) Basic science

Anatomy (includes histology and embryology)
 Physiology
 Pathology
 Biochemistry
 Public health (includes public health, genetics, microbiology, immunology)
 Naturopathic philosophy
 Pharmacology

(b) Clinical sciences

(i) Diagnostic courses

Physical diagnosis
 Clinical diagnosis
 Laboratory diagnosis
 Radiological diagnosis

(ii) Therapeutic courses

Materia medica (botanical medicine)
 Homeopathy
 Nutrition
 Physical medicine
 (includes mechanical and manual manipulation, hydrotherapy, and electrotherapy)

Psychological medicine

(iii) Specialty courses

Organ systems (cardiology, dermatology, endocrinology, EENT, gastroenterology)
 Human development (gynecology, obstetrics, pediatrics, geriatrics)
 State law and regulations as they relate to the practice of naturopathy
 Medical emergencies

Office procedures

(iv) Clinical externship/preceptorship

(11) Academic standards. The institution must regularly evaluate the quality of its instruction and have a clearly defined set of standards of competence required of its students. Promotion to each successive phase of the program and graduation shall be dependent on mastery of the knowledge and skills presented in the program.

(12) Faculty. Faculty members shall be qualified by training and experience to give effective instruction in the subject(s) taught; advanced degrees in their respective disciplines are expected. The faculty should participate in development and evaluation of curriculum instructional methods and facilities; student discipline, welfare, and counseling; establishment of administrative and educational policies; scholarly and professional growth. Provisions shall be made to allow and encourage faculty involvement in these noninstructional functions, including a plan for peer observation and evaluation among faculty. The institution shall not discriminate on the basis of sex, race, age, color, religion, physical handicap, or national or ethnic origin in the recruitment and hiring of faculty. The institution shall have stated policies on faculty hiring, compensation, fringe benefits, tenure, retirement, firing, grievance and appeals procedures. The institution shall submit to the secretary for each faculty member a resume which includes the following information.

(a) Academic rank or title;

(b) Degree(s) held, the institution(s) that conferred the degree(s), the date(s) thereof, and whether earned or honorary;

(c) Other qualifying training or experience;

(d) Name and course number of each course taught;

(e) Other noninstructional responsibilities, if any, and the proportion of the faculty member's time devoted to them; and

(f) The length of time associated with the institution.

(13) Library. The library shall be staffed, equipped and organized to adequately support the instruction, and research of students and faculty.

(14) Clinical training. The clinical facilities shall be adequate in size, number and resources to provide all aspects of naturopathic diagnosis and treatment. There shall be properly equipped rooms for consultation, physical examination and therapy, and a pharmacy, laboratory, and radiological equipment each consistent with the definition of practice in chapter 18.36A RCW as now or hereafter amended. A licensed and adequately experienced naturopathic physician must be in direct supervision of and have final decision in the diagnosis and treatment of patients by students, and must be present in the clinic at all times when the clinic is open.

(15) Physical plant, materials and equipment. The institution shall own or enjoy the full use of buildings and equipment adequate to accommodate the instruction of its students, and administrative and faculty offices. There shall be adequate facilities of the safekeeping of valuable records. The plant and grounds, equipment and facilities shall be maintained in an efficient, sanitary, and presentable condition. All laws relating to safety and sanitation and other regulations concerning public buildings shall be observed. There shall be sufficient personnel employed to carry out proper maintenance.

(16) Cancellation and refund policy. The institution shall maintain a fair and equitable policy regarding refund of the unused portion of tuition fees and other charges in the event a student fails to enter the course, or withdraws at any time prior to completion of the course. Such a policy shall be in keeping with generally accepted practices of institutions of higher education.

(17) Other information. The applicant institution shall provide any other information about the institution and its programs as required by the secretary.

[Statutory Authority: RCW 18.36A.060. 92-02-018 (Order 224), § 246-836-180, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-180, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060(1). 89-02-051 (Order PM 815), § 308-34-460, filed 1/3/89.]

WAC 246-836-190 Postgraduate hours in the study of mechanotherapy. The minimum of 200 postgraduate hours in the study of mechanotherapy required by RCW 18.36A.090(1) must meet the following criteria: To be considered "postgraduate" hours in the study of mechanotherapy, hours of study must constitute classroom training which is in addition to the mechanotherapy training provided to physicians who do not practice mechanotherapy. The postgraduate hours in the study of mechanotherapy may be classroom training in the following:

(1) Manipulation of the osseous joints of the body.

(2) Radiography training that is specific to the performance of manual manipulation when such training is in addition to the radiology training provided to physicians who do not practice manual manipulation.

(3) Diagnostic training that is specific to the performance of manual manipulation when such training is in addition to the diagnostic training provided to physicians who do not practice manual manipulation.

(4) Use of physical modalities training that is specific to the performance of manual manipulation when such training is in addition to physical modalities training provided to physicians who do not practice manual manipulation.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-190, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060(1). 89-02-051 (Order PM 815), § 308-34-470, filed 1/3/89.]

WAC 246-836-200 Site review procedures for approval of college of naturopathic medicine. The secretary may send a representative or an examining or evaluation committee to inspect any institution requesting approval as a college of naturopathic medicine. Such inspections may be at any reasonable time during the normal operating hours of the institution. The report of the representative or committee and the institution's response shall be submitted as part of the documentation necessary for the secretary's action on the institution's application for approval. Expenses incurred for the site review shall be the responsibility of the program requesting approval.

[Statutory Authority: RCW 18.36A.060. 92-02-018 (Order 224), § 246-836-200, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-200, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060(1). 89-02-051 (Order PM 815), § 308-34-480, filed 1/3/89.]

WAC 246-836-210 Authority to use, prescribe, dispense and order. Licensed naturopaths may use, prescribe, dispense, and order certain medicines of mineral, animal, and botanical origin including the following:

(1) Nonlegend medicines derived from animal organs, tissues, and oils, minerals, and plants administered orally and topically.

(2) Legend topical ointments, creams, and lotions containing antiseptics.

(3) Legend topical, local anesthetics applied to superficial structures for use during minor office procedures as appropriate. Topical local anesthetic means the local application of anesthetic which may be injected into the intradermal subcutaneous layers of the skin only to the extent necessary to care for superficial lacerations, abrasions and the removal of foreign bodies located in superficial structures not to include the eye.

(4) Legend vitamins, minerals, trace minerals, and whole gland thyroid.

(5) Nondrug contraceptive devices except intrauterine devices.

(6) All homeopathic preparations.

(7) Intramuscular injections limited to vitamin B-12 preparations and combinations when clinical or laboratory evaluation has indicated vitamin B-12 deficiency.

(8) Immunizing agents approved by the Bureau of Biologics, United States Food and Drug Administration and listed in the current *Recommendations of the United States Public Health Services Immunizations Practices Advisory Committee (ACIP)* or the *Report of the Committee of Infectious Diseases* published by the American Academy of Pediatrics.

(9) Legend substances as exemplified in traditional botanical and herbal pharmacopeia as identified by a list of substances to be developed by the secretary.

[Statutory Authority: RCW 18.36A.060 [(1)](a). 92-06-020 (Order 247), § 246-836-210, filed 2/25/92, effective 3/27/92.]

WAC 246-836-330 Mandatory reporting. (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the naturopath being reported.

(c) The case number of any patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying

of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-330, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-130-330, filed 6/30/89.]

WAC 246-836-340 Health care institutions. The chief administrator or executive officer or their designee of any hospital or nursing home shall report to the department when any naturopath's services are terminated or are restricted based on a determination that the naturopath has either committed an act or acts which may constitute unprofessional conduct or that the naturopath may be unable to practice with reasonable skill or safety to clients by reason of any mental or physical condition.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-340, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-130-340, filed 6/30/89.]

WAC 246-836-350 Naturopathic associations or societies. The president or chief executive officer of any naturopathic association or society within this state shall report to the department when the association or society determines that a naturopath has committed unprofessional conduct or that a naturopath may not be able to practice naturopathy with reasonable skill and safety to patients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the license holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-350, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-130-350, filed 6/30/89.]

WAC 246-836-360 Health care service contractors and disability insurance carriers. The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that a naturopath has engaged in fraud in billing for services.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-360, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-130-360, filed 6/30/89.]

WAC 246-836-370 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to naturopaths shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured naturopath's incompetency or negligence in the practice of naturopathy. Such

institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the naturopath's alleged incompetence or negligence in the practice of naturopathy.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-370, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-130-370, filed 6/30/89.]

WAC 246-836-380 Courts. The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of licensed naturopaths, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-380, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-130-380, filed 6/30/89.]

WAC 246-836-390 State and federal agencies. The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a naturopath is employed to provide patient care services, to report to the department whenever such a naturopath has been judged to have demonstrated his/her incompetency or negligence in the practice of naturopathy, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled naturopath. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-390, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-130-390, filed 6/30/89.]

WAC 246-836-400 Cooperation with investigation.

(1) A licensee must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the secretary of the department of health by submitting the requested items within fourteen calendar days of receipt of the request by either the licensee or their attorney, whichever is first. If the licensee fails to comply with the request within fourteen calendar days, the investigator will contact that individual or their attorney by telephone or letter as a reminder.

(2) Investigators may extend the time for response if the request for extension does not exceed seven calendar days. Any other requests for extension of time may be granted by the secretary or the secretary's designee.

(3) If the licensee fails to comply with the request within three business days after receiving the reminder, a subpoena will be served to obtain the requested items. A statement of charges may be issued for failure to cooperate pursuant to RCW 18.130.180(8). If there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(4) If the licensee complies with the request after the issuance of the statement of charges, the secretary or the secretary's designee will decide if the charges will be prosecuted or settled. If the charges are to be settled the settlement proposal will be negotiated by the secretary's

designee. Settlements are not considered final until the secretary signs the settlement agreement.

[Statutory Authority: RCW 18.36A.060, 18.130.050 and 18.130.070. 92-02-018 (Order 224), § 246-836-400, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-400, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-130-400, filed 6/30/89.]

WAC 246-836-410 AIDS prevention and information education requirements. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of health or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for licensure. Persons applying for licensure shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (3) of this section.

(3) AIDS education and training.

(a) Acceptable education and training. The secretary will accept education and training that is consistent with the topical outline supported by the office on AIDS. Such education and training shall be a minimum of seven clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) The requirements for licensure, renewal, or reinstatement of any license on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of (a) of this subsection.

(c) Documentation. The applicant shall:

(i) Certify, on forms provided, that the minimum education and training has been completed;

(ii) Keep records for two years documenting attendance and description of the learning;

(iii) Be prepared to validate, through submission of these records, that attendance has taken place.

[Statutory Authority: RCW 18.36A.060 and 70.24.270. 92-02-018 (Order 224), § 246-836-410, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-410, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-130-410, filed 11/2/88.]

WAC 246-836-990 Naturopathic physician licensing fees. (1) The following fees are payable to the department of health.

Title of Fee	Amount
Application	50.00
Pregraduate basic science examination	175.00
Clinical examinations (initial/retake)	275.00
Basic science examination (initial/retake)	125.00
Add-on examinations (initial/retake)	75.00

State examination (initial/retake)	50.00
Initial license	50.00
License renewal	450.00
Late renewal penalty	225.00
Duplicate license	15.00
Certification	15.00
Application for reciprocity	50.00

(2) Fees submitted to and processed by the department are nonrefundable.

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-836-990, filed 6/24/93, effective 7/25/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250. 90-13-084 (Order 066), § 308-34-170, filed 6/20/90, effective 7/21/90; 90-04-094 (Order 029), § 308-34-170, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43.24.086. 88-20-075 (Order 783), § 308-34-170, filed 10/5/88. Statutory Authority: RCW 18.36A.060. 88-14-009 (Order PM 742), § 308-34-170, filed 6/24/88.]

**Chapter 246-838 WAC
PRACTICAL NURSES**

WAC

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**DISPOSITION OF SECTIONS FORMERLY
CODIFIED IN THIS CHAPTER**

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.
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.
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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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 95-21-072, filed 10/16/95, effective 11/16/95. Statutory Authority: RCW 18.79.110.
- 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.
- 246-838-320 Executive secretary qualifications. [Statutory Authority: RCW 18.78.050. 92-17-023 (Order 296B), § 246-838-320, filed 8/10/92, effective 9/10/92.] Repealed by 93-21-006, filed 10/7/93, effective 11/7/93. Statutory Authority: RCW 18.78.050.
- 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.

WAC 246-838-010 Definitions. (1) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(2) "Beginning practitioner" means a newly licensed practical nurse beginning to function in the practical nurse role.

(3) "Behavioral objectives" means the measurable outcomes of specific content.

(4) "Client" means the person who receives the services of the practical nurse.

(5) "Client advocate" means a supporter of client rights and choices.

(6) "Competencies" means the tasks necessary to perform the standards.

(7) "Conceptual framework" means the theoretical base around which the curriculum is developed.

(8) "Minimum standards of competency" means the functions that are expected of the beginning level licensed practical nurse.

(9) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(10) "Philosophy" means the beliefs and principles upon which the curriculum is based.

(11) "Program" means a division or department within a state supported educational institution, or other institution of higher learning charged with the responsibility of preparing persons to qualify for the licensing examination.

(12) "Standards" means the overall behavior which is the desired outcome.

(13)(a) "Immediate supervision" means the person supervising the licensed practical nurse:

(i) Is on the premises within audible and visual range of the licensed practical nurse; and

(ii) Assesses each patient prior to the beginning of care.

(b) "Direct supervision" means the person supervising the licensed practical nurse:

(i) Is on the premises;

(ii) Is quickly and easily available; and

(iii) Assesses each patient prior to the beginning of care.

(c) "Indirect supervision" means the person supervising the licensed practical nurse is not on the premises, but has given either written or oral instructions for the care and treatment of each patient.

(14) "Terminal objectives" means the statements of goals which reflect the philosophy and are the measurable outcomes of the total curriculum.

[Statutory Authority: RCW 18.78.050, 92-17-023 (Order 296B), § 246-838-010, filed 8/10/92, effective 9/10/92. Statutory Authority: RCW 18.78.050 and 18.130.050, 92-02-046 (Order 231B), § 246-838-010, filed 12/27/91, effective 1/27/92. Statutory Authority: RCW 18.78.050, 91-01-078 (Order 109B), recodified as § 246-838-010, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050, 18.78.054, 18.78.060, 18.78.072, 18.78.090, 18.78.225, 18.130.050 and 70.24.270, 88-24-017 (Order PM 768), § 308-117-010, filed 12/1/88. Statutory Authority: RCW 18.78.050, 84-01-061 (Order PL 452), § 308-117-010, filed 12/19/83. Formerly WAC 308-116-005.]

WAC 246-838-020 Functions of a licensed practical nurse. A licensed practical nurse is one who has met the requirements of the Washington LPN Act, chapter 18.78 RCW. The licensed practical nurse recognizes and is able to meet the basic needs of the client, and gives nursing care under the direction and supervision of the registered nurse or licensed physician to clients in routine nursing situations. In more complex situations the licensed practical nurse functions as an assistant to the registered nurse and carries out selected aspects of the designated nursing regimen.

A routine nursing situation is one that is relatively free of scientific complexity. The clinical and behavioral state of the client is relatively stable and requires abilities based upon a comparatively fixed and limited body of knowledge.

In complex situations, the licensed practical nurse facilitates client care by meeting specific nursing requirements to assist the registered nurse in the performance of nursing care.

The functions of the licensed practical nurse makes practical nursing a distinct occupation within the profession of nursing. The licensed practical nurse has specific roles in nursing in direct relation to the length, scope and depth of his or her formal education and experience. In the basic program of practical nursing education, the emphasis is on direct client care.

With additional preparation, through continuing education and practice, the licensed practical nurse prepares to assume progressively more complex nursing responsibilities.

[Statutory Authority: RCW 18.78.050, 91-01-078 (Order 109B), recodified as § 246-838-020, filed 12/17/90, effective 1/31/91; 84-01-061 (Order PL 452), § 308-117-020, filed 12/19/83. Formerly WAC 308-116-010.]

WAC 246-838-026 Mandatory reporting. The board of practical nursing does not intend to cause every nursing error to be reported or that mandatory reporting take away the disciplinary ability and responsibility from the employer of the practical nurse.

(1) Any person, including health care facilities and agencies and state or local government, who is aware of a conviction or has made a determination or finding that a practical nurse has committed an act constituting unprofessional conduct as defined in RCW 18.130.180, including violation of chapter 246-838 WAC, shall report such conviction, determination or finding to the board.

(2) Any person, including health care facilities and agencies and state or local government, who has information that a practical nurse may not be able to practice with reasonable skill and safety as a result of a mental or physical condition, shall report such information to the board.

[Statutory Authority: RCW 18.78.054 and 18.130.070, 91-13-023 (Order 175B), § 246-838-026, filed 6/11/91, effective 7/12/91.]

WAC 246-838-030 Standards of conduct for discipline. The standards of conduct for discipline serve as guidelines for the licensed practical nurse. Violation of these standards may be grounds for disciplinary action pursuant to RCW 18.130.180(7). The licensed practical nurse assumes a measure of responsibility, trust and the corresponding obligation to adhere to the standards of conduct, which include, but are not limited to the following:

(1) The licensed practical nurse, functioning under the direction and supervision of other licensed health care professionals as provided in RCW 18.78.010(5), shall be responsible and accountable for his or her own nursing judgments, actions and competence.

(2) The licensed practical nurse shall practice practical nursing in the state of Washington only with a current Washington license.

(3) The licensed practical nurse shall not permit his or her license to be used by another person for any purpose.

(4) The licensed practical nurse shall have knowledge of the statutes and rules governing licensed practical nurse practice and shall function within the legal scope of licensed practical nurse practice.

(5) The licensed practical nurse shall not aid, abet or assist any other person in violating or circumventing the laws or rules pertaining to the conduct and practice of licensed practical nursing.

(6) The licensed practical nurse shall not disclose the contents of any licensing examination or solicit, accept or compile information regarding the contents of any examination before, during or after its administration.

(7) The licensed practical nurse shall delegate activities only to persons who are competent and qualified to undertake and perform the delegated activities, and shall not delegate to unlicensed persons those functions that are to be performed only by licensed nurses.

(8) The licensed practical nurse, in delegating functions, shall supervise the persons to whom the functions have been delegated.

(9) The licensed practical nurse shall act to safeguard clients from unsafe practices or conditions, abusive acts, and neglect.

(10) The licensed practical nurse shall report unsafe acts and practices, unsafe practice conditions, and illegal acts to the appropriate supervisory personnel or to the appropriate state disciplinary board.

(11) The licensed practical nurse shall respect the client's privacy by protecting confidential information, unless required by law to disclose such information.

(12) The licensed practical nurse shall make accurate, intelligible entries into records required by law, employment or customary practice of nursing, and shall not falsify, destroy, alter or knowingly make incorrect or unintelligible entries into client's records or employer or employee records.

(13) The licensed practical nurse shall not sign any record attesting to the wastage of controlled substances unless the wastage was personally witnessed.

(14) The licensed practical nurse shall observe and record the conditions of a client, and report significant changes to appropriate persons.

(15) The licensed practical nurse may withhold or modify client care which has been authorized by an appro-

priate health care provider, only after receiving directions from an appropriate person, unless in a life threatening situation.

(16) The licensed practical nurse shall leave a nursing assignment only after properly reporting to and notifying appropriate persons and shall not abandon clients.

(17) The licensed practical nurse shall not misrepresent his or her education and ability to perform nursing procedures safely.

(18) The licensed practical nurse shall respect the property of the client and employer and shall not take equipment, materials, property or drugs for his or her own use or benefit nor shall the licensed practical nurse solicit or borrow money, materials or property from clients.

(19) The licensed practical nurse shall not obtain, possess, distribute or administer legend drugs or controlled substances to any person, including self, except as directed by a person authorized by law to prescribe drugs.

(20) The licensed practical nurse shall not practice nursing while affected by alcohol or drugs, or by a mental, physical or emotional condition to the extent that there is an undue risk that he or she, as a licensed practical nurse, would cause harm to him or herself or other persons.

(21) It is inconsistent for a licensed practical nurse to perform functions below the minimum standards of competency as expressed in WAC 246-838-260.

[Statutory Authority: RCW 18.78.050. 92-17-023 (Order 296B), § 246-838-030, filed 8/10/92, effective 9/10/92. Statutory Authority: RCW 18.78.050 and 18.130.050. 92-02-046 (Order 231B), § 246-838-030, filed 12/27/91, effective 1/27/92. Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-030, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050, 18.130.050 (1) and (2) and 1986 c 259 § § 19, 128 and 131. 86-18-031 (Order PM 612), § 308-117-025, filed 8/27/86. Statutory Authority: RCW 18.78.050. 86-01-084 (Order PL 574), § 308-117-025, filed 12/18/85.]

WAC 246-838-040 Licensure qualifications. (1) In order to be eligible for licensure by examination the applicant shall have satisfactorily completed an approved practical nursing program, fulfilling all the basic course content as stated in WAC 246-838-240, or its equivalent as determined by the board. Every applicant must have satisfactorily completed an approved practical nursing program within two years of the date of the first examination taken or the applicant must meet other requirements of the board to determine current theoretical and clinical knowledge of practical nursing practice.

(2) An applicant who has not completed an approved practical nurse program must establish evidence of successful completion of nursing and related courses at an approved school preparing persons for licensure as registered nurses, which courses include personal and vocational relationships of the practical nurse, basic science and psychosocial concepts, theory and clinical practice in medications and the nursing process, and theory and clinical practice in medical, surgical, geriatric, pediatric, obstetric and mental health nursing. These courses must be equivalent to those same courses in a practical nursing program approved by the board.

(3) A notice of eligibility for admission to the licensing examination may be issued to all new graduates from board approved practical nursing programs after the filing of a completed application, payment of the application fee, and

official notification from the program certifying that the individual has satisfactorily completed all requirements for the diploma/certification.

(4) All other requirements of the statute and regulations shall be met.

[Statutory Authority: RCW 18.130.050 and 18.78.050. 94-08-050 § 246-838-040, filed 4/1/94, effective 5/2/94; 91-13-023 (Order 175B), § 246-838-040, filed 6/11/91, effective 7/12/91. Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-040, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050, 18.78.054, 18.78.060, 18.78.072, 18.78.090, 18.78.225, 18.130.050 and 70.24.270. 88-24-017 (Order PM 768), § 308-117-030, filed 12/1/88. Statutory Authority: RCW 18.78.050, 18.78.054, 18.78.060, 18.130.050 and SHB 1404, 1988 c 211. 88-18-005 (Order PM 768), § 308-117-030, filed 8/25/88. Statutory Authority: 18.78.050, 18.78.060 and 18.130.050. 88-08-034 (Order PM 718), § 308-117-030, filed 4/1/88. Statutory Authority: RCW 18.78.050. 84-01-061 (Order PL 452), § 308-117-030, filed 12/19/83. Formerly WAC 308-116-295.]

WAC 246-838-050 Licensing examination. (1) In order to be licensed in this state, all practical nurse applicants shall take and pass the National Council Licensure Examination (NCLEX) for Practical Nurses.

(2) The executive secretary of the board shall negotiate with the National Council of State Boards of Nursing, Inc. (NCSBN) for the use of the NCLEX.

(3) The examination shall be administered in accord with the NCSBN security measures and contract. All appeals of examination results shall be managed in accord with policies in the NCSBN contract.

[Statutory Authority: RCW 18.78.050. 93-21-006, § 246-838-050, filed 10/7/93, effective 11/7/93; 92-17-023 (Order 296B), § 246-838-050, filed 8/10/92, effective 9/10/92; 91-01-078 (Order 109B), recodified as § 246-838-050, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050, 18.78.054, 18.78.060, 18.130.050 and SHB 1404, 1988 c 211. 88-18-005 (Order PM 768), § 308-117-040, filed 8/25/88. Statutory Authority: RCW 18.78.050. 84-01-061 (Order PL 452), § 308-117-040, filed 12/19/83.]

WAC 246-838-060 Release of results of examination. (1) Applicants shall be notified regarding the examination results by mail only. The results will not be released until the candidate's official transcript is on file with the board.

(2) Applicants who pass shall receive a license to practice as a licensed practical nurse provided all other requirements are met.

(3) Applicants who fail shall receive a letter of notification regarding their eligibility to retake the examination.

(4) In addition to a listing of the names of graduates indicating whether each passed or failed the examination, each practical nursing program in Washington shall receive a statistical report of the examination results of applicants from that school and a report of state and national statistics.

(5) Examination results for all candidates will be maintained in the application files in the division of professional licensing services, department of health.

[Statutory Authority: RCW 18.78.050 and 18.130.050. 91-13-023 (Order 175B), § 246-838-060, filed 6/11/91, effective 7/12/91. Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-060, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050, 18.78.054, 18.78.060, 18.130.050 and SHB 1404, 1988 c 211. 88-18-005 (Order PM 768), § 308-117-050, filed 8/25/88. Statutory Authority: RCW 18.78.050. 84-01-061 (Order PL 452), § 308-117-050, filed 12/19/83.]

WAC 246-838-070 Filing of application for licensing examination. (1) All applicants shall file with the Washington state board of practical nursing a completed application, with the required fee. The fee is not refundable.

(2) Applicants shall submit with the application one recent U.S. passport identification photograph of the applicant unmounted and signed by the applicant across the front.

(3) Applicants shall request the school of nursing to send an official transcript directly to the board of practical nursing. The transcript shall contain adequate documentation to verify that statutory requirements are met and shall include course names and credits accepted from other programs.

(4) Applicants shall also file an examination application, along with the required fee, directly with the testing service.

(5) Applicants who have filed the required applications and met all qualifications will be notified of their eligibility, and only such applicants will be admitted to the examination.

(6) Persons applying for licensure shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of WAC 246-838-250.

[Statutory Authority: RCW 18.130.050 and 18.78.050. 94-08-050 § 246-838-070, filed 4/1/94, effective 5/2/94; 91-13-023 (Order 175B), § 246-838-070, filed 6/11/91, effective 7/12/91. Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-070, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050, 18.78.054, 18.78.060, 18.78.072, 18.78.090, 18.78.225, 18.130.050 and 70.24.270. 88-24-017 (Order PM 768), § 308-117-060, filed 12/1/88. Statutory Authority: RCW 18.78.050. 84-01-061 (Order PL 452), § 308-117-060, filed 12/19/83.]

WAC 246-838-080 Failures—Repeat examination.

(1) The application form to retake the examination and the required fees shall be filed with the board. The fees are not refundable.

(2) A ninety-day waiting period exists between examination dates. The retest may be scheduled no sooner than ninety days following the date of the last exam taken.

(3) Applicants who fail the examination will be permitted to retake the examination three times within the two-year period from the date of first taking the examination.

(4) Applicants who fail to pass the examination within the time period specified in subsection (3) of this section shall be required to follow remedial measures as specified by the board before being scheduled to retake the examination.

[Statutory Authority: RCW 18.130.050 and 18.78.050. 94-08-050 § 246-838-080, filed 4/1/94, effective 5/2/94. Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-080, filed 12/17/90, effective 1/31/91; 84-01-061 (Order PL 452), § 308-117-070, filed 12/19/83.]

WAC 246-838-090 Licensure of graduates of foreign schools of nursing. Applicants who received their nursing education outside the United States or its territories shall meet the following requirements for licensing:

(1) Satisfactory completion of a basic nursing education program approved by the country of original licensure. The nursing education program shall be equivalent to the minimum standards prevailing for state board approved schools of practical nursing in Washington at the time of graduation.

(2) Every applicant must have satisfactorily completed the nursing program or have practiced as a nurse within two years of the date of the first examination taken or the

applicant must meet other requirements of the board to determine current theoretical and clinical knowledge of practical nursing practice.

(3) Satisfactory passage of the test of English as a foreign language (TOEFL). All applicants with nursing educations obtained in countries outside of the United States and never before licensed in another jurisdiction or territory of the United States, shall be required to take the TOEFL and attain a minimum score of fifty in each section. Once an applicant obtains a score of fifty in a section, the board will require reexamination and passage only in the section(s) failed. Passage of all sections of the TOEFL must be attained and the applicant must cause TOEFL services to forward directly to the board a copy of the official examinee's score record. These results must be timely received with the individual's application before the NCLEX can be taken. Exceptions may be made, in the board's discretion and for good cause, to this requirement.

(4) All other requirements of the statute and regulations shall be met.

(5) File with the board of practical nursing a completed license application with the required fee. The fees are not refundable.

(6) Submit one recent United States passport identification photograph of the applicant unmounted and signed by the applicant across the front.

(7) Request the school of nursing to submit an official transcript directly to the board of practical nursing. The transcript shall contain the date of graduation and the credential conferred, and shall be in English or accompanied by an official English translation notarized as a true and correct copy.

(8) File an examination application, along with the required fee, directly with the testing service.

(9) Successfully pass the current state board licensing examination for practical nurses or show evidence of having already successfully passed the state board licensing examination for practical nurses in another jurisdiction or territory of the United States with the passing standard required in Washington.

[Statutory Authority: RCW 18.130.050 and 18.78.050. 94-08-050 § 246-838-090, filed 4/1/94, effective 5/2/94. Statutory Authority: RCW 18.78.050. 93-21-006, § 246-838-090, filed 10/7/93, effective 11/7/93. Statutory Authority: RCW 18.78.050 and 18.130.050. 91-13-023 (Order 175B), § 246-838-090, filed 6/11/91, effective 7/12/91. Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-090, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050, 18.78.060, 18.78.070 and 18.130.050. 89-10-075 (Order PM 835), § 308-117-080, filed 5/3/89; 88-05-011 (Order PM 705), § 308-117-080, filed 2/9/88. Statutory Authority: RCW 18.78.050. 84-01-061 (Order PL 452), § 308-117-080, filed 12/19/83.]

WAC 246-838-100 Licensure by interstate endorsement. A license to practice as a licensed practical nurse in Washington may be issued without examination provided the applicant meets all the following requirements:

(1) The applicant has graduated and holds a credential from:

(a) A state board approved program preparing candidates for licensure as a practical nurse; or

(b) Its equivalent as determined by the board, which program must fulfill the minimum requirement for state

board approved practical nursing programs in Washington at the time of graduation.

(2) Applicants shall have passed a state board constructed test, the SBTPE, or NCLEX in their original state of licensure.

(3) The applicant held or currently holds a license to practice as a practical nurse in another state or territory. If the license is lapsed or inactive for three years or more, the applicant must successfully complete a board approved refresher course before an active Washington license is issued.

(4) That grounds do not exist for denial under chapter 18.130 RCW.

(5) The applicant shall:

(a) Submit a completed application with the required fee. The fee is not refundable.

(b) Submit, in addition to the other requirements, evidence to show compliance with the education requirements of WAC 246-838-250.

[Statutory Authority: RCW 18.78.050 and 18.130.050. 91-13-023 (Order 175B), § 246-838-100, filed 6/11/91, effective 7/12/91. Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-100, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050, 18.78.054, 18.78.060, 18.78.072, 18.78.090, 18.78.225, 18.130.050 and 70.24.270. 88-24-017 (Order PM 768), § 308-117-090, filed 12/1/88. Statutory Authority: RCW 18.78.050, 18.78.054, 18.78.060, 18.130.050 and SHB 1404, 1988 c 211. 88-18-005 (Order PM 768), § 308-117-090, filed 8/25/88. Statutory Authority: RCW 18.78.050. 84-01-061 (Order PL 452), § 308-117-090, filed 12/19/83.]

WAC 246-838-110 Documents which indicate authorization to practice. The following documents are the only documents that indicate legal authorization to practice as a practical nurse in Washington.

(1) License - Active status. A license is issued upon completion of all requirements for licensure and confers the right to use the title licensed practical nurse and its abbreviation, L.P.N., and to practice in the state of Washington.

(2) Limited educational license. A limited educational license may be issued to a person who has been on inactive or lapsed status for three years or more and who wishes to return to active status (see WAC 246-838-130). This license is valid only while working under the direct supervision of a preceptor and is not valid for employment as a practical nurse.

(3) Inactive license. A license issued to a practical nurse who is temporarily or permanently retired from practice. The holder of an inactive license shall not practice practical nursing in this state.

[Statutory Authority: RCW 18.130.050 and 18.78.050. 94-08-050 § 246-838-110, filed 4/1/94, effective 5/2/94. Statutory Authority: RCW 18.78.050. 93-21-006, § 246-838-110, filed 10/7/93, effective 11/7/93. Statutory Authority: RCW 18.78.050 and 18.130.050. 92-02-046 (Order 231B), § 246-838-110, filed 12/27/91, effective 1/27/92. Statutory Authority: RCW 18.78.050. 91-13-023 (Order 175B), § 246-838-110, filed 6/11/91, effective 7/12/91; 91-01-078 (Order 109B), recodified as § 246-838-110, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050, 18.78.054, 18.78.060, 18.130.050 and SHB 1404, 1988 c 211. 88-18-005 (Order PM 768), § 308-117-095, filed 8/25/88.]

WAC 246-838-120 Renewal of licenses. (1) Individuals making applications for initial license and examination, provided they meet all such requirements, will be issued a license, to expire on their birth anniversary date.

(2) Individuals making application for initial license with the state of Washington under the interstate endorsement regulations, provided they meet all such requirements, will be issued a license, to expire on their birth anniversary date.

(3) Issuance of license - Licensed practical nurses who complete the renewal application accurately, are practicing practical nursing in compliance with the law, and pay the renewal fee and surcharge fee as stated in WAC 246-838-330 and 246-838-990, shall be issued a license to practice.

Any renewal that is postmarked or presented to the department after midnight on the expiration date is late, and subject to a late renewal penalty fee as stated in RCW 18.78.090. If the licensee fails to renew the license within one year from date of expiration, application for renewal of license shall be made under statutory conditions then in force.

(4) A license, active or inactive, that is not renewed is considered lapsed. If the licensee fails to renew the license within three years from the expiration date, the individual must also meet the requirements of WAC 246-838-130.

(5) Illegal practice - Any person practicing as a licensed practical nurse during the time that such individual's license is inactive or has lapsed shall be considered an illegal practitioner and shall be subjected to the penalties provided for violators under the provisions of RCW 18.130.190.

(6) Licensees who fail to renew their license on or before its expiration date will remit to the department a late penalty fee in addition to the annual renewal fee.

[Statutory Authority: RCW 18.78.050. 93-21-006, § 246-838-120, filed 10/7/93, effective 11/7/93. Statutory Authority: RCW 18.130.175 and 18.78.050. 93-04-080 (Order 331B), § 246-838-120, filed 2/1/93, effective 3/4/93. Statutory Authority: RCW 18.78.050 and 18.130.050. 91-13-023 (Order 175B), § 246-838-120, filed 6/11/91, effective 7/12/91. Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-120, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050, 18.78.054, 18.78.060, 18.78.072, 18.78.090, 18.78.225, 18.130.050 and 70.24.270. 88-24-017 (Order PM 768), § 308-117-100, filed 12/1/88. Statutory Authority: RCW 18.78.050, 18.78.054, 18.78.060, 18.130.050 and SHB 1404, 1988 c 211. 88-18-005 (Order PM 768), § 308-117-100, filed 8/25/88. Statutory Authority: RCW 18.78.050, 18.130.050 (1) and (12) and 1986 c 259 §§ 19, 128 and 131. 86-18-031 (Order PM 612), § 308-117-100, filed 8/27/86. Statutory Authority: RCW 18.78.050, 84-01-061 (Order PL 452), § 308-117-100, filed 12/19/83. Formerly WAC 308-116-280.]

WAC 246-838-121 Responsibility for maintaining mailing address. It is the responsibility of each licensee to maintain a current mailing address on file with the board which shall be used for mailing of all official matters from the board to the licensee. If charges against the licensee are mailed by certified mail to the address on file with the board and returned unclaimed or are unable to be delivered for any reason, then the board shall proceed against the licensee by default under RCW 34.05.440.

[Statutory Authority: RCW 18.78.050. 93-21-006, § 246-838-121, filed 10/7/93, effective 11/7/93.]

WAC 246-838-130 Return to active status from inactive or lapsed status. Persons on inactive and/or lapsed status for three years or more, who do not hold a current active license in any other United States jurisdiction and who wish to return to active status shall be issued a limited educational license to enroll in a board approved refresher

course. The limited educational license is valid only while working under the direct supervision of a preceptor and is not valid for employment as a practical nurse. Upon successful completion of the course, the individual's license shall be returned to active status.

[Statutory Authority: RCW 18.78.050, 93-21-006, § 246-838-130, filed 10/7/93, effective 11/7/93; 91-13-023 (Order 175B), § 246-838-130, filed 6/11/91, effective 7/12/91; 91-01-078 (Order 109B), recodified as § 246-838-130, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050, 18.78.054, 18.78.060, 18.130.050 and SHB 1404, 1988 c 211, 88-18-005 (Order PM 768), § 308-117-105, filed 8/25/88.]

WAC 246-838-250 AIDS education and training.

(1) Acceptable education and training. Effective January 1, 1989, the board will accept education and training that is consistent with the model curriculum available from the office on AIDS. Such education and training shall be a minimum of seven hours and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(2) Implementation. The requirement for licensure application or reinstatement of any license on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of subsection (1) of this section.

(3) Documentation. The licensee shall:

- (a) Certify, on forms provided, that the minimum education and training has been completed;
- (b) Keep records for two years documenting attendance and description of the learning; and
- (c) Be prepared to validate, through submission of these records, that education and training has taken place.

[Statutory Authority: RCW 70.24.270, 91-13-023 (Order 175B), § 246-838-250, filed 6/11/91, effective 7/12/91. Statutory Authority: RCW 18.78.050, 91-01-078 (Order 109B), recodified as § 246-838-250, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050, 18.78.054, 18.78.060, 18.78.072, 18.78.090, 18.78.225, 18.130.050 and 70.24.270, 88-24-017 (Order PM 768), § 308-117-360, filed 12/1/88.]

WAC 246-838-260 Standards/competencies.

Minimum standards of competency expected of beginning licensed practical nurses include the following:

(1) **Standard I** - The practical nurse assists in implementing the nursing process. The nursing process is defined as a systematic approach to nursing care which has the goal of facilitating an optimal level of functioning for the client, recognizing cultural and religious diversity.

The components of the nursing process are assessing, planning, implementing and evaluating. Written and verbal communication is essential to the nursing process.

Competencies:

(a) Assessment - Makes observations, gathers data and assists in identification of needs and problems relevant to the client.

(i) Makes basic observations of clients' safety and comfort needs.

(ii) Identifies physical discomfort and environmental threats to client safety.

(iii) Identifies basic physiological, emotional, sociological, cultural, economic, and spiritual needs.

(iv) Collects specific data as directed.

(v) Identifies major deviation from normal.

(vi) Selects data from established sources relevant to client's needs or problems.

(vii) Collaborates in organizing data.

(viii) Assists in formulating the list of clients' needs or problems.

(ix) Identifies major short and long term needs of clients.

(b) Planning - Contributes to the development of approaches to meet the needs of clients and families.

(i) Develops client care plans, utilizing a standardized nursing care plan.

(ii) Assists in setting priorities for nursing care.

(iii) Participates in client care conferences.

(c) Implementation - Carries out planned approaches to client care.

(i) Carries out nursing actions developed in care plan to ensure safe and effective nursing care.

(ii) Performs common therapeutic nursing techniques.

(iii) Administers medications safely and accurately, within institutional policies and procedures, and with knowledge of the medication being administered.

(d) Evaluation - Utilizing a standard plan for nursing care, appraises the effectiveness of client care.

(i) Collaborates in data collection relevant to outcome of care.

(ii) Assists in comparing outcome of care to formulated objective.

(iii) Assists with adjustments in care.

(iv) Reports outcome of care given.

(2) **Standard II**. The practical nurse uses communication skills effectively in order to function as a member of the nursing team. Communication is defined as a process by which information is exchanged between individuals through a common system of symbols, signs, or behaviors that serves as both a means of gathering information and of influencing the behavior and feelings of others.

Competencies:

Applies beginning skills in verbal, nonverbal and written communication, recognizing and respecting cultural diversity and respecting the spiritual beliefs of individual clients.

(a) Uses common medical terminology and abbreviations.

(b) Interprets common medical terminology and abbreviations.

(c) Reports pertinent client communications regarding his/her physical and psycho-social welfare.

(d) Develops a working relationship with the client, family, and health team members.

(e) Interviews clients to collect specific data with or without a structured tool.

(f) Identifies possible communication blocks.

(g) Recognizes that communication can be facilitated by certain responses.

(h) Interacts appropriately in a one-to-one relationship and in a group setting.

(i) Modifies own communication pattern.

(j) Documents observations and actions correctly in the chart.

(k) Demonstrates the ability to communicate effectively in the work setting.

(3) **Standard III.** In a structured setting the practical nurse demonstrates responsibility for own actions by using common techniques of problem solving and decision making to plan and organize own assignment. Problem solving and decision making include utilization of available resources to secure a desired result.

Competencies:

(a) Participates in self-assessment.
 (i) Identifies own strengths and weaknesses.
 (ii) Maintains personal health.
 (iii) Maintains appropriate appearance.
 (iv) Seeks assistance as needed.
 (v) Requests recommendations for improvements.
 (vi) Incorporates new and appropriate behaviors in nursing action.

(vii) Evaluates completion of assigned duties.

(b) Seeks learning opportunities that will foster growth.

(i) Plans goals for self improvement of performance with help of a supervisor.

(ii) Seeks opportunities for personal vocational growth.

(iii) Utilizes new knowledge and skills.

(iv) Participates in staff development.

(v) Demonstrates knowledge of professional organization and other contributors to past and present nursing advancement.

(c) Applies knowledge of ethical and legal principles and responsibilities pertinent to self, clients, and others.

(i) Identifies scope and limitations of own role.

(ii) Functions within the law regulating the practice of practical nursing.

(iii) Demonstrates ethical practice in providing client care.

(iv) Respects and maintains the client's privacy interests.

(d) Practices conservation of available resources.

(i) Demonstrates an understanding of hospital and client costs by economical use of supplies and equipment.

(ii) Participates in nursing audit.

(e) Follows employer rules and regulations.

(i) Functions according to the job description, recognizing employer/employee expectations.

(ii) Explains employer rules and regulations as they apply to client and family.

(4) **Standard IV.** The practical nurse assists in the health teaching of clients recognizing individual differences. Health teaching is defined as facilitating learning and instructing clients and significant others in preventive and therapeutic measures.

Competencies:

(a) Health teaching - Assists in the development of teaching plans for the individual client.

(i) Identifies major health education needs and problems of clients.

(ii) Communicates observation of health and learning needs.

(iii) Assists in individualizing the teaching plan to include others when appropriate.

(b) Implements teaching of basic health information according to the appropriate teaching plan.

(c) Communicates client's request for information to appropriate team member.

(d) Documents client teaching on the appropriate records.

(5) **Standard V.** The practical nurse demonstrates an understanding of own role in the health care delivery system. Health care delivery systems are defined as the voluntary and governmental organizations and institutions at international, national, state, and local levels that influence health policy and encompass comprehensive services.

Competencies:

(a) Functions as a practical nurse within the health care delivery system. (See chapter 18.78 RCW.)

(i) Functions within the role of the practical nurse.

(ii) Identifies the basic functions of members of the health care delivery team.

(b) Recognizes functions of health care delivery systems.

(i) Identifies supportive services in client care settings.

(ii) Identifies community resources.

(iii) Identifies the need for assistance from other agencies.

(iv) Demonstrates ability to obtain information about health care agencies.

(c) Acts as client advocate in health maintenance and clinical care.

(i) Recognizes the rights of individuals to control their own health needs and make decisions about health services.

(ii) Provides client education concerning health care delivery systems.

(6) **Standard VI.** The practical nurse recognizes the need for change in a structured health care setting and demonstrates willingness to participate in effecting change. Change is defined as a systematic process which includes careful assessment and acceptance of responsibility for own actions, resulting in a significant alteration.

Competencies:

Recognizes need to adjust functions to comply with the accepted practical nurse role and assists in assessing effectiveness of current nursing practices in a given health care delivery system.

(a) Recognizes problems and the need for change in current nursing practice.

(b) Communicates needs for further change through appropriate channels.

(c) Identifies personal factors which influence response to change. Adapts own behavior.

(d) Accepts potential risks with instituting change.

[Statutory Authority: [RCW 18.78.050]. 91-13-023 (Order 175B), § 246-838-260, filed 6/11/91, effective 7/12/91; 91-01-078 (Order 109B), recodified as § 246-838-260, filed 12/17/90, effective 1/31/91; 84-01-061 (Order PL 452), § 308-117-400, filed 12/19/83.]

WAC 246-838-270 Criteria for approved refresher course. (1) Philosophy, purpose, and objectives.

(a) Philosophy, purpose, and objectives of the course shall be clearly stated and available in written form. They shall be consistent with the definition of practical nursing as outlined in chapter 18.78 RCW.

(b) Objectives reflecting the philosophy shall be stated in behavioral terms and describe the capabilities and competencies of the graduate.

(2) Faculty.

(a) All faculty shall be qualified academically and professionally for their respective areas of responsibility.

(b) All faculty shall be qualified to develop and implement the program of study.

(c) Faculty shall be sufficient in number to achieve the stated program objectives.

(3) Course content.

(a) The course content shall consist of a minimum of sixty hours of theory content and one hundred twenty hours of clinical practice.

(b) The course content, length, methods of instruction, and learning experiences shall be consistent with the philosophy and objectives of the course. Outlines and descriptions of all learning experiences shall be available in writing.

(c) The theory course content shall include, but not be limited to, a minimum of sixty hours in current basic concepts of:

(i) Nursing process;

(ii) Pharmacology;

(iii) Review of the concepts in the areas of:

(A) Practical nursing today including legal expectations;

(B) Basic communications and observational practices needed for identification, reporting, and recording patient needs; and

(C) Basic physical, biological, and social sciences necessary for practice; and

(iv) Review and updating of practical nursing knowledge and skills to include, but not be limited to, concepts of fundamentals, medical/surgical, parent/child, geriatric, and mental health nursing.

(d) The clinical course content shall include a minimum of one hundred twenty hours of clinical practice in the area(s) listed in (c) of this subsection. Exceptions shall be justified to and approved by the board.

(4) Evaluation.

(a) Evaluation methods shall be used to measure the student's achievement of the stated theory and clinical objectives.

(b) The course shall be periodically evaluated by faculty and students.

(5) Admission requirements.

(a) Requirements for admission shall be available in writing.

(b) All students shall hold a current valid practical nurse license or apply and be eligible for a limited educational license approved by the board.

(c) Any person holding an inactive or lapsed practical nurse license in another state may apply for a limited educational license provided that the applicant meets the requirements of WAC 246-838-100.

(6) Records.

(a) Evidence that the student has successfully completed the course and met the stated objectives shall be kept on file.

(b) The refresher course provider shall submit a certification of successful completion of the course to the board.

(7) Refresher courses taken outside of the state of Washington shall be reviewed individually for approval by the board prior to starting the course.

(8) Approval of refresher courses shall be requested and approved in advance as directed by the board.

[Statutory Authority: RCW 18.78.050, 93-21-006, § 246-838-270, filed 10/7/93, effective 11/7/93; 91-13-023 (Order 175B), § 246-838-270, filed 6/11/91, effective 7/12/91; 91-01-078 (Order 109B), recodified as § 246-838-270, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050, 18.78.054, 18.78.060, 18.130.050 and SHB 1404, 1988 c 211, 88-18-005 (Order PM 768), § 308-117-410, filed 8/25/88.]

WAC 246-838-280 Scope of practice—Advisory opinions. (1) The board may issue advisory opinions in response to questions put to it by professional health associations, nursing practitioners, and consumers concerning the practice of practical nursing. Such questions must be presented in writing to the office of the board.

(2) Questions may be referred to a committee of the board. Upon such referral, the committee shall develop a draft response which shall be presented to the full board at a public meeting for ratification, rejection, or modification. The committee may, at its discretion, consult with health care practitioners for assistance in developing its draft response.

(3) If the board issues an opinion on a given issue, such opinion shall be provided to the requesting party and shall be included in the board minutes.

(4) Each opinion issued shall include a clear statement to the effect that:

(a) The opinion is advisory and intended for the guidance of the requesting party only; and

(b) The opinion is not legally binding and does not have the force and effect of a duly promulgated regulation or a declaratory ruling by the board.

(5) In no event shall this section be construed to supersede the authority of the board to adopt rules related to the scope of practice nor shall it be construed to restrict the ability of any person to propose a rule or to seek a declaratory judgment from the board.

[Statutory Authority: RCW 18.78.050, 91-01-078 (Order 109B), recodified as § 246-838-280, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050, 18.78.054, 18.78.060, 18.130.050 and SHB 1404, 1988 c 211, 88-18-005 (Order PM 768), § 308-117-420, filed 8/25/88.]

WAC 246-838-290 Terms used in WAC 246-838-290 through 246-838-310. (1) "Approved substance abuse monitoring program" or "approved monitoring program" is a program the board has determined meets the requirements of the law and the criteria established by the board in WAC 246-838-300, which enters into a contract with practical nurses who have substance abuse problems regarding the required components of the practical nurse's recovery activity and oversees the practical nurse's compliance with these requirements. Substance abuse monitoring programs do not provide evaluation or treatment to participating practical nurses.

(2) "Contract" is a comprehensive, structured agreement between the recovering practical nurse and the approved monitoring program wherein the practical nurse consents to comply with the monitoring program and the required components of the practical nurse's recovery activity.

(3) "Approved treatment facility" is a facility approved by the bureau of alcohol and substance abuse, department of social and health services, under RCW 70.96A.020(2) or 69.54.030 to provide concentrated alcoholism or drug treatment if located within Washington state. Out-of-state drug and alcohol treatment programs must be equivalent to

the standards required for approval under RCW 70.96A.020 (2) or 69.54.030.

(4) "Substance abuse" means the impairment, as determined by the board, of a practical nurse's professional services by an addiction to, a dependency on, or the use of alcohol, legend drugs, or controlled substances.

(5) "Aftercare" is that period of time after intensive treatment that provides the practical nurse and the practical nurse's family with group or individual counseling sessions, discussions with other families, ongoing contact and participation in self-help groups and ongoing continued support of treatment program staff.

(6) "Nurse support group" is a group of nurses meeting regularly to support the recovery of its members. The group provides a confidential setting with a trained and experienced nurse facilitator in which nurses may discuss drug diversion, licensure issues, return to work and other professional issues related to recovery.

(7) "Twelve step groups" are groups such as alcoholics anonymous, narcotics anonymous, and related organizations based on a philosophy of anonymity, belief in a power outside of oneself, peer group association, and self-help.

(8) "Random drug screens" are laboratory tests to detect the presence of drugs of abuse in body fluids which are performed at irregular intervals not known in advance by the person to be tested.

[Statutory Authority: RCW 18.78.050 and 18.130.050. 92-02-046 (Order 231B), § 246-838-290, filed 12/27/91, effective 1/27/92. Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-290, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050, [18.78.]054, 18.130.050 and [18.130.]175. 89-07-005 (Order PM 823), § 308-117-460, filed 3/3/89.]

WAC 246-838-300 Approval of substance abuse monitoring programs. The board will approve the monitoring program(s) which will participate in the board's substance abuse monitoring program.

(1) The approved monitoring program will not provide evaluation or treatment to the participating practical nurses.

(2) The approved monitoring program staff must have the qualifications and knowledge of both substance abuse and the practice of practical nursing in order to evaluate:

- (a) Clinical laboratories;
- (b) Laboratory results;
- (c) Providers of substance abuse treatment, both individuals and facilities;
- (d) Nurses' support groups;
- (e) The practical nursing work environment; and
- (f) The ability of the practical nurse to practice with reasonable skill and safety.

(3) The approved monitoring program will enter into a contract with the practical nurse and the board to oversee the practical nurse's compliance with the requirements of the program.

(4) The approved monitoring program may make, on an individual basis, exceptions to components of the contract.

(5) The approved monitoring program staff will determine, on an individual basis, whether a practical nurse will be prohibited from engaging in the practice of practical nursing for a period of time and restrictions, if any, on the practical nurse's access to controlled substances in the work place.

(6) The approved monitoring program shall maintain records on participants.

(7) The approved monitoring program will be responsible for providing feedback to the practical nurse as to the acceptability of treatment progress.

(8) The approved monitoring program shall report to the board any practical nurse who fails to comply with the requirement of the monitoring program.

(9) The approved monitoring program shall provide the board with a statistical report on the program, including progress of participants, at least annually.

(10) The approved monitoring program shall receive from the board guidelines on treatment, monitoring, and limitations on the practice of practical nursing for those participating in the program.

[Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-300, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050, [18.78.]054, 18.130.050 and [18.130.]175. 89-07-005 (Order PM 823), § 308-117-470, filed 3/3/89.]

WAC 246-838-310 Participation in approved monitoring program. (1) In lieu of disciplinary action, the practical nurse may accept board referral into the approved substance abuse monitoring program.

(a) The practical nurse shall undergo a complete physical and psychosocial evaluation before entering into the approved monitoring program. This evaluation will be performed by health care professional(s) with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The practical nurse shall enter into a contract with the board and the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to, the following:

(i) The practical nurse will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The practical nurse will agree to remain free of all mind-altering substances, including alcohol, except for medications prescribed by an authorized prescriber as defined in RCW 69.41.030 and 69.50.101.

(iii) The practical nurse must complete the prescribed aftercare program of the approved treatment facility, which may include individual and/or group psychotherapy.

(iv) The practical nurse must cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment prognosis and goals.

(v) The practical nurse will submit to random drug screening as specified by the approved monitoring program.

(vi) The practical nurse will attend nurses' support group(s) facilitated by a nurse and/or twelve step group meetings as specified by the contract.

(vii) The practical nurse will comply with specified employment conditions and restrictions as defined by the contract.

(viii) The practical nurse shall sign a waiver allowing the approved monitoring program to release information to the board if the practical nurse does not comply with the requirements of this contract.

(c) The practical nurse is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, and random drug screens.

(d) The practical nurse may be subject to disciplinary action under RCW 18.130.160 if the practical nurse does not consent to be referred to the approved monitoring program, does not comply with specified employment restrictions, or does not successfully complete the program.

(2) A practical nurse who is not being investigated by the board, not subject to current disciplinary action, or not currently being monitored by the board for substance abuse, may voluntarily participate in the approved substance abuse monitoring program without being referred by the board. Such voluntary participants shall not be subject to disciplinary action under RCW 18.130.160 for their substance abuse, and shall not have their participation made known to the board if they meet the requirements of the approved monitoring program.

(a) The practical nurse shall undergo a complete physical and psychosocial evaluation before entering into the approved monitoring program. This evaluation will be performed by health care professional(s) with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The practical nurse shall enter into a contract with the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to, the following:

(i) The practical nurse will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The practical nurse will agree to remain free of all mind-altering substances, including alcohol, except for medications prescribed by an authorized prescriber as defined in RCW 69.41.030 and 69.50.101.

(iii) The practical nurse must complete the prescribed aftercare program of the approved treatment facility, which may include individual and/or group psychotherapy.

(iv) The practical nurse must cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment prognosis and goals.

(v) The practical nurse will submit to random drug screening as specified by the approved monitoring program.

(vi) The practical nurse will attend nurses' support group(s) facilitated by a nurse and/or twelve step group meetings as specified by the contract.

(vii) The practical nurse will comply with employment conditions and restrictions as defined by the contract.

(viii) The practical nurse shall sign a waiver allowing the approved monitoring program to release information to the board if the nurse does not comply with the requirements of this contract.

(c) The practical nurse is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment and random drug screens.

(3) The treatment and pretreatment records of license holders referred to or voluntarily participating in approved monitoring programs shall be confidential, shall be exempt from RCW 42.17.250 through 42.17.450, and shall not be subject to discovery by subpoena or admissible as evidence except for monitoring records reported to the disciplinary

authority for cause as defined in subsections (1) and (2) of this section. Records held by the board under this section shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena except by the license holder.

[Statutory Authority: RCW 18.78.050 and 18.130.050. 92-02-046 (Order 231B), § 246-838-310, filed 12/27/91, effective 1/27/92. Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-310, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050, [18.78.]054, 18.130.050 and [18.130.]175. 89-07-005 (Order PM 823), § 308-117-480, filed 3/3/89.]

WAC 246-838-330 Impaired practical nurse program—Content—License surcharge. (1) To implement an impaired practical nurse program as authorized by RCW 18.130.175, the board of practical nursing shall enter into a contract with a voluntary substance abuse monitoring program. The impaired practical nurse program may include any or all of the following:

(a) Contracting with providers of treatment programs;

(b) Receiving and evaluating reports of suspected impairment from any source;

(c) Intervening in cases of verified impairment;

(d) Referring impaired practical nurses to treatment programs;

(e) Monitoring the treatment and rehabilitation of impaired practical nurses including those ordered by the board;

(f) Providing education, prevention of impairment, posttreatment monitoring, and support of rehabilitated impaired practical nurses; and

(g) Performing other related activities as determined by the board.

(2) A contract entered into under subsection (1) of this section shall be financed by a surcharge of up to four dollars on each active license renewal to be collected by the department of health from each practical nurse licensed under chapter 18.78 RCW. These moneys shall be placed in the health professions account to be used solely for the implementation of the impaired practical nurse program.

[Statutory Authority: RCW 18.130.175 and 18.78.050. 93-04-080 (Order 331B), § 246-838-330, filed 2/1/93, effective 3/4/93.]

WAC 246-838-340 Executive secretary qualifications. The executive secretary shall have the following qualifications:

(1) License to practice as a registered nurse in this state;

(2) Master's degree in nursing from an accredited college or university;

(3) At least five years experience in the field of nursing to include at least two years prior to the time of appointment; and

(4) At least two years experience in nursing education.

[Statutory Authority: RCW 18.78.050. 93-21-006, § 246-838-340, filed 10/7/93, effective 11/7/93.]

WAC 246-838-350 Appearance and practice before agency—Standards of ethical conduct. All persons appearing in proceedings before the Washington state board of practical nursing in a representative capacity shall conform to the standards of ethical conduct required of

attorneys before the courts of Washington. If any such person does not conform to such standards, the Washington state board of practical nursing may decline to permit such person to appear in a representative capacity in any proceeding before it.

[Statutory Authority: RCW 18.78.050. 93-21-006, § 246-838-350, filed 10/7/93, effective 11/7/93.]

WAC 246-838-360 Adjudicative proceedings procedural rules. The Washington state board of practical nursing adopts the model procedural rules for adjudicative proceedings as adopted by the department of health and contained in chapter 246-11 WAC, including subsequent amendments.

[Statutory Authority: RCW 18.78.050. 93-21-006, § 246-838-360, filed 10/7/93, effective 11/7/93.]

Chapter 246-839 WAC REGISTERED NURSES

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- 246-839-840 Nursing technician.
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- 246-839-870 Functions of the nursing technician.
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- 246-839-890 Responsibilities of the employing facility.
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- 246-839-505 Philosophy 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 246-839-010 Definitions. (1) "Board" means the Washington state board of nursing.

(2) "School" means an educational unit charged with the responsibility of preparing persons to practice as registered nurses. Three types of basic schools of nursing are distinguished by the certificate awarded to the graduate. Schools of nursing within colleges and universities award the associate degree or baccalaureate degree. Schools of nursing sponsored by a hospital award a diploma.

(3) "Provisional approval" of schools of nursing is the approval given a new school of nursing based on its proposed program prior to the admission of its first class.

(4) "Full approval" of a school of nursing is the approval given a school of nursing that meets the requirements of the law and the rules and regulations of the board.

(5) "Conditional approval" of a school of nursing is the approval given a school of nursing that has failed to meet the requirements of the law and the rules and regulations of the board, and it specifies conditions that must be met within a designated time to rectify the failure.

(6) An "unapproved school of nursing" is a school of nursing that has been removed from the list of approved schools for failure to meet the requirements of the law and the rules and regulations of the board or a school that has never been approved by the board.

(7) "Extended learning sites" refers to any area external to the parent organization selected by faculty for student learning experiences.

(8) "Faculty" means persons who are responsible for the educational program of the school of nursing and who hold faculty appointment in the school.

(9) "Nursing student" is a person currently enrolled in an approved school of nursing.

(10) The phrase "nursing aide" used in RCW 18.88.280 (3) shall mean a "nursing technician." "Nursing technician" is a nursing student currently enrolled in a state board of nursing approved nursing education program and employed for the purpose of giving help, assistance and support in the performance of those services which constitute the practice of registered nursing. The nursing student shall use the title "nursing technician" while employed.

(11) "Registered nurse" as used in these rules shall mean a nurse as defined by RCW 18.88.170.

(12) "Nurse administrator" is an individual who meets the qualifications contained in WAC 246-839-555 and who has been designated as the person primarily responsible for the direction of the program in nursing. Titles for this position may include, among others, dean, director, coordinator or chairperson.

(13) "Definition of terms appearing in RCW 18.88.280" - the terms "direction and supervision," "auxiliary services," and "minor nursing services" are defined as follows:

(a) "Minor nursing services." The techniques and procedures used by the nursing profession are extremely difficult to categorize as major or minor nursing services. The important factor with which this law is concerned is the determination of which nursing person and at what level of preparation that person may perform said technique or procedure in relation to the condition of a given patient, and this kind of determination rests with the registered nurse.

(b) "Auxiliary services" are all those nursing services provided to patients by persons other than the registered nurse, the licensed practical nurse and the nursing student.

(c) "Supervision" of licensed or unlicensed nursing personnel means the provision of guidance and evaluation by a qualified registered nurse for the accomplishment of a nursing task or activity with the initial direction of the task or activity; periodic inspection of the actual act of accomplishing the task or activity; and the authority to require corrective action.

(i) "Immediate supervision" shall mean the licensed registered nurse is on the premises and is within audible and visual range of the patient and the patient has been assessed by the licensed registered nurse prior to the delegation of duties to any care giver.

(ii) "Direct supervision" shall mean the licensed registered nurse is on the premises, is quickly and easily available and the patient has been assessed by the licensed registered nurse prior to the delegation of the duties to any care giver.

(iii) "Indirect supervision" shall mean the licensed registered nurse is not on the premises but has given either written or oral instructions for the care and treatment of the patient and the patient has been assessed by the licensed registered nurse prior to the delegation of duties to any care giver.

(iv) "Consulting capacity" shall mean the recommendations to a professional entity, employed at that facility, which may be accepted, rejected, or modified. These recommendations shall not be held out as providing nursing services by the consulting nurse to the patient or public.

(14) "Delegation" means the licensed registered nurse transfers the performance of selected nursing tasks to competent individuals in selected situations. The licensed registered nurse delegating the task retains the responsibility and accountability for the nursing care of the client.

(a) Nursing acts delegated by the licensed registered nurse shall:

(i) Be within the area of responsibility of the nurse delegating the act;

(ii) Be such that, in the opinion of the nurse, it can be properly and safely performed by the person without jeopardizing the patient welfare;

(iii) Be acts that a reasonable and prudent nurse would find are within the scope of sound nursing judgment.

(b) Nursing acts delegated by the licensed registered nurse shall not require the unlicensed person to exercise nursing judgment nor perform acts which must only be performed by a licensed nurse, except in an emergency situation (RCW 18.88.280(2)).

(c) When delegating a nursing act to an unlicensed individual, the nurse shall:

(i) Make an assessment of the patient's nursing care need before delegating the task;

(ii) Instruct the unlicensed person in the delegated task or verify competency to perform or be assured that the person is competent to perform the nursing task as a result of the systems in place by the health care agency;

(iii) Supervise and evaluate the performance of the unlicensed person;

(iv) Retain responsibility and accountability for the nursing care of the patient, including nursing assessment, evaluation, and assuring documentation;

(v) Recognize that some nursing interventions require nursing knowledge, judgment, and skill and therefore may not lawfully be delegated to unlicensed persons.

(15) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illnesses as defined by the board of health by rule.

(16) "Office on AIDS" means a section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

[Statutory Authority: RCW 18.88.080, 92-02-023 (Order 230B), § 246-839-010, filed 12/23/91, effective 1/23/92; 91-07-067 (Order 152B), § 246-839-010, filed 3/20/91, effective 4/20/91; 91-07-049 (Order 116B), recodified as § 246-839-010, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.140, 18.130.175 and 70.24.270. 88-23-035 (Order PM 795), § 308-120-100, filed 11/9/88. Statutory Authority: RCW 18.88.080, 18.88.086, 18.88.110, 18.88.120, 18.88.140, 18.88.160, 18.88.190, 18.88.200, 18.88.220, 18.130.050 and 1988 c 211. 88-16-034 (Order PM 751), § 308-120-100, filed 7/28/88. Statutory Authority: RCW 18.88.080, 81-04-007 (Order PL 370), § 308-120-100, filed 1/27/81; 80-04-072 (Order PL 339), § 308-120-100, filed 3/27/80; Order PL-124, § 308-120-100, filed 5/26/72.]

LICENSURE, RENEWAL, AND INACTIVE STATUS

WAC 246-839-020 Documents which indicate authorization to practice registered nursing in Washington. The following documents are the only documents that indicate legal authorization to practice as a registered nurse in Washington.

(1) Active license. A license is issued upon completion of all requirements for licensure, confers the right to use the title registered nurse and the use of its abbreviation, R.N., and to practice as a registered nurse in the state of Washington.

A student who has graduated from a basic professional nursing course and who is pursuing a baccalaureate degree in nursing, an advanced degree in nursing or an advanced certification in nursing shall hold an active Washington RN license before participating in the practice of nursing as required to fulfill the learning objectives in a clinical course.

Exception to this requirement may be granted by the board of nursing on an individual basis upon a petition submitted by the dean or director of a school of nursing, on a case-by-case basis.

(a) The exception allows the student to practice in a clinical setting only under the direct supervision of an RN faculty member. The board requires that any RN faculty member supervising these students meet the requirements of direct supervision as defined in WAC 246-839-010 (13) (c) (ii) and, in addition, that supervising faculty document that all clients under the care of the student be assessed by the RN faculty each clinical day.

(b) The dean or director of the school of nursing shall ensure that each faculty member who supervises these students be provided a copy of these rules and be assigned in a manner that allows for direct supervision.

(c) Nursing students who participate in clinical courses under this section are not eligible for the nursing technician role.

(2) Inactive license. A license issued to a person previously holding an active license in this state who desires to retire temporarily from the practice of nursing in this state.

(3) Limited educational license. A limited educational license may be issued to a person who has been on nonpracticing status for three years or more and who wishes to return to active status (see WAC 246-839-120).

(4) Advanced registered nurse practitioner (ARNP) recognition document. An ARNP recognition document may be issued to any person who meets the requirements of the board as contained in WAC 246-839-300. Only persons holding this recognition document shall have the right to use the title "advanced registered nurse practitioner" or the abbreviation "ARNP" or any title or abbreviation which may indicate that the person is entitled to practice at an advanced and specialized level as a nurse practitioner, a specialized nurse practitioner, a nurse midwife, or a nurse anesthetist. This document authorizes the ARNP to engage in the scope of practice allowed for his or her specialty area and is valid only with a current registered nurse license.

(5) ARNP interim permit. An interim permit may be issued following satisfactory completion of an advanced formal education program, registration for the first certification examination of an approved program following completion of the education and filing of an application, fee and requested documentation. If the applicant passes the examination the department shall grant advanced registered nurse practitioner status. If the applicant fails the examination, the interim permit shall expire upon notification and is not renewable.

(6) ARNP prescriptive authorization. A notation of prescriptive authorization may be placed on the ARNP recognition document issued to any person who meets the requirements of the board as contained in WAC 246-839-410. This authorizes the ARNP to prescribe legend drugs

within his or her scope of practice and is valid only with a current registered nurse license.

[Statutory Authority: RCW 18.88.080, 94-20-081, § 246-839-020, filed 10/4/94 effective 11/4/94. Statutory Authority: RCW 18.88.140, 94-07-012, § 246-839-020, filed 3/4/94, effective 4/4/94. Statutory Authority: RCW 18.88.080, 91-23-077 (Order 214B), § 246-839-020, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-020, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, [18.88].086, [18.88].110, [18.88].130, [18.88].140, [18.88].175, [18.88].280 and 18.130.050, 89-12-033 (Order PM 847), § 308-120-170, filed 6/1/89. Statutory Authority: RCW 18.88.080, 18.88.086, 18.88.110, 18.88.120, 18.88.140, 18.88.160, 18.88.190, 18.88.200, 18.88.220, 18.130.050 and 1988 c 211, 88-16-034 (Order PM 751), § 308-120-170, filed 7/28/88. Statutory Authority: RCW 18.88.080, 85-24-027 (Order PL 569), § 308-120-170, filed 11/26/85; 81-10-026 (Order PL 377), § 308-120-170, filed 4/28/81; Order PL 196, § 308-120-170, filed 7/25/75; Order PL-124, § 308-120-170, filed 5/26/72.]

WAC 246-839-030 Qualification/eligibility to take the licensing examination. (1) Graduates from Washington state board approved schools of nursing holding a degree/diploma from such a school shall be eligible to write the examination provided all other requirements are met.

(2) Graduates from a nursing school approved by a board of nursing in another U.S. jurisdiction shall be eligible to take the examination provided that:

(a) The nursing school meets the minimum standards approved for state board school of nursing in Washington at the time of the applicant's graduation;

(b) Graduate has completed all institutional requirements for the degree/diploma in nursing education per attestation from the administrator of the approved nursing education program;

(c) All other requirements of the statute and regulations shall be met.

[Statutory Authority: RCW 18.88.140, 94-07-012, § 246-839-030, filed 3/4/94, effective 4/4/94. Statutory Authority: RCW 18.88.080, 91-23-077 (Order 214B), § 246-839-030, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-030, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.140, 18.130.175 and 70.24.270, 88-23-035 (Order PM 795), § 308-120-161, filed 11/9/88. Statutory Authority: RCW 18.88.080, 82-01-012 (Order PL 387), § 308-120-161, filed 12/7/81; 81-04-007 (Order PL 370), § 308-120-161, filed 1/27/81.]

WAC 246-839-040 Filing of application for licensing examination. (1) All applicants shall file with the Washington state board of nursing a completed notarized application, with the required fee 60 days prior to the anticipated date of examination.

(2) Applicants shall request the school of nursing to send an official transcript directly to the board of nursing.

(3) Applicants shall also file an examination application, along with the required fee directly with the testing service.

(4) Applicants who have filed the required applications and met all qualifications will be notified of their eligibility, and only such applicants will be admitted to the examination.

[Statutory Authority: RCW 18.88.140, 94-07-012, § 246-839-040, filed 3/4/94, effective 4/4/94. Statutory Authority: RCW 18.88.080, 91-07-049 (Order 116B), recodified as § 246-839-040, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086, 18.130.050, 18.130.070 and 18.130.180, 87-23-050 (Order PM 691), § 308-120-162, filed 11/18/87. Statutory Authority: RCW 18.88.030(2), 18.88.080 and 18.88.140, 82-22-091 (Order PL 410), § 308-120-162, filed 11/3/82. Statutory Authority: RCW 18.88.080, 81-04-007 (Order PL 370), § 308-120-162, filed 1/27/81.]

WAC 246-839-050 Licensing examination. (1) The current series of the National Council of the State Board of Nursing Registered Nurse Licensing Examination (NCLEX) computerized adaptive test (NCLEX CAT) shall be the official examination for registered nurse license.

(2) The NCLEX will consist of a Computerized Adaptive Test that will be individualized with the score for the examination reported as either pass or fail. Specific parameters of the exam will be as prescribed by contract with National Council of State Boards of Nursing, Inc. (NCSBN).

(3) Examinations shall be conducted throughout the year.

(4) The executive secretary of the board shall negotiate with NCSBN for the use of the NCLEX CAT.

(5) The examination shall be administered in accord with the NCSBN security measures and contract.

[Statutory Authority: RCW 18.88.140. 94-07-012, § 246-839-050, filed 3/4/94, effective 4/4/94. Statutory Authority: RCW 18.88.080. 91-07-049 (Order 116B), recodified as § 246-839-050, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086, 18.88.110, 18.88.120, 18.88.140, 18.88.160, 18.88.190, 18.88.200, 18.88.220, 18.130.050 and 1988 c 211. 88-16-034 (Order PM 751), § 308-120-163, filed 7/28/88. Statutory Authority: RCW 18.88.030(2), 18.88.080 and 18.88.140. 82-22-091 (Order PL 410), § 308-120-163, filed 11/3/82. Statutory Authority: RCW 18.88.080. 81-04-007 (Order PL 370), § 308-120-163, filed 1/27/81.]

WAC 246-839-060 Release of results of examination. (1) Candidates shall be notified regarding the examination results by mail only.

(2) Candidates who pass shall receive a license to practice as a registered nurse provided all other requirements are met.

(3) Candidates who fail shall receive a letter of notification regarding their eligibility to rewrite the examination.

(4) The candidate's examination results will be maintained in his/her application file in the board of nursing records.

[Statutory Authority: RCW 18.88.140. 94-07-012, § 246-839-060, filed 3/4/94, effective 4/4/94. Statutory Authority: RCW 18.88.080. 91-23-077 (Order 214B), § 246-839-060, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-060, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086, 18.88.110, 18.88.120, 18.88.140, 18.88.160, 18.88.190, 18.88.200, 18.88.220, 18.130.050 and 1988 c 211. 88-16-034 (Order PM 751), § 308-120-164, filed 7/28/88. Statutory Authority: RCW 18.88.030(2), 18.88.080 and 18.88.140. 82-22-091 (Order PL 410), § 308-120-164, filed 11/3/82. Statutory Authority: RCW 18.88.080. 81-04-007 (Order PL 370), § 308-120-164, filed 1/27/81.]

WAC 246-839-070 Failures—Repeat examination.

(1) The retest may be scheduled no sooner than 90 days following the date of the last exam taken.

(2) Request to retake the exam must be submitted to the board no less than 45 days prior to the anticipated test date.

(3) Candidates who fail the examination will be permitted to retake the examination three times within the two-year period from the month of first examination taken.

(4) Candidates who fail to pass the examination within the time period specified in subsection (3) of this section shall be required to complete a program of study approved by the board. Upon successful completion of the approved program, the candidate shall be required to take the entire examination.

[Statutory Authority: RCW 18.88.140. 94-07-012, § 246-839-070, filed 3/4/94, effective 4/4/94. Statutory Authority: RCW 18.88.080. 91-07-049

(Order 116B), recodified as § 246-839-070, filed 3/18/91, effective 4/18/91; 90-04-059, § 308-120-165, filed 2/2/90, effective 3/5/90. Statutory Authority: RCW 18.88.080, 18.88.086, 18.130.050, 18.130.070 and 18.130.180. 87-23-050 (Order PM 691), § 308-120-165, filed 11/18/87. Statutory Authority: RCW 18.88.030(2), 18.88.080 and 18.88.140. 82-22-091 (Order PL 410), § 308-120-165, filed 11/3/82. Statutory Authority: RCW 18.88.080. 81-04-007 (Order PL 370), § 308-120-165, filed 1/27/81.]

WAC 246-839-080 Applicants previously licensed in a foreign country. (1) Applicants for licensure educated in a country outside the United States or its territories shall meet the following requirements for licensure:

(a) Satisfactory completion of a basic nursing education program approved in the country of original licensure.

(i) The nursing education program shall be equivalent to the minimum standards prevailing for state board approved schools of nursing in Washington at the time of graduation.

(ii) Any deficiencies in the nursing program (theory and clinical practice in medical, psychiatric, obstetric, surgical and pediatric nursing) shall be satisfactorily completed in a state board approved school of nursing.

(b) Satisfactory passage of the screening examination for foreign nurses. As of May 1, 1981, all applicants from countries outside the United States, and never before licensed in one of the United States jurisdictions shall have passed the commission on graduates of foreign nursing schools (CGFNS) qualifying examination.

(c) Applicants licensed under the laws of a country outside the United States or its territories shall be required to take the current series of the National Council of State Boards of Nursing Registered Nurse Examination (NCLEX) as provided in WAC 246-839-050: *Provided*, That those persons meeting the requirements of WAC 246-839-090(2) are exempt from this requirement.

(d) All other requirements of the statute and regulation shall be met.

(2) Applicants for examination shall:

(a) File with the board of nursing a completed notarized license application with the required fee 60 days prior to the anticipated date of the examination.

(b) Request the school of nursing to submit an official transcript directly to the division of professional licensing.

(c) Applicants shall also file an examination application, along with the required fee directly with the testing service.

(d) Persons applying for licensure shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of WAC 246-839-100.

(e) Request the licensing agency in the country of original license to submit evidence of licensure.

(f) Submit a notarized copy of the certificate issued by the CGFNS.

(g) If the applicant's original documents (education and licensing) are on file in another state or with the CGFNS, the applicant may request that the state board or the CGFNS send notarized copies in lieu of the originals.

[Statutory Authority: RCW 18.88.140. 94-07-012, § 246-839-080, filed 3/4/94, effective 4/4/94. Statutory Authority: RCW 18.88.080. 91-23-077 (Order 214B), § 246-839-080, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-080, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.140, 18.130.175 and 70.24.270. 88-23-035 (Order PM 795), § 308-120-166, filed 11/9/88. Statutory Authority: RCW 18.88.030(2), 18.88.080 and 18.88.140. 82-22-091 (Order PL 410), § 308-120-166, filed 11/3/82. Statutory Authority: RCW 18.88.080. 81-04-007 (Order PL 370), § 308-120-166, filed 1/27/81.]

WAC 246-839-090 Licensure by interstate endorsement. (1) A license to practice as a registered nurse in Washington may be issued without examination provided the applicant meets all of the following requirements:

(a) The applicant has graduated and holds a degree/diploma from a state board approved school of nursing preparing candidates for licensure as a registered nurse provided such nursing program is equivalent to the minimum nursing educational standards prevailing for state board approved schools of nursing in Washington at the time of the applicant's graduation.

(i) Applicants who were licensed prior to January 1, 1953, shall have scored at least 75% on the state board examination in the state of original licensure.

(ii) Applicants licensed after January 1, 1953, but before June 1, 1982, shall have passed the state board test pool examination for registered nurse licensure with a minimum standard score of 350 in each test.

(iii) Applicants licensed after July 1, 1982, shall have passed with a minimum standard score as established by contract with the National Council of State Boards of Nursing.

(b) The applicant holds a valid current license to practice as a registered nurse in another state or territory.

(c) The applicant complies with the education requirements of WAC 246-839-100.

(d) The application shall be completed and notarized, the fee must be filed with the application. The fee is not refundable. A notarized copy of a valid current license shall be filed with the application.

(e) Verification of licensure by examination shall be obtained from the state or territory of original licensure. Any fee for verification required by the state or territory of original license shall be paid by the applicant.

(2) Applicants from countries outside the United States who were granted a license in another United States jurisdiction or territory prior to December 31, 1971, and who were not required to pass the state board test pool examination shall meet the following requirements:

(a) The nursing education program shall meet the minimum approved standards prevailing for schools of nursing in Washington at the time of the applicant's graduation.

(b) The applicant holds a valid current license to practice as a registered nurse in another United States jurisdiction or territory.

(c) The applicant shall submit to the board:

(i) A complete notarized application. The nonrefundable fee must be filed with the application.

(ii) Verification of original licensure obtained in the United States jurisdiction or territory.

(iii) Notarized copies of educational preparation and licensure by examination submitted directly from the country of original licensure or from the state board or territory of original United States licensure.

(iv) Verification of current nursing practice for three years prior to application for Washington licensure.

(v) Evidence to show compliance with the education requirements of WAC 246-839-100.

(d) The applicant shall meet all requirements of chapter 18.88 RCW and regulations of the board.

[Statutory Authority: RCW 18.88.140, 94-07-012, § 246-839-090, filed 3/4/94, effective 4/4/94. Statutory Authority: RCW 18.88.080, 91-23-077 (Order 214B), § 246-839-090, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-090, filed 3/18/91, effective 4/18/91; 91-07-032 (Order 151B), § 308-120-168, filed 3/15/91, effective 4/15/91. Statutory Authority: RCW 18.88.080, [18.88].086, [18.88].130, [18.88].140, [18.88].150, 18.130.050 and 70.24.270. 89-12-032 (Order PM 846), § 308-120-168, filed 6/1/89. Statutory Authority: RCW 18.88.080, 18.88.140, 18.130.175 and 70.24.270. 88-23-035 (Order PM 795), § 308-120-168, filed 11/9/88. Statutory Authority: RCW 18.88.080, 81-04-007 (Order PL 370), § 308-120-168, filed 1/27/81.]

WAC 246-839-100 AIDS education and training.

(1) Acceptable education and training. The board will accept education and training that is consistent with the model curriculum available from the office on AIDS. Such education and training shall be a minimum of seven hours and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(2) Implementation. Effective January 1, 1989, the requirement for licensure application, renewal, or reinstatement of any license on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of subsection (1) of this section.

(3) Documentation. The licensee shall:

(a) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987, and before renewal date;

(b) Keep records for two years documenting attendance and description of the learning; and

(c) Be prepared to validate, through submission of these records, that education and training has taken place.

[Statutory Authority: RCW 18.88.080 and 70.24.270. 91-23-077 (Order 214B), § 246-839-100, filed 11/19/91, effective 12/20/91. Statutory Authority: RCW 70.24.270. 91-07-049 (Order 116B), recodified as § 246-839-100, filed 3/18/91, effective 4/18/91; 91-07-032 (Order 151B), § 308-120-610, filed 3/15/91, effective 4/15/91. Statutory Authority: RCW 18.88.080, 18.88.140, 18.130.175 and 70.24.270. 88-23-035 (Order PM 795), § 308-120-610, filed 11/9/88.]

WAC 246-839-105 Brief adjudicative proceedings—Denials based on failure to meet education, experience, or examination prerequisites for licensure. The board adopts RCW 34.05.482 and 34.05.485 through 34.05.494 for adjudicative proceedings requested by applicants, who are denied a license under chapter 18.88 RCW or chapter 246-839 WAC for failure to meet the education, experience, or examination prerequisites for licensure. The sole issue at the adjudicative proceeding shall be whether the applicant meets the education, experience, and examination prerequisites for the issuance of a license.

[Statutory Authority: RCW 18.88.080, 91-19-102 (Order 198B), § 246-839-105, filed 9/18/91, effective 10/19/91.]

WAC 246-839-110 Renewal of licenses. (1) The license renewal date shall coincide with the licensee's birthdate.

(a) Individuals making application for initial license and examination, provided they meet all such requirements, will be issued a license, to expire on their birth anniversary date.

(b) Individuals making application for initial license with the state of Washington and under the reciprocity regulations, provided they meet all such requirements, will be issued a license, to expire on their next birth anniversary date.

(2) Licensees may renew their licenses, at the current renewal fee rate.

(3) The late payment penalty provision will be applied as follows:

Before the expiration date of the individual's license, the secretary shall mail a notice for renewal of license to every person holding a current license. The licensee must return such notice along with current renewal fees prior to the expiration of said license. Failure of any licensee to receive such notice shall not relieve or exempt such licensee from the requirements of this section. Should the licensee fail to renew his or her license prior to the expiration date, then the individual is subject to the penalty fee. If the licensee fails to renew his or her license within one year from expiration thereof, such individual must apply for licensing under the statutory conditions then in force. If the licensee fails to renew the license within three years from the expiration date, the individual must also meet the requirements of WAC 246-839-120.

[Statutory Authority: RCW 18.88.080. 91-23-077 (Order 214B), § 246-839-110, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-110, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.140, 18.130.175 and 70.24.270. 88-23-035 (Order PM 795), § 308-120-180, filed 11/9/88. Statutory Authority: RCW 18.88.080, 18.88.086, 18.88.110, 18.88.120, 18.88.140, 18.88.160, 18.88.190, 18.88.200, 18.88.220, 18.130.050 and 1988 c 211. 88-16-034 (Order PM 751), § 308-120-180, filed 7/28/88. Statutory Authority: RCW 18.88.080. 83-24-048 (Order PL 449), § 308-120-180, filed 12/2/83; Order PL 216, § 308-120-180, filed 11/5/75; Order PL-134, § 308-120-180, filed 10/13/72.]

WAC 246-839-115 Responsibility for maintaining mailing address on file with the board. It is the responsibility of each licensee to maintain a current mailing address on file with the board. The mailing address on file with the board shall be used for mailing of all official matters from the board to the licensee. If charges against the licensee are mailed by certified mail to the address on file with the board and returned unclaimed or are unable to be delivered for any reason, then the board shall proceed against the licensee by default under RCW 34.05.440.

[Statutory Authority: RCW 18.88.080 and 18.88.086. 93-11-007 (Order 361B), § 246-839-115, filed 5/5/93, effective 6/5/93.]

WAC 246-839-120 Return to active status from inactive or lapsed status. Persons on inactive status for three years or more and persons on lapsed status for three years or more, who do not hold a current active license in any other United States jurisdiction and who wish to return to active status shall be issued a limited educational license to enroll in a board approved refresher course. Upon successful completion of the course, the individual's license shall be returned to active status.

[Statutory Authority: RCW 18.88.080. 91-23-077 (Order 214B), § 246-839-120, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B),

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recodified as § 246-839-120, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086, 18.88.110, 18.88.120, 18.88.140, 18.88.160, 18.88.190, 18.88.200, 18.88.220, 18.130.050 and 1988 c 211. 88-16-034 (Order PM 751), § 308-120-185, filed 7/28/88. Statutory Authority: RCW 18.88.080. 81-04-007 (Order PL 370), § 308-120-185, filed 1/27/81; 78-05-085 (Order PL 288, Resolution 78-143), § 308-120-185, filed 5/2/78; Order PL 258, § 308-120-185, filed 12/7/76. Formerly WAC 308-120-18001.]

WAC 246-839-130 Criteria for approved refresher course. (1) Philosophy, purpose and objectives.

(a) Philosophy, purpose and objectives of the course shall be clearly stated and available in written form. They shall be consistent with the definition of nursing as outlined in RCW 18.88.030.

(b) Objectives reflecting the philosophy shall be stated in behavioral terms and describe the capabilities and competencies of the graduate.

(2) Faculty.

(a) All nurse faculty shall hold a current license to practice as a registered nurse in the state of Washington.

(b) All faculty shall be qualified academically and professionally for their respective areas of responsibility.

(c) All faculty shall be qualified to develop and implement the program of study.

(d) Faculty shall be sufficient in number to achieve the stated program objectives.

(e) The maximum faculty to student ratio in the clinical area shall be 1 to 12. Exceptions shall be justified to and approved by the board.

(3) Course content.

(a) The course content shall consist of a minimum of forty hours core course content, forty hours of specialty course content, and one hundred sixty hours of clinical practice in the specialty area.

(b) The course content, length, methods of instruction and learning experiences shall be consistent with the philosophy and objectives of the course. Outlines and descriptions of all learning experiences shall be available in writing.

(c) The core course content shall include, but not be limited to, a minimum of forty hours of theory in current basic concepts of:

(i) Nursing process;

(ii) Pharmacology;

(iii) Review of the concepts in the areas of:

(A) Professional nursing today including legal expectations;

(B) Basic communications and observational practices needed for identification, reporting, and recording patient needs; and

(C) Basic physical, biological and social sciences necessary for practice; and

(iv) Review and updating of basic nursing knowledge.

(d) The specialty course content shall include, but not be limited to, a minimum of forty hours of theory in current specialty nursing practice concepts of basic nursing related to the special area of interest such as surgical; pediatrics; obstetrics; psychiatric; acute, intensive, or extended care nursing; or community health nursing.

(e) The clinical course content shall include a minimum of one hundred sixty hours of clinical practice in the specialty area(s) listed in (c), (d), and (e) of this subsection. Exceptions shall be justified to and approved by the board.

(4) Evaluation.

(a) Evaluation methods shall be used to measure the student's achievement of the stated theory and clinical objectives.

(b) The course shall be periodically evaluated by faculty and students.

(5) Admission requirements.

(a) Requirements for admission shall be available in writing.

(b) All students shall hold a current valid RN license or a limited educational license approved by the Washington state board of nursing.

(6) Records.

(a) Evidence that the student has successfully completed the course and met the stated objectives shall be kept on file.

(b) The refresher course provider shall submit a certification of successful completion of the course to the Washington state board of nursing office.

(7) Refresher courses taken outside of the state of Washington shall be reviewed individually for approval by the board prior to starting the course.

[Statutory Authority: RCW 18.88.080. 91-07-049 (Order 116B), recodified as § 246-839-130, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086 and 18.130.050. 88-05-010 (Order PM 704), § 308-120-186, filed 2/9/88. Statutory Authority: RCW 18.88.080. 79-06-025 (Order PL-305), § 308-120-186, filed 5/15/79.]

ADVANCED PRACTICE

WAC 246-839-300 Advanced registered nurse practitioner. An advanced registered nurse practitioner is a registered nurse prepared in a formal educational program to assume an expanded role in providing health care services. Advanced registered nurse practitioners function within the scope of practice reviewed and approved by the board. Those scopes reviewed are the statements of scope accepted by the certifying bodies as the basis for their test plan and selection of test items. Advanced registered nurse practitioners are qualified to assume primary responsibility for the care of their patients. This practice incorporates the use of independent judgment as well as collaborative interaction with other health care professionals when indicated in the assessment and management of wellness and conditions as appropriate to the ARNP's area of specialization. An advanced registered nurse practitioner shall:

(1) Hold a current license to practice as a registered nurse in Washington; and

(2) Have completed a formal advanced nursing education meeting the requirements of WAC 246-839-305; and

(3) Present documentation of initial certification credential for specialized and advanced nursing practice granted by a national certifying body whose certification program is approved by the board, and subsequently maintain currency and competency as defined by the certifying body.

(4) Be held accountable to scope of practice and the standards of care established for the specialty as reviewed and approved by the board.

[Statutory Authority: RCW 18.79.110. 95-01-107, § 246-839-300, filed 12/21/94, effective 1/21/95. Statutory Authority: RCW 18.88.030(2) and 18.88.080. 92-20-047 (Order 306B), § 246-839-300, filed 9/30/92, effective 10/31/92. Statutory Authority: RCW 18.88.080. 91-07-049 (Order 116B), recodified as § 246-839-300, filed 3/18/91, effective 4/18/91; 85-24-027

(Order PL 569), § 308-120-300, filed 11/26/85. Statutory Authority: RCW 18.88.030(2), 18.88.080 and 18.88.140. 82-22-091 (Order PL 410), § 308-120-300, filed 11/3/82; Order PL 270, § 308-120-300, filed 6/16/77.]

WAC 246-839-305 Criteria for formal advanced nursing education meeting the requirement for ARNP licensure. (1) The college or university graduate education program which prepares the registered nurse for advanced nursing practice as an ARNP shall have as its primary purpose the preparation of nurses for the expanded nursing role as an advanced registered nurse practitioner. Documentation that may be requested to substantiate preparation for the ARNP role may include, but shall not be limited to:

(a) The philosophy, purpose, and objectives of the program, which are clearly defined and available in written form.

(b) The objectives reflecting the philosophy which are written in outcomes that describe the competencies of the graduate.

(c) Administrative policies of the program, which include:

(i) Clearly stated admission criteria, available in written form.

(ii) Provision of official evidence that the student has completed the program successfully.

(iii) Documentation that the program is conducted by an accredited college or university.

(d) Evidence that faculty meet the following requirements:

(i) Inclusion of faculty who are currently authorized to assume primary responsibility for patient care in the given specialty.

(ii) Only medical faculty who are authorized to practice.

(iii) The number of qualified faculty in the specialty area available to develop and implement the program is adequate.

(iv) Preceptors participate in teaching, supervising, and evaluating students. Criteria are in place for selection and functioning of preceptors. Preceptors guide students and communicate with faculty regarding student progress.

(e) Curriculum of the advanced nursing practice program which reflects:

(i) Course content that is consistent with the philosophy and objectives of the program.

(ii) Theory and clinical experience relevant to the specialized area of advanced practice and leading to achievement of the defined outcome competencies. These shall include content in biological, behavioral, nursing, medical, pharmacological, and regulation of the advanced practice role.

(iii) Before January 1, 1995, content that requires a minimum of one academic year for completion.

(iv) After January 1, 1995, content that culminates in a graduate degree with a concentration in advanced nursing practice.

(v) If the educational program to prepare for the advanced nursing practice role is taken after completion of the graduate degree, the candidate must submit evidence that the practitioner preparation program, as stated in (e)(ii) of this subsection, is equivalent to that leading to a graduate degree in advanced practice specialty.

(f) Outlines and descriptions of curriculum content which are available in written form.

(2) The board will review educational programs that an applicant is considering for preparation for advanced practice to assist in selection of a program that meets requirements. All requests for review must be in writing. Written response will be provided to all applicants in this category and maintained in applicants file at the board of nursing.

[Statutory Authority: RCW 18.79.110, 95-01-107, § 246-839-305, filed 12/21/94, effective 1/21/95.]

WAC 246-839-310 Use of nomenclature. Any person who qualifies under WAC 246-839-300 and whose application for advanced registered nurse practitioner designation has been approved by the board shall be designated as an advanced registered nurse practitioner and shall have the right to use the title "advanced registered nurse practitioner" or nurse practitioner and the abbreviation following the nurse's name shall read "ARNP" and the title or abbreviation designated by the approved national certifying body. No other initials or abbreviations shall legally denote advanced nursing practice. No other person shall assume such title or use such abbreviation. No other person shall use any other title, words, letters, signs or figures to indicate that the person using same is recognized as an advanced registered nurse practitioner and:

- (1) Family nurse practitioner, FNP; or
- (2) Women's health care nurse practitioner; or
- (3) Pediatric nurse practitioner/associate, PNP/PNA; or
- (4) Adult nurse practitioner, ANP; or
- (5) Geriatric nurse practitioner, GNP; or
- (6) Certified nurse midwife/nurse midwife, CNM; or
- (7) Certified registered nurse anesthetist, CRNA; or
- (8) School nurse practitioner, SNP; or
- (9) Neonatal nurse practitioner, NNP.

[Statutory Authority: RCW 18.79.110, 95-01-107, § 246-839-310, filed 12/21/94, effective 1/21/95. Statutory Authority: RCW 18.88.030(2) and 18.88.080, 92-20-047 (Order 306B), § 246-839-310, filed 9/30/92, effective 10/31/92. Statutory Authority: RCW 18.88.080, 91-23-077 (Order 214B), § 246-839-310, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-310, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, [18.88].086, [18.88].110, [18.88].130, [18.88].140, [18.88].175, [18.88].280 and 18.130.050, 89-12-033 (Order PM 847), § 308-120-305, filed 6/1/89. Statutory Authority: RCW 18.88.080, 85-24-027 (Order PL 569), § 308-120-305, filed 11/26/85. Statutory Authority: RCW 18.88.030(2), 18.88.080 and 18.88.140, 82-22-091 (Order PL 410), § 308-120-305, filed 11/3/82; Order PL 270, § 308-120-305, filed 6/16/77.]

WAC 246-839-315 Clinical specialist in psychiatric/mental health nursing. Clinical specialist in psychiatric/mental health nursing is an advanced practice specialty which may qualify for ARNP licensure as delineated in WAC 246-839-305. Clinical specialist in psychiatric/mental health is a title which may be used by persons certified by the national credentialing body, but who are not ARNP's.

[Statutory Authority: RCW 18.79.110, 95-01-107, § 246-839-315, filed 12/21/94, effective 1/21/95.]

WAC 246-839-320 Certification and certification program. (1) Certification is a form of credentialing, under sponsorship of a national certifying body that recognizes specialized and advanced nursing practice.

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(2) A certification program is used by a national certifying body to grant the certification credential. A certification program shall be based on:

(a) A scope of practice statement as identified in WAC 246-839-300 shall denote the dimension and boundary, the focus, and the standards of specialized and advanced nursing practice in the area of certification.

(b) A formal program of study requirement in the area of certification which shall:

(i) Be based on measurable objectives that relate directly to the scope of practice;

(ii) Include theoretical and clinical content directed to the objectives; and

(iii) Be equivalent to at least one academic year. A preceptorship which is part of the formal program shall be included as part of the academic year. Current practice in the area of certification will not be accepted as a substitute for the formal program of study.

(c) An examination in the area of certification which shall:

(i) Measure the theoretical and clinical content denoted in the scope of practice;

(ii) Be developed in accordance with generally accepted standards of validity and reliability; and

(iii) Be open only to registered nurses who have successfully completed the program of study referred to in (b) of this subsection.

[Statutory Authority: RCW 18.88.030(2) and 18.88.080, 92-20-047 (Order 306B), § 246-839-320, filed 9/30/92, effective 10/31/92. Statutory Authority: RCW 18.88.080, 91-23-077 (Order 214B), § 246-839-320, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-320, filed 3/18/91, effective 4/18/91; 85-24-027 (Order PL 569), § 308-120-315, filed 11/26/85. Statutory Authority: RCW 18.88.030(2), 18.88.080 and 18.88.140, 82-22-091 (Order PL 410), § 308-120-315, filed 11/3/82.]

WAC 246-839-330 Board approval of certification programs. (1) A licensee may request that a certification program be considered for approval and shall submit documentation showing that the program meets the requirements of WAC 246-839-320(2).

(2) The board shall periodically review each certification program and may discontinue approval in the event that a certification program no longer meets the requirements of WAC 246-839-320(2).

(3) The board shall notify licensees of pending review and may request that further information be provided regarding continued compliance with the provisions of WAC 246-839-320(2).

[Statutory Authority: RCW 18.88.030(2) and 18.88.080, 92-20-047 (Order 306B), § 246-839-330, filed 9/30/92, effective 10/31/92. Statutory Authority: RCW 18.88.080, 91-23-077 (Order 214B), § 246-839-330, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-330, filed 3/18/91, effective 4/18/91; 85-24-027 (Order PL 569), § 308-120-325, filed 11/26/85. Statutory Authority: RCW 18.88.030(2), 18.88.080 and 18.88.140, 82-22-091 (Order PL 410), § 308-120-325, filed 11/3/82.]

WAC 246-839-340 Application requirements for ARNP. A registered nurse applicant for licensure as an ARNP shall:

(1) Submit a completed application and nonrefundable fee as specified in WAC 246-839-990.

(2) Meet the requirements of WAC 246-839-300 and 246-839-305. The following documents shall be submitted as evidence to these requirements:

(a) An official transcript received by the board directly from the formal advanced nursing education program showing all courses, grades, degree or certificate granted, official seal and appropriate registrar or program director's signature.

(b) Program objectives and course descriptions.

(c) Documentation from program director or faculty specifying the area of specialty, unless such is clearly indicated on the official transcript.

(3) Have graduated from an advanced nursing education program, as defined in WAC 246-839-300, within five years of application; if longer than five years have practiced a minimum of one thousand five hundred hours in an expanded specialty role within five years immediately preceding application.

(4) Submit evidence of certification by a certification program approved by the board.

(5) Persons not meeting the educational requirements in subsection (2) of this section may be licensed if:

(a) Certified prior to December 31, 1994, by a national certifying organization recognized by the board at the time certification was granted; and

(b) Recognized as an advanced registered nurse practitioner by another jurisdiction prior to December 31, 1994; and

(c) Completed an advanced registered nurse practitioner program equivalent to one academic year.

(6) Persons not meeting the requirements in subsection (3) of this section may be licensed following successful completion of five hundred hours of clinical practice supervised by an advanced registered nurse practitioner or a physician (licensed under chapter 18.71 or 18.57 RCW) in the same specialty area. Following completion of the supervised practice, the supervisor shall submit an evaluation to the board and verify that the applicant's knowledge and skills are at a safe and appropriate level.

[Statutory Authority: RCW 18.79.110. 95-01-107, § 246-839-340, filed 12/21/94, effective 1/21/95. Statutory Authority: RCW 18.88.080. 91-23-077 (Order 214B), § 246-839-340, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-340, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.030(2), 18.88.080, 18.88.086, 18.88.140 and 18.130.050. 88-07-049 (Order PM 717), § 308-120-335, filed 3/14/88. Statutory Authority: RCW 18.88.080. 85-24-027 (Order PL 569), § 308-120-335, filed 11/26/85. Statutory Authority: RCW 18.88.030(2), 18.88.080 and 18.88.140. 82-22-091 (Order PL 410), § 308-120-335, filed 11/3/82.]

WAC 246-839-345 ARNP designation in more than one area of specialty. (1) An applicant who wishes to be recognized in more than one ARNP area of specialization and title shall be required to submit separate application and nonrefundable fee for each area.

(2) All requirements in WAC 246-839-300 through 246-839-370 must be met for each area of specialization.

[Statutory Authority: RCW 18.79.110. 95-01-107, § 246-839-345, filed 12/21/94, effective 1/21/95.]

WAC 246-839-350 Application requirements for ARNP interim permit. A registered nurse who has

completed advanced formal education and registered for a board approved national certification examination may be issued an interim permit to practice specialized and advanced nursing pending notification of the results of the first certification examination. The holder of an ARNP permit shall use the title graduate registered nurse practitioner (GRNP).

(1) An applicant for ARNP interim permit shall:

(a) Submit a completed application on a form provided by the board accompanied by a nonrefundable fee as specified in WAC 246-839-990; and

(b) Submit documentation of completion of advanced formal education in the area of specialty; and

(c) Submit documentation of registration for the first certification examination administered by an approved certification program following completion of advanced formal education; and

(d) Hold a current license to practice as a registered nurse in Washington.

(2) The permit expires when advanced registered nurse practitioner status is granted. If the applicant fails the examination, the interim permit shall expire upon notification and is not renewable.

(3) An applicant who does not write the examination on the date scheduled shall immediately return the permit to the department of health.

(4) The interim permit authorizes the holder to perform function of advanced and specialized nursing practice as described in this section.

[Statutory Authority: RCW 18.88.080. 93-22-052, § 246-839-350, filed 10/28/93, effective 11/28/93; 91-23-077 (Order 214B), § 246-839-350, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-350, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086, 18.88.110, 18.88.120, 18.88.140, 18.88.160, 18.88.190, 18.88.200, 18.88.220, 18.130.050 and 1988 c 211. 88-16-034 (Order PM 751), § 308-120-338, filed 7/28/88.]

WAC 246-839-360 Renewal of ARNP designation. ARNP designation shall be renewed every two years on the ARNP's birthday. The applicant shall:

(1) Maintain a current registered nurse license in Washington.

(2) Submit evidence of current certification by her/his certifying body.

(3) Provide documentation of thirty contact hours (a contact hour is fifty minutes) of continuing education during the renewal period in the area of certification derived from any combination of the following approved by the board:

(a) Formal academic study;

(b) Continuing education offerings.

(4) Attest, on forms provided by the board, to having a minimum of two hundred fifty hours of specialized and advanced nursing practice within the preceding biennium providing direct patient care services. The board may perform random audits of licensee's attestations.

(5) Submit a nonrefundable fee as specified. If the licensee fails to renew his or her ARNP designation prior to the expiration date, then the individual is subject to the late renewal fee specified in WAC 246-839-990.

[Statutory Authority: RCW 18.88.080. 93-22-052, § 246-839-360, filed 10/28/93, effective 11/28/93; 91-23-077 (Order 214B), § 246-839-360, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-360, filed 3/18/91, effective 4/18/91; 85-24-027 (Order PL 569), § 308-

120-345, filed 11/26/85. Statutory Authority: RCW 18.88.030 and 18.88.080. 83-04-051 (Order PL 424), § 308-120-345, filed 2/1/83.]

WAC 246-839-365 Return to active ARNP status from inactive or lapsed status. Persons on inactive or lapsed status who do not hold a current active license in any other United States jurisdiction and who wish to return to active status shall apply for reinstatement of ARNP licensure. This requires:

- (1) Current RN license in the state of Washington.
- (2) Evidence of current certification by his/her certifying body.
- (3) Documentation of thirty contact hours of continuing education in the area of specialty during the last two years.
- (4) Two hundred fifty hours of precepted/supervised advanced clinical practice supervised by an ARNP or physician in the same specialty within the last year.

During the time of the preceptorship, the nurse will be practicing under RN license and will not use the designation ARNP.

ARNP licensure must be reinstated before reapplying for prescriptive authority. At that time the CE requirement will be the same as if applying for prescriptive authority for the first time, as in WAC 246-839-410.

[Statutory Authority: RCW 18.79.110. 95-01-107, § 246-839-365, filed 12/21/94, effective 1/21/95.]

WAC 246-839-370 Termination of ARNP designation by the board. ARNP designation may be terminated by the board when the ARNP has:

- (1) Practiced outside the scope of practice denoted for the area of certification, or
- (2) Been found in violation of any provision of RCW 18.88.175 or 18.130.180.

[Statutory Authority: RCW 18.88.080 and 18.130.050. 91-23-077 (Order 214B), § 246-839-370, filed 11/19/91, effective 12/20/91. Statutory Authority: RCW 18.88.080. 91-07-049 (Order 116B), recodified as § 246-839-370, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086 and 18.130.050. 88-18-082 (Order PM 760), § 308-120-360, filed 9/6/88. Statutory Authority: RCW 18.88.080. 85-24-027 (Order PL 569), § 308-120-360, filed 11/26/85. Statutory Authority: RCW 18.88.030(2), 18.88.080 and 18.88.140. 82-22-091 (Order PL 410), § 308-120-360, filed 11/3/82.]

WAC 246-839-400 ARNP with prescriptive authorization. An advanced registered nurse practitioner licensed under chapter 18.88 RCW when authorized by the board of nursing may prescribe drugs pursuant to applicable state and federal laws. The ARNP when exercising prescriptive authority is accountable for competency in:

- (1) Patient selection;
- (2) Problem identification through appropriate assessment;
- (3) Medication and/or device selection;
- (4) Patient education for use of therapeutics;
- (5) Knowledge of interactions of therapeutics, if any;
- (6) Evaluation of outcome; and
- (7) Recognition and management of complications and untoward reactions.

[Statutory Authority: RCW 18.88.080. 93-22-052, § 246-839-400, filed 10/28/93, effective 11/28/93; 91-07-049 (Order 116B), recodified as § 246-839-400, filed 3/18/91, effective 4/18/91; 85-24-027 (Order PL 569), § 308-120-400, filed 11/26/85; 83-16-065 (Order PL 441), § 308-120-400, filed

8/2/83. Statutory Authority: RCW 18.88.030(2), 18.88.080 and 18.88.140. 82-22-091 (Order PL 410), § 308-120-400, filed 11/3/82. Statutory Authority: RCW 18.88.080. 79-09-038 (Order PL-310), § 308-120-400, filed 8/17/79.]

WAC 246-839-410 Application requirements for ARNP with prescriptive authority. An advanced registered nurse practitioner who applies for authorization to prescribe drugs shall:

- (1) Be currently designated as an advanced registered nurse practitioner in Washington.
- (2) Be designated by their national certifying body as a:
 - (a) Family nurse practitioner; or
 - (b) Women's health care nurse practitioner; or
 - (c) Pediatric nurse practitioner/associate; or
 - (d) Adult nurse practitioner; or
 - (e) Geriatric nurse practitioner; or
 - (f) Nurse midwife; or
 - (g) Nurse anesthetist; or
 - (h) School nurse practitioner; or
 - (i) Clinical specialist in psychiatric and mental health nursing; or
 - (j) Neonatal nurse practitioner.
- (3) Provide evidence of completion of thirty contact hours of education in pharmacotherapeutics related to the applicant's scope of specialized and advanced practice and:
 - (a) Include pharmacokinetic principles and their clinical application and the use of pharmacological agents in the prevention of illness, restoration, and maintenance of health.
 - (b) Are obtained within a two-year time period immediately prior to the date of application for prescriptive authority.
 - (c) Are obtained from the following:
 - (i) Study within the advanced formal educational program; and/or
 - (ii) Continuing education programs.

Exceptions shall be justified to and approved by the board of nursing.

- (4) Submit a completed, notarized application on a form provided by the board accompanied by a nonrefundable fee as specified in WAC 246-839-990.

[Statutory Authority: RCW 18.88.080. 93-22-052, § 246-839-410, filed 10/28/93, effective 11/28/93; 91-23-077 (Order 214B), § 246-839-410, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-410, filed 3/18/91, effective 4/18/91; 85-24-027 (Order PL 569), § 308-120-410, filed 11/26/85. Statutory Authority: RCW 18.88.030(2), 18.88.080 and 18.88.140. 82-22-091 (Order PL 410), § 308-120-410, filed 11/3/82. Statutory Authority: RCW 18.88.080. 81-04-007 (Order PL 370), § 308-120-410, filed 1/27/81; 79-09-038 (Order PL-310), § 308-120-410, filed 8/17/79.]

WAC 246-839-420 Authorized prescriptions by the ARNP with prescriptive authority. (1) Prescriptions for drugs shall comply with all applicable state and federal laws.

- (2) Prescriptions shall be signed by the prescriber with the initials ARNP.

- (3) Prescriptions for controlled substances in Schedules I through IV are prohibited by RCW 18.88.280(16).

- (4) Any ARNP with prescriptive authorization who prescribes Schedule V controlled substances shall register with the drug enforcement administration and the pharmacy board.

[Statutory Authority: RCW 18.88.080. 93-22-052, § 246-839-420, filed 10/28/93, effective 11/28/93; 91-07-049 (Order 116B), recodified as § 246-839-420, filed 3/18/91, effective 4/18/91; 85-24-027 (Order PL 569), § 308-120-420, filed 11/26/85. Statutory Authority: RCW 18.88.030(2), 18.88.080 and 18.88.140. 82-22-091 (Order PL 410), § 308-120-420, filed 11/3/82. Statutory Authority: RCW 18.88.080. 81-04-007 (Order PL 370), § 308-120-420, filed 1/27/81; 79-09-038 (Order PL-310), § 308-120-420, filed 8/17/79.]

WAC 246-839-430 Termination of ARNP prescriptive authorization. Prescriptive authorization may be terminated by the board when the ARNP with prescriptive authority has:

- (1) Not maintained current designation as an ARNP in the area of certification; or
- (2) Prescribed outside the ARNP scope of practice or for other than therapeutic purposes; or
- (3) Violated provisions of RCW 18.88.175;
- (4) Violated any state or federal law or regulations applicable to prescriptions.

[Statutory Authority: RCW 18.88.080. 91-23-077 (Order 214B), § 246-839-430, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-430, filed 3/18/91, effective 4/18/91; 85-24-027 (Order PL 569), § 308-120-430, filed 11/26/85. Statutory Authority: RCW 18.88.030(2), 18.88.080 and 18.88.140. 82-22-091 (Order PL 410), § 308-120-430, filed 11/3/82. Statutory Authority: RCW 18.88.080. 79-09-038 (Order PL-310), § 308-120-430, filed 8/17/79.]

WAC 246-839-440 Prescriptive authorization period. (1) Prescriptive authorization shall be for a period of two years.

(2) Initial authorization shall expire on the applicant's renewal date for ARNP designation.

(3) Authorization shall be renewed after the applicant meets the requirements of WAC 246-839-450.

[Statutory Authority: RCW 18.88.080. 91-23-077 (Order 214B), § 246-839-440, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-440, filed 3/18/91, effective 4/18/91; 85-24-027 (Order PL 569), § 308-120-440, filed 11/26/85. Statutory Authority: RCW 18.88.030(2), 18.88.080 and 18.88.140. 82-22-091 (Order PL 410), § 308-120-440, filed 11/3/82. Statutory Authority: RCW 18.88.080. 79-09-038 (Order PL-310), § 308-120-440, filed 8/17/79.]

WAC 246-839-450 Renewal. ARNP with prescriptive authorization shall be renewed every two years. For renewal of ARNP with prescriptive authorization, the licensee shall:

(1) Meet the requirements of WAC 246-839-360 (1), (2), and (3).

(2) Provide documentation of fifteen additional contact hours of continuing education during the renewal period in pharmacotherapeutics related to licensee's scope of practice. This continuing education shall meet the requirements of WAC 246-839-410 (3)(a).

(3) Submit a completed and notarized renewal application with nonrefundable fee as specified in WAC 246-839-990. If the licensee fails to renew his or her prescriptive authorization prior to the expiration date, then the individual is subject to the late renewal fee specified in WAC 246-839-990.

[Statutory Authority: RCW 18.88.080. 91-23-077 (Order 214B), § 246-839-450, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-450, filed 3/18/91, effective 4/18/91; 85-24-027 (Order PL 569), § 308-120-450, filed 11/26/85. Statutory Authority: RCW 18.88.030(2), 18.88.080 and 18.88.140. 82-22-091 (Order PL 410), § 308-

120-450, filed 11/3/82. Statutory Authority: RCW 18.88.080. 79-09-038 (Order PL-310), § 308-120-450, filed 8/17/79.]

STANDARDS OF PRACTICE

WAC 246-839-700 Standards of nursing conduct or practice. The purpose of defining standards of nursing conduct or practice through WAC 246-839-700 and 246-839-710 is to identify responsibilities of the nurse in health care settings and as provided in the Nursing Practice Act chapter 18.88 RCW, and the Uniform Disciplinary Act, chapter 18.130 RCW. Each individual, upon entering the practice of nursing, assumes a measure of responsibility and public trust and the corresponding obligation to adhere to the standards of nursing practice. The nurse shall be responsible and accountable for the quality of nursing care given to clients. This responsibility cannot be avoided by accepting the orders or directions of another person. The standards of nursing conduct or practice include, but are not limited to the following:

(1) Nursing process:

(a) The nurse shall collect pertinent objective and subjective data regarding the health status of the client.

(b) The nurse shall plan and implement nursing care which will assist the client to maintain or return to a state of health or will support a dignified death.

(c) The nurse shall communicate significant changes in the client's status to appropriate members of the health care team. This communication shall take place in a time period consistent with the client's need for care.

(d) The nurse shall document, on essential client records, the nursing care given and the client's response to that care.

(2) Delegation and supervision: The nurse shall be accountable for the safety of clients receiving nursing service by:

(a) Delegating selected nursing functions to others in accordance with their education, credentials, and demonstrated competence.

(b) Supervising others to whom he/she has delegated nursing functions.

(3) Other responsibilities:

(a) The nurse shall have knowledge and understanding of the laws and rules regulating nursing and shall function within the legal scope of nursing practice.

(b) The nurse shall be responsible and accountable for practice based on and limited to the scope of her/his education, demonstrated competence, and nursing experience.

(c) The nurse shall obtain instruction, supervision, and consultation as necessary before implementing new or unfamiliar techniques or practices.

(d) The nurse shall be responsible for maintaining current knowledge in his/her field of practice.

(e) The nurse shall conduct nursing practice without discrimination.

(f) The nurse shall respect the client's right to privacy by protecting confidential information.

(g) The nurse shall report unsafe nursing acts and practices, and illegal acts as defined in WAC 246-839-730.

[Statutory Authority: RCW 18.88.080 and 18.130.050. 91-23-077 (Order 214B), § 246-839-700, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-700, filed 3/18/91, effective 4/18/91.

Statutory Authority: RCW 18.88.080, 18.88.086, 18.130.050, 18.130.070 and 18.130.180. 87-23-050 (Order PM 691), § 308-120-700, filed 11/18/87.]

WAC 246-839-710 Violations of standards of nursing conduct or practice. The following will serve as a guideline for the nurse as to the acts, practices, or omissions that are inconsistent with generally accepted standards of nursing conduct or practice. Such conduct or practice may be grounds for action with regard to the license to practice nursing pursuant to chapter 18.88 RCW and the Uniform Disciplinary Act, chapter 18.130 RCW. Such conduct or practice includes, but is not limited to the following:

(1) Failure to adhere to the standards enumerated in WAC 246-839-700(1) which may include:

(a) Failing to assess and evaluate a client's status or failing to institute nursing intervention as required by the client's condition.

(b) Willfully or repeatedly failing to report or document a client's symptoms, responses, progress, medication, or other nursing care accurately and/or intelligibly.

(c) Willfully or repeatedly failing to make entries, altering entries, destroying entries, making incorrect or illegible entries and/or making false entries in records pertaining to the giving of medication, treatments, or other nursing care.

(d) Willfully or repeatedly failing to administer medications and/or treatments in accordance with policy and procedure.

(e) Willfully or repeatedly failing to follow the policy and procedure for the wastage of medications where the nurse is employed or working.

(f) Willfully causing or contributing to physical or emotional abuse to the client.

(2) Failure to adhere to the standards enumerated in WAC 246-839-700(2) which may include:

(a) Delegating nursing care function or responsibilities to a person who the nurse knows or has reason to know lacks the ability or knowledge to perform the function or responsibility, or delegating to unlicensed persons those functions or responsibilities the nurse knows or has reason to know are to be performed only by licensed persons. This section should not be construed as prohibiting delegation to family members and other care givers exempted by RCW 18.88.030 or 18.88.280.

(b) Failure to supervise those to whom nursing activities have been delegated. Such supervision shall be adequate to prevent an unreasonable risk of harm to clients.

(3) Failure to adhere to the standards enumerated in WAC 246-839-700(3) which may include:

(a) Performing or attempting to perform nursing techniques and/or procedures for which the nurse lacks the appropriate knowledge, experience, and education and/or failing to obtain instruction, supervision and/or consultation for client safety.

(b) Violating the confidentiality of information or knowledge concerning the client, except where required by law or for the protection of the client.

(c) Writing prescriptions for drugs unless authorized to do so by the board.

(4) Other violations:

(a) Appropriating for personal use medication, supplies, equipment, or personal items of the client, agency, or institution.

(b) Practicing nursing while impaired by any mental, physical and/or emotional condition to the extent that the person may be unable to practice with reasonable skill and safety.

(c) Willfully abandoning clients by leaving a nursing assignment without transferring responsibilities to appropriate personnel or care giver when continued nursing care is required by the condition of the client(s).

(d) Practicing nursing while impaired by alcohol and/or drugs.

(e) Conviction of a crime involving physical abuse or sexual abuse relating to the practice of nursing.

[Statutory Authority: RCW 18.88.080 and 18.130.050. 91-23-077 (Order 214B), § 246-839-710, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-710, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086, 18.130.050, 18.130.070 and 18.130.180. 87-23-050 (Order PM 691), § 308-120-710, filed 11/18/87.]

WAC 246-839-720 Mitigating circumstances. The board recognizes that there may be circumstances inherent to various practice settings that may affect the board's decision whether to issue a statement of charges, to make a finding of unprofessional conduct, or to determine a sanction.

[Statutory Authority: RCW 18.88.080 and 18.130.050. 91-07-049 (Order 116B), recodified as § 246-839-720, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086, 18.130.050, 18.130.070 and 18.130.180. 87-23-050 (Order PM 691), § 308-120-720, filed 11/18/87.]

WAC 246-839-730 Mandatory reporting defined. It is not the intent of the board of nursing that each and every nursing error be reported or that mandatory reporting take away the disciplinary ability and responsibility from the employer of the nurse. Anyone, including nurses, health care facilities and agencies, and state or local government agencies, knowing of a nurse whose behavior or nursing practice fails to meet accepted standards for the level at which the nurse is licensed, should report the nurse to the person in the work setting who has authority to institute corrective action. Failure of any nurse to comply with the reporting requirements may in itself constitute a violation of nursing standards.

(1) Anyone, including nurses, health care facilities and agencies, and state or local government agencies, who has knowledge or concern that a nurse has committed an act which constitutes unprofessional conduct as provided in RCW 18.130.180, including violations of chapter 246-839 WAC, or is unable to practice with reasonable skill or safety as the result of a physical or mental condition shall report or cause a report to be made to the board of nursing.

(2) The decision to report a suspected violation of chapters 18.130 or 18.88 RCW or the rules adopted thereunder shall be based on, but not limited to the following:

(a) The past history of the nurse's performance.

(b) A demonstrated pattern of unsafe practice or conduct in violation of the standards of nursing.

(c) The magnitude of any single occurrence for actual or potential harm to the public health and safety.

(3) The following shall always be reported to the board of nursing:

(a) A nurse imposter. As used here "nurse imposter" means an individual who is ineligible for nursing licensure or advanced registered nurse practitioner licensure and who practices or offers to practice nursing or advanced nursing or uses any title, abbreviation, card, or device to indicate that the individual is licensed to practice in Washington.

(b) A person who is practicing nursing when the license has become void due to nonpayment of fees.

(c) A person who is practicing nursing as defined in chapter 18.88 RCW unless licensed as a registered nurse, or a person who is practicing as a nurse practitioner as defined in WAC 246-839-300 while not licensed as an advanced registered nurse practitioner.

(d) A nurse who has been convicted of a crime which relates to the practice of nursing.

(e) A nurse who has been dismissed from employment due to unsafe practice or conduct in violation of the standards of nursing.

(f) Client abuse by a nurse.

(g) A demonstrated pattern of conduct in violation of the standards of nursing as defined by the rules of the board or a single occurrence that creates serious harm or risk to the client.

(h) Any violation of a disciplinary sanction imposed on a nurse's license by the board.

(i) Substance abuse as defined in RCW 18.130.180 (6) and (23). Nursing professionals counseling impaired nurses for substance abuse are exempt from the reporting requirements except as provided in chapter 5.62 RCW.

(j) Any other cause for discipline as defined in RCW 18.130.170 and 18.130.180.

[Statutory Authority: RCW 18.88.080, 18.130.050 and 18.130.070. 91-23-077 (Order 214B), § 246-839-730, filed 11/19/91, effective 12/20/91. Statutory Authority: RCW 18.88.080 and 18.130.050. 91-07-049 (Order 116B), recodified as § 246-839-730, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086, 18.130.050, 18.130.070 and 18.130.180. 87-23-050 (Order PM 691), § 308-120-730, filed 11/18/87.]

WAC 246-839-740 Violations considered for disciplinary purposes only. The consideration of violations of chapter 246-839 WAC are intended only for the purpose of disciplinary action by the board pursuant to chapters 18.88 and 18.130 RCW.

[Statutory Authority: RCW 18.88.080 and 18.130.050. 91-23-077 (Order 214B), § 246-839-740, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-740, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086, 18.130.050, 18.130.070 and 18.130.180. 87-23-050 (Order PM 691), § 308-120-740, filed 11/18/87.]

WAC 246-839-745 Adjudicative proceedings. The board adopts the model procedural rules for adjudicative proceedings as adopted by the department of health and contained in chapter 246-11 WAC, including subsequent amendments.

[Statutory Authority: RCW 18.130.050. 93-20-113, § 246-839-745, filed 10/6/93, effective 11/6/93.]

SUBSTANCE ABUSE MONITORING PROGRAM

WAC 246-839-750 Philosophy governing voluntary substance abuse monitoring programs. The board recognizes the need to establish a means of proactively providing early recognition and treatment options for nurses whose competency may be impaired due to the abuse of drugs or alcohol. The board intends that such nurses be treated and their treatment monitored so that they can return to or continue to practice their profession in a way which safeguards the public. To accomplish this the board shall approve voluntary substance abuse monitoring programs and shall refer nurses impaired by substance abuse to approved programs as an alternative to instituting disciplinary proceedings as defined in RCW 18.130.160.

[Statutory Authority: RCW 18.130.050. 91-07-049 (Order 116B), recodified as § 246-839-750, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.140, 18.130.175 and 70.24.270. 88-23-035 (Order PM 795), § 308-120-750, filed 11/9/88.]

WAC 246-839-760 Terms used in WAC 246-839-750 through 246-839-780. (1) "Approved substance abuse monitoring program" or "approved monitoring program" is a program the board has determined meets the requirements of the law and the criteria established by the board in WAC 246-839-770 which enters into a contract with nurses who have substance abuse problems regarding the required components of the nurse's recovery activity and oversees the nurse's compliance with these requirements. Substance abuse monitoring programs do not provide evaluation or treatment to participating nurses.

(2) "Contract" is a comprehensive, structured agreement between the recovering nurse and the approved monitoring program stipulating the nurse's consent to comply with the monitoring program and its required components of the nurse's recovery activity.

(3) "Approved treatment facility" is a facility approved by the bureau of alcohol and substance abuse, department of social and health services according to chapter 70.96A RCW to provide concentrated alcoholism or drug treatment if located within Washington state. Drug and alcohol treatment programs located out-of-state must be equivalent to the standards required for approval under chapter 70.96A RCW.

(4) "Substance abuse" means the impairment, as determined by the board, of a nurse's professional services by an addiction to, a dependency on, or the use of alcohol, legend drugs, or controlled substances.

(5) "Aftercare" is that period of time after intensive treatment that provides the nurse and the nurse's family with group or individual counseling sessions, discussions with other families, ongoing contact and participation in self-help groups and ongoing continued support of treatment program staff.

(6) "Nurse support group" is a group of nurses meeting regularly to support the recovery of its members. The group provides a confidential setting with a trained and experienced nurse facilitator in which nurses may safely discuss drug diversion, licensure issues, return to work and other professional issues related to recovery.

(7) "Twelve steps groups" are groups such as alcoholics anonymous, narcotics anonymous, and related organizations

based on a philosophy of anonymity, belief in a power outside of oneself, peer group association, and self-help.

(8) "Random drug screens" are laboratory tests to detect the presence of drugs of abuse in body fluids which are performed at irregular intervals not known in advance by the person to be tested.

[Statutory Authority: RCW 18.88.080 and 18.130.050. 91-23-077 (Order 214B), § 246-839-760, filed 11/19/91, effective 12/20/91. Statutory Authority: RCW 18.130.050. 91-07-049 (Order 116B), recodified as § 246-839-760, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.140, 18.130.175 and 70.24.270. 88-23-035 (Order PM 795), § 308-120-760, filed 11/9/88.]

WAC 246-839-770 Approval of substance abuse monitoring programs. The board will approve the monitoring program(s) which will participate in the board's substance abuse monitoring program. A monitoring program approved by the board may be contracted with an entity outside the department but within the state, out-of-state, or a separate structure within the department.

(1) The approved monitoring program will not provide evaluation or treatment to the participating nurses.

(2) The approved monitoring program staff must have the qualifications and knowledge of both substance abuse and the practice of nursing as defined in this chapter to be able to evaluate:

- (a) Clinical laboratories;
- (b) Laboratory results;
- (c) Providers of substance abuse treatment, both individuals and facilities;
- (d) Nurses' support groups;
- (e) The nursing work environment; and
- (f) The ability of the nurse to practice with reasonable skill and safety.

(3) The approved monitoring program will enter into a contract with the nurse and the board to oversee the nurse's compliance with the requirements of the program.

(4) The approved monitoring program may make exceptions to individual components of the contract on an individual basis.

(5) The approved monitoring program staff will determine, on an individual basis, whether a nurse will be prohibited from engaging in the practice of nursing for a period of time and restrictions, if any, on the nurse's access to controlled substances in the work place.

(6) The approved monitoring program shall maintain records on participants.

(7) The approved monitoring program will be responsible for providing feedback to the nurse as to whether treatment progress is acceptable.

(8) The approved monitoring program shall report to the board any nurse who fails to comply with the requirement of the monitoring program.

(9) The approved monitoring program shall provide the board with a statistical report on the program, including progress of participants, at least annually.

(10) The approved monitoring program shall receive from the board guidelines on treatment, monitoring, and limitations on the practice of nursing for those participating in the program.

[Statutory Authority: RCW 18.130.050. 91-07-049 (Order 116B), recodified as § 246-839-770, filed 3/18/91, effective 4/18/91. Statutory

Authority: RCW 18.88.080, 18.88.140, 18.130.175 and 70.24.270. 88-23-035 (Order PM 795), § 308-120-770, filed 11/9/88.]

WAC 246-839-780 Participation in approved substance abuse monitoring program. (1) In lieu of disciplinary action, the nurse may accept board referral into the approved substance abuse monitoring program.

(a) The nurse shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by health care professional(s) with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The nurse shall enter into a contract with the board and the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The nurse will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The nurse will agree to remain free of all mind-altering substances including alcohol except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101.

(iii) The nurse must complete the prescribed aftercare program of the intensive treatment facility, which may include individual and/or group psychotherapy.

(iv) The nurse must cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment prognosis and goals.

(v) The nurse will submit to random drug screening as specified by the approved monitoring program.

(vi) The nurse will attend nurses' support groups facilitated by a nurse and/or twelve step group meetings as specified by the contract.

(vii) The nurse will comply with specified employment conditions and restrictions as defined by the contract.

(viii) The nurse shall sign a waiver allowing the approved monitoring program to release information to the board if the nurse does not comply with the requirements of this contract.

(c) The nurse is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, and random drug screens.

(d) The nurse may be subject to disciplinary action under RCW 18.130.160 if the nurse does not consent to be referred to the approved monitoring program does not comply with specified employment restrictions, or does not successfully complete the program.

(2) A nurse who is not being investigated by the board or subject to current disciplinary action or currently being monitored by the board for substance abuse may voluntarily participate in the approved substance abuse monitoring program without being referred by the board. Such voluntary participants shall not be subject to disciplinary action under RCW 18.130.160 for their substance abuse, and shall not have their participation made known to the board if they meet the requirements of the approved monitoring program:

(a) The nurse shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by health care professional(s) with expertise in chemical

dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The nurse shall enter into a contract with the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The nurse will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The nurse will agree to remain free of all mind-altering substances including alcohol except for medications prescribed by an authorized prescriber as defined in RCW 69.41.030 and 69.50.101.

(iii) The nurse must complete the prescribed aftercare program of the intensive treatment facility, which may include individual and/or group psychotherapy.

(iv) The nurse must cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment prognosis and goals.

(v) The nurse will submit to random drug screening as specified by the approved monitoring program.

(vi) The nurse will attend nurses' support groups facilitated by a nurse and/or twelve step group meetings as facilitated by the contract.

(vii) The nurse will comply with employment conditions and restrictions as defined by the contract.

(viii) The nurse shall sign a waiver allowing the approved monitoring program to release information to the board if the nurse does not comply with the requirements of this contract.

(c) The nurse is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment and random drug screens.

(3) The treatment and pretreatment records of license holders referred to or voluntarily participating in approved monitoring programs shall be confidential, shall be exempt from RCW 42.17.250 through 42.17.450, and shall not be subject to discovery by subpoena or admissible as evidence except for monitoring records reported to the disciplinary authority for cause as defined in subsections (1) and (2) of this section. Records held by the board under this section shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena except by the license holder.

[Statutory Authority: RCW 18.130.050, 91-07-049 (Order 116B), recodified as § 246-839-780, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.140, 18.130.175 and 70.24.270. 88-23-035 (Order PM 795), § 308-120-780, filed 11/9/88.]

SCOPE OF PRACTICE

WAC 246-839-800 Scope of practice—Advisory opinions. (1) The board may issue advisory opinions in response to questions put to it by professional health associations, nursing practitioners and consumers concerning the authority of various categories of nursing practitioners to perform particular acts. Such questions must be presented in writing to the department staff.

(2) Questions may be referred to a committee of the board to be denominated the practice committee. Upon such referral, the committee shall develop a draft response which

shall be presented to the full board at a public meeting for ratification, rejection or modification. The committee may, at its discretion, consult with health care practitioners for assistance in developing its draft response.

(3) If the board issues an opinion on a given issue, such opinion shall be provided to the requesting party and shall be included in the board minutes.

(4) Each opinion issued shall include a clear statement to the effect that:

(a) The opinion is advisory and intended for the guidance of the requesting party only; and

(b) The opinion is not legally binding and does not have the force and effect of a duly promulgated regulation or a declaratory ruling by the board.

(5) In no event shall this section be construed to supersede the authority of the board to adopt rules related to the scope of practice nor shall it be construed to restrict the ability of any person to propose a rule or to seek a declaratory judgment from the board.

[Statutory Authority: RCW 18.88.080, 91-07-049 (Order 116B), recodified as § 246-839-800, filed 3/18/91, effective 4/18/91; 85-17-031 (Order PL 548), § 308-120-800, filed 8/14/85.]

WAC 246-839-810 Provision for continuity of drug therapy for residents. When a resident of a long term care facility has the opportunity for an unscheduled therapeutic leave that would be precluded by the lack of an available pharmacist to dispense drugs prescribed by an authorized practitioner, a registered nurse designated by the facility and its consultant or staff pharmacist and who agrees to such designation, may provide the resident or a responsible person with up to a 72-hour supply of a prescribed drug or drugs for use during that leave from the resident's previously dispensed package of such drugs. The drugs shall only be provided in accordance with protocols developed by the pharmaceutical services committee and shall be available for inspection. These protocols shall include the following:

(1) Criteria as to what constitutes an unscheduled therapeutic leave requiring the provision of drugs by the registered nurse;

(2) Procedures for repackaging and labeling the limited supply of previously dispensed drugs by the designated registered nurse that comply with all state and federal laws concerning the packaging and labeling of drugs;

(3) Provision to assure that none of the medication provided to the resident or responsible person may be returned to the resident's previously dispensed package of such drug or to the facility's stock.

(4) Assurance that the RN informs the resident or responsible person of:

(a) The name, strength and quantity of drug provided,

(b) The proper administration of the drug,

(c) Potential adverse responses to the drug, and

(d) What actions to take should adverse responses occur.

(5) Provision for documenting by the RN in the resident's health record:

(a) Date and time of unscheduled leave,

(b) Name, strength and quantity of drug provided,

(c) Name of person to whom the drug was given and by whom it was given, and

(d) Confirmation that information described in (2) above was provided.
See WAC 360-13-100 for related regulations regarding this practice.

[Statutory Authority: RCW 18.88.080. 91-07-049 (Order 116B), recodified as § 246-839-810, filed 3/18/91, effective 4/18/91; 83-12-026 (Order PL 436), § 308-120-270, filed 5/25/83.]

WAC 246-839-820 Provision for clean, intermittent catheterization in schools. Public school districts and private schools that offer classes for any of the grades kindergarten through twelve may provide for clean, intermittent catheterization of students or assisted self-catheterization of students who are in the custody of the school district at the time in accordance with the following rules:

(1) The student's file shall contain a written request from the parent(s) or guardian for the clean, intermittent catheterization of the student.

(2) The student's file shall contain written permission from the parent(s) or guardian for the performance of the clean, intermittent catheterize procedure by the nonlicensed school employee.

(3) The student's file shall contain a current written order for clean, intermittent catheterization from the student's physician and shall include written instructions for the procedure. The order shall be reviewed and/or revised each school year.

(4) The student's file shall contain written, current, and unexpired instructions from a registered nurse licensed under chapter 18.88 RCW regarding catheterization which include (a) a designation of the school district or private school employee or employees who may provide for the catheterization, and (b) a description of the nature and extent of any required supervision.

(5) The service shall be offered to all handicapped students and may be offered to the nonhandicapped students, at the discretion of the school board.

(6) The licensed registered nurse shall develop instructions specific to the needs of the student. These shall be made available to the nonlicensed school employee and shall be updated each school year.

(7) The supervision of the self-catheterizing student shall be based on the needs of the student and the skill of the nonlicensed school employee.

(8) The licensed registered nurse, designated by the school board, shall be responsible for the training of the nonlicensed school employees who are assigned to perform clean, intermittent catheterization of the students.

(9) The training of the nonlicensed school employee shall include but not be limited to:

(a) An initial inservice training, length determined by the licensed registered nurse.

(b) An update of the instructions and a review of the procedure each school year.

(c) Anatomy, physiology, and pathophysiology of the urinary system including common anomalies for the appropriate age group served.

(d) Techniques common to the urinary catheterization procedure.

(e) Identification and care of the required equipment.

(f) Common signs and symptoms of infection and recommended procedures to prevent the development of infections.

(g) Identification of the psychosocial needs of the parent/guardian and the students with emphasis on the needs for privacy and confidentiality.

(h) Documentation requirements.

(i) Communication skills including the requirements for reporting to the registered nurse or the physician.

(j) Medications commonly prescribed for the clean, intermittent catheterization patient and their side effects.

(k) Contraindications for clean, intermittent catheterization and the procedure to be followed if the nonlicensed school employee is unable to catheterize the student.

(l) Training in catheterization specific to the student's needs.

(m) Developmental growth patterns of the appropriate age group served.

(n) Utilization of a teaching model to demonstrate catheterization techniques with return demonstration performed by the nonlicensed school employee, if a model is available.

(10) The training of the nonlicensed school employee shall be documented in the employee's permanent file.

[Statutory Authority: RCW 18.88.080. 92-01-023 (Order 222B), § 246-839-820, filed 12/6/91, effective 1/6/92; 91-07-049 (Order 116B), recodified as § 246-839-820, filed 3/18/91, effective 4/18/91; 90-04-059, § 308-120-620, filed 2/2/90, effective 3/5/90.]

WAC 246-839-830 Determination and pronouncement of death. A nurse may determine and pronounce death, but shall not certify death as defined in RCW 70.58.160 unless the nurse is an ARNP-certified nurse midwife as defined in WAC 246-839-300.

(1) A nurse may assume responsibility for the determination and pronouncement of death only if there are written policies and procedures relating to the determination and pronouncement of death in the organization with which the nurse is associated as an employee or by contract, provided:

(a) The decedent was under the care of a health care practitioner qualified to certify cause of death; and

(b) The decedent was a patient of the organization with which the nurse is associated; and

(c) There is a "do not resuscitate order" in the patient's record when the decedent was assisted by mechanical life support systems at the time of determination and pronouncement of death.

(2) A nurse who assumes responsibility for the determination and pronouncement of death shall be knowledgeable of the laws and regulations regarding death and human remains which affect the nurse's practice of this responsibility.

(3) A nurse who assumes responsibility for the determination and pronouncement of death shall:

(a) Perform a physical assessment of the patient's condition;

(b) Insure that family and physician and other care givers are notified of the death; and

(c) Document the findings of the assessment and notification in all appropriate records.

[Statutory Authority: RCW 18.88.080. 91-23-077 (Order 214B), § 246-839-830, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B),

recodified as § 246-839-830, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, [18.88].086, [18.88].110, [18.88].130, [18.88].140, [18.88].175, [18.88].280 and 18.130.050. 89-12-033 (Order PM 847), § 308-120-810, filed 6/1/89.]

WAC 246-839-840 Nursing technician. The purpose of the role of nursing technician is to provide opportunity for student nurses to gain work experience within the limits of their education, but not limited to the scope of functions of nursing assistant - certified.

(1) The nursing technician is as defined in WAC 246-839-010(10).

(2) The nursing technician shall have knowledge and understanding of the laws and rules regulating the nursing technician and shall function within the legal scope of nursing practice.

(3) The nursing technician shall be responsible and accountable for practicing within the scope and guidelines of policies defined by the employing agency.

(4) The nursing technician shall not be employed by a temporary agency.

[Statutory Authority: RCW 18.88.080. 91-23-077 (Order 214B), § 246-839-840, filed 11/19/91, effective 12/20/91; 91-07-067 (Order 152B), § 246-839-840, filed 3/20/91, effective 4/20/91.]

WAC 246-839-850 Use of nomenclature. (1) Any person who meets the qualifications under WAC 246-839-010(10) and 246-839-860 shall use the title nursing technician and this title shall not be abbreviated.

(2) No other person shall assume such title.

[Statutory Authority: RCW 18.88.080. 91-23-077 (Order 214B), § 246-839-850, filed 11/19/91, effective 12/20/91; 91-07-067 (Order 152B), § 246-839-850, filed 3/20/91, effective 4/20/91.]

WAC 246-839-860 Nursing technician criteria. To be eligible for employment as a nursing technician a student must meet the following criteria:

(1) Satisfactory completion of at least one academic term (quarter or semester) of a nursing program approved by a state board of nursing (ADN, diploma, or BSN). The term must have included a clinical component.

(2) Currently enrolled in a state board of nursing approved program will be considered to include:

All periods of regularly planned educational programs and all school scheduled vacations and holidays.

(3) The period of time of notification to the board of completion of nursing education, following graduation and application for examination, not to exceed thirty days from the date of graduation.

(4) Current enrollment will not be construed to include:

(a) Leaves of absence or withdrawal, temporary or permanent, from the nursing educational program.

(b) Students enrolled in nursing department classes who are solely enrolled in academic nonnursing supporting course-work, whether or not those courses are required for the nursing degree.

(c) Students who are awaiting the opportunity to reenroll in nursing courses.

[Statutory Authority: RCW 18.88.080. 91-07-067 (Order 152B), § 246-839-860, filed 3/20/91, effective 4/20/91.]

WAC 246-839-870 Functions of the nursing technician. The nursing technician:

(1) Shall function only under the supervision of the licensed registered nurse.

(2) May gather information about patients and administer care to patients.

(3) Shall not be responsible for performing the ongoing assessment, planning, implementation, and evaluation of the care of patients.

(4) Shall never function as an independent practitioner, as a team leader, charge nurse, or in a supervisory capacity.

(5) May administer medications only under the direct supervision of a registered nurse and within the limits described in this section. "Direct supervision" means that the licensed registered nurse is on the premises, is quickly and easily available, and that the patients have been assessed by the licensed registered nurse prior to the delegation of the medication duties to the nursing technician. The nursing technician shall not administer chemotherapy, blood or blood products, intravenous medications, scheduled drugs, nor carry out procedures on central lines.

There shall be written documentation from the nursing education program attesting to the nursing technician's preparation in the procedures of medication administration.

[Statutory Authority: RCW 18.88.080. 91-07-067 (Order 152B), § 246-839-870, filed 3/20/91, effective 4/20/91.]

WAC 246-839-880 Functions of the registered nurse supervising the nursing technician. The licensed registered nurse:

(1) Is accountable at all times for the client's safety and well-being.

(2) Is responsible at all times for the nursing process as delineated in WAC 246-839-700 and this responsibility cannot be delegated.

(3) Shall maintain at all times an awareness of the care activities of the nursing technician and of the current assessment of the patient.

(4) Shall be available at all times to the nursing technician and shall be physically present within the health care facility.

[Statutory Authority: RCW 18.88.080. 91-07-067 (Order 152B), § 246-839-880, filed 3/20/91, effective 4/20/91.]

WAC 246-839-890 Responsibilities of the employing facility. The employer of the nursing technician shall:

(1) Verify the nursing technician's enrollment in a nursing education program approved by the state board of nursing in the state in which the program is located.

(2) Verify satisfactory completion of each academic term (semester or quarter) within two weeks of completion date.

(3) Obtain written documentation from the approved nursing education program of the nursing technician's current level of education preparation and his/her knowledge and skills.

(4) Assign the nursing technician to perform only to the level identified in subsection (3) of this section.

(5) Provide the nursing technician from an educational program approved by a state board of nursing other than the Washington state board of nursing with board authorized

information on the legal definition and parameters of the nursing technician role, as in WAC 246-839-010(10) and 246-839-840 through 246-839-870. Such information shall be provided prior to the commencement of patient care activities by the nursing technician. The facility shall obtain written verification from the nursing technician of receipt and review of this information and the facility shall retain the written verification for a minimum of three years from the last date of employment.

(6) Advise the board of the names and addresses of the nursing technician and the name and address of the nursing education program for any and all nursing technicians employed at the facility.

(7) Identify the student nurse as a "nursing technician."

[Statutory Authority: RCW 18.88.080. 91-23-077 (Order 214B), § 246-839-890, filed 11/19/91, effective 12/20/91; 91-07-067 (Order 152B), § 246-839-890, filed 3/20/91, effective 4/20/91.]

WAC 246-839-900 Responsibilities of the nurse administrator. The nursing administrator or designee shall:

(1) Ensure that the nursing technician has been thoroughly oriented to the facility.

(2) Ensure that WAC 246-839-890 (3), (4), (5), (6), and (7) are accomplished prior to patient care assignments.

(3) Observe, evaluate, and document the skill level of the nursing technician in the administration of oral, IM, and subcutaneous medication and nursing care skills.

(4) Convey in writing to all facility departments the scope within which the nursing technician may practice.

(5) Provide the supervising licensed registered nurse a written job description for the nursing technician.

[Statutory Authority: RCW 18.88.080. 91-07-067 (Order 152B), § 246-839-900, filed 3/20/91, effective 4/20/91.]

Chapter 246-840 WAC

PRACTICAL AND REGISTERED NURSING

WAC

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DELEGATION OF NURSING CARE

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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 multi-disciplinary health care.

[Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-575, filed 10/16/95, effective 11/16/95.]

DELEGATION OF NURSING CARE

WAC 246-840-910 Purpose. The purpose of this delegation protocol is to ensure that nursing care services have a consistent standard of practice upon which the public and profession may rely and to safeguard the authority of the nurse to make independent professional decisions regarding the delegation of a nursing task. According to Public Law 1908, a licensed registered nurse may delegate specific nursing care tasks to nursing assistants who meet certain requirements and provide care to individuals in certified community residential programs for the developmentally disabled, to residents in licensed adult family homes, and to residents of licensed boarding homes contracting to provide

assisted living services. Before delegating a task, the registered nurse must determine that specific criteria described in the protocol are met and ensure that the patient is in a stable and predictable condition. Nurses delegating tasks are accountable to the Washington state nursing care quality assurance commission. No person may coerce a nurse into compromising patient safety by requiring the nurse to delegate if the nurse determines it is inappropriate to do so. These specific care tasks as defined by the nursing commission include:

- (1) Oral and topical medications and ointments;
- (2) Nose, ear, eye drops, and ointments;
- (3) Dressing changes and urinary catheterization using clean techniques;
- (4) Suppositories, enemas, and ostomy care in established and healed condition;
- (5) Blood glucose monitoring; and
- (6) Gastrostomy feedings in established and healed condition.

[Statutory Authority: Chapter 18.79 RCW. 96-05-060, § 246-840-910, filed 2/19/96, effective 3/21/96.]

WAC 246-840-920 Definitions. For the purposes of this chapter, the definitions in this section apply throughout the protocol.

(1) "Delegation" means the licensed registered nurse transfers the performance of selected nursing tasks to competent individuals in selected situations. The licensed registered nurse delegating the task retains the responsibility and accountability for the nursing care of the patient.

(2) "Nursing assistant" means a nursing assistant-registered under chapter 18.88A RCW or a nursing assistant-certified under chapter 18.88A RCW, who provides care to individuals in certified community residential programs for the developmentally disabled, to individuals residing in licensed adult family homes, and to individuals residing in licensed boarding homes contracted to provide assisted living services.

(3) "Patient" means the individual recipient of nursing actions. In the community residential settings, the patient may also be referred to as client or consumer.

(4) "Protocol" means an explicit, detailed written plan specifying the procedures to be followed in providing care for a particular condition.

(5) "Procedure" means a series of steps by which a desired result is obtained; a particular course of action or way of doing something.

(6) "Outcome" means the end result or consequence of an action after following an established plan of care.

(7) "Supervision" means the provision of guidance and evaluation by a qualified registered nurse for the accomplishment of a nursing task or activity, as outlined in this protocol, including the initial direction of the task or activity; periodic inspection at least every sixty days of the actual act of accomplishing the task or activity; and the authority to require corrective action.

(8) "Immediate supervision" means the licensed registered nurse is on the premises and is within audible and visual range of the patient and the patient has been assessed by the licensed registered nurse prior to the delegation of duties to any care giver.

(9) "Direct supervision" means the licensed registered nurse is on the premises, is quickly and easily available and the patient has been assessed by the licensed registered nurse prior to the delegation of the duties to any care giver.

(10) "Indirect supervision" means the licensed registered nurse is not on the premises but has previously given written instructions for the care and treatment of the patient and the patient has been assessed by the licensed registered nurse prior to the delegation of duties to any care giver. If oral clarification of the written instructions is required, it must be documented.

(11) "Coercion" means to force or compel another, by authority, to do something that he/she would not otherwise choose to do.

(12) "Stable and predictable condition" means a situation in which the patient's clinical and behavioral status is known through the registered nurse's assessment to be nonfluctuating and consistent, including a terminally ill patient whose deteriorating condition is predictable. The registered nurse determines that the patient does not require their frequent presence and evaluation.

(13) "Medication prescribed" means an order for drugs issued by a practitioner duly authorized by law or rule in the state of Washington to prescribe drugs.

(14) "Over-the-counter medication" means a drug that can be obtained without a prescription and is not restricted to use by prescribing practitioners.

(15) "PRN medication" means a medication that has been ordered to be given as needed.

(16) "Oral medication" means any medication that can be ingested through the mouth or administered directly into a gastrostomy tube.

(17) "Topical medication" means any medication that is applied to the outer skin, nose, ear, or eye as drops or ointments.

(18) "Suppository" means a semisolid medication for insertion into the rectum or vagina where it dissolves, releasing the drug for absorption.

(19) "Dressing change using clean technique" means using a clean, nonsterile technique to change the protective covering over a wound or injured body part.

(20) "Urinary catheterization using clean technique" means using a clean, nonsterile technique to insert a catheter through the urethra and into the urinary bladder to withdraw urine.

(21) "Ostomy care" means caring for the stoma, the skin, and the ostomy device or tube for the patient having a gastrostomy, colostomy, ileostomy, or urostomy that is in an established and healed condition.

(22) "Enema" means the introduction of solution into the rectum to promote evacuation of feces from the colon.

(23) "Blood glucose monitoring" means regular testing of blood obtained by fingerstick to measure the blood glucose level.

(24) "Gastrostomy feeding" means administering a nutritional tube feeding through a tube directly into the stomach which is in an established and healed condition.

(25) "Complex task" means that a nursing task may become more complicated because of the interrelationship between the following criteria:

- (a) The patient's condition;
- (b) The setting;

- (c) The nursing care task(s) and involved risks; and
- (d) The skill level required to perform the task.

The delegating nurse must identify and facilitate additional training of the nursing assistant prior to delegation in these situations. The delegating nurse may decide the task is not delegatable. In no case, may delegation go beyond the list of specific care tasks authorized by this chapter.

(26) "Authorized representative" means a person authorized to provide informed consent for health care on behalf of a patient who is not competent to consent. Such person shall be a member of one of the classes of persons as directed in RCW 7.70.065.

[Statutory Authority: Chapter 18.79 RCW. 96-05-060, § 246-840-920, filed 2/19/96, effective 3/21/96.]

WAC 246-840-930 Criteria for delegation. Before delegating a nursing task, the licensed registered nurse must determine that it is appropriate to delegate based on the following criteria:

(1) Determine that the setting allows delegation because it is a certified community residential program for the developmentally disabled, a licensed adult family home, or a licensed boarding home contracted to provide assisted living services.

(2) Determine that the task to be delegated is within the nurse's area of responsibility and that it is a specific care task that has been approved for delegation.

(3) Determine that the task to be delegated can be properly and safely performed by the nursing assistant-certified or nursing assistant-registered. The registered nurse shall assess the potential risk of harm for the individual patient. Potential harm may include, but is not limited to, infection, hemorrhage, hypoxemia, nerve damage, physical injury, or psychological distress.

(4) Assess the patient's nursing care needs and determine that the patient is in a stable and predictable condition.

(5) Analyze the complexity of the nursing task and determine the required training or additional training needed by the nursing assistant to competently accomplish the task. The registered nurse shall consider the psychomotor and cognitive skills required to perform the nursing task. More complex tasks may require additional training and supervision for the nursing assistant. The nurse must identify and facilitate any additional training of the nursing assistant that is needed prior to delegation. The nurse must ensure that the task to be delegated can be properly and safely performed by the nursing assistant.

(6) Assess the level of interaction required, considering language or cultural diversity that may affect communication or the ability to accomplish the task to be delegated, as well as methods to facilitate the interaction.

(7) Verify that the nursing assistant:

(a) Is currently registered or certified as a nursing assistant in Washington state and is in good standing without restriction;

(b) Has a certificate of completion issued by the department of social and health services indicating completion of core delegation training for nursing assistants; and

(c) Is willing to perform the task in the absence of direct or immediate nurse supervision and accept responsibility for their actions.

(8) Assess the ability of the nursing assistant to competently perform the delegated nursing task in the absence of direct or immediate nurse supervision to ensure that the nursing task can be properly and safely performed by the nursing assistant.

(9) Discuss the delegation with the patient or authorized representative, including the level of training of the nursing assistant delivering care. The patient, or authorized representative, must give written, informed consent to the delegation under chapter 7.70 RCW.

(10) Document in the patient's record the rationale for delegating or not delegating nursing tasks.

(11) Discuss the process for continuing, rescinding, or adding medications to the delegation list when the physician changes medication orders:

(a) The registered nurse must verify the change in medication or a new medication order with the physician;

(b) If a change is made in the medication dosage or if a change is made in the type of medication for the same problem (i.e., one medication is deleted by the physician and another is substituted) and the patient remains in a stable and predictable condition, delegation can continue at the registered nurse's discretion; and

(c) If a new medication is added, the registered nurse must review the criteria and process for delegation prior to delegating the administration of the new medication to the nursing assistant. The registered nurse maintains the authority to decide if the new medication can be added to the delegated task list immediately, if a site visit is warranted prior to delegation, or if delegation is no longer appropriate. If delegation is to be rescinded, the nurse must initiate and participate in developing an alternative plan to assure the needs of the patient are met.

[Statutory Authority: Chapter 18.79 RCW. 96-05-060, § 246-840-930, filed 2/19/96, effective 3/21/96.]

WAC 246-840-940 Process for delegation. If the registered nurse determines delegation is appropriate, the nurse must:

(1) Obtain the written informed consent of the patient or authorized representative under chapter 7.70 RCW, the delegating nurse, and the nursing assistant.

(2) Delegation requires the nurse teach the nursing assistant how to perform the task, including return demonstration under observation. The nurse shall observe the nursing assistant performing the delegated task to verify their competency to properly perform the task safely and accurately.

(3) Provide specific, written delegation instructions to the nursing assistant with a copy maintained in the patient's record that include:

(a) The rationale for delegating the nursing task;

(b) That the delegated nursing task is specific to one patient and is not transferable to another patient;

(c) That the delegated nursing task is specific to one nursing assistant and is not transferable to another nursing assistant;

(d) The nature of the condition requiring treatment and purpose of the delegated nursing task;

(e) A clear description of the procedure or steps to follow to perform the task;

- (f) The predictable outcomes of the nursing task and how to effectively deal with them;
- (g) The risks of the treatment;
- (h) The interactions of prescribed medications;
- (i) How to observe and report side effects, complications, or unexpected outcomes and appropriate actions to deal with them, including specific parameters for notifying the registered nurse, physician, or emergency services;
- (j) The action to take in situations where medications are altered by physician orders, including:
 - (i) How to notify the registered nurse of the change;
 - (ii) The process the registered nurse will use to obtain verification from the physician of the medication change; and
 - (iii) The process to notify the nursing assistant of whether administration of the medication is delegated or not;
- (k) How to document the task in the patient's record;
- (l) Document what teaching was done and that a return demonstration was correctly done; and
- (m) A plan of nursing supervision describing how frequently the registered nurse will supervise the performance of the delegated task by the nursing assistant and reevaluate the delegated nursing task. Supervision shall occur at least every sixty days.

(4) The administration of PRN medications may be delegated at the discretion of the registered nurse. The nurse must first assess the patient to determine that on-site patient assessment will not be required prior to the ongoing administration of each PRN medication dose. The registered nurse must provide written parameters specific to an individual patient which includes guidelines for the nursing assistant to follow in the decision-making process to administer the PRN medication and the procedure to follow for such administration.

[Statutory Authority: Chapter 18.79 RCW. 96-05-060, § 246-840-940, filed 2/19/96, effective 3/21/96.]

WAC 246-840-950 Nursing supervision. (1) The registered nurse is accountable and responsible for the delegated nursing task. The nurse must supervise and evaluate the performance of the nursing assistant, including direct observation of the skill and ability of the nursing assistant to perform the delegated nursing task. The nurse must also reevaluate the patient's condition, the care provided to the patient, the capability of the nursing assistant, the outcome of the task, and any problems. Frequency of supervision is at the discretion of the registered nurse to ensure safe and effective services are provided. Reevaluation and documentation must occur at least every sixty days.

(2) A registered nurse may assume delegating responsibilities from the delegating registered nurse for the delegation process, provided the registered nurse assuming responsibility knows the patient through their assessment, the skills of the nursing assistant, and the plan of care. This may include a reevaluation of the patient by the nurse assuming responsibility for delegation. The nurse assuming the responsibility for delegation from another nurse is accountable and responsible for the delegated task. The nurse must document the following in the patient's record:

- (a) The reason and justification for another nurse assuming responsibility for the delegation;

(b) The nurse assuming responsibility must agree, in writing, to perform the supervision; and

(c) That the nursing assistant and patient have been informed of this change.

[Statutory Authority: Chapter 18.79 RCW. 96-05-060, § 246-840-950, filed 2/19/96, effective 3/21/96.]

WAC 246-840-960 Accountability, liability, and coercion. (1) The registered nurse and nursing assistant are accountable for their own individual actions in the delegation process. The delegated task becomes the responsibility of the person to whom it is delegated but the registered nurse retains overall accountability for the nursing care of the patient, including nursing assessment, evaluation, and assuring documentation is completed.

(2) Nurses acting within the protocols of their delegation authority shall be immune from liability for any action performed in the course of their delegation duties.

(3) Nursing assistants following written delegation instructions from registered nurses for delegated tasks shall be immune from liability.

(4) The nursing care quality assurance commission shall take no disciplinary action against nurses following delegation protocols appropriately.

(5) Complaints regarding delegation of specific nursing tasks may be reported to the aging and adult services administration of the department of social and health services or via a toll-free telephone number.

(6) All complaints specifically related to nurse-delegation shall be referred to the nursing care quality assurance commission.

(7) No certified community residential program for the developmentally disabled, licensed adult family home, or licensed boarding home contracting to provide assisted living services may discriminate or retaliate in any manner against a person because the person made a complaint or cooperated in the investigation of a complaint.

(8) No person may coerce a nurse into compromising patient safety by requiring the nurse to delegate if the nurse determines it is inappropriate to do so. Nurses shall not be subject to any employer reprisal or disciplinary action by the Washington nursing care quality assurance commission for refusing to delegate tasks or refusing to provide the required training for delegation if the nurse determines delegation may compromise patient safety.

(9) Nursing assistants shall not be subject to any employer reprisal or disciplinary action for refusing to accept delegation of a nursing task.

[Statutory Authority: Chapter 18.79 RCW. 96-05-060, § 246-840-960, filed 2/19/96, effective 3/21/96.]

WAC 246-840-970 Rescinding delegation. (1) The registered nurse may rescind delegation of the nursing task based on the following circumstances which may include, but are not limited to:

(a) When the nurse believes patient safety is being compromised;

(b) When the patient's condition is no longer stable and predictable;

(c) When the frequency of staff turnover makes delegation impractical to continue in the setting;

(d) When there is a change in the nursing assistant's willingness or competency to do the task;

(e) When the task is not being performed correctly; or

(f) When the patient or authorized representative requests that the delegation be rescinded.

(2) In the event delegation is rescinded, the delegating registered nurse assumes responsibility for performing the task or initiating and participating in developing an alternative plan to ensure the continuity for the provision of the task.

(3) The delegating registered nurse must document the reason for rescinding delegation of the task and the plan for ensuring continuity of the task.

[Statutory Authority: Chapter 18.79 RCW. 96-05-060, § 246-840-970, filed 2/19/96, effective 3/21/96.]

WAC 246-840-980 Evaluation of nurse delegation.

The nurse must participate in recordkeeping as required by the secretary of health to facilitate evaluation.

[Statutory Authority: Chapter 18.79 RCW. 96-05-060, § 246-840-980, filed 2/19/96, effective 3/21/96.]

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 246-841 WAC
NURSING ASSISTANTS**

WAC

246-841-400	Standards of practice and competencies of nursing assistants.
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FEES

246-841-990	Nursing assistant—Fees.
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WAC 246-841-400 Standards of practice and competencies of nursing assistants. The following standards are supported by statements of the competencies that a nursing assistant must hold to meet the standard to be certified to practice in the state of Washington. The competencies are statements of skills and knowledge, and are written as descriptions of behaviors which can be observed and measured. All competencies are performed, as per RCW 18.88A.030, under the direction and supervision of a licensed (registered) nurse or licensed practical nurse. The level or depth of accomplishment of any given competency is as appropriate to the "assisting" role of basic nursing care under supervision of the licensed nurse.

(1) Basic technical skills. The nursing assistant demonstrates basic technical skills which facilitates an optimal level of functioning for the client, recognizing individual, cultural, and religious diversity. Competencies:

(a) Demonstrates proficiency in cardiopulmonary resuscitation (CPR).

(b) Takes and records vital signs.

(c) Measures and records height and weight.

(d) Measures and records fluid and food intake and output of client.

(e) Recognizes and reports abnormal signs and symptoms of common diseases and conditions.

- (f) Demonstrates sensitivity to client's emotional, social, and mental health needs.
- (g) Makes observations of client's environment to ensure safety and comfort of client.
- (h) Participates in care planning and nursing reporting process.
- (2) Personal care skills. The nursing assistant demonstrates basic personal care skills. Competencies:
- (a) Assists client with bathing, mouth care, and skin care.
- (b) Assists client with grooming and dressing.
- (c) Provides toileting assistance to client.
- (d) Assists client with eating and hydration.
- (e) Utilizes proper feeding techniques.
- (3) Mental health and social service needs. The nursing assistant demonstrates the ability to identify the psychosocial characteristics of all clients including persons with mental retardation, mental illness, dementia, Alzheimer's disease, and related disorders. Competencies:
- (a) Modifies his/her own behavior in response to the client's behavior.
- (b) Identifies adaptations necessary to accommodate the aging process.
- (c) Provides training in, and the opportunity for, self care according to clients' capabilities.
- (d) Demonstrates skills supporting client's personal choices.
- (e) Identifies ways to use the client's family as a source of emotional support for the patient.
- (4) Basic restorative services. The nursing assistant incorporates principles and skills of restorative nursing in providing nursing care. Competencies:
- (a) Demonstrates knowledge and skill in using assistive devices in ambulation, eating, and dressing.
- (b) Demonstrates knowledge and skill in the maintenance of range of motion.
- (c) Demonstrates proper techniques for turning/positioning client in bed and chair.
- (d) Demonstrates proper techniques for transferring client.
- (e) Demonstrates knowledge about methods for meeting the elimination needs of clients.
- (f) Demonstrates knowledge and skill for the care and use of prosthetic devices.
- (5) Clients' rights and promotion of clients' independence. The nursing assistant demonstrates behavior which maintains and respects clients' rights and promotes clients' independence, regardless of race, religion, life-style, sexual preference, disease process, or ability to pay. Competencies:
- (a) Recognizes that the client has the right to participate in decisions about his/her care.
- (b) Recognizes and respects the clients' need for privacy and maintenance of confidentiality.
- (c) Promotes and respects the client's right to make personal choices to accommodate their needs.
- (d) Reports client's concerns.
- (e) Provides assistance in getting to and participating in activities.
- (f) Provides care of client's personal possessions.
- (g) Provides care which maintains the client free from abuse, mistreatment or neglect; and reports any instances to appropriate facility staff.

(h) Maintains the client's environment and care through appropriate nursing assistant behavior so as to minimize the need for physical and chemical restraints.

(6) Communication and interpersonal skills. The nursing assistant uses communication skills effectively in order to function as a member of the nursing team. Competencies:

(a) Reads, writes, speaks, and understands English at the level necessary for performing duties of the nursing assistant.

(b) Listens and responds to verbal and nonverbal communication in an appropriate manner.

(c) Recognizes how one's own behavior influences client's behavior and know resources for obtaining assistance in understanding client's behavior.

(d) Makes adjustments for client's physical or mental limitations.

(e) Uses terminology accepted in the health care facility to record and report observations and pertinent information.

(f) Records and reports observations, actions, and information accurately and timely.

(g) Demonstrates ability to explain policies and procedures before and during care of the client.

(7) Infection control. The nursing assistant uses procedures and techniques to prevent the spread of microorganisms. Competencies:

(a) Uses principles of medical asepsis and demonstrates infection control techniques and universal precautions.

(b) Explains how disease causing microorganisms are spread; lists ways that HIV and Hepatitis B can spread from one person to another.

(c) Demonstrates knowledge of cleaning agents and methods which destroy microorganisms on surfaces.

(8) Safety/emergency procedures. The nursing assistant demonstrates the ability to identify and implement safety/emergency procedures. Competencies:

(a) Provides adequate ventilation, warmth, light, and quiet measures.

(b) Uses measures that promote comfort, rest, and sleep.

(c) Promotes clean, orderly, and safe environment and equipment for the client.

(d) Identifies and utilizes measures for accident prevention.

(e) Identifies and demonstrates principles of body mechanics.

(f) Demonstrates proper use of protective devices in care of clients.

(g) Demonstrates knowledge of fire and disaster procedures.

(h) Identifies and demonstrates principles of health and sanitation in the service of food.

(i) Demonstrates the proper use and storage of cleaning agents and other potentially hazardous materials.

(9) Rules and regulations knowledge. The nursing assistant demonstrates knowledge of and is responsive to the laws and regulations which affect his/her practice including but not limited to: Client abuse and neglect, client complaint procedures, workers right to know, and the Uniform Disciplinary Act.

[Statutory Authority: RCW 18.88A.060, 91-23-077 (Order 214B), § 246-841-400, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-841-400, filed 3/18/91, effective 4/18/91. Statutory

Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-210, filed 9/21/90, effective 10/22/90.]

WAC 246-841-405 Nursing assistant delegation.

Provision for delegation of certain tasks.

(1) Nursing assistants may perform the following tasks, when delegated by a registered nurse, for residents in certified community residential programs for the developmentally disabled, residents in licensed adult family homes, and to residents of licensed boarding homes contracting to provide assisted living services:

- (a) Oral and topical medications and ointments;
- (b) Nose, ear, eye drops, and ointments;
- (c) Dressing changes and urinary catheterization using clean techniques;
- (d) Suppositories, enemas, and ostomy care in established and healed condition;
- (e) Blood glucose monitoring; and
- (f) Gastrostomy feedings in established and healed condition.

(2) Any nursing assistant who receives authority to perform such delegated nursing task must, before performing any delegated task:

(a) For nursing assistants-registered, complete both the basic caregiver training and core delegation training as established by the department of social and health services.

(b) For nursing assistants-certified, complete the core delegation training as established by the department of social and health services.

(c) Comply with requirements and protocol established by the nursing care quality assurance commission in WAC 246-840-910 through 246-840-980.

(3) Any nursing assistant performing a delegated nursing care task pursuant to this section, shall perform the task:

(a) Only for the specific resident who was the subject of the delegation;

(b) Only with the resident's consent; and

(c) In compliance with all requirements and protocols established by the nursing care quality assurance commission in WAC 246-840-910 through 246-840-980.

(4) A nursing assistant may consent or refuse to consent to perform a delegated nursing care task listed in subsection (1) of this section, and shall be responsible for their own actions with regard to the decision to consent or refuse to consent and the performance of the delegated nursing care task.

[Statutory Authority: Chapter 18.88A RCW. 96-06-029, § 246-841-405, filed 2/28/96, effective 3/30/96.]

WAC 246-841-410 Purpose of review and approval of certified nursing assistant training programs. The board of nursing approves curriculum in nursing assistant education programs qualifying for admission to examination for certification for the following purposes:

(1) To assure preparation for safe practice as a nursing assistant by setting minimum standards for education programs.

(2) To provide guidance for the development of new training programs.

(3) To facilitate the career mobility of nursing assistants-certified in articulating into nursing educational programs in other levels of nursing.

(4) To identify training standards and achieved competencies of nursing assistants-certified in the state of Washington for the purpose of interstate communications and endorsements.

[Statutory Authority: RCW 18.88A.060. 91-23-077 (Order 214B), § 246-841-410, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-841-410, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-220, filed 9/21/90, effective 10/22/90.]

WAC 246-841-420 Requirements for nursing assistant education and training program approval.

Those institutions or facilities seeking approval to offer a program of training which qualifies graduates to apply for certification, in addition to other agency program approval requirements, must:

(1) Request an application/guidelines packet from department of health, professional licensing. The packet will include forms and instructions for the program to submit:

- (a) Program objectives.
- (b) Curriculum content outline.
- (c) Qualifications of program director and additional instructional staff.

(d) Agency agreements as appropriate.

(e) A sample lesson plan for one unit.

(f) A sample skills checklist.

(g) Description of physical resources.

(h) Statement of assurance of compliance with administrative guidelines.

(2) If a program currently in existence as an approved program on the date of implementation of this code, submit the completed application, including all forms, fees, and assurances as specified, within sixty days of the effective date of the code for review for reapproval of the program.

(3) If a program not currently holding approval status, submit the completed application packet and fees as instructed, with all forms and assurances as specified, sixty days prior to the anticipated start date of the first class offered by the institution.

(4) Agree to on-site survey of the training program, as requested by the board, on a date mutually agreed upon by the institution and the board. This on-site visit will be coordinated with other on-site review requirements when possible.

(5) Provide review and update of program information every year, or as requested by the board or educational agency.

(6) Comply with any future changes in education standards and guidelines in order to maintain approved status.

(7) Notify the board and education agency of any changes in overall curriculum plan or major curriculum content changes prior to implementation.

(8) Notify the board and education agency of changes in program director or instructors.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-841-420, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-230, filed 9/21/90, effective 10/22/90.]

WAC 246-841-430 Denial of approval or withdrawal of approval for programs for which the board is the approving authority. (1) The board may deny approval to new programs when it determines that a nursing assistant training program fails substantially to meet the standards for training as contained in WAC 246-841-470 through 246-841-510. All such board actions shall be in accordance with the Washington Administrative Procedure Act and/or the administrative rules and regulations of the board.

(2) The board may withdraw approval from existing programs when it determines that a nursing education program fails substantially to meet the standards for nursing assistant training as contained in WAC 246-841-470 through 246-841-510. All such actions shall be effected in accordance with the Administrative Procedure Act and/or the administrative rules and regulations of the board.

[Statutory Authority: RCW 18.88A.060. 91-23-077 (Order 214B), § 246-841-430, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-841-430, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-240, filed 9/21/90, effective 10/22/90.]

WAC 246-841-440 Reinstatement of approval. The board may consider reinstatement of withdrawn approval of a nursing assistant training program upon submission of satisfactory evidence that the program meets the standards of nursing assistant training, WAC 246-841-470 through 246-841-510.

[Statutory Authority: RCW 18.88A.060. 91-23-077 (Order 214B), § 246-841-440, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-841-440, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-245, filed 9/21/90, effective 10/22/90.]

WAC 246-841-450 Appeal of board decisions. A nursing assistant training program deeming itself aggrieved by a decision of the board affecting its approval status shall have the right to appeal the board's decision in accordance with the provisions of chapter 18.88 RCW and the Administrative Procedure Act, chapter 34.05 RCW.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-841-450, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-250, filed 9/21/90, effective 10/22/90.]

WAC 246-841-460 Closing of an approved nursing assistant training program. When a governing institution decides to close a program it shall notify the board in writing, stating the reason and the date of intended closing.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-841-460, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-255, filed 9/21/90, effective 10/22/90.]

WAC 246-841-470 Program directors and instructors in approved training programs. (1) The program director will be a registered nurse licensed in the state of Washington.

(2) The program director will meet the minimum qualifications for instructors as required by the superintendent of public instruction in chapter 180-77 WAC or the

state board for community college education in chapter 131-16 WAC.

(3) The program director will complete a "train-the-trainer" program approved by the state or have demonstrated competence to teach adults as defined by the state.

(4) The program director will have a minimum of three years of experience as an RN, of which at least one year will be in direct patient care.

(5) Program director responsibilities:

(a) Develop and implement a curriculum which meets as a minimum the requirements of WAC 246-841-490.

(b) Assure compliance with and assume responsibility for all regulations as stipulated in WAC 246-841-480 through 246-841-510.

(c) Directly supervise each course offering.

(d) Create and maintain an environment conducive to teaching and learning.

(e) Select and supervise all other instructors involved in the course, to include clinical instructors.

(f) Assure that students are not asked to, nor allowed to, perform any clinical skill with patients or clients until first demonstrating the skill satisfactorily to an instructor in a practice setting.

(g) Assure evaluation of competency of knowledge and skills of students before issuance of verification of completion of the course.

(h) Assure that students receive a verification of completion when requirements of the course have been satisfactorily met.

(6) Additional instructional staff:

(a) The program director may select instructional staff to assist in the teaching of the course, teaching in their area of expertise.

(b) All instructional staff must have a minimum of one year experience within the past three years in caring for the elderly and/or chronically ill of any age.

A guest lecturer, or individual with expertise in a specific course unit may be utilized for the teaching of that unit, following the program director's review of the currency of the content.

(c) All instructional staff must be, where applicable, currently licensed, registered, and/or certified in their field in the state of Washington.

(d) Instructional staff may assist the program director in development of curriculum, teaching modalities, and evaluation but will in all cases be under the supervision of the program director.

[Statutory Authority: RCW 18.88A.060. 91-23-077 (Order 214B), § 246-841-470, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-841-470, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-260, filed 9/21/90, effective 10/22/90.]

WAC 246-841-480 Students (trainees) in approved training programs. (1) Students shall register with the department within three days of hire at a health care facility.

(2) Students shall wear name tags which clearly identify them as students or trainees at all times in interactions with patients, clients, and families.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-841-480, filed 3/18/91, effective 4/18/91. Statutory

Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-265, filed 9/21/90, effective 10/22/90.]

WAC 246-841-490 Core curriculum in approved training programs. (1) Curriculum will be competency based; that is composed of learning objectives and activities that will lead to the attainment of knowledge and skills required for the graduate to demonstrate mastery of the core competencies CNAs must hold, as per WAC 246-841-400.

(2) The program director will determine the amount of time required in the curriculum to achieve the objectives as above. The time designated will be expected to vary with characteristics of the learners and teaching/learning variables. In no case will the hours be less than eighty-five hours total, comprised of no less than thirty-five hours of classroom training and no less than fifty hours of clinical training.

(a) Of the thirty-five hours of classroom training, no less than seven hours must be in AIDS education and training, in the subject areas of: Epidemiology, pathophysiology, infection control guidelines, testing and counseling, legal and ethical issues, medical records, clinical manifestations and diagnosis, treatment and disease management, and psychosocial and special group issues.

(b) Training to orient the student to the health care facility and facility policies and procedures are not to be included in the minimum hours above.

(3) Each unit of the core curriculum will have:

(a) Behavioral objectives, that is statements of specific observable actions and behaviors that the learner is to perform or exhibit.

(b) An outline of information the learner will need to know in order to meet the objectives.

(c) Learning activities (that is, lecture, discussion, readings, film, clinical practice, etc.) that are designed to enable the student to achieve the stated objectives.

(4) Clinical teaching in a given competency area will be closely correlated with classroom teaching, to facilitate the integration of knowledge with manual skills.

(a) An identified instructor(s) will supervise clinical teaching/learning at all times. At no time will the ratio of students to instructor exceed ten students to one instructor in the clinical setting.

(5) The curriculum will include evaluation processes to assure mastery of competencies. Written and oral tests and clinical practical demonstrations are common methods. Students will not be asked to, nor allowed to, perform any clinical skill on patients or clients until first demonstrating the skill satisfactorily to an instructor in the practice setting.

[Statutory Authority: RCW 18.88A.060. 91-23-077 (Order 214B), § 246-841-490, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-841-490, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-270, filed 9/21/90, effective 10/22/90.]

WAC 246-841-500 Physical resources for approved education programs. (1) Classroom facilities must provide adequate space, lighting, comfort, and privacy for effective teaching and learning.

(2) Adequate classroom resources, such as chalkboard, AV materials, written materials, etc., with which to accomplish program objectives must be available.

(3) Adequate resources must also be provided for teaching and practice of clinical skills and procedures, before implementation of such skills with patients or residents.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-841-500, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-275, filed 9/21/90, effective 10/22/90.]

WAC 246-841-510 Administrative procedures for approved nursing assistant training programs. (1) A student file will be established and maintained for each student enrolled which includes dates attended, evaluation (test) results, a skills evaluation checklist with dates of skills testing and signature of evaluator, and documentation of successful completion of the course, or other outcome.

Each student file will be maintained by the institution for a period of thirty-five years, and copies of documents made available to students who request them.

(2) Verification of successful completion of the course of training will be provided to the board of nursing on forms provided by the board.

(3) For those programs based in a health care facility: Training evaluation and verification of successful completion of the course, including mastery of the required knowledge and skills, will be determined by the program director separately from other employee/employer issues. Verification of completion will not be withheld from a student who has successfully met the requirements of the course.

(4) Programs which are not sponsored by a health care facility, must submit with their application for approval an affiliation agreement between the educational institution and the health care facility which will provide the program access to the experience needed for clinical teaching. This agreement must specify the rights and responsibilities of both parties, students and clients.

(5) Failure to adhere to administrative requirements for programs may result in withdrawal of approval status by the board.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-841-510, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-280, filed 9/21/90, effective 10/22/90.]

WAC 246-841-610 AIDS prevention and information education requirements. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for registration or certification. Effective January 1, 1989 persons applying for registration or certification shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4). Initial applicants may have a four month extension upon written application to the department.

(3) 1989 Renewal of registration. Effective for the 1989 renewal period beginning January 1, 1989 all persons making application for registration renewal shall submit, in addition

to the other requirements, evidence to show compliance with the education requirements of subsection (4). Persons whose 1989 registration expires on or before March 31, 1989 will, upon written application, be granted an extension to April 15, 1989, to meet the AIDS education requirement. Renewal applicants who have documented hardship that prevents obtaining the required education may petition for an extension.

(4) AIDS education and training.

(a) Acceptable education and training. The director will accept education and training that is consistent with the topical outline supported by the office on AIDS. Such education and training shall be a minimum of seven clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) Implementation. Effective January 1, 1989, the requirement for registration, certification, renewal, or reinstatement of any registration on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of subsection (a).

(c) Documentation. The applicant shall:

(i) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;

(ii) Keep records for two years documenting attendance and description of the learning;

(iii) Be prepared to validate, through submission of these records, that attendance has taken place.

[Statutory Authority: RCW 18.88A.050, 18.130.050, 18.130.080 and 70.24.270. 92-02-018 (Order 224), § 246-841-610, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-841-610, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-173-100, filed 11/2/88.]

DISCIPLINARY PROCEDURES

WAC 246-841-710 General provisions. (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Department" means the department of health, whose address is:

Department of Health
Board of Nursing
1300 SE Quince St., P.O. Box 47864
Olympia, WA 98504-7864

(5) "Nursing assistant" means a person registered or certified pursuant to chapter 18.88A RCW.

(6) "Mentally or physically disabled nursing assistant" means a nursing assistant who is currently mentally incompetent or mentally ill as determined by a court, or who is

unable to practice nursing assistance with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

[Statutory Authority: RCW 18.88A.050, 18.130.050 and 18.130.080. 92-02-018 (Order 224), § 246-841-710, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-841-710, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-173-010, filed 6/30/89.]

WAC 246-841-720 Mandatory reporting. (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the nursing assistant being reported.

(c) The case number of any patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

(5) The administrator, executive officer, or their designee of any nursing home shall report to the department of health when any nursing assistant under chapter 18.130 RCW is terminated or such person's services are restricted based on a determination that the nursing assistant has committed an act or acts which may constitute unprofessional conduct as defined in RCW 18.130.180 or that the nursing assistant may be mentally or physically impaired as defined in RCW 18.130.170.

(6) The administrator, executive officer, or their designee of any nursing home shall report to the department of health when any person practices, or offers to practice as a nursing assistant in the state of Washington when the person is not registered or certified in the state; or when a person uses any title, abbreviation, card, or device to indicate the person is registered or certified when the person is not.

(7) The department of health requests the assistance of responsible personnel of any state or federal program operating in the state of Washington, under which a nursing assistant is employed, to report to the department whenever such a nursing assistant is not registered or certified pursuant to this act or when such a nursing assistant has committed an act or acts which may constitute unprofessional conduct as

defined in RCW 18.130.180 or may be mentally or physically impaired as defined in RCW 18.130.170.

[Statutory Authority: RCW 18.88A.050, 18.130.050 and 18.130.080. 92-02-018 (Order 224), § 246-841-720, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-841-720, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-173-020, filed 6/30/89.]

WAC 246-841-730 Courts. The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of nursing assistants, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-841-730, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-173-070, filed 6/30/89.]

WAC 246-841-740 State and federal agencies. The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a nursing assistant is employed to provide patient care services, to report to the department whenever such a nursing assistant has been judged to have demonstrated his/her incompetency or negligence in the practice of nursing assistance, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled nursing assistant. These requirements do not supersede any state or federal law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-841-740, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-173-080, filed 6/30/89.]

WAC 246-841-750 Cooperation with investigation.

(1) A certificant or registrant must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the secretary of the department of health by submitting the requested items within fourteen calendar days of receipt of the request by either the certificant or registrant or their attorney, whichever is first. If the certificant or registrant fails to comply with the request within fourteen calendar days, the investigator will contact that individual or their attorney by telephone or letter as a reminder.

(2) Investigators may extend the time for response if the request for extension does not exceed seven calendar days. Any other requests for extension of time may be granted by the secretary or the secretary's designee.

(3) If the certificant or registrant fails to comply with the request within three business days after receiving the reminder, a subpoena will be served to obtain the requested items. A statement of charges may be issued pursuant to RCW 18.130.180(8) for failure to cooperate. If there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(4) If the certificant or registrant complies with the request after the issuance of the statement of charges, the secretary or the secretary's designee will decide if the charges will be prosecuted or settled. If the charges are to be settled the settlement proposal will be negotiated by the

secretary's designee. Settlements are not considered final until the secretary signs the settlement agreement.

[Statutory Authority: RCW 18.88A.050, 18.130.050 and 18.130.080. 92-02-018 (Order 224), § 246-841-750, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-841-750, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-173-090, filed 6/30/89.]

FEEES

WAC 246-841-990 Nursing assistant—Fees. The following fees shall be charged by the professional licensing division of the department of health:

Title of Fee	Fee
Application - registration	\$ 10.00
Renewal of registration	20.00
Duplicate registration	10.00
Registration late penalty	20.00
Application for certification	10.00
Certification renewal	20.00
Duplicate certification	10.00
Certification late penalty	20.00

[Statutory Authority: Chapter 18.88A RCW. 96-03-051, § 246-841-990, filed 1/12/96, effective 3/1/96. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-841-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250. 90-04-094 (Order 029), § 308-173-130, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43.24.086. 88-20-075 (Order 783), § 308-173-130, filed 10/5/88.]

Chapter 246-842 WAC

**NURSING ASSISTANTS—NURSING HOMES—
NURSING ASSISTANTS TRAINING PROGRAM**

WAC

246-842-100	Standards of practice and competencies of nursing assistants.
246-842-110	Purpose of review and approval of nursing assistant training programs.
246-842-120	Requirements for nursing assistant training program approval.
246-842-130	Denial of approval or withdrawal of approval for programs for which the board is the approving authority.
246-842-140	Reinstatement of approval.
246-842-150	Appeal of board decisions.
246-842-160	Closing of an approved nursing assistant training program.
246-842-170	Program directors and instructors in approved training programs.
246-842-180	Students (trainees) in approved training programs.
246-842-190	Core curriculum in approved training programs.
246-842-200	Physical resources for approved education programs.
246-842-210	Administrative procedures for approved nursing assistant training programs.

WAC 246-842-100 Standards of practice and competencies of nursing assistants. The following standards are supported by statements of the competencies that a nursing assistant must hold to meet the standard to be certified to practice in the state of Washington. The competencies are statements of skills and knowledge, and are written as descriptions of behaviors which can be observed and measured. All competencies are performed under the

direction and supervision of a licensed (registered) nurse or licensed practical nurse. The level or depth of accomplishment of any given competency is as appropriate to the "assisting" role of basic nursing care under supervision of the licensed nurse.

(1) Basic technical skills. The nursing assistant demonstrates basic technical skills which facilitates an optimal level of functioning for the client, recognizing individual, cultural, and religious diversity. Competencies:

(a) Demonstrates proficiency in cardiopulmonary resuscitation (CPR).

(b) Takes and records vital signs.

(c) Measures and records height and weight.

(d) Measures and records fluid and food intake and output of client.

(e) Recognizes and reports abnormal signs and symptoms of common diseases and conditions.

(f) Demonstrates sensitivity to client's emotional, social, and mental health needs.

(g) Makes observations of client's environment to ensure safety and comfort of client.

(h) Participates in care planning and nursing reporting process.

(2) Personal care skills. The nursing assistant demonstrates basic personal care skills. Competencies:

(a) Assists client with bathing, mouth care, and skin care.

(b) Assists client with grooming and dressing.

(c) Provides toileting assistance to client.

(d) Assists client with eating and hydration.

(e) Utilizes proper feeding techniques.

(3) Mental health and social service needs. The nursing assistant demonstrates the ability to identify the psychosocial characteristics of all clients including persons with mental retardation, mental illness, dementia, Alzheimer's disease, and related disorders. Competencies:

(a) Modifies his/her own behavior in response to the client's behavior.

(b) Identifies adaptations necessary to accommodate the aging process.

(c) Provides training in, and the opportunity for, self care according to clients' capabilities.

(d) Demonstrates skills supporting client's personal choices.

(e) Identifies ways to use the client's family as a source of emotional support for the patient.

(4) Basic restorative services. The nursing assistant incorporates principles and skills of restorative nursing in providing nursing care. Competencies:

(a) Demonstrates knowledge and skill in using assistive devices in ambulation, eating, and dressing.

(b) Demonstrates knowledge and skill in the maintenance of range of motion.

(c) Demonstrates proper techniques for turning/positioning client in bed and chair.

(d) Demonstrates proper techniques for transferring client.

(e) Demonstrates knowledge about methods for meeting the elimination needs of clients.

(f) Demonstrates knowledge and skill for the care and use of prosthetic devices.

(5) Clients' rights and promotion of clients' independence. The nursing assistant demonstrates behavior which maintains and respects clients' rights and promotes clients' independence, regardless of race, religion, life-style, sexual preference, disease process, or ability to pay. Competencies:

(a) Recognizes that the client has the right to participate in decisions about his/her care.

(b) Recognizes and respects the clients' need for privacy and maintenance of confidentiality.

(c) Promotes and respects the client's right to make personal choices to accommodate their needs.

(d) Reports client's concerns.

(e) Provides assistance in getting to and participating in activities.

(f) Provides care of client's personal possessions.

(g) Provides care which maintains the client free from abuse, mistreatment or neglect; and reports any instances to appropriate facility staff.

(h) Maintains the client's environment and care through appropriate nursing assistant behavior so as to minimize the need for physical and chemical restraints.

(6) Communication and interpersonal skills. The nursing assistant uses communication skills effectively in order to function as a member of the nursing team. Competencies:

(a) Reads, writes, speaks, and understands English at the level necessary for performing duties of the nursing assistant.

(b) Listens and responds to verbal and nonverbal communication in an appropriate manner.

(c) Recognizes how one's own behavior influences client's behavior and know resources for obtaining assistance in understanding client's behavior.

(d) Makes adjustments for client's physical or mental limitations.

(e) Uses terminology accepted in the nursing facility to record and report observations and pertinent information.

(f) Records and reports observations, actions, and information accurately and timely.

(g) Demonstrates ability to explain policies and procedures before and during care of the client.

(7) Infection control. The nursing assistant uses procedures and techniques to prevent the spread of microorganisms. Competencies:

(a) Uses principles of medical asepsis and demonstrates infection control techniques and universal precautions.

(b) Explains how disease causing microorganisms are spread; lists ways that HIV and Hepatitis B can spread from one person to another.

(c) Demonstrates knowledge of cleaning agents and methods which destroy microorganisms on surfaces.

(8) Safety/emergency procedures. The nursing assistant demonstrates the ability to identify and implement safety/emergency procedures. Competencies:

(a) Provides adequate ventilation, warmth, light, and quiet measures.

(b) Uses measures that promote comfort, rest, and sleep.

(c) Promotes clean, orderly, and safe environment and equipment for the client.

(d) Identifies and utilizes measures for accident prevention.

(e) Identifies and demonstrates principles of body mechanics.

(f) Demonstrates proper use of protective devices in care of clients.

(g) Demonstrates knowledge of fire and disaster procedures.

(h) Identifies and demonstrates principles of health and sanitation in the service of food.

(i) Demonstrates the proper use and storage of cleaning agents and other potentially hazardous materials.

(9) Rules and regulations knowledge. The nursing assistant demonstrates knowledge of and is responsive to the laws and regulations which affect his/her practice including but not limited to: Client abuse and neglect, client complaint procedures, workers right to know, and the Uniform Disciplinary Act.

[Statutory Authority: Chapter 18.52A RCW. 91-23-077 (Order 214B), § 246-842-100, filed 11/19/91, effective 12/20/91. Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-100, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-110, filed 8/10/90, effective 9/10/90.]

WAC 246-842-110 Purpose of review and approval of nursing assistant training programs. The board of nursing approves nursing assistant education programs in health care facilities qualifying graduates for admission to the federally mandated examination for the following purposes:

(1) To assure preparation for safe practice as a nursing assistant by setting minimum standards for education programs.

(2) To provide guidance for the development of new training programs.

(3) To comply with federal and state laws and regulations affecting nursing assistant practice in nursing homes.

(4) To identify training standards and achieved competencies of nursing assistants in nursing homes in the state of Washington for the purpose of interstate communications and endorsements.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-110, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-120, filed 8/10/90, effective 9/10/90.]

WAC 246-842-120 Requirements for nursing assistant training program approval. Those institutions or facilities seeking approval to offer a program of training for nursing assistants in nursing homes which qualifies graduates for the certification examination shall:

(1) Request an application/guidelines packet from department of health, professional licensing. The packet will include forms and instructions for the program to submit:

(a) Program objectives.

(b) Program content outline.

(c) Qualifications of program director and additional instructional staff.

(d) Agency agreements as appropriate.

(e) A sample lesson plan for one unit.

(f) A sample skills checklist.

(g) Description of physical resources.

(h) Statement of assurance of compliance with administrative guidelines.

(2) If a program currently in existence as an approved program on the date of implementation of this regulation,

submit the completed application, including all forms, fees, and assurances as specified, within sixty days of the effective date of the regulation for review for reapproval of the program.

(3) If a program not currently holding approval status, submit the completed application packet and fees as instructed, with all forms and assurances as specified, sixty days prior to the anticipated start date of the first class offered by the institution.

(4) Agree to on-site survey of the training program, as requested by the board, on a date mutually agreed upon by the institution and the board.

(5) Provide review and update of program information every year, or as requested by the board.

(6) Comply with any future changes in training standards and guidelines in order to maintain approved status.

(7) Notify the board of any changes in overall curriculum plan or major curriculum content changes prior to implementation.

(8) Notify the board of changes in program director or instructors.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-120, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-130, filed 8/10/90, effective 9/10/90.]

WAC 246-842-130 Denial of approval or withdrawal of approval for programs for which the board is the approving authority. (1) The board may deny approval to new programs when it determines that a nursing assistant training program fails substantially to meet the standards for training as contained in WAC 246-842-170 through 246-842-210. All such board actions shall be in accordance with the Washington Administrative Procedure Act and/or the administrative rules and regulations of the board.

(2) The board may withdraw approval from existing programs when it determines that a nursing education program fails substantially to meet the standards for nursing assistant training as contained in WAC 246-842-170 through 246-842-210. All such actions shall be effected in accordance with the Administrative Procedure Act and/or the administrative rules and regulations of the board.

[Statutory Authority: Chapter 18.52A RCW. 91-23-077 (Order 214B), § 246-842-130, filed 11/19/91, effective 12/20/91. Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-130, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-140, filed 8/10/90, effective 9/10/90.]

WAC 246-842-140 Reinstatement of approval. The board may consider reinstatement of withdrawn approval of a nursing assistant training program upon submission of satisfactory evidence that the program meets the standards of nursing assistant training, WAC 246-842-170 through 246-842-210.

[Statutory Authority: Chapter 18.52A RCW. 91-23-077 (Order 214B), § 246-842-140, filed 11/19/91, effective 12/20/91. Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-140, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-145, filed 8/10/90, effective 9/10/90.]

WAC 246-842-150 Appeal of board decisions. A nursing assistant training program deeming itself aggrieved

by a decision of the board affecting its approval status shall have the right to appeal the board's decision in accordance with the provisions of chapter 18.88 RCW and the Administrative Procedure Act, chapter 34.05 RCW.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-150, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-150, filed 8/10/90, effective 9/10/90.]

WAC 246-842-160 Closing of an approved nursing assistant training program. When a facility decides to close a program it shall notify the board in writing, stating the reason and the date of intended closing.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-160, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-155, filed 8/10/90, effective 9/10/90.]

WAC 246-842-170 Program directors and instructors in approved training programs. (1) The program director will be a registered nurse licensed in the state of Washington.

(2) The program director will complete a "train-the-trainer" program approved by the state or have demonstrated competence to teach adults as defined by the state.

(3) The program director will have a minimum of three years of experience as an RN, of which at least one year will be in direct patient care.

(4) Program director responsibilities:

(a) Develop and implement a curriculum which meets as a minimum the requirements of WAC 246-842-190.

(b) Assure compliance with and assume responsibility for all regulations as stipulated in WAC 246-842-180 through 246-842-210.

(c) Directly supervise each course offering.

(d) Create and maintain an environment conducive to teaching and learning.

(e) Select and supervise all other instructors involved in the course, to include clinical instructors.

(f) Assure that students are not asked to, nor allowed to, perform any clinical skill with patients or clients until first demonstrating the skill satisfactorily to an instructor in a practice setting.

(g) Assure evaluation of competency of knowledge and skills of students before issuance of verification of completion of the course.

(h) Assure that students receive a verification of completion when requirements of the course have been satisfactorily met.

(5) Additional instructional staff:

(a) The program director may select instructional staff to assist in the teaching of the course, teaching in their area of expertise.

(b) All instructional staff must have a minimum of one year experience within the past three years in caring for the elderly and/or chronically ill of any age.

(c) A guest lecturer, or individual with expertise in a specific course unit may be utilized for the teaching of that unit, following the program director's review of the currency of the content.

(d) All instructional staff must be, where applicable, currently licensed, registered, and/or certified in their field in the state of Washington.

(e) Instructional staff may assist the program director in development of curriculum, teaching modalities, and evaluation but will in all cases be under the supervision of the program director.

[Statutory Authority: Chapter 18.52A RCW. 91-23-077 (Order 214B), § 246-842-170, filed 11/19/91, effective 12/20/91. Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-170, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-160, filed 8/10/90, effective 9/10/90.]

WAC 246-842-180 Students (trainees) in approved training programs. (1) Students shall register with the department within three days of hire at a health care facility.

(2) Students shall wear name tags which clearly identify them as students or trainees at all times in interactions with patients, clients, and families.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-180, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-165, filed 8/10/90, effective 9/10/90.]

WAC 246-842-190 Core curriculum in approved training programs. (1) Curriculum will be competency based; that is composed of learning objectives and activities that will lead to the attainment of knowledge and skills required for the graduate to demonstrate mastery of the core competencies nursing assistants-certified must hold, as per WAC 246-842-100.

(2) The program director will determine the amount of time required in the curriculum to achieve the objectives as above. The time designated will be expected to vary with characteristics of the learners and teaching/learning variables. In no case will the hours be less than eighty-five hours total, comprised of thirty-five hours of classroom training and fifty hours of clinical training.

(a) Of the thirty-five hours of classroom training, no less than seven hours must be in AIDS education and training, in the subject areas of: Epidemiology, pathophysiology, infection control guidelines, testing and counseling, legal and ethical issues, medical records, clinical manifestations and diagnosis, treatment and disease management, and psychosocial and special group issues.

(b) Training to orient the student to the health care facility and facility policies and procedures are not to be included in the minimum hours above.

(3) Each unit of the core curriculum will have:

(a) Behavioral objectives, that is statements of specific observable actions and behaviors that the learner is to perform or exhibit.

(b) An outline of information the learner will need to know in order to meet the objectives.

(c) Learning activities (that is, lecture, discussion, readings, film, clinical practice, etc.) that are designed to enable the student to achieve the stated objectives.

(4) Clinical teaching in a given competency area will be closely correlated with classroom teaching, to facilitate the integration of knowledge with manual skills.

An identified instructor(s) will supervise clinical teaching/learning at all times. At no time will the ratio of

students to instructor exceed ten students to one instructor in the clinical setting.

(5) The curriculum will include evaluation processes to assure mastery of competencies. Written and oral tests and clinical practical demonstrations are common methods. Students will not be asked to, nor allowed to, perform any clinical skill on patients or clients until first demonstrating the skill satisfactorily to an instructor in the practice setting.

[Statutory Authority: Chapter 18.52A RCW. 91-23-077 (Order 214B), § 246-842-190, filed 11/19/91, effective 12/20/91. Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-190, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-170, filed 8/10/90, effective 9/10/90.]

WAC 246-842-200 Physical resources for approved education programs. (1) Classroom facilities must provide adequate space, lighting, comfort, and privacy for effective teaching and learning.

(2) Adequate classroom resources, such as chalkboard, AV materials, written materials, etc., with which to accomplish program objectives must be available.

(3) Adequate resources must also be provided for teaching and practice of clinical skills and procedures, before implementation of such skills with patients or residents.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-200, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-175, filed 8/10/90, effective 9/10/90.]

WAC 246-842-210 Administrative procedures for approved nursing assistant training programs. (1) A student file will be established and maintained for each student enrolled which includes dates attended, evaluation (test) results, a skills evaluation checklist with dates of skills testing and signature of evaluator, and documentation of successful completion of the course, or other outcome.

Each student file will be maintained by the institution for a period of thirty-five years, and copies of documents made available to students who request them.

(2) Verification of successful completion of the course of training will be provided to the board of nursing on forms provided by the board.

(3) Training evaluation and verification of successful completion of the course, including mastery of the required knowledge and skills, will be determined by the program director separately from other employee/employer issues. Verification of completion will not be withheld from a student who has successfully met the requirements of the course.

(4) Failure to adhere to administrative requirements for programs may result in withdrawal of approval status by the board.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-210, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-180, filed 8/10/90, effective 9/10/90.]

Chapter 246-843 WAC NURSING HOME ADMINISTRATORS

WAC

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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 246-843-001 Source of authority—Title. The rules and regulations herein contained constitute and shall be known as the rules and regulations of the board of nursing home administrators of the state of Washington, and are hereby promulgated pursuant to the authority granted to said board pursuant to RCW 18.52.061(1).

[Statutory Authority: RCW 18.52.061. 93-13-004 (Order 371B), § 246-843-001, filed 6/3/93, effective 7/4/93. Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-001, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), § 246-843-001, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14). 78-02-009 (Order PL 282), § 308-54-010, filed 1/6/78; Order PL 107, § 308-54-010, filed 3/3/71.]

WAC 246-843-010 General definitions. Whenever used in these rules and regulations, unless expressly otherwise stated, or unless the context or subject matter requires a different meaning, the following terms shall have the following meanings:

(1) "Nursing home administrator-in-training" means an individual registered as such with the board, under and pursuant to these rules and regulations.

(2) "Person" or "individual" means an individual and does not include the terms firm, institution, public body, joint stock association or any other group of individuals.

(3) "Secretary" means the secretary of the department of health or the secretary's designee.

(4) "Active administrative charge" is the ongoing direct participation in the operating concerns of a nursing home. Operating concerns shall include, but not be limited to, interaction with staff and residents, liaison with the community, liaison with regulatory agencies, pertinent business and financial responsibilities, planning and other activities as identified in the most current role delineation study of the National Association of Boards of Examiners for Nursing Home Administrators. The role delineation study is available from National Association of Boards of Examiners for Nursing Home Administrators, 808 17th Street NW #200, Washington, DC 20006.

(5) "On-site, full-time administrator" shall be defined as an individual in active administrative charge at the premises of only one nursing home facility, a minimum of four days and an average of forty hours per week, except: "On-site, full-time administrator with small resident populations," or in "rural areas," shall be defined as an individual in active administrative charge at the premises of only one nursing home facility:

(a) A minimum of four days and an average of twenty hours per week at facilities with one to thirty beds; or

(b) A minimum of four days and an average of thirty hours per week at facilities with thirty-one to forty-nine beds.

(6) "Collocated facilities" means that more than one licensed nursing facility is situated on a single contiguous piece of property, intersecting streets or roads allowing pedestrian crossing notwithstanding.

(7) "Nursing homes temporarily without an administrator." Upon the administrator's position becoming vacant, a nursing home may operate up to two continuous weeks under a responsible person authorized to act as administrator designee. Such person shall be qualified by experience to assume delegated duties. The nursing home shall have a written agreement with a 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 246-843-030 Board of examiners—Meetings.

(1) The board shall meet at the discretion of the board.

(2) The chairman, or other presiding officer of the board, or four members by signed written request, may call

special meetings thereof when, in their judgment, circumstances or functioning of the board require it.

(3) The rules of parliamentary procedure, as laid down in *Roberts' Rules of Order, Revised*, shall govern any disputes involved in meetings of the board.

[Statutory Authority: RCW 18.52.100. 91-06-060 (Order 141B), § 246-843-030, filed 3/1/91, effective 4/1/91; Order PL 107, § 308-54-030, filed 3/3/71.]

WAC 246-843-040 Board of examiners—General powers and responsibilities. The board, with the assistance of the secretary for administrative matters, shall have the duties and responsibilities, within the limits of the Nursing Home Administrator Licensing Act and the rules and regulations herein, to:

(1) Develop standards which shall be met by individuals in order to receive a license as a nursing home administrator.

(2) Develop appropriate techniques, including examinations and investigations to the extent necessary to determine whether an individual meets such standards for licensing:

(3) Order the secretary to issue licenses, provisional licenses or permits to individuals meeting the requirements applicable to them.

(4) Order the secretary, after such notice and hearing, as may be required by law, to deny, reprimand, revoke, suspend or refuse to reregister a license of any holder or applicant who fails to meet the requirements of chapter 18.52 RCW.

(5) Investigate, and take appropriate action with respect to any charge or complaint filed with the board or secretary to the effect that any individual licensed as a nursing home administrator has failed to comply with the requirements of chapter 18.52 RCW.

(6) Issue rules and regulations which are necessary to carry out the functions of the Nursing Home Administrator License Act.

(7) Implement and carry out the requirements of the Nursing Home Administrator Licensing Act and rules and regulations, with the assistance of the secretary for administrative matters, to include such functions as:

(a) Recommending the hiring of consultants to advise on matters requiring expert advice;

(b) The delegating of work responsibilities to committees of the board;

(c) Implement and supervise the administrator-in-training program.

[Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-040, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), § 246-843-040, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14). 78-02-009 (Order PL 282), § 308-54-040, filed 1/6/78; Order PL 107, § 308-54-040, filed 3/3/71.]

WAC 246-843-050 Board of examiners—Officers and duties. (1) The board shall elect annually from its membership a chairman, vice-chairman and secretary-treasurer.

(2) The chairman shall preside at all meetings of the board and shall sign appropriate official documents related to the licensing of nursing home administrators.

(3) In the absence of the chairman, the vice-chairman shall preside at meetings, and perform all duties usually performed by the chairman.

(4) The secretary-treasurer shall be responsible for the official minutes and to advise on matters of finance and budget relative to the board.

[Statutory Authority: RCW 18.52.100. 91-06-060 (Order 141B), § 246-843-050, filed 3/1/91, effective 4/1/91; Order PL 107, § 308-54-050, filed 3/3/71.]

WAC 246-843-060 Program manager—Hiring and duties. A full or part-time program manager for the board may be employed by the secretary. The program manager shall be recommended by the board with his duties to include:

- (1) Attendance at all meeting of the board;
- (2) Maintaining a full and complete record of minutes of the said meetings;
- (3) Notifying the members of the board of the time and place fixed for meetings of the board;
- (4) Maintaining, under the supervision of the secretary, the records pertaining to licensees and registrants and the rules and regulations;
- (5) Countersigning the original certificate of licensure for nursing home administrators;
- (6) Conducting all routine correspondence of the board;
- (7) Issuing of appropriate notices of meetings and hearings;
- (8) Having the responsibility for all books, records, and other state property as may be assigned or under the control of the board;
- (9) Receiving all monies and shall pay the same to the treasurer of the state as provided by law;
- (10) Keeping such financial records as are considered necessary by the board over and above those required by the department of health or other fiscal authorities of the state; and
- (11) Performing any other duties pertaining to the position of program manager as may be determined by the board or secretary.

[Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-060, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), § 246-843-060, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14). 87-02-008 (Order PM 633), § 308-54-060, filed 12/29/86; Order PL 126, § 308-54-060, filed 6/1/72; Order PL 107, § 308-54-060, filed 3/3/71.]

WAC 246-843-070 Scheduling of examinations and reexaminations. (1) The board shall determine the subjects of examination of applicants for license as a nursing home administrator, and the scope, content, form, and character of such examinations which in any examination shall be the same for all candidates.

(2) Examination shall be held not less than semiannually and at such times and places as shall be designated by the board.

(3) Following the close of every examination, a permanent record stating in detail the result of the examination for each candidate shall be kept by the board.

[Statutory Authority: RCW 18.52.100. 91-06-060 (Order 141B), § 246-843-070, filed 3/1/91, effective 4/1/91; Order PL 107, § 308-54-070, filed 3/3/71.]

WAC 246-843-080 Application for examination. (1) An applicant for examination and qualification for a license

as a nursing home administrator shall make application therefore in writing, on forms approved by the board and provided by the secretary. All applications shall be completed in every respect.

(2) An applicant, otherwise qualified, who has not administered or does not continue to administer a nursing home, may obtain and maintain a license.

(3) Completed applications shall be on file sixty days prior to the examination date.

(4) The application fee shall be submitted with the form.

(5) Applicants who submitted an application prior to July 4, 1993, must successfully complete the examination(s) by July 1, 1996, or must meet the current application requirements.

[Statutory Authority: RCW 18.52.061. 93-23-034, § 246-843-080, filed 11/10/93, effective 12/11/93. Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-080, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), § 246-843-080, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14). 87-02-008 (Order PM 633), § 308-54-080, filed 12/29/86; Order PL 107, § 308-54-080, filed 3/3/71.]

WAC 246-843-090 Preexamination requirements.

No person shall be admitted to or permitted to take an examination for licensure as a nursing home administrator without having first submitted evidence satisfactory to the board that the applicant meets the following requirements:

(1) All applicants shall be at least twenty-one years of age, and in addition, shall otherwise meet the requirements of suitability and character set forth in WAC 246-843-200.

(2) All applicants shall complete an application for licensure provided by the division of health professions quality assurance, department of health, and shall include all information requested in said application.

(3) All applicants shall submit documentation demonstrating that they meet the minimum requirements set forth in RCW 18.52.071.

(4) Applicants not having completed at least a one thousand hour practical experience requirement in a nursing home included in a degree program 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 246-843-095 Preceptors for administrator-in-training programs. In reviewing proposed administrator-in-training programs, the board shall utilize the following criteria in determining the qualifications and duties of the preceptor for such program:

(1) Qualifications of preceptor:

(a) The preceptor shall be employed as a licensed nursing home administrator for at least three years.

(b) The preceptor shall be employed full time as the nursing home administrator in the facility where the administrator-in-training is trained.

(c) The preceptor shall have demonstrated the ability and skills to provide quality care.

(d) The preceptor shall have demonstrated his or her continued interest in the broadening of his or her professional horizons beyond the requirements of licensure.

(e) The preceptor shall submit, in writing, the preceptor's qualifications as described in subsection (1)(a) through (d) of this section and an agreement to perform the duties in subsection (2)(a) and (b) of this section with the administrator-in-training's application.

(f) The preceptor shall participate in and successfully complete any preceptor workshop or other training deemed necessary by the board.

(2) Duties of the preceptor:

(a) The preceptor shall take the time necessary and have at least a weekly supervisory conference between himself or herself and the trainee in the facility to adequately monitor the education and activities of the administrator-in-training relative to the training program and the facility.

(b) The preceptor shall evaluate and report to the board on a quarterly basis as to the progress of the administrator-in-training.

[Statutory Authority: RCW 18.52.100, 91-24-050 (Order 217B), § 246-843-095, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), § 246-843-095, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14), 87-02-008 (Order PM 633), § 308-54-095, filed 12/29/86. Statutory Authority: RCW 18.52.100 (2) and (14), 78-02-009 (Order PL 282), § 308-54-095, filed 1/6/78.]

WAC 246-843-100 Disqualification—Reexamination.

(1) An applicant for examination who has been disqualified shall be given written notification by the secretary, based upon the board's findings, of the applicant's disqualification and the reasons therefore.

(2) An applicant for examination who has been disqualified may petition the board in writing within thirty days of notification of disqualification for a hearing and a review of the applicant's application.

(3) Where an applicant for examination has been disqualified, the applicant may submit a new application for qualification for examination, provided, however, that the applicant shall be required to meet the requirements for licensing as shall be in force at the time of such reapplication.

(4) Applicants who fail to obtain a passing score may update their application and retake the examination, for a reexamination fee, until they obtain a passing score.

(5) If there are two examinations involved, and the applicant fails to receive a passing score in one of the examinations, the applicant shall be required to repeat only that examination in which the applicant received a below-passing grade.

[Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-100, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), § 246-843-100, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14). 87-02-008 (Order PM 633), § 308-54-100, filed 12/29/86; Order PL 215, § 308-54-100, filed 11/5/75; Order PL 107, § 308-54-100, filed 3/3/71.]

WAC 246-843-110 Subjects for examination. Every applicant for a license as a nursing home administrator, after meeting the requirements for qualification for examination as set forth in WAC 246-843-090, shall successfully pass an examination. The board may choose to include, but need not be limited to, the following subjects:

- (1) Applicable standards of environmental health and safety
- (2) Washington state nursing home law and regulations
- (3) General administration
- (4) Psychology of patient care
- (5) Principles of medical care
- (6) Personal and social care
- (7) Therapeutic and supportive care and services in long-term care
- (8) Departmental organization and management
- (9) Community interrelationships.

[Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-110, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), § 246-843-110, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14). 87-02-008 (Order PM 633), § 308-54-110, filed 12/29/86; Order PL 107, § 308-54-110, filed 3/3/71.]

WAC 246-843-115 Examination procedures. (1) The examination consists of two parts: The National Association of Boards of Examiners for Nursing Home Administrators examination and the Washington state rules and regulations examination.

(a) Applicants who are certified by the American College of Health Care Administrators (ACHCA) will be required to pass only the state approved examination.

(b) Applicants who are licensed as a nursing home administrator in another state and who have previously passed the national examination will be required to pass only the state approved examination.

(2) Failure to follow written or oral instructions relative to the conduct of the examination, including termination times of the examination, will be considered grounds for disqualification from the examination.

(3) Applicants will be required to refrain from talking to other examinees during the examination unless specifically directed or permitted to do so by a test proctor. Any applicant observed talking or attempting to give or receive information, or using unauthorized materials during any portion of the examination will be expelled from the examination and not allowed to complete it.

[Statutory Authority: RCW 18.52.100. 91-24-022 (Order 216B), § 246-843-115, filed 11/25/91, effective 12/26/91.]

WAC 246-843-120 Grading examinations. (1) Every candidate for a nursing home administrator's license shall be required to pass the examination for such license at a grade of at least seventy-five percent.

(2) The board shall determine a method of grading each examination separately, and shall apply such method uniformly to all candidates taking that examination.

(3) The board or the department shall not disclose the individual's score to anyone other than the applicant, unless requested to do so, in writing, by the applicant.

(4) The applicant shall be notified, in writing, of scores received on the applicant's examination.

[Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-120, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), § 246-843-120, filed 3/1/91, effective 4/1/91; 81-14-037 (Order PL 381), § 308-54-120, filed 6/29/81; Order PL 107, § 308-54-120, filed 3/3/71.]

WAC 246-843-122 Examination review procedures. (1) Each individual who does not pass the Washington state examination section may request review by the board of his or her examination results. This request must be in writing and must be postmarked to the board within thirty days of notification of the examination results. The request must state the reason or reasons the applicant feels the results of the examination should be changed. The board will not consider any challenges to examination scores unless the total of the potentially revised score could result in the issuance of a license. The board will consider the following to be adequate reasons for consideration for review and possible modification of examination results:

(a) A showing of a significant procedural error in the examination process;

(b) Evidence of bias, prejudice, or discrimination in the examination process;

(c) Other significant errors which result in substantial disadvantage to the applicant.

(2) In addition to the written request required in subsection (1) of this section, the candidate must appear personally in the department office in Olympia for an examination review session. The candidate must contact the department to make an appointment for the exam review session.

(a) The candidate's incorrect answers will be available during the review session. The candidate will be given a form to complete in defense of the examination answers. The candidate must specifically identify the challenged questions on the examination and must state the specific reason(s) why the candidate believes the results should be modified.

(b) For this review session the candidate will be allowed one-half the time originally allotted to take the examination.

(c) The candidate may not bring in any resource material for use while completing the informal review form.

(d) The candidate will not be allowed to remove any notes or materials from the office upon completing the review session.

(e) The candidate will be notified in writing of the board's decision.

(3) Any applicant who is not satisfied with the result of the examination review may appeal the board's decision and

may request a formal hearing to be held before the board pursuant to the Administrative Procedure Act. Such request for hearing must be made and postmarked within twenty days of the receipt of the board's informal review of the examination results. The board will not consider any challenges to examination scores unless the total revised score could result in the issuance of a license.

(a) The written request must specifically identify the challenged portions of the examination and must state the specific reason(s) why the candidate believes the examination results should be modified.

(b) Candidates will receive at least twenty days notice of the time and place of the formal hearing.

(c) The issues raised by the candidate at the formal hearing shall be limited to those issues raised by the candidate for consideration at the informal review unless amended by a prehearing order.

(d) The candidate will be notified in writing of the board's decision.

[Statutory Authority: RCW 18.52.100. 91-24-022 (Order 216B), § 246-843-122, filed 11/25/91, effective 12/26/91.]

WAC 246-843-125 Continuing education credit for preceptors for administrators-in-training programs. Any licensed nursing home administrator serving as a preceptor for an administrator in training pursuant to WAC 246-843-090(4) may be granted continuing education credit at a rate of one hour per month provided that no licensed nursing home administrator shall be granted more than 24 hours of continuing education in any three-year period with regard to the preceptorship.

[Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-125, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), § 246-843-125, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14) and 18.52.110. 80-01-057 (Order PL 328), § 308-54-125, filed 12/20/79.]

WAC 246-843-130 Courses of study. A course of study provided to satisfy the continuing education requirement of licensed nursing home administrators shall meet the following conditions before approval by the board will be considered:

(1) Such course of study shall be registered before being offered;

(2) Such course of study shall consist of a minimum of one hour of organized instruction with the exception of board-approved correspondence courses of study;

(3) Such course of study may include the following general subject areas or their equivalents, and shall be oriented to the nursing home administrator and reasonably related to the administrator of nursing homes:

(a) Applicable standards of environmental health and safety

(b) Local health and safety regulations

(c) General administration

(d) Psychology of patient care

(e) Principles of medical care

(f) Personal and social care

(g) Therapeutic and supportive care and services in long-term care

(h) Departmental organization and management

(i) Community inter-relationships;

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(4) Such course of study shall issue certificates of attendance or other evidence satisfactory to the board; and

(5) All courses of study for continuing education are subject to board approval.

[Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-130, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), § 246-843-130, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(11). 88-23-038 (Order PM 791), § 308-54-130, filed 11/9/88. Statutory Authority: RCW 18.52.100(14) and 18.52.110(2). 82-20-092 (Order PL 407), § 308-54-130, filed 10/6/82. Statutory Authority: RCW 18.52.100(14) and 18.52.110. 80-01-057 (Order PL 328), § 308-54-130, filed 12/20/79; Order PL 265, § 308-54-130, filed 3/21/77; Order PL 260, § 308-54-130, filed 12/10/76; Order PL 107, § 308-54-130, filed 3/3/71.]

WAC 246-843-150 Continuing education requirements to meet the conditions of reregistration for license.

(1) A condition of reregistration for license shall be the requirement that the applicant has attended board-approved courses in continuing education.

(2) The licensee shall present proof that fifty-four classroom hours in approved continuing education courses have been completed during each three-year period of licensed tenure. The first three year period shall begin on the date of first renewal of the license, and shall conclude the day before the third anniversary of such renewal. Successive three year periods shall be computed in a similar fashion.

(3) There shall be no carry over of continuing education classroom hours from any three year period to the next three year period.

(4) Applicants for renewal practicing only out of the state of Washington may petition the board for full recognition of the continuing education requirement through fulfillment of their state of practice's licensing and continuing education requirements with the condition that their state has equal hours of continuing education requirements.

[Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-150, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), § 246-843-150, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14) and 18.52.110(2). 84-07-051 (Order PL 461), § 308-54-150, filed 3/21/84. Statutory Authority: RCW 18.52.110. 80-04-069 (Order 338), § 308-54-150, filed 3/26/80; Order PL 260, § 308-54-150, filed 12/10/76; Order PL 107, § 308-54-150, filed 3/3/71.]

WAC 246-843-155 Certification of compliance. (1) In conjunction with the application for renewal of licensure, a licensee shall submit an affidavit of compliance with the fifty-four hour continuing education requirement on a form supplied by the board.

(2) The board reserves the right to require a licensee to submit evidence in addition to the affidavit to demonstrate compliance with the fifty-four hour continuing education requirement. Accordingly, it is the responsibility of a licensee to maintain evidence of such compliance.

[Statutory Authority: RCW 18.52.100. 91-06-060 (Order 141B), § 246-843-155, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14) and 18.52.110. 80-01-057 (Order PL 328), § 308-54-155, filed 12/20/79.]

WAC 246-843-158 Responsibility for maintaining mailing address on file with the board. It is the responsibility of each licensee to maintain a current mailing address on file with the board. The mailing address on file with the

board shall be used for mailing of all official matters from the board to the licensee. If charges against the licensee are mailed by certified mail to the address on file with the board and returned unclaimed or are unable to be delivered for any reason, then the board shall proceed against the licensee by default under RCW 34.05.440.

[Statutory Authority: RCW 18.52.061, 93-23-034, § 246-843-158, filed 11/10/93, effective 12/11/93.]

WAC 246-843-160 Licenses. (1) Upon the secretary's receipt of the annual registration fee and the application fee and completed application forms provided by the secretary, a nursing home administrator's license shall be issued to any person who has successfully complied with the requirements of the licensing law and standards provided herein. Such licenses shall be issued on a form certifying that the applicant has met the requirements of the laws, rules and regulations entitling the applicant to serve, act, or practice as a duly licensed nursing home administrator.

(2) Application, registration, or license fees are not refundable or transferable.

[Statutory Authority: RCW 18.52.100, 91-24-050 (Order 217B), § 246-843-160, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), § 246-843-160, filed 3/1/91, effective 4/1/91; 80-08-066 (Order 348), § 308-54-160, filed 7/1/80. Statutory Authority: RCW 18.52.070, 18.52.080 and 18.52.100(14), 78-02-009 (Order PL 282), § 308-54-160, filed 1/6/78; Order PL 107, § 308-54-160, filed 3/3/71.]

WAC 246-843-162 AIDS prevention and information education requirements. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of health or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for licensure. Persons applying for licensure shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (3) of this section.

(3) AIDS education and training.

(a) Acceptable education and training. The secretary shall will accept education and training that is consistent with the model curriculum available from the office on AIDS. Such education and training shall be a minimum of seven clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) The requirements for licensure, renewal, or reinstatement of any license on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of (a) of this subsection.

(c) Documentation. The applicant shall:

(i) Certify, on forms provided, that the minimum education and training has been completed;

(ii) Keep records for two years documenting attendance and description of the learning;

(iii) Be prepared to validate, through submission of these records, that attendance has taken place.

[Statutory Authority: RCW 18.52.100 and 70.24.270, 91-24-050 (Order 217B), § 246-843-162, filed 11/27/91, effective 12/28/91. Statutory Authority: RCW 18.52.100, 91-06-060 (Order 141B), § 246-843-162, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(11), 88-23-038 (Order PM 791), § 308-54-162, filed 11/9/88.]

WAC 246-843-170 Temporary permits. (1) Upon the secretary's receipt of the application and temporary permit fees, a temporary permit may be issued by the secretary under the criteria, circumstances, and requirements, stated in this section, and without examination, for a period up to six months. Such permits shall be subject to confirmation, rescission, or modification by order of the board upon review at the next board meeting. A person holding a temporary permit shall work closely with the representative of the board. A permit holder shall not be eligible for a subsequent permit and such permit shall terminate upon the holder being advised of the licensure examination results. A temporary permit shall be valid only for the specific facility for which it is issued and shall terminate upon the permit holder's departure from the facility unless otherwise approved by the board. An applicant shall meet all of the following criteria:

(a) Be currently licensed and in good standing as a nursing home administrator in another state.

(b) Have passed the national examination with an equivalent score of 75% or better. Applicants licensed prior to the existence of the national examination shall be individually reviewed.

(c) The applicant is otherwise eligible for the licensure examination in this state and has met the requirements and applied for the next scheduled examination.

(d) Have a written agreement for consultation with a Washington state licensed nursing home administrator, which is subject to review by the board at its next regularly scheduled meeting.

(e) The foregoing provisions of (a) and (b) of this subsection shall not apply in the case of an administrator of a religious care facility described in RCW 18.51.170 and acting under a limited license described in RCW 18.52.-070(3).

(2) The following circumstances shall be considered for the issuance of a temporary permit:

(a) There is a specific vacancy due to the departure of the nursing home administrator from a facility which creates an undue hardship.

(b) Illness of the current nursing home administrator of the facility which prevents such person from performing administrator duties.

[Statutory Authority: RCW 18.52.100, 91-24-050 (Order 217B), § 246-843-170, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), § 246-843-170, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(11), 88-23-038 (Order PM 791), § 308-54-170, filed 11/9/88. Statutory Authority: RCW 18.52.100, 80-08-066 (Order 348), § 308-54-170, filed 7/1/80. Statutory Authority: RCW 18.52.100 (10) and (14), 78-02-009 (Order PL 282), § 308-54-170, filed 1/6/78; Order PL 107, § 308-54-170, filed 3/3/71.]

WAC 246-843-180 Registration of licenses. (1) Every person who holds a valid nursing home administrator's license, active or inactive, shall reregister on dates specified by the secretary. Such relicensure shall be granted upon receipt of the annual fee, and upon fulfilling the continuing competency requirements by submitting proof of completing fifty-four hours of continuing education as described in WAC 246-843-150.

(2) Any active or inactive license holder not relicensed will be charged a penalty fee as set forth in WAC 246-843-990 in addition to the annual fee and all delinquent fees that are in arrears. In the event that the license of an individual is not relicensed within two years from the most recent date for relicensure, such license shall lapse and the individual must again apply for licensing and meet all the requirements for a new applicant.

[Statutory Authority: RCW 18.52.061, 93-13-004 (Order 371B), § 246-843-180, filed 6/3/93, effective 7/4/93. Statutory Authority: RCW 18.52.100, 91-24-022 (Order 216B), § 246-843-180, filed 11/25/91, effective 12/26/91; 91-06-060 (Order 141B), § 246-843-180, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14), 86-01-086 (Order PL 576), § 308-54-180, filed 12/18/85. Statutory Authority: RCW 18.52.100, 80-08-066 (Order 348), § 308-54-180, filed 7/1/80; Order PL 260, § 308-54-180, filed 12/10/76; Order PL 107, § 308-54-180, filed 3/3/71.]

WAC 246-843-200 Standards of suitability and character. To establish suitability and character to qualify an individual for a license as a nursing home administrator, and prior to being permitted to take the examination for license as a nursing home administrator, the applicant shall furnish evidence satisfactory to the board of:

(1) Absence of physical or mental impairment which would prevent the applicant from performing the duties of a nursing home administrator.

(2) Two letters of recommendation shall be submitted certifying to the good moral character of the applicant.

[Statutory Authority: RCW 18.52.100, 91-24-050 (Order 217B), § 246-843-200, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), § 246-843-200, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14), 87-02-008 (Order PM 633), § 308-54-200, filed 12/29/86. Statutory Authority: RCW 18.52.100 (1) and (14), 78-02-009 (Order PL 282), § 308-54-200, filed 1/6/78; Order PL 107, § 308-54-200, filed 3/3/71.]

WAC 246-843-205 Standards of conduct. Licensed nursing home administrators shall be in active administrative charge of the nursing home 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 246-843-220 Complaints and hearing procedures. (1) All proceedings of the secretary and board for rule making, for contested cases and for appeals shall be conducted in conformity with the Administrative Procedure Act of this state.

(2) Complaints regarding any licensed administrator shall be considered only if submitted to the secretary in writing. In any case, the complaint shall be fully investigat-

ed by the secretary, and referred to the board to determine whether any board action should be initiated.

(3) The secretary, on his or her own initiative may, or upon order of the board, shall initiate an investigation of possible violations of this chapter. The secretary shall advise the board of all complaints received and action taken.

(4) The board, with the advice of the secretary, shall determine the most appropriate method of hearing from among the following choices:

(a) Conducted by the board; or

(b) Conducted by a committee of the board, the majority of which shall be administrator members; or

(c) Conducted by a hearing examiner engaged by the board who shall be a licensed administrator; or

(d) Conducted by a hearing examiner of the state.

[Statutory Authority: RCW 18.52.100, 91-24-050 (Order 217B), § 246-843-220, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), § 246-843-220, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.090(2), 18.52.150, 18.52.100 (4), (5), (6) and (14), 78-02-009 (Order PL 282), § 308-54-220, filed 1/6/78; Order PL 107, § 308-54-220, filed 3/3/71.]

WAC 246-843-225 Issuance of subpoenas—Administering oaths and affirmations—Ruling when board or hearing panel not in session. (1) In any investigation or proceeding conducted by the board, the following persons are authorized to subpoena witnesses, issue subpoenas duces tecum, and institute discovery proceedings:

(a) The chairman of the board;

(b) The chairman of the hearing panel designated to hear the case;

(c) The hearing examiner designated to hear the case;

(d) The attorney of record for a party in a contested case may issue subpoenas, including subpoenas duces tecum, to witnesses called to testify or produce evidence on behalf of such party, and such subpoenas, when subscribed by the attorney, shall have the same effect as if issued by the board.

(2) When testimony in any hearing is to be taken under oath or affirmation, the person chairing the hearing shall have authority to administer such oath or affirmation.

(3) Whenever a contested case has been set down for hearing before the entire board or a three member panel, the chairman of the board or panel shall have authority to rule on matters raised by any party at such time as the board or panel is not in session. Any party may, upon notice to all parties, request reconsideration of such rulings by the entire board or panel, as applicable, at its next scheduled meeting.

[Statutory Authority: RCW 18.52.100, 91-06-060 (Order 141B), § 246-843-225, filed 3/1/91, effective 4/1/91; 80-08-066 (Order 348), § 308-54-225, filed 7/1/80. Statutory Authority: RCW 18.52.155, 78-02-009 (Order PL 282), § 308-54-225, filed 1/6/78.]

WAC 246-843-230 Reciprocity. (1) The board, at its discretion, and otherwise subject to the law pertaining to the licensing of nursing home administrators prescribing the qualifications for a nursing home administrator license may endorse a nursing home administrator license issued by the proper authorities of any other state, upon payment of the original license fee and the application fee, and upon submission of evidence satisfactory to the board:

(a) That such other state maintains a system and standard of qualification and examination for a nursing home

administrator license, which are substantially equivalent to those required in this state;

(b) That such applicant for endorsement is examined and successfully passes the test related to Washington state local health and safety nursing home regulations; and

(c) That such applicant has not had a nursing home administrator license revoked or suspended in any state.

(2) After meeting the preceding requirements, the applicant shall submit the original license fee and is subject to annual renewals and late renewal penalty fees.

[Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-230, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), § 246-843-230, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14). 87-02-008 (Order PM 633), § 308-54-230, filed 12/29/86; Order PL 107, § 308-54-230, filed 3/3/71.]

WAC 246-843-250 Duplicate licenses. Upon receipt of satisfactory evidence that a license or certificate of registration has been lost, mutilated, or destroyed, the secretary may issue a duplicate license or certificate upon payment of the customary fee as established by the department.

[Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-250, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), § 246-843-250, filed 3/1/91, effective 4/1/91; Order PL 107, § 308-54-250, filed 3/3/71.]

WAC 246-843-320 Renewal of licenses. New or initial nursing home administrator licenses shall expire on the applicant's next birth anniversary date. Licensees may then annually renew their license from birth anniversary date to the next birth anniversary date.

[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.]

WAC 246-843-330 Inactive status. A nursing home administrator in good standing may place his or her license on inactive status by giving written notice to the secretary. To maintain an inactive license status, the yearly inactive license fee shall be paid by the licensee. The secretary shall determine fees as provided in RCW 43.70.250. The licensee may resume active practice by submitting proof of maintenance of continuing education requirements and payment of current licensing fee. A person whose license is on inactive status shall not practice as a nursing home administrator until his or her license is activated.

[Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-330, filed 11/27/91, effective 12/28/91; 91-06-059 (Order 149B), § 246-843-330, filed 3/1/91, effective 4/1/91.]

WAC 246-843-340 Adjudicative proceedings. The board adopts the model procedural rules for adjudicative proceedings as adopted by the department of health and contained in chapter 246-11 WAC, including subsequent amendments.

[Statutory Authority: RCW 18.52.061. 93-23-034, § 246-843-340, filed 11/10/93, effective 12/11/93.]

WAC 246-843-990 Nursing home administrator fees. The following fees shall be charged by the health professions quality assurance division of the department of health:

Title of Fee	Fee
Application (examination and original license)	[\$]325.00
Reexamination (partial)	125.00
Application - Reciprocity	295.00
Temporary permit	190.00
Renewal	295.00
Inactive license renewal	110.00
Late renewal penalty	145.00
Late renewal penalty - inactive	55.00
Duplicate license	15.00
Certification	15.00
Administrator-in-training	100.00

[Statutory Authority: RCW 43.70.250 and chapter 18.52 RCW. 94-09-006, § 246-843-990, filed 4/11/94, effective 5/12/94. Statutory Authority: RCW 43.70.250. 93-14-011, § 246-843-990, filed 6/24/93, effective 7/25/93; 91-09-051 (Order 154), § 246-843-990, filed 4/16/91, effective 5/17/91. Statutory Authority: RCW 43.70.040. 91-06-058 (Order 138), recodified as § 246-843-990, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 43.70.250. 90-04-094 (Order 029), § 308-54-315, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43.24.086. 87-18-031 (Order PM 667), § 308-54-315, filed 8/27/87. Statutory Authority: 1983 c 168 § 12. 83-17-031 (Order PL 442), § 308-54-315, filed 8/10/83. Formerly WAC 308-54-310.]

Reviser's note: RCW 34.05.395 requires the use of underlining and deletion marks to indicate amendments to existing rules, and deems ineffectual changes not filed by the agency in this manner. The bracketed material in the above section does not appear to conform to the statutory requirement.

Chapter 246-845 WAC NURSING POOL

WAC

246-845-050	Registration of a nursing pool.
246-845-060	Application.
246-845-070	Registrations.
246-845-080	Insurance requirements.
246-845-090	Quality assurance standards.
246-845-100	Renewal of registration.
246-845-110	Denial, suspension, or revocation of registration.
246-845-990	Nursing pool fees.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-845-020	Registration of a nursing pool. [Statutory Authority: RCW 18.52C.030. 92-02-018 (Order 224), § 246-845-020, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-845-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.52.030. 89-05-019 (Order PM 794), § 308-310-020, filed 2/10/89.] Repealed by 93-14-011, filed 6/24/93, effective 7/25/93. Statutory Authority: RCW 43.70.250.
246-845-030	Renewal of registration. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-845-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.52.030. 89-05-019 (Order PM 794), § 308-310-030, filed 2/10/89.] Repealed by 93-14-011, filed 6/24/93, effective 7/25/93. Statutory Authority: RCW 43.70.250.

246-845-040 Denial, suspension, or revocation of registration. [Statutory Authority: RCW 18.52C.030 and 18.130.050. 92-02-018 (Order 224), § 246-845-040, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-845-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.52.030. 89-05-019 (Order PM 794), § 308-310-040, filed 2/10/89.] Repealed by 93-14-011, filed 6/24/93, effective 7/25/93. Statutory Authority: RCW 43.70.250.

WAC 246-845-050 Registration of a nursing pool.

After January 1, 1989, no individual, firm, corporation, partnership, or association may advertise, operate, manage, conduct, open, or maintain a business providing, procuring, or referring health care personnel for temporary employment in health care facilities without first registering with the department of health.

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-845-050, filed 6/24/93, effective 7/25/93.]

WAC 246-845-060 Application. Applicants for nursing pool registration shall submit to the department of health:

- (1) A completed application for registration on forms furnished by the department;
- (2) A registration fee as established by the secretary;
- (3) Evidence of professional or general liability insurance in accordance with WAC 246-845-080;
- (4) A signed quality assurance standards affidavit, and documentation of methods used for compliance with the standards established in WAC 246-845-090;
- (5) The Washington state corporation certification number or a copy of the "certificate of authority to do business in Washington" if the nursing pool is owned by a corporation.

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-845-060, filed 6/24/93, effective 7/25/93.]

WAC 246-845-070 Registrations. (1) If the applicant meets the requirements of this chapter and chapter 18.130 RCW, the department shall issue a nursing pool registration. The registration shall remain effective for a period of one year from date of issuance unless revoked or suspended pursuant to chapter 18.130 RCW, or voided pursuant to subsection (2) of this section.

(2) If the registered nursing pool is sold or ownership or management is transferred, the new owner or operator shall apply for a new registration.

(3) Each separate location of the business of a nursing pool shall have a separate registration.

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-845-070, filed 6/24/93, effective 7/25/93.]

WAC 246-845-080 Insurance requirements. Each nursing pool shall carry professional and general liability insurance in the amount of one million dollars per occurrence for each person who delivers patient care services. The policy must show coverage using one of the following methods:

(1) The nursing pool maintains insurance coverage in the amount indicated for the nursing pool itself and its employees or agents; or

(2) The nursing pool maintains professional and general liability insurance for its own liability in the amount indicated and only refers self-employed, independent contractors who must maintain their own professional and general liability insurance in the amount indicated. Written evidence of such insurance coverage shall be maintained by the nursing pool in the independent contractor's personnel file for a minimum of three years.

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-845-080, filed 6/24/93, effective 7/25/93.]

WAC 246-845-090 Quality assurance standards.

Nursing pools shall comply with the quality assurance standards contained in this section. Evidence of compliance with these standards shall be retained by the nursing pool and be available for inspection by the department for a minimum of three years. These standards are as follows:

(1) Establishment of a prehire/precontract screening procedure which includes the following:

(a) Written or verbal verification of two references relevant to the work the applicant proposes to do for the nursing pool. References must include dates of employment/contracting;

(b) Written verification of applicant's current, unrestricted professional license, certificate, or registration issued by the department;

(c) Written verification of any certification by a private or public entity in clinical areas relevant to the applicant's proposed work;

(d) Written verification of current cardiopulmonary resuscitation certification;

(e) Written health screening plan that assures that each applicant is free of tuberculosis, physically able to perform the job duties required for the position, and compliance with OSHA regulations regarding the HBV virus;

(f) Compliance with RCW 43.43.830 regarding criminal history disclosure and background inquiries;

(g) Establishment of a post-hire/post-contract procedure which includes the following:

(i) Written procedure for orientation of all new hires/contractors to the nursing pool's policies and procedures prior to beginning work;

(ii) Written performance evaluation plan to include written evaluations from facilities regarding performance of persons who have delivered patient care services;

(iii) Written continuing education program for personnel/contractors that at a minimum provides educational programs on a variety of related topics relevant to the work performed to include: HIV/HBV information, fire and safety, universal precautions, infection control, and information concerning Washington state abuse reporting requirements;

(2) Compliance with state and federal wage and labor laws, and federal immigration laws.

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-845-090, filed 6/24/93, effective 7/25/93.]

WAC 246-845-100 Renewal of registration. Nursing pools requesting renewal of registration shall submit a renewal application and fee to the department. If a nursing

pool fails to renew its registration prior to the expiration date, the nursing pool is subject to a penalty fee.

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-845-100, filed 6/24/93, effective 7/25/93.]

WAC 246-845-110 Denial, suspension, or revocation of registration. The secretary may deny, suspend, or revoke the registration and/or assess penalties if any nursing pool is found to have violated the provisions of chapter 18.130 RCW, the Uniform Disciplinary Act, or of this chapter.

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-845-110, filed 6/24/93, effective 7/25/93.]

WAC 246-845-990 Nursing pool fees. The following fees shall be charged by the professional licensing division of the department of health.

Title	Fee
Registration application	\$175.00
Registration renewal	185.00
Late renewal penalty	185.00
Duplicate registration	25.00
Registration certification	25.00

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-845-990, filed 6/24/93, effective 7/25/93; 91-13-002 (Order 173), § 246-845-990, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-845-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250. 90-04-094 (Order 029), § 308-310-010, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43.24.086. 88-20-076 (Order 784), § 308-310-010, filed 10/5/88.]

Chapter 246-847 WAC OCCUPATIONAL THERAPISTS

WAC

246-847-010	Definitions.
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246-847-360	Approval of substance abuse monitoring programs.
246-847-370	Participation in approved substance abuse monitoring program.
246-847-990	Occupational therapy fees.

WAC 246-847-010 Definitions. (1) The following terms in RCW 18.59.020(2) shall mean:

(a) "Scientifically based use of purposeful activity" is the treatment of individuals using established methodology based upon the behavioral and biological sciences and includes the analysis, application and adaptation of activities for use with individuals having a variety of physical, emotional, cognitive and social disorders. Use of purposeful activity includes a process of continually modifying treatment to meet the changing needs of an individual. Purposeful activity is goal-oriented and cannot be routinely prescribed.

(b) "Teaching daily living skills" is the instruction in daily living skills based upon the evaluation of all the components of the individual's disability and the adaptation or treatment based on the evaluation. Components of a disability are physical, sensory, social, emotional and cognitive functions.

(c) "Developing prevocational skills and play and avocational capabilities" is not only the development of prevocational skills and play and avocational capabilities but involves the scientifically based use of purposeful activity.

(d) "Designing, fabricating, or applying selected orthotic and prosthetic devices or selected adaptive equipment" is not specific occupational therapy services if a person designs, fabricates, or applies selected orthotic and prosthetic devices or selected adaptive equipment for an individual if the device or equipment is prescribed or ordered by a health care professional authorized by the laws of the state of Washington to prescribe the device or equipment or direct the design, fabrication, or application of the device or equipment.

(e) "Adapting environments for the handicapped" is the evaluation of all the components of an individual's disability and the adaptation of the environment of the individual based on the evaluation. Components of a disability are physical, sensory, social, emotional and cognitive functions.

(2) "Supervision" and "regular consultation" of an occupational therapy assistant by an occupational therapist in RCW 18.59.020(4) and "direct supervision" of a person holding a limited permit by an occupational therapist in RCW 18.59.040(7) shall mean face to face meetings between the occupational therapist and occupational therapy assistant and between the occupational therapist and holder of a limited permit occurring at intervals as determined necessary by the occupational therapist to establish, review, or revise the client's treatment objectives. The meetings shall be documented and the documentation shall be maintained in each client's treatment record. The failure to meet to establish, review, or revise the client's treatment objectives at sufficient intervals to meet the client's needs shall be

grounds for disciplinary action against the occupational therapist's license and/or the occupational therapy assistant's license to practice in the state of Washington and/or the limited permit pursuant to WAC 246-847-160 (4) and (14), 246-847-170 (2) and (3) and RCW 18.59.100 for conduct occurring prior to June 11, 1986 and pursuant to RCW 18.130.180 for conduct occurring on or after June 11, 1986.

(3) "Professional supervision" of an occupational therapy aide in RCW 18.59.020(5) shall mean:

(a) Documented training by the occupational therapist of the occupational therapy aide in each specific occupational therapy technique for each specific client and the training shall be performed on the client;

(b) Face to face meetings between the occupational therapy aide and the supervising occupational therapist or an occupational therapy assistant under the direction of the supervising occupational therapist occurring at intervals as determined by the occupational therapist to meet the client's needs, but shall occur at least once every two weeks; and

(c) The occupational therapist shall observe the occupational therapy aide perform on the client the specific occupational therapy techniques for which the occupational therapy aide was trained at intervals as determined by the occupational therapist to meet the client's needs, but shall occur at least once a month.

The meetings and client contacts shall be documented and the documentation shall be maintained in the client's treatment records. The failure to meet at sufficient intervals to meet the client's needs shall be grounds for disciplinary action against the occupational therapist's license to practice in the state of Washington pursuant to WAC 246-847-160 (4) and (14), 246-847-170 (2) and (3) and RCW 18.59.100 for conduct occurring prior to June 11, 1986 and pursuant to RCW 18.130.180 for conduct occurring on or after June 11, 1986.

(4) Sections (2) and (3) of this rule shall not be effective until July 1, 1985.

(5) "Clients" include patients, students, and those to whom occupational therapy services are delivered.

(6) "Evaluation" is the process of obtaining and interpreting data necessary for treatment, which includes, but is not limited to, planning for and documenting the evaluation process and results. The evaluation data may be gathered through record review, specific observation, interview, and the administration of data collection procedures, which include, but are not limited to, the use of standardized tests, performance checklists, and activities and tasks designed to evaluate specific performance abilities.

(7) "Work site" in RCW 18.59.080 means the primary work location.

(8) "In association" for RCW 18.59.040(7) shall mean practicing in a setting in which another occupational therapist licensed in the state of Washington is available for consultation and assistance as needed to provide protection for the clients' health, safety and welfare.

(9) One "contact hour" is considered to be fifty minutes.

(10) "Peer reviewer" shall mean a licensed occupational therapist chosen by the licensee to review the self study plan and verify that the self study activity meets the objectives for peer reviewed self study as defined in WAC 246-847-065.

[Statutory Authority: RCW 18.59.130. 92-18-015 (Order 300B), § 246-847-010, filed 8/24/92, effective 9/24/92; 91-11-064 (Order 171B), § 246-

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847-010, filed 5/16/91, effective 6/16/91; 91-05-027 (Order 112B), recodified as § 246-847-010, filed 2/12/91, effective 3/15/91. Statutory Authority: Chapter 18.59 RCW. 90-16-071 (Order 075), § 308-171-001, filed 7/30/90, effective 8/30/90. Statutory Authority: RCW 18.59.130 and 18.130.050. 87-09-044 (Order PM 645), § 308-171-001, filed 4/14/87. Statutory Authority: RCW 18.59.130(2) and 18.130.050(1). 86-17-064 (Order PM 610), § 308-171-001, filed 8/19/86. Statutory Authority: RCW 18.59.130(2) and 18.59.020(5). 86-10-004 (Order PL 588), § 308-171-001, filed 4/24/86. Statutory Authority: RCW 18.59.130(2). 85-12-010 (Order PL 529), § 308-171-001, filed 5/23/85. Statutory Authority: RCW 18.59.130(2) and 18.59.020. 85-05-008 (Order PL 513), § 308-171-001, filed 2/11/85.]

WAC 246-847-020 Persons exempt from the definition of an occupational therapy aide. An "occupational therapy aide" for whom an occupational therapist must provide professional supervision pursuant to RCW 18.59.020(5) does not include persons employed at a facility who are performing services under the supervision or direction of another licensed health care practitioner or certified teacher if the occupational therapist serves solely in a consulting capacity to the facility.

[Statutory Authority: RCW 18.59.130. 91-05-027 (Order 112B), recodified as § 246-847-020, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130 and 18.130.050. 87-09-044 (Order PM 645), § 308-171-002, filed 4/14/87. Statutory Authority: RCW 18.59.130(2). 87-01-088 (Order PM 630), § 308-171-002, filed 12/22/86.]

WAC 246-847-030 Occupational therapists acting in a consulting capacity. (1) "Consulting capacity" shall mean the providing of information and recommendations which the facility, licensed health care practitioners, or certified teachers employed at that facility may accept, reject, or modify at the election of the facility, the licensed health care practitioners, or certified teachers and if the occupational therapist's recommendations are accepted or modified then the recommendations shall be incorporated into the patient's health care plan as part of the nursing or physician's care plan or educational care plan and not held out as the providing of occupational therapy services to the patients or public or billed by the facility as the providing of occupational therapy services to the patients.

(2) An occupational therapist acting in a consulting capacity shall include the following information in the occupational therapist's documentation:

- (a) Date of consultation;
- (b) To whom the consultation is provided;
- (c) Description of services provided;
- (d) Consultation recommendation; and
- (e) Recommendations concerning who should implement the consultation recommendations.

The documentation described above shall be retained by the consulting occupational therapist.

[Statutory Authority: RCW 18.59.130. 91-05-027 (Order 112B), recodified as § 246-847-030, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130 and 18.130.050. 87-09-044 (Order PM 645), § 308-171-003, filed 4/14/87.]

WAC 246-847-040 Recognized educational programs—Occupational therapists. The board recognizes and approves courses of instruction conducted by schools that have obtained accreditation of the program in occupational therapy from the American Occupational Therapy Association's Accreditation Council for Occupational

Therapy Education as recognized in the current Listing of *Educational Programs in Occupational Therapy* published by the American Occupational Therapy Association, Inc.

[Statutory Authority: RCW 18.59.130. 94-20-036, § 246-847-040, filed 9/28/94, effective 10/29/94; 91-23-047 (Order 213B), § 246-847-040, filed 11/14/91, effective 12/15/91; 91-11-064 (Order 171B), § 246-847-040, filed 5/16/91, effective 6/16/91; 91-05-027 (Order 112B), recodified as § 246-847-040, filed 2/12/91, effective 3/15/91. Statutory Authority: Chapter 18.59 RCW. 90-16-071 (Order 075), § 308-171-010, filed 7/30/90, effective 8/30/90. Statutory Authority: RCW 18.59.130 and 18.130.050. 89-01-081 (Order PM 805), § 308-171-010, filed 12/20/88. Statutory Authority: RCW 18.59.050. 88-09-031 (Order PM 721), § 308-171-010, filed 4/15/88. Statutory Authority: RCW 18.59.130 and 18.130.050. 87-09-044 (Order PM 645), § 308-171-010, filed 4/14/87. Statutory Authority: RCW 18.59.130(2). 85-05-008 (Order PL 513), § 308-171-010, filed 2/11/85.]

WAC 246-847-050 Recognized educational programs—Occupational therapy assistants. The board recognizes and approves courses of instruction conducted by schools that have obtained approval of the occupational therapy assistant associate degree programs and occupational therapy assistant certificate programs from the American Occupational Therapy Association's Accreditation Council for Occupational Therapy Education as recognized in the current Listing of *Educational Programs in Occupational Therapy* published by the American Occupational Therapy Association, Inc.

[Statutory Authority: RCW 18.59.130. 94-20-036, § 246-847-050, filed 9/28/94, effective 10/29/94; 91-23-047 (Order 213B), § 246-847-050, filed 11/14/91, effective 12/15/91; 91-11-064 (Order 171B), § 246-847-050, filed 5/16/91, effective 6/16/91; 91-05-027 (Order 112B), recodified as § 246-847-050, filed 2/12/91, effective 3/15/91. Statutory Authority: Chapter 18.59 RCW. 90-16-071 (Order 075), § 308-171-020, filed 7/30/90, effective 8/30/90. Statutory Authority: RCW 18.59.130 and 18.130.050. 89-01-081 (Order PM 805), § 308-171-020, filed 12/20/88. Statutory Authority: RCW 18.59.050. 88-09-031 (Order PM 721), § 308-171-020, filed 4/15/88. Statutory Authority: RCW 18.59.130 and 18.130.050. 87-09-044 (Order PM 645), § 308-171-020, filed 4/14/87. Statutory Authority: RCW 18.59.130(2). 85-05-008 (Order PL 513), § 308-171-020, filed 2/11/85.]

WAC 246-847-055 Initial application for individuals who have not practiced within the past four years. (1) Any initial applicant who has not been actively engaged in the practice of occupational therapy within the past four years shall provide, in addition to the requirements for licensure as specified in RCW 18.59.050 and WAC 246-847-200:

(a) Evidence of having successfully completed an approved occupational therapy or occupational therapy assistant program within the past four years and documentation of thirty hours of continued competency as described in WAC 246-847-065 for the previous two-year period; or

(b) Evidence of having passed the examination as defined in WAC 246-847-080 within the previous two-year period and documentation of thirty hours of continued competency as described in WAC 246-847-065 for the previous two year-period; or

(c) Evidence of having successfully completed a board approved educational program specifically designed for occupational therapists or occupational therapy assistants preparing for re-entry into the field of occupational therapy.

(2) The applicant may be required to appear before the board for oral interview.

[Statutory Authority: RCW 18.59.130. 93-18-093 (Order 394B), § 246-847-055, filed 9/1/93, effective 10/2/93.]

(1997 Ed.)

WAC 246-847-060 License renewal registration date and fee. (1) Individuals making application for initial license, provided they meet the requirements for licensure in the state of Washington, will be issued a license to expire on their second birth anniversary date following initial licensure.

(2) Licenses shall be renewed upon a biennial basis on or before the licensee's birth anniversary date. Licenses not renewed on or before the licensee's biennial birth anniversary date shall expire immediately after the licensee's birth anniversary date and any practice engaged in with an expired license shall be deemed unlicensed practice.

[Statutory Authority: RCW 18.59.130. 94-20-036, § 246-847-060, filed 9/28/94, effective 10/29/94; 91-23-047 (Order 213B), § 246-847-060, filed 11/14/91, effective 12/15/91; 91-05-027 (Order 112B), recodified as § 246-847-060, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130 and 18.130.050. 89-01-081 (Order PM 805), § 308-171-040, filed 12/20/88. Statutory Authority: RCW 18.59.110. 87-04-015 (Order PM 636), § 308-171-040, filed 1/26/87; 85-06-012 (Order PL 514), § 308-171-040, filed 2/22/85.]

WAC 246-847-065 Continued competency. Beginning January 1, 1993, evidence of continued competency completed after January 1, 1991, for the practice of occupational therapy shall include a minimum of thirty contact hours of continuing education for each two-year license renewal period. The thirty contact hours may be obtained through two or more of the following methods which have specified goals and objectives relating to the practice of occupational therapy as defined in RCW 18.59.020 and WAC 246-847-010; inservices, coursework, conferences, workshops, peer reviewed self study, presentations, or publications.

[Statutory Authority: RCW 18.59.130. 92-18-015 (Order 300B), § 246-847-065, filed 8/24/92, effective 9/24/92; 91-11-064 (Order 171B), § 246-847-065, filed 5/16/91, effective 6/16/91; 91-05-027 (Order 112B), recodified as § 246-847-065, filed 2/12/91, effective 3/15/91; 90-22-011 (Order 094), § 308-171-041, filed 10/26/90, effective 11/26/90.]

WAC 246-847-068 Renewal of expired license. (1) The license of any occupational therapist or occupational therapy assistant who has neither placed his or her license on inactive status as described in WAC 246-847-070 nor been actively engaged in the practice of occupational therapy in another jurisdiction and fails to renew the license by the date set by the secretary for renewal shall automatically expire. The licensee may, within four years from the date of expiration, request the license be renewed upon payment of the renewal and late renewal fees determined by the secretary and completion of continued competency requirements as specified in WAC 246-847-065.

(2) If a license has expired for four years or more, the license may be renewed under the following conditions:

(a) Submission of a written application to the board on forms provided by the secretary together with:

(b) Evidence of having been employed as an occupational therapist or occupational therapy assistant in another jurisdiction during the period of lapse;

(c) Renewal and late fees; and

(d) Evidence of having passed the examination as defined in WAC 246-847-080 within the previous two-year period and documentation of thirty hours of continued competency as described in WAC 246-847-065 for the previous two-year period; or

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(e) Evidence of having successfully completed a board approved educational program specifically designed for occupational therapists or occupational therapy assistants preparing for reentry into the field of occupational therapy.

(3) The applicant may be required to appear before the board for oral interview.

[Statutory Authority: RCW 18.59.130, 94-20-036, § 246-847-068, filed 9/28/94, effective 10/29/94; 93-18-093 (Order 394B), § 246-847-068, filed 9/1/93, effective 10/2/93.]

WAC 246-847-070 Inactive status. An occupational therapist or occupational therapy assistant, in good standing, may place his or her license on inactive status by giving written notice to the secretary, and may within two years thereafter resume active practice upon payment of a late renewal fee and by completion of the continued competency requirements as specified in WAC 246-847-065. A license may be reinstated after a period of inactive status of up to four years, with proof of completion of continued competency within two years prior to reactivation and payment of a late renewal fee. A license may be reinstated after a period of inactive status of more than four years under such circumstances as the secretary determines with the advice of the board. A person whose license is on inactive status shall not practice as an occupational therapist or occupational therapy assistant until his or her license is activated.

[Statutory Authority: RCW 18.59.130, 93-18-093 (Order 394B), § 246-847-070, filed 9/1/93, effective 10/2/93; 91-05-027 (Order 112B), recodified as § 246-847-070, filed 2/12/91, effective 3/15/91; 90-22-011 (Order 094), § 308-171-045, filed 10/26/90, effective 11/26/90. Statutory Authority: RCW 18.59.090(3), 86-21-026 (Order PM 620), § 308-171-045, filed 10/8/86.]

WAC 246-847-080 Examinations. (1) The current series of the American Occupational Therapy Certification Board examination shall be the official examination for licensure as an occupational therapist or as an occupational therapy assistant.

(2) The examination for licensure as an occupational therapist shall be conducted twice a year.

(3) The examination for licensure as an occupational therapy assistant shall be conducted twice a year.

(4) The program manager of the board shall negotiate with the American Occupational Therapy Certification Board for the use of the certification examination.

(5) The examination shall be conducted in accordance with the American Occupational Therapy Certification Board security measures and contract.

(6) Applicants shall be notified of the examination results in accordance with the procedures developed by the American Occupational Therapy Certification Board.

(7) Examination scores will not be released except as authorized by the applicant in writing.

(8) To be eligible for a license, applicants must attain a passing score on the examination administered by the American Occupational Therapy Certification Board.

[Statutory Authority: RCW 18.59.130, 93-18-093 (Order 394B), § 246-847-080, filed 9/1/93, effective 10/2/93; 92-18-015 (Order 300B), § 246-847-080, filed 8/24/92, effective 9/24/92; 91-05-027 (Order 112B), recodified as § 246-847-080, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130(2), 86-10-004 (Order PL 588), § 308-171-100, filed 4/24/86; 85-05-008 (Order PL 513), § 308-171-100, filed 2/11/85.]

WAC 246-847-090 Proof of actual practice. An applicant seeking waiver of the education and experience requirements as provided in RCW 18.59.070(3) shall submit the following as proof of actual practice:

(1) Applicant's affidavit containing the following information:

(a) Location and dates of employment between June 7, 1981 and June 7, 1984;

(b) Description of capacity in which applicant was employed, including job title and description of specific duties;

(c) Description of nature of clientele; and

(d) Name and title of direct supervisor.

(2) Written job description.

(3) Affidavit from employer(s), from June 7, 1981 through June 7, 1984, containing the following information:

(a) Dates of applicant's employment,

(b) Description of applicant's specific duties, and

(c) Employer's title.

After reviewing the information submitted, the board may require submission of additional information if the board deems additional information necessary for purposes of clarifying the information previously submitted.

The proof of actual practice shall be submitted to the board's office no later than March 1, 1985.

[Statutory Authority: RCW 18.59.130, 91-05-027 (Order 112B), recodified as § 246-847-090, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130(2) and 18.59.070(3), 85-05-008 (Order PL 513), § 308-171-101, filed 2/11/85.]

WAC 246-847-100 Examination dates for applicants under RCW 18.59.070(3). (1) Applicants for an occupational therapist license under RCW 18.59.070(3) shall take the examination no later than June 29, 1985.

(2) Applicants for an occupational therapy assistant license under RCW 18.59.070(3) shall take the examination no later than July 20, 1985.

[Statutory Authority: RCW 18.59.130, 91-05-027 (Order 112B), recodified as § 246-847-100, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130(2), 85-05-008 (Order PL 513), § 308-171-102, filed 2/11/85.]

WAC 246-847-110 Persons exempt from licensure pursuant to RCW 18.59.040(5). (1) To qualify for the exemption from licensure pursuant to RCW 18.59.040(5), the individual claiming the exemption shall have been actively engaged in the practice of occupational therapy within the preceding four-year period and shall in writing notify the department, at least thirty days before any occupational therapy services are performed in this state, of the following:

(a) In which state(s) the individual is licensed to perform occupational therapy services and the license number(s); and

(b) The name, address, and telephone number of at least one facility or employer where the individual has been engaged in the practice of occupational therapy within the preceding four years; or

(c) If the exemption is claimed pursuant to RCW 18.59.040(5)(b), the individual shall submit a signed notarized statement attesting to:

(a) In which state(s) the individual is licensed to perform occupational therapy services and the license number(s); and

(b) The name, address, and telephone number of at least one facility or employer where the individual has been engaged in the practice of occupational therapy within the preceding four years; or

(c) If the exemption is claimed pursuant to RCW 18.59.040(5)(b), the individual shall submit a signed notarized statement attesting to:

(i) Having passed the American Occupational Therapy Certification Board examination; and

(ii) Having engaged in occupational therapy practice within the preceding four years, including the name, address, and telephone number of at least one facility or employer during this period;

(iii) Not having engaged in unprofessional conduct or gross incompetency as established in WAC 246-847-160 for conduct occurring prior to June 11, 1986 and as established in RCW 18.130.180 for conduct occurring on or after June 11, 1986; and not having been convicted of a crime involving moral turpitude or a felony relating to the profession of occupational therapy; and

(d) A signed notarized statement describing when the occupational therapy services will be performed, where the occupational therapy services will be performed, and how long the individual will be performing occupational therapy services in this state.

(2) A ninety-day temporary permit must be received by the occupational therapist prior to rendering of occupational therapy services.

(3) "Working days" in RCW 18.59.040(5) shall mean consecutive calendar days.

[Statutory Authority: RCW 18.59.130. 92-18-015 (Order 300B), § 246-847-110, filed 8/24/92, effective 9/24/92; 91-11-064 (Order 171B), § 246-847-110, filed 5/16/91, effective 6/16/91; 91-05-027 (Order 112B), recodified as § 246-847-110, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130(2) and 18.59.050(1). 86-17-064 (Order PM 610), § 308-171-103, filed 8/19/86. Statutory Authority: RCW 18.59.130(2) and 18.59.040 (5)(b). 86-10-004 (Order PL 588), § 308-171-103, filed 4/24/86. Statutory Authority: RCW 18.59.130(2). 85-12-010 (Order PL 529), § 308-171-103, filed 5/23/85.]

WAC 246-847-115 Limited permits. (1) An applicant is eligible for a limited permit under RCW 18.59.040(7), provided the applicant takes the first examination for which he or she is eligible.

(2) An applicant who successfully passes the examination for licensure and who has a valid limited permit through the department of health at the time the examination results are made public shall be deemed to be validly licensed under the limited permit for the next thirty calendar days.

[Statutory Authority: RCW 18.59.130. 93-18-093 (Order 394B), § 246-847-115, filed 9/1/93, effective 10/2/93; 91-23-047 (Order 213B), § 246-847-115, filed 11/14/91, effective 12/15/91.]

WAC 246-847-117 Temporary permits—Issuance and duration pursuant to RCW 18.130.075. (1) Unless there is a basis for denial of an occupational therapist or occupational therapy assistant license, an applicant who is currently licensed in a jurisdiction considered by the board to have licensing standards substantially equivalent to Washington's shall be issued a temporary practice permit after receipt of the following documentation by the department of health:

(a) Submission of a completed occupational therapist or occupational therapy assistant application on which the applicant indicates that he or she wishes to receive a temporary practice permit;

(b) Payment of the application fee and temporary practice permit fee; and

(c) Direct written verification of current licensure from the state whose licensing standards are substantially equivalent to Washington's.

(2) The temporary practice permit shall expire upon the issuance of a license by the board; initiation of an investigation by the board; or ninety days, whichever occurs first.

(3) An applicant who receives a temporary practice permit and who does not complete the licensure application process shall not receive additional temporary practice permits even upon submission of a new application in the future.

[Statutory Authority: RCW 18.59.130. 92-18-015 (Order 300B), § 246-847-117, filed 8/24/92, effective 9/24/92.]

WAC 246-847-120 Foreign trained applicants. An applicant obtaining education and training at foreign institutions shall submit the following information for the board's consideration in determining whether or not to waive the education and experience requirements for licensure, pursuant to RCW 18.59.070(1):

(1) An official description of the education program at the educational institution and if the description is not in English, then an English translation signed by the translator shall be submitted with the official description;

(2) An official transcript of the applicant's grades from the educational institution and if the transcript is not in English, then an English translation signed by the translator shall be submitted with the official transcript;

(3) Applicant's affidavit containing the following information:

(a) Location and dates of employment as an occupational therapist or occupational therapy assistant for up to three years immediately prior to the date of application;

(b) Description of capacity in which applicant was employed, including job titles and description of specific duties;

(c) Description of nature of clientele; and

(d) Name and title of direct supervisors;

(4) Written job description for each employment as an occupational therapist or occupational therapy assistant for up to three years immediately prior to the date of application;

(5) Signed, written statements from all employers or direct supervisors for up to three years immediately prior to the date of application containing the following information:

(a) Dates of applicant's employment;

(b) Description of applicant's specific duties; and

(c) Employer or direct supervisor's title;

(6) If the applicant graduated from the educational institution within the three years immediately prior to the application, the applicant shall obtain a signed, written statement from the applicant's program director at the educational institution discussing the applicant's fieldwork experience at the educational institution.

After reviewing the information submitted, the board may require submission of additional information necessary for purposes of clarifying the information previously submitted.

[Statutory Authority: RCW 18.59.130. 91-05-027 (Order 112B), recodified as § 246-847-120, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130(2). 86-17-064 (Order PM 610), § 308-171-104, filed 8/19/86; 86-10-004 (Order PL 588), § 308-171-104, filed 4/24/86.]

WAC 246-847-125 Applicants currently licensed in other states or territories. (1) Before licensure may be extended to any individual currently licensed to practice as an occupational therapist or occupational therapy assistant in another state, the District of Columbia, or a territory of the United States as provided in RCW 18.59.070(2), the following conditions must be met:

(a) Evidence of having met the requirements for licensure as provided in RCW 18.59.050; and

(b) Verification of current licensure from any state, the District of Columbia, or a territory of the United States on forms provided by the secretary; and

(c) Verification of having passed the examination as defined in WAC 246-847-080; and

(d) Evidence of having been actively engaged in the practice of occupational therapy within the preceding four-year period.

(2) If the applicant has not been actively engaged in the practice of occupational therapy within the past four years, the following conditions must be met:

(a) Evidence of having taken and passed the examination as defined in WAC 246-847-080 within the previous two-year period and documentation of thirty hours of continued competency as described in WAC 246-847-065 for the previous two-year period; or

(b) Evidence of having successfully completed a board approved educational program specifically designed for occupational therapists or occupational therapy assistants preparing for reentry into the field of occupational therapy.

(3) The applicant may be required to appear before the board for oral interview.

[Statutory Authority: RCW 18.59.130, 93-18-093 (Order 394B), § 246-847-125, filed 9/1/93, effective 10/2/93.]

WAC 246-847-130 Definition of "commonly accepted standards for the profession." "Commonly accepted standards for the profession" in RCW 18.59.040 (5)(b) and 18.59.070 shall mean having passed the American Occupational Therapy Association certification examination, not having engaged in unprofessional conduct or gross incompetency as established by the board in WAC 246-847-160 for conduct occurring prior to June 11, 1986 and as established in RCW 18.130.180 for conduct occurring on or after June 11, 1986, and not having been convicted of a crime of moral turpitude or a felony which relates to the profession of occupational therapy.

[Statutory Authority: RCW 18.59.130, 93-18-093 (Order 394B), § 246-847-130, filed 9/1/93, effective 10/2/93; 91-05-027 (Order 112B), recodified as § 246-847-130, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130(2) and 18.130.050(1), 86-17-064 (Order PM 610), § 308-171-200, filed 8/19/86. Statutory Authority: RCW 18.59.130(2), 18.59.040 (5)(b) and 18.59.070(1), 86-10-004 (Order PL 588), § 308-171-200, filed 4/24/86. Statutory Authority: RCW 18.59.130(2) and 18.59.070, 85-05-008 (Order PL 513), § 308-171-200, filed 2/11/85.]

WAC 246-847-140 Supervised fieldwork experience—Occupational therapists. "Supervised fieldwork experience" in RCW 18.59.050 (1)(c)(i) shall mean a minimum six months of Level II fieldwork conducted in settings approved by the applicant's academic program. Level II fieldwork is to provide an in-depth experience in delivering occupational therapy services to clients and to

provide opportunities for supervised practice of occupational therapist entry-level roles. The minimum six months supervised fieldwork experience required by RCW 18.59.050 (1)(c)(i) shall not include Level I fieldwork experience as defined by the American Occupational Therapy Association.

The supervised fieldwork experience shall consist of a minimum of six months sustained fieldwork on a full-time basis. "Full-time basis" is as required by the fieldwork setting.

[Statutory Authority: RCW 18.59.130, 91-05-027 (Order 112B), recodified as § 246-847-140, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130(2), 87-01-088 (Order PM 630), § 308-171-201, filed 12/22/86; 85-05-008 (Order PL 513), § 308-171-201, filed 2/11/85.]

WAC 246-847-150 Supervised fieldwork experience—Occupational therapy assistants. "Supervised fieldwork experience" in RCW 18.59.050 (1)(c)(ii) shall mean a minimum two months of Level II fieldwork conducted in settings approved by the applicant's academic or training program. Level II fieldwork is to provide an in-depth experience in delivering occupational therapy services to clients and to provide opportunities for supervised practice of occupational therapy assistant entry-level roles. The minimum two months supervised fieldwork experience required by RCW 18.59.050 (1)(c)(ii) shall not include Level I fieldwork experience as defined by the American Occupational Therapy Association.

The supervised fieldwork experience shall consist of a minimum of two one-month sustained fieldwork placements not less than forty full-time workdays. "Full-time workdays" is as required by the fieldwork setting.

[Statutory Authority: RCW 18.59.130, 91-05-027 (Order 112B), recodified as § 246-847-150, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130(2), 85-05-008 (Order PL 513), § 308-171-202, filed 2/11/85.]

WAC 246-847-160 Unprofessional conduct or gross incompetency. The following conduct, acts, or conditions constitute unprofessional conduct or gross incompetency for any license holder or applicant if the conduct, acts, or conditions occurred or existed prior to June 11, 1986:

(1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder or applicant of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

(2) Misrepresentation or concealment of a material fact in obtaining a license or in reinstatement thereof;

(3) All advertising which is false, fraudulent, or misleading;

(4) Incompetence, negligence, or actions in the practice of the profession which result in, or have a significant likelihood of resulting in, harm to the patient or public;

(5) Suspension, revocation, or restriction of the individual's license to practice the profession by competent authority in any state, federal, or foreign jurisdiction, a certified copy of the order or agreement being conclusive evidence of the revocation, suspension, or restriction;

(6) The possession, use, addiction to, prescription for use, diversion, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, or violation of any drug law;

(7) Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice;

(8) Failure to cooperate with the disciplining authority by:

(a) Not furnishing any papers or documents;

(b) Not furnishing in writing a full and complete explanation covering the matter contained in the complaint filed with the disciplining authority; or

(c) Not responding to subpoenas issued by the disciplining authority, whether or not the recipient of the subpoena is the accused in the proceeding;

(9) Failure to comply with an order issued by the disciplining authority;

(10) Aiding or abetting an unlicensed person to practice when a license is required;

(11) Willful or repeated violations of rules established by any health agency or authority of the state or a political subdivision thereof;

(12) Practice beyond the scope of practice as defined by law;

(13) Misrepresentation or fraud in any aspect of the conduct of the business or profession;

(14) Failure to adequately supervise auxiliary staff to the extent that the consumer's health or safety is at risk;

(15) Engaging in a profession involving contact with the public while suffering from a contagious or infectious disease involving serious risk to public health;

(16) Promotion for personal gain of any unnecessary or inefficacious drug, device, treatment, procedure, or service;

(17) Conviction of any gross misdemeanor or felony relating to the practice of the person's profession. For the purposes of this subsection, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

(18) The offering, undertaking, or agreeing to cure or treat disease by a secret method, procedure, treatment, or medicine, or the treating, operating, or prescribing for any health condition by a method, means, or procedure which the licensee refuses to divulge upon demand of the disciplining authority;

(19) Violation of chapter 19.68 RCW;

(20) Interference with an investigation or disciplinary proceeding by wilful misrepresentation of facts before the disciplining authority or its authorized representative, or by the use of threats or harassment against any patient or

witness to prevent them from providing evidence in a disciplinary proceeding or any other legal action;

(21) Any mental or physical condition which results in, or has a significant likelihood of resulting in, an inability to practice with reasonable skill and safety to consumers.

(22) Abuse of a client or patient or sexual contact resulting from abuse of the client-practitioner relationship.

[Statutory Authority: RCW 18.59.130. 91-05-027 (Order 112B), recodified as § 246-847-160, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130(2) and 18.130.050(1). 86-17-064 (Order PM 610), § 308-171-300, filed 8/19/86. Statutory Authority: RCW 18.59.130(2) and 18.59.100. 85-05-008 (Order PL 513), § 308-171-300, filed 2/11/85.]

WAC 246-847-170 Code of ethics and standards of professional conduct. (1) It is the professional responsibility of occupational therapists and occupational therapy assistants to provide services for clients without regard to race, creed, national origin, gender, handicap or religious affiliation.

(2) Treatment objectives and the therapeutic process must be formulated to ensure professional accountability.

(3) Services shall be goal-directed in accordance with the overall educational, habilitation or rehabilitation plan and shall include a system to ensure professional accountability.

(4) Occupational therapists and occupational therapy assistants shall recommend termination of services when established goals have been met or when further services would not produce improved client performance.

(5) Occupational therapists and occupational therapy assistants shall accurately represent their competence, education, training and experience.

(6) Occupational therapists and occupational therapy assistants shall only provide services and use techniques for which they are qualified by education, training, and experience.

(7) Occupational therapists and occupational therapy assistants shall accurately record information and report information as required by facility standards and state and federal laws.

(8) All data recorded in permanent files or records shall be supported by the occupational therapist or the occupational therapy assistant's observations or by objective measures of data collection.

(9) Client's records shall only be divulged as authorized by law or with the client's consent for release of information.

(10) Occupational therapists and occupational therapy assistants shall not delegate to other personnel those client-related services where the clinical skills and expertise of an occupational therapist or occupational therapy assistant are required.

(11) If, after evaluating the client, the case is a medical case, the occupational therapist shall refer the case to a physician for appropriate medical direction if such direction is lacking.

(a) Appropriate medical direction shall be sought on at least an annual basis.

(b) A case is not a medical case if the following is present:

(i) There is an absence of pathology; or

(ii) If a pathology exists, the pathology has stabilized;

and

(iii) The occupational therapist is only treating the client's functional deficits.

[Statutory Authority: RCW 18.59.130, 91-05-027 (Order 112B), recodified as § 246-847-170, filed 2/12/91, effective 3/15/91; 90-22-011 (Order 094), § 308-171-301, filed 10/26/90, effective 11/26/90. Statutory Authority: RCW 18.59.130(2) and 18.130.050(1), 86-17-064 (Order PM 610), § 308-171-301, filed 8/19/86. Statutory Authority: RCW 18.59.130(2) and 18.59.100 (1)(b), 85-12-010 (Order PL 529), § 308-171-301, filed 5/23/85.]

WAC 246-847-180 Mandatory reporting. (1) All persons, including licensees, corporations, organizations, health care facilities, and state or local governmental agencies shall report to the board any conviction, determination, or finding that an occupational therapist or an occupational therapy assistant has committed an act which constitutes unprofessional conduct as established in RCW 18.130.180 and shall report information which indicates that an occupational therapist or occupational therapy assistant may not be able to practice occupational therapy with reasonable skill and safety to consumers as a result of a mental or physical condition.

(2) All required reports shall be submitted to the board as soon as possible, but no later than sixty days after a conviction, determination, or finding is made or information is received.

(3) A report shall contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name, address, and telephone numbers of the occupational therapist or occupational therapy assistant being reported.

(c) The case number of any patient or the name of the patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and cause number.

(f) Any further information which would aid in the evaluation of the report.

[Statutory Authority: RCW 18.59.130, 91-05-027 (Order 112B), recodified as § 246-847-180, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.070 and 18.130.050(1), 86-17-064 (Order PM 610), § 308-171-302, filed 8/19/86.]

WAC 246-847-190 AIDS education and training.

(1) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(2) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(3) Acceptable education and training. The department of health will accept education and training that is consistent with the model curriculum available from the office on AIDS. Such education and training shall be a minimum of six clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and

treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(4) Implementation. Effective February 1, 1989, the requirement for licensing application, renewal, or reinstatement of any license on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of subsection (3) of this section.

(5) Documentation. The licensee shall:

(a) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987, and before the renewal date or December 31, 1989, whichever date is earlier;

(b) Keep records for two years documenting attendance and description of the learning; and

(c) Be prepared to validate, through submission of these records, that learning has taken place.

[Statutory Authority: RCW 18.59.130, 94-20-036, § 246-847-190, filed 9/28/94, effective 10/29/94; 91-05-027 (Order 112B), recodified as § 246-847-190, filed 2/12/91, effective 3/15/91; 90-22-011 (Order 094), § 308-171-320, filed 10/26/90, effective 11/26/90. Statutory Authority: RCW 18.59.130 and 18.130.050, 89-01-081 (Order PM 805), § 308-171-320, filed 12/20/88.]

WAC 246-847-200 Application for licensure. (1)

Effective February 1, 1989, all persons applying for licensure including a limited permit, shall submit compliance with the education requirements of WAC 246-847-190.

(2) Those persons submitting application in 1989 who are unable to comply with WAC 246-847-190 may upon written application be granted an extension to December 31, 1989.

[Statutory Authority: RCW 18.59.130, 93-18-093 (Order 394B), § 246-847-200, filed 9/1/93, effective 10/2/93; 91-05-027 (Order 112B), recodified as § 246-847-200, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130 and 18.130.050, 89-01-081 (Order PM 805), § 308-171-330, filed 12/20/88.]

WAC 246-847-340 Philosophy governing voluntary substance abuse monitoring programs. The board recognizes the need to establish a means of proactively providing early recognition and treatment options for occupational therapists and occupational therapy assistants whose competency may be impaired due to the abuse of drugs or alcohol. The board intends that such occupational therapists or occupational therapy assistants be treated and their treatment monitored so that they can return to or continue to practice their profession in a way which safeguards the public. To accomplish this the board shall approve voluntary substance abuse monitoring programs and shall refer occupational therapists and occupational therapy assistants impaired by substance abuse to approved programs as an alternative to instituting disciplinary proceedings as defined in RCW 18.130.160.

[Statutory Authority: RCW 18.59.130, 92-18-015 (Order 300B), § 246-847-340, filed 8/24/92, effective 9/24/92.]

WAC 246-847-350 Terms used in WAC 246-847-340 through 246-847-370. (1) "Approved substance abuse monitoring program" or "approved monitoring program" is

a program the board has determined meets the requirements of the law and the criteria established by the board in WAC 246-915-320 which enters into a contract with occupational therapists and occupational therapy assistants who have substance abuse problems regarding the required components of the occupational therapist's or occupational therapy assistant's recovery activity and oversees the occupational therapist's or occupational therapy assistant's compliance with these requirements. Substance abuse monitoring programs do not provide evaluation or treatment to participating occupational therapists or occupational therapy assistants.

(2) "Contract" is a comprehensive, structured agreement between the recovering occupational therapist or occupational therapy assistant and the approved monitoring program stipulating the occupational therapist's or occupational therapy assistant's consent to comply with the monitoring program and its required components of the occupational therapist's or occupational therapy assistant's recovery activity.

(3) "Approved treatment facility" is a facility approved by the bureau of alcohol and substance abuse, department of social and health services according to RCW 70.96A.020(2) or 69.54.030 to provide intensive alcoholism or drug treatment if located within Washington state. Drug and alcohol treatment programs located out-of-state must be equivalent to the standards required for approval under RCW 70.96A.020(2) or 69.54.030.

(4) "Substance abuse" means the impairment, as determined by the board, of a occupational therapist's or occupational therapy assistant's professional services by an addiction to, a dependency on, or the use of alcohol, legend drugs, or controlled substances.

(5) "Aftercare" is that period of time after intensive treatment that provides the occupational therapist or occupational therapy assistant and the occupational therapist's or occupational therapy assistant's family with group or individual counseling sessions, discussions with other families, ongoing contact and participation in self-help groups and ongoing continued support of treatment program staff.

(6) "Support group" is a group of health care professionals meeting regularly to support the recovery of its members. The group provides a confidential setting with a trained and experienced health care professional facilitator in which occupational therapist or occupational therapy assistant may safely discuss drug diversion, licensure issues, return to work and other professional issues related to recovery.

(7) "Twelve steps groups" are groups such as alcoholics anonymous, narcotics anonymous, and related organizations based on a philosophy of anonymity, belief in a power outside of oneself, a peer group association, and self-help.

(8) "Random drug screens" are laboratory tests to detect the presence of drugs of abuse in body fluids which are performed at irregular intervals not known in advance by the person being tested.

(9) "Health care professional" is an individual who is licensed, certified or registered in Washington to engage in the delivery of health care to patients.

[Statutory Authority: RCW 18.59.130. 92-18-015 (Order 300B), § 246-847-350, filed 8/24/92, effective 9/24/92.]

WAC 246-847-360 Approval of substance abuse monitoring programs. The board will approve the monitoring program(s) which will participate in the board's substance abuse monitoring program. A monitoring program approved by the board may be contracted with an entity outside the department but within the state, out-of-state, or a separate structure within the department.

(1) The approved monitoring program will not provide evaluation or treatment to the participating occupational therapists or occupational therapy assistants.

(2) The approved monitoring program staff must have the qualifications and knowledge of both substance abuse and the practice of occupational therapy as defined in this chapter to be able to evaluate:

- (a) Clinical laboratories;
- (b) Laboratory results;
- (c) Providers of substance abuse treatment, both individuals and facilities;
- (d) Support groups;
- (e) The occupational therapy work environment; and
- (f) The ability of the occupational therapist or occupational therapy assistant to practice with reasonable skill and safety.

(3) The approved monitoring program will enter into a contract with the occupational therapist or occupational therapy assistant and the board to oversee the occupational therapist's or occupational therapy assistant's compliance with the requirements of the program.

(4) The approved monitoring program may make exceptions to individual components of the contract on an individual basis.

(5) The approved monitoring program staff will determine, on an individual basis, whether an occupational therapist or occupational therapy assistant will be prohibited from engaging in the practice of occupational therapy for a period of time and restrictions, if any, on the occupational therapist's or occupational therapy assistant's access to controlled substances in the work place.

(6) The approved monitoring program shall maintain records on participants.

(7) The approved monitoring program will be responsible for providing feedback to the occupational therapist or occupational therapy assistant as to whether treatment progress is acceptable.

(8) The approved monitoring program shall report to the board any occupational therapist or occupational therapy assistant who fails to comply with the requirement of the monitoring program.

(9) The approved monitoring program shall receive from the board guidelines on treatment, monitoring, and limitations on the practice of occupational therapy for those participating in the program.

[Statutory Authority: RCW 18.59.130. 92-18-015 (Order 300B), § 246-847-360, filed 8/24/92, effective 9/24/92.]

WAC 246-847-370 Participation in approved substance abuse monitoring program. (1) In lieu of disciplinary action, the occupational therapist or occupational therapy assistant may accept board referral into the approved substance abuse monitoring program.

(a) The occupational therapist or occupational therapy assistant shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by health care professional(s) with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The occupational therapist or occupational therapy assistant shall enter into a contract with the board and the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The occupational therapist or occupational therapy assistant will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The occupational therapist or occupational therapy assistant will agree to remain free of all mind-altering substances including alcohol except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101.

(iii) The occupational therapist or occupational therapy assistant must complete the prescribed aftercare program of the intensive treatment facility, which may include individual and/or group psychotherapy.

(iv) The occupational therapist or occupational therapy assistant must cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment, prognosis and goals.

(v) The occupational therapist or occupational therapy assistant will submit to random drug screening as specified by the approved monitoring program.

(vi) The occupational therapist or occupational therapy assistant will attend support groups facilitated by a health care professional and/or twelve step group meetings as specified by the contract.

(vii) The occupational therapist or occupational therapy assistant will comply with specified employment conditions and restrictions as defined by the contract.

(viii) The occupational therapist or occupational therapy assistant shall sign a waiver allowing the approved monitoring program to release information to the board if the occupational therapist or occupational therapy assistant does not comply with the requirements of this contract.

(c) The occupational therapist or occupational therapy assistant is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, and random drug screens.

(d) The occupational therapist or occupational therapy assistant may be subject to disciplinary action under RCW 18.130.160 if the occupational therapist or occupational therapy assistant does not consent to be referred to the approved monitoring program, does not comply with specified employment restrictions, or does not successfully complete the program.

(2) An occupational therapist or occupational therapy assistant who is not being investigated by the board or subject to current disciplinary action or currently being monitored by the board for substance abuse may voluntarily participate in the approved substance abuse monitoring program without being referred by the board. Such voluntary participants shall not be subject to disciplinary action

under RCW 18.130.160 for their substance abuse, and shall not have their participation made known to the board if they meet the requirements of the approved monitoring program:

(a) The occupational therapist or occupational therapy assistant shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by health care professional(s) with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The occupational therapist or occupational therapy assistant shall enter into a contract with the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The occupational therapist or occupational therapy assistant will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The occupational therapist or occupational therapy assistant will agree to remain free of all mind-altering substances including alcohol except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101.

(iii) The occupational therapist or occupational therapy assistant must complete the prescribed aftercare program of the intensive treatment facility, which may include individual and/or group psychotherapy.

(iv) The occupational therapist or occupational therapy assistant must cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment, prognosis and goals.

(v) The occupational therapist or occupational therapy assistant will submit to random drug screening as specified by the approved monitoring program.

(vi) The occupational therapist or occupational therapy assistant will attend support groups facilitated by a health care professional and/or twelve step group meetings as specified by the contract.

(vii) The occupational therapist or occupational therapy assistant will comply with employment conditions and restrictions as defined by the contract.

(viii) The occupational therapist or occupational therapy assistant shall sign a waiver allowing the approved monitoring program to release information to the board if the occupational therapist or occupational therapy assistant does not comply with the requirements of this contract.

(c) The occupational therapist or occupational therapy assistant is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, and random drug screens.

(3) The treatment and pretreatment records of license holders referred to or voluntarily participating in approved monitoring programs shall be confidential, shall be exempt from RCW 42.17.250 through RCW 42.17.450 and shall not be subject to discovery by subpoena or admissible as evidence except for monitoring records reported to the disciplinary authority for cause as defined in subsections (1) and (2) of this section. Records held by the board under this section shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena except by the license holder.

[Statutory Authority: RCW 18.59.130, 92-18-015 (Order 300B), § 246-847-370, filed 8/24/92, effective 9/24/92.]

WAC 246-847-990 Occupational therapy fees. The following fees shall be charged by the professional licensing division of the department of health:

Title of Fee	Fee
Occupational therapist:	
Application fee (nonrefundable)	\$ 90.00
Initial license	80.00
License renewal	125.00
Limited permit fee	40.00
Late renewal fee	60.00
Duplicate	15.00
Certification	25.00
Occupational therapy assistant:	
Application fee (nonrefundable)	90.00
Initial license	80.00
License renewal	95.00
Late renewal fee	60.00
Limited permit fee	40.00
Duplicate	15.00
Certification	25.00

[Statutory Authority: RCW 43.70.250 and chapters 18.57, 18.57A, 18.22 and 18.59 RCW. 94-22-055, § 246-847-990, filed 11/1/94, effective 1/1/95. Statutory Authority: RCW 43.70.250, 91-13-002 (Order 173), § 246-847-990, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 43.70.040, 91-05-030 (Order 135), recodified as § 246-847-990, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 43.24.086, 87-10-028 (Order PM 650), § 308-171-310, filed 5/1/87.]

Chapter 246-849 WAC OCULARISTS

WAC

246-849-020	General provisions.
246-849-030	Mandatory reporting.
246-849-040	Health care institutions.
246-849-050	Ocularist associations or societies.
246-849-060	Health care service contractors and disability insurance carriers.
246-849-070	Professional liability carriers.
246-849-080	Courts.
246-849-090	State and federal agencies.
246-849-100	Cooperation with investigation.
246-849-110	AIDS prevention and information education requirements.
246-849-200	Apprenticeship training—Definitions.
246-849-210	Registration of apprentices.
246-849-220	Application for examination.
246-849-230	Temporary practice permits—Scope and purpose.
246-849-240	Definitions.
246-849-250	Issuance and duration of temporary practice permits.
246-849-260	Active retired license.
246-849-270	Service disclosure.
246-849-990	Ocularist fees.

WAC 246-849-020 General provisions. (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Department" means the department of health, whose address is:

Department of Health
Professional Licensing Division
1300 S.E. Quince St., P.O. Box 47869
Olympia, Washington
98504-7869

(5) "Ocularist" means a person licensed under chapter 18.55 RCW.

(6) "Mentally or physically disabled ocularist" means an ocularist who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice ocular prosthetic services with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

[Statutory Authority: RCW 18.130.050, 18.130.070 and 1991 c 180 § 8, 92-02-018 (Order 224), § 246-849-020, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-849-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-55-035, filed 6/30/89.]

WAC 246-849-030 Mandatory reporting. (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the ocularist being reported.

(c) The case number of any client whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-849-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-55-045, filed 6/30/89.]

WAC 246-849-040 Health care institutions. The chief administrator or executive officer or their designee of any hospital or nursing home shall report to the department when any ocularist's services are terminated or are restricted based on a determination that the ocularist has either

committed an act or acts which may constitute unprofessional conduct or that the ophthalmologist may be unable to practice with reasonable skill or safety to clients by reason of any mental or physical condition.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-849-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-55-055, filed 6/30/89.]

WAC 246-849-050 Ophthalmologist associations or societies. The president or chief executive officer of any ophthalmologist association or society within this state shall report to the department when the association or society determines that an ophthalmologist has committed unprofessional conduct or that an ophthalmologist may not be able to practice ocular prosthetics with reasonable skill and safety to clients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the license holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-849-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-55-065, filed 6/30/89.]

WAC 246-849-060 Health care service contractors and disability insurance carriers. The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that an ophthalmologist has engaged in fraud in billing for services.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-849-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-55-075, filed 6/30/89.]

WAC 246-849-070 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to ophthalmologists shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured ophthalmologist's incompetency or negligence in the practice of ocular prosthetic services. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the ophthalmologist's alleged incompetence or negligence.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-849-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-55-085, filed 6/30/89.]

WAC 246-849-080 Courts. The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of licensed ophthalmologists, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-849-080, filed 12/27/90, effective 1/31/91. Statutory Authority:

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RCW 18.130.070. 89-14-092 (Order PM 842), § 308-55-095, filed 6/30/89.]

WAC 246-849-090 State and federal agencies. The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which an ophthalmologist is employed to provide client care services, to report to the department whenever such an ophthalmologist has been judged to have demonstrated his/her incompetency or negligence in the practice of ocular prosthetic services, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled ophthalmologist. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-849-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-55-105, filed 6/30/89.]

WAC 246-849-100 Cooperation with investigation.
(1) A licensee must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the secretary of the department of health by submitting the requested items within fourteen calendar days of receipt of the request by either the licensee or their attorney, whichever is first. If the licensee fails to comply with the request within fourteen calendar days, the investigator will contact that individual or their attorney by telephone or letter as a reminder.

(2) Investigators may extend the time for response if the request for extension does not exceed seven calendar days. Any other requests for extension of time may be granted by the director or the director's designee.

(3) If the licensee fails to comply with the request within three business days after receiving the reminder, a subpoena will be served to obtain the requested items. A statement of charges may be issued pursuant to RCW 18.130.180(8) for failure to cooperate. If there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(4) If the licensee complies with the request after the issuance of the statement of charges, the secretary or the secretary's designee will decide if the charges will be prosecuted or settled. If the charges are to be settled the settlement proposal will be negotiated by the secretary's designee. Settlements are not considered final until the secretary signs the settlement agreement.

[Statutory Authority: RCW 18.130.050, 18.130.070 and 1991 c 180 § 8. 92-02-018 (Order 224), § 246-849-100, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-849-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-55-115, filed 6/30/89.]

WAC 246-849-110 AIDS prevention and information education requirements. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of social and health services or any successor

department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for licensure. Persons applying for licensure shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (3) of this section.

(3) AIDS education and training.

(a) Acceptable education and training. The secretary will accept education and training that is consistent with the topical outline supported by the office on AIDS. Such education and training shall be a minimum of four clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; infection control guidelines; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) Requirements for licensure, renewal, or reinstatement of any license on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of (a) of this subsection.

(c) Documentation. The applicant shall:

(i) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;

(ii) Keep records for two years documenting attendance and description of the learning;

(iii) Be prepared to validate, through submission of these records, that attendance has taken place.

[Statutory Authority: RCW 70.24.270. 92-02-018 (Order 224), § 246-849-110, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-849-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-55-200, filed 11/2/88.]

WAC 246-849-200 Apprenticeship training—Definitions. (1) For the purpose of administering and recording apprenticeship training and out-of-state work experience, the maximum number of hours that can be accumulated in one year shall be two thousand.

(2) "Direct supervision" means that the supervising ocularist inspect all of the apprentice's work and be physically present on the premises where the apprentice is working at all times.

[Statutory Authority: RCW 18.55.095. 93-10-008 (Order 355), § 246-849-200, filed 4/22/93, effective 5/23/93.]

WAC 246-849-210 Registration of apprentices. (1) An applicant for apprenticeship may request registration as an apprentice by submitting to the department:

(a) An application on a form provided by the secretary;

(b) A registration fee as specified in WAC 246-849-990.

(2) Training received from more than one supervisor shall require separate applications.

(3) Only the apprenticeship training received subsequent to the date that the apprentice was formally registered with the secretary will be considered towards the required ten thousand hours necessary to sit for the examination.

(4) A registered apprentice shall notify the department in writing whenever the apprenticeship training is terminated,

unless such termination is concluded by reason of the apprentice becoming licensed as an ocularist in this state.

(5) A registered apprentice shall notify the secretary in writing within thirty days of any name or address change.

(6) In order to facilitate comments on the apprentice's performance, the apprentice registration card along with the name, business address, and business telephone number of the apprentice's supervisor shall be posted in public view on the premises where the apprentice works.

(7) An apprentice registration shall be valid for one year from the date of registration. Each registration shall be renewed annually.

[Statutory Authority: RCW 18.55.095. 93-10-008 (Order 355), § 246-849-210, filed 4/22/93, effective 5/23/93.]

WAC 246-849-220 Application for examination. (1) An individual shall make application for examination, in accordance with RCW 18.55.040, on an application form prepared by and provided by the secretary.

(2) The apprenticeship training requirement shall be supported with certification by the licensed individual (or individuals) who provided such training.

(3) Examination fees are not refundable. If an applicant is unable to attend his or her scheduled examination, and so notifies the department in writing at least seven days prior to the scheduled examination date, the applicant will be rescheduled at no additional charge. A written request received less than seven days before the test shall be reviewed by the department to determine if the test may be rescheduled or the fee forfeited.

(4) If an applicant takes the examination and fails to obtain a satisfactory grade, he or she may be scheduled to retake the examination by submitting an application and paying the statutory examination fee.

(5) Applications and fees for examination and all documents required in support of the application must be submitted to the division of professional licensing, department of health, at least sixty days prior to the scheduled examination. Failure to meet the deadline will result in the applicant not being scheduled until the next scheduled examination.

(6) Apprenticeship training shall be completed prior to the application deadline.

[Statutory Authority: RCW 18.55.095. 93-10-008 (Order 355), § 246-849-220, filed 4/22/93, effective 5/23/93.]

WAC 246-849-230 Temporary practice permits—Scope and purpose. The temporary practice permit is established to enable safe, qualified, and trained ocularists who are currently licensed in another state as defined in WAC 246-849-250 to work in the state of Washington prior to completing the licensing examination in this state. All licensing requirements established for the purpose of obtaining an ocularist license will need to be completed as part of the application for a temporary practice permit.

[Statutory Authority: RCW 18.55.095. 93-10-008 (Order 355), § 246-849-230, filed 4/22/93, effective 5/23/93.]

WAC 246-849-240 Definitions. For the purpose of issuing temporary practice permits the following definitions shall apply:

(1) "Licensed in another state" shall mean the applicant holds a current valid license to practice as an ocularist in another state and is in good standing;

(2) "Substantially equivalent" shall mean the applicant has successfully completed an examination administered by or authorized by a state other than Washington state. The examination shall cover the same subject matters as the Washington state approved examination. The law under which the applicant is licensed shall, at a minimum, include the duties described in RCW 18.55.075.

[Statutory Authority: RCW 18.55.095. 93-10-008 (Order 355), § 246-849-240, filed 4/22/93, effective 5/23/93.]

WAC 246-849-250 Issuance and duration of temporary practice permits. (1) The department shall issue a temporary practice permit unless there is a basis for denial of the license or issuance of a conditional license. In addition to general application requirements, a person applying for a temporary practice permit shall submit to the department as a condition of temporary permit issuance:

(a) A completed application requesting a temporary practice permit on a form provided by the department;

(b) Temporary practice permit fee, as specified in WAC 246-849-990;

(c) Request all states in which the applicant is or has been licensed to send written licensure verification directly to the licensing office. The verification must be completed by the state and must verify that the applicant has not had any disciplinary action taken against himself/herself and that the applicant is in good standing and not subject to charges or disciplinary action for unprofessional conduct or impairment; and

(d) An affidavit on forms provided by the department, attesting that the temporary permit applicant has read, understands, and shall abide by the Washington state laws regarding the practice of an ocularist.

(2) The temporary permit shall be issued only once to any applicant. The temporary practice permit is nonrenewable and shall expire upon any one of the following conditions whichever comes first:

(a) The release of the results of the next scheduled examination for which the applicant would be eligible;

(b) Issuance of a license by the department; or

(c) Six months.

[Statutory Authority: RCW 18.55.095. 93-10-008 (Order 355), § 246-849-250, filed 4/22/93, effective 5/23/93.]

WAC 246-849-260 Active retired license. (1) A person holding a current Washington state ocularist license who wishes to practice only in emergency or intermittent circumstances may apply for a retired active license if that person:

(a) Resides in another state and practices no more than sixty days each year in Washington state;

(b) Resides in this state but practices no more than sixty days each year;

(c) Does not wish to practice on an intermittent basis but is available to practice for an extended period of time for the purposes of providing his or her professional services in emergency circumstances such as times of declared war or other states of emergency.

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(2) An individual requesting a retired active license status shall submit a letter notifying the department of his or her intent to practice only on an intermittent or emergency basis. Active retired licenses will not be retroactively issued for prior years.

(3) An active retired license is subject to annual renewal and penalty for late renewal as established in RCW 18.55.050 and WAC 246-849-980. Subsequent to being issued a retired active license, the licensee shall report, with the annual renewal, the dates and circumstances under which the licensee practiced during the previous year.

(4) To reinstate the license to an active license status the licensee shall notify the department in writing five days in advance of the change and pay a reinstatement fee as specified in WAC 246-849-990.

(5) Individuals on a retired active license status are subject to chapter 18.130 RCW to the same extent as individuals holding an active license.

[Statutory Authority: RCW 18.55.095. 93-10-008 (Order 355), § 246-849-260, filed 4/22/93, effective 5/23/93.]

WAC 246-849-270 Service disclosure. The ocularist shall provide a written explanation of services to customers or patients. This explanation shall include at a minimum the type of prosthesis or service they are receiving or purchasing. This explanation shall be signed by the customer or patient and maintained in the customer or patient records for a minimum of three years. This documentation shall be available and furnished to the department upon request.

[Statutory Authority: RCW 18.55.095. 93-10-008 (Order 355), § 246-849-270, filed 4/22/93, effective 5/23/93.]

WAC 246-849-990 Ocularist fees. The following fees shall be charged by the professional licensing division of the department of health:

Title of Fee	Fee
Application and examination	\$250.00
Renewal	500.00
Late renewal penalty	175.00
Duplicate license	25.00
Certification	25.00
Apprentice registration	25.00
Apprentice renewal	25.00
Temporary practice permit	25.00
Active retired license	100.00

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-849-990, filed 6/24/93, effective 7/25/93; 92-02-018 (Order 224), § 246-849-990, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-849-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.24.086. 87-18-031 (Order PM 667), § 308-55-025, filed 8/27/87. Statutory Authority: 1983 c 168 § 12. 83-17-031 (Order PL 442), § 308-55-025, filed 8/10/83. Formerly WAC 308-55-010.]

Chapter 246-851 WAC
OPTOMETRISTS

WAC

246-851-020	Renewal of licenses.
246-851-040	Approval of schools and colleges of optometry.
246-851-090	Continuing education requirement.
246-851-100	Credit hour defined.
246-851-110	Courses presumed to qualify for credit.
246-851-120	Credit for classes.
246-851-130	Post-graduate educational program.
246-851-140	Credit for admission to optometric organizations and participation in patient care reviews.
246-851-150	Credit for individual study, publications, and small-group study.
246-851-160	Credit for reports.
246-851-170	Credit for preprogrammed educational materials.
246-851-180	Credit for lecturing.
246-851-190	Credit for CPR training.
246-851-200	Dual acceptance of continuing education credits.
246-851-210	Certification for continuing education courses.
246-851-220	Surplus credit hours.
246-851-230	Credits for practice management.
246-851-240	Discretionary exception for emergency situation.
246-851-250	Minimum equipment requirements.
246-851-260	Mobile optometric units.
246-851-270	Retention of minimum contact lens records.
246-851-280	Contact lens advertising.
246-851-290	Maintenance of records.
246-851-300	Renting space from and practicing on premises of commercial (mercantile) concern.
246-851-310	Proper identification of licensees.
246-851-320	Doctor of optometry presumed responsible for advertisements.
246-851-330	Misleading titles or degrees.
246-851-340	Transmittal of patient information and records.
246-851-350	Improper professional relationship.
246-851-360	Required identification on prescriptions.
246-851-370	Employed doctors of optometry, franchises and equipment use agreements.
246-851-380	Practice under another optometrist's name.
246-851-390	Practice under trade name.
246-851-400	Certification required for use of pharmaceutical agents.
246-851-410	Drug formulary.
246-851-420	Optometrist with prescriptive authorization.
246-851-430	AIDS prevention and information education requirements.
246-851-440	Philosophy governing voluntary substance abuse monitoring programs.
246-851-450	Terms used in WAC 246-851-440 through 246-851-470.
246-851-460	Approval of substance abuse monitoring programs.
246-851-470	Participation in approved substance abuse monitoring program.
246-851-490	Examination and licensure.
246-851-500	Credentialing by endorsement.
246-851-510	Reinstatement of lapsed license.
246-851-520	Contact lens prescription defined.
246-851-550	Sexual misconduct.
246-851-560	Adjudicative proceedings.
246-851-990	Optometry fees.

**DISPOSITION OF SECTIONS FORMERLY
CODIFIED IN THIS CHAPTER**

246-851-030	Temporary permit policy recommendation. [Statutory Authority: RCW 18.54.070. 91-22-061 (Order 210B), § 246-851-030, filed 11/1/91, effective 12/2/91; 91-06-025 (Order 119B), recodified as § 246-851-030, filed 2/26/91, effective 3/29/91; 88-07-047 (Order PM 710), § 308-53-030, filed 3/11/88. Statutory Authority: RCW 18.54.070(5); 84-09-082 (Order PL 465), § 308-53-030, filed 4/18/84; 78-02-030 (Order PL 281), § 308-53-030, filed 1/17/78.] Repealed by 92-06-030 (Order 248B), filed
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2/26/92, effective 3/28/92. Statutory Authority: RCW 18.54.070.

246-851-050	Examination eligibility. [Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-050, filed 2/26/91, effective 3/29/91; 90-11-080 (Order 056), § 308-53-075, filed 5/16/90, effective 6/16/90. Statutory Authority: RCW 18.54.070(5). 86-13-008 (Order PM 598), § 308-53-075, filed 6/5/86.] Repealed by 92-06-030 (Order 248B), filed 2/26/92, effective 3/28/92. Statutory Authority: RCW 18.54.070.
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.
246-851-080	Examination appeal procedures. [Statutory Authority: RCW 18.54.070. 91-22-061 (Order 210B), § 246-851-080, filed 11/1/91, effective 12/2/91; 91-06-025 (Order 119B), recodified as § 246-851-080, filed 2/26/91, effective 3/29/91; 87-17-020 (Order PM 666), § 308-53-320, filed 8/12/87.] Repealed by 96-20-087, filed 10/1/96, effective 11/1/96. Statutory Authority: RCW 18.54.070(2).
246-851-480	Temporary permit. [Statutory Authority: RCW 18.54.070, 18.130.050 and 18.130.075. 92-06-030 (Order 248B), § 246-851-480, filed 2/26/92, effective 3/28/92.] Repealed by 96-20-087, filed 10/1/96, effective 11/1/96. Statutory Authority: RCW 18.54.070(2).
246-851-530	Determination of contact lens specifications by dispensing opticians. [Statutory Authority: RCW 18.54.070. 92-20-048 (Order 308B), § 246-851-530, filed 9/30/92, effective 10/31/92.] Repealed by 93-18-092 (Order 393B), filed 9/1/93, effective 10/2/93. Statutory Authority: RCW 18.54.070.

WAC 246-851-020 Renewal of licenses. (1) The annual license renewal date for licensed optometrists coincides with the licensee's birthdate. Individuals making application for initial license and examination, provided they meet all such requirements, will be issued a license, to expire on their next birth anniversary date.

(2) Licensees shall renew their licenses, at the annual renewal fee rate, for one year, from birth anniversary date to the next birth anniversary date.

(3) All applicants for license renewal must comply with the continuing education requirements set forth in WAC 246-851-090 through 246-851-240.

[Statutory Authority: RCW 18.54.070. 91-22-061 (Order 210B), § 246-851-020, filed 11/1/91, effective 12/2/91; 91-06-025 (Order 119B), recodified as § 246-851-020, filed 2/26/91, effective 3/29/91; 88-07-047 (Order PM 710), § 308-53-010, filed 3/11/88; Order PL 239, § 308-53-010, filed 3/3/76; Order 228, § 308-53-010, filed 11/6/75; Order PL 173, § 308-53-010, filed 8/22/74.]

WAC 246-851-040 Approval of schools and colleges of optometry. To be eligible to take the optometry examination, a person must be a graduate of an accredited school or college of optometry approved by the Washington state board of optometry. The board of optometry adopts the most current standards of the Council on Optometric Education, or its successor organization, of the American Optometric Association. Optometric schools and colleges which apply for board approval must meet current Council on Optometric Education standards. It is the responsibility of a school to apply for approval and of a student to ascertain whether or not a school has been approved by the board.

The board reserves the right to withdraw approval of a school which ceases to meet the board's standards after notifying the school in writing and granting it an opportunity to contest the board's proposed withdrawal.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-040, filed 2/26/91, effective 3/29/91; 86-13-009 (Resolution No. PM 597), § 308-53-070, filed 6/5/86. Statutory Authority: RCW 18.54.070(5). 78-02-030 (Order PL 281), § 308-53-070, filed 1/17/78.]

WAC 246-851-090 Continuing education requirement. An optometrist licensed in the state of Washington shall complete fifty hours of continuing education each two-year period preceding license renewal, except:

(1) An optometrist applying for the first renewal subsequent to initial licensing is exempt from this requirement; and

(2) An optometrist practicing only out of the state of Washington may, in lieu of this requirement, fulfill the licensing and continuing education requirements of the state of practice.

[Statutory Authority: RCW 18.54.070. 92-06-030 (Order 248B), § 246-851-090, filed 2/26/92, effective 3/28/92; 91-06-025 (Order 119B), recodified as § 246-851-090, filed 2/26/91, effective 3/29/91; 88-07-047 (Order PM 710), § 308-53-100, filed 3/11/88. Statutory Authority: RCW 18.54.070(5). 80-01-088 (Order PL 326), § 308-53-100, filed 12/28/79; Order PL 239, § 308-53-100, filed 3/3/76.]

WAC 246-851-100 Credit hour defined. A credit hour is defined as one hour actually spent in a course or other work approved by the optometry board as fulfilling continuing education requirements.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-100, filed 2/26/91, effective 3/29/91; Order PL 239, § 308-53-110, filed 3/3/76.]

WAC 246-851-110 Courses presumed to qualify for credit. Courses offered by the organizations listed in this section will be presumed to qualify as continuing education courses without specific prior approval of the board, but the board reserves the authority to refuse to accept credits in any course if the board determines that the course did not provide information or training sufficient in amount or relevancy. Organizations for the purposes of this section shall include:

(1) The American Optometric Association.

(2) Any college or school of optometry whose scholastic standards are deemed sufficient by the board under RCW 18.53.060(2).

(3) The Washington Association of Optometric Physicians.

(4) Any state optometric association which is recognized by the licensing authority of its state as a qualified professional association or educational organization.

(5) The state optometry board.

(6) The optometry licensing authority of any other state.

(7) The American Academy of Optometry.

(8) The Optometric Extension Program.

(9) The College of Optometrists in Vision Development.

(10) The National Eye Research Foundation.

(11) Regional congresses of any of the organizations listed in subsections (1) through (10) of this section.

(12) The Council on Post-Graduate Education of the American Optometric Association.

(13) The Council on Optometric Practitioner Education.

[Statutory Authority: RCW 18.54.070. 94-04-041, § 246-851-110, filed 1/27/94, effective 2/27/94; 93-18-092 (Order 393B), § 246-851-110, filed 9/1/93, effective 10/2/93; 91-06-025 (Order 119B), recodified as § 246-851-110, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). 89-10-030 (Order PM 839), § 308-53-120, filed 4/27/89. Statutory Authority: RCW 18.54.070. 88-07-047 (Order PM 710), § 308-53-120, filed 3/11/88. Statutory Authority: RCW 18.54.070(5). 84-09-082 (Order PL 465), § 308-53-120, filed 4/18/84; Order PL 239, § 308-53-120, filed 3/3/76.]

WAC 246-851-120 Credit for classes. Continuing education credit may be granted for courses sponsored by schools and professional organizations. The board will individually consider granting or denying credit for any course other than those offered by organizations approved in WAC 246-851-110.

(1) Requests for credit must be submitted at least thirty days prior to the date of the course. The request must include, as a minimum, an agenda, an outline of each offering, and a brief professional biography of each presenter. Within sixty days the board will notify the sponsor of its approval or denial of continuing education credits and the number of credits approved. If the board does not act on the continuing education credit request within sixty days after receipt, the request shall be approved as submitted.

(2) Any requests received after the thirty-day submission deadline will be considered by the board as soon as possible.

(3) In determining whether a course will be granted credit, the board may consider, among other factors: The relevancy of the course to the usual and customary practice of optometry, the correlation of the course to subjects taught in accredited colleges or schools of optometry, the speaker(s) being properly credentialed in the subject area, and the relationship to new concepts and techniques: *Provided, however,* Courses related to a single product or device will not normally be granted credit.

[Statutory Authority: RCW 18.54.070. 91-22-061 (Order 210B), § 246-851-120, filed 11/1/91, effective 12/2/91; 91-06-025 (Order 119B), recodified as § 246-851-120, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). 89-10-030 (Order PM 839), § 308-53-123, filed 4/27/89.]

WAC 246-851-130 Post-graduate educational program. The board or its agent will, when financially possible, provide an annual post-graduate educational program.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-130, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). 89-10-030 (Order PM 839), § 308-53-125, filed

4/27/89. Statutory Authority: RCW 18.54.070(5). 80-01-088 (Order PL 326), § 308-53-125, filed 12/28/79.]

WAC 246-851-140 Credit for admission to optometric organizations and participation in patient care reviews. (1) Continuing education credit will be granted for preparation and admission to optometric scientific groups (for example, the Academy of Optometry). The licensee must petition the board for credit thirty days prior to the end of the reporting period and no more than five credit hours will be approved for any licensee in any reporting period.

(2) Continuing education credit will be granted for participation in formal reviews and evaluations of patient care such as peer review and case conference. Also, participation in a professional standard review organization, regional health planning council, health planning board, state health coordinating council and state health planning department, and local/county councils of state health planning council/organizations, as authorized by the state and the United States government, and other official representation (and not mere attendance as an observer) relating to health care agencies may be granted continuing education credit by submitting an outline of the particular activity thirty days prior to the end of the reporting period. No more than five credit hours will be approved for any licensee in any two-year reporting period.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-140, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). 89-10-030 (Order PM 839), § 308-53-135, filed 4/27/89. Statutory Authority: RCW 18.54.070(5). 80-01-088 (Order PL 326), § 308-53-135, filed 12/28/79.]

WAC 246-851-150 Credit for individual study, publications, and small-group study. The granting of continuing education credit for individual study, publication of scholarly papers and articles, and small-group study will be considered by the board on a case-by-case basis. Such credit may be granted if the board determines that such study or publication entails at least the same amount of work, information, or training as a regular course for which the same number of credit hours are awarded.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-150, filed 2/26/91, effective 3/29/91; Order PL 239, § 308-53-140, filed 3/3/76.]

WAC 246-851-160 Credit for reports. Continuing education credit will be given for reports on professional optometric literature. Requests for credit must be submitted to the department of health, professional licensing services in Olympia, at least thirty days prior to the end of the reporting period. The request should include a copy of the article being reported on and the typewritten report. Such report shall list ten descriptive basic statements from an article or sequence of articles. Professional literature approved for such reports are: American Journal of Optometry and Physiological Optics, American Optometric Association News, Contact Lens Forum, Contacto, Insight, International Contact Lens Clinic, Journal of American Optometric Association, Journal on Optometric Education, Journal of Optometric Vision Development, OEP Monthly, Optometric Management, Optometric Monthly, Optometric World, Review of Optometry, and 20/20 Magazine. Other profes-

sional literature may be submitted in advance for the board's consideration and approval. Reports shall list the title of the article(s), literature that the article(s) was taken from, the date of issuance/publication of the literature, page(s) utilized, and author(s).

Each report qualifies for one credit hour and may only be used for credit once. The maximum continuing education credit that will be granted under this section is ten credit hours for each two-year reporting period.

[Statutory Authority: RCW 18.54.070. 91-22-061 (Order 210B), § 246-851-160, filed 11/1/91, effective 12/2/91; 91-06-025 (Order 119B), recodified as § 246-851-160, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). 89-10-030 (Order PM 839), § 308-53-145, filed 4/27/89. Statutory Authority: RCW 18.54.070. 88-07-047 (Order PM 710), § 308-53-145, filed 3/11/88. Statutory Authority: RCW 18.54.070(5). 80-04-054 (Order PL 331), § 308-53-145, filed 3/21/80.]

WAC 246-851-170 Credit for preprogrammed educational materials. Continuing education credit will be granted for observation and participation in the use of formal preprogrammed optometric educational materials, including the use of cassettes, videodiscs, videotapes, teaching machines, etc. Requests for credit must be submitted to the department of health, professional licensing services in Olympia, at least thirty days prior to the end of the reporting period. The request should include the title of the preprogrammed educational material, its date of issuance, its author/provider, and the length of time spent viewing/listening to the preprogrammed educational material. A synopsis of the preprogrammed educational material shall be submitted.

The maximum continuing education credit that will be granted under this section is ten credit hours for each two-year reporting period.

[Statutory Authority: RCW 18.54.070. 91-22-061 (Order 210B), § 246-851-170, filed 11/1/91, effective 12/2/91; 91-06-025 (Order 119B), recodified as § 246-851-170, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). 89-10-030 (Order PM 839), § 308-53-146, filed 4/27/89. Statutory Authority: RCW 18.54.070(5). 80-04-054 (Order PL 331), § 308-53-146, filed 3/21/80.]

WAC 246-851-180 Credit for lecturing. Continuing education credit will be given for the preparation and presentation of courses and lectures in optometric education, if attendance at such a course or lecture would also qualify for such credit. For each hour of credit for the initial presentation of such a course or lecture, two additional hours of credit will be granted. Requests for credit must be submitted to the department of health, professional licensing services in Olympia, at least thirty days prior to the end of the reporting period. The request should include a brief outline of the lecture and the length of the presentation. Credit for subsequent presentations will be individually considered upon a showing that significant additional work has been required. No more than ten hours will be approved for any licensee in any two-year reporting period.

[Statutory Authority: RCW 18.54.070. 91-22-061 (Order 210B), § 246-851-180, filed 11/1/91, effective 12/2/91; 91-06-025 (Order 119B), recodified as § 246-851-180, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). 89-10-030 (Order PM 839), § 308-53-150, filed 4/27/89; Order PL 239, § 308-53-150, filed 3/3/76.]

WAC 246-851-190 Credit for CPR training.

Continuing education credit, up to five credit hours yearly, may be granted for training obtained in a cardio-pulmonary resuscitation (CPR) course where such training is provided by a currently certified CPR instructor. A request for credit must include the name of the instructor, the organization certifying the instructor, the date the instructor's certification expires, and the date, length, and location of the course.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-190, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). 89-10-030 (Order PM 839), § 308-53-151, filed 4/27/89. Statutory Authority: RCW 18.54.070(5). 82-12-077 (Order PL 399), § 308-53-151, filed 6/2/82.]

WAC 246-851-200 Dual acceptance of continuing education credits. A course otherwise acceptable for continuing education credit under the rules of this chapter will not be denied continuing education credit solely because it has been used to satisfy the continuing education requirement of another state in which the licensee is concurrently licensed.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-200, filed 2/26/91, effective 3/29/91; Order PL 256, § 308-53-155, filed 9/13/76.]

WAC 246-851-210 Certification for continuing education courses. (1) In conjunction with the application for renewal of licensure, a licensee shall submit, on a form provided by the board, an affidavit of compliance with the continuing education requirement of WAC 246-851-090.

(2) Upon request of the board, a licensee shall submit evidence in addition to the affidavit to substantiate compliance with the continuing education requirement. Accordingly, it shall be the responsibility of the licensee to maintain evidence and documentation of such compliance.

(3) It is the responsibility of the licensee to seek prior approval of the board for any continuing education credit where such credit is not automatically approved under the provisions of WAC 246-851-110 through 246-851-190, or where the licensee has any doubt as to its acceptability.

[Statutory Authority: RCW 18.54.070. 91-22-061 (Order 210B), § 246-851-210, filed 11/1/91, effective 12/2/91; 91-06-025 (Order 119B), recodified as § 246-851-210, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). 89-10-030 (Order PM 839), § 308-53-165, filed 4/27/89. Statutory Authority: RCW 18.54.070(5) and 18.54.075. 85-16-054 (Order PL 545), § 308-53-165, filed 7/31/85. Statutory Authority: RCW 18.54.070(5). 80-01-088 (Order PL 326), § 308-53-165, filed 12/28/79.]

WAC 246-851-220 Surplus credit hours. Continuing education credits in excess of the required hours earned in any reporting period may not be carried forward to a subsequent reporting period.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-220, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). 89-10-030 (Order PM 839), § 308-53-170, filed 4/27/89. Statutory Authority: RCW 18.54.070. 88-07-047 (Order PM 710), § 308-53-170, filed 3/11/88; Order PL 239, § 308-53-170, filed 3/3/76.]

WAC 246-851-230 Credits for practice management. Continuing education credit will be granted for courses or materials involving practice management; howev-

er, no more than ten credit hours total will be granted to any licensee for practice management courses under WAC 246-851-110 through 246-851-180 in any two-year reporting period.

[Statutory Authority: RCW 18.54.070. 91-22-061 (Order 210B), § 246-851-230, filed 11/1/91, effective 12/2/91; 91-06-025 (Order 119B), recodified as § 246-851-230, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). 89-10-030 (Order PM 839), § 308-53-175, filed 4/27/89.]

WAC 246-851-240 Discretionary exception for emergency situation. In emergency situations, such as personal or family sickness, the board may waive, for good cause shown, all or part of the continuing education requirement for a particular two-year reporting period for an individual licensee. The board will require such verification of the emergency as is necessary to prove its existence.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-240, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). 89-10-030 (Order PM 839), § 308-53-180, filed 4/27/89; Order PL 239, § 308-53-180, filed 3/3/76.]

WAC 246-851-250 Minimum equipment requirements. (1) At the minimum, every licensed optometrist must have immediate access on the premises to the following equipment and accessories, all of which must be in working condition:

- (a) Adjustable examining chair;
- (b) Phoropter/refractor;
- (c) Retinoscope;
- (d) Ophthalmoscope;
- (e) Pupillary distance measuring device;
- (f) Projector and screen; or illuminated test cabinet, or chart for distant vision testing;
- (g) Nearpoint vision testing equipment;
- (h) Lensometer/vertometer;
- (i) Tonometer;
- (j) Biomicroscope/slit lamp;
- (k) A clinically accepted visual field testing instrument or equipment.

(2) In addition to the equipment and accessories listed in subsection (1) above, if a licensed optometrist prescribes contact lenses he must have in his office the following equipment, all of which must be in working condition:

- (a) Diameter gauge;
- (b) Thickness gauge;
- (c) Cobalt or black light instrument;
- (d) Magnifier, which may separate or part of cobalt or black light instrument;
- (e) Radiuscope/contactogauge type measuring instrument;
- (f) Thickness tables;
- (g) Diopter to millimeter conversion tables;
- (h) Ophthalmometer/P.E.K. corneal measurement type instrument.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-250, filed 2/26/91, effective 3/29/91; 89-01-087 (Order 812), § 308-53-200, filed 12/21/88, effective 1/1/90; Order PL 256, § 308-53-200, filed 9/13/76.]

WAC 246-851-260 Mobile optometric units. (1) Doctors of optometry operating mobile units are required to

maintain the minimum equipment requirements of WAC 246-851-250 in such units.

(2) Before examining a patient or filling a prescription for a patient, the doctor of optometry must provide to the patient his complete name, his business phone number, the address of his regular office, and his regular office hours. If such doctor of optometry does not maintain a business phone or regular office, he must provide this information to the patient, and must give him his personal phone number and address in place of his business number and address. If the practice of a mobile unit is owned in whole or in part by someone other than the doctor of optometry operating the mobile unit, such fact must also be provided to the patient, along with the names, phone numbers and addresses of all those who own an interest in the practice. The information required by this section may be provided to the patients by means of a sign on or near the mobile unit which the public may reasonably be expected to see and comprehend.

[Statutory Authority: RCW 18.54.070. 91-22-061 (Order 210B), § 246-851-260, filed 11/1/91, effective 12/2/91; 91-06-025 (Order 119B), recodified as § 246-851-260, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5). 78-02-030 (Order PL 281), § 308-53-205, filed 1/17/78.]

WAC 246-851-270 Retention of minimum contact lens records. At a minimum, the following specifications for a contact lens prescription must be retained in the records of the licensed optometrist who writes the prescription:

- (1) Dioptric power;
- (2) Base curve (inside radius of curvature);
- (3) Thickness when applicable;
- (4) Secondary/peripheral curve, when applicable;
- (5) Diameter;
- (6) Color, if used;
- (7) Type of material used;
- (8) Special features equivalent to variable curves, fenestration, or coating.

[Statutory Authority: RCW 18.54.070. 92-20-048 (Order 308B), § 246-851-270, filed 9/30/92, effective 10/31/92; 91-06-025 (Order 119B), recodified as § 246-851-270, filed 2/26/91, effective 3/29/91; Order PL 256, § 308-53-210, filed 9/13/76.]

WAC 246-851-280 Contact lens advertising. Where contact lens prices are advertised, such advertisement shall clearly state: (a) The type of contact lens or lenses offered at the price(s) advertised and any exclusions or limitations therein; (b) whether examinations, dispensing, related supplies and/or other service charges are included or excluded in the advertised price(s); and (c) the manufacturer, laboratory of origin or brand name of the contact lenses.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-280, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5). 81-06-012 (Order PL 367), § 308-53-215, filed 2/20/81.]

WAC 246-851-290 Maintenance of records. Licensed optometrists shall maintain records of eye examinations and prescriptions for a minimum of five years from the date of examination or prescription.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-290, filed 2/26/91, effective 3/29/91; Order PL 256, § 308-53-220, filed 9/13/76.]

WAC 246-851-300 Renting space from and practicing on premises of commercial (mercantile) concern. Where a doctor of optometry rents or buys space from and practices optometry on the premises of a commercial or mercantile concern:

(1) The practice must be owned by the doctor of optometry solely or in conjunction with other licensed doctors of optometry, and in every phase be under the exclusive control of the doctor(s) of optometry. The prescription files must be the sole property of the doctor(s) of optometry.

(2) The space must be definite and distinct from space occupied by other occupants of the premises and by the commercial or mercantile concern itself.

(3) All signs, advertising and display must be separate and distinct from that of the other occupants and of the commercial or mercantile concern itself, and have the name of the doctor(s) of optometry and the words "doctor of optometry" prominently displayed in connection therewith. Any verbal or spoken advertisement or announcement advertising an optometrist on the premises of a commercial or mercantile concern shall not make references which could reasonably convey the impression that the optometric practice is controlled by or part of the commercial or mercantile concern.

(4) There must be displayed on any part of the premises occupied by the doctor of optometry or in any advertising of such doctor of optometry no legends such as "optical department," "optical center," "optometrical department," or any others which could reasonably convey the impression that the optometric practice is controlled by or part of the commercial or mercantile concern.

(5) In any written advertisement or announcement which uses the name of a commercial or mercantile concern to indicate the location of an optometric practice, the name(s) of the licensed doctor(s) of optometry owning the practice must be in larger type than the name of the commercial or mercantile concern.

(6) A written notice, of a size and type reasonably expected to attract the attention of the public, shall be put in a conspicuous place where the public will be exposed to it before professional services have been contracted for; this notice shall, in plain and simple terms, explain the relationship between the doctor of optometry and the commercial concern. The notice must express that the doctor of optometry is not controlled by the commercial concern in his professional practices, and must clearly describe the amount of responsibility that the commercial concern takes for the professional services rendered by the doctor of optometry.

Examples follow; these are not exhaustive:

John Smith, O.D., is a lessee, not an employee, of the store. He is solely responsible for his professional activities.

The store accepts no responsibility for the actions of John Smith, O.D., its lessee.

John Smith, O.D., is a lessee of the store, not an employee. As a part of the lease, he has agreed to follow the store's policy of "guaranteed satisfaction or your money back." (Obviously, only if this is true.)

Washington law prohibits the store from controlling or owning the practice of a licensed doctor of optometry. Accordingly, the store can assume no responsibility for Dr. Smith's professional services.

The store is responsible for filling your optical prescription. It is not responsible for the professional services of Dr. Smith, its lessee. (If the store operates the optical dispensary.)

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-300, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5). 81-06-012 (Order PL 367), § 308-53-230, filed 2/20/81; 78-02-030 (Order PL 281), § 308-53-230, filed 1/17/78; Order PL-271, § 308-53-230, filed 7/25/77.]

WAC 246-851-310 Proper identification of licensees.

Each person licensed pursuant to chapter 18.53 RCW must be clearly identified to the public as a doctor of optometry at every establishment in which he is engaged in the practice of optometry. Such identification must include the name of the licensee in letters at least two inches high, at or near the entrance to the licensee's office.

If an owner of all or part of a practice does not engage in optometry on a regular basis at that location, his name and address in letters at least two inches high must be clearly visible to patients at or near the entrance to the location. To engage in optometry "on a regular basis" means to practice at a particular location at regular, periodic intervals, information of which is readily available to the public.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-310, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5). 78-02-030 (Order PL 281), § 308-53-235, filed 1/17/78.]

WAC 246-851-320 Doctor of optometry presumed responsible for advertisements. Every licensed doctor of optometry whose name or office address or place of practice appears or is mentioned in any advertisement of any kind or character shall be presumed to have caused, allowed, permitted, approved, and sanctioned such advertising and shall be presumed to be personally responsible for the content and character thereof. Once sufficient evidence of the advertisement's existence has been introduced at any administrative hearing before the board of optometry, the burden of proof to rebut this presumption by a preponderance of the evidence shall be upon the doctor of optometry.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-320, filed 2/26/91, effective 3/29/91; Order PL-271, § 308-53-240, filed 7/25/77.]

WAC 246-851-330 Misleading titles or degrees. An optometrist shall not use misleading nor nonhealth related degrees or titles in connection with the professional practice of optometry. The use of an optometric designation such as "optometrist" or "doctor of optometry" shall not be used in connection with a business or activity that is not related to optometric care. Degrees, titles or professional identifications may not be used which have not been specifically granted to an optometrist by an approved school or college.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-330, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5). 80-01-088 (Order PL 326), § 308-53-245, filed 12/28/79.]

WAC 246-851-340 Transmittal of patient information and records. Upon the written request of his patient,

a doctor of optometry licensed by the state of Washington is required to transmit any information and records the doctor of optometry has gathered and/or made in the course of his professional relationship with such patient to any doctor of optometry or physician licensed in Washington. A reasonable fee may be charged the patient to cover mailing and clerical costs.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-340, filed 2/26/91, effective 3/29/91; Order PL-271, § 308-53-250, filed 7/25/77.]

WAC 246-851-350 Improper professional relationship. No doctor of optometry shall make any contracts or agreements, whether express or implied, nor engage in any arrangement with a retail dispensing optician whereby the optician or his agent shall:

- (1) Pay any professional expenses for the doctor of optometry;
- (2) Pay any or all of the professional fees of a doctor of optometry;
- (3) Pay any commission, bonus, or rebate for volume of materials or services received from a doctor of optometry;
- (4) Receive any commission, bonus or rebate for volume of materials or services furnished to a doctor of optometry;
- (5) Pay any commission to the doctor of optometry in return for referral of patients to the optician;
- (6) Receive any commission from a doctor of optometry in return for referral of patients to such doctor of optometry.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-350, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5). 78-02-030 (Order PL 281), § 308-53-260, filed 1/17/78.]

WAC 246-851-360 Required identification on prescriptions. Written optical prescriptions related to the practice of optometry must include as a minimum:

- (1) Typed or commercially printed name, address of practice and telephone number of the prescribing doctor of optometry.
- (2) Date of prescription.
- (3) Patient's name.
- (4) Signature of prescribing doctor of optometry and license number.
- (5) Expiration date for all optical prescriptions; not more than two years for contact lenses.

[Statutory Authority: RCW 18.54.070. 93-18-092 (Order 393B), § 246-851-360, filed 9/1/93, effective 10/2/93; 92-20-048 (Order 308B), § 246-851-360, filed 9/30/92, effective 10/31/92; 91-06-025 (Order 119B), recodified as § 246-851-360, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5). 86-13-008 (Order PM 598), § 308-53-265, filed 6/5/86.]

WAC 246-851-370 Employed doctors of optometry, franchises and equipment use agreements. The salary, bonus or other remuneration of a doctor of optometry who is employed for professional optometric services, shall not be dependent upon the percentage or number of patients who obtain visual examinations or who have prescriptions filled. The employed optometrist, acting in the capacity of consultant, advisor or staff doctor of optometry, the optometrist who has acquired a franchise relating to the practice of

optometry, and the optometrist who has a professional equipment use agreement/contract, shall at all times remain cognizant of his or her professional responsibilities and with demeanor, decorum and determination retain his or her right of independent professional judgment and title in all situations and circumstances. If at any time the right of independent professional judgment or title is abridged it shall be incumbent upon the optometrist to resign or correct his or her position as consultant, advisor or staff doctor of optometry, or to resign from or correct a franchise and/or equipment use agreement/contract relationship.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-370, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5) and 18.54.075. 85-16-054 (Order PL 545), § 308-53-270, filed 7/31/85. Statutory Authority: RCW 18.54.070(5). 80-01-088 (Order PL 326), § 308-53-270, filed 12/28/79.]

WAC 246-851-380 Practice under another optometrist's name. Pursuant to RCW 18.53.140, when the initial right to practice under the name of any lawfully licensed optometrist is transferred to another lawfully licensed optometrist or association of lawfully licensed optometrists, the right to practice under such first optometrist's name may not be subsequently transferred by the first transferee and used by a third party or parties.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-380, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5). 80-01-088 (Order PL 326), § 308-53-275, filed 12/28/79.]

WAC 246-851-390 Practice under trade name. The practice of optometry must be under the name of the licensed doctor of optometry. The practice of optometry under a trade name is prohibited except where an optometrist is associated with a nonprofit organization, or is associated with allied health care practitioners such as medical, dental and osteopathic professionals, or where the term "clinic" or "center" is used in conjunction with an in-state geographical location or an optometrist's name in nondeceptive manners.

[Statutory Authority: RCW 18.54.070. 92-20-019 (Order 305B), § 246-851-390, filed 9/25/92, effective 10/26/92; 91-06-025 (Order 119B), recodified as § 246-851-390, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5). 80-04-054 (Order PL 331), § 308-53-280, filed 3/21/80.]

WAC 246-851-400 Certification required for use of pharmaceutical agents. (1) Licensed optometrists using pharmaceutical agents in the practice of optometry shall have a minimum of sixty hours of didactic and clinical instruction in general and ocular pharmacology as applied to optometry, and for therapeutic purposes an additional minimum seventy-five hours of didactic and clinical instruction, and certification from an institution of higher learning, accredited by those agencies recognized by the United States Office of Education or the Council on Post-Secondary Accreditation to qualify for certification by the optometry board to use drugs for diagnostic and therapeutic purposes.

(2) Optometrists must obtain the required instructions in both diagnostic and therapeutic categories in order to be eligible to qualify for certification to use drugs for therapeutic purposes.

(3) The instruction in ocular therapeutics must cover the following subject area in order to qualify for certification training:

- (a) Ocular pharmacology.
 - (i) Corneal barrier, blood-aqueous, /-retinal barrier.
 - (ii) Routes of drug administration for ocular disease.
 - (iii) Prescription writing and labeling.
 - (iv) Ocular side-effects of systemic drugs.
- (b) Anti-infectives.
 - (i) General principles of anti-infective drugs.
 - (ii) Antibacterial drugs.
 - (iii) Treatment of ocular bacterial infections.
 - (iv) Antiviral drugs.
 - (v) Treatment of ocular viral infections.
 - (vi) Antifungal drugs.
 - (vii) Treatment of ocular fungal infections.
 - (viii) Antiparasitic drugs.
 - (ix) Treatment of parasitic eye disease.
- (c) Anti-inflammatory drugs.
 - (i) Nonsteroidal anti-inflammatory drugs (NSAIDS).
 - (ii) General principles of mast-cell stabilizers.
 - (iii) Antihistamines.
 - (iv) Ocular decongestants.
 - (v) Treatment of allergic disease.
 - (vi) Treatment of inflammatory disease.
 - (vii) Cycloplegic drugs.
 - (viii) Treatment of ocular trauma.
 - (ix) Ocular lubricants.
 - (x) Hypertonic agents.
 - (xi) Antiglaucoma drugs.

Each subject area shall be covered in sufficient depth so that the optometrist will be informed about the general principles in the use of each drug category, drug side effects and contra indications, and for each disease covered the subjective symptoms, objective signs, diagnosis and recommended treatment and programs.

[Statutory Authority: RCW 18.54.070. 91-22-061 (Order 210B), § 246-851-400, filed 11/1/91, effective 12/2/91; 91-06-025 (Order 119B), recodified as § 246-851-400, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.53.010. 89-17-040 (Order PM 853), § 308-53-330, filed 8/11/89, effective 9/11/89.]

WAC 246-851-410 Drug formulary. Pursuant to RCW 18.53.010(3) the optometry board adopts the following drug formulary of topically applied drugs for diagnostic and treatment purposes.

- (1) Drugs for diagnostic or therapeutic purposes.
 - (a) Mydriatics.
 - (b) Cycloplegics.
 - (c) Miotics.
 - (d) Anesthetics.
- (2) Drugs for therapeutic purposes only.
 - (a) Anti-infectives.
 - (b) Antihistamines and decongestants.
 - (c) Ocular lubricants.
 - (d) Antiglaucoma and ocular hypotensives.
 - (e) Anti-inflammatories.
 - (f) Hyperosmotics.
 - (g) Other topical drugs approved for ocular use by the FDA.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-410, filed 2/26/91, effective 3/29/91. Statutory Authority:

RCW 18.53.010, 89-17-040 (Order PM 853), § 308-53-340, filed 8/11/89, effective 9/11/89.]

WAC 246-851-420 Optometrist with prescriptive authorization. (1) Each prescription issued by an optometrist, who is certified by the board to prescribe legend drugs for therapeutic purposes, shall include on the prescription his/her license number and the letters "TX." These letters shall represent the authority which has been granted to the practitioner by the board and will serve to assure pharmacists that the prescription has been issued by an authorized practitioner. When the prescription is orally transmitted to a pharmacist, this information shall be included or shall be on file at the pharmacy.

(2) Any optometrist who issues a prescription without having: (a) Received appropriate certification from the board, or (b) fails to include the identifying information on the prescription, or (c) prescribes outside their scope of practice or for other than therapeutic or diagnostic purposes, or (d) violates any state or federal law or regulations applicable to prescriptions, may be found to have committed an act of unprofessional conduct and may be disciplined in accordance with the provisions of chapter 18.130 RCW.

[Statutory Authority: RCW 18.54.070, 91-06-025 (Order 119B), recodified as § 246-851-420, filed 2/26/91, effective 3/29/91; 89-22-102, § 308-53-350, filed 11/1/89, effective 12/2/89.]

WAC 246-851-430 AIDS prevention and information education requirements. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for licensure. Effective July 1, 1989 persons who submit an application for licensure shall submit, prior to being granted a license and in addition to the other requirements, evidence to show compliance with the educational requirements of subsection (3) of this section.

(3) AIDS education and training.

(a) Acceptable education and training. The board will accept education and training that is consistent with the topical outline supported by the office on AIDS. Such education and training shall be a minimum of four clock hours regarding the prevention, transmission and treatment of AIDS, and may include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) Implementation. The requirements for licensure, renewal, or reinstatement of any license on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of (a) of this subsection.

(c) Documentation. The licensee or applicant for licensure shall:

(i) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;

(ii) Keep records for two years documenting attendance and description of the learning;

(iii) Be prepared to validate, through submission of these records, that attendance has taken place.

[Statutory Authority: RCW 18.54.070 and 70.24.270, 91-22-061 (Order 210B), § 246-851-430, filed 11/1/91, effective 12/2/91. Statutory Authority: RCW 18.54.070, 91-06-025 (Order 119B), recodified as § 246-851-430, filed 2/26/91, effective 3/29/91. Statutory Authority: 1988 c 206 § 604, 89-09-027 (Order 833), § 308-53-400, filed 4/13/89.]

WAC 246-851-440 Philosophy governing voluntary substance abuse monitoring programs. The board recognizes the need to establish a means of proactively providing early recognition and treatment options for optometrists whose competency may be impaired due to the abuse of drugs or alcohol. The board intends that such optometrists be treated and their treatment monitored so that they can return to or continue to practice their profession in a way which safeguards the public. To accomplish this the board shall approve voluntary substance abuse monitoring programs and shall refer optometrists impaired by substance abuse to approved programs as an alternative to instituting disciplinary proceedings as defined in RCW 18.130.160.

[Statutory Authority: RCW 18.54.070, 18.130.050 and 18.130.186, 92-06-030 (Order 248B), § 246-851-440, filed 2/26/92, effective 3/28/92.]

WAC 246-851-450 Terms used in WAC 246-851-440 through 246-851-470. (1) "Approved substance abuse monitoring program" or "approved monitoring program" is a program the board has determined meets the requirements of the law and the criteria established by the board in WAC 246-851-460 which enters into a contract with optometrists who have substance abuse problems regarding the required components of the optometrist's recovery activity and oversees the optometrist's compliance with these requirements. Substance abuse monitoring programs do not provide evaluation or treatment to participating optometrists.

(2) "Contract" is a comprehensive, structured agreement between the recovering optometrist and the approved monitoring program stipulating the optometrist's consent to comply with the monitoring program and its required components of the optometrist's recovery activity.

(3) "Approved treatment facility" is a facility approved by the bureau of alcohol and substance abuse, department of social and health services according to RCW 70.96A.020(2) or 69.54.030 to provide intensive alcoholism or drug treatment if located within Washington state. Drug and alcohol treatment programs located out-of-state must be equivalent to the standards required for approval under RCW 70.96A.020(2) or 69.54.030.

(4) "Substance abuse" means the impairment, as determined by the board, of an optometrist's professional services by any addiction to, a dependency on, or the use of alcohol, legend drugs, or controlled substances.

(5) "Aftercare" is that period of time after intensive treatment that provides the optometrist and the optometrist's family with group or individual counseling sessions, discussions with other families, ongoing contact and participation

in self-help groups and ongoing continued support of treatment program staff.

(6) "Support group" is a group of health care professionals meeting regularly to support the recovery of its members. The group provides a confidential setting with a trained and experienced health care professional facilitator in which optometrists may safely discuss drug diversion, licensure issues, return to work and other professional issues related to recovery.

(7) "Twelve step groups" are groups such as alcoholics anonymous, narcotics anonymous and related organizations based on a philosophy of anonymity, belief in a power outside of oneself, a peer group association, and self-help.

(8) "Random drug screens" are laboratory tests to detect the presence of drugs of abuse in body fluids which are performed at irregular intervals not known in advance by the person being tested.

(9) "Health care professional" is an individual who is licensed, certified, or registered in Washington to engage in the delivery of health care to patients.

[Statutory Authority: RCW 18.54.070, 18.130.050 and 18.130.186. 92-06-030 (Order 248B), § 246-851-450, filed 2/26/92, effective 3/28/92.]

WAC 246-851-460 Approval of substance abuse monitoring programs. The board shall approve the monitoring program(s) which shall participate in the board's substance abuse monitoring program. A monitoring program approved by the board may be contracted with an entity outside the department but within the state, out-of-state, or a separate structure within the department.

(1) The approved monitoring program shall not provide evaluation or treatment to the participating optometrists.

(2) The approved monitoring program staff shall have the qualifications and knowledge of both substance abuse and the practice of optometry as defined in this chapter to be able to evaluate:

- (a) Clinical laboratories;
- (b) Laboratory results;
- (c) Providers of substance abuse treatment, both individuals and facilities;
- (d) Support groups;
- (e) The optometry work environment; and
- (f) The ability of the optometrist to practice with reasonable skill and safety.

(3) The approved monitoring program shall enter into a contract with the optometrist and the board to oversee the optometrist's compliance with the requirements of the program.

(4) The approved monitoring program may make exceptions to individual components of the contract on an individual basis.

(5) The approved monitoring program staff shall determine, on an individual basis, whether an optometrist will be prohibited from engaging in the practice of optometry for a period of time and what restrictions, if any, are placed on the optometrist's practice.

(6) The approved monitoring program shall maintain records on participants.

(7) The approved monitoring program shall be responsible for providing feedback to the optometrist as to whether treatment progress is acceptable.

(8) The approved monitoring program shall report to the board any optometrist who fails to comply with the requirement of the monitoring program.

(9) The approved monitoring program shall receive from the board guidelines on treatment, monitoring, and limitations on the practice of optometry for those participating in the program.

[Statutory Authority: RCW 18.54.070, 18.130.050 and 18.130.186. 92-06-030 (Order 248B), § 246-851-460, filed 2/26/92, effective 3/28/92.]

WAC 246-851-470 Participation in approved substance abuse monitoring program. (1) In lieu of disciplinary action, the optometrist may accept board referral into the approved substance abuse monitoring program.

(a) The optometrist shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by health care professional(s) with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The optometrist shall enter into a contract with the board and the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The optometrist shall undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The optometrist shall agree to remain free of all mind-altering substances including alcohol except for medications prescribed by an authorized prescriber as defined in RCW 69.41.030 and 69.50.101.

(iii) The optometrist shall complete the prescribed aftercare program of the intensive treatment facility, which may include individual and/or group psychotherapy.

(iv) The optometrist shall cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment, prognosis, and goals.

(v) The optometrist shall submit to random drug screening as specified by the approved monitoring program.

(vi) The optometrist shall attend support groups facilitated by a health care professional and/or twelve step group meetings as specified by the contract.

(vii) The optometrist shall comply with specified employment conditions and restrictions as defined by the contract.

(viii) The optometrist shall sign a waiver allowing the approved monitoring program to release information to the board if the optometrist does not comply with the requirements of this contract.

(c) The optometrist is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, and random drug screens.

(d) The optometrist may be subject to disciplinary action under RCW 18.130.160 if the optometrist does not consent to be referred to the approved monitoring program, does not comply with specified employment restrictions, or does not successfully complete the program.

(2) An optometrist who is not being investigated by the board or subject to current disciplinary action or currently being monitored by the board for substance abuse may voluntarily participate in the approved substance abuse

monitoring program without being referred by the board. Such voluntary participants shall not be subject to disciplinary action under RCW 18.130.160 for their substance abuse, and shall not have their participation made known to the board if they meet the requirements of the approved monitoring program:

(a) The optometrist shall undergo a complete physical and psychological evaluation before entering the approved monitoring program. This evaluation shall be performed by health care professional(s) with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The optometrist shall enter into a contract with the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The optometrist shall undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The optometrist shall agree to remain free of all mind-altering substances including alcohol except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101.

(iii) The optometrist shall complete the prescribed aftercare program of the intensive treatment facility, which may include individual and/or group psychotherapy.

(iv) The optometrist shall cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment, prognosis, and goals.

(v) The optometrist shall submit to random drug screening as specified by the approved monitoring program.

(vi) The optometrist shall attend support groups facilitated by a health care professional and/or twelve step group meetings as specified by the contract.

(vii) The optometrist shall comply with employment conditions and restrictions as defined by the contract.

(viii) The optometrist shall sign a waiver allowing the approved monitoring program to release information to the board if the optometrist does not comply with the requirements of this contract.

(c) The optometrist is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, and random drug screens.

(3) The treatment and pretreatment records of license holders referred to or voluntarily participating in approved monitoring programs shall be confidential, shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena or admissible as evidence except for monitoring records reported to the disciplinary authority for cause as defined in subsections (1) and (2) of this section. Records held by the board under this section shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena except by the license holder.

[Statutory Authority: RCW 18.54.070, 18.130.050 and 18.130.186. 92-06-030 (Order 248B), § 246-851-470, filed 2/26/92, effective 3/28/92.]

WAC 246-851-490 Examination and licensure. 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 (NBE) exami-

nations; the Part III having been administered and successfully completed after January 1, 1993;

(2) Applicants who completed the NBE 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 questionnaire; 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(2). 96-20-087, § 246-851-490, filed 10/1/96, effective 11/1/96. 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) 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(2). 96-20-087, § 246-851-500, filed 10/1/96, effective 11/1/96. 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 246-851-510 Reinstatement of lapsed license.

For the purposes of this section, lapsed license refers to an inactive period when the licensee is not actively practicing in Washington. Licensees who actively practice in Washington on an expired license are considered to be engaged in "unlicensed practice" and therefore subject to disciplinary action before the board.

(1) The board may reinstate an applicant's lapsed license if the applicant provides the following:

(a) Completed application;

(b) Payment of accumulated annual renewal fees;

(c) Verification of AIDS education as required by the board;

(d) Verification of licensure from other states indicating whether the license is in good standing and whether there has been any disciplinary action against the licensee, or whether there may be any pending disciplinary action.

(2) The board may require that applicants submit additional information as it deems necessary to evaluate applications for reinstatement.

[Statutory Authority: RCW 18.54.070, 92-20-019 (Order 305B), § 246-851-510, filed 9/25/92, effective 10/26/92.]

WAC 246-851-520 Contact lens prescription defined. An optometric contact lens prescription is a written, signed order from an optometrist to another optometrist, physician, or dispensing optician describing optical and physical characteristics of the contact lenses to be dispensed. It shall be based upon a comprehensive vision and eye health examination, followed by a diagnostic or trial evaluation, and a final evaluation of the contact lens on the eye by the prescribing doctor.

[Statutory Authority: RCW 18.54.070, 92-20-048 (Order 308B), § 246-851-520, filed 9/30/92, effective 10/31/92.]

WAC 246-851-550 Sexual misconduct. (1) An optometrist shall not engage in sexual contact or sexual activity with a current patient.

(a) A current patient is a patient who has received professional services from the optometrist within the last three years and whose patient record has not been transferred to another optometrist or health care professional.

(b) A referral of the patient record must be in writing and with the knowledge of both the patient and the optometrist or health care practitioner to whom the record is transferred.

(2) The optometrist shall never engage in sexually harassing or demeaning behavior with current or former patients.

[Statutory Authority: RCW 18.54.070, 94-04-041, § 246-851-550, filed 1/27/94, effective 2/27/94.]

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
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, 96-20-088, § 246-851-990, filed 10/1/96, effective 11/1/96; 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 246-852 WAC

CONSUMER ACCESS TO VISION CARE

WAC

- 246-852-010 Duties of practitioners pursuant to chapter 106, Laws of 1994.
- 246-852-020 Prescription for corrective lenses.
- 246-852-030 Transmittal of patient information and records.
- 246-852-040 Retention of patient contact lens records.

WAC 246-852-010 Duties of practitioners pursuant to chapter 106, Laws of 1994. (1) Prescribers, including ophthalmologists and optometrists, under chapters 18.53, 18.57, or 18.71 RCW:

(a) When performing an eye examination including the determination of the refractive condition of the eye, shall provide the patient a copy of the prescription at the conclusion of the eye examination.

(b) Shall, if requested by the patient, at the time of the eye examination, also determine the appropriateness of contact lenses wear and include a notation of "OK for Contacts" or similar language on the prescription if the prescriber would have fitted the patient him or herself, if the patient has no contraindications for contact lenses.

(c) Shall inform the patient that failure to complete the initial fitting and obtain a follow-up evaluation by a prescriber within six months of the exam will void the "OK for Contacts" portion of the prescription.

(d) Shall provide a verbal explanation to the patient if the prescriber determines the ocular health of the eye presents a contraindication for contact lenses. Documentation of contraindication will also be maintained in the patient's record.

(e) May exclude categories of contact lenses where clinically indicated.

(f) Shall not expire prescriptions in less than two years, unless a shorter time period is warranted by the ocular health of the eye. If a prescription is to expire in less than two years, an explanatory notation must be made by the prescriber in the patient's record and a verbal explanation given to the patient at the time of the eye examination.

(g) Shall comply with WAC 246-852-020.

(2) When conducting a follow-up evaluation for contact lenses fitted and dispensed by another practitioner, the prescriber:

(a) Shall indicate on the written prescription, "follow-up completed" or similar language, and include his or her name and date of the follow-up;

(b) May charge a reasonable fee at the time the follow-up evaluation is performed.

(3) Opticians under chapter 18.34 RCW:

(a) May perform mechanical procedures and measurements necessary to adapt and fit contact lenses from a written prescription consisting of the refractive powers and

a notation of "OK for Contacts" or similar language within six months of the eye examination date.

(b) Shall notify patients in writing that a prescriber is to evaluate the initial set of contact lenses on the eye within six months of the eye examination or the "OK for Contacts" portion of the prescription is void and replacement contact lenses will not be dispensed. The patient shall be requested to sign the written notification. The signed or unsigned notification will then be dated and placed in the patient's records.

(4) If the patient is fitted by a practitioner other than the initial prescriber, the contact lens specifications shall be provided to the patient and to a prescriber performing the follow-up evaluation.

(5) When the follow-up evaluation is completed, the approved contact lens specifications shall become a valid prescription with the signature of the evaluating prescriber. The patient shall be able to obtain replacement lenses, from this finalized prescription, for the remainder of the prescription period.

(6) All fitters and dispensers shall distribute safety pamphlets to all contact lens patients designed to inform the patient of consumer and health-related decisions.

[Statutory Authority: 1994 c 106 § 6. 94-17-101, § 246-852-010, filed 8/17/94, effective 9/17/94.]

WAC 246-852-020 Prescription for corrective lenses. (1) A prescription from a prescriber for corrective lenses shall at a minimum include:

- (a) Patient name.
- (b) Prescriber's name, address, professional license number, phone number and/or facsimile number.
- (c) Spectacle prescription.
- (d) Prescription expiration date.
- (e) Date of eye exam.
- (f) Signature of prescriber.

(2) If the patient requests contact lenses and has received an eye examination for contact lenses, the prescription shall also include:

(a) The notation "OK for Contacts" or similar language indicating there are no contraindications for contacts.

(b) Exclusion of categories of contact lenses, if any.

(c) Notation that the "OK for Contacts" portion of the prescription becomes void if the patient fails to complete the initial fitting and obtain the follow-up evaluation by a prescriber within the six-month time period.

(3) When the follow-up evaluation is completed, the approved contact lens specifications shall become a valid prescription with the signature of the evaluating prescriber. The patient shall be able to obtain replacement lenses, from this finalized prescription, for the remainder of the prescription period.

[Statutory Authority: 1994 c 106 § 6. 94-17-101, § 246-852-020, filed 8/17/94, effective 9/17/94.]

WAC 246-852-030 Transmittal of patient information and records. The finalized prescription of the contact lens specifications shall be available to the patient or the patient's designated practitioner for replacement lenses and may be transmitted by telephone, facsimile or mail or provided directly to the patient in writing. The initial

prescriber may request and receive the finalized contact lens specifications, if the initial prescriber does not perform the fitting and follow-up evaluation.

[Statutory Authority: 1994 c 106 § 6. 94-17-101, § 246-852-030, filed 8/17/94, effective 9/17/94.]

WAC 246-852-040 Retention of patient contact lens records. (1) Practitioners shall maintain patient records for a minimum of five years. The records shall include the following which adequately reflects the level of care provided by the practitioners:

- (a) The written prescription.
- (b) Dioptric power.
- (c) Lens material, brand name and/or manufacturer.
- (d) Base curve (inside radius of curvature).
- (e) Diameter.
- (f) Color (when applicable).
- (g) Thickness (when applicable).
- (h) Secondary/peripheral curves (when applicable).
- (i) Special features equivalent to variable curves, fenestration or coating.

(j) Suggested wearing schedule and care regimen.

(2) Opticians' records shall additionally include the following if fitting contact lenses:

(a) Documentation of written advisement to the patient of the need to obtain a follow-up evaluation by a prescriber.

(3) Prescribers' records shall additionally include the following:

(a) Documentation of contraindications which would prohibit contact lens wear and documentation that contraindications were explained to the patient by the prescriber.

(b) Explanatory notation of the reasons why a prescription has an expiration date of less than two years, and documentation that the reasons were explained to the patient at the time of the eye examination.

[Statutory Authority: 1994 c 106 § 6. 94-17-101, § 246-852-040, filed 8/17/94, effective 9/17/94.]

Chapter 246-853 WAC

OSTEOPATHIC PHYSICIANS AND SURGEONS

WAC

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a notation of "OK for Contacts" or similar language within six months of the eye examination date.

(b) Shall notify patients in writing that a prescriber is to evaluate the initial set of contact lenses on the eye within six months of the eye examination or the "OK for Contacts" portion of the prescription is void and replacement contact lenses will not be dispensed. The patient shall be requested to sign the written notification. The signed or unsigned notification will then be dated and placed in the patient's records.

(4) If the patient is fitted by a practitioner other than the initial prescriber, the contact lens specifications shall be provided to the patient and to a prescriber performing the follow-up evaluation.

(5) When the follow-up evaluation is completed, the approved contact lens specifications shall become a valid prescription with the signature of the evaluating prescriber. The patient shall be able to obtain replacement lenses, from this finalized prescription, for the remainder of the prescription period.

(6) All fitters and dispensers shall distribute safety pamphlets to all contact lens patients designed to inform the patient of consumer and health-related decisions.

[Statutory Authority: 1994 c 106 § 6. 94-17-101, § 246-852-010, filed 8/17/94, effective 9/17/94.]

WAC 246-852-020 Prescription for corrective lenses. (1) A prescription from a prescriber for corrective lenses shall at a minimum include:

- (a) Patient name.
- (b) Prescriber's name, address, professional license number, phone number and/or facsimile number.
- (c) Spectacle prescription.
- (d) Prescription expiration date.
- (e) Date of eye exam.
- (f) Signature of prescriber.

(2) If the patient requests contact lenses and has received an eye examination for contact lenses, the prescription shall also include:

(a) The notation "OK for Contacts" or similar language indicating there are no contraindications for contacts.

(b) Exclusion of categories of contact lenses, if any.

(c) Notation that the "OK for Contacts" portion of the prescription becomes void if the patient fails to complete the initial fitting and obtain the follow-up evaluation by a prescriber within the six-month time period.

(3) When the follow-up evaluation is completed, the approved contact lens specifications shall become a valid prescription with the signature of the evaluating prescriber. The patient shall be able to obtain replacement lenses, from this finalized prescription, for the remainder of the prescription period.

[Statutory Authority: 1994 c 106 § 6. 94-17-101, § 246-852-020, filed 8/17/94, effective 9/17/94.]

WAC 246-852-030 Transmittal of patient information and records. The finalized prescription of the contact lens specifications shall be available to the patient or the patient's designated practitioner for replacement lenses and may be transmitted by telephone, facsimile or mail or provided directly to the patient in writing. The initial

prescriber may request and receive the finalized contact lens specifications, if the initial prescriber does not perform the fitting and follow-up evaluation.

[Statutory Authority: 1994 c 106 § 6. 94-17-101, § 246-852-030, filed 8/17/94, effective 9/17/94.]

WAC 246-852-040 Retention of patient contact lens records. (1) Practitioners shall maintain patient records for a minimum of five years. The records shall include the following which adequately reflects the level of care provided by the practitioners:

- (a) The written prescription.
- (b) Dioptric power.
- (c) Lens material, brand name and/or manufacturer.
- (d) Base curve (inside radius of curvature).
- (e) Diameter.
- (f) Color (when applicable).
- (g) Thickness (when applicable).
- (h) Secondary/peripheral curves (when applicable).
- (i) Special features equivalent to variable curves, fenestration or coating.

(j) Suggested wearing schedule and care regimen.

(2) Opticians' records shall additionally include the following if fitting contact lenses:

(a) Documentation of written advisement to the patient of the need to obtain a follow-up evaluation by a prescriber.

(3) Prescribers' records shall additionally include the following:

(a) Documentation of contraindications which would prohibit contact lens wear and documentation that contraindications were explained to the patient by the prescriber.

(b) Explanatory notation of the reasons why a prescription has an expiration date of less than two years, and documentation that the reasons were explained to the patient at the time of the eye examination.

[Statutory Authority: 1994 c 106 § 6. 94-17-101, § 246-852-040, filed 8/17/94, effective 9/17/94.]

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OSTEOPATHIC PHYSICIANS AND SURGEONS

WAC

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246-853-990	Osteopathic fees.

WAC 246-853-020 Osteopathic medicine and surgery examination. Applicants for licensure as osteopathic physicians must pass the Federation of State Licensing Board (FLEX) with a minimum score of seventy-five on each component of the FLEX I and II examination or after December 1993 satisfactorily pass the United States Medical Licensing Examination (USMLE) with a minimum score as established by the coordinating agencies, Federation of State Medical Boards of the United States and the National Board of Medical Examiners; and obtain at least a seventy-five percent overall average on a board administered examination on osteopathic principles and practices.

The board shall waive the examination required under RCW 18.57.080 if the applicant has passed the FLEX examination prior to June 1985 with a FLEX weighted average of seventy-five percent, or the FLEX I and FLEX II examinations with a minimum score of seventy-five on each component and satisfactorily passes the board administered examination on the principles and practices of osteopathic medicine and surgery.

An applicant who has passed all parts of the examination given by the National Board of Osteopathic Examiners may be granted a license without further examination.

[Statutory Authority: RCW 18.57.005. 93-24-028, § 246-853-020, filed 11/22/93, effective 12/23/93. Statutory Authority: RCW 18.57.005 and 18.130.175. 91-10-043 (Order 159B), § 246-853-020, filed 4/25/91, effective 5/26/91. Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-020, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005(2), 18.57A.020 and 18.130.050(1). 88-14-113 (Order 745), § 308-138-055, filed 7/6/88. Statutory Authority: RCW 18.57A.020, 18.57.005 and 18.130.050. 88-09-030 (Order PM 723), § 308-138-055, filed 4/15/88. Statutory Authority: RCW 18.57.005. 85-10-025 (Order PL 527), § 308-138-055, filed 4/24/85. Statutory Authority: 1979 c 117 § 3(3). 79-12-068 (Order PL 321), § 308-138-055, filed 11/29/79.]

WAC 246-853-025 Special purpose examination.

(1) The board of osteopathic medicine and surgery, upon review of an application for licensure pursuant to RCW 18.57.130 or reinstatement of an inactive license, may require an applicant to pass a special purpose examination, e.g., SPEX, and/or any other examination deemed appropriate.

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ate. An applicant may be required to take an examination when the board has concerns with the applicant's ability to practice competently for reasons which may include but are not limited to the following:

- (a) Resolved or pending malpractice suits;
- (b) Pending action by another state licensing authority;
- (c) Actions pertaining to privileges at any institution; or
- (d) Not having practiced for an interval of time.

(2) As a result of a determination in a disciplinary proceeding a licensee may be required to pass the SPEX examination.

(3) The minimum passing score on the SPEX examination shall be seventy-five. The passing score for any other examination under this rule shall be determined by the board.

[Statutory Authority: RCW 18.57.005 and 18.130.050. 94-15-068, § 246-853-025, filed 7/19/94, effective 8/19/94. Statutory Authority: RCW 18.57.005 and chapter 18.57 RCW. 92-20-001 (Order 303B), § 246-853-025, filed 9/23/92, effective 10/24/92.]

WAC 246-853-030 Acceptable intern or residency programs. The board accepts the following training programs.

- (1) Nationally approved one-year internship programs;
- (2) The first year of a residency program approved by the American Osteopathic Association, the American Medical Association or by their recognized affiliate residency accrediting organizations.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-030, filed 12/3/90, effective 1/31/91. Statutory Authority: 1979 c 117 § 3(3). 79-12-068 (Order PL 321), § 308-138-065, filed 11/29/79.]

WAC 246-853-040 Renewal of licenses. (1) Individuals receiving an initial osteopathic physician and surgeon license will be issued a license to expire on the applicant's next birth date.

(2) Licensees shall renew their license annually on or before their birth date. Failure to renew shall invalidate the license to practice osteopathic medicine and surgery. Any practice engaged in with an expired license shall be deemed to be unlicensed practice.

[Statutory Authority: RCW 18.57.005. 91-20-120 (Order 199B), § 246-853-040, filed 9/30/91, effective 10/31/91; 90-24-055 (Order 100B), recodified as § 246-853-040, filed 12/3/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604. 88-23-124 (Order PM 801), § 308-138-070, filed 11/23/88; Order PL 262, § 308-138-070, filed 1/13/77.]

WAC 246-853-045 Inactive license and reactivation.

A licensee may request his or her license be placed on inactive status. An inactive license does not authorize the licensee to practice in Washington.

A license shall be maintained on the inactive status by payment of the inactive renewal fee annually and verification of compliance with the continuing education requirements established by the board.

An inactive license may be reactivated by payment of fees determined by the secretary of health as provided in RCW 43.70.250. The licensee must provide verification that no action has been taken by a state or federal jurisdiction or hospital which would prevent or restrict the licensee's practice of osteopathic medicine and surgery and that he or she has not voluntarily given up any license or privilege or

been restricted in the practice of osteopathic medicine and surgery in lieu of or to avoid formal action.

[Statutory Authority: RCW 18.57.005 and chapter 18.57 RCW. 92-20-001 (Order 303B), § 246-853-045, filed 9/23/92, effective 10/24/92.]

WAC 246-853-050 Ethical considerations. The following acts and practices are unethical and unprofessional conduct warranting appropriate disciplinary action:

(1) The division or "splitting" of fees with other professionals or nonprofessionals as prohibited by chapter 19.68 RCW. Specifically, a person authorized by this board shall not:

(a) Employ another to so solicit or obtain, or remunerate another for soliciting or obtaining, patient referrals.

(b) Directly or indirectly aid or abet an unlicensed person to practice acupuncture or medicine or to receive compensation therefrom.

(2) Use of testimonials, whether paid for or not, to solicit or encourage use of the licensee's services by members of the public.

(3) Making or publishing, or causing to be made or published, any advertisement, offer, statement or other form of representation, oral or written, which directly or by implication is false, misleading or deceptive.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-050, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57A.020. 79-02-011 (Order 297), § 308-138-180, filed 1/11/79.]

WAC 246-853-060 Continuing professional education required. (1) The board requires one hundred fifty credit hours of continuing professional education every three years.

(2) In case licensees fail to meet the requirements because of illness, retirement (with no further provision of osteopathic medical services to consumers), or other extenuating circumstances, each case will be considered by the board on an individual basis. When circumstances justify it, the board may grant an extension of time or a change in requirements. In the case of a permanent retirement or illness, the board may grant indefinite waiver of continuing education as a requirement for relicensure, provided an affidavit is received indicating that the osteopathic physician and surgeon is not providing osteopathic medical service to consumers. If such permanent retirement or illness status is changed or osteopathic medical services are resumed, it is incumbent upon the licensee to immediately notify the board and show proof of practice competency as determined necessary by the board.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-060, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005, 18.57A.020 and 18.57A.070. 84-05-011 (Order PL 457), § 308-138-200, filed 2/7/84. Statutory Authority: 1979 c 117 § 3(4). 79-12-066 (Order 324), § 308-138-200, filed 11/29/79.]

WAC 246-853-070 Categories of creditable continuing professional education activities. The following are categories of creditable continuing medical education activities approved by the board. The credits must be earned in the thirty-six month period preceding application for renewal of licensure. One clock hour shall equal one credit

hour for the purpose of satisfying the one hundred fifty hour continuing professional education requirement.

(1) Category 1 - A minimum of sixty credit hours of the total one hundred fifty hour requirements are mandatory under this general category.

(a) Category 1-A - Formal educational programs sponsored by nationally recognized osteopathic or medical institutions, organizations and their affiliates.

Examples of recognized sponsors include but are not limited to:

Accredited osteopathic or medical schools and hospitals.

Osteopathic or medical societies and specialty practice organizations.

Continuing medical education institutes.

Governmental health agencies and institutions.

Residencies, fellowships and preceptorships.

(b) Category 1-B - Preparation in publishable form of an original scientific paper (defined as one which reflects a search of the literature, appends a bibliography, and contains original data gathered by the author) and initial presentation before a postdoctoral audience qualified to critique the author's statements. Maximum allowable credit for the initial presentation will be ten credit hours per scientific paper. A copy of the paper in publishable form shall be submitted to the board. Publication of the above paper or another paper in a professional journal approved by the board may receive credits as approved by the board up to a maximum of fifteen credit hours per scientific paper.

(c) Category 1-C - Serving as a teacher, lecturer, preceptor or moderator-participant in any formal educational program. Such teaching would include classes in colleges of osteopathic medicine and medical colleges and lecturing to hospital interns, residents and staff. Total credits allowed under Category 1-C are forty-five per three-year period, with one hour's credit for each hour of actual instruction.

(A) Category 2-A - Home study - The board strongly believes that participation in formal professional education programs is essential in fulfilling a physician's total education needs. The board is also concerned that the content and educational quality of many unsolicited home study materials are not subject to impartial professional review and evaluation. It is the individual physician's responsibility to select home study materials that will be of actual benefit. For these reasons, the board has limited the number of credits which may be granted for home study, and has adopted strict guidelines in granting these credits.

Reading - Credits may be granted for reading the Journal of the AOA, and other selected journals published by recognized osteopathic organizations. One-half credit per issue is granted for reading alone. An additional one-half credit per issue is granted if the quiz found in the AOA Journal is completed and returned to the division of continuing medical education. Credit for all other reading is limited to recognized scientific journals listed in *Index Medicus*. One-half credit per issue is granted for reading these recognized journals.

Listening - Credits may be granted for listening to programs distributed by the AOA audio-educational service. Other audio-tape programs sponsored by nationally recognized organizations and companies are eligible for credit. One-half credit per tape program may be granted. An additional one-half credit may be granted for each AOA

audio-educational service program if the quiz card for the tape found in the AOA Journal is completed and returned.

Other home study courses - Subject-oriented and refresher home study courses and programs sponsored by recognized professional organizations are eligible for credit. The number of credit hours indicated by the sponsor will be accepted by the board.

A maximum of ninety credit hours per three-year period may be granted for all home study activities under Category 2-A.

(B) Category 2-B - Preparation and personal presentation of a scientific exhibit at a county, regional, state or national professional meeting. Total credits allowed under Category 2-B are thirty per three-year period, with ten credits granted for each new and different scientific exhibit. Appropriate documentation must be submitted with the request for credit.

(C) Category 2-C - All other programs and modalities of continuing professional education. Included under this category are informal educational activities such as observation at medical centers; programs dealing with experimental and investigative areas of medical practice, and programs conducted by non-recognized sponsors.

Total credits allowed under Category 2-C are thirty hours per three-year period.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-070, filed 12/3/90, effective 1/31/91. Statutory Authority: 1979 c 117 § 3(4). 79-12-066 (Order 324), § 308-138-210, filed 11/29/79.]

WAC 246-853-080 Certification of compliance. (1) In conjunction with the application for renewal of licensure, a licensee shall submit an affidavit of compliance with the one hundred fifty hour continuing professional education requirement on a form supplied by the board.

(2) The board reserves the right to require a licensee to submit evidence in addition to the affidavit to demonstrate compliance with the one hundred fifty hour continuing professional education requirement. Accordingly, it is the responsibility of a licensee to maintain evidence of such compliance.

(3) Certification of compliance with the requirement for continuing medical education of the American Osteopathic Association, or receipt of the AMA physicians recognitions award or a current certification of continuing medical education from medical practice academies shall be deemed sufficient to satisfy the requirements of these regulations.

(4) Original certification or recertification within the previous six years by a specialty board will be considered as evidence of equivalent compliance with these continuing professional education requirements.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-080, filed 12/3/90, effective 1/31/91. Statutory Authority: 1979 c 117 § 3(4). 79-12-066 (Order 324), § 308-138-220, filed 11/29/79.]

WAC 246-853-090 Prior approval not required. (1) It will not be necessary for a physician to inquire into the prior approval of any continuing medical education. The board will accept any continuing professional education that reasonably falls within these regulations and relies upon each individual physician's integrity in complying with this requirement.

(2) Continuing professional education program sponsors need not apply for nor expect to receive prior board approval for continuing professional education programs. The continuing professional education category will depend solely upon the status of the organization or institution. The number of creditable hours may be determined by counting the contact hours of instruction and rounding to the nearest quarter hour. The board relies upon the integrity of program sponsors to present continuing professional education that constitutes a meritorious learning experience.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-090, filed 12/3/90, effective 1/31/91. Statutory Authority: 1979 c 117 § 3(4). 79-12-066 (Order 324), § 308-138-230, filed 11/29/79.]

WAC 246-853-100 Prohibited publicity and advertising. An osteopathic physician shall not use or allow to be used any form of public communications or advertising connected with his or her profession or in his or her professional capacity as an osteopathic physician which:

- (1) Is false, fraudulent, deceptive or misleading;
- (2) Uses testimonials;
- (3) Guarantees any treatment or result;
- (4) Makes claims of professional superiority;
- (5) States or includes prices for professional services except as provided for in WAC 246-853-110;
- (6) Fails to identify the physician as an osteopathic physician as described in RCW 18.57.140;
- (7) Otherwise exceeds the limits of WAC 246-853-110.

[Statutory Authority: RCW 18.57.005. 91-20-120 (Order 199B), § 246-853-100, filed 9/30/91, effective 10/31/91; 90-24-055 (Order 100B), recodified as § 246-853-100, filed 12/3/90, effective 1/31/91; 85-22-016 (Order PL 562), § 308-138-300, filed 10/30/85. Statutory Authority: 1979 c 117 § 3(5). 79-12-064 (Order PL 322), § 308-138-300, filed 11/29/79.]

WAC 246-853-110 Permitted publicity and advertising. To facilitate the process of informed selection of a physician by potential patients, a physician may publish or advertise the following information, provided that the information disclosed by the physician in such publication or advertisement complies with all other ethical standards promulgated by the board;

- (1) Name, including name of professional service corporation or clinic, and names of professional associates, addresses and telephone numbers;
- (2) Date and place of birth;
- (3) Date and fact of admission to practice in Washington and other states;
- (4) Accredited schools attended with dates of graduation, degrees and other scholastic distinction;
- (5) Teaching positions;
- (6) Membership in osteopathic or medical fraternities, societies and associations;
- (7) Membership in scientific, technical and professional associations and societies;
- (8) Whether credit cards or other credit arrangements are accepted;
- (9) Office and telephone answering service hours;
- (10) Fee for an initial examination and/or consultation;
- (11) Availability upon request of a written schedule of fees or range of fees for specific services;
- (12) The range of fees for specified routine professional services, provided that the statement discloses that the

specific fee within the range which will be charged will vary depending upon the particular matter to be handled for each patient, and the patient is entitled without obligation to an estimate of the fee within the range likely to be charged;

(13) fixed fees for specified routine professional services, the description of which would not be misunderstood by or be deceptive to a prospective patient, provided that the statement discloses that the quoted fee will be available only to patients whose matters fall into the services described, and that the client is entitled without obligation to a specific estimate of the fee likely to be charged.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-110, filed 12/3/90, effective 1/31/91. Statutory Authority: 1979 c 117 § 3(5). 79-12-064 (Order PL 322), § 308-138-310, filed 11/29/79.]

WAC 246-853-120 Malpractice suit reporting.

Every osteopathic physician shall, within sixty days after settlement or judgment, notify the board of any and all malpractice settlements or judgments in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by a physician's incompetency or negligence in the practice of osteopathic medicine. Every osteopathic physician shall also report the settlement or judgment of three or more claims or actions for damages during a year as the result of the alleged physician's incompetency or negligence in the practice of osteopathic medicine regardless of the dollar amount of the settlement or judgment.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-120, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57A.020, 18.57.005 and 18.130.050. 88-09-030 (Order PM 723), § 308-138-320, filed 4/15/88. Statutory Authority: 1979 c 117 § 3(6). 79-12-065 (Order 323), § 308-138-320, filed 11/29/79.]

WAC 246-853-130 General provisions for mandatory reporting rules. (1) "Unprofessional conduct" shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" shall mean any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" shall mean any health care institution regulated under chapter 18.51 RCW.

(4) "Board" shall mean the Washington state board of osteopathic medicine and surgery, whose address is:

Department of Health
Professional Licensing Services
1300 Quince St., MS: EY-23
Olympia, WA 98504

(5) "Physician" shall mean an osteopathic physician and surgeon licensed pursuant to chapter 18.57 RCW.

(6) "Physician's assistant" shall mean an osteopathic physician's assistant approved pursuant to chapter 18.57A RCW.

(7) "Mentally or physically impaired practitioner" shall mean an osteopathic physician and surgeon or osteopathic physician's assistant who has been determined by a court to be mentally incompetent or mentally ill or who is unable to practice medicine with reasonable skill and safety to patients by reason of any mental or physical condition.

[Statutory Authority: RCW 18.57.005. 91-20-120 (Order 199B), § 246-853-130, filed 9/30/91, effective 10/31/91; 90-24-055 (Order 100B),

recodified as § 246-853-130, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.130.070. 87-11-062 (Order PM 651), § 308-138-321, filed 5/20/87.]

WAC 246-853-135 Temporary practice permit. A temporary permit to practice osteopathic medicine and surgery may be issued to an individual licensed in another state that has substantially equivalent licensing standards to those in Washington.

(1) The temporary permit may be issued upon receipt of:

(a) Documentation from the reciprocal state that the licensing standards used for issuing the license are substantially equivalent to the current Washington licensing standards;

(b) A completed application form on which the applicant indicates he or she wishes to receive a temporary permit and application and temporary permit fees;

(c) Verification of all state licenses, whether active or inactive, indicating that the applicant is not subject to charges or disciplinary action for unprofessional conduct or impairment;

(d) Verification from the federation of state medical board's disciplinary action data bank that the applicant has not been disciplined by a state board or federal agency.

(2) The temporary permit shall expire upon issuance of a license by the board or ninety days after issuance of the temporary permit, whichever occurs first.

(3) A temporary permit shall be issued only once to each applicant. An applicant who does not complete the application process shall not receive a subsequent temporary permit.

[Statutory Authority: RCW 18.57.005 and chapter 18.57 RCW. 92-20-001 (Order 303B), § 246-853-135, filed 9/23/92, effective 10/24/92.]

WAC 246-853-140 Mandatory reporting. (1) All reports required by these regulations shall be submitted to the board as soon as possible, but no later than sixty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name, address, and telephone number of the physician or physician's assistant being reported.

(c) The case number of any patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which give rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-140, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.130.070. 87-11-062 (Order PM 651), § 308-138-322, filed 5/20/87.]

WAC 246-853-150 Health care institutions. The chief administrator or executive officer of any hospital or

nursing home shall report to the board when any physician's clinical privileges are terminated or are restricted based on a determination that a physician has committed an act or acts which may constitute unprofessional conduct or that a physician may be mentally or physically impaired. Said officer shall also report if a physician accepts voluntary termination or restriction of clinical privileges in lieu of formal action based upon unprofessional conduct or upon being mentally or physically impaired.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-150, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.130.070. 87-11-062 (Order PM 651), § 308-138-323, filed 5/20/87.]

WAC 246-853-160 Medical associations or societies.

The president or chief executive officer of any medical association or society within this state shall report to the board when a medical society hearing panel or committee determines that a physician or physician's assistant may have committed unprofessional conduct or that a physician or physician's assistant may not be able to practice medicine with reasonable skill and safety to patients as the result of any mental or physical condition and constitutes an apparent risk to the public health, safety, or welfare. The report required by this section shall be made without regard to whether the license holder appeals, accepts, or acts upon the termination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-160, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.130.070. 87-11-062 (Order PM 651), § 308-138-324, filed 5/20/87.]

WAC 246-853-170 Health care service contractors and disability insurance carriers. The executive officer of every health care service contractor and disability insurer regulated under chapters 48.20, 48.21, 48.21A, or 48.44 RCW, shall report to the board all final determinations that an osteopathic physician may have engaged in unprofessional conduct, or by reason of mental or physical impairment may be unable to practice the profession with reasonable skill and safety.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-170, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.130.270 [18.130.070]. 88-01-104 (Order PM 698), § 308-138-325, filed 12/22/87.]

WAC 246-853-180 Courts. The board requests the assistance of all clerks of trial courts within the state to report all medical malpractice judgments and all convictions of osteopathic physicians and physician's assistants, other than minor traffic violations.

[Statutory Authority: RCW 18.57.005. 91-20-120 (Order 199B), § 246-853-180, filed 9/30/91, effective 10/31/91; 90-24-055 (Order 100B), recodified as § 246-853-180, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.130.070. 87-11-062 (Order PM 651), § 308-138-326, filed 5/20/87.]

WAC 246-853-190 State and federal agencies. The board requires the assistance of executive officers of any state and requests the assistance of executive officers of any federal program operating in the state of Washington, under

which an osteopathic physician or physician's assistant is employed to provide patient care services, to report to the board whenever such an osteopathic physician or physician's assistant has demonstrated his/her incompetency or negligence in the practice of osteopathic medicine, or has otherwise committed unprofessional conduct, or is a mentally or physically impaired practitioner.

[Statutory Authority: RCW 18.57.005. 93-24-028, § 246-853-190, filed 11/22/93, effective 12/23/93; 91-20-120 (Order 199B), § 246-853-190, filed 9/30/91, effective 10/31/91; 90-24-055 (Order 100B), recodified as § 246-853-190, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.130.070. 87-11-062 (Order PM 651), § 308-138-327, filed 5/20/87.]

WAC 246-853-200 Professional review organizations. Unless prohibited by federal law, every professional review organization operating within the state of Washington shall report to the board any determinations that an osteopathic physician or osteopathic physician's assistant may have engaged in unprofessional conduct, or by reason of mental or physical impairment may be unable to practice the profession with reasonable skill and safety.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-200, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.130.270 [18.130.070]. 88-01-104 (Order PM 698), § 308-138-328, filed 12/22/87.]

WAC 246-853-210 License reinstatement after lapse of licensure for failure to renew. (1) An active license that has been expired for less than one year may be brought current by payment of the renewal and penalty fees and completion of the continuing education, if due.

(2) Any osteopathic physician and surgeon whose license has been expired for one year or more must pay the current fee for original application and apply for reinstatement on an application form provided by the board. The application will include an explanation for the license lapse and a chronology of the applicant's activities since first licensed. A statement outlining the continuing education acquired in the three years immediately preceding the request for reinstatement must be submitted for the board's review and approval.

(3) All applications for reinstatement will be reviewed and must be approved by the board. The board may require reexamination or a physical and/or mental evaluation of an applicant to confirm fitness for practice.

[Statutory Authority: RCW 18.57.005. 91-20-120 (Order 199B), § 246-853-210, filed 9/30/91, effective 10/31/91; 90-24-055 (Order 100B), recodified as § 246-853-210, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.130.070. 87-11-062 (Order PM 651), § 308-138-330, filed 5/20/87. Statutory Authority: RCW 18.57.005 and 18.57A.020. 82-17-005 (Order PL 402), § 308-138-330, filed 8/5/82.]

WAC 246-853-220 Use of drugs or autotransfusion to enhance athletic ability. (1) A physician shall not prescribe, administer or dispense anabolic steroids, growth hormones, testosterone or its analogs, human chorionic gonadotropin (HCG), other hormones, or any form of autotransfusion for the purpose of enhancing athletic ability and/or for nontherapeutic cosmetic appearance.

(2) A physician shall complete and maintain patient medical records which accurately reflect the prescription, administering or dispensing of any substance or drug

described in this rule or any form of autotransfusion. Patient medical records shall indicate the diagnosis and purpose for which the substance, drug or autotransfusion is prescribed, administered or dispensed and any additional information upon which the diagnosis is based.

(3) A violation of any provision of this rule shall constitute grounds for disciplinary action under RCW 18.130.180(7). A violation of subsection (1) of this rule shall also constitute grounds for disciplinary action under RCW 18.130.180(6).

[Statutory Authority: RCW 18.57.005, 90-24-055 (Order 100B), recodified as § 246-853-220, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005(2), 18.57A.020 and 18.130.050(1), 88-21-081 (Order PM 780), § 308-138-340, filed 10/19/88; 88-14-113 (Order 745), § 308-138-340, filed 7/6/88.]

WAC 246-853-230 AIDS education and training.

(1) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(2) "Office on AIDS" means that section within the department of health or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(3) Acceptable education and training. The department will accept education and training that is consistent with the model curriculum available from the office on AIDS. Such education and training shall be a minimum of seven clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(4) Implementation. Effective January 1, 1989, the requirement for licensure application, renewal, or reinstatement of any license on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of subsection (3) of this section.

(5) Documentation. The license holder shall:

(a) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987, and before the renewal date or December 31, 1989, whichever date is earlier;

(b) Keep records for two years documenting attendance and description of the learning; and

(c) Be prepared to validate, through submission of these records, that learning has taken place.

[Statutory Authority: RCW 18.57.005, 91-20-120 (Order 199B), § 246-853-230, filed 9/30/91, effective 10/31/91; 90-24-055 (Order 100B), recodified as § 246-853-230, filed 12/3/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604, 88-23-124 (Order PM 801), § 308-138-350, filed 11/23/88.]

WAC 246-853-240 Application for registration.

Effective January 1, 1989, persons applying for licensure shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of WAC 246-853-230.

[Statutory Authority: RCW 18.57.005, 91-20-120 (Order 199B), § 246-853-240, filed 9/30/91, effective 10/31/91; 90-24-055 (Order 100B), recodified as § 246-853-240, filed 12/3/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604, 88-23-124 (Order PM 801), § 308-138-360, filed 11/23/88.]

WAC 246-853-260 USMLE examination application deadline.

(1) All applications for osteopathic physician and surgeon license by USMLE examination in the state of Washington shall be received in the office of the health professions quality assurance division, department of health, no later than September 12 for the following December examination and March 29 for the following June examination.

An applicant with extenuating circumstances for being unable to meet the deadline may petition the board for waiver of the deadline date.

(2) The examination application and fee shall be required to be received in the office of the board's designated testing administration agency no later than September 12 for the following December examination and March 29 for the following June examination.

[Statutory Authority: RCW 18.57.005 and 18.130.050, 94-15-068, § 246-853-260, filed 7/19/94, effective 8/19/94. Statutory Authority: RCW 18.57.005 and 18.130.175, 91-10-043 (Order 159B), § 246-853-260, filed 4/25/91, effective 5/26/91.]

WAC 246-853-270 Renewal expiration date.

An osteopathic physician and surgeon and osteopathic physician assistant will be considered to have made timely renewal application if the appropriate renewal fee and required accompanying documentation is received on or before the expiration date.

[Statutory Authority: RCW 18.57.005 and 18.130.175, 91-10-043 (Order 159B), § 246-853-270, filed 4/25/91, effective 5/26/91.]

WAC 246-853-275 Change of mailing address and notice of official documents.

(1) It shall be the responsibility of the licensee to notify the department of health of any change of mailing address. Any change of mailing address shall be furnished to the department within thirty days of the change.

(2) The board and department may rely upon the last mailing address of record for the purposes of service or delivery of all official notices or documents, including the service of adjudicative proceeding documents. Notice shall be considered to be validly given when mailed to the last address given by the licensee.

[Statutory Authority: RCW 18.57.005, 93-24-028, § 246-853-275, filed 11/22/93, effective 12/23/93.]

WAC 246-853-290 Intent.

It is the intent of the legislature that the board of osteopathic medicine and surgery seek ways to identify and support the rehabilitation of osteopathic physicians and surgeons and osteopathic physician assistants where practice or competency may be impaired due to the abuse of drugs or alcohol. The legislature intends that these practitioners be treated so that they can return to or continue to practice osteopathic medicine and surgery in a way which safeguards the public. The legislature specifically intends that the board of osteopathic medicine and surgery establish an alternate program to the

traditional administrative proceedings against osteopathic physicians and surgeons and osteopathic physician assistants.

In lieu of disciplinary action under RCW 18.130.160 and if the board of osteopathic medicine and surgery determines that the unprofessional conduct may be the result of substance abuse, the board may refer the registrant/licensee to a voluntary substance abuse monitoring program approved by the board.

[Statutory Authority: RCW 18.57.005 and 18.130.175. 91-10-043 (Order 159B), § 246-853-290, filed 4/25/91, effective 5/26/91.]

WAC 246-853-300 Definitions used relative to substance abuse monitoring. (1) "Approved substance abuse monitoring program" or "approved monitoring program" is a program the board has determined meets the requirements of the law and rules established by the board, according to the Washington Administrative Code, which enters into a contract with osteopathic practitioners who have substance abuse problems. The approved substance abuse monitoring program oversees compliance of the osteopathic practitioner's recovery activities as required by the board. Substance abuse monitoring programs may provide evaluation and/or treatment to participating osteopathic practitioners.

(2) "Impaired osteopathic practitioner" means an osteopathic physician and surgeon or an osteopathic physician assistant who is unable to practice osteopathic medicine and surgery with judgment, skill, competence, or safety due to chemical dependence, mental illness, the aging process, loss of motor skills, or any other mental or physical condition.

(3) "Contract" is a comprehensive, structured agreement between the recovering osteopathic practitioner and the approved monitoring program wherein the osteopathic practitioner consents to comply with the monitoring program and the required components for the osteopathic practitioner's recovery activity.

(4) "Approved treatment facility" is a facility approved by the bureau of alcohol and substance abuse, department of social and health services as specified in RCW 18.130.175.

(5) "Chemical dependence/substance abuse" means a chronic progressive illness which involves the use of alcohol and/or other drugs to a degree that it interferes in the functional life of the registrant/licensee, as manifested by health, family, job (professional services), legal, financial, or emotional problems.

(6) "Drug" means a chemical substance alone or in combination, including alcohol.

(7) "Aftercare" means that period of time after intensive treatment that provides the osteopathic practitioner and the osteopathic practitioner's family with group, or individualized counseling sessions, discussions with other families, ongoing contact and participation in self-help groups, and ongoing continued support of treatment program staff.

(8) "Practitioner support group" is a group of osteopathic practitioners and/or other health care professionals meeting regularly to support the recovery of its members. The group provides a confidential setting with a trained and experienced facilitator in which participants may safely discuss drug diversion, licensure issues, return to work, and other professional issues related to recovery.

(9) "Twelve-step groups" are groups such as Alcoholics Anonymous, Narcotics Anonymous, and similar organizations.

(10) "Random drug screens" are laboratory tests to detect the presence of drugs of abuse in body fluids which are performed at irregular intervals not known in advance by the person to be tested. The collection of the body fluids must be observed by a treatment or health care professional or other board or monitoring program-approved observer.

(11) "Recovering" means that a chemically dependent osteopathic practitioner is in compliance with a treatment plan of rehabilitation in accordance with criteria established by an approved treatment facility and an approved substance abuse monitoring program.

(12) "Rehabilitation" means the process of restoring a chemically dependent osteopathic practitioner to a level of professional performance consistent with public health and safety.

(13) "Reinstatement" means the process whereby a recovering osteopathic practitioner is permitted to resume the practice of osteopathic medicine and surgery.

[Statutory Authority: RCW 18.57.005 and 18.130.175. 91-10-043 (Order 159B), § 246-853-300, filed 4/25/91, effective 5/26/91.]

WAC 246-853-310 Approval of substance abuse monitoring programs. The board will approve the monitoring program(s) which will participate in the recovery of osteopathic practitioners. The board will enter into a contract with the approved substance abuse monitoring program(s) on an annual basis.

(1) An approved monitoring program may provide evaluations and/or treatment to the participating osteopathic practitioners.

(2) An approved monitoring program staff must have the qualifications and knowledge of both substance abuse and the practice of osteopathic medicine and surgery as defined in chapter 18.57 RCW to be able to evaluate:

- (a) Drug screening laboratories;
- (b) Laboratory results;
- (c) Providers of substance abuse treatment, both individual and facilities;
- (d) Osteopathic practitioner support groups;
- (e) Osteopathic practitioners' work environment; and
- (f) The ability of the osteopathic practitioners to practice with reasonable skill and safety.

(3) An approved monitoring program will enter into a contract with the osteopathic practitioner and the board to oversee the osteopathic practitioner's compliance with the requirement of the program.

(4) The program staff of the approved monitoring program will evaluate and recommend to the board, on an individual basis, whether an osteopathic practitioner will be prohibited from engaging in the practice of osteopathic medicine and surgery for a period of time and restrictions, if any, on the osteopathic practitioner's access to controlled substances in the work place.

(5) An approved monitoring program shall maintain records on participants.

(6) An approved monitoring program will be responsible for providing feedback to the osteopathic practitioner as to whether treatment progress is acceptable.

(7) An approved monitoring program shall report to the board any osteopathic practitioner who fails to comply with the requirements of the monitoring program.

(8) An approved monitoring program shall provide the board with a statistical report on the program, including progress of participants, at least annually, or more frequently as requested by the board.

(9) The board shall provide the approved monitoring program guidelines on treatment, monitoring, and/or limitations on the practice of osteopathic medicine and surgery for those participating in the program.

(10) An approved monitoring program shall provide for the board a complete financial breakdown of cost for each individual osteopathic practitioner participant by usage at an interval determined by the board in the annual contract.

(11) An approved monitoring program shall provide for the board a complete annual audited financial statement.

(12) An approved monitoring program shall enter into a written contract with the board and submit monthly billing statements supported by documentation.

[Statutory Authority: RCW 18.57.005 and 18.130.175. 91-10-043 (Order 159B), § 246-853-310, filed 4/25/91, effective 5/26/91.]

WAC 246-853-320 Participation in approved substance abuse monitoring program. (1) The osteopathic practitioner who has been investigated by the board may accept board referral into the approved substance abuse monitoring program. This may occur as a result of disciplinary action.

(a) The osteopathic practitioner shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation is to be performed by a health care professional(s) with expertise in chemical dependency. The person(s) performing the evaluation shall not be the provider of the recommended treatment.

(b) The osteopathic practitioner shall enter into a contract with the board and the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The osteopathic practitioner will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The osteopathic practitioner shall agree to abstain from the use of all mind-altering substances, including alcohol, except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101. Said prescriber shall notify the monitoring program of all drugs prescribed within fourteen days of the date care was provided.

(iii) The osteopathic practitioner must complete the prescribed aftercare program of the intensive treatment facility. This may include individual and/or group psychotherapy.

(iv) The osteopathic practitioner must cause the treatment counselor(s) and authorized prescriber(s) to provide reports to the appropriate monitoring program at specified intervals. Reports shall include treatment prognosis, goals, drugs prescribed, etc.

(v) The osteopathic practitioner shall submit to random drug screening, with observed specimen collection, as specified by the approved monitoring program.

(vi) The osteopathic practitioner shall attend osteopathic practitioner support groups facilitated by health care professionals and/or twelve-step group meetings as specified by the contract.

(vii) The osteopathic practitioner shall comply with specified employment conditions and restrictions as defined by the contract.

(viii) The osteopathic practitioner shall sign a waiver allowing the approved monitoring program to release information to the board if the osteopathic practitioner does not comply with the requirements of the contract.

(c) The osteopathic practitioner is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, random urine screens, and other personal expenses incurred in compliance with the contract.

(d) The osteopathic practitioner may be subject to disciplinary action under RCW 18.130.160 and 18.130.180 if the osteopathic practitioner does not consent to be referred to the approved monitoring program, does not comply with specified practice restrictions, or does not successfully complete the program.

(2) An osteopathic practitioner who is not being investigated by the board or subject to current disciplinary action, not currently being monitored by the board for substance abuse, may voluntarily participate in the approved substance abuse monitoring program without being referred by the board. Such voluntary participants shall not be subject to disciplinary action under RCW 18.130.160 and 18.130.180 for their substance abuse, and shall not have their participation made known to the board if they continue to satisfactorily meet the requirements of the approved monitoring program:

(a) The osteopathic practitioner shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by a health care professional with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The osteopathic practitioner shall enter into a contract with the board and the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The osteopathic practitioner will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The osteopathic practitioner will agree to abstain from the use of all mind-altering substances, including alcohol, except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101. Said prescriber shall notify the monitoring program of all drugs prescribed within fourteen days of the date care was provided.

(iii) The osteopathic practitioner must complete the prescribed aftercare program of the intensive treatment facility. This may include individual and/or group psychotherapy.

(iv) The osteopathic practitioner must cause the treatment counselor(s) and authorized prescriber(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment prognosis, goals, drugs prescribed, etc.

(v) The osteopathic practitioner shall submit to random drug screening, with observed specimen collection, as specified by the approved monitoring program.

(vi) The osteopathic practitioner will attend practitioner support groups facilitated by a health care professional and/or twelve-step group meetings as specified by the individual's contract.

(vii) The osteopathic practitioner will comply with specified employment conditions and restrictions as defined by the contract.

(viii) The osteopathic practitioner shall sign a waiver allowing the approved monitoring program to release information to the board if the osteopathic practitioner does not comply with the requirements of the contract. The osteopathic practitioner may be subject to disciplinary action under RCW 18.130.160 and 18.130.180 for noncompliance with the contract or if he/she does not successfully complete the program.

(c) The osteopathic practitioner is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, random urine screens, and other personal expenses incurred in compliance with the contract.

[Statutory Authority: RCW 18.57.005 and 18.130.175. 91-10-043 (Order 159B), § 246-853-320, filed 4/25/91, effective 5/26/91.]

WAC 246-853-330 Confidentiality. (1) The treatment and pretreatment records of license holders referred to or voluntarily participating in approved monitoring programs shall be confidential, shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena or admissible as evidence except for monitoring records reported to the disciplinary authority for cause as defined in WAC 246-853-320. Records held by the board under this section shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena except by the license holder.

(2) Notwithstanding subsection (1) of this section, board orders shall be subject to RCW 42.17.250 through 42.17.450.

[Statutory Authority: RCW 18.57.005 and 18.130.175. 91-10-043 (Order 159B), § 246-853-330, filed 4/25/91, effective 5/26/91.]

WAC 246-853-340 Examination appeal procedures. (1) Any candidate who takes and does not pass the osteopathic practices and principles examination, may request review of the results of the examination by the Washington state board of osteopathic medicine and surgery.

(a) The board will not modify examination results unless the candidate presents clear and convincing evidence of error in the examination content or procedure, or bias, prejudice, or discrimination in the examination process.

(b) The board will not consider any challenges to examination scores unless the total of the potentially revised score would result in issuance of a license.

(2) The procedure for requesting an informal review of examination results is as follows:

(a) The request must be in writing and must be received by the department within thirty days of the date on the letter of notification of examination results sent to the candidate.

(b) The following procedures apply to an appeal of the results of the written examination.

(i) In addition to the written request required in (a) of this subsection, the candidate must appear personally in the department office in Olympia for an examination review session. The candidate must contact the department to make an appointment for the examination review session.

(ii) The candidate's incorrect answers will be available during the review session. The candidate will be given a form to complete in defense of the examination answers. The candidate must specifically identify the challenged questions on the examination and must state the specific reason(s) why the candidate believes the results should be modified.

(iii) The candidate may not bring in any resource material for use while completing the informal review form.

(iv) The candidate will not be allowed to remove any notes or materials from the office upon completing the review session.

(c) The board will schedule a closed session meeting to review the examinations, score sheets, and forms completed by the candidate. The candidate will be notified in writing of the board's decision.

(i) The candidate will be identified only by candidate number for the purpose of this review.

(ii) Letters of referral or requests for special consideration will not be read or considered by the board.

(d) Any candidate not satisfied with the results of the informal examination review may request a formal hearing before the board to challenge the examination results.

(3) The procedures for requesting a formal hearing are as follows:

(a) The candidate must complete the informal review process before requesting a formal hearing.

(b) The request for formal hearing must be received by the department within twenty days of the date on the notice of the results of the board's informal review.

(c) The written request must specifically identify the challenged portion(s) of the examination and must state the specific reason(s) why the candidate believes the examination results should be modified.

(d) Candidates will receive at last twenty days notice of the time and place of the formal hearing.

(e) The hearing will be restricted to the specific portion(s) of the examination the candidate had identified in the request for formal hearing.

(f) The formal hearing will be conducted pursuant to the Administrative Procedure Act, chapter 34.05 RCW.

[Statutory Authority: RCW 18.57.005 and 18.130.175. 91-10-043 (Order 159B), § 246-853-340, filed 4/25/91, effective 5/26/91.]

WAC 246-853-350 Examination conduct. Any applicant who fails to follow written or oral instructions relative to the conduct of the examination, is observed talking or attempting to give or receive information, or use unauthorized materials during any portion of the examination will be terminated from the examination and not permitted to complete it.

[Statutory Authority: RCW 18.57.005 and 18.130.175. 91-10-043 (Order 159B), § 246-853-350, filed 4/25/91, effective 5/26/91.]

WAC 246-853-400 Brief adjudicative proceedings—Denials based on failure to meet education, experience, or

examination prerequisites for licensure. The board adopts RCW 34.05.482 and 34.05.485 through 34.05.494 for adjudicative proceedings requested by applicants, who are denied a license under chapters 18.57 and 18.57A RCW for failure to meet the education, experience, or examination prerequisites for licensure. The sole issue at the adjudicative proceeding shall be whether the applicant meets the education, experience, and examination prerequisites for the issuance of a license.

[Statutory Authority: RCW 18.57.005 and chapter 18.57 RCW. 92-20-001 (Order 303B), § 246-853-400, filed 9/23/92, effective 10/24/92.]

WAC 246-853-500 Adjudicative proceedings. The board adopts the model procedural rules for adjudicative proceedings as adopted by the department of health and contained in chapter 246-11 WAC, including subsequent amendments.

[Statutory Authority: RCW 18.57.005 and 18.130.050. 94-15-068, § 246-853-500, filed 7/19/94, effective 8/19/94.]

WAC 246-853-990 Osteopathic fees. The following fees shall be charged by the professional licensing division of the department of health:

Title of Fee	Fee
Osteopath:	
Renewal	\$360.00
Certification	25.00
Osteopathic physician:	
Endorsement application	500.00
License renewal	360.00
Inactive license renewal	250.00
Late renewal penalty	50.00
Inactive license reinstatement	360.00
Endorsement/state exam application	500.00
Reexam	100.00
Certification	25.00
Limited license application	250.00
Limited license renewal	205.00
Temporary permit application	50.00
Impaired program surcharge	15.00
Osteopathic physician assistant:	
Application	150.00
Renewal	50.00
Certification	25.00
Practice plan	50.00
Impaired program surcharge	15.00

[Statutory Authority: RCW 43.70.250 and chapters 18.57, 18.57A, 18.22 and 18.59 RCW. 94-22-055, § 246-853-990, filed 11/1/94, effective 1/1/95. Statutory Authority: RCW 43.70.250. 92-14-054 (Order 281), § 246-853-990, filed 6/25/92, effective 7/26/92; 91-21-034 (Order 200), § 246-853-990, filed 10/10/91, effective 11/10/91; 91-13-002 (Order 173), § 246-853-990, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-853-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250. 90-04-094 (Order 029), § 308-138-080, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43.24.086. 87-10-028 (Order PM 650), § 308-138-080, filed 5/1/87. Statutory Authority: 1983 c 168 § 12. 83-17-031 (Order PL 442), § 308-138-080, filed 8/10/83. Formerly WAC 308-138-060.]

Chapter 246-854 WAC

OSTEOPATHIC PHYSICIANS' ASSISTANTS

WAC

246-854-020	Osteopathic physician assistant program.
246-854-030	Osteopathic physician assistant prescriptions.
246-854-040	Osteopathic physician assistant use of drugs or autotransfusion to enhance athletic ability.
246-854-050	AIDS education and training.
246-854-060	Application for licensure.
246-854-080	Osteopathic physician assistant licensure.
246-854-090	Osteopathic physician assistant practice plan.
246-854-110	Osteopathic physician assistant continuing education required.
246-854-115	Categories of creditable continuing professional education activities.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-854-070	Registration renewal requirement. [Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-854-070, filed 12/3/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604. 88-23-124 (Order PM 801), § 308-138A-060, filed 11/23/88.] Repealed by 91-20-120 (Order 199B), filed 9/30/91, effective 10/31/91. Statutory Authority: RCW 18.57.005.
246-854-100	Osteopathic physicians' assistants reregistration. [Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-854-100, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005(2). 89-22-065 (Order PM 863), § 308-138A-090, filed 10/31/89, effective 12/1/89.] Repealed by 93-24-028, filed 11/22/93, effective 12/23/93. Statutory Authority: RCW 18.57.005.

WAC 246-854-020 Osteopathic physician assistant program. (1) Program approval required. No osteopathic physician assistant shall be entitled to licensure who has not successfully completed a program of training approved by the board in accordance with these rules.

(2) Program approval procedures. In order for a program for training osteopathic physician assistants to be considered for approval by the board it must meet the minimal criteria for such programs established by the committee on allied health education and Accreditation Association of the American Medical Association as of 1985. The director of the program shall submit to the board a description of the course of training offered, including subjects taught and methods of teaching, entrance requirements, clinical experience provided, etc. The director shall also advise the board concerning the basic medical skills which are attained in such course, and the method by which the proficiency of the students in those skills was tested or ascertained. All program applications shall be submitted at least thirty days prior to the meeting of the board in which consideration is desired. The board may require such additional information from program sponsors as it desires.

(3) Approved programs. The board shall approve programs in terms of skills attained by its graduates. A registry of approved programs shall be maintained by the board at health professions quality assurance division in Olympia, Washington, which shall be available upon request to interested persons.

(4) Reapproval. Programs maintaining standards as defined in the "essentials" of the council of medical education of the American Medical Association will continue to be approved by the board without further review. Each

approved program not maintaining the standards as defined in the "essentials" of the council of medical education of the American Medical Association will be reexamined at intervals, not to exceed three years. Approval will be continued or withdrawn following each reexamination.

(5) Additional skills. No osteopathic physician's assistant shall be licensed to perform skills not contained in the program approved by the board unless the osteopathic physician's assistant submits with his or her application a certificate by the program director or other acceptable evidence showing that he or she was trained in the additional skill for which authorization is requested, and the board is satisfied that the applicant has the additional skill and has been properly and adequately tested thereon.

[Statutory Authority: RCW 18.57.005, 93-24-028, § 246-854-020, filed 11/22/93, effective 12/23/93; 91-20-120 (Order 199B), § 246-854-020, filed 9/30/91, effective 10/31/91; 90-24-055 (Order 100B), recodified as § 246-854-020, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005(2), 89-22-065 (Order PM 863), § 308-138A-020, filed 10/31/89, effective 12/1/89. Statutory Authority: RCW 18.57.005(2), 18.57A.020 and 18.130.050(1), 88-14-113 (Order 745), § 308-138A-020, filed 7/6/88. Statutory Authority: RCW 18.57A.020, 18.57.005 and 18.130.050, 88-09-030 (Order PM 723), § 308-138A-020, filed 4/15/88. Statutory Authority: RCW 18.57A.020, 87-20-099 (Order PM 671), § 308-138A-020, filed 10/7/87. Statutory Authority: RCW 18.57.005, 87-13-004 (Order PM 655), § 308-138A-020, filed 6/4/87. Statutory Authority: RCW 18.57A.020, 83-16-024 (Order PL 440), § 308-138A-020, filed 7/27/83. Statutory Authority: RCW 18.57.005 and 18.57A.020, 82-17-005 (Order PL 402), § 308-138A-020, filed 8/5/82. Formerly WAC 308-138-020.]

WAC 246-854-030 Osteopathic physician assistant prescriptions. An osteopathic physician assistant may issue written or oral prescriptions as provided herein when approved by the board and assigned by the supervising physician.

(1) Except for schedule two controlled substances as listed under federal and state controlled substances acts, a physician assistant may issue prescriptions for a patient who is under the care of the physician responsible for the supervision of the physician assistant.

(a) Written prescriptions shall be written on the blank of the supervising physician and shall include the name, address and telephone number of the physician and physician assistant. The prescription shall also bear the name and address of the patient and the date on which the prescription was written.

(b) The physician assistant shall sign such a prescription by signing his or her own name followed by the letters "P.A." and the physician assistant license number or physician assistant drug enforcement administration registration number or, if none, the supervising physician's drug enforcement administration registration number, followed by the initials "P.A." and the physician assistant license number issued by the board.

(c) Prescriptions for legend drugs and schedule three through five controlled substances must each be approved or signed by the supervising physician prior to administration, dispensing or release of the medication to the patient, except as provided in subsection (5) of this section.

(2) A physician assistant extended privileges by a hospital, nursing home or other health care institution may, if permissible under the bylaws, rules and regulations of the institution, write medical orders, except those for schedule

two controlled substances, for inpatients under the care of the physician responsible for his or her supervision.

(3) The license of a physician assistant who issues a prescription in violation of these provisions shall be subject to revocation or suspension.

(4) Physician assistants may not dispense prescription drugs to exceed treatment for forty-eight hours, except as provided in subsection (6) of this section. The medication so dispensed must comply with the state law prescription labeling requirements.

(5) Authority to issue prescriptions for legend drugs and schedule three through five controlled substances without the prior approval or signature of the supervising physician may be granted by the board to an osteopathic physician assistant who has:

(a) Provided a statement signed by the supervising physician that he or she assumes full responsibility and that he or she will review the physician assistant's prescription writing practice on an ongoing basis;

(b) A certificate from the National Commission on Certification of Physician Assistants';

(c) Demonstrated the necessity in the practice for authority to be granted permitting a physician assistant to issue prescriptions without prior approval or signature of the supervising physician.

(6) A physician assistant authorized to issue prescriptions under subsection (5) of this section may dispense medications the physician assistant has prescribed from office supplies. The physician assistant shall comply with the state laws concerning prescription labeling requirements.

[Statutory Authority: RCW 18.57.005, 93-24-028, § 246-854-030, filed 11/22/93, effective 12/23/93; 91-20-120 (Order 199B), § 246-854-030, filed 9/30/91, effective 10/31/91; 90-24-055 (Order 100B), recodified as § 246-854-030, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57A.020, 18.57.005 and 18.130.050, 89-23-067 (Order 018), § 308-138A-025, filed 11/15/89, effective 12/16/89; 88-09-030 (Order PM 723), § 308-138A-025, filed 4/15/88. Statutory Authority: RCW 18.57A.020, 87-20-099 (Order PM 671), § 308-138A-025, filed 10/7/87. Statutory Authority: RCW 18.57.005, 18.57A.020 and 18.57A.070, 84-05-011 (Order PL 457), § 308-138A-025, filed 2/7/84. Statutory Authority: RCW 18.57A.020, 83-16-024 (Order PL 440), § 308-138A-025, filed 7/27/83. Statutory Authority: RCW 18.57.005 and 18.57A.020, 82-17-005 (Order PL 402), § 308-138A-025, filed 8/5/82. Formerly WAC 308-138-025.]

WAC 246-854-040 Osteopathic physician assistant use of drugs or autotransfusion to enhance athletic ability. (1) An osteopathic physician assistant shall not prescribe, administer, or dispense anabolic steroids, growth hormones, testosterone or its analogs, human chorionic gonadotropin (HCG), other hormones, or any form of autotransfusion for the purpose of enhancing athletic ability and/or for nontherapeutic cosmetic appearance.

(2) A physician assistant shall complete and maintain patient medical records which accurately reflect the prescription, administering, or dispensing of any substance or drug described in this section or any form of autotransfusion. Patient medical records shall indicate the diagnosis and purpose for which the substance, drug, or autotransfusion is prescribed, administered, or dispensed and any additional information upon which the diagnosis is based.

(3) A violation of any provision of this section shall constitute grounds for disciplinary action under RCW 18.130.180(7). A violation of subsection (1) of this section

shall also constitute grounds for disciplinary action under RCW 18.130.180(6).

[Statutory Authority: RCW 18.57.005. 93-24-028, § 246-854-040, filed 11/22/93, effective 12/23/93; 90-24-055 (Order 100B), recodified as § 246-854-040, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005(2), 18.57A.020 and 18.130.050(1). 88-21-081 (Order PM 780), § 308-138A-030, filed 10/19/88.]

WAC 246-854-050 AIDS education and training.

(1) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(2) "Office on AIDS" means that section within the department of health or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(3) Acceptable education and training. The department will accept education and training that is consistent with the model curriculum available from the office on AIDS. Such education and training shall be a minimum of seven clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(4) Implementation. Effective January 1, 1989, the requirement for license application, renewal, or reinstatement of any license on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of subsection (3) of this section.

(5) Documentation. The license holder shall:

(a) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987, and before the renewal date or December 31, 1989, whichever date is earlier;

(b) Keep records for two years documenting attendance and description of the learning; and

(c) Be prepared to validate, through submission of these records, that learning has taken place.

[Statutory Authority: RCW 18.57.005. 93-24-028, § 246-854-050, filed 11/22/93, effective 12/23/93; 91-20-120 (Order 199B), § 246-854-050, filed 9/30/91, effective 10/31/91; 90-24-055 (Order 100B), recodified as § 246-854-050, filed 12/3/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604. 88-23-124 (Order PM 801), § 308-138A-040, filed 11/23/88.]

WAC 246-854-060 Application for licensure.

Effective January 1, 1989, persons applying for licensure shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of WAC 246-854-050.

[Statutory Authority: RCW 18.57.005. 93-24-028, § 246-854-060, filed 11/22/93, effective 12/23/93; 91-20-120 (Order 199B), § 246-854-060, filed 9/30/91, effective 10/31/91; 90-24-055 (Order 100B), recodified as § 246-854-060, filed 12/3/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604. 88-23-124 (Order PM 801), § 308-138A-050, filed 11/23/88.]

WAC 246-854-080 Osteopathic physician assistant licensure.

(1) Applications. All applications shall be made to the board on forms supplied by the board.

(2) The application shall detail the education, training, and experience of the osteopathic physician assistant and provide such other information as may be required. The application shall be accompanied by a fee determined by the secretary as provided in RCW 43.70.250. Each applicant shall furnish proof satisfactory to the board of the following:

(a) That the applicant has completed an accredited physician assistant program approved by the board and is eligible to take the National Commission on Certification of Physician Assistants examination;

(b) That the applicant has not committed unprofessional conduct as defined in RCW 18.130.180; and

(c) That the applicant is physically and mentally capable of practicing as an osteopathic physician assistant with reasonable skill and safety.

(3) The license shall be renewed on a periodic basis as determined by the secretary of the department of health under RCW 43.70.280. The renewal shall include a completed renewal application and payment of a fee, in addition to any late penalty fee, determined by the secretary as provided in RCW 43.70.250.

(4) Effective with the July 1, 1995, renewal period, the annual license renewal date for osteopathic physician assistants will be changed to coincide with the licensee's birthdate. Conversion will be accomplished as follows:

(a) Current licensees, as of June 30, 1995, desiring to renew their license will be required to pay the renewal fee plus one-twelfth of that amount for each month, or fraction thereof, in order to extend their license renewal to expire on their next birth anniversary date following June 30, 1996.

(b) On or after July 1, 1995, all new or initial osteopathic physician assistant licenses issued will expire on the applicant's next anniversary date.

(5) After this conversion to a staggered renewal system, licensees may annually renew their license from birth anniversary date to the next birth anniversary date.

[Statutory Authority: RCW 18.57.005 and 18.130.050. 94-15-068, § 246-854-080, filed 7/19/94, effective 8/19/94. Statutory Authority: RCW 18.57.005. 93-24-028, § 246-854-080, filed 11/22/93, effective 12/23/93; 90-24-055 (Order 100B), recodified as § 246-854-080, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005(2). 89-22-065 (Order PM 863), § 308-138A-070, filed 10/31/89, effective 12/1/89.]

WAC 246-854-090 Osteopathic physician assistant practice plan.

(1) A licensed physician assistant shall not practice except pursuant to a board approved practice arrangement plan jointly submitted by the osteopathic physician assistant and osteopathic physician or physician group under whose supervision the osteopathic physician assistant will practice. A fee as determined by the secretary of the department of health sufficient to recover the cost of administering the plan review shall accompany the practice plan.

(2) When a physician group is proposed to supervise the osteopathic physician assistant, one of the osteopathic physicians from that group shall be designated as primary responsible for the supervision of the osteopathic physician assistant and the plan shall specify how supervising responsibility is to be assigned among the remaining members of the group.

(3) Limitations, number. No osteopathic physician shall supervise more than one osteopathic physician assistant

without specific authorization by the board. The board shall consider the individual qualifications and experience of the physician and physician assistant, community need, and review mechanisms available in making their determination.

(4) Authorization by board, powers. In granting authorizations for the practice plan, the board may limit the authority for utilizing an osteopathic physician assistant to a specific task or tasks, or may grant specific approval in conformity with the program approved pursuant to WAC 246-854-020 and on file with the board.

(5) Limitations—Geographic limitations. No osteopathic physician assistant shall be utilized in a place other than that designated in the practice plan.

(6) Limitations—Remote practice. A practice plan proposing utilization of an osteopathic physician assistant at a place remote from the physician's regular place for meeting patients may be approved only if:

(a) There is a demonstrated need for such utilization; and

(b) Adequate provision for immediate communication between the physician and his physician assistant exists; and

(c) A mechanism has been developed and specified in the practice plan to provide for the establishment of a direct patient-physician relationship between the supervising osteopathic physician and patients with ongoing medical needs who may be seen initially by the osteopathic physician assistant; and

(d) The responsible physician spends at least one-half day per week seeing patients in the remote office site; and

(e) The remote office site reflects the osteopathic physician assistant and osteopathic physician relationship by specifying such relationship on office signs, office stationery, advertisements, billing forms, and other communication with patients or the public.

(7) Limitations, hospital functions. An osteopathic physician assistant working in or for a hospital, clinic or other health organization shall be licensed in the same manner as any other osteopathic physician assistant. His/her responsibilities, if any, to other physicians must be defined in the board approved practice plan.

(8) Limitations, trainees. An individual enrolled in a training program for physician assistants may function only in direct association with his/her preceptorship physician or a delegated alternate physician in the immediate clinical setting or, as in the case of specialized training in a specific area, an alternate preceptor approved by the program. They may not function in a remote location or in the absence of the preceptor.

(9) Supervising osteopathic physician, responsibility. It shall be the responsibility of the supervising osteopathic physician to see to it that:

(a) Any osteopathic physician assistant at all times when meeting or treating patient(s) wears a placard or other identifying plate in a prominent place upon his or her person identifying him or her as a physician assistant;

(b) No osteopathic physician assistant represents himself or herself in any manner which would tend to mislead anyone that he or she is a physician;

(c) That the osteopathic physician assistant performs only those tasks which he or she is authorized to perform under the authorization granted by the board;

(d) All EKG's and x-rays and all abnormal laboratory tests shall be reviewed by the physician within twenty-four hours;

(e) The charts of all patients seen by the osteopathic physician assistant shall be reviewed, countersigned and dated within one week by the supervising osteopathic physician or in the case of a physician group, the designated supervising physician as outlined in the practice plan;

(f) All telephone advice given by the supervising osteopathic physician, alternate supervising physician, or member of a supervising physician group through the physician assistant shall be documented, reviewed, countersigned, and dated by the advising physician within one week;

(g) The supervising osteopathic physician shall advise the board of the termination date of the working relationship. The notification shall include a written report providing the reasons for termination and an evaluation of the osteopathic physician assistant's performance.

(10) Alternate physician, supervisor—Approved by board. In the temporary absence of the supervising osteopathic physician, the osteopathic physician assistant may carry out those tasks for which he is licensed, if the supervisory and review mechanisms are provided by a delegated alternate osteopathic physician supervisor. If an alternate osteopathic physician is not available in the community or practice, the board may authorize a physician licensed under chapter 18.71 RCW or physician group to act as the alternate physician supervisor specified on the board approved practice plan.

[Statutory Authority: RCW 18.57.005, 93-24-028, § 246-854-090, filed 11/22/93, effective 12/23/93; 90-24-055 (Order 100B), recodified as § 246-854-090, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005(2), 89-22-065 (Order PM 863), § 308-138A-080, filed 10/31/89, effective 12/1/89.]

WAC 246-854-110 Osteopathic physician assistant continuing education required. (1) The board requires fifty credit hours of continuing education every year.

(a) In conjunction with the application for renewal of licensure, a licensee shall submit an affidavit of compliance with the fifty hour continuing education requirement on a form supplied by the board. The continuing education requirement shall be completed prior to issuance of the renewal license.

(b) The board reserves the right to require a licensee to submit evidence, in addition to the affidavit, to demonstrate compliance with the fifty hour continuing education requirement. Accordingly, it is the responsibility of a licensee to maintain evidence of such compliance.

(c) Certification of compliance with the requirement for continuing education of the American Osteopathic Association, Washington State Osteopathic Association, National Commission on Certification of Physician Assistants, Washington Academy of Physician Assistants, American Academy of Physician's Assistants, and the American Medical Association, or a recognition award or a current certification of continuing education from medical practice academies shall be deemed sufficient to satisfy the requirements of these regulations.

(2) In case licensees fail to meet the requirements because of illness, retirement (with no further provision of osteopathic medical services to consumers), or other extenu-

ating circumstances, each case will be considered by the board on an individual basis. When circumstances justify it, the board may grant an extension of time or a change in requirements. In the case of a permanent retirement or illness, the board may grant indefinite waiver of continuing education as a requirement for licensure, provided an affidavit is received indicating that the osteopathic physician assistant is not providing osteopathic medical services to consumers. If such permanent retirement or illness status is changed or osteopathic medical services are resumed, it is incumbent upon the licensee to immediately notify the board and show proof of practice competency as determined necessary by the board.

(3) Prior approval not required.

(a) The Washington state board of osteopathic medicine and surgery does not approve credits for continuing education. The board will accept any continuing education that reasonably falls within these regulations and relies upon each individual osteopathic physician assistant's integrity in complying with this requirement.

(b) Continuing education program sponsors need not apply for nor expect to receive prior board approval for continuing education programs. The continuing education category will depend solely upon the determination of the accrediting organization or institution. The number of creditable hours may be determined by counting the contact hours of instruction and rounding to the nearest quarter hour.

[Statutory Authority: RCW 18.57.005. 93-24-028, § 246-854-110, filed 11/22/93, effective 12/23/93.]

WAC 246-854-115 Categories of creditable continuing professional education activities. The following are categories of creditable continuing education activities approved by the board. The credits must be earned in the twelve-month period preceding application for renewal of licensure. One clock hour shall equal one credit hour for the purpose of satisfying the fifty hour continuing education requirement.

Category 1 - A minimum of thirty credit hours are mandatory under this category.

1-A Formal educational program sponsored by nationally recognized organizations or institutions which have been approved by the American Osteopathic Association, Washington State Osteopathic Association, Washington Academy of Physician Assistants, National Commission on Certification of Physician Assistants, American Medical Association, and the American Academy of Physician's Assistants.

1-B Preparation in publishable form of an original scientific paper.

a. A maximum of five credit hours for initial presentation or publication of a paper in a professional journal.

1-C Serving as a teacher, lecturer, preceptor or a moderator-participant in a formal educational program or preparation and scientific presentation at a formal educational program sponsored by one of the organizations or institutions specified in Category 1-A. One hour credit per each hour of instruction may be claimed.

a. A maximum of five credit hours per year.

Category 2 - Home study.

2-A A maximum of twenty credit hours per year may be granted.

a. Reading - Medical journals and quizzes.

1) One-half credit hour per issue

2) One-half credit hour per quiz

b. Listening - audio tape programs.

1) One-half credit hour per tape program

2) One-half credit hour per tape program quiz

c. Other - subject - oriented and refresher home study courses.

1) Credit hours indicated by sponsor will be accepted

2-B Preparation and presentation of a scientific exhibit at professional meetings.

a. Maximum of five credit hours per exhibit per year.

2-C Observation at medical centers; programs dealing with experimental and investigative areas of medical practice and programs conducted by nonrecognized sponsors.

a. Maximum of five credit hours per year.

[Statutory Authority: RCW 18.57.005. 93-24-028, § 246-854-115, filed 11/22/93, effective 12/23/93.]

Chapter 246-855 WAC

OSTEOPATHIC PHYSICIANS' ACUPUNCTURE ASSISTANTS

WAC

246-855-010	Acupuncture—Definition.
246-855-020	Acupuncture assistant education.
246-855-030	Acupuncture—Program approval.
246-855-040	Osteopathic acupuncture physicians' assistant's examination.
246-855-050	Investigation.
246-855-060	English fluency.
246-855-070	Supervising physicians' knowledge of acupuncture.
246-855-080	Utilization.
246-855-090	Prohibited techniques and tests.
246-855-100	AIDS education and training.
246-855-110	Application for registration.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-855-120	Registration renewal requirement. [Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-855-120, filed 12/3/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604. 88-23-124 (Order PM 801), § 308-138B-200, filed 11/23/88.] Repealed by 91-20-120 (Order 199B), filed 9/30/91, effective 10/31/91. Statutory Authority: RCW 18.57.005.
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WAC 246-855-010 Acupuncture—Definition.

Acupuncture is a traditional system of medical theory, oriental diagnosis and treatment used to promote health and treat organic or functional disorders, by treating specific acupuncture points or meridians. Acupuncture includes the following techniques:

(a) Use of acupuncture needles to stimulate acupuncture points and meridians.

(b) Use of electrical, mechanical or magnetic devices to stimulate acupuncture points and meridians.

(c) Moxibustion.

(d) Acupressure.

(e) Cupping.

(f) Gwa hsa (dermal friction technique).

(g) Infrared.

- (h) Sonopuncture.
- (i) Laser puncture.
- (j) Dietary advice.
- (k) Manipulative therapies.
- (l) Point injection therapy (aqua puncture).

These terms are to be understood within the context of the oriental medical art of acupuncture and as the board defines them.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-855-010, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005, 18.57A.020 and 18.57A.070. 84-05-011 (Order PL 457), § 308-138B-165, filed 2/7/84.]

WAC 246-855-020 Acupuncture assistant education.

Each applicant for an authorization to perform acupuncture must present evidence satisfactory to the board which discloses in detail the formal schooling or other type of training the applicant has previously undertaken which qualifies him or her as a practitioner of acupuncture. Satisfactory evidence of formal schooling or other training may include, but is not limited to, certified copies of certificates or licenses which acknowledge that the person has the qualifications to practice acupuncture, issued to an applicant by the government of the Republic of China (Taiwan), People's Republic of China, Korea or Japan. Whenever possible, all copies of official diplomas, transcripts and licenses or certificates should be forwarded directly to the board from the issuing agency rather than from the applicant. Individuals not licensed by the listed countries must document their education by means of transcripts, diplomas, patient logs verified by the preceptor, or by other means requested by the board. Applicants for registration must have successfully completed the following training:

(1) The applicant must have completed a minimum of two academic years or 72 quarter credits of undergraduate college education in the general sciences and humanities prior to entering an acupuncture training program. The obtaining of a degree is not required for the educational credits to qualify. Credits granted by the college towards prior life experience will not be accepted under this requirement.

(2) The applicant must have successfully completed a course of didactic training in basic sciences and acupuncture over a period of two academic years. The basic science training must include a minimum of 250 hours or 21 quarter credits and include such subjects as anatomy, physiology, bacteriology, biochemistry, pathology, hygiene and a survey in Western clinical sciences. The basic science classes must be equivalent to courses given in accredited bachelor of science programs. The acupuncture training must include a minimum of 700 hours or 58 quarter credits in acupuncture theory, and acupuncture diagnosis and treatment techniques. The board will not accept credits obtained on the basis of challenging an exam. Transfer credits from accredited colleges or board approved acupuncture programs will be accepted.

(3) The applicant must have successfully completed a course of clinical training in acupuncture over a period of one academic year. The training must include a minimum of 100 hours or 9 quarter credits of observation, which shall include case presentation and discussion. The observation

portion of the clinical training may be conducted during the didactic training but will be considered part of the clinical training for calculation of hours or credits. There must also be a minimum of 350 hours or 29 quarter credits of supervised practice, consisting of 400 separate patient treatments. A minimum of 120 different patients must have been treated.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-855-020, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57A.020. 83-16-024 (Order PL 440), § 308-138B-100, filed 7/27/83. Statutory Authority: RCW 18.57.005 and 18.57A.020. 82-17-005 (Order PL 402), § 308-138B-100, filed 8/5/82. Formerly WAC 308-138-100.]

WAC 246-855-030 Acupuncture—Program approval.

(1) Procedure. The board will consider for approval any school, program, apprenticeship or tutorial which meets the requirements outlined in this regulation and provides the training required under WAC 246-855-020 - Acupuncture assistant education. Approval may be granted to an individual registration applicant's training, or to existing institutions which operate on a continuing basis. Clinical and didactic training may be approved as separate programs or as a joint program. The program approval process is as follows:

(a) Programs seeking approval shall file an application with the board in the format required by the board.

(b) The board will review the application and determine whether a site review is necessary (in the case of an institution) or an interview is appropriate (in the case of individual training) or approval may be granted on the basis of the application alone.

(c) The site review committee shall consist of two board members and one member of the board staff. The review committee may visit the program any time during school operating hours. The committee will report to the board in writing concerning the program's compliance with each section of the regulations.

(d) After reviewing all of the information collected concerning a program; the board may grant or deny approval, or grant approval conditional upon program modifications being made. In the event of denial or conditional approval, the program may request a hearing before the board. No approval shall be extended to an institution for more than three years, at which time a request for reapproval may be made.

(e) The board expects approved programs to not make changes which will result in the program not being in compliance with the regulations. Programs must notify the board concerning significant changes in administration, faculty or curriculum. The board may inspect the school at reasonable intervals to check for compliance. Program approval may be withdrawn, after a hearing, if the board finds the program no longer in compliance with the regulations.

(2) Didactic faculty. Didactic training may only be provided by persons who meet the criteria for faculty as stated in the council for postsecondary education's WAC 250-55-090 - Personal qualifications. Under no circumstances will an unregistered instructor perform or supervise the performance of acupuncture.

(3) Clinical faculty. Clinical training may be provided only by persons who meet the following criteria:

(a) The instructor must be a practitioner who has had a minimum of five years of full time acupuncture practice experience.

(b) If the training is conducted in this state, the practitioner must be registered to practice in this state. In the case of a school or program, the approval of the institution will include a review of the instructor's qualifications and the training arrangements. Approval of the instructors will extend to instruction conducted within the program.

(c) For training not conducted in this state to be acceptable, the instructor must be licensed by a state or country with equivalent license standards.

(4) Supervision of training. Clinical training in this state must be conducted under the general supervision of the instructor's sponsoring physician. During any given clinic period, the acupuncture instructor may not supervise more than four students. The number of students present during an observation session should be limited according to the judgment of the instructor. Supervision by the instructor during clinical training must be direct: Each diagnosis and treatment must be done with the knowledge and concurrence of the instructor. During at least the first 100 treatments, the instructor must be in the room during treatment. Thereafter, the instructor must at least be in the facility, available for consultation and assistance. An osteopathic physician may only supervise two acupuncture assistance instructors per clinical instruction period.

[Statutory Authority: RCW 18.57.005. 91-20-120 (Order 199B), § 246-855-030, filed 9/30/91, effective 10/31/91; 90-24-055 (Order 100B), recodified as § 246-855-030, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57A.020. 83-16-024 (Order PL 440), § 308-138B-105, filed 7/27/83.]

WAC 246-855-040 Osteopathic acupuncture physicians' assistant's examination. (1) Applicants for registration who have not been issued a license or certificate to practice acupuncture from the governments listed in RCW 18.57A.070, or from a country or state with equivalent standards of practice determined by the board, must pass the Washington acupuncture examination.

(2) A written and practical examination in English shall be given twice yearly for qualified applicants at a time and place determined by the board and shall examine the applicants' knowledge of anatomy, physiology, bacteriology, biochemistry, pathology, hygiene and acupuncture.

(3) An applicant must be approved by the board at least forty-five days in advance of the scheduled examination date to be eligible to take the written portion of the examination. The applicant shall provide his or her own needles and other equipment necessary for demonstrating the applicant's skill and proficiency in acupuncture.

(4) An applicant must have successfully completed the written portion of the examination prior to being eligible for the practical examination.

(5) The passing score for the examination is a converted score of seventy-five.

(6) Applicants requesting to retake either the written or practical portion of the examination shall submit the request for reexamination at least forty-five days in advance of the scheduled examination date.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-855-040, filed 12/3/90, effective 1/31/91. Statutory Authority:

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RCW 18.57.005(2), 18.57A.020 and 18.130.050(1). 88-21-081 (Order PM 780), § 308-138B-110, filed 10/19/88. Statutory Authority: RCW 18.57.005 and 18.57A.020. 82-17-005 (Order PL 402), § 308-138B-110, filed 8/5/82. Formerly WAC 308-138-110.]

WAC 246-855-050 Investigation. An applicant for an authorization to perform acupuncture shall, as part of his or her application, furnish written consent to an investigation of his or her personal background, professional training and experience by the board or any person acting on its behalf.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-855-050, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.57A.020. 82-17-005 (Order PL 402), § 308-138B-130, filed 8/5/82. Formerly WAC 308-138-130.]

WAC 246-855-060 English fluency. Each applicant must demonstrate sufficient fluency in reading, speaking and understanding the English language to enable the applicant to communicate with supervising physicians and patients concerning health care problems and treatment.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-855-060, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.57A.020. 82-17-005 (Order PL 402), § 308-138B-140, filed 8/5/82. Formerly WAC 308-138-140.]

WAC 246-855-070 Supervising physicians' knowledge of acupuncture. Osteopathic physicians applying for authorization to utilize the services of an osteopathic physician's acupuncture assistant shall demonstrate to the board that the osteopathic physician possesses sufficient understanding of the application of acupuncture treatment, its contraindications and hazards so as to adequately supervise the practice of acupuncture.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-855-070, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.57A.020. 82-17-005 (Order PL 402), § 308-138B-150, filed 8/5/82. Formerly WAC 308-138-150.]

WAC 246-855-080 Utilization. (1) Persons authorized as osteopathic physicians' acupuncture assistants shall be restricted in their activities to only those procedures which a duly licensed, supervising osteopathic physician may request them to do. Under no circumstances may an osteopathic physician's acupuncture assistant perform any diagnosis of patients or recommend or prescribe any forms of treatment or medication.

(2) An acupuncture assistant shall treat patients only under the direct supervision of a physician who is present on the same premises where the treatment is to be given.

(3) An osteopathic physician shall not employ or supervise more than one acupuncture assistant.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-855-080, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.57A.020. 82-17-005 (Order PL 402), § 308-138B-160, filed 8/5/82. Formerly WAC 308-138-160.]

WAC 246-855-090 Prohibited techniques and tests. No osteopathic physician's acupuncture assistant may prescribe, order, or treat by any of the following means, modalities, or techniques:

- (1) Diathermy treatments
- (2) Ultrasound or sonopuncture treatments

- (3) Infrared treatments
- (4) Electromuscular stimulation for the purpose of stimulating muscle contraction
- (5) X-rays
- (6) Laboratory tests
- (7) Laser puncture
- (8) Dietary therapy
- (9) Manipulative therapies
- (10) Point injection therapy (aqua puncture)
- (11) Herbal remedies.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-855-090, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57A.020. 87-20-099 (Order PM 671), § 308-138B-170, filed 10/7/87. Statutory Authority: RCW 18.57.005, 18.57A.020 and 18.57A.070. 84-05-011 (Order PL 457), § 308-138B-170, filed 2/7/84. Statutory Authority: RCW 18.57A.020. 83-16-024 (Order PL 440), § 308-138B-170, filed 7/27/83. Statutory Authority: RCW 18.57.005 and 18.57A.020. 82-17-005 (Order PL 402), § 308-138B-170, filed 8/5/82. Formerly WAC 308-138-170.]

WAC 246-855-100 AIDS education and training.

(1) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(2) "Office on AIDS" means that section within the department of health or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(3) Acceptable education and training. The department will accept education and training that is consistent with the model curriculum available from the office on AIDS. Such education and training shall be a minimum of seven clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(4) Implementation. Effective January 1, 1989, the requirement for registration application, renewal, or reinstatement of any registration on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of subsection (3) of this section.

(5) Documentation. The registration holder shall:

(a) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987, and before the renewal date or December 31, 1989, whichever date is earlier;

(b) Keep records for two years documenting attendance and description of the learning; and

(c) Be prepared to validate, through submission of these records, that learning has taken place.

[Statutory Authority: RCW 18.57.005. 91-20-120 (Order 199B), § 246-855-100, filed 9/30/91, effective 10/31/91; 90-24-055 (Order 100B), recodified as § 246-855-100, filed 12/3/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604. 88-23-124 (Order PM 801), § 308-138B-180, filed 11/23/88.]

WAC 246-855-110 Application for registration. Effective January 1, 1989, persons applying for registration

shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of WAC 246-855-100.

[Statutory Authority: RCW 18.57.005. 91-20-120 (Order 199B), § 246-855-110, filed 9/30/91, effective 10/31/91; 90-24-055 (Order 100B), recodified as § 246-855-110, filed 12/3/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604. 88-23-124 (Order PM 801), § 308-138B-190, filed 11/23/88.]

Chapter 246-856 WAC

BOARD OF PHARMACY—GENERAL

WAC

246-856-001	Purpose.
246-856-020	Adjudicative proceedings—Procedural rules for the board of pharmacy.

WAC 246-856-001 Purpose. The purpose of this chapter is to combine the common rules adopted by the board of pharmacy for all holders of licenses, registrations and certifications, as well as any other authorizations, issued by the board of pharmacy.

[Statutory Authority: RCW 18.64.005. 94-17-144, § 246-856-001, filed 8/23/94 effective 9/23/94.]

WAC 246-856-020 Adjudicative proceedings—Procedural rules for the board of pharmacy. The board adopts the model procedural rules for adjudicative proceedings as adopted by the department of health and contained in chapter 246-11 WAC, including subsequent amendments.

[Statutory Authority: RCW 18.64.005. 94-17-144, § 246-856-020, filed 8/23/94 effective 9/23/94.]

Chapter 246-858 WAC

PHARMACISTS—INTERNSHIP REQUIREMENTS

WAC

246-858-020	General requirements.
246-858-030	Registration of interns.
246-858-040	Rules for the pharmacy intern.
246-858-050	Intern training reports.
246-858-060	Requirements for preceptor certification.
246-858-070	Rules for preceptors.
246-858-080	Special internship approval.

WAC 246-858-020 General requirements. (1) RCW 18.64.080(3) states: "Any person enrolled as a student of pharmacy in an accredited college may file with the department an application for registration as a pharmacy intern —." A student of pharmacy shall be defined as any person enrolled in a college or school of pharmacy accredited by the board of pharmacy or any graduate of any accredited college or school of pharmacy.

(2) As provided for in RCW 18.64.080(3) the board of pharmacy hereby establishes fifteen hundred hours for the internship requirement.

(a) For graduates prior to 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.]

WAC 246-858-030 Registration of interns. To register as a pharmacy intern, an applicant shall file with the department an application for registration as a pharmacy intern as provided for in RCW 18.64.080. The application shall be accompanied by a fee as specified in WAC 246-907-030. Prior to engaging in the practice of pharmacy as an intern or extern, under the supervision of a preceptor, the applicant must be registered by the board as a pharmacy intern.

[Statutory Authority: RCW 18.64.005, 92-12-035 (Order 277B), § 246-858-030, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-858-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11), 88-01-025 (Order 208), § 360-10-020, filed 12/9/87. Statutory Authority: RCW 18.64.005 and 18.64A.020, 83-18-021 (Order 175), § 360-10-020, filed 8/30/83; Order 106, § 360-10-020, filed 6/3/71; Regulation 48, § II, filed 6/17/66.]

WAC 246-858-040 Rules for the pharmacy intern.

(1) The intern shall send notification to the board of pharmacy on or before the intern's first day of training. Such notification shall consist of the date, the name of the pharmacy, and the name of the preceptor where the intern expects to begin his/her internship. The board of pharmacy shall promptly notify the intern of the acceptability of the preceptor under whom the intern expects to gain experience. Internship credit will not be accepted until the preceptor has been certified.

(2) The pharmacy intern shall engage in the practice of pharmacy, and the selling of items restricted to sale under the supervision of a licensed pharmacist, only while the intern is under the direct and personal supervision of a certified preceptor or a licensed pharmacist designated by the preceptor to supervise that intern during the preceptor's absence from the site. Provided, that hours of experience gained while the certified preceptor is absent from the site shall not be counted toward fulfilling any internship requirement.

[Statutory Authority: RCW 18.64.005, 92-12-035 (Order 277B), § 246-858-040, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-858-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005, 91-11-041 (Order 170B), § 360-10-030, filed 5/10/91, effective 6/10/91. Statutory Authority: RCW 18.64.005(11), 88-01-025 (Order 208), § 360-10-030, filed 12/9/87; Regulation 48, § III, filed 6/17/66.]

WAC 246-858-050 Intern training reports. (1) The intern shall file with the board on forms provided by the board an internship evaluation report at the completion of internship training experience at each site.

(2) The board of pharmacy shall provide the necessary affidavit forms to the intern for the purpose of certification of the hours of experience, which shall only include hours under the personal supervision of a preceptor. Affidavits must be certified and recorded in the office of the board of pharmacy not later than thirty days after the completion of any site internship experience. Completion of any site experience is intended to mean those situations when neither the intern nor the preceptor anticipate further intern experience at some later date at that site.

(3) The intern's report and all or part of the hours covered by the period of the report can be rejected by the board if, for the period involved, the pharmacy intern has not performed the practice of pharmacy adequately.

(4) Certification of at least seven hundred hours must be submitted to the board office thirty days prior to licensing examination.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-858-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11), 88-01-025 (Order 208), § 360-10-040, filed 12/9/87; Order 106, § 360-10-040, filed 6/3/71; Order 102, § 360-10-040, filed 12/5/69; Regulation 48, § IV, filed 6/17/66.]

WAC 246-858-060 Requirements for preceptor certification. (1) A pharmacist who is licensed and actively engaged in practice in a Class A pharmacy in the state of Washington, and who has met certification requirements prescribed in this section of the regulation and who has completed a board approved training program within the last five years, and who has been certified by the board of

pharmacy shall be known as "pharmacist preceptor." The requirement for completion of an approved training program becomes effective June 30, 1991.

(2) The pharmacist preceptor must have completed twelve months as a licensed pharmacist engaged in the practice of pharmacy as defined in RCW 18.64.011(11).

(3) Any preceptor or preceptor applicant who has been found guilty of a drug or narcotic violation or whose pharmacist license has been revoked, suspended, or placed on probation by the state board of pharmacy shall not be eligible for certification as a preceptor, until completion of the probationary period, and a showing of good cause for certification as a pharmacist preceptor.

(4) The preceptor shall be responsible for the quality of the internship training under his/her supervision and he/she shall assure that the intern actually engages in pharmaceutical activities during that training period.

(5) The board of pharmacy shall withdraw a preceptor's certification upon proof that the preceptor failed to meet or maintain the requirements as stated in this section.

(6) In considering the approval of special internship programs pursuant to WAC 246-858-080, the board may approve alternative qualification requirements for the preceptors of such programs.

[Statutory Authority: RCW 18.64.005, 92-12-035 (Order 277B), § 246-858-060, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-858-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005, 91-11-041 (Order 170B), § 360-10-050, filed 5/10/91, effective 6/10/91; 90-11-079 (Order 055), § 360-10-050, filed 5/16/90, effective 6/16/90. Statutory Authority: RCW 18.64.005(11), 88-06-060 (Order 211), § 360-10-050, filed 3/2/88; Order 106, § 360-10-050, filed 6/3/71; Regulation 48, § V, filed 6/17/66.]

WAC 246-858-070 Rules for preceptors. (1) The pharmacist preceptor, or his or her designee in accordance with WAC 246-858-040(2), shall supervise the pharmacy intern and shall be responsible for the sale of restricted items, and the compounding and dispensing of pharmaceuticals dispensed by an intern.

(2) The pharmacist preceptor must use the board approved plan of instruction for interns.

(3) Upon completion of the intern's experience at each site, the preceptor under whom this experience was obtained shall file a report with the board. Such report shall briefly describe the type of professional experience received under the preceptor's supervision and the preceptor's evaluation of the intern's ability to practice pharmacy at that stage of internship.

(4) The board of pharmacy shall provide the necessary affidavit forms to certify hours of experience under the personal supervision of a preceptor. Affidavits must be certified and recorded in the office of the board not later than thirty days after the completion of any site intern experience; provided that any experience necessary for eligibility to take the licensing examination must be in the board office no later than thirty days prior to the examination.

(5) The pharmacist preceptor may supervise more than one intern during a given time period; however, two interns may not dispense concurrently under the direct supervision of the same preceptor.

[Statutory Authority: RCW 18.64.005, 92-12-035 (Order 277B), § 246-858-070, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-858-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005, 91-11-041 (Order 170B), § 360-10-060, filed 5/10/91, effective 6/10/91. Statutory Authority: RCW 18.64.005(11), 88-06-060 (Order 211), § 360-10-060, filed 3/2/88; Order 102, § 360-10-060, filed 12/5/69; Regulation 48, § VI, filed 6/17/66.]

WAC 246-858-080 Special internship approval. (1) The board will consider applications for approval of special internship programs. Such programs may be approved when the board determines that they offer a significant educational opportunity.

(2) Applications for special internship approval must be submitted at least thirty days prior to the next board meeting which will afford the board an opportunity to review the program.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-858-080, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11), 88-01-025 (Order 208), § 360-10-080, filed 12/9/87; Order 114, § 360-10-080, filed 6/28/73.]

Chapter 246-861 WAC

PHARMACISTS—PROFESSIONAL PHARMACEUTICAL EDUCATION

WAC

246-861-010	Definitions.
246-861-020	Renewal requirements.
246-861-030	Continuing education programs.
246-861-040	Applications for approval of continuing education program—Post-approval of continuing education program.
246-861-050	Continuing education program approved providers.
246-861-055	Continuing education program.
246-861-060	Instructors' credit toward continuing education unit.
246-861-090	Amount of continuing education.
246-861-095	Pharmacists licensed in other health professions.
246-861-120	Waiver of the continuing education requirement.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-861-070	Credit for continuing education. [Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-861-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(12), 80-08-036 (Order 156, Resolution No. 6/80), § 360-11-033, filed 6/26/80.] Repealed by 92-03-029 (Order 234B), § 246-861-010, filed 1/8/92, effective 2/8/92. Statutory Authority: RCW 18.64.005.
246-861-080	Credit for individual study programs. [Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-861-080, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(12), 80-08-036 (Order 156, Resolution No. 6/80), § 360-11-037, filed 6/26/80.] Repealed by 92-03-029 (Order 234B), § 246-861-010, filed 1/8/92, effective 2/8/92. Statutory Authority: RCW 18.64.005.
246-861-100	Pharmacist audits—Disallowed credit. [Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-861-100, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(12), 80-08-036 (Order 156, Resolution No. 6/80), § 360-11-045, filed 6/26/80.] Repealed by 92-03-029 (Order 234B), § 246-861-010, filed 1/8/92, effective 2/8/92. Statutory Authority: RCW 18.64.005.
246-861-110	Advisory committee on continuing education. [Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW.

91-18-057 (Order 191B), recodified as § 246-861-110, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(12). 80-08-036 (Order 156, Resolution No. 6/80), § 360-11-060, filed 6/26/80; Order 116, § 360-11-060, filed 11/9/73.] Repealed by 92-03-029 (Order 234B), § 246-861-010, filed 1/8/92, effective 2/8/92. Statutory Authority: RCW 18.64.005.

WAC 246-861-010 Definitions. (1) "Accredited programs/courses" means continuing education sponsored by providers which are approved by the American Council on Pharmaceutical Education (ACPE).

(2) "Board approved programs/courses" means continuing education which has been reviewed and approved by the board office.

(3) "Approved provider" means any person, corporation, or association approved 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 includ-

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ing 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 246-861-030 Continuing education programs.

(1) The continuing professional pharmaceutical education courses may consist of post-graduate studies, institutes, seminars, lectures, conferences, workshops, extension studies, correspondence courses and other similar methods of conveying continuing education as may be approved by the board.

(2) Such courses shall consist of subject matter pertinent to the following general areas of professional pharmaceutical education:

- (a) The legal aspects of health care;
 - (b) The properties and actions of drugs and dosage forms;
 - (c) The etiology, characteristics, therapeutics, and prevention of the disease state;
 - (d) Specialized professional pharmacy practice.
- (3) Full credit (hour for hour) shall be allowed for:
- (a) Speakers.
 - (b) Panels.
 - (c) Structured discussion, workshops, and demonstrations.
 - (d) Structured question and answer sessions.
- (4) Credit shall not be allowed for:
- (a) Welcoming remarks.
 - (b) Time spent for meals or social functions.
 - (c) Business sessions.
 - (d) Unstructured demonstrations (e.g., poster sessions).
 - (e) Unstructured question and answer sessions (e.g., after program ends).
 - (f) Degree programs except advanced degrees in pharmacy.

(5) Keynote speaker and topics must be submitted through the standard process.

[Statutory Authority: RCW 18.64.005. 92-03-029 (Order 234B), § 246-861-030, filed 1/8/92, effective 2/8/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified

as § 246-861-030, filed 8/30/91, effective 9/30/91; Order 116, § 360-11-020, filed 11/9/73.]

WAC 246-861-040 Applications for approval of continuing education program—Post-approval of continuing education program. (1) Applications for approval or post-approval of a continuing education program which is not an accredited program or provided by an approved provider shall be made on the form provided for this purpose by the Washington state board of pharmacy 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 or the board, 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. 96-11-042, § 246-861-040, filed 5/8/96, effective 6/8/96; 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 participa-

tion 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.]

WAC 246-861-095 Pharmacists licensed in other health professions. A pharmacist who is licensed to practice another health profession shall meet the same pharmacy continuing education requirements in the same manner as all other pharmacists and shall otherwise comply with this chapter. A licensee's compliance with the continuing education requirements of another health profession shall not qualify as compliance with this chapter, unless the subject matter of the continuing education meets the standards established in this chapter.

[Statutory Authority: RCW 18.64.005. 92-03-029 (Order 234B), § 246-861-095, filed 1/8/92, effective 2/8/92.]

WAC 246-861-120 Waiver of the continuing education requirement. The board of pharmacy may, at its

discretion, waive the requirements of this rule for such reasons as illness, incapacity, or other extenuating circumstances. Written request for waiver shall be submitted to the board for consideration.

[Statutory Authority: RCW 18.64.005. 92-03-029 (Order 234B), § 246-861-120, filed 1/8/92, effective 2/8/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-861-120, filed 8/30/91, effective 9/30/91; Order 116, § 360-11-070, filed 11/9/73.]

Chapter 246-863 WAC PHARMACISTS—LICENSING

WAC

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WAC 246-863-020 Examinations. (1) The examination for licensure as a pharmacist shall be known as the full board examination in such form as may be determined by the board.

(2) The score required to pass the examination shall be 75. In addition, the score achieved in the jurisprudence section of the exam shall be no lower than 75.

(3) An examinee failing the jurisprudence section of the full board examination shall be allowed to retake the jurisprudence section at a time and place to be specified by the board.

(4) An examinee who fails the jurisprudence examination three times shall not be eligible for further examination until he or she has satisfactorily completed a pharmacy law course provided by a college of pharmacy or board directed study or tutorial program approved by the board.

(5) A person taking the licensing examination in another state for the purpose of score transfer to Washington shall be required to meet the same licensure requirements as a person taking the licensing examination in Washington. All of the documentation, fees, intern hours and reports shall be submitted. In order for the score transfer application to be valid, the licensing process must be completed within one year of the date the score transfer notification is received in the board office.

[Statutory Authority: RCW 18.64.005. 94-08-099, § 246-863-020, filed 4/6/94, effective 5/7/94. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-863-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 89-22-045, § 360-12-015, filed 10/30/89, effective 11/30/89; 87-18-066 (Order 207), § 360-12-015, filed 9/2/87. Statutory Authority: RCW 18.64.005(1) and 18.64.080. 84-04-029 (Order 183), § 360-12-015, filed 1/25/84. Statutory Authority: RCW 69.50.201. 79-04-048 (Order 147, Resolution No. 3-79), § 360-12-015, filed 3/27/79.]

WAC 246-863-030 Applicants—Reciprocity applicants. (1) Applicants for license by reciprocity whose applications have been approved shall be required to take and pass the jurisprudence examination given by the board prior to being issued his or her license. The jurisprudence examination shall be offered at least once in every two months. If the licensing process has not been completed within two years of the date of application, the application shall be considered abandoned.

Refund of the state application fee shall not be made for any request not received within one year or for those applicants who have attempted the jurisprudence examination and have failed to achieve a passing score.

(2) An applicant for license by reciprocity who has been out of the active practice of pharmacy for between three and five years must take and pass the jurisprudence examination and additionally must either serve an internship of 300 hours or take and pass such additional practical examinations as may be specified by the board in each individual case.

(3) An applicant for license by reciprocity who has been out of the active practice of pharmacy for over five years must take and pass the full board examination and serve an internship of 300 hours.

[Statutory Authority: RCW 18.64.005, 94-08-099, § 246-863-030, filed 4/6/94, effective 5/7/94. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-863-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005, 87-18-066 (Order 207), § 360-12-050, filed 9/2/87. Statutory Authority: RCW 69.50.201, 79-04-048 (Order 147, Resolution No. 3-79), § 360-12-050, filed 3/27/79; Order 121, § 360-12-050, filed 8/8/74; Regulation 4, filed 3/23/60.]

WAC 246-863-035 Temporary permits. A temporary permit to practice pharmacy may be issued to an applicant licensed by examination in a state which participates in the licensure transfer process unless there is a basis for denial of the license or issuance of a conditional license. The applicant shall meet all the qualifications, submit the necessary paperwork and fees for licensure transfer, and submit a written request for a permit to practice pharmacy with the temporary permit fee specified in WAC 246-907-030.

Prior to issuance of the permit to practice pharmacy, the board shall receive the following documents:

- (1) A completed Washington pharmacy license application;
- (2) The fee specified in WAC 246-907-030;
- (3) A disciplinary report from the National Association of Boards of Pharmacy (NABP) Clearinghouse;
- (4) Completed NABP "Official Application for Transfer of Pharmaceutic Licensure";
- (5) Proof of seven hours of approved AIDS education.

Such a permit shall expire on the first day of the month following the date of the next jurisprudence examination. In case of failure or nonattendance, the permit shall not be extended.

[Statutory Authority: RCW 18.64.005, 92-23-058 (Order 317B), § 246-863-035, filed 11/17/92, effective 12/18/92.]

WAC 246-863-040 Foreign-trained applicants. (1) Applicants whose academic training in pharmacy has been obtained from institutions in foreign countries, wishing to be

licensed as pharmacists in the state of Washington shall take and pass the foreign pharmacy graduate equivalency examination prepared by the foreign pharmacy graduate education commission and shall have received an educational equivalency certificate from that commission.

(2) In addition, prior to licensure they shall pass the Washington state board of pharmacy full board examination and meet its internship requirements.

(3) Applicants whose academic training in pharmacy has been obtained from institutions in foreign countries and whose credentials are such that no further education is necessary must earn a total of 1500 intern hours before licensure. The applicant must earn at least 1200 intern hours before taking the full board examination: *Provided*, That the board may, for good cause shown, waive the required 1500 hours.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-863-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005, 84-03-015 (Order 180), § 360-12-065, filed 1/9/84. Statutory Authority: RCW 69.50.201, 79-04-048 (Order 147, Resolution No. 3-79), § 360-12-065, filed 3/27/79; Order 122, § 360-12-065, filed 9/30/74.]

WAC 246-863-050 Licensed pharmacists change of address. It is the responsibility of the licensed pharmacist to maintain a current mailing address with the board. Licensed pharmacists shall notify the state board of pharmacy of any change of mailing address within thirty days of the change. The board may rely upon the last mailing address for purposes of service or delivery of any official board documents, including the service of adjudicative proceeding documents. If after a good faith but unsuccessful attempt to determine the actual residence of a licensee, charges against the licensee are mailed by certified mail to the address on file with the board and returned unclaimed or are unable to be delivered for any reason, the board may proceed against the licensee by default under RCW 34.05.440.

[Statutory Authority: RCW 18.64.005, 93-10-007 (Order 357B), § 246-863-050, filed 4/22/93, effective 5/23/93. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-863-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005, 89-23-078, § 360-12-110, filed 11/17/89, effective 12/18/89. Statutory Authority: RCW 18.64.005(11), 79-10-007 (Order 151, Resolution No. 9/79), § 360-12-110, filed 9/6/79; Regulation 5, filed 3/23/60.]

WAC 246-863-060 Licensed pharmacists—Employed as responsible managers—Duty to notify board. Licensed pharmacists employed as responsible managers for a pharmacy shall at once notify the state board of pharmacy of such employment and shall comply with such instructions as may be received. A pharmacist shall also at once notify the state board of pharmacy of termination of employment as a responsible manager. Please refer to WAC 246-869-070 for additional information.

[Statutory Authority: RCW 18.64.005, 92-12-035 (Order 277B), § 246-863-060, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-863-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11), 79-10-007 (Order 151, Resolution No. 9/79), § 360-12-120, filed 9/6/79; Regulation 8, filed 3/23/60.]

WAC 246-863-070 Inactive pharmacist license. Any pharmacist who desires to leave the active practice of pharmacy in the state of Washington may request an inactive license from the board. The request for an inactive license shall be submitted on a form provided by the department. It must be renewed in the same manner as an active license upon payment of a fee as specified by the secretary.

The holder of an inactive license shall not practice pharmacy in the state of Washington. The holder of an inactive license need not comply with the continuing education requirements contained in chapter 246-861 WAC.

In order to reactivate an inactive license, the holder of the inactive license shall comply with the provisions of WAC 246-863-090.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-863-070, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-863-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.140. 85-06-010 (Order 193), § 360-12-125, filed 2/22/85.]

WAC 246-863-080 Retired pharmacist license. (1) Any pharmacist who has been licensed in the state for twenty-five consecutive years, who wishes to retire from the practice of pharmacy, may apply for a retired pharmacist license by submitting to the board:

(a) An application on a form provided by the department; and

(b) A fee as specified in WAC 246-907-030.

(2) The holder of a retired pharmacist license shall not be authorized to practice pharmacy and need not comply with the continuing education requirements of chapter 246-861 WAC.

(3) A retired pharmacist license shall be granted to any qualified applicant and shall entitle such person to receive mailings from the board of pharmacy: *Provided*, That lawbook updates shall not be mailed without charge.

(4) In order to reactivate a retired pharmacist license, the holder must comply with the provision of WAC 246-863-090.

(5) The annual renewal fee for a retired pharmacist license is set by the secretary in WAC 246-907-030.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-863-080, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 43.70.040. 91-19-028 (Order 194), recodified as § 246-863-080, filed 9/10/91, effective 10/11/91. Statutory Authority: RCW 43.70.250. 91-13-002 (Order 173), § 360-12-128, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 18.64.005(11). 86-24-057 (Order 203), § 360-12-128, filed 12/2/86.]

WAC 246-863-090 Pharmacists—Reinstatement or reactivation of license. (1) A pharmacist who desires to reinstate or reactivate his or her license after having been out of the active practice of pharmacy shall meet the following requirements, as applicable, in addition to paying the fee required by RCW 18.64.140.

(a) If the pharmacist has been unlicensed or the holder of an inactive license for three years or less, the pharmacist shall take and pass the jurisprudence examination given by the department.

(b) If the pharmacist has been unlicensed or the holder of an inactive license for between three and five years, the pharmacist shall take and pass the jurisprudence examination

given by the department and either serve an internship of 300 hours or take and pass such further written practical examinations as are specified by the board in each individual case.

(c) If the pharmacist has been unlicensed or the holder of an inactive license for over five years, the pharmacist shall take and pass the full board examination and serve an internship of 300 hours.

(2) A pharmacist desiring to reinstate or reactivate his or her license shall complete such continuing education credits as the board may specify in each individual case.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-863-090, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-863-090, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.140. 85-06-010 (Order 193), § 360-12-130, filed 2/22/85. Statutory Authority: RCW 69.50.201. 79-04-048 (Order 147, Resolution No. 3-79), § 360-12-130, filed 3/27/79; Regulation 2, filed 3/23/60.]

WAC 246-863-095 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.]

WAC 246-863-100 Pharmacist prescriptive authority—Prior board notification of written guideline or protocol required. (1) A pharmacist planning to exercise prescriptive authority in his or her practice (see RCW 18.64.011(11)) by initiating or modifying drug therapy in accordance with written guidelines or protocols previously established and approved for his or her practice by a practitioner authorized to prescribe drugs must have on file at his/her place of practice a properly prepared written guideline or protocol indicating approval has been granted by a practitioner authorized to prescribe. A copy of the written guideline or protocol must also be on file with the board of pharmacy.

(2) For purposes of pharmacist prescriptive authority under RCW 18.64.011(11), a written guideline or protocol is defined as an agreement in which any practitioner authorized to prescribe legend drugs delegates to a pharmacist or group of pharmacists authority to conduct specified prescribing functions. Any modification of the written guideline or protocol shall be treated as a new protocol. It shall include:

(a) A statement identifying the practitioner authorized to prescribe and the pharmacist(s) who are party to the agreement. The practitioner authorized to prescribe must be in active practice, and the authority granted must be within the scope of the practitioners' current practice.

(b) A time period not to exceed 2 years during which the written guideline or protocol will be in effect.

(c) A statement of the type of prescriptive authority decisions which the pharmacist(s) is (are) authorized to make, which includes:

(i) A statement of the types of diseases, drugs, or drug categories involved, and the type of prescriptive authority activity (e.g., modification or initiation of drug therapy) authorized in each case.

(ii) A general statement of the procedures, decision criteria, or plan the pharmacist(s) is (are) to follow when making therapeutic decisions, particularly when modification or initiation of drug therapy is involved.

(d) A statement of the activities pharmacist(s) is (are) to follow in the course of exercising prescriptive authority, including documentation of decisions made, and a plan for communication or feedback to the authorizing practitioner concerning specific decisions made. Documentation may occur on the prescription record, patient drug profile, patient medical chart, or in a separate log book.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-863-100, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11), 81-19-086 (Order 163, Resolution No. 8/81), § 360-12-140, filed 9/17/81. Statutory Authority: RCW 18.64.005(4) and (11), 80-08-035 (Order 155, Resolution No. 6/80), § 360-12-140, filed 6/26/80, effective 9/30/80.]

WAC 246-863-110 Monitoring of drug therapy by pharmacists. The term "monitoring drug therapy" used in RCW 18.64.011(11) shall mean a review of the drug therapy

regimen of patients by a pharmacist for the purpose of evaluating and rendering advice to the prescribing practitioner regarding adjustment of the regimen. Monitoring of drug therapy shall include, but not be limited to:

(1) Collecting and reviewing patient drug use histories;

(2) Measuring and reviewing routine patient vital signs including, but not limited to, pulse, temperature, blood pressure and respiration; and

(3) Ordering and evaluating the results of laboratory tests relating to drug therapy including, but not limited to, blood chemistries and cell counts, drug levels in blood, urine, tissue or other body fluids, and culture and sensitivity tests when performed in accordance with policies and procedures or protocols applicable to the practice setting, which have been developed by the pharmacist and prescribing practitioners and which include appropriate mechanisms for reporting to the prescriber monitoring activities and results.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-863-110, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005, 87-18-066 (Order 207), § 360-12-150, filed 9/2/87. Statutory Authority: RCW 18.64.005 and 69.41.075, 83-20-053 (Order 176), § 360-12-150, filed 9/29/83. Statutory Authority: RCW 18.64.005 and 69.41.240, 83-10-013 (Order 174), § 360-12-150, filed 4/26/83.]

WAC 246-863-120 AIDS prevention and information education requirements. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of human immunodeficiency virus-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for licensure. Effective January 1, 1989, persons applying for licensure shall submit, in addition to the other requirements, evidence to show compliance with the AIDS education requirements of subsection (4) of this section, or shall certify that they will comply with the AIDS education requirement no later than December 31, 1989.

(3) 1989 renewal of licenses. Effective with the renewal period beginning February 1, 1989, all persons making application for licensure renewal in 1989 shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4) of this section. Pharmacists may submit compliance documentation with their renewal or at any time prior to December 31, 1989. Approved AIDS education may be counted towards a pharmacist's continuing education requirement.

(4) AIDS education and training.

(a) Acceptable education and training. The board will accept education and training that covers the required subjects and otherwise qualifies for continuing education credit. Such education and training shall be a minimum of seven clock hours (.7 CE units) and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal economic and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) Implementation. Effective February 1, 1989, the requirement for licensure, renewal, or reinstatement of any license on lapsed, inactive, or disciplinary status shall include the one-time requirement of completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of (a) of this subsection.

(c) Documentation. The licensee shall:

- (i) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;
- (ii) Keep records for two years documenting attendance and description of the learning;
- (iii) Be prepared to validate, through submission of these records, that attendance has taken place.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-863-120, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-23-058 (Order 221), § 360-12-160, filed 11/15/88.]

Chapter 246-865 WAC PHARMACEUTICAL SERVICES—EXTENDED CARE FACILITY

WAC

246-865-010	Definitions.
246-865-020	Promulgation.
246-865-030	Emergency kit.
246-865-040	Supplemental dose kits.
246-865-050	Drug facilities.
246-865-060	Pharmaceutical services.
246-865-070	Provision for continuity of drug therapy for residents.

WAC 246-865-010 Definitions. (1) "Board" means the Washington state board of pharmacy.

(2) "Department" means the state department of social and health services.

(3) "Dose" means the amount of drug to be administered at one time.

(4) "Drug facility" means a room or area designed and equipped for drug storage and the preparation of drugs for administration.

(5) "Legend drug" means a drug bearing the legend, "Caution, federal law prohibits dispensing without a prescription."

(6) "Licensed nurse" means either a registered nurse or a licensed practical nurse.

(7) "Licensed practical nurse" means a person duly licensed under the provisions of the licensed practical nurse act of the state of Washington, chapter 18.78 RCW.

(8) "Nursing home" means any home, place or institution licensed as a nursing home under chapter 18.51 RCW.

(9) "Pharmaceutical services committee" means a committee which develops and maintains written policies and procedures for safe and effective drug therapy, distribution, control, and use which are current and followed in practice. The pharmaceutical services committee shall consist of a staff or consultant pharmacist, a physician, the director of nursing or his/her designee and the administrator or his/her designee.

(10) "Pharmacist" means a person duly licensed by the Washington state board of pharmacy to engage in the

practice of pharmacy under the provisions of chapter 18.64 RCW.

(11) "Pharmacy" means a place where the practice of pharmacy is conducted, properly licensed under the provisions of chapter 18.64 RCW by the Washington state board of pharmacy.

(12) "Practitioner" means a physician under chapter 18.71 RCW; and osteopathic physician or an osteopathic physician and surgeon under chapter 18.57 RCW; a dentist under chapter 18.32 RCW; a podiatrist under chapter 18.22 RCW; an osteopathic physician's assistant under chapter 18.57A RCW when authorized by the committee of osteopathic commissioners; a physician's assistant under chapter 18.71A RCW when authorized by the board of medical examiners; a registered nurse when authorized by the board of nursing under chapter 18.88 RCW, or a pharmacist under chapter 18.64 RCW.

(13) "Registered nurse" means a person duly licensed under the provisions of the law regulating the practice of registered nursing in the state of Washington, chapter 18.88 RCW.

(14) "Unit-dose" means the ordered amount of a drug in an individually sealed package and in a dosage form ready for administration to a particular person by the prescribed route at the prescribed time.

(15) "Unit-dose drug distribution system" means a system of drug dispensing and control that is characterized by the dispensing of the majority of drugs in unit doses, ready to administer form, and for most drugs, not more than a 48-hour supply of doses is available at the residential care unit at any time.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-865-010, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 87-18-066 (Order 207), § 360-13-045, filed 9/2/87. Statutory Authority: RCW 18.64.005(11). 81-06-077 (Order 158), § 360-13-045, filed 3/4/81; Order 121, § 360-13-045, filed 8/8/74.]

WAC 246-865-020 Promulgation. In the interests of protecting public health the Washington state board of pharmacy shall hereby allow the use of an emergency drug kit in any nursing home holding a valid Washington state nursing home license. The emergency drug kit shall be considered to be a physical extension of the pharmacy supplying the emergency drug kit and shall at all times remain under the ownership of the supplying pharmacy.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-865-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 81-10-027 (Order 159), § 360-13-010, filed 4/28/81; Order 104, § 360-13-010, filed 12/5/69; Order 50 (part), filed 3/28/67.]

WAC 246-865-030 Emergency kit. (1) The contents and quantity of drugs and supplies in the emergency kit shall be determined by the pharmaceutical services committee as defined in WAC 246-865-010(9) which shall consider the number of residents to be served and their potential need for emergency medications.

(2) A copy of the approved list of contents shall be conspicuously posted on or near the kit.

(3) The emergency kit shall be used only for bonafide emergencies and only when medications cannot be obtained from a pharmacy in a timely manner.

(4) Records documenting the receipt and removal of drugs in the emergency kit shall be maintained by the nursing home and the supplying pharmacy.

(5) The pharmaceutical services committee shall be responsible for ensuring proper storage, security and accountability of the emergency kit

(a) The emergency kit shall be stored in a locked area or be locked itself;

(b) Emergency kit drugs shall be accessible only to licensed nurses as defined in WAC 246-865-010(6).

(6) The contents of the emergency kit, the approved list of contents, and all related records shall be made freely available and open for inspection to representatives of the board of pharmacy and the department.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-865-030, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-865-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 81-06-077 (Order 158), § 360-13-020, filed 3/4/81; Order 104, § 360-13-020, filed 12/5/69; Order 50, subsection 1-12, filed 3/28/67.]

WAC 246-865-040 Supplemental dose kits. (1) In addition to an emergency kit, each institution holding a valid Washington state nursing home license, and which employs a unit dose drug distribution system, may maintain a supplemental dose kit for supplemental nonemergency drug therapy if the necessary drug is not available from the pharmacy in a timely manner.

(2) The pharmaceutical services committee shall determine the quantities of drugs in the supplemental dose kit in light of the number of residents in the facility and their potential needs for supplemental doses.

(3) The supplemental dose kit shall remain the property of the supplying pharmacy.

(4) The supplying pharmacy and the facility's pharmaceutical services committee shall be responsible for proper storage, security and accountability of the kit.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-865-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 81-06-077 (Order 158), § 360-13-030, filed 3/4/81; Order 114, § 360-13-030, filed 6/28/73.]

WAC 246-865-050 Drug facilities. (1) There shall be facilities for drug preparation and storage near the nurses' station on each unit.

(2) The drug facilities shall be well illuminated, ventilated and equipped with a work counter, sink with hot and cold running water and drug storage units.

(3) The drug storage units shall provide:

(a) Locked storage for all drugs,

(b) Separately keyed storage for Schedule II and III controlled substances,

(c) Segregated storage of different resident's drugs.

(4) There shall be a refrigerator for storage of thermolabile drugs in the drug facility.

(5) Locks and keys, for drug facilities shall be different from other locks and keys within the nursing home.

(6) Poisons and other nonmedicinal chemical agents in containers bearing a warning label shall be stored in separate locked storage apart from drugs used for medicinal purposes.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-865-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 81-06-077 (Order 158), § 360-13-055, filed 3/4/81; Order 121, § 360-13-055, filed 8/8/74.]

WAC 246-865-060 Pharmaceutical services. (1) Administration of pharmaceutical services.

(a) There shall be provision for timely delivery of drugs and biologicals from a pharmacy so a practitioner's orders for drug therapy can be implemented without undue delay.

(b) Unless the nursing home operates a licensed pharmacy and employs a director of pharmaceutical services, the nursing home shall have a written agreement with one or more licensed pharmacists who provide for pharmaceutical consultant services. The staff pharmacist or consultant pharmacist supervises the entire spectrum of pharmaceutical services in the nursing home.

(c) There shall be a pharmaceutical services committee whose membership includes at least a staff or consultant pharmacist, a physician, the director of nursing or his/her designee, and the administrator or his/her designee. The pharmaceutical services committee develops and maintains written policies and procedures for safe and effective drug therapy, distribution, control, and use which are current and followed in practice.

(d) Reference material regarding the use of medication, adverse reactions, toxicology, and poison control center information shall be available to facility staff.

(e) There shall be procedures established for the reporting and recording of medication errors and adverse drug reactions.

(2) A staff pharmacist or consultant pharmacist shall be responsible for coordinating pharmaceutical services which include:

(a) Provision of pharmaceutical services evaluations and recommendations to the administrative staff.

(b) On-site reviews to ensure that drug handling and utilization procedures are carried out in conformance with recognized standards of practice.

(c) Regularly reviewing each resident's therapy to screen for potential or existing drug therapy problems and documenting recommendations.

(d) Provision of drug information to the nursing home staff and physicians as needed.

(e) Planning and participating in the nursing home staff development program.

(f) Consultation regarding resident care services with other departments.

(3) Security and storage of drugs.

(a) The nursing home shall store drugs under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security as defined by regulation and accepted standards of practice.

(b) All drugs shall be stored in locked cabinets, rooms, or carts, and shall be accessible only to personnel licensed to administer or dispense drugs.

(c) Schedule III controlled substances shall be stored apart from other drugs on a separate shelf or in a separate compartment or cabinet, provided, however, Schedule III

controlled substances may be stored with Schedule II controlled substances. Schedule III controlled substances can be stored with other drugs when distributed in a unit dose drug distribution system.

(d) Drugs for external use shall be stored apart from drugs for internal use, on a separate shelf or in a separate compartment or cabinet. Any shelf, compartment, or separate cabinet used for storage of external drugs shall be clearly labeled to indicate it is to be used for external drugs only.

(e) At all times, all keys to drug boxes, cabinets, and rooms shall be carried by persons legally authorized to administer drugs and on duty on the premises.

(f) If a supplemental dose kit within a unit dose drug distribution system is provided it must comply with WAC 246-865-040.

(g) If an emergency kit is provided, it shall comply with Washington state board of pharmacy regulations WAC 246-865-020 and 246-865-030.

(4) Labeling of drugs.

(a) The label for each legend drug which is not dispensed in a unit dose shall have the name and address of the pharmacy from which the drug was dispensed; the prescription number; the physician's name; the resident's full name; the date of issue; the initials of the dispensing pharmacist; the name and strength of the drug; a controlled substances schedule, if any; the amount (e.g., number of tablets or cc's) of the drug dispensed, and the expiration date. In the case of a compounded drug which contains Schedule II or III controlled substances, the quantity of each controlled substance per cc or teaspoonful shall be shown on the label.

(b) In a unit dose drug distribution system, a clear, legible label shall be printed or affixed securely to each unit dose package. Each unit dose drug label shall include: the name, strength and, for each unit dose package, the dosage amount of the drug; the expiration date for any time-dated drug; the lot or control number; and controlled substances schedule number, if any. Each individual drug compartment shall be labeled with the full name of the resident whose drug the compartment contains and the name of the resident's physician.

(c) Nonlegend drugs shall be clearly labeled with at least the patient's name, date of receipt by the facility, as well as display a manufacturer's original label or a pharmacy label if repackaged by the pharmacist. Nonlegend drugs supplied by the extended care facility pursuant to WAC 388-88-050 need not be labeled with the patient's name.

(d) A label on a container of drugs shall not be altered or replaced except by the pharmacist. Drug containers having soiled, damaged, incomplete, or makeshift labels shall be returned to the pharmacy for relabeling or disposal. Drugs in containers having no labels or illegible labels shall be destroyed.

(5) Control and accountability.

(a) The nursing home shall maintain and follow written procedures which provide for the accurate control and accountability of all drugs in the nursing home.

(b) No drugs may be returned from the nursing home to a pharmacy except as provided in paragraph (4)(d) or if the drug is returned in unopened unit dose packages.

(c) Drugs shall be released to a resident upon discharge only on specific written authorization of the attending

physician. A receipt containing information sufficient to document the drug's destination, the person who received the drug, and the name and quantity of drugs released shall be entered in the resident's health record.

(d) All of an individual resident's drugs including Schedule III, IV and V controlled substances, that are discontinued by the physician and remain unused, shall be destroyed by a licensed nurse employee of the nursing home in the presence of a witness within 90 days after having been discontinued, and accurate records of destruction maintained except from drugs which are sealed in unit dose packages.

(e) Outdated, unapproved, contaminated, deteriorated, adulterated, or recalled drugs shall not be available for use in the nursing home.

(f) Except in the case of Schedule II controlled substances and drugs which are sealed in unit dose packages, drugs which remain in the nursing home after the patient has died or been discharged, and drugs in containers with illegible or missing labels, shall be immediately and irretrievably disposed of by a licensed nurse employee in the presence of a witness and proper records maintained of such disposal. Destruction of Schedule II drugs shall be handled in accordance with (6)(g). Unit dose packages may be returned to the pharmacy.

(6) Special requirements for controlled substances.

(a) All Schedule II controlled substances shall be stored in separately keyed and locked secure storage within a drug facility.

(b) Schedule III controlled substances shall be stored apart from other drugs and may be stored on a separate shelf, drawer, or compartment with Schedule II controlled substances.

(c) There shall be a record book for Schedule II and Schedule III controlled substances which shall be a bound book with consecutively numbered pages in which complete records of receipt and withdrawal of Schedule II and III controlled substances are maintained.

(d) At least once each 24 hours, the amount of all Schedule II controlled substances stored in the facility shall be counted by at least two persons who are legally authorized to administer drugs. A similar count shall be made of all Schedule III controlled substances at least weekly. Records of counts shall be entered in the Schedule II and III controlled substances book(s).

(e) When a resident is discharged, a record of release for any Schedule II or III controlled substances released shall be entered on the appropriate page for the given drug in the controlled substances record book.

(f) Any discrepancy in actual count of Schedule II or III controlled substances and the record shall be documented in the Schedule II or III controlled substances books and reported immediately to the responsible supervisor who shall investigate the discrepancy. Any discrepancy which has not been corrected within seven calendar days shall be reported to the consultant pharmacist and the Washington state board of pharmacy.

(g) Discontinued Schedule II controlled substances and all Schedule II controlled substances which remain after the discharge or death of residents shall:

(i) Be destroyed at the nursing home within 30 days by two of the following individuals: A licensed pharmacist, the director of nursing or a registered nurse designee, and a

registered nurse employee of the nursing home with appropriate documentation maintained, or

(ii) Be destroyed at the nursing home by a representative of the Washington state board of pharmacy if so requested by the board or the nursing home.

(h) A nursing home may establish procedures which vary from those paragraphs (6)(a)(g) if they are using a unit dose drug distribution system and if that system provides for the accurate accounting, by the nursing home and the supplying pharmacy, of the receipt and disposition of all Schedule II and III controlled substances.

(7) Drug administration.

(a) Staff shall follow written procedures which provide for the safe handling and administration of drugs to residents.

(i) Drugs shall be administered only by persons licensed to administer drugs.

(ii) The resident shall be identified prior to administration.

(b) All drugs shall be identified up to the point of administration.

(c) Drugs shall be prepared immediately prior to administration and administered by the same person who prepares them except under a unit dose system.

(d) Drug administration shall be documented as soon as possible after the act of administration, and shall include:

(i) Verification of administration

(ii) Reasons for ordered doses not taken

(iii) Reasons for administration of, and response to drugs given on and as needed basis (PRN).

(e) Drug orders shall be received only by a licensed nurse and administered only on the written or verbal order of a practitioner. Verbal orders shall be signed by the prescribing practitioner in a timely manner.

(f) The self-administration of medication program shall provide evidence of:

(i) Assessment of the resident's capabilities

(ii) Instructions for administration

(iii) Monitoring of progress and compliance with orders

(iv) Safe storage of drugs.

[Statutory Authority: RCW 18.64.005. 94-02-077, § 246-865-060, filed 1/5/94, effective 2/5/94; 92-12-035 (Order 277B), § 246-865-060, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-865-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-11-007 (Order 214), § 360-13-066, filed 5/9/88. Statutory Authority: RCW 18.64.005(11). 81-14-055 (Order 161), § 360-13-066, filed 6/30/81.]

WAC 246-865-070 Provision for continuity of drug therapy for residents. When a resident of a long term care facility has the opportunity for an unscheduled therapeutic leave that would be precluded by the lack of an available pharmacist to dispense drugs prescribed by an authorized practitioner, a registered nurse designated by the facility and its consultant or staff pharmacist and who agrees to such designation, may provide the resident or a responsible person with up to a 72-hour supply of a prescribed drug or drugs for use during that leave from the resident's previously dispensed package of such drugs. The drugs shall only be provided in accordance with protocols developed by the pharmaceutical services committee and the protocols shall be

available for inspection. These protocols shall include the following:

(1) Criteria as to what constitutes an unscheduled therapeutic leave requiring the provision of drugs by the registered nurse;

(2) Procedures for repackaging and labeling the limited supply of previously dispensed drugs by the designated registered nurse that comply with all state and federal laws concerning the packaging and labeling of drugs;

(3) Provision to assure that none of the medication provided to the resident or responsible person may be returned to the resident's previously dispensed package of such drug or to the facility's stock.

(4) A record-keeping mechanism that will provide for the maintenance of a permanent log that includes the following information:

(a) The name of the person to whom the drug was provided;

(b) The drug and quantity provided;

(c) The date and time that the request for the drug was made;

(d) The date and time that the drug was provided;

(e) The name of the registered nurse that provided the drug;

(f) The conditions or circumstances that precluded a pharmacist from providing the drug.

Refer to WAC 246-839-810 for related regulations on this practice.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-865-070, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-865-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005 and 69.41.240. 83-10-013 (Order 174), § 360-13-100, filed 4/26/83.]

Chapter 246-867 WAC

IMPAIRED PHARMACIST REHABILITATION

WAC

246-867-001	Purpose and scope.
246-867-010	Definitions.
246-867-020	Applicability.
246-867-030	Reporting and freedom from liability.
246-867-040	Approval of substance abuse monitoring programs.
246-867-050	Participation in approved substance abuse monitoring program.
246-867-060	Confidentiality.

WAC 246-867-001 Purpose and scope. These rules are designed to assist the board of pharmacy regarding a registrant/licensee whose competency may be impaired due to the abuse of alcohol and/or drugs. The board intends that such registrants/licenses be treated and their treatment monitored so that they can return or continue to practice pharmacy with judgment, skill, competence, and safety to the public. To accomplish this, the board shall approve voluntary substance abuse monitoring programs and shall refer registrants/licenses impaired by substance abuse to approved programs.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-867-001, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-054 (Order 025), § 360-15-010, filed 1/17/90, effective 2/17/90.]

WAC 246-867-010 Definitions. For the purpose of this chapter:

(1) "Chemical dependence - Substance abuse" means a chronic progressive illness which involves the use of alcohol and/or other drugs to a degree that it interferes in the functional life of the registrant/licensee, as manifested by health, family, job (professional services), legal, financial, or emotional problems.

(2) "Board" means the Washington state board of pharmacy.

(3) "Diversion" means illicit dispensing, distribution, or administration of a scheduled controlled substance or other legend drug not in the normal course of professional practice.

(4) "Drug" means a chemical substance alone or in combination, including alcohol.

(5) "Impaired pharmacist" means a pharmacist who is unable to practice pharmacy with judgment, skill, competence, or safety to the public due to chemical dependence, mental illness, the aging process, loss of motor skills, or any other mental or physical condition.

(6) "Approved substance abuse monitoring program" means a pharmacy recovery assistance program or program which the board has determined meets the requirement of the law and the criteria established by the board in WAC 246-867-040 which enters into a contract with pharmacists who have substance abuse problems regarding the required components of the pharmacists recovery activity and oversees the pharmacist's compliance with these requirements. Substance abuse monitoring programs do not provide evaluation or treatment to participating pharmacists.

(7) "Contract" means a comprehensive, structured agreement between the recovering pharmacist and the approved monitoring program stipulating the pharmacist's consent to comply with the monitoring program and its required components of the pharmacist's recovery program.

(8) "Approved treatment program" means a facility approved by the bureau of alcohol and substance abuse, department of social and health services according to RCW 70.96A.020(3) to provide concentrated alcoholism or drug addiction treatment if located within Washington state. Drug and alcohol addiction treatment programs located out-of-state must be equivalent to the standards required for approval under RCW 70.96A.020(3).

(9) "Aftercare" means that period of time after intensive treatment that provides the pharmacist and the pharmacist's family with group, or individualized counseling sessions, discussions with other families, ongoing contact and participation in self-help groups, and ongoing continued support of treatment program staff.

(10) "Twelve-step groups" means groups such as Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, and related organizations based on a philosophy of anonymity, peer group associations, self-help belief in a power outside of oneself which offer support to the recovering individual to maintain a chemically free lifestyle.

(11) "Random drug screens" are laboratory tests to detect the presence of drugs of abuse in body fluids which are performed at irregular intervals not known in advance by the person to be tested. The collection of the body fluid must be observed by a treatment or health care professional or other board or monitoring program-approved observer.

(12) "Recovering" means that a chemically dependent pharmacist is in compliance with a treatment plan of rehabilitation in accordance with criteria established by an approved treatment facility and an approved substance abuse monitoring program.

(13) "Rehabilitation" means the process of restoring a chemically dependent pharmacist to a level of professional performance consistent with public health and safety.

(14) "Reinstatement" means the process whereby a recovering pharmacist is permitted to resume the practice of pharmacy.

(15) "Pharmacist support group" means a group of pharmacists meeting regularly to support the recovery of its members. The group provides a confidential setting with a trained and experienced pharmacist facilitator in which pharmacists may safely discuss drug diversion, licensure issues, return to work, and other issues related to recovery.

[Statutory Authority: RCW 18.64.005 and 18.130.050. 92-12-035 (Order 277B), § 246-867-010, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-867-010, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-054 (Order 025), § 360-15-020, filed 1/17/90, effective 2/17/90.]

WAC 246-867-020 Applicability. This chapter is applicable to all registered/licensed externs, interns, pharmacists, and any pharmacy assistants. For the purpose of this chapter, the word "pharmacist" shall include externs, interns and pharmacy assistants, as defined under chapter 18.64A RCW.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-867-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-054 (Order 025), § 360-15-030, filed 1/17/90, effective 2/17/90.]

WAC 246-867-030 Reporting and freedom from liability. (1) Reporting.

(a) If any pharmacist or pharmacy owner knows or suspects that a pharmacist is impaired by chemical dependence, mental illness, physical incapacity, or other factors, that person shall report any relevant information to a pharmacy recovery assistance program or to the board.

(b) If a person is required by law to report an alleged impaired pharmacist to the board, the requirement is satisfied when the person reports the pharmacist to a board-approved and contracted pharmacist recovery assistance program.

(2) Any person who in good faith reports information concerning a suspected impaired pharmacist to a pharmacy recovery assistance program or to the board shall be immune from civil liability.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-867-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-054 (Order 025), § 360-15-040, filed 1/17/90, effective 2/17/90.]

WAC 246-867-040 Approval of substance abuse monitoring programs. The board will approve pharmacist recovery, assistance, and monitoring programs which will participate in the board's substance abuse monitoring program. The board may contract for these services.

(1) The approved monitoring program will not provide evaluation or treatment to participating pharmacists.

(2) The approved monitoring program/recovery assistance staff must have the qualifications and knowledge of both substance abuse and the practice of pharmacy as defined in this chapter to be able to evaluate:

- (a) Clinical laboratories.
- (b) Laboratory results.
- (c) Providers of substance abuse treatment, both individuals and facilities.
- (d) Pharmacist support groups.
- (e) The pharmacist's work environment.
- (f) The ability of the pharmacist to practice with reasonable skill and safety.

(3) The approved monitoring program will enter into a contract with the pharmacist and the board to oversee the pharmacists' compliance with the requirements of the program.

(4) The approved monitoring program may make exceptions to individual components of the contract on an individual basis.

(5) The approved monitoring program staff will determine, on an individual basis, whether a pharmacist will be prohibited from engaging in the practice of pharmacy for a period of time and restrictions, if any, on the pharmacist's access to controlled substances in the work place.

(6) The approved monitoring program shall maintain records on participants.

(7) The approved monitoring program will be responsible for providing feedback to the pharmacist as to whether treatment progress is acceptable.

(8) The approved monitoring program shall report to the board any pharmacist who fails to comply with the requirements of the monitoring program.

(9) The approved monitoring program shall provide the board with a statistical report on the program, including progress of participants, at least annually.

(10) The approved monitoring program shall receive from the board guidelines on treatment, monitoring, and limitations on the practice of pharmacy for those participating in the program.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-867-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-054 (Order 025), § 360-15-050, filed 1/17/90, effective 2/17/90.]

WAC 246-867-050 Participation in approved substance abuse monitoring program. (1) The pharmacist who has been investigated by the board may accept board referral into the approved substance abuse monitoring program. This may be part of disciplinary action.

(a) The pharmacist shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by health care professionals with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The pharmacist shall enter into a contract with the board and the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The pharmacist will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The pharmacist will agree to abstain from the use of all mind-altering substances, including alcohol, except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101. Said prescriber shall notify the monitoring program of all drugs prescribed within fourteen days of the date care was provided.

(iii) The pharmacist must complete the prescribed aftercare program of the intensive treatment facility. This may include individual and/or group psychotherapy.

(iv) The pharmacist must cause the treatment counselor(s) and authorized prescriber(s) to provide reports to the appropriate monitoring program at specified intervals. Reports shall include treatment prognosis, goals, drugs prescribed, etc.

(v) The pharmacist shall submit to random drug screening, with observed specimen collection, as specified by the approved monitoring program.

(vi) The pharmacist will attend pharmacist support groups facilitated by a pharmacist and/or twelve-step group meetings as specified by the contract.

(vii) The pharmacist will comply with specified employment conditions and restrictions as defined by the contract.

(viii) The pharmacist shall sign a waiver allowing the approved monitoring program to release information to the board if the pharmacist does not comply with the requirements of this contract.

(c) The pharmacist is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, random urine screens, and other personal expenses incurred in compliance with this contract.

(d) The pharmacist may be subject to disciplinary action under RCW 18.64.160 if the pharmacist does not consent to be referred to the approved monitoring program, does not comply with specified employment restrictions, or does not successfully complete the program.

(2) A pharmacist who is not being investigated by the board or subject to current disciplinary action or currently being monitored by the board for substance abuse may voluntarily participate in the approved substance abuse monitoring program without being referred by the board. Such voluntary participants shall not be subject to disciplinary action under RCW 18.64.160 for their substance abuse and shall not have their participation known to the board if they meet the requirements of the approved monitoring program:

(a) The pharmacist shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by a health care professional with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The pharmacist shall enter into a contract with the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The pharmacist will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The pharmacist will agree to abstain from the use of all mind-altering substances, including alcohol, except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101. Said prescriber

shall notify the monitoring program of all drugs prescribed within fourteen days of the date care was provided.

(iii) The pharmacist must cause the treatment counselor(s) and authorized prescriber(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment prognosis, goals, drugs prescribed, etc.

(v) The pharmacist shall submit to random drug screening, with observed specimen collection, as specified by the approved monitoring program.

(vi) The pharmacist will attend pharmacist support groups facilitated by a pharmacist and/or twelve-step group meetings as specified by the contract.

(vii) The pharmacist will comply with specified employment conditions and restrictions as defined by the contract.

(viii) The pharmacist shall sign a waiver allowing the approved monitoring program to release information to the board if the pharmacist does not comply with the requirements of this contract.

(c) The pharmacist is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, random urine screens, and other personal expenses incurred in compliance with this contract.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-867-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-054 (Order 025), § 360-15-060, filed 1/17/90, effective 2/17/90.]

WAC 246-867-060 Confidentiality. (1) The treatment and pretreatment records of license holders referred to or voluntarily participating in approved monitoring programs shall be confidential, shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena or admissible as evidence except for monitoring records reported to the disciplinary authority for cause as defined in WAC 246-867-050 (1) and (2). Records held by the board under this section shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena except by the license holder.

(2) Notwithstanding subsection (1) of this section, board orders shall be subject to RCW 42.17.250 through 42.17.450.

[Statutory Authority: RCW 18.64.005 and 18.130.050. 92-12-035 (Order 277B), § 246-867-060, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-867-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-054 (Order 025), § 360-15-070, filed 1/17/90, effective 2/17/90.]

Chapter 246-869 WAC PHARMACY LICENSING

WAC

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246-869-260	Pharmacist supervised sales—General.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-869-240	Pharmacist's professional responsibilities. [Statutory Authority: RCW 18.64.005. 92-08-058 (Order 260B), § 246-869-240, filed 3/26/92, effective 4/26/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-240, filed 8/30/91, effective 9/30/91; Order 129, § 360-16-290, filed 7/13/76; Order 127, § 360-16-290, filed 12/1/75.] Repealed by 96-03-016, filed 1/5/96, effective 2/5/96. Statutory Authority: RCW 18.64.005.
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WAC 246-869-020 Pharmacies and differential hours. (1) A pharmacy must provide adequate security for its drug supplies and records and in the absence of a pharmacist the pharmacy must be closed and access limited to persons authorized by the pharmacist; for example, janitorial services, inventory services, etc. If a pharmacy is located within a larger mercantile establishment which is open to the public for business at times when a pharmacist is not present then the pharmacy must be enclosed by solid partitions at least seven feet in height, from the floor, which are sufficient to provide adequate security for the pharmacy. In the absence of a pharmacist such pharmacies must be locked and secured so that only persons authorized by the pharmacist can gain access, provided however that employees of the mercantile establishment cannot be authorized to enter the closed pharmacy during those hours that the mercantile establishment is open to the public for business.

(2) All equipment and records referred to in WAC 246-869-180 and all drugs, devices, poisons and other items or products which are restricted to sale either by or under the personal supervision of a pharmacist must be kept in the pharmacy area.

(3) Written prescription orders and refill request can be delivered to a pharmacy at any time. But if no pharmacist is present then the prescription orders must be deposited, by the patient or his agent delivering the prescription order or refill request to the establishment, into a "mail slot" or "drop box" such that the prescription order is stored in the pharmacy area. The times that the pharmacy is open for business must be so displayed that they are prominently visible to the person depositing the prescription orders.

(4) Prescriptions shall be stored in the pharmacy and cannot be removed from the pharmacy unless the pharmacist is present and the removal is for the immediate delivery to

the patient, person picking up the prescription for the patient, or person delivering the prescription to the patient at his residence or similar place.

(5) No drugs, devices, poisons and other items or products which are restricted to sale either by or under the personal supervision of a pharmacist can be sold or delivered without a pharmacist being present in the pharmacy.

(6) Any pharmacy having hours differing from the remainder of an establishment shall have a separate and distinct telephone number from that business establishment. The phone shall not be answerable in the remainder of the establishment unless all conversations, when the pharmacist is absent, are recorded and played back by the pharmacist.

(7) Oral prescriptions cannot be taken if a pharmacist is not present unless it is taken on a recording which must inform the caller as to the times the pharmacy is open.

(8) A pharmacy must prominently display in a permanent manner on or adjacent to its entrance the times that it is open for business. If a pharmacy is located within a larger mercantile establishment having hours of operation different from the pharmacy then the pharmacy times of being open for business shall be prominently displayed in a permanent manner at the pharmacy area and on or adjacent to the entrance to the mercantile establishment.

(9) Any advertising by the mercantile establishment which makes reference to the pharmacy or those products which are sold only in the pharmacy which in such advertising sets forth the days and hours that the mercantile establishment is open to the public for business must also indicate the days and hours that the pharmacy is open to the public for business.

(10) Any person desiring to operate a pharmacy within an establishment having hours of business differing from the pharmacy must notify the board of pharmacy at least thirty days prior to commencing such differential hours. In order to constitute notification the applicant must complete the file forms provided by the board providing the required information. Board inspection and approval must be completed prior to the commencing of such differential hours. Such inspection and approval or disapproval shall be within 10 days of receiving notification that the premises are ready for inspection. Approval or disapproval shall be predicated upon compliance with this rule and pharmacy standards under chapter 246-869 WAC.

[Statutory Authority: RCW 18.64.005, 92-12-035 (Order 277B), § 246-869-020, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-869-020, filed 8/30/91, effective 9/30/91; Order 106, § 360-16-005, filed 9/11/70.]

WAC 246-869-030 Pharmacy license notice requirements. (1) Applications for a new pharmacy license must be submitted at least thirty days prior to the next regularly scheduled board meeting and the board shall require the submission of proof of the applicant's identity, and qualifications and such other information as may be necessary to properly evaluate the application, and, at its option, the board may require a personal interview at the next scheduled board meeting.

(2) In case of change of ownership or location of a pharmacy, the original license comes void and must be

returned with a new application, as set forth in paragraph (1) above, and the statutorily required fees.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-869-030, filed 8/30/91, effective 9/30/91; Order 114, § 360-16-011, filed 6/28/73.]

WAC 246-869-040 New pharmacy registration. The state board of pharmacy shall issue no new pharmacy registrations after December 1, 1976 unless:

(1) The pharmacy will operate a bona fide prescription department, with such equipment, facilities, supplies and pharmaceuticals as are specified by state board regulations;

(2) The pharmacy passes inspection with a minimum of an "A" grade;

(3) The pharmacy in a new or remodeled building can produce evidence of being built or remodeled in accordance with all building, health and fire codes required for the particular area.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-869-040, filed 8/30/91, effective 9/30/91; Order 130, § 360-16-020, filed 11/10/76; Regulation 10, filed 3/23/60.]

WAC 246-869-050 Pharmacy license renewal. The state board of pharmacy will not renew any pharmacy license unless the following are submitted:

(1) A complete renewal application form; and

(2) The fee as established by WAC 246-907-030.

[Statutory Authority: RCW 18.64.005, 92-12-035 (Order 277B), § 246-869-050, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-869-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005, 88-14-041 (Order 215), § 360-16-025, filed 6/30/88. Statutory Authority: RCW 18.64.043, 84-12-019 (Order 186), § 360-16-025, filed 5/25/84.]

WAC 246-869-060 Employers to require evidence of pharmacist's qualifications. It shall be the duty of every employer to require suitable evidence of qualifications to practice pharmacy before they permit anyone to be in charge, compound or dispense drugs on their premises.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-869-060, filed 8/30/91, effective 9/30/91; Regulation 19 (part), filed 3/23/60.]

WAC 246-869-070 Responsible manager—Appointment. Every nonlicensed proprietor of one or more pharmacies shall place in charge of each pharmacy a licensed pharmacist who shall be known as the "responsible manager." The nonlicensed proprietor shall immediately report to the state board of pharmacy the name of the "responsible manager," who shall ensure that the pharmacy complies with all the laws, rules and regulations pertaining to the practice of pharmacy. Every portion of the establishment coming under the jurisdiction of the pharmacy laws shall be under the full and complete control of such responsible manager. A now-licensed proprietor shall at once notify the board of pharmacy of the termination of employment of a responsible manager. Please refer to WAC 246-863-060 for additional information.

[Statutory Authority: RCW 18.64.005, 92-12-035 (Order 277B), § 246-869-070, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW

18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11), 79-10-007 (Order 151, Resolution No. 9/79), § 360-16-050, filed 9/6/79; Regulation 6, filed 3/23/60.]

WAC 246-869-080 Clinic dispensaries. The clinics of this state shall place their dispensaries in charge of a registered pharmacist, or the dispensing must be done by each prescribing physician in person.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-080, filed 8/30/91, effective 9/30/91; Regulation 9, filed 3/23/60.]

WAC 246-869-090 Prescription transfers. The transfer of original prescription information for a noncontrolled substance legend drug for the purpose of refill dispensing is permissible between pharmacies subject to the following requirements:

(1) The transfer is communicated directly between two licensed pharmacists and the transferring pharmacist records the following information:

(a) Record in the patient medication record system that a copy has been issued.

(b) Record in the patient medication record system the name and address of the pharmacy to which it was transferred and the name of the pharmacist receiving the prescription information.

(2) The pharmacist receiving the transferred prescription information shall reduce to writing the following:

(a) Write the word "TRANSFER" on the face of the transferred prescription.

(b) Provide all information required to be on the prescription - patient's name and address; doctor's name and address, and also include:

(i) Date of issuance of original prescription.

(ii) Number of valid refills remaining and date of last refill.

(iii) The pharmacy's name, address, and original prescription number from which the prescription information was transferred.

(iv) Name of transferor pharmacist.

(c) Both the original and transferred prescription must be maintained as if they were original prescriptions.

(d) A transferred prescription may not be refilled after one year from the date the original was issued.

(e) The above subsections apply to the transfer of prescription information for noncontrolled substances. The transfer of controlled substance prescription information must conform to the requirements of 21 CFR 1306.26.

(3) When a prescription is transferred, no further refills shall be issued by the transferring pharmacy.

(4) If two or more pharmacies utilize a common electronic database for prescription recordkeeping, prescriptions may be refilled at any of these pharmacies as long as there is provided an audit trail which documents the location of each filling and provisions are made to assure that the number of authorized refills are not exceeded.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-090, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-23-058 (Order 221), § 360-16-094, filed 11/15/88.]

WAC 246-869-095 Facsimile transmission of prescription orders. Prescription orders may be transmitted to pharmacies from prescriber's offices and health care facilities using facsimile transmission devices subject to the following requirements:

(1) The order contains the date, time, and telephone number and location of the transmitting device.

(2) Transmission of orders for Schedule II drugs are not allowed provided that, when an emergency exists, an order for Schedule II controlled substances may be dispensed and delivered to a patient pursuant to a facsimile transmission subject to the requirements of WAC 246-887-020(7). And further provided that, in a nonemergent situation, an order for Schedule II controlled substances may be prepared for delivery to a patient pursuant to a facsimile transmission but may not be delivered to the patient except upon presentation of a written order.

(3) The transmitted order shall be filed in the same manner as any other prescription. However, the pharmacist is responsible for assuring that the quality of the order is sufficient to be legible for at least two years pursuant to the records retention requirements of WAC 246-869-100.

(4) Refill authorizations for prescriptions may be transmitted using a facsimile device.

(5) The pharmacist is responsible for assuring that each facsimile prescription is valid and shall verify authenticity with the prescriber whenever there is a question.

(6) No agreement between a prescriber and a pharmacy shall require that prescription orders be transmitted by facsimile machine from the prescriber to only that pharmacy.

[Statutory Authority: RCW 18.64.005. 92-14-032 (Order 283B), § 246-869-095, filed 6/23/92, effective 7/24/92.]

WAC 246-869-100 Prescription record requirements. (1) Records for the original prescription and refill records shall be maintained on the filled prescription or in a separate record book or patient medication record. Such records must be maintained for a period of at least two years and shall be made available for inspection to representatives of the board of pharmacy.

(2) The pharmacist shall be required to insure that the following information be recorded:

(a) Original prescription—At the time of dispensing, a serial number, date of dispensing, and the initials of the responsible pharmacist shall be placed on the face of the prescription. The patient's address must be readily available to the pharmacist, either from the face of the prescription, a record book, patient medication record, or hospital or clinic record.

(b) Refill prescription authorization—Refills for prescription for legend drugs must be authorized by the prescriber prior to the dispensing of the refill prescription.

(c) Refill prescription—At the time of dispensing, the date of refilling, quantity of the drug (if other than original), the name of authorizing person (if other than original), and the initials of the responsible pharmacist shall be recorded on the back side of the prescription, or in a separate record book or patient medication record.

(d) Prescription refill limitations—No prescription may be refilled for a period longer than one year from the date of the original prescription. "PRN" prescriptions shall expire at

the end of one year. Expired prescriptions require authorization before filling. If granted a new prescription shall be written and placed in the files.

(e) Prescription copies—Prescription copies and prescription labels presented for filling must be considered as informational only, and may not be used as the sole document. The prescriber shall be contacted for complete information and authorization. If granted, a new prescription shall be written and placed on file. Copies of prescriptions must be clearly identified as such on the face of the prescription. The transfer of original prescription information is permitted if the provisions of WAC 246-869-090 are met.

(f) Emergency refills—If the prescriber is not available and in the professional judgment of the pharmacist an emergency need for the medication has been demonstrated, the pharmacist may dispense enough medication to last until a prescriber can be contacted - but not to exceed 72 hours' supply. The prescriber shall be promptly notified of the emergency refill.

[Statutory Authority: RCW 18.64.005, 92-12-035 (Order 277B), § 246-869-100, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-869-100, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005, 89-22-046, § 360-16-096, filed 10/30/89, effective 11/30/89; 88-23-058 (Order 221), § 360-16-096, filed 11/15/88; Order 131, § 360-16-096, filed 2/4/77; Order 126, § 360-16-096, filed 5/21/75; Order 117, § 360-16-096, filed 11/9/73; Regulation 49, filed 12/1/65.]

WAC 246-869-110 Refusal to permit inspection.

The refusal to permit an authorized representative of the Washington state board of pharmacy to examine during normal business hours the premises, inventory and/or records relating to drugs of licensed wholesalers, manufacturers, pharmacies and shopkeepers constitutes grounds for the suspension or revocation of the establishment's license and/or that of the pharmacist refusing such requested examination.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-869-110, filed 8/30/91, effective 9/30/91; Order 109, § 360-16-098, filed 5/23/72; Order 103, § 360-16-098, filed 12/5/69.]

WAC 246-869-120 Mechanical devices in hospitals.

Mechanical devices for storage of floor stock, shall be limited to hospitals and shall comply with all the following provisions:

(1) All drugs and medicines to be stocked in the device shall be prepared for use in the device by or under the direct supervision of a registered pharmacist in the employ of the hospital and shall be prepared in the hospital from the hospital stock in which the drug is to be administered. "Hospital" shall mean any hospital licensed by the state department of health or under the direct supervision of the state department of institutions.

(2) Such device shall be stocked with drugs and medicines only by a registered pharmacist in the employ of the hospital.

(3) A registered pharmacist in the employ of the hospital shall be personally responsible for the inventory and stocking of drugs and medicines in the device and he shall be personally responsible for the condition of the drugs and medicines stored in the device.

(4) A registered pharmacist in the employ of the hospital shall be the only person having access to that portion, section, or part of the device in which the drugs or medicines are stored.

(5) All containers of drugs or medicines to be stored in the device shall be correctly labeled to include: Name, strength, route of administration and if applicable, the expiration date.

(6) At the time of the removal of any drug or medicine from the device, the device shall automatically make a written record showing the name, strength, and quantity of the drug or medicine removed, the name of the patient for whom the drug or medicine was ordered, and the identification of the nurse removing the drug or medicine from the device. The record must be maintained for two years by the hospital and shall be accessible to the pharmacist.

(7) Medical practitioners authorized to prescribe, pharmacists authorized to dispense, or nurses authorized to administer such drugs shall be the only persons authorized to remove any drug or medicine from the device and such removal by a nurse or medical practitioner shall be made only pursuant to a chart order. An identification mechanism, required to operate the device shall be issued permanently to each operator while the operator is on the staff of, or employed by the hospital. Such mechanism must imprint the operator's name or number if it permits the device to operate.

(8) The device shall be used only for the furnishing of drugs or medicines for administration in the hospital to registered in-patients or emergency patients in the hospital.

(9) Every hospital seeking approval to use any device shall, prior to installation of the device, register with the board by filing an application. Such application shall contain: The name and address of the hospital; the name of the registered pharmacist who is to be responsible for stocking the device; the manufacturer's name and model, description, and the proposed location of each device in the hospital.

(10) No such device shall be used until approval has been granted by the board, and no change in the location of the device or in the registered pharmacist responsible for stocking the device shall be made without prior written notice to the board. No such device shall be removed from the licensed premises without prior approval of the board.

(11) As used in this section, a "pharmacist in the employ of the hospital" shall not include any pharmacist who is, or is employed by, a manufacturer, wholesaler, distributor, or itinerant vendor of drugs or medicines.

(12) Each and every device approved by the board shall be issued a certificate of location. Such certificate must be conspicuously displayed on the device and contain the following:

(a) Name and address of the hospital

(b) Name of the registered pharmacist who is to be responsible for stocking the device

(c) Location of the device in the hospital

(d) Manufacturer's name of the device and the serial number of the device.

(13) Upon any malfunction the device shall not be used until the malfunction has been corrected.

(14) A copy of this regulation shall be attached to each and every device certified by the board of pharmacy.

[Statutory Authority: RCW 18.64.005, 92-12-035 (Order 277B), § 246-869-120, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-869-120, filed 8/30/91, effective 9/30/91; Regulation 47, filed 12/1/65.]

WAC 246-869-130 Return or exchange of drugs.

Except as provided in this rule, prescriptions, drugs, medicines, sick room supplies and items of personal hygiene shall not be accepted for return or exchange by any pharmacist or pharmacy after such prescriptions, drugs, medicines, sick room supplies or items of personal hygiene have been taken from the premises where sold, distributed or dispensed.

(1) Those drugs and sick room supplies legally dispensed by prescription in unit dose forms or in sealed single or multiple dose ampoules or vials in which the pharmacist can readily determine that entry or attempted entry by any means has not been made and which, in the pharmacist's professional judgment, meet the standards of the United States Pharmacopeia for storage conditions including temperature, light sensitivity, chemical and physical stability may be returned.

(2) Pharmacies serving hospitals and long-term care facilities may accept for return and reuse, unit dose packages or full or partial multiple dose medication cards based on the following criteria;

(a) The pharmacist can readily determine that entry or attempt at entry to the unit dose package or blister card has not been made;

(b) In the pharmacist's professional judgment, the unit dose package or full or partial multiple dose medication card meets the standards of the United States Pharmacopeia for storage conditions including temperature, light sensitivity, chemical and physical stability;

(c) The drug has been stored in such a manner as to prevent contamination by a means that would affect the efficacy and toxicity of the drug;

(d) The drug has not come into physical possession of the person for whom it was prescribed and control of the drug being returned is known to the pharmacist to have been the responsibility of a person trained and knowledgeable in the storage and administration of drugs;

(e) The drug labeling or packaging has not been altered or defaced so that the identity of the drug, its potency, lot number, and expiration date is retrievable.

(f) If the drug is prepackaged, it shall not be mixed with drugs of different lot numbers and/or expiration dates unless the specific lot numbers are retrievable and the expiration dates accompany the drug. If the drug is extemporaneously packaged, it shall not be mixed with drugs of different expiration dates unless the earliest expiration date appears on the label of the drug.

(3) This rule shall not include items such as orthopedic appliances, crutches, canes, wheelchairs and other similar items unless otherwise prohibited.

(4) Controlled substances shall not be returned to a pharmacy except for destruction in accordance with rules of the drug enforcement administration or the Washington state board of pharmacy.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-869-130, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005, 84-12-020 (Order 187), § 360-16-150, filed 5/25/84; Regulation 28, filed 3/23/60.]

[Title 246 WAC—page 1092]

WAC 246-869-140 Prescription department—
Conversing with pharmacist prohibited. Henceforth the prescription department of every licensed pharmacy in the state of Washington shall be protected against trespass by the lay public. No person shall be permitted to converse with a registered pharmacist while he or she is engaged in compounding a prescription, except nothing in this promulgation shall prevent one pharmacist from consulting with another pharmacist, a physician, a dentist or a veterinary surgeon, regarding the contents or technique connected with or pertaining to, the prescription being compounded.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-869-140, filed 8/30/91, effective 9/30/91; Regulation 37, filed 11/23/60.]

WAC 246-869-150 Physical standards for pharmacies—Adequate stock. (1) The pharmacy must maintain at all times a representative assortment of drugs in order to meet the pharmaceutical needs of its patients.

(2) Dated items—All merchandise which has exceeded its expiration date must be removed from stock.

(3) All stock and materials on shelves or display for sale must be free from contamination, deterioration and adulteration.

(4) All stock and materials must be properly labeled according to federal and state statutes, rules and regulations.

(5) Devices that are not fit or approved by the FDA for use by the ultimate consumer shall not be offered for sale and must be removed from stock.

(6) All drugs shall be stored in accordance with USP standards and shall be protected from excessive heat or freezing except as those drugs that must be frozen in accordance with the requirements of the label. If drugs are exposed to excessive heat or frozen when not allowed by the requirements of the label, they must be destroyed.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-869-150, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005, 85-11-066 (Order 194), § 360-16-200, filed 5/21/85; Order 131, § 360-16-200, filed 2/4/77; Order 51 (part), filed 8/15/67.]

WAC 246-869-160 Physical standards for pharmacies—Adequate facilities. (1) The prescription department shall be well lighted (adequately to allow any person with normal vision to read a label without strain, 30-50 foot candles).

(2) The prescription department shall be well ventilated. There shall be a constant flow of air through the area.

(3) There shall be a minimum of three linear feet by a minimum of 18 inches in depth of counter working space for each pharmacist or intern compounding or filling prescriptions at the same time.

(4) The prescription counter shall be uncluttered and clean at all times. Only those items necessary to the filling of prescriptions shall be thereon. (Profile systems are excepted.)

(5) There shall be a sink with hot and cold running water in the prescription compounding area.

(6) There shall be refrigeration facilities with a thermometer in the prescription compounding area for the storage of pharmaceutical items requiring refrigeration. USP standards of refrigeration require that the temperature be

maintained between two degrees and eight degrees Centigrade (36 degrees and 46 degrees Fahrenheit). A locked refrigerator in the immediate vicinity of the prescription department will meet the requirements of this paragraph.

(7) The prescription department shall be situated so that the public shall not have free access to the area where legend drugs, controlled substances, poisons, or other restricted items are stored, compounded or dispensed.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-160, filed 8/30/91, effective 9/30/91; Order 131, § 360-16-210, filed 2/4/77; Order 51 (part), filed 8/15/67.]

WAC 246-869-170 Physical standards for pharmacies—Sanitary conditions. (1) The walls, ceilings, floors and windows shall be clean, free from cracked and peeling paint or plaster, and in general good repair and order.

(2) Adequate trash receptacles shall be available, both in the prescription compounding and in the retail areas.

(3) If a restroom is provided, there must be a sink with hot and cold running water, soap and towels, and the toilet must be clean and sanitary.

(4) All equipment must be kept in a clean and orderly manner. That equipment used in the compounding of prescriptions (counting, weighing, measuring, mixing and stirring equipment) must be clean and in good repair.

(5) All professional personnel and staff, while working in the pharmacy, shall keep themselves and their apparel neat and clean.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-170, filed 8/30/91, effective 9/30/91; Order 131, § 360-16-220, filed 2/4/77; Order 51 (part), filed 8/15/67.]

WAC 246-869-180 Physical standards for pharmacies—Adequate equipment. (1) All pharmacies shall have in their possession the equipment and supplies necessary to compound, dispense, label, administer and distribute drugs and devices. The equipment shall be in good repair and shall be available in sufficient quantity to meet the needs of the practice of pharmacy conducted therein.

(2) All pharmacies will have in their possession:

(a) One up-to-date copy of the state of Washington statutes, rules and regulations governing the practice of pharmacy, the sale and dispensing of drugs, poisons, controlled substances, and medicines maintained in a binder.

(3) All pharmacies shall have up-to-date references in order for the pharmacist(s) to furnish patients and practitioners with information concerning drugs.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-180, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 85-11-066 (Order 194), § 360-16-230, filed 5/21/85; 84-03-015 (Order 180), § 360-16-230, filed 1/9/84; Order 131, § 360-16-230, filed 2/4/77; Order 118, § 360-16-230, filed 1/2/74; Order 51 (part), filed 8/15/67.]

WAC 246-869-190 Pharmacy inspections. (1) All pharmacies shall be subject to periodic inspections to determine compliance with the laws regulating the practice of pharmacy.

(2) Each inspected pharmacy shall receive a classification rating which will depend upon the extent of that pharmacy's compliance with the inspection standards.

(3) There shall be three rating classifications:

(a) "Class A" - for inspection scores of 90 to 100;

(b) "Conditional" - for inspection scores of 80 to 89; and,

(c) "Unsatisfactory" - for inspection scores below 80.

(4) Any pharmacy receiving a conditional rating shall have sixty days to raise its inspection score rating to 90 or better. If upon reinspection after sixty days, the pharmacy fails to receive a rating of 90 or better, then the pharmacy will be subject to disciplinary action.

(5) Any pharmacy receiving an unsatisfactory rating shall have fourteen days to raise its inspection score rating to 90 or better. If upon reinspection after fourteen days, the pharmacy fails to receive a rating of 90 or better, then the pharmacy will be subject to disciplinary action.

(6) The certificate of inspection must be posted in conspicuous view of the general public and shall not be removed or defaced.

(7) Noncompliance with the provisions of chapter 18.64A RCW (Pharmacy assistants) and, chapter 246-901 WAC (Pharmacy assistants) resulting in a deduction of at least five points shall result in an automatic unsatisfactory rating regardless of the total point score.

(8) Pharmacies receiving an unsatisfactory rating which represent a clear and present danger to the public health, safety and welfare will be subject to summary suspension of the pharmacy license.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-869-190, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-190, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 87-08-031 (Order 205), § 360-16-235, filed 3/27/87.]

WAC 246-869-200 Poison control. (1) The telephone number of the nearest poison control center shall be readily available.

(2) Each pharmacy shall maintain at least one ounce bottle of Ipecac syrup in stock at all times.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-200, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 87-08-031 (Order 205), § 360-16-245, filed 3/27/87; Order 120, § 360-16-245, filed 3/11/74.]

WAC 246-869-210 Prescription labeling. To every prescription container, there shall be fixed a label or labels bearing the following information:

(1) All information as required by RCW 18.64.246, provided that in determining an appropriate period of time for which a prescription drug may be retained by a patient after its dispensing, the dispenser shall take the following factors into account:

(a) The nature of the drug;

(b) The container in which it was packaged by the manufacturer and the expiration date thereon;

(c) The characteristics of the patient's container, if the drug is repackaged for dispensing;

(d) The expected conditions to which the article may be exposed;

(e) The expected length of time of the course of therapy; and

(f) Any other relevant factors.

The dispenser shall, on taking into account the foregoing, place on the label of a multiple unit container a suitable beyond-use date or discard-by date to limit the patient's use of the drug. In no case may this date be later than the original expiration date determined by the manufacturer.

(2) The quantity of drug dispensed, for example the volume or number of dosage units.

(3) The following statement, "Warning: State or federal law prohibits transfer of this drug to any person other than the person for whom it was prescribed."

(4) The information contained on the label shall be supplemented by oral or written information as required by WAC 246-869-220.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-869-210, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-210, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.246. 85-06-010 (Order 193), § 360-16-255, filed 2/22/85. Statutory Authority: RCW 18.64.005. 84-22-027 (Order 191), § 360-16-255, filed 11/1/84.]

WAC 246-869-220 Patient information required.

Except in those cases when the prescriber has advised that the patient is not to receive specified information regarding the medication:

(1) In order to assure the proper utilization of the medication or device prescribed, with each new prescription dispensed by the pharmacist, in addition to labeling the prescription in accordance with the requirements of RCW 18.64.245 and WAC 246-869-210, the pharmacist must:

(a) Orally explain to the patient or the patient's agent the directions for use and any additional information, in writing if necessary, for those prescriptions delivered inside the confines of the pharmacy; or

(b) Explain by telephone or in writing for those prescriptions delivered outside the confines of the pharmacy.

(2) In those instances where it is appropriate, when dispensing refill prescriptions, the pharmacist shall communicate with the patient or the patient's agent, by the procedure outlined in subsection (1)(a) or (b) of this section or the patient's physician regarding adverse effects, over or under utilization, or drug interaction with respect to the use of medications.

(3) Subsections (1) and (2) of this section shall not apply to those prescriptions for inpatients in hospitals or institutions where the medication is to be administered by a nurse or other individual authorized to administer medications.

(4) In the place of written statements regarding medications, the pharmacist may use abstracts of the Patient USP DI 1988 edition, or comparable information.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-869-220, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-220, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 89-04-016 (Order 223), § 360-16-265, filed 1/23/89.]

WAC 246-869-230 Child-resistant containers. (1)

All legend drugs shall be dispensed in a child-resistant

container as required by federal law or regulation, including CFR Part 1700 of Title 16, unless:

(a) Authorization is received from the prescriber to dispense in a container that is not child-resistant.

(b) Authorization is obtained from the patient or a representative of the patient to dispense in a container that is not child-resistant.

(2) Authorization from the patient to the pharmacist to use a regular container (nonchild-resistant) shall be verified in one of the following ways:

(a) The patient or his agent may sign a statement on the back of the prescription requesting a container that is not child-resistant.

(b) The patient or his agent may sign a statement on a patient medication record requesting containers that are not child-resistant.

(c) The patient or his agent may sign a statement on any other permanent record requesting containers that are not child-resistant.

(3) No pharmacist or pharmacy employee may designate himself or herself as the patient's agent.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-230, filed 8/30/91, effective 9/30/91; Order 126, § 360-16-270, filed 5/21/75.]

WAC 246-869-235 Prescription drug repackaging—

Definitions. (1) "Unit-dose" means the ordered amount of a drug in an individually sealed package and in a dosage form ready for administration to a particular person by the prescribed route at the prescribed time.

(2) "Unit-of-use" means a sufficient quantity of a drug for one normal course of therapy.

(3) "Lot number," "control number" means any distinctive combination of letters, numbers, or symbols, or any combination of them, from which a complete history of the manufacturer, processing, packing, holding, and distribution of a batch or lot of drug product or other material can be determined.

(4) "Med-pack" means any package prepared under the immediate supervision of a pharmacist for a specific patient comprising a series of containers and containing one or more prescribed solid oral dosage forms including multifill blister packs.

[Statutory Authority: RCW 18.64.005. 93-01-051 (Order 320B), § 246-869-235, filed 12/10/92, effective 1/10/93.]

WAC 246-869-250 Closing a pharmacy. (1)

Whenever a pharmacy ceases to operate, the owner shall notify the pharmacy board of the pharmacy's closing not later than fifteen days prior to the anticipated date of closing. This notice shall be submitted in writing and shall contain all of the following information:

(a) The date the pharmacy will close;

(b) The names and addresses of the persons who shall have custody of the prescription files, the bulk compounding records, the repackaging records, and the controlled substances inventory records of the pharmacy to be closed;

(c) The names and addresses of any persons who will acquire any of the legend drugs from the pharmacy to be closed, if known at the time the notification is filed.

(2) Not later than 15 days after the pharmacy has closed, the owner shall submit to the pharmacy board the following documents:

- (a) The license of the pharmacy that closed; and
- (b) A written statement containing the following information:
 - (i) Confirmation that all legend drugs have been transferred to an authorized person (or persons) or destroyed. If the legend drugs were transferred, the names and addresses of the person(s) to whom they were transferred;
 - (ii) If controlled substances were transferred, a list of the names and addresses to whom the substances were transferred, the substances transferred, the amount of each substance transferred, and the date on which the transfer took place;
 - (iii) Confirmation that the drug enforcement administration (DEA) registration and all unused DEA 222 forms (order forms) were returned to the DEA;
 - (iv) Confirmation that all pharmacy labels and blank prescriptions which were in the possession of the pharmacy were destroyed;
 - (v) Confirmation that all signs and symbols indicating the presence of the pharmacy have been removed.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-250, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005 and 69.41.240. 83-10-013 (Order 174), § 360-16-300, filed 4/26/83.]

WAC 246-869-255 Customized patient medication packages. The board approves the use of med-pack containers in the dispensing of prescription drugs within the same pharmacy, provided that:

- (1) The pharmacy must maintain custody of the original prescription container at the pharmacy;
- (2) No more than a thirty-one day supply of drugs is packaged;
- (3) The signature of the patient or the patient's agent is obtained for dispensing in a nonchild resistant container;
- (4) The container's label bear the following information:
 - (a) Pharmacy name and address;
 - (b) Patient's name;
 - (c) Drug name, strength, quantity;
 - (d) Directions;
 - (e) Serial prescription numbers; date
 - (f) Prescriber's name, and pharmacist's initials.

[Statutory Authority: RCW 18.64.005. 93-01-051 (Order 320B), § 246-869-255, filed 12/10/92, effective 1/10/93.]

WAC 246-869-260 Pharmacist supervised sales—General. The state board of pharmacy, pursuant to authority vested in it by the legislature, and for the protection of public health, will issue from time to time as deemed necessary by said board, a list of ingredients or preparations as may be sold only under the direct supervision of a licensed pharmacist. The failure to include in such listings any ingredient or preparation will not authorize the sale thereof by other than a licensed pharmacist where the statutes of this state or other valid regulations, require such sale to be made only under the direct supervision of a licensed pharmacist.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-260, filed 8/30/91, effective 9/30/91; Regulation 15, filed 3/23/60.]

Chapter 246-871 WAC

PHARMACEUTICAL—PARENTERAL PRODUCTS FOR NONHOSPITALIZED PATIENTS

WAC

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WAC 246-871-001 Scope and purpose. The purpose of this chapter is to provide standards for the preparation, labeling, and distribution of parenteral products by licensed pharmacies, pursuant to an order or prescription. These standards are intended to apply to all parenteral products not administered in a hospital.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-871-001, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-055 (Order 026), § 360-16A-010, filed 1/17/90, effective 2/17/90.]

WAC 246-871-010 Definitions. (1) Biological safety cabinet - A containment unit suitable for the preparation of low to moderate risk agents where there is a need for protection of the product, personnel, and environment according to National Sanitation Foundation (NSF) Standard 49.

(2) Class 100 environment - An atmospheric environment which contains less than 100 particles 0.5 microns in diameter per cubic foot of air, according to Federal Standard 209B.

(3) Antineoplastic - A pharmaceutical that has the capability of killing malignant cells.

(4) Parenteral - Sterile preparations of drugs for injection through one or more layers of skin.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-871-010, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-055 (Order 026), § 360-16A-020, filed 1/17/90, effective 2/17/90.]

WAC 246-871-020 Policy and procedure manual. (1) A policy and procedure manual as it relates to parenteral products shall be available for inspection at the pharmacy. The manual shall be reviewed and revised on an annual basis by the on-site pharmacist-in-charge.

(2) The manual shall include policies and procedures for:

- (a) Clinical services;
- (b) Parenteral product handling, preparation, dating, storage, and disposal;
- (c) Major and minor spills of antineoplastic agents, if applicable;
- (d) Disposal of unused supplies and medications;
- (e) Drug destruction and returns;

- (f) Drug dispensing;
- (g) Drug labeling—relabeling;
- (h) Duties and qualifications for professional and nonprofessional staff;
- (i) Equipment;
- (j) Handling of infectious waste pertaining to drug administration;
- (k) Infusion devices and drug delivery systems;
- (l) Dispensing of investigational medications;
- (m) Training and orientation of professional and nonprofessional staff commensurate with the services provided;
- (n) Quality assurance;
- (o) Recall procedures;
- (p) Infection control:
 - (i) Suspected contamination of parenteral products;
 - (ii) Orientation of employees to sterile technique;
- (q) Sanitation;
- (r) Security;
- (s) Transportation; and
- (t) Absence of a pharmacist.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-871-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-055 (Order 026), § 360-16A-030, filed 1/17/90, effective 2/17/90.]

WAC 246-871-030 Physical requirements. (1) Space. The pharmacy shall have a designated area with entry restricted to designated personnel for preparing compounded parenteral products. This area shall be designed to minimize traffic and airflow disturbances. It shall be used only for the preparation of these specialty products. It shall be of sufficient size to accommodate a laminar airflow hood and to provide for the proper storage of drugs and supplies under appropriate conditions of temperature, light, moisture, sanitation, ventilation, and security.

(2) Equipment. The pharmacy preparing parenteral products shall have:

(a) Appropriate environmental control devices capable of maintaining at least a Class 100 environment condition in the workspace where critical objects are exposed and critical activities are performed; furthermore, these devices are capable of maintaining Class 100 environment conditions during normal activity;

(b) Clean room and laminar flow hood certification shall be conducted annually by an independent contractor according to Federal Standard 209B or National Sanitation Foundation 49 for operational efficiency. These reports shall be maintained for at least two years;

(c) Prefilters. Prefilters for the clean air source shall be replaced on a regular basis and the replacement date documented;

(d) Sink with hot and cold running water which is convenient to the compounding area for the purpose of hand scrubs prior to compounding;

(e) Appropriate disposal containers for used needles, syringes, etc., and if applicable, antineoplastic agents;

(f) Refrigerator/freezer with thermometer;

(g) Temperature controlled delivery container, if appropriate;

(h) Infusion devices, if appropriate.

(3) Reference library. The pharmacy shall have current reference materials related to parenteral products. These reference materials will contain information on stability, incompatibilities, mixing guidelines, and the handling of antineoplastic products.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-871-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-055 (Order 026), § 360-16A-040, filed 1/17/90, effective 2/17/90.]

WAC 246-871-040 Personnel. (1) Pharmacist-in-charge. Each pharmacy shall be managed on site by a pharmacist who is licensed to practice pharmacy in this state and who has been trained in the specialized functions of preparing and dispensing compounded parenteral products, including the principles of aseptic technique and quality assurance. This training may be obtained through residency training programs, continuing education programs, or experience in an IV admixture facility. The pharmacist-in-charge shall be responsible for the purchasing, storage, compounding, repackaging, dispensing, and distribution of all parenteral products. He/she shall also be responsible for the development and continuing review of all policies and procedures, training manuals, and the quality assurance programs. The pharmacist-in-charge may be assisted by additional pharmacists trained in this area of practice.

(2) Supportive personnel. The pharmacist-in-charge may be assisted by a level A pharmacy assistant. The level A pharmacy assistant shall have specialized training in this field and shall work under the immediate supervision of a pharmacist. The training provided to these personnel shall be described in writing in a training manual pursuant to chapter 246-901 WAC and chapter 18.64A RCW. The duties and responsibilities of the level A pharmacy assistant must be consistent with his/her training and experience.

(3) Staffing. A pharmacist shall be accessible twenty-four hours per day for each pharmacy to respond to patient's and other health professionals' questions and needs.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-871-040, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-871-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-055 (Order 026), § 360-16A-060, filed 1/17/90, effective 2/17/90.]

WAC 246-871-050 Drug distribution and control.

(1) Prescription. The pharmacist, or pharmacy intern acting under the immediate supervision of a pharmacist, must receive a written or verbal prescription from an authorized prescriber before dispensing any parenteral product. Prescriptions may be filed within the pharmacy by patient-assigned consecutive numbers. A new prescription is required every twelve months or upon any prescription change. These prescriptions shall, at a minimum, contain the following:

(a) Patient name;

(b) Patient address;

(c) Drug name, strength, and dispensing quantity;

(d) Patient directions for use;

(e) Date written;

(f) Authorizing prescriber's name;

(g) Physician's address and Drug Enforcement Administration identification code, if applicable;

(h) Refill instructions, if applicable; and

(i) Provision for generic substitution.

(2) Profile or medication record system. A pharmacy-generated profile or medication record system must be separated from the oral prescription file. The patient profile or medication record system shall be maintained under the control of the pharmacist-in-charge for a period of two years after the last dispensing activity. The patient profile or medication record system shall contain, at a minimum:

(a) Patient's full name;

(b) Date of birth or age;

(c) Weight, if applicable;

(d) Sex, if applicable;

(e) Parenteral products dispensed;

(f) Date dispensed;

(g) Drug content and quantity;

(h) Patient directions;

(i) Prescription identifying number;

(j) Identification of dispensing pharmacist and preparing level A pharmacy assistant, if applicable;

(k) Other drugs patient is receiving;

(l) Known drug sensitivities and allergies to drugs and foods;

(m) Primary diagnosis, chronic conditions; and

(n) Name of manufacturer and lot numbers of components or a policy for return of recalled product if lot numbers are not recorded.

(3) Labeling. Parenteral products dispensed to patients shall be labeled with the following information with a permanent label:

(a) Name, address, and telephone number of the pharmacy;

(b) Date and prescription identifying number;

(c) Patient's full name;

(d) Name of each component, strength, and amount;

(e) Directions for use including infusion rate;

(f) Prescriber's name;

(g) Required transfer warnings;

(h) Date of compounding;

(i) Expiration date and expiration time, if applicable;

(j) Identity of pharmacist compounding and dispensing or other authorized individual;

(k) Storage requirements;

(l) Auxiliary labels, where applicable;

(m) Antineoplastic drug auxiliary labels, where applicable; and

(n) On all parenteral products, a twenty-four hour phone number where a pharmacist can be contacted.

(4) Records and reports. The pharmacist-in-charge shall maintain access to and submit, as appropriate, such records and reports as are required to ensure patient's health, safety, and welfare. Such records shall be readily available, maintained for two years, and subject to inspections by the board of pharmacy. These shall include, as a minimum, the following:

(a) Patient profile/medication record system;

(b) Policy and procedure manual;

(c) Training manuals; and

(d) Such other records and reports as may be required by law and rules of the board of pharmacy.

Information regarding individual patients shall be maintained in a manner to assure confidentiality of the patient's record. Release of this information shall be in accordance with federal and/or state laws or rules.

(5) Delivery service. There will be a provision for the timely delivery of parenteral products from a pharmacy so a practitioner's order for drug therapy can be implemented without undue delay. The pharmacist-in-charge shall assure the environmental control of all parenteral products shipped. Therefore, any parenteral products must be shipped or delivered to a patient in appropriate temperature controlled delivery containers (as defined by USP Standards) and stored appropriately in the patient's home. Chain of possession for the delivery of controlled substances via contracted courier must be documented, and a receipt required. The pharmacy, on request, will provide instruction for the destruction of unused parenteral products and supplies in the event a parenteral product is being discontinued or a patient dies.

(6) Disposal of infectious wastes. The pharmacist-in-charge is responsible for assuring that there is a system for the disposal of infectious waste pertaining to drug administration in a manner so as not to endanger the public health.

(7) Emergency kit. When parenteral products are provided to home care patients, the dispensing pharmacy may supply the registered nurse with emergency drugs if the physician has authorized the use of these drugs by a protocol for use in an emergency situation, e.g., anaphylactic shock. A protocol for the emergency kit must be submitted to and approved by the board of pharmacy.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-871-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-055 (Order 026), § 360-16A-070, filed 1/17/90, effective 2/17/90.]

WAC 246-871-060 Antineoplastic medications. The following additional requirements are necessary for those pharmacies that prepare antineoplastic medications to assure the protection of the personnel involved.

(1) All antineoplastic medications shall be compounded within a certified Class II type A or Class II type B vertical laminar airflow hood.

Policy and procedures shall be developed for the cleaning of the laminar airflow hood between compounding antineoplastic medications and other parenteral products, if applicable.

(2) Protective apparel shall be worn by personnel compounding antineoplastic medications. This shall include disposable gloves, gowns with tight cuffs, masks, and protective eye shields if the safety cabinet is not equipped with splash guards.

(3) Appropriate safety containment techniques for compounding antineoplastic medications shall be used in conjunction with the aseptic techniques required for preparing parenteral products.

(4) Disposal of antineoplastic waste shall comply with all applicable local, state, and federal requirements, i.e., Occupational Safety and Health Administration (OSHA) and Washington Industrial Safety and Health Administration (WISHA).

(5) Written procedures for handling both major and minor spills of antineoplastic medications must be developed and must be included in the policy and procedure manual.

These procedures will include providing spill kits along with directions for use to those persons receiving therapy.

(6) Prepared doses of antineoplastic medications must be dispensed and shipped in a manner to minimize the risk of accidental rupture of the primary container.

(7) Documentation that personnel have been trained in compounding, handling, and destruction of antineoplastic medications.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-871-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-055 (Order 026), § 360-16A-080, filed 1/17/90, effective 2/17/90.]

WAC 246-871-070 Clinical services. (1) Primary provider. There shall be an authorizing practitioner primarily responsible for the patient's medical care. There shall be a clear understanding between the authorizing practitioner, the patient, the home health care agency, and the pharmacy of the responsibilities of each in the areas of the delivery of care and the monitoring of the patient. This shall be documented in the patient's medication record system.

(2) A systematic process of medication use review must be designed, followed, and documented on an ongoing basis.

(3) Pharmacist-patient relationship. The pharmacist is responsible for seeing that the patient's compliance and adherence to a medication regimen is followed.

(4) Patient monitoring. The pharmacist will have access to clinical and laboratory data concerning each patient. Any abnormal values will be reported to the authorizing practitioner in a timely manner.

(5) Documentation. There must be documentation of ongoing drug therapy monitoring and assessment shall include but not be limited to:

(a) Therapeutic duplication in the patient's drug regimen;

(b) The appropriateness of the dose, frequency, and route of administration;

(c) Clinical laboratory or clinical monitoring methods to detect side effects, toxicity, or adverse effects and whether the findings have been reported to the authorizing practitioner.

(6) Patient training. The patient, the patient's agent, the authorizing practitioner, the home health care agency, or the pharmacy must demonstrate or document the patient's training and competency in managing this type of therapy in the home environment. A pharmacist is responsible for the patient training process in any area that relates to medication compounding, labeling, storage, stability, or incompatibility. The pharmacist must be responsible for seeing that the patient's competency in the above areas is reassessed on an ongoing basis.

(7) A pharmacist will verify that any parenteral product a patient has not received before will be administered under the supervision of a person authorized to manage anaphylaxis.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-871-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-055 (Order 026), § 360-16A-090, filed 1/17/90, effective 2/17/90.]

WAC 246-871-080 Quality assurance. There shall be a documented, ongoing quality assurance program that is reviewed at least annually.

(1) The quality assurance program shall include but not be limited to methods to document:

- (a) Medication errors;
- (b) Adverse drug reactions;
- (c) Patient satisfaction;
- (d) Product sterility.

There shall be written documentation that the end product has been tested on a sampling basis for microbial contamination by the employee responsible for compounding parenteral products. Documentation shall be on a quarterly basis at a minimum.

(2) Nonsterile compounding. If bulk compounding of parenteral solutions is performed utilizing nonsterile chemicals, extensive end product testing, as referenced in *Remington*, must be documented prior to the release of the product from quarantine. This process must include appropriate testing for particulate matter and testing for pyrogens.

(3) Expiration dates. There shall be written justification of the chosen expiration dates for compounded parenteral products.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-871-080, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-055 (Order 026), § 360-16A-100, filed 1/17/90, effective 2/17/90.]

Chapter 246-873 WAC

PHARMACY—HOSPITAL STANDARDS

WAC

246-873-010	Definitions.
246-873-020	Applicability.
246-873-030	Licensure.
246-873-040	Personnel.
246-873-050	Absence of a pharmacist.
246-873-060	Emergency outpatient medications.
246-873-070	Physical requirements.
246-873-080	Drug procurement, distribution and control.
246-873-090	Administration of drugs.
246-873-100	Investigational drugs.
246-873-110	Additional responsibilities of pharmacy service.

WAC 246-873-010 Definitions. For the purpose of these rules and regulations, the following definitions apply:

(1) "Authenticated" or "authentication" means authorization of a written entry in a record by means of a signature which shall include, minimally, first initial, last name, and title.

(2) "Controlled substance" means those drugs, substances or immediate precursors listed in Schedule I through V, chapter 69.50 RCW, State Uniform Controlled Substance Act, as now or hereafter amended.

(3) "Drug" means any product referenced in RCW 18.64.011(3) as now or hereafter amended.

(4) "Drug administration" means an act in which a single dose of a prescribed drug or biological is given to a patient by an authorized person in accordance with all laws and regulations governing such acts. The complete act of administration entails removing an individual dose from a previously dispensed, properly labeled container (including a unit dose container) reviewing it with a verified transcrip-

tion, a direct copy, or the original medical practitioner's orders, giving the individual dose to the proper patient, and properly recording the time and dose given.

(5) "Drug dispensing" means an act entailing the interpretation of an order for a drug or biological and, pursuant to that order, proper selection, measuring, labeling, packaging, and issuance of the drug for a patient or for a service unit of the facility.

(6) "Hospital" means any institution licensed pursuant to chapters 70.41 or 71.12 RCW or designated pursuant to RCW 72.23.020.

(7) "Hospital pharmacy" means that portion of a hospital which is engaged in the manufacture, production, preparation, dispensing, sale, and/or distribution of drugs, components, biologicals, chemicals, devices and other materials used in the diagnosis and treatment of injury, illness and diseases; and which is licensed by the state board of pharmacy pursuant to the Washington State Pharmacy Practice Act, chapter 18.64 RCW.

(8) "Immediate supervision" means visual and/or physical proximity that insure adequate safety and controls.

(9) "Investigational drug" means any article which has not been approved for use in the United States, but for which an investigational drug application (IND) has been approved by the FDA.

(10) "Nurse" means a registered nurse or a licensed practical nurse licensed pursuant to chapters 18.88 or 18.78 RCW.

(11) "Practitioner" means any person duly authorized by law or rule in the state of Washington to prescribe drugs in RCW 18.64.011(9).

(12) "Pharmacist" means a person duly licensed by the state board of pharmacy to engage in the practice of pharmacy.

(13) "Pharmacy" means every place properly licensed by the board of pharmacy where the practice of pharmacy is conducted.

(14) "Pharmacy Assistant Level A and Level B" means persons certified under chapter 18.64A RCW.

(15) "Physician" means a doctor of medicine or a doctor of osteopathy licensed to practice in the state of Washington.

(16) "Practice of pharmacy" means the definition given in RCW 18.64.011(11) now or hereafter amended.

(17) "Protocol" means a written set of guidelines.

(18) "Registered nurse" means an individual licensed under the provisions of chapter 18.88 RCW, regulating the practice of registered nursing in the state of Washington.

(19) "Self-administration of drugs" means that a patient administers or takes his/her own drugs from properly labeled containers: *Provided*, That the facility maintains the responsibility for seeing that the drugs are used correctly and that the patient is responding appropriately.

(20) "Shall" means that compliance with regulation is mandatory.

(21) "Should" means that compliance with a regulation or standard is recommended.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-873-010, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(12). 82-12-041 (Order 168), § 360-17-010, filed 5/28/82. Statutory Authority: RCW 18.64.005(11). 81-16-036 (Order 162), § 360-17-010, filed 7/29/81.]

WAC 246-873-020 Applicability. The following rules and regulations are applicable to all facilities licensed pursuant to chapters 70.41 and 71.12 RCW or designated pursuant to RCW 72.23.020.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-873-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(12). 82-12-041 (Order 168), § 360-17-020, filed 5/28/82. Statutory Authority: RCW 18.64.005(11). 81-16-036 (Order 162), § 360-17-020, filed 7/29/81.]

WAC 246-873-030 Licensure. Hospital pharmacists shall be licensed by the board of pharmacy in accordance with chapter 18.64 RCW.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-873-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 81-16-036 (Order 162), § 360-17-030, filed 7/29/81.]

WAC 246-873-040 Personnel. (1) Director of pharmacy. The pharmacy, organized as a separate department or service, shall be directed by a licensed pharmacist appropriately qualified by education, training, and experience to manage a hospital pharmacy. The patient care and management responsibilities of the director of pharmacy shall be clearly delineated in writing and shall be in accordance with currently accepted principles of management, safety, adequate patient care and treatment. The responsibilities shall include the establishment and maintenance of policies and procedures, ongoing monitoring and evaluation of pharmaceutical service, use and control of drugs, and participation in relevant planning, policy and decision-making activities. Hospitals which do not require, or are unable to obtain the services of a fulltime director shall be held responsible for the principles contained herein and shall establish an ongoing arrangement in writing with an appropriately qualified pharmacist to provide the services. Where the director of pharmacy is not employed fulltime, then the hospital shall establish an ongoing arrangement in writing with an appropriately qualified pharmacist to provide the services described herein. The director of pharmacy shall be responsible to the chief executive officer of the hospital or his/her designee.

(2) Supportive personnel. The director of pharmacy shall be assisted by sufficient numbers of additional pharmacists and/or pharmacy assistants and clerical personnel required to operate safely and efficiently to meet the needs of the patients.

(3) Supervision. All of the activities and operations of each hospital pharmacy shall be professionally managed by the director or a pharmacist designee. Functions and activities shall be under the immediate supervision of a pharmacist and shall be performed according to written policies and procedures. When the hospital pharmacy is decentralized, each decentralized section(s) or separate organizational element(s) shall be under the immediate supervision of a pharmacist responsible to the director.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-873-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 81-16-036 (Order 162), § 360-17-040, filed 7/29/81.]

WAC 246-873-050 Absence of a pharmacist. (1) General. Pharmaceutical services shall be available on a 24-hour basis. If round-the-clock services of a pharmacist are not feasible, arrangements shall be made in advance by the director of pharmacy to provide reasonable assurance of pharmaceutical services.

(2) Access to the pharmacy. Whenever a drug is required to treat an immediate need and not available from floor stock when the pharmacy is closed, the drug may be obtained from the pharmacy by a designated registered nurse, who shall be accountable for his/her actions. One registered nurse shall be designated in each hospital shift for removing drugs from the pharmacy.

(a) The director of pharmacy shall establish written policy and recording procedures to assist the registered nurse who may be designated to remove drugs from the pharmacy, when a pharmacist is not present, in accordance with Washington State Pharmacy Practice Act, RCW 18.64.-255(2), which states that the director of pharmacy and the hospital be involved in designating the nurse.

(b) The stock container of the drug or similar unit dose package of the drug removed shall be left with a copy of the order of the authorized practitioner to be checked by a pharmacist, when the pharmacy reopens, or as soon as is practicable.

(c) Only a sufficient quantity of drugs shall be removed in order to sustain the patient until the pharmacy opens.

(d) All drugs removed shall be completely labeled in accordance with written policy and procedures, taking into account state and federal rules and regulations and current standards.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-873-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 81-16-036 (Order 162), § 360-17-050, filed 7/29/81.]

WAC 246-873-060 Emergency outpatient medications. The director of pharmacy of a hospital shall, in concert with the appropriate committee of the hospital medical staff, develop policies and procedures, which shall be implemented, to provide emergency pharmaceuticals to outpatients during hours when normal community or hospital pharmacy services are not available. The delivery of a single dose for immediate administration to the patient shall not be subject to this regulation. Such policies shall allow the designated registered nurse(s) to deliver medications other than controlled substances, pursuant to the policies and procedures which shall require that:

(1) An order of a practitioner authorized to prescribe a drug is presented. Oral or electronically transmitted orders must be verified by the prescriber in writing within 72 hours.

(2) The medication is prepackaged by a pharmacist and has a label that contains:

(a) Name, address, and telephone number of the hospital.

(b) The name of the drug (as required by chapter 246-899 WAC), strength and number of units.

(c) Cautionary information as required for patient safety and information.

(d) An expiration date after which the patient should not use the medication.

(3) No more than a 24-hour supply is provided to the patient except when the pharmacist has informed appropriate hospital personnel that normal services will not be available within 24 hours.

(4) The container is labeled by the designated registered nurse(s) before presenting to the patient and shows the following:

- (a) Name of patient;
- (b) Directions for use by the patient;
- (c) Date;
- (d) Identifying number;
- (e) Name of prescribing practitioner;
- (f) Initials of the registered nurse;

(5) The original or a direct copy of the order by the prescriber is retained for verification by the pharmacist after completion by the designated registered nurse(s) and shall bear:

- (a) Name and address of patient;
- (b) Date of issuance;
- (c) Units issued;
- (d) Initials of designated registered nurse.

(6) The medications to be delivered as emergency pharmaceuticals shall be kept in a secure place in or near the emergency room in such a manner as to preclude the necessity for entry into the pharmacy.

(7) The procedures outlined in this rule may not be used for controlled substances except at the following rural hospitals which met all three of the rural access project criteria on May 17, 1989:

Hospital	City
1. Lake Chelan Community Hospital	Chelan
2. St. Joseph's Hospital	Chewelah
3. Whitman Community Hospital	Colfax
4. Lincoln Hospital	Davenport
5. Dayton General Hospital	Dayton
6. Ocean Beach Hospital	Ilwaco
7. Newport Community Hospital	Newport
8. Jefferson General Hospital	Port Townsend
9. Ritzville Memorial Hospital	Ritzville
10. Willapa Harbor Hospital	South Bend

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-873-060, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-873-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 89-12-011 (Order 225), § 360-17-055, filed 5/26/89; 83-23-109 (Order 179), § 360-17-055, filed 11/23/83.]

WAC 246-873-070 Physical requirements. (1) Area. The pharmacy facilities shall include:

(a) Appropriate transportation and communications systems for the distribution and control of drugs within the hospital.

(b) Sufficient space and equipment for secure, environmentally controlled storage of drugs and other pharmaceutical supplies.

(2) In order to meet the medical services' need for drugs throughout the hospital, the pharmacy facilities should include:

(a) Space for the management and clinical functions of the pharmaceutical service.

(b) Space and equipment for the preparation of parenteral admixtures, radiopharmaceuticals, and other sterile compounding and packaging.

(c) Other equipment necessary.

(3) Access to unattended areas. All areas occupied by the hospital pharmacy shall be locked by key or combination in order to prevent access by unauthorized personnel. The director of pharmacy shall designate in writing, by title and/or position those individuals who shall be authorized access to particular areas within the pharmacy, including authorization of access to keys and/or combinations.

(4) Drug storage areas. Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security.

(a) It is the joint responsibility of the director of pharmacy and the director of nursing to ensure that drug handling, storage, and preparation are carried out in conformance with established policies, procedures, and accepted standards.

(b) Locked storage or locked medication carts shall be provided for use on each nursing service area or unit.

(5) Flammable storage. All flammable material shall be stored and handled in accordance with applicable local and state fire regulations, and there shall be written policy and procedures for the destruction of these flammable materials.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-873-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 85-11-066 (Order 194), § 360-17-060, filed 5/21/85. Statutory Authority: RCW 18.64.005(11). 81-16-036 (Order 162), § 360-17-060, filed 7/29/81.]

WAC 246-873-080 Drug procurement, distribution and control. (1) General. Pharmaceutical service shall include:

(a) Procurement, preparation, storage, distribution and control of all drugs throughout the hospital.

(b) A monthly inspection of all nursing care units or other areas of the hospital where medications are dispensed, administered or stored. Inspection reports shall be maintained for one year.

(c) Monitoring the drug therapy.

(d) Provisions for drug information to patients, physicians and others.

(e) Surveillance and reporting of adverse drug reactions and drug product defect(s).

(2) Additional pharmaceutical services should include:

(a) Obtaining and recording comprehensive drug histories and participation in discharge planning in order to affect appropriate drug use.

(b) Preparation of all sterile products (e.g., IV admixtures, piggybacks, irrigation solutions), except in emergencies.

(c) Distribution and control of all radiopharmaceuticals.

(d) Administration of drugs.

(e) Prescribing.

(3) The director shall be responsible for establishing specifications for procurement, distribution and the maintenance of a system of accountability for drugs, IV solutions, chemicals, and biologicals related to the practice of pharmacy.

(4) The director shall establish, annually review and update when necessary comprehensive written policies and procedures governing the responsibilities and functions of the pharmaceutical service. Policies affecting patient care and treatment involving drug use shall be established by the

director of pharmacy with the cooperation and input of the medical staff, nursing service and the administration.

(5) Labeling:

(a) Inpatient. All drug containers in the hospital shall be labeled clearly, legibly and adequately to show the drug's name (generic and/or trade) and strength when applicable. Accessory or cautionary statements and the expiration date shall be applied to containers as appropriate.

(b) Outpatients. Labels on medications used for outpatients, emergency room, and discharge drug orders shall meet the requirements of RCW 18.64.246.

(c) Parenteral and irrigation solutions. When drugs are added to intravenous solutions, a suitable label shall be affixed to the container. As a minimum the label shall indicate name and location of the patient, name and amount of drug(s) added, appropriate dating, initials of the personnel who prepared and checked the solution.

(6) Medication orders. Drugs are to be dispensed and administered only upon orders of authorized practitioners. A pharmacist shall review the original order or direct copy thereof, prior to dispensing any drug, except for emergency use or as authorized in WAC 246-873-050.

(7) Controlled substance accountability. The director of pharmacy shall establish effective procedures and maintain adequate records regarding use and accountability of controlled substances, and such other drugs as appropriate, in compliance with state and federal laws and regulations.

(a) Complete, accurate, and current records shall be kept of receipt of all controlled substances and in addition, a Schedule II perpetual inventory shall be maintained.

(b) The pharmacy shall maintain records of Schedule II drugs issued from the pharmacy to other hospital units which include:

(i) Date

(ii) Name of the drug

(iii) Amount of drug issued

(iv) Name and/or initials of the pharmacist who issued the drug

(v) Name of the patient and/or unit to which the drug was issued.

(c) Records shall be maintained by any unit of the hospital which utilizes Schedule II drugs indicating:

(i) Date

(ii) Time of administration

(iii) Name of the drug (if not already indicated on the records

(iv) Dosage of the drug which was used which shall include both the amount administered and any amount destroyed.

(v) Name of the patient to whom the drug was administered

(vi) Name of the practitioner who authorized the drug

(vii) Signature of the licensed individual who administered the drug.

(d) When it is necessary to destroy small amounts of controlled substances following the administration of a dose by a nurse, the destruction shall be witnessed by a second nurse who shall countersign the records of destruction.

(e) The director of the pharmacy shall develop written procedures for the proper destruction of controlled substances not covered by (d) above conforming with federal and state statutes. A copy of the procedures shall be forwarded

to the Drug Enforcement Administration (DEA) and the state board of pharmacy. As a minimum, procedures shall include the following:

- (i) All destructions shall render the drugs unrecoverable.
- (ii) Destruction shall be accomplished by the pharmacist and one other licensed health professional.
- (iii) Records of all destructions shall be maintained by the pharmacy. Quarterly summary reports shall be mailed to the DEA with copies to the state board of pharmacy.
- (iv) A copy of the destruction record shall be maintained in the pharmacy for two years.
- (f) Periodic monitoring of controlled substances records shall be performed by a nurse or a pharmacist to determine whether the drugs recorded on usage records have also been recorded on the patient's chart.
- (g) Use of multiple dose vials of controlled substances shall be discouraged.
- (h) Controlled substances, Schedule II and III, which are floor stocked, in any hospital patient or nursing service area shall be checked by actual count at the change of each shift by two authorized persons licensed to administer drugs.
- (i) All controlled substance records shall be kept for two years.
- (j) Hospitals wishing to use record systems other than that described above shall make application and receive written approval from the board of pharmacy prior to implementation.
- (k) Significant losses or disappearances of controlled substances and the facts surrounding the discrepancy shall be reported to the board of pharmacy, the drug enforcement agency, the chief executive officer of the hospital and other appropriate authorities.
- (8) Drug recall. The director shall develop and implement a recall procedure to assure that potential harm to patients within the hospital is prevented and that all drugs included on the recall are returned to the pharmacy for proper disposition.
- (9) All medications administered to inpatients shall be recorded in the patient's medical record.
- (10) Adverse drug reactions. All adverse drug reactions shall be appropriately recorded in the patient's record and reported to the prescribing practitioner and to the pharmacy.
- (11) Drug errors. All drug errors shall upon discovery be recorded in an incident report and reported to the prescribing practitioner and to the pharmacy.

[Statutory Authority: RCW 18.64.005, 92-12-035 (Order 277B), § 246-873-080, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-873-080, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11), 81-16-036 (Order 162), § 360-17-070, filed 7/29/81.]

WAC 246-873-090 Administration of drugs. (1) General. Drugs shall be administered only upon the order of a practitioner who has been granted clinical privileges to write such orders. Verbal orders for drugs shall only be issued in emergency or unusual circumstances and shall be accepted only by a licensed nurse, pharmacist, or physician, and shall be immediately recorded and signed by the person receiving the order. Such orders shall be authenticated by the prescribing practitioner within 48 hours.

(2) Administration. Drugs shall be administered only by appropriately licensed personnel in accordance with state and federal laws and regulations governing such acts and in accordance with medical staff approved hospital policy.

(3) Patient's drugs. The hospital shall develop written policies and procedures for the administration of drugs brought into the hospital by or for patients.

(a) Drugs brought into the hospital by or for the patient shall be administered only when there is a written order by a practitioner. Prior to use, such drugs shall be identified and examined by the pharmacist to ensure acceptable quality for use in the hospital.

(b) Drugs from outside the hospital which are not used during the patient's hospitalization shall be packaged and sealed, if stored in the hospital, and returned to the patient at time of discharge or given to the patient's family.

(c) Return of drugs may be prohibited due to possible jeopardy of the patient's health.

(d) Written procedures shall be developed for the disposal of unreturned drugs.

(4) Self-administration. Self-administration of drugs shall occur only within approved protocols in accordance with a program of self-care or rehabilitation. Policy and specific written procedures, approved by the appropriate medical staff, nursing service and administration shall be established by the director of pharmacy.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-873-090, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11), 81-16-036 (Order 162), § 360-17-080, filed 7/29/81.]

WAC 246-873-100 Investigational drugs. (1) Distribution. Storage, distribution, and control of approved investigational drugs used in the institution shall be the responsibility of the director of pharmacy or his designee. The pharmacy shall be responsible for maintaining and providing information on approved investigational drugs.

(2) General. Investigational drugs shall be properly labeled and stored for use only under the explicit direction of the authorized principal investigator or coinvestigator(s). Such drugs shall be approved by an appropriate medical staff committee.

(3) Administration. On approval of the principal investigator or coinvestigator(s), those authorized to administer drugs may administer these drugs after they have been given basic pharmacological information about the drug. Investigational drugs shall be administered in accordance with approved written protocol that includes any requirements for the patient's appropriate informed consent.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-873-100, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11), 81-16-036 (Order 162), § 360-17-090, filed 7/29/81.]

WAC 246-873-110 Additional responsibilities of pharmacy service. (1) General. The pharmacy service shall participate in other activities and committees within the hospital affecting pharmaceutical services, drugs and drug use.

(2) Quality assurance. The pharmaceutical service shall establish a pharmacy quality assurance program.

(3) Clinical activities. The director of pharmacy should develop clinically oriented programs, including but not limited to obtaining and recording comprehensive drug histories and participation in discharge planning to affect appropriate drug use, a formal drug information service, prescribing, and administration of drugs.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-873-110, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 81-16-036 (Order 162), § 360-17-100, filed 7/29/81.]

Chapter 246-875 WAC

PHARMACY—PATIENT MEDICATION RECORD SYSTEMS

WAC

246-875-001	Purpose.
246-875-010	Definitions.
246-875-020	Minimum required information in an automated patient medication record system.
246-875-030	Minimum required information in a manual patient medication record system.
246-875-040	Minimum procedures for utilization of a patient medication record system.
246-875-050	Auxiliary recordkeeping procedure.
246-875-060	Retrieval of information from an automated system.
246-875-070	Confidentiality and security of data.
246-875-080	Extension of time for compliance.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-875-090	Effective date. [Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-875-090, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 84-03-016 (Order 181), § 360-19-100, filed 1/9/84.] Repealed by 92-12-035 (Order 277B), filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005.
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WAC 246-875-001 Purpose. The purpose of this chapter shall be to insure that a patient medical record system is maintained by all pharmacies and other sites where the dispensing of drugs takes place, in order to insure the health and welfare of the patients served. This system will consist of certain patient and prescription information, and shall provide the pharmacist within the pharmacy means to retrieve all new prescription and refill prescription information relevant to patients of the pharmacy. It shall be designed to provide adequate safeguards against the improper manipulation or alteration of records, and to provide an audit trail. It may be either a manual system or an automated data processing system for the storage and retrieval of prescription and patient information. If an automated data processing system is utilized, an auxiliary recordkeeping procedure shall be available for documentation of new and refill prescriptions in case the automated system is inoperative for any reason. Establishment of a patient medication record system is intended to insure that the information it contains will be reviewed by the pharmacist in a manner consistent with sound professional practice when each prescription is filled.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-875-001, filed 8/30/91, effective

9/30/91. Statutory Authority: RCW 18.64.005. 84-03-016 (Order 181), § 360-19-010, filed 1/9/84.]

WAC 246-875-010 Definitions. Terms used in this chapter shall have the meaning set forth in this section unless the context clearly indicates otherwise:

(1) "Address" means the place of residence of the patient.

(2) "Audit trail" means all materials and documents required for the entire process of filling a prescription, which shall be sufficient to document or reconstruct the origin of the prescription order, and authorization of subsequent modifications of that order.

(3) "Auxiliary recordkeeping procedure" means a backup procedure used to record medication record system data in case of scheduled or unscheduled down-time of an automated data processing system.

(4) "Hard copy of the original prescription" shall include the prescription as defined in RCW 18.64.011(8) and/or the medical records or chart.

(5) "Therapeutic duplication" means two or more drugs in the same pharmacological or therapeutic category which when used together may have an additive or synergistic effect.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-875-010, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 84-03-016 (Order 181), § 360-19-020, filed 1/9/84.]

WAC 246-875-020 Minimum required information in an automated patient medication record system. An automated patient medication record system is an electronic system that must have the capability of capturing any data removed on a hard copy of microfiche copy. The hard copy of the original prescription and all documents in the audit trail shall be considered a part of this system.

(1) All automated patient medication record systems must maintain the following information with regard to ambulatory patients:

(a) Patient's full name and address.

(b) A serial number assigned to each new prescription.

(c) The date of all instances of dispensing a drug.

(d) The identification of the dispenser who filled the prescription.

(e) The name, strength, dosage form and quantity of the drug dispensed.

(f) Any refill instructions by the prescriber.

(g) The prescriber's name, address, and DEA number where required.

(h) The complete directions for use of the drug. The term "as directed" is prohibited pursuant to RCW 18.64.246 and 69.41.050.

(i) Any patient allergies, idiosyncrasies, or chronic condition which may relate to drug utilization. If there is no patient allergy data the pharmacist should indicate none or "NKA" (no known allergy) on the patient medication record.

(j) Authorization for other than child-resistant containers pursuant to WAC 246-869-230, if applicable.

(2) All automated patient medication record systems must maintain the following information with regard to institutional patients:

(a) Patient's full name.

(b) Unique patient identifier.

(c) Any patient allergies, idiosyncrasies, or chronic conditions which may relate to drug utilization. If there is no patient allergy data the pharmacist should indicate none or "NKA" (no known allergy) on the patient medication record.

(d) Patient location.

(e) Patient status, for example, active, discharge, or on-pass.

(f) Prescriber's name, address, and DEA number where required.

(g) Minimum prescription data elements:

(i) Drug name, dose, route, form, directions for use, prescriber.

(ii) Start date and time when appropriate.

(iii) Stop date and time when appropriate.

(iv) Amount dispensed when appropriate.

(h) The system shall indicate any special medication status for an individual prescription, for example, on hold, discontinued, self-administration medication, investigational drugs, patient's own medications, special administration times, restrictions, controlled substances.

(i) The system shall indicate on the labeling, and in the system, (for the pharmacist, nursing and/or physician alert) any special cautionary alerts or notations deemed necessary by the dispenser for the patient safety.

[Statutory Authority: RCW 18.64.005, 92-12-035 (Order 277B), § 246-875-020, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-875-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005, 84-03-016 (Order 181), § 360-19-030, filed 1/9/84.]

WAC 246-875-030 Minimum required information in a manual patient medication record system. A manual patient medication record system consists of the hard copy of the original prescription and a card or filing procedure that contains all data on new and refill prescriptions for a patient. This data must be organized in such a fashion that information relating to all prescription drugs used by a patient will be reviewed each time a prescription is filled.

(1) All manual patient medication record systems must maintain the following information with regard to ambulatory patients:

(a) Patient's full name and address.

(b) A serial number assigned to each new prescription.

(c) The date of all instances of dispensing a drug.

(d) The identification of the dispenser who filled the prescription.

(e) The name, strength, dosage form and quantity of the drug dispensed.

(f) The prescriber's name, address and DEA number where appropriate.

(g) Any patient allergies, idiosyncrasies or chronic conditions which may relate to drug utilization. If there is no patient allergy data the pharmacist should indicate none or "NKA" (no known allergy) on the patient medication record.

(2) All manual patient medication record systems must maintain the following information with regard to institutional patients:

(a) Patient's full name.

(b) Unique patient identifier.

(c) Any patient allergies, idiosyncrasies, or chronic conditions which may relate to drug utilization. If there is no patient allergy data the pharmacist should indicate none or "NKA" (no known allergy) on the patient medication record.

(d) Patient location.

(e) Patient status, for example, active, discharge, or on-pass.

(f) Prescriber's name, address and DEA number where required.

(g) Minimum prescription data elements:

(i) Drug name, dose, route, form, directions for use, prescriber.

(ii) Start date and time when appropriate.

(iii) Stop date and time when appropriate.

(iv) Amount dispensed when appropriate.

(h) The system shall indicate any special medication status for an individual prescription, for example, on hold, discontinued, self-administration medication, investigational drugs, patient's own medications, special administration times, restrictions, controlled substances.

(i) The system shall indicate on the labeling, and in the system, (for the pharmacist, nursing and/or physician alert) any special cautionary alerts or notations deemed necessary by the dispenser for the patient safety.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-875-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005, 84-03-016 (Order 181), § 360-19-040, filed 1/9/84.]

WAC 246-875-040 Minimum procedures for utilization of a patient medication record system. Upon receipt of a prescription or drug order, a dispenser must examine visually or via an automated data processing system, the patient's medication record to determine the possibility of a clinically significant drug interaction, reaction or therapeutic duplication, and to determine improper utilization of the drug and to consult with the prescriber if needed. Any order modified in the system must carry in the audit trail the unique identifier of the person who modified the order. Any change in drug name, dose, route, dose form or directions for use which occurs after an initial dose has been given requires that a new order be entered into the system and the old order be discontinued, or that the changes be accurately documented in the record system, without destroying the original record or its audit trail.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-875-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005, 84-03-016 (Order 181), § 360-19-050, filed 1/9/84.]

WAC 246-875-050 Auxiliary recordkeeping procedure. If an automated data processing system is used to maintain a patient's medication record, an auxiliary recordkeeping procedure must be available for use when the automated data system is temporarily inoperative due to scheduled or unscheduled system interruption. The auxiliary recordkeeping procedure shall provide for the maintenance of all patient recordkeeping information as required by this chapter. Upon restoration of operation of the automated system the information placed in the auxiliary recordkeeping procedure shall be entered in each patient's records within

two working days, after which the auxiliary records may be destroyed. This section does not require that a permanent dual recordkeeping system be maintained.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-875-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 84-03-016 (Order 181), § 360-19-060, filed 1/9/84.]

WAC 246-875-060 Retrieval of information from an automated system. All automated patient medication record systems must provide within 72 hours, via CRT or hard copy printout, the information required by WAC 246-875-020 and by 21 CFR § 1306.22(b) as amended July 1, 1980. Any data purged from an automated patient medication record system must be available within 72 hours.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-875-060, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-875-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 84-03-016 (Order 181), § 360-19-070, filed 1/9/84.]

WAC 246-875-070 Confidentiality and security of data. (1) Information contained in patient medication record systems shall be considered to be a part of prescription records maintained in accordance with RCW 18.64.245 and shall be maintained for a period of at least two years in the same manner as provided for all prescription records (see WAC 246-869-100).

(2) The information in the patient medication record system which identifies the patient shall be deemed confidential and may be released to persons other than the patient or a pharmacist, or a practitioner authorized to prescribe only on written release of the patient. If in the judgment of the dispenser, the prescription presented for dispensing is determined to cause a potentially harmful drug interaction or other problem due to a drug previously prescribed by another practitioner, the dispenser may communicate this information to the prescribers.

(3) Security codes or systems must be established on automated medication record systems to prevent unauthorized modification of data.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-875-070, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-875-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 84-03-016 (Order 181), § 360-19-080, filed 1/9/84.]

WAC 246-875-080 Extension of time for compliance. The rules regarding patient medication record systems contained in chapter 246-875 WAC shall apply to all pharmacists practicing pharmacy in the state of Washington upon the effective date of the chapter unless an extension is granted by the board pursuant to this rule. In order to seek an extension that will allow compliance with this chapter to be delayed, good cause for granting such extension must be shown. The board shall consider requests for extensions and if, in the board's judgment good cause is shown, the board may grant an extension for a period of time, specifying those portions of the rules with respect to which an extension is being granted.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-875-080, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW

18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-875-080, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 84-03-016 (Order 181), § 360-19-090, filed 1/9/84.]

Chapter 246-877 WAC

PHARMACEUTICAL—SALES PROHIBITED

WAC

246-877-020 Drug sample prohibitions.
246-877-030 Unsealed hard gelatin capsule restrictions.

WAC 246-877-020 Drug sample prohibitions. (1) The possession, distribution or dispensing of legend drug samples by a pharmacy is hereby prohibited.

(2) This shall not apply to any pharmacy of a licensed hospital or health care entity which receives and distributes drug samples at the request of an authorized practitioner pursuant to RCW 69.45.050.

(3) A health care entity means any organization or business entity that provides diagnostic, medical, surgical, or dental treatment and/or rehabilitative care, but does not include any wholesale distributor or retail pharmacy licensed under state law.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-877-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 89-22-047, § 360-20-100, filed 10/30/89, effective 11/30/89; Order 114, § 360-20-100, filed 6/28/73.]

WAC 246-877-030 Unsealed hard gelatin capsule restrictions. (1) No pharmacy or shopkeeper may sell in the state of Washington any nonprescription drug which is manufactured in unsealed, two piece, hard gelatin capsules unless:

(a) The drug product is restricted to sale only by prescription; or

(b) The drug product is marketed:

(i) In packaging utilizing a minimum of two tamper evident packing features; and

(ii) The manufacturer uses consistent tamper evident features within each product line; and

(iii) The manufacturer places on its principal display panel each product's tamper evident features or places an alerting statement regarding the package location of those features; and,

(iv) The package contains a color depiction of the drug product.

(2) For the purpose of this regulation the following features will not be considered as acceptable tamper evident features: Glued carton flaps, cellophane wrappers with overlapping end flaps, or cellulose wet shrink seals.

(3) A tamper evident package must have an indicator or a barrier to entry which if breached or missing can reasonably be expected to provide evidence to consumers that tampering has occurred.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-877-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 86-21-033 (Order 202), § 360-20-210, filed 10/9/86.]

Chapter 246-878 WAC
GOOD COMPOUNDING PRACTICES

WAC

246-878-010	Definitions.
246-878-020	Compounded drug products—Pharmacist.
246-878-030	Organization and personnel.
246-878-040	Facilities.
246-878-050	Sterile pharmaceutical.
246-878-060	Radiopharmaceuticals.
246-878-070	Special precaution products.
246-878-080	Equipment.
246-878-090	Control of components and drug product containers and closures.
246-878-100	Drug compounding controls.
246-878-110	Labeling control of excess products.
246-878-120	Records and reports.

WAC 246-878-010 Definitions. (1) "Compounding" shall be the act of combining two or more ingredients in the preparation of a prescription.

(2) "Manufacture" means the production, preparation, propagation, compounding, or processing of a drug or other substance or device or the packaging or repackaging of such substance or device, or the labeling or relabeling of the commercial container of such substance or device, but does not include the activities of a practitioner who, as an incident to his or her administration or dispensing such substance or device in the course of his or her professional practice, prepares, compounds, packages, or labels such substance or device.

(3) "Component" means any ingredient intended for use in the compounding of a drug product, including those that may not appear in such product.

[Statutory Authority: RCW 18.64.005. 94-08-101, § 246-878-010, filed 4/6/94, effective 5/7/94.]

WAC 246-878-020 Compounded drug products—Pharmacist. (1) Based on the existence of a pharmacist/patient/prescriber relationship and the presentation of a valid prescription, or in anticipation of prescription drug orders based on routine, regularly observed prescribing patterns, pharmacists may compound, for an individual patient, drug products that are commercially available in the marketplace. When a compounded product is to be substituted for a commercially available product, both the patient and also the prescriber must authorize the use of the compounded product. The pharmacist shall document these authorizations on the prescription or in the computerized patient medication record. The prescriber's authorization shall be in addition to signing on the "substitution permitted" side of a written prescription or advising that substitution is permitted when a verbal prescription is issued.

(2) Pharmacists shall receive, store, or use drug substances for compounding prescriptions that meet official compendia requirements. If these requirements can not be met, and pharmacists document such, pharmacists shall use their professional judgment in the procurement of acceptable alternatives.

(3) Pharmacists may compound drugs in very limited quantities prior to receiving a valid prescription based on a history of receiving valid prescriptions that have been generated solely within an established pharmacist/patient/pre-

scriber relationship, and provided that they maintain the prescriptions on file for all such products compounded at the pharmacy. The compounding of inordinate amounts of drugs, relative to the practice site, in anticipation of receiving prescriptions without any historical basis is considered manufacturing.

(4) Pharmacists shall not offer compounded drug products to other state-licensed persons or commercial entities for subsequent resale, except in the course of professional practice for a practitioner to administer to an individual patient. Compounding pharmacies/pharmacists may advertise or otherwise promote the fact that they provide prescription compounding services; however, they shall not solicit business (e.g., promote, advertise, or use salespersons) to compound specific drug products.

(5) The distribution of inordinate amounts of compounded products without a prescriber/patient/pharmacist relationship is considered manufacturing.

[Statutory Authority: RCW 18.64.005. 94-08-101, § 246-878-020, filed 4/6/94, effective 5/7/94.]

WAC 246-878-030 Organization and personnel. (1) The pharmacist has the responsibility and authority to inspect and approve or reject all components, drug product containers, closures, in-process materials, and labeling; and the authority to prepare and review all compounding records to assure that no errors have occurred in the compounding process. The pharmacist is also responsible for the proper maintenance, cleanliness, and use of all equipment used in prescription compounding practice.

(2) Pharmacists who engage in drug compounding, and level A pharmacy assistants, supervised by pharmacists, who assist in drug compounding, shall be competent and proficient in compounding and shall maintain that proficiency through current awareness and training. Every pharmacist who engages in drug compounding and any level A pharmacy assistant who assists in compounding, must be aware of and familiar with all details of these good compounding practices.

(3) Pharmacy personnel engaged in the compounding of drugs shall wear clean clothing appropriate to the operation being performed. Protective apparel, such as coats/jackets, aprons, gowns, hand or arm coverings, or masks shall be worn as necessary to protect personnel from chemical exposure and drug products from contamination.

(4) Only personnel authorized by the responsible pharmacist shall be in the immediate vicinity of the drug compounding operation. Any person shown at any time (either by medical examination or pharmacist determination) to have an apparent illness or open lesions that may adversely affect the safety or quality of a drug product being compounded shall be excluded from direct contact with components, drug product containers, closures, in-process materials, and drug products until the condition is corrected or determined by competent medical personnel not to jeopardize the safety or quality of the products being compounded. All personnel who assist the pharmacist in compounding procedures shall be instructed to report to the pharmacist any health conditions that may have an adverse effect on drug products.

[Statutory Authority: RCW 18.64.005. 94-08-101, § 246-878-030, filed 4/6/94, effective 5/7/94.]

WAC 246-878-040 Facilities. (1) Pharmacies engaging in compounding shall have an adequate area for the orderly compounding of prescriptions, including the placement of equipment and materials. The drug compounding area for sterile products shall be separate and distinct from the area used for the compounding of nonsterile drug products. The area(s) used for compounding of drugs shall be maintained in a good state of repair.

(2) Bulk drugs and other chemicals or materials used in the compounding of drugs must be stored in adequately labeled containers in a clean, dry area or, if required, under proper refrigeration.

(3) Adequate lighting and ventilation shall be provided in all drug compounding areas. Potable water shall be supplied under continuous positive pressure in a plumbing system free of defects that could contribute contamination to any compounded drug product. Adequate washing facilities, easily accessible to the compounding area(s) of the pharmacy shall be provided. These facilities shall include, but not be limited to, hot and cold water, soap or detergent, and air driers or single-use towels.

(4) The area(s) used for the compounding of drugs shall be maintained in a clean and sanitary condition. It shall be free of infestation by insects, rodents, and other vermin. Trash shall be held and disposed of in a timely and sanitary manner. Sewage and other refuse in and from the pharmacy and immediate drug compounding area(s) shall be disposed of in a safe and sanitary manner.

[Statutory Authority: RCW 18.64.005. 94-08-101, § 246-878-040, filed 4/6/94, effective 5/7/94.]

WAC 246-878-050 Sterile pharmaceutical. If sterile products are being compounded, the conditions of chapter 246-871 WAC (Pharmaceutical—Parenteral products for nonhospitalized patients) shall be met.

[Statutory Authority: RCW 18.64.005. 94-08-101, § 246-878-050, filed 4/6/94, effective 5/7/94.]

WAC 246-878-060 Radiopharmaceuticals. If radiopharmaceuticals are being compounded, the conditions of chapter 246-903 WAC shall be met.

[Statutory Authority: RCW 18.64.005. 94-08-101, § 246-878-060, filed 4/6/94, effective 5/7/94.]

WAC 246-878-070 Special precaution products. If drug products with special precautions for contamination, such as penicillin, are involved in a compounding operation, appropriate measures, including either the dedication of equipment for such operations or the meticulous cleaning of contaminated equipment prior to its use for preparation of other drugs, must be utilized in order to prevent cross-contamination.

[Statutory Authority: RCW 18.64.005. 94-08-101, § 246-878-070, filed 4/6/94, effective 5/7/94.]

WAC 246-878-080 Equipment. (1) Equipment used in the compounding of drug products shall be of appropriate design, appropriate capacity, and suitably located to facilitate

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operations for its intended use and for its cleaning and maintenance. Equipment used in the compounding of drug products shall be suitable composition so that surfaces that contact components, in-process materials, or drug products shall not be reactive, additive, or absorptive so as to alter the safety, identity, strength, quality, or purity of the drug product beyond that desired.

(2) Equipment and utensils used for compounding shall be cleaned and sanitized immediately prior to use to prevent contamination that would alter the safety, identity, strength, quality, or purity of the drug product beyond that desired. In the case of equipment, utensils, and containers/closures used in the compounding of sterile drug products, cleaning, sterilization, and maintenance procedures as set forth in WAC 246-871-080.

(3) Equipment and utensils used for compounding drugs must be stored in a manner to protect them from contamination. Immediately prior to the initiation of compounding operations, they must be inspected by the pharmacist and determined to be suitable for use.

(4) Automatic, mechanical, electronic, or other types of equipment other than commercial scale manufacturing or testing equipment, may be used in the compounding of drug products. If such equipment is used, it shall be routinely inspected, calibrated (if necessary), or checked to ensure proper performance.

[Statutory Authority: RCW 18.64.005. 94-08-101, § 246-878-080, filed 4/6/94, effective 5/7/94.]

WAC 246-878-090 Control of components and drug product containers and closures. (1) Components, drug product containers, closures, and bagged or boxed components of drug product containers and closures used in the compounding of drugs shall be handled and stored in a manner to prevent contamination and to permit unhindered cleaning of the work area (e.g., floors) and inspection.

(2) Drug product containers and closures shall not be reactive, additive, or absorptive so as to alter the safety, identity, strength, quality, or purity of the compounded drug beyond the desired result. Components, drug product containers, and closures for use in the compounding of drug products shall be rotated so that the oldest stock is used first. Container closure systems shall provide adequate protection against foreseeable external factors in storage and use that can cause deterioration or contamination of the compounded drug product. Drug product containers and closures shall be clean and, where indicated by the intended use of the drug, sterilized and processed to remove pyrogenic properties to assure that they are suitable for their intended use.

(3) Drug product containers and closures intended for the compounding of sterile products must be handled, sterilized, processed and stored to remove pyrogenic properties to assure that they are suitable for their intended purpose. Methods of cleaning, sterilizing, and processing to remove pyrogenic properties shall be written and followed for drug product containers and closures used in the preparation of sterile pharmaceuticals. These processes shall be performed by pharmacists, or under the pharmacist's supervision.

[Statutory Authority: RCW 18.64.005. 94-08-101, § 246-878-090, filed 4/6/94, effective 5/7/94.]

WAC 246-878-100 Drug compounding controls. (1) There shall be written procedures for the compounding of drug products to assure that the finished products have the identity, strength, quality, and purity they purport or are represented to possess. Such procedures shall include a listing of the components (ingredients), their amounts (in weight or volume), the order of component mixing, and a description of the compounding process. All equipment and utensils and the container/closure system, relevant to the sterility and stability of the intended use of the drug, shall be listed. These written procedures shall be followed in the execution of the drug compounding procedure.

(2) Components for drug product compounding shall be accurately weighed, measured, or subdivided as appropriate. These operations should be checked and rechecked by the compounding pharmacist at each stage of the process to ensure that each weight or measure is correct as stated in the written compounding procedures. If a component is transferred from the original container to another (e.g., a powder is taken from the original container, weighed, placed in a container, and stored in another container), the new container shall be identified with the:

- (a) Component name; and
- (b) Weight or measure.

(3) To assure the reasonable uniformity and integrity of compounded drug products, written procedures shall be established and followed that describe the tests or examinations to be conducted on the product compounded (e.g., degree of weight variation among capsules.) Such control procedures shall be established to monitor the output and to validate the performance of those compounding processes that may be responsible for causing variability in the final drug product. Such control procedures shall include, but are not limited to, the following (where appropriate):

- (a) Capsule weight variation;
- (b) Adequacy of mixing to assure uniformity and homogeneity;
- (c) Clarity, completeness, or pH of solutions.
- (4) Appropriate written procedures designed to prevent microbiological contamination of compounded drug products purporting to be sterile shall be established and followed. Such procedures shall include validation of any sterilization process.

[Statutory Authority: RCW 18.64.005. 94-08-101, § 246-878-100, filed 4/6/94, effective 5/7/94.]

WAC 246-878-110 Labeling control of excess products. (1) In the case where a quantity of compounded drug product in excess of that to be initially dispensed in accordance with WAC 246-878-020 is prepared, the excess product shall be labeled or documentation referenced with the complete list of ingredients (components), the preparation date, and the assigned beyond-use date based upon the pharmacist's professional judgment, appropriate testing, or published data. It shall also be stored and accounted for under conditions dictated by its composition and stability characteristics (e.g., in a clean, dry place on shelf or in the refrigerator) to ensure its strength, quality, and purity.

[Statutory Authority: RCW 18.64.005. 94-08-101, § 246-878-110, filed 4/6/94, effective 5/7/94.]

WAC 246-878-120 Records and reports. (1) Any procedures or other records required to be maintained in compliance with this chapter shall be retained for the same period of time as required in WAC 246-869-100 for the retention of prescription files.

(2) All records required to be retained under this chapter, or copies of such records, shall be readily available for authorized inspection during the retention period at the establishment where the activities described in such records occurred. These records or copies thereof shall be subject to photocopying or other means of reproduction as part of any such inspection.

(3) Records required under this chapter may be retained either as the original records or as true copies, such as photocopies, microfilm, microfiche, or other accurate reproductions of the original records.

[Statutory Authority: RCW 18.64.005. 94-08-101, § 246-878-120, filed 4/6/94, effective 5/7/94.]

Chapter 246-879 WAC PHARMACEUTICAL WHOLESALERS

WAC

246-879-010	Definitions.
246-879-020	Minimum standards for wholesalers.
246-879-030	Inspections.
246-879-040	Records.
246-879-050	Security.
246-879-060	Unauthorized sales.
246-879-070	Application for full line wholesaler license and over-the-counter only wholesaler license.
246-879-080	Application for controlled substance wholesaler license.
246-879-090	Export wholesaler.
246-879-100	Salvaging and reprocessing companies.
246-879-110	Violations and penalties.
246-879-120	Reciprocity.

WAC 246-879-010 Definitions. (1) "Full line wholesaler" means any wholesaler authorized by the board to possess and sell legend drugs, controlled substances (additional registration required see WAC 246-879-080) and nonprescription drugs (over-the-counter - OTC see WAC 246-879-070) to a licensed pharmacy or other legally licensed or authorized person.

(2) "Over-the-counter only wholesaler" means any wholesaler authorized by the board to possess and sell nonprescription (OTC) drugs to any outlets licensed for resale.

(3) "Controlled substances wholesaler" means a licensed wholesaler authorized by the board to possess and sell controlled substances to a licensed pharmacy or other legally licensed or authorized person.

(4) "Export wholesaler" means any wholesaler authorized by the board to export legend drugs and nonprescription (OTC) drugs to foreign countries.

(5) "Blood" means whole blood collected from a single donor and processed either for transfusion or further manufacturing.

(6) "Blood component" means that part of the blood separated by physical or mechanical means.

(7) "Drug sample" means a unit of prescription drug that is not intended to be sold and is intended to promote the sale of the drug.

(8) "Manufacturer" means anyone who is engaged in manufacturing, preparing, propagating, compounding, processing, packaging, repackaging, or labeling of a drug, provided that a pharmacist compounding drugs to be dispensed from the pharmacy in which the drugs are compounded pursuant to prescriptions for individual patients shall not be considered a manufacturer.

(9) "Prescription drug" means any drug required by state or federal law or regulation to be dispensed only by a prescription, including finished dosage forms and active ingredients subject to section 503(b) of the Federal Food, Drug, and Cosmetic Act.

(10) "Wholesale distribution" means distribution of prescription drugs to persons other than a consumer or patient, but does not include:

(a) The sale, purchase, or trade of a drug, an offer to sell, purchase or trade a drug, or the dispensing of a drug pursuant to a prescription;

(b) The lawful distribution of drug samples by manufacturers' representatives or distributors' representatives; or

(c) The sale, purchase, or trade of blood and blood components intended for transfusion.

(d) Intracompany sales, being defined as any transaction or transfer between any division, subsidiary, parent and/or affiliated or related company under the common ownership and control of a corporate entity, unless such transfer occurs between a wholesale distributor and a health care entity or practitioner.

(e) The sale, purchase, or trade of a drug or an offer to sell, purchase, or trade a drug for emergency medical reasons; for purposes of this section, "emergency medical reasons" includes transfers of prescription drugs by retail pharmacy to another retail pharmacy or practitioner to alleviate a temporary shortage, except that the gross dollar value of such transfers shall not exceed five percent of the total prescription drug sale revenue of either the transferor or transferee pharmacy during any twelve consecutive month period.

(11) "Wholesale distributor" means anyone engaged in wholesale distribution of drugs, including but not limited to, manufacturers; repackers; own-label distributors; private-label distributors; jobbers; brokers; warehouses; including manufacturers' and distributors' warehouses, chain drug warehouses, and wholesale drug warehouses; independent wholesale drug traders; and retail pharmacies that conduct wholesale distributions.

[Statutory Authority: RCW 18.64.005. 92-15-069 (Order 289B), § 246-879-010, filed 7/14/92, effective 8/14/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-879-010, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11) and 69.41.075. 82-06-042 (Order 165), § 360-21-010, filed 3/2/82.]

WAC 246-879-020 Minimum standards for wholesalers. The following shall constitute minimum requirements for the storage and handling of prescription drugs, and for the establishment and maintenance of prescription drug distribution records by wholesale drug distributors and their officers, agents, representatives, and employees:

(1) Facilities. All facilities at which prescription drugs are stored, warehoused, handled, held, offered, marketed, or displayed shall:

(a) Be of suitable size and construction to facilitate cleaning, maintenance, and proper operations;

(b) Have storage areas designed to provide adequate lighting, ventilation, temperature, sanitation, humidity, space, equipment, and security conditions;

(c) Have a quarantine area for storage of prescription drugs that are outdated, damaged, deteriorated, misbranded, or adulterated, or that are in immediate or sealed, secondary containers that have been opened;

(d) Be maintained in a clean and orderly condition; and

(e) Be free from infestation by insects, rodents, birds, or vermin of any kind.

(2) Storage. All prescription drugs shall be stored at appropriate temperatures and under appropriate conditions in accordance with requirements, if any, in the labeling of such drugs or with the requirements in the 22nd edition of the United States Pharmacopeia/National Formulary (USP/NF). United States Pharmacopeia/National Formulary (USP/NF) is available for public inspection at the Office of the State Board of Pharmacy, 1300 Quince St SE, PO Box 47863, Olympia WA 98504-7863.

(a) If no storage requirements are established for a prescription drug, the drug may be held at "controlled" room temperature, as defined in an official compendium, to help ensure that its identity, strength, quality, and purity are not adversely affected.

(b) Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices, and/or logs shall be utilized to document proper storage of prescription drugs.

(3) Examination of materials.

(a) Upon receipt, each outside shipping container shall be visually examined for identity and to prevent the acceptance of contaminated prescription drugs or prescription drugs that are otherwise unfit for distribution. This examination shall be adequate to reveal container damage that would suggest possible contamination or other damage to contents.

(b) Each outgoing shipment shall be carefully inspected for identity of the prescription drug products and to ensure that there is no delivery of prescription drugs that have been damaged in storage or held under improper conditions.

(4) Returned, damaged, and outdated prescription drugs.

(a) Prescription drugs that are outdated, damaged, deteriorated, misbranded, or adulterated shall be quarantined and physically separated from other prescription drugs until they are destroyed or returned to their supplier.

(b) Any drug whose immediate or sealed outer or sealed secondary containers have been opened or used shall be identified as such, and shall be quarantined and physically separated from other drugs until they are either destroyed or returned to the supplier.

(c) If the conditions under which a drug has been returned cast doubt on the drug's safety, identity, strength, quality, or purity, then the drug shall be destroyed, or returned to the supplier, unless examination, testing, or other investigation proves that the drug meets appropriate standards of safety, identity, strength, quality, and purity. In determining whether the conditions under which a drug has been returned cast doubt on the drug's safety, identity,

strength, quality, or purity, the wholesale drug distributor shall consider, among other things, the conditions under which the drug has been held, stored, or shipped before or during its return and the condition of the drug and its container, carton, or labeling, as a result of storage or shipping.

(5) Written policies and procedures. Wholesale drug distributors shall establish, maintain, and adhere to written policies and procedures, which shall be followed for the receipt, security, storage, inventory, and distribution of prescription drugs, including policies and procedures for identifying, recording, and reporting losses or thefts, and for correcting all errors and inaccuracies in inventories. Wholesale drug distributors shall include in their written policies:

(a) A procedure whereby the oldest approved stock of a drug product is distributed first. The procedure may permit deviation from this requirement if such deviation is temporary and appropriate.

(b) A procedure to be followed for handling recalls and withdrawals of prescription drugs. Such procedure shall be adequate to deal with recalls and withdrawals due to:

(i) Any action initiated at the request of the Food and Drug Administration or other federal, state, or local law enforcement or other governmental agency, including the board of pharmacy;

(ii) Any voluntary action by the manufacturer to remove defective or potentially defective drugs from the market; or

(iii) Any action undertaken to promote public health and safety by replacing of existing merchandise with an improved product or new package design.

(c) A procedure to ensure that wholesale drug distributors prepare for, protect against, and handle any crisis that affects security or operation of any facility in the event of strike, fire, flood, or other natural disaster, or other situations of local, state, or national emergency.

(d) A procedure to ensure that any outdated drugs shall be segregated from other drugs and either returned to the manufacturer or destroyed. This procedure shall provide for written documentation of the disposition of outdated prescription drugs. This documentation shall be maintained for two years after disposition of the outdated drugs.

(6) Responsible persons. Wholesale drug distributors shall establish and maintain lists of officers, directors, managers, and other persons in charge of wholesale drug distribution, storage, and handling, including a description of their duties and a summary of their qualifications.

[Statutory Authority: RCW 18.64.005. 92-15-069 (Order 289B), § 246-879-020, filed 7/14/92, effective 8/14/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-879-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11) and 69.41.075. 82-06-042 (Order 165), § 360-21-020, filed 3/2/82.]

WAC 246-879-030 Inspections. (1) Inspections shall be performed by representatives of the board of pharmacy to ensure compliance with chapter 246-879 WAC. The following items shall be included in these inspections:

(a) Housekeeping, sanitation, record keeping, accountability, security, types of outlets sold to and sources of drugs purchased.

(b) Wholesale drug distributors shall operate in compliance with applicable federal, state, and local laws and regulations.

(2) Wholesale drug distributors shall permit the board's authorized personnel and authorized federal, state, and local law enforcement officials to enter and inspect their premises and delivery vehicles, and to audit their records and written operating procedures, at reasonable times and in a reasonable manner, to the extent authorized by law. Such officials shall be required to show appropriate identification prior to being permitted access to wholesale drug distributors' premises and delivery vehicles.

[Statutory Authority: RCW 18.64.005. 92-15-069 (Order 289B), § 246-879-030, filed 7/14/92, effective 8/14/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-879-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11) and 69.41.075. 82-06-042 (Order 165), § 360-21-030, filed 3/2/82.]

WAC 246-879-040 Records. (1) Recordkeeping. Wholesale drug distributors shall establish and maintain inventories and records of transactions regarding the receipt and distribution or other disposition of prescription drugs. These records shall include the following information:

(a) The source of the drugs, including the name and principal address of the seller or transferor, and the address of the location from which the drugs were shipped;

(b) The identity and quantity of the drugs received and distributed or disposed of; and

(c) The dates of receipt and distribution or other disposition of the drugs.

(2) Inventories and records shall be made available for inspection and photocopying by an authorized official of any governmental agency charged with enforcement of these rules for a period of two years following disposition of the drugs.

(3) Records described in this section that are kept at the inspection site or that can be immediately retrieved by computer or other electronic means shall be readily available for authorized inspection during the retention period. Records kept at a central location apart from the inspection site and not electronically retrievable shall be made available for inspection within two working days of a request by an authorized official of any governmental agency charged with enforcement of these rules.

[Statutory Authority: RCW 18.64.005. 92-15-069 (Order 289B), § 246-879-040, filed 7/14/92, effective 8/14/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-879-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11) and 69.41.075. 82-06-042 (Order 165), § 360-21-040, filed 3/2/82.]

WAC 246-879-050 Security. (1) All facilities shall be equipped with a security system that will provide suitable protection against theft and diversion. When appropriate, the security system shall provide protection against theft or diversion that is facilitated or hidden by tampering with computers or electronic records.

(2) Access from outside the premises shall be kept to a minimum and be well-controlled.

(3) Entry into areas where prescription drugs are held shall be limited to authorized personnel.

(4) All facilities used for wholesale drug distribution shall be secure from unauthorized entry.

(5) Drug storage areas shall be constructed in such a manner as to prevent illegal entry.

(6) Adequate lighting shall be provided at the outside perimeter of the premises to reduce the possibility of illegal entry.

(7) All applicants for a license as a controlled substances wholesaler must comply with the security requirements as found in 21 CFR 1301.02, 1301.71 through 1301.74 and 1301.90 through 1301.92.

[Statutory Authority: RCW 18.64.005, 92-15-069 (Order 289B), § 246-879-050, filed 7/14/92, effective 8/14/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-879-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11) and 69.41.075. 82-06-042 (Order 165), § 360-21-050, filed 3/2/82.]

WAC 246-879-060 Unauthorized sales. No wholesaler distributor shall sell or distribute any prescription drugs or devices except to an individual, corporation, or entity who is authorized by law or regulation to possess such drugs or devices. No wholesaler shall sell any prescription drugs or devices to an ultimate consumer.

[Statutory Authority: RCW 18.64.005, 92-15-069 (Order 289B), § 246-879-060, filed 7/14/92, effective 8/14/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-879-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11) and 69.41.075. 82-06-042 (Order 165), § 360-21-060, filed 3/2/82.]

WAC 246-879-070 Application for full line wholesaler license and over-the-counter only wholesaler license.

(1) All applications for licensure of a new or relocated wholesaler shall be accompanied by the required fee as set forth in chapter 246-907 WAC.

(2) All license renewal applications shall be accompanied by the annual fee and contain the same information required in subsection (5) of this section.

(3) A change of ownership or location requires a new license.

(4) The license is issued to a person or firm and is non-transferable. Additions or deletions of a partner/partners shall be considered as a change of ownership.

(5) The license fee cannot be prorated.

(6) Every wholesale distributor, wherever located, who engages in wholesale distribution into, out of, or within this state must be licensed by the board in accordance with the laws and regulations of this state before engaging in wholesale distribution of prescription drugs.

(a) Minimum required information for licensure. The board requires the following from each wholesale drug distributor as part of the initial licensing procedure and as part of any renewal of such license.

(i) The name, full business address, and telephone number of the licensee;

(ii) All trade or business names used by the licensee;

(iii) Addresses, telephone numbers, and the names of contact persons for the facility used by the licensee for the storage, handling, and distribution of prescription drugs;

(iv) The type of ownership or operation (i.e., partnership, corporation, or sole proprietorship); and

(v) The name(s) of the owner and/or operator of the licensee, including:

(A) If a person, the name of the person;

(B) If a partnership, the name of each partner, and the name of the partnership;

(C) If a corporation, the name and title of each corporate officer and director, the corporate names, and the name of the state of incorporation, and the name of the parent company, if any;

(D) If a sole proprietorship, the full name of the sole proprietor and the name of the business entity.

(vi) When operations are conducted at more than one location by a single wholesale distributor, each such location shall be licensed by the board.

(vii) Change in any information required by this section shall be submitted to the board within thirty days after such change.

(b) Minimum qualifications. The board shall consider, at a minimum, the following factors in reviewing the qualifications of persons who engage in wholesale distribution of prescription drugs within the state:

(i) Any convictions of the applicant under any federal, state, or local laws relating to drug samples, wholesale, or retail drug distribution, or distribution of controlled substances;

(ii) Any felony convictions of the applicant under federal, state, or local laws;

(iii) The applicant's past experience in the manufacture or distribution of prescription drugs, including controlled substances;

(iv) Any false or fraudulent material furnished by the applicant in any application made in connection with drug manufacturing or distribution;

(v) Suspension or revocation by federal, state, or local government of any license currently or previously held by the applicant for the manufacture or distribution of any drugs, including controlled substances;

(vi) Compliance with licensing requirements under previously granted licenses, if any;

(vii) Compliance with requirements to maintain and/or make available to the board, federal, state, or local enforcement officials those records required to be maintained by wholesale drug distributors; and

(viii) Any other factors or qualifications the board considers relevant to and consistent with public health and safety.

(c) The board shall have the right to deny a license to an applicant if it determines that the granting of such a license would not be in the public interest. Public interest considerations shall be based on factors and qualifications that are directly related to the protection of the public health and safety.

(d) Personnel. As a condition for receiving and retaining a wholesale drug distributor license, the licensee shall require each person employed in any prescription drug wholesale distribution activity to have education, training, and experience, or any combination thereof, sufficient for that person to perform the assigned functions in such a manner as to provide assurance that the drug product quality, safety and security will at all times be maintained as required by law.

[Statutory Authority: RCW 18.64.005, 92-15-069 (Order 289B), § 246-879-070, filed 7/14/92, effective 8/14/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-879-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11) and 69.41.075, 82-06-042 (Order 165), § 360-21-070, filed 3/2/82.]

WAC 246-879-080 Application for controlled substance wholesaler license. Wholesale drug distributors that deal in controlled substances shall register with the board and with the Drug Enforcement Administration (DEA), and shall comply with applicable state, local, and DEA regulations.

(1) He/she must be licensed as a full line wholesaler.

(2) He/she must meet all security requirements as set forth in WAC 246-879-050.

(3) He/she must meet additional requirements for registration and fees as set forth in chapter 246-907 WAC.

[Statutory Authority: RCW 18.64.005, 92-15-069 (Order 289B), § 246-879-080, filed 7/14/92, effective 8/14/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-879-080, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11) and 69.41.075, 82-06-042 (Order 165), § 360-21-080, filed 3/2/82.]

WAC 246-879-090 Export wholesaler. (1) Upon application the board may issue a wholesaler license for the primary business of exporting drugs to foreign countries.

(2) Such license authorizes the holder to export non-controlled drugs to persons in a foreign jurisdiction that have legitimate reasons to possess such drugs.

(3) Letters from consulate of the country to which drugs are exported should verify consignee receiving such drugs is legally entitled in that country to receive them, if applicable. These letters shall be made available to the board upon its request.

(4) Records to be kept by export wholesaler:

(a) Complete description of drug, including, name, quantity, strength, and dosage unit.

(b) Name and address of purchaser.

(c) Name and address of consignee in the country of destination.

(d) Name and address of forwarding agent.

(e) Proposed export date.

(f) Shippers involved and methods of shipment.

(5) The issuance of an export wholesaler license does not authorize delivery of drugs in the United States.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-879-090, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11) and 69.41.075, 82-06-042 (Order 165), § 360-21-090, filed 3/2/82.]

WAC 246-879-100 Salvaging and reprocessing companies. Wholesale drug distributors shall be subject to the provisions of any applicable federal, state, or local laws or rules that relate to prescription drug product salvaging or reprocessing, including this chapter.

[Statutory Authority: RCW 18.64.005, 92-15-069 (Order 289B), § 246-879-100, filed 7/14/92, effective 8/14/92.]

WAC 246-879-110 Violations and penalties. The board shall have the authority to suspend or revoke any licenses granted under this chapter upon conviction of

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violations of the federal, state, or local drug laws or rules. Before any license may be suspended or revoked, a wholesale distributor shall have a right to prior notice and a hearing pursuant to the Administrative Procedure Act, chapter 34.05 RCW.

[Statutory Authority: RCW 18.64.005, 92-15-069 (Order 289B), § 246-879-110, filed 7/14/92, effective 8/14/92.]

WAC 246-879-120 Reciprocity. A wholesale distributor licensed in another state may be licensed in this state upon submission of the fee required in chapter 246-907 WAC and submission of information compiled by the National Association of Boards of Pharmacy (NABP) Clearinghouse demonstrating that the license is not, and has not been, the subject of adverse license action.

[Statutory Authority: RCW 18.64.005, 92-15-069 (Order 289B), § 246-879-120, filed 7/14/92, effective 8/14/92.]

Chapter 246-881 WAC

PHARMACY—PRESCRIPTION DRUG PRICE ADVERTISING

WAC

246-881-010	Drug price advertising defined.
246-881-020	Drug price advertising conditions.
246-881-030	Prohibition on advertising controlled substances.
246-881-040	Drug price disclosure—Required.

WAC 246-881-010 Drug price advertising defined.

Drug price advertising is the dissemination of nonpromotional information pertaining to the prices of legend or prescription drugs.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-881-010, filed 8/30/91, effective 9/30/91; Order 124, § 360-23-010, filed 10/31/74; Order 120, § 360-23-010, filed 3/11/74.]

WAC 246-881-020 Drug price advertising conditions. A pharmacy may advertise legend or prescription drug prices provided:

(1) The advertising complies with all state and federal laws, including regulations of the United States Food and Drug Administration and the Washington State Consumer Protection Act, chapter 19.86 RCW.

(2) The advertising is solely directed towards providing consumers with drug price information and does not promote the use of a prescription drug or drugs to the public.

(3) The drug price advertising shall contain all the following information for all drug products or brand names used in the advertisement:

(a) The proprietary name of the drug product advertised, if any,

(b) The generic name of the drug product advertised, if any,

(c) The strength of the drug product advertised. If the drug product advertised contains more than one active ingredient and a relevant strength can be associated with it without indicating each active ingredient, the generic name and quantity of each active ingredient is not required.

(d) The dosage form of the drug product advertised, and

(e) The price charged for a specified quantity of the drug product.

(4) Advertising of any generic drug that in any way compares a generic drug to a brand name drug may not in any manner imply that the brand name drug is the product offered for sale.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-881-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 79-10-007 (Order 151, Resolution No. 9/79), § 360-23-020, filed 9/6/79; Order 124, § 360-23-020, filed 10/31/74; Order 120, § 360-23-020, filed 3/11/74.]

WAC 246-881-030 Prohibition on advertising controlled substances. No person, partnership, corporation, association or agency shall advertise controlled substances for sale to the general public in any manner that promotes or tends to promote the use or abuse of those drugs. Controlled substances shall not be physically displayed to the public.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-881-030, filed 8/30/91, effective 9/30/91; Order 124, § 360-23-030, filed 10/31/74.]

WAC 246-881-040 Drug price disclosure—Required. No pharmacy shall refuse to disclose the retail price of a prescription drug upon request 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 246-883 WAC

PHARMACEUTICAL—SALES REQUIRING PRESCRIPTIONS

WAC

246-883-020	Identification of legend drugs for purposes of chapter 69.41 RCW.
246-883-025	Introductory trade or stock packages.
246-883-030	Ephedrine prescription restrictions.
246-883-040	Regulated steroids.
246-883-050	Theophylline prescription restrictions.

WAC 246-883-020 Identification of legend drugs for purposes of chapter 69.41 RCW. (1) In accordance with chapter 69.41 RCW, the board of pharmacy hereby finds that those drugs which have been determined by the Food and Drug Administration, pursuant to the Federal Food, Drug and Cosmetic Act, to require a prescription under federal law should also be classified as legend drugs under state law for the reasons that their toxicity or other potentiality for harmful effect, the methods of their use and the collateral safeguards necessary to their use, indicate that they are not safe for use except under the supervision of a practitioner.

(2) The board of pharmacy hereby specifically identifies as legend drugs, for purposes of chapter 69.41 RCW, those drugs which have been designated as legend drugs under federal law and are listed as such in the 1995-96 edition of the *American Druggist Blue Book*. For the period May 31, 1995, through June 1, 1996, the board adopts the 1995 edition of the *Blue Book*. For the period June 1, 1996, through May 31, 1997, the board adopts the 1996 edition of

the *Blue Book*. For the period June 1, 1997, through May 31, 1998, the board adopts the 1997 edition of the *Blue Book*. Copies of the list of legend drugs as contained in the *American Druggist Blue Book* shall be available for public inspection at the headquarters office of the State Board of Pharmacy, 1300 Quince Street S.E., P.O. BOX 47863, Olympia, Washington 98504-7863. Copies of this list shall be available from the board of pharmacy at the above address upon request made and upon payment of a fee in the amount of seventy-six dollars per copy.

(3) There may be changes in the marketing status of drugs after the publication of the above reference. Upon application of a manufacturer or distributor, the board may grant authority for the over the counter distribution of certain drugs which had been designated as legend drugs in this reference. Such determinations will be made after public hearing and will be published as an amendment to this chapter.

[Statutory Authority: RCW 69.41.075. 96-21-041, § 246-883-020, filed 10/11/96, effective 11/11/96. Statutory Authority: RCW 18.64.005. 92-09-070 (Order 264B), § 246-883-020, filed 4/14/92, effective 5/15/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-883-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005 and 69.44.075 [69.41.075]. 85-18-091 (Order 196), § 360-32-050, filed 9/4/85. Statutory Authority: RCW 18.64.005 and 69.41.075. 83-20-053 (Order 176), § 360-32-050, filed 9/29/83. Statutory Authority: RCW 69.41.075. 81-10-025 (Order 160), § 360-32-050, filed 4/28/81. Statutory Authority: 1979 1st ex. s. c 139. 79-09-138 (Order 149, Resolution No. 9/79), § 360-32-050, filed 9/5/79.]

WAC 246-883-025 Introductory trade or stock packages. Introductory trade or stock packages may be distributed by registered drug manufacturers to licensed pharmacies under the following conditions:

(1) The package shall be invoiced by the drug manufacturer as a no charge sale.

(2) The product shall be distributed by the manufacturer to the pharmacy by mail or common carrier.

(3) The drug's package shall not be marked as a sample or with any other labeling that is inconsistent with the claim that the manufacturer intended the package for sale.

(4) The manufacturer shall be limited to distributing one introductory package of each dosage strength of a product on a one-time basis to a pharmacy in order to familiarize and assure that a company's new product will be available in pharmacies. The quantity shall not be larger than one hundred solid dosage units or sixteen liquid ounces.

[Statutory Authority: RCW 18.64.005. 92-09-072 (Order 266B), § 246-883-025, filed 4/14/92, effective 5/15/92.]

WAC 246-883-030 Ephedrine prescription restrictions. (1) The board of pharmacy, pursuant to RCW 69.41.075, hereby identifies ephedrine, or any of its salts in a solid or aqueous form normally intended for oral administration, in any quantity, as a legend drug subject to the restrictions of RCW 69.41.030.

(2) The following products containing ephedrine or its salts in the amount of 25 mg. or less per solid dosage unit or per 5 ml. of liquid forms in combination with other ingredients in therapeutic amounts are exempt from subsection (1) of this section:

TRADE NAME	EPHEDRINE CONTENT
1. AMESAC capsule (Russ)	25 mg. ephedrine HCL
2. AZMA AID tablet (Various, eg Purepac)	24 mg. ephedrine HCL
3. BRONC-EASE PLUS (Natur-Pharma)	25 mg. ephedrine HCL
4. BRONCHODILATOR AND EXPECTORANT (PDK Labs)	25 mg. ephedrine HCL
5. BRONITIN tablet (Whitehall)	24 mg. ephedrine HCL
6. BRONKAID tablet (Breon)	24 mg. ephedrine sulfate
7. BRONKOLIXER (Sterling Winthrop)	12 mg. ephedrine
8. BRONKOTABS tablet (Breon)	24 mg. ephedrine sulfate
9. EFEDRON nasal jelly (Hyrex)	0.6% ephedrine HCL in 20 g.
10. MINI THINS asthma relief (BDI Pharmaceuticals)	25 mg. ephedrine
11. PAZO HEMORRHOID suppository (Bristol-Meyers)	3.86 mg. ephedrine sulfate
12. PAZO HEMORRHOID ointment (Bristol-Meyers)	0.2% ephedrine sulfate
13. PRIMATENE tablet (Whitehall)	24 mg. ephedrine HCL
14. PRIMATENE M tablet (Whitehall)	24 mg. ephedrine HCL
15. PRIMATENE P tablet (Whitehall)	24 mg. ephedrine HCL
16. QUELIDRINE (Abbott)	5 mg. ephedrine HCL
17. TEDRAL tablet (Parke-Davis)	24 mg. ephedrine HCL
18. THEODRINE tablet (Rugby)	25 mg. ephedrine HCL
19. VATRONOL nose drops (Vicks Health Care)	0.5% ephedrine sulfate

(3) Ma Huang or other botanical products of genus ephedra used in their natural state and containing 25 mg. or less of ephedrine per recommended dosage as a preparation for human consumption are not legend drugs for the purposes of this section.

(4) Any reformulation of listed products which increases the ephedrine content to more than 25 mg. of ephedrine per solid dosage unit or per 5 ml. of liquid forms shall negate the exemption. The manufacturers of listed products shall notify the board of any reformulation which increases the ephedrine content to more than 25 mg. of ephedrine per solid dosage unit or per 5 ml. of liquid forms prior to distributing that product in the state of Washington.

(5) Manufacturers of products containing 25 mg. or less of ephedrine per solid dosage unit or per 5 ml. of liquid forms in combination with other ingredients in therapeutic amounts may gain exemption from subsection (1) of this section if, prior to the distributing of any such product in the state of Washington, the manufacturer:

(a) Provides the board with the formulation of any such product;

(b) Provides the board samples of all dosage forms in which the product is to be marketed in the packaging in which the product is to be marketed; and

(c) Receives the board's approval to market such product.

[Statutory Authority: RCW 18.64.005. 94-08-100, § 246-883-030, filed 4/6/94, effective 5/7/94; 93-05-046 (Order 333B), § 246-883-030, filed 2/17/93, effective 3/20/93. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-883-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11) and 69.41.075. 82-06-042 (Order 165), § 360-32-055, filed 3/2/82. Statutory Authority: RCW 69.41.075. 81-10-025 (Order 160), § 360-32-055, filed 4/28/81. Statutory Authority: 1979 1st ex. s. c 139. 79-09-138 (Order 149, Resolution No. 9/79), § 360-32-055, filed 9/5/79.]

WAC 246-883-040 Regulated steroids. The board finds that the following drugs shall be classified as steroids for the purposes of RCW 69.41.310. The drugs designated shall include the following and any synthetic derivatives or any isomer, ester, salt, or derivative of the following that act in the same manner on the human body from the attached list:

- (1) Anabolicum
- (2) Anadrol
- (3) Anatrofin
- (4) Anavar
- (5) Androxon
- (6) Andriol
- (7) Android
- (8) bolandiol
- (9) bolasterone
- (10) boldenone
- (11) boldenone undecylenate
- (12) bolenol
- (13) Bolfortan
- (14) bolmantalate
- (15) Cheque
- (16) chlorotestosterone
- (17) clostebol
- (18) Deca Durabolin
- (19) dehydrochlormethyl-testosterone
- (20) Delatestyl
- (21) Dianabol
- (22) Dihydrolone
- (23) dihydrotestosterone
- (24) dimethazine
- (25) Drive

- (26) Drolban
- (27) drostanolone
- (28) Durabolin
- (29) Durateston
- (30) Equipoise
- (31) Esiclene
- (32) ethylestrenol
- (33) Exoboline
- (34) Finaject
- (35) Fluoxymesterone
- (36) formebolone
- (37) Halotestin
- (38) Halostein
- (39) Hombreol
- (40) Iontanyl
- (41) Laurabolin
- (42) Lipodex
- (43) Maxibolin
- (44) mesterolone
- (45) metanabol
- (46) methenolone acetate
- (47) methenolone enanthate
- (48) methandienone
- (49) methandranone
- (50) methandriol
- (51) methandrostenolone
- (52) methyltestosterone
- (53) mibolerone
- (54) Myagen
- (55) Nandrolin
- (56) nandrolone
- (57) nandrolone decanoate
- (58) nandrolone cyclotate
- (59) nandrolone phenpropionate
- (60) Nelavar
- (61) Nerobol
- (62) Nilevar
- (63) nisterime acetate
- (64) Norbolethone
- (65) Nor-Diethylin
- (66) norethandrolone
- (67) Normethazine
- (68) Omnifin
- (69) oxandrolone
- (70) oxymesterone
- (71) oxymetholone
- (72) Parabolon
- (73) Permastril
- (74) pizotyline
- (75) Primobolone/Primobolan depot
- (76) Primotestin/Primotestin depot
- (77) Proviron
- (78) Quinalone
- (79) Quinbolone
- (80) Restandol
- (81) silandrone
- (82) Sostanon
- (83) Spectriol
- (84) stanolone
- (85) stanozolol
- (86) stenbolone acetate
- (87) Stromba

- (88) Sustanon
- (89) Tes-10
- (90) Tes-20
- (91) Tes-30
- (92) Teslac
- (93) testolactone
- (94) testosterone
- (95) testosterone cypionate
- (96) testosterone enanthate
- (97) testosterone ketolaurate
- (98) testosterone phenylacetate
- (99) testosterone propionate
- (100) testosterone undecanoate
- (101) Thiomucase
- (102) tibolone
- (103) trenbolone
- (104) trenbolone acetate
- (105) trestolone acetate
- (106) Trophobolene
- (107) Winstrol

[Statutory Authority: RCW 18.64.005 and 69.41.075. 92-12-035 (Order 277B), § 246-883-040, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-883-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 89-22-048, § 360-32-060, filed 10/30/89, effective 11/30/89.]

WAC 246-883-050 Theophylline prescription restrictions. The board of pharmacy, pursuant to RCW 69.41.075, hereby identifies theophylline, or any of its salts in a solid or liquid form normally intended for oral administration in any quantity, as a legend drug subject to the restrictions of RCW 69.41.030. Provided, products containing 130 mg or less of theophylline per solid dosage unit or 130 mg or less per 5 ml of liquid forms, shall not be considered a legend drug and where the product contains other recognized therapeutic ingredients, may be sold or distributed without a prescription. Products with theophylline as the only active ingredient are identified as legend drugs.

[Statutory Authority: RCW 18.64.005. 92-09-070 (Order 264B), § 246-883-050, filed 4/14/92, effective 5/15/92.]

Chapter 246-885 WAC

PHARMACY—IDENTIFICATION, IMPRINTS, MARKINGS, AND LABELING OF LEGEND DRUGS

WAC

- 246-885-020 Drug imprint information provided by manufacturers and distributors.
- 246-885-030 Over-the-counter (OTC) drug imprint regulation.

WAC 246-885-020 Drug imprint information provided by manufacturers and distributors. Each manufacturer and distributor who manufactures or commercially distributes any legend drug in the state of Washington shall provide written information to the board identifying all current imprints used. This information shall be submitted on a form provided by the board and shall be updated annually, or as changes in imprints occur.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-885-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005 and 69.41.240. 83-10-013 (Order 174), § 360-33-050, filed 4/26/83.]

WAC 246-885-030 Over-the-counter (OTC) drug imprint regulation. (1) Pursuant to the provisions of RCW 69.60.090, chapter 69.60 RCW will cease to exist in its entirety upon implementation by the federal Food and Drug Administration (FDA) of provisions regulating solid dosage imprinting of OTC medications and upon a finding by the Washington state board of pharmacy that the FDA regulations are substantially equivalent to those in chapter 69.60 RCW.

(2) The FDA adopted a final rule regarding OTC solid dosage imprinting, codified in 21 CFR 206.01-10. This rule became effective September 13, 1995. The applicability of the federal rule is limited to those products introduced into interstate commerce on or after the effective date of the regulation. The rule is inapplicable to those noncompliant products introduced into interstate commerce prior to the effective date and to those products pending FDA review and approval of applications submitted by the manufacturer.

(3) The board finds that the inapplicability of the FDA rule to noncompliant products introduced into interstate commerce before the effective date and to those products currently on the market would permit the sale of these products in the state of Washington and thus fails to adequately protect the citizens of the state of Washington.

(4) Therefore, notwithstanding the provisions of 21 CFR 206.1 et seq. no nonimprinted solid dosage form drug that is intended for OTC sale may be distributed into or sold in the state of Washington unless it has been found by the board to be exempt from the provisions of this chapter or has received an exemption from the FDA pursuant to 21 CFR 206.7. Copies of official documents that support such exemptions shall be filed with the board prior to any distribution of the nonimprinted product(s).

[Statutory Authority: RCW 18.64.005. 96-07-012, § 246-885-030, filed 3/11/96, effective 4/11/96.]

Chapter 246-886 WAC

ANIMAL CONTROL—LEGEND DRUGS

WAC

246-886-001	Purpose.
246-886-010	Definitions.
246-886-020	Registration.
246-886-030	Approved legend drugs.
246-886-040	Training of personnel.
246-886-050	Legend drug administration.
246-886-060	Responsible individuals.
246-886-070	Notification.
246-886-080	Recordkeeping and reports.
246-886-090	Drug storage.
246-886-100	Violations.

WAC 246-886-001 Purpose. The purpose of this chapter shall be to ensure compliance with the law and rules regarding the use of legend drugs by animal control agencies and humane societies for the sole purpose of sedating animals prior to euthanasia, when necessary, and for use in chemical capture programs.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-886-001, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-04-056 (Order 140B), § 360-35-010, filed 2/4/91, effective 3/7/91.]

WAC 246-886-010 Definitions. (1) "Board": The Washington state board of pharmacy.

(2) "Animal control agency": Any agency authorized by law to euthanize or destroy animals; to sedate animals prior to euthanasia or to engage in chemical capture of animals.

(3) "Humane society": A society incorporated and authorized to act under RCW 16.52.020.

(4) "Legend drugs": "Legend drugs" means any drugs which are required by state law or regulation of the state board of pharmacy to be dispensed on prescription only or are restricted to use by practitioners only.

(5) "Controlled substances": "Controlled substance" means a drug, substance, or immediate precursor in Schedule I through V of Article II of chapter 69.50 RCW.

(6) "Approved legend drug": Any legend drug approved by the board for use by registered humane societies or animal control agencies for the sole purpose of sedating animals prior to euthanasia, when necessary, and for use in chemical capture programs.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-886-010, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-04-056 (Order 140B), § 360-35-020, filed 2/4/91, effective 3/7/91.]

WAC 246-886-020 Registration. Humane societies and animal control agencies registered with the board under RCW 69.50.310 and WAC 246-887-050 to purchase, possess, and administer sodium pentobarbital as provided therein may also, under that registration, purchase, possess, and administer approved legend drugs as provided in RCW 69.41.080 and herein.

[Statutory Authority: RCW 69.41.080. 92-12-035 (Order 277B); § 246-886-020, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-886-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-04-056 (Order 140B), § 360-35-030, filed 2/4/91, effective 3/7/91.]

WAC 246-886-030 Approved legend drugs. (1) The following legend drugs are hereby designated as "approved legend drugs" for use by registered humane societies or animal control agencies for limited purposes:

- (a) Acetylpromazine.
- (b) Ketamine.
- (c) Xylazine.

(2) A humane society or animal control agency shall not be permitted to purchase, possess, or administer approved legend drugs unless that society or agency:

(a) Is registered with the board under RCW 69.50.310 and WAC 246-887-050 to purchase, possess, and administer sodium pentobarbital;

(b) Submits to the board written policies and procedures ensuring that only those of its agents and employees who have completed a board-approved training program will possess or administer approved legend drugs; and

(c) Has on its staff at least one individual who has completed a board-approved training program.

(3) The following legend drugs are hereby designated as "approved legend drugs" only for use by agents and biologists of the Washington state department of wildlife: Naltrexone, detomidine, metdetomidine and yohimbine.

[Statutory Authority: RCW 18.64.005. 94-02-060, § 246-886-030, filed 1/3/94, effective 2/3/94. Statutory Authority: RCW 69.41.080. 92-12-035 (Order 277B), § 246-886-030, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-886-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-04-056 (Order 140B), § 360-35-040, filed 2/4/91, effective 3/7/91.]

WAC 246-886-040 Training of personnel. (1) Approved legend drugs may only be administered by those personnel who have completed a board-approved training program. Such training programs shall be submitted to the board for approval no later than thirty days prior to the initiation of training.

(2) Any training program shall use a text approved by the board. The board will make available a list of approved texts. Training programs shall be at least four hours in length and shall be taught by a licensed veterinarian or by a person who has completed an approved training program taught by a licensed veterinarian. Each program shall require that the trainee participate in both didactic and practical training in the use of these drugs and shall be required to score no less than seventy-five percent on a final examination. Training programs shall include the following topics:

- (a) Anatomy and physiology;
- (b) Pharmacology of the drugs;
- (c) Indications, contraindications, and adverse effects;
- (d) Human hazards;
- (e) Disposal of medical waste (needles, syringes, etc.);
- (f) Recordkeeping and security requirements.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-886-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-04-056 (Order 140B), § 360-35-050, filed 2/4/91, effective 3/7/91.]

WAC 246-886-050 Legend drug administration. Humane societies and animal control agencies and the staff of those agencies may not purchase, possess, or administer controlled substances or legend drugs except sodium pentobarbital and approved legend drugs as provided herein. Provided, staff may administer legend drugs and controlled substances which have been prescribed by a licensed veterinarian for a specific animal and which drugs have been dispensed by a pharmacy or a veterinarian and are properly labeled in accordance with either RCW 18.64.246 or 69.41.050.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-886-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-04-056 (Order 140B), § 360-35-060, filed 2/4/91, effective 3/7/91.]

WAC 246-886-060 Responsible individuals. (1) Each agency or society registered in accordance with WAC 246-887-050 shall name a designated individual as the person who shall be responsible for maintaining all records and submitting all reports required by applicable federal or state law or regulation, including chapter 246-887 WAC.

(2) This designated individual shall also be responsible for the ordering, possession, safe storage, and utilization of the sodium pentobarbital and approved legend drugs.

[Statutory Authority: RCW 69.41.080. 92-12-035 (Order 277B), § 246-886-060, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-886-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-04-056 (Order 140B), § 360-35-070, filed 2/4/91, effective 3/7/91.]

WAC 246-886-070 Notification. Each humane society and animal control agency shall promptly notify the board of its designated individual, of all employees authorized to purchase, possess, or administer approved legend drugs, and of any change in the status of these individuals.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-886-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-04-056 (Order 140B), § 360-35-080, filed 2/4/91, effective 3/7/91.]

WAC 246-886-080 Recordkeeping and reports. (1) A bound log book with consecutively numbered pages shall be used to record the receipt, use, and disposition of approved legend drugs. No more than one drug shall be recorded on any single page. The record shall be in sufficient detail to allow an audit to be performed.

(2) All invoices, record books, disposition records, and other records regarding approved legend drugs shall be maintained in a readily retrievable manner for no less than two years.

(3) All records shall be available for inspection by the state board of pharmacy or any officer who is authorized to enforce this chapter.

(4) A physical inventory of approved legend drugs shall be performed and reconciled with the log book no less frequently than every six months.

(5) Any discrepancy in the actual inventory of approved legend drugs shall be documented in the log book and reported immediately to the responsible supervisor who shall investigate the discrepancy. Any discrepancy which has not been corrected within seven days shall be reported to the board of pharmacy in writing.

(6) Any approved legend drug which has become unfit for use due to contamination or having passed its expiration date shall be destroyed by a supervisor and another staff member. Record of such destruction shall be made in the log book which shall be signed and dated by the individuals involved.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-886-080, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-04-056 (Order 140B), § 360-35-090, filed 2/4/91, effective 3/7/91.]

WAC 246-886-090 Drug storage. All approved legend drugs shall be stored in a substantially constructed locked cabinet or drawer. Keys to the storage area shall be restricted to those persons authorized to administer the drugs. Specifically designated agents and employees of the registrant may possess a supply of approved legend drugs for emergency field use. Such emergency supply shall be stored in a locked metal box securely attached to the vehicle.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-886-090, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-04-056 (Order 140B), § 360-35-100, filed 2/4/91, effective 3/7/91.]

WAC 246-886-100 Violations. The board may suspend or revoke a registration issued under chapter 69.50 RCW if the board determines that any agent or employee of a registered humane society or animal control agency has purchased, possessed, or administered legend drugs in violation of RCW 69.41.080 or this chapter or has otherwise demonstrated inadequate knowledge in the administration of legend drugs. The board's revocation or suspension of a registration as provided herein would restrict the registered entity's ability to use both approved legend drugs and sodium pentobarbital.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-886-100, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-04-056 (Order 140B), § 360-35-110, filed 2/4/91, effective 3/7/91.]

Chapter 246-887 WAC

PHARMACY—REGULATIONS IMPLEMENTING THE UNIFORM CONTROLLED SUBSTANCES ACT

WAC

246-887-020	Uniform Controlled Substances Act.
246-887-030	Dispensing Schedule V controlled substances.
246-887-040	Designation of nonnarcotic stimulant drugs for purposes of RCW 69.50.402 (a)(3).
246-887-050	Sodium pentobarbital for animal euthanasia.
246-887-060	Sodium pentobarbital administration.
246-887-070	Sodium pentobarbital records and reports.
246-887-080	Sodium pentobarbital registration disciplinary action.
246-887-090	Authority to control.
246-887-100	Schedule I.
246-887-110	Adding MPPP to Schedule I.
246-887-120	Adding PEPAP to Schedule I.
246-887-130	Adding MDMA to Schedule I.
246-887-131	Adding Methcathinone to Schedule I.
246-887-132	Adding Aminorex to Schedule I.
246-887-133	Adding Alpha-ethyltryptamine to Schedule I.
246-887-140	Schedule II.
246-887-150	Schedule II immediate precursors.
246-887-160	Schedule III.
246-887-170	Schedule IV.
246-887-180	Schedule V.
246-887-190	Adding buprenorphine to Schedule V.
246-887-200	Other controlled substance registrants—Requirements.
246-887-210	Standards for transmission of controlled substances sample distribution reports.

WAC 246-887-020 Uniform Controlled Substances Act. (1) Consistent with the concept of uniformity where possible with the federal regulations for controlled substances (21 CFR), the federal regulations are specifically made applicable to registrants in this state by virtue of RCW 69.50.306. Although those regulations are automatically applicable to registrants in this state, the board is nevertheless adopting as its own regulations the existing regulations of the federal government published in the Code of Federal Regulations revised as of April 1, 1991, and all references made therein to the director or the secretary shall have reference to the board of pharmacy, and the following sections are not applicable: Section 1301.11-.13, section 1301.31, section 1301.43-.57, section 1303, section 1308.41-

.48, and section 1316.31-.67. The following specific rules shall take precedence over the federal rules adopted herein by reference, and therefore any inconsistencies shall be resolved in favor of the following specific rules.

(2) Registrations under chapter 69.50 RCW shall be for an annual period with the registration period ending on a date to coincide with those license renewal dates as found in rules promulgated under chapter 18.64 RCW.

(3) A separate registration is required for each place of business (as defined in section 1301.23) where controlled substances are manufactured, distributed or dispensed. Application for registration must be made on forms supplied by the pharmacy board, and all information called for thereon must be supplied unless the information is not applicable, in which case it must be indicated. An applicant for registration must hold the appropriate wholesaler, manufacturer or pharmacy license provided for in chapter 18.64 RCW.

(4) Every registrant shall be required to keep inventory records required by section 1304.04 (of the federal rules which have been adopted by reference by Rule 1) and must maintain said inventory records for a period of two years from the date of inventory. Such registrants are further required to keep a record of receipt and distribution of controlled substances. Such record shall include:

(a) Invoices, orders, receipts, etc. showing the date, supplier and quantity of drug received, and the name of the drug;

(b) Distribution records; i.e., invoices, etc. from wholesalers and manufacturers and prescriptions records for dispensers;

(c) In the event of a loss by theft or destruction, two copies of DEA 106 (report of theft or loss of controlled substances) must be transmitted to the federal authorities and a copy must be sent to the board;

(d) For transfers of controlled substances from one dispenser to another, a record of the transfer must be made at the time of transfer indicating the drug, quantity, date of transfer, who it was transferred to and from whom. Said record must be retained by both the transferee and the transferor. These transfers can only be made in emergencies pursuant to section 1307.11 (federal rules).

(5) The records must be maintained separately for Schedule II drugs. The records for Schedule III, IV and V drugs may be maintained either separately or in a form that is readily retrievable from the business records of the registrant. Prescription records will be deemed readily retrievable if the prescription has been stamped in red ink in the lower right hand corner with the letter "C" no less than one inch high, and said prescriptions are filed in a consecutively numbered prescription file which includes prescription and noncontrolled substances.

(6) A federal order form is required for each distribution of a Schedule I or II controlled substance, and said forms along with other records required to be kept must be made readily available to authorized employees of the board.

(7) Schedule II drugs require that a dispenser have a signed prescription in his possession prior to dispensing said drugs. An exception is permitted in an "emergency." An emergency exists when the immediate administration of the drug is necessary for proper treatment and no alternative treatment is available, and further, it is not possible for the

physician to provide a written prescription for the drug at that time. If a Schedule II drug is dispensed in an emergency, the practitioner must deliver a signed prescription to the dispenser within 72 hours, and further he must note on the prescription that it was filled on an emergency basis.

[Statutory Authority: RCW 18.64.005, 92-04-029 (Order 239B), § 246-887-020, filed 1/28/92, effective 2/29/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-887-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201, 89-17-023 (Order 226), § 360-36-010, filed 8/8/89, effective 9/8/89. Statutory Authority: RCW 69.50.301, 87-10-029 (Order 206), § 360-36-010, filed 5/1/87. Statutory Authority: RCW 18.64.005(4), 85-06-010 (Order 193), § 360-36-010, filed 2/22/85. Statutory Authority: RCW 69.50.301, 80-05-074 (Order 154, Resolution No. 4/80), § 360-36-010, filed 4/28/80; 79-10-007 (Order 151, Resolution No. 9/79), § 360-36-010, filed 9/6/79. Statutory Authority: RCW 69.50.301 and chapter 69.50 RCW, 78-02-070 (Order 140), § 360-36-010, filed 1/25/78; Order 132, § 360-36-010, filed 5/4/77; Order 108, § 360-36-010, filed 10/26/71.]

WAC 246-887-030 Dispensing Schedule V controlled substances. (1) Those drugs classified in Schedule V of the Uniform Controlled Substances Act (RCW 69.50.212) which can be dispensed without a prescription can be so distributed only for the medical purpose(s) indicated on the manufacturer's label (e.g., cough syrups may only be dispensed for the treatment of coughs) and shall be dispensed in accordance with the following rules.

(2) Only a licensed pharmacist or a pharmacy intern may dispense a Schedule V drug. The pharmacist or pharmacy intern making the sale is responsible for the recording of the required information in the Schedule V register book. The pharmacist or pharmacy intern shall not sell a Schedule V drug to a person below the age of 21 and shall require the purchaser to supply identification so that the purchaser's true name, address and age can be verified. The pharmacist must keep the Schedule V drugs in a safe place not accessible to members of the public. The name and address of the pharmacy must be placed on the bottle or vial of each Schedule V drug sold and the pharmacist or pharmacy intern dispensing the product must place the date of sale and his/her initials on the label at the time of sale. The pharmacist or pharmacy intern is required to show every purchaser of a Schedule V product a copy of subsections (3) and (4) of this rule (sections relating to purchaser(s) of Schedule V drugs).

(3) No person shall obtain a Schedule V drug without a practitioner's prescription unless he/she complies with the following:

(a) The product must be purchased as a medicine for its indicated medical use only;

(b) The purchaser must sign the Schedule V register book with his/her true name and address and supply proof of identification.

(c) The purchaser cannot purchase more than 120 mls (four fluid ounces) of Schedule V cough preparations, nor more than 240 mls (eight fluid ounces) of Schedule V anti-diarrheal preparations.

(4) In the absence of a practitioner's prescription, no pharmacist or pharmacy shall sell to any person, nor shall any person obtain, within a ninety-six hour period, more than the maximum quantity set forth in subsection (3)(c) of this rule. Further, no pharmacist or pharmacy shall sell to any person, nor shall any person obtain more than twice the

maximum quantity set forth in (3)(c) above in any sixty-day period.

(5)(a) Every pharmacy handling Schedule V drugs must keep a Schedule V register book in which the following statement must appear at the top of each page: "I have not obtained any Schedule V preparations within the last ninety-six hours, nor obtained Schedule V preparations more than twice within the last sixty days. This is my true name and address." All sales of Schedule V preparations without a practitioner's prescription shall be recorded in the Schedule V register book and the following information must be recorded therein:

- (i) Printed name of purchaser
- (ii) Signature of purchaser
- (iii) Address of purchaser
- (iv) Name of the Schedule V preparation sold
- (v) Quantity of Schedule V preparation sold
- (vi) Date of sale
- (vii) Initials or name of pharmacist or pharmacy intern who sold the Schedule V drug
- (viii) Proof of identification: A unique identification number from a driver's license or from other state or federally issued photo identification card.

(b) All register books used to record the sale of Schedule V preparations shall conform to the following standards:

- (i) The book shall be 8 1/2 inches wide, 11 inches long.
- (ii) The book shall be securely bound, not loose leaf or spiral bound.

(iii) The book shall have its pages consecutively numbered with a unique number assigned to each book and identified on each page.

(iv) Each page shall consist of an original and duplicate. If any sales are recorded, the duplicate sheet must be mailed to the board of pharmacy when completed or on the last day of each month, whichever is earlier.

(3) All pharmacy records relating to Schedule V drugs shall be open to examination by state board of pharmacy investigators during normal business hours. The refusal to permit such examination shall constitute grounds for the suspension or revocation of the pharmacist's license.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-887-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005, 18.81.080 and 42.17.290, 83-01-083 (Order 171), § 360-36-020, filed 12/17/82. Statutory Authority: RCW 18.64.005 and 69.41.075, 82-19-022 (Order 169), § 360-36-020, filed 9/8/82; Order 108, § 360-36-020, filed 10/26/71.]

WAC 246-887-040 Designation of nonnarcotic stimulant drugs for purposes of RCW 69.50.402 (a)(3). The board of pharmacy hereby designates, the following Schedule II controlled substances as nonnarcotic stimulants for purposes of RCW 69.50.402 (a)(3):

- (1) Amphetamine sulfate in any of its generic forms.
- (2) Dextroamphetamine sulfate in any of its generic forms and under the following brand names:
 - (a) Dexedrine (SKF);
 - (b) Dexedrine spansules (SKF).
- (3) Dextroamphetamine HCL in any of its generic forms.
- (4) Dextroamphetamine tannate in any of its generic forms.

(5) Methamphetamine HCL (Desoxyephedrine HCL) in any of its generic forms and under the following brand name:

Desoxyyn (Abbott).

(6) Amphetamine complex in any of its generic forms and under the following brand names:

(a) Biphetamine 12 1/2 (Pennwalt);

(b) Biphetamine 20 (Pennwalt).

(7) Combined amphetamines sold under the following brand names:

Obetrol-10 and 20 (Obetrol).

(8) Phenmetrazine HCL in any of its generic forms and under the following brand name:

(a) Preludin (Boehringer-Ingelheim).

(9) Methylphenidate HCL in any of its generic forms and under the following brand name:

(a) Ritalin (Ciba).

[Statutory Authority: RCW 18.64.005. 92-04-029 (Order 239B), § 246-887-040, filed 1/28/92, effective 2/29/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201. 79-08-069 (Order 148, Resolution No. 7-79), § 360-36-115, filed 7/24/79.]

WAC 246-887-050 Sodium pentobarbital for animal euthanasia. (1) Registration eligibility. Any humane society or animal control agency who designates a responsible individual under WAC 246-887-070 may apply to the Washington state board of pharmacy for a limited registration under chapter 69.50 RCW (Controlled Substances Act) to purchase, possess and administer sodium pentobarbital. The sodium pentobarbital will be used only to euthanize injured, sick, homeless or unwanted domestic pets and domestic or wild animals.

(2) Sodium pentobarbital restrictions. Sodium pentobarbital obtained under this limited registration shall be labeled "For veterinary use only." The board will make available a list of approved products.

(3) Sodium pentobarbital storage. The registered location supply of sodium pentobarbital shall be kept or stored in a safe or a substantial well-built double-locked drawer or cabinet.

(a) Registrants may designate only the following agents to possess and administer sodium pentobarbital at locations other than the registered location:

(i) Humane officer;

(ii) Animal control enforcement officer;

(iii) Animal control authority;

(iv) Peace officer authorized by police chief, sheriff or county commissioners.

(b) Specially designated agents of the registrant may possess a supply of sodium pentobarbital for emergency field use. Such emergency supply shall be stored in a locked metal box securely attached to the vehicle. The designated agent shall be responsible to insure that the sodium pentobarbital is present at the beginning and is present or accounted for at the end of each shift. A log book shall be kept in which all receipts and use of sodium pentobarbital from the emergency supply shall be recorded.

[Statutory Authority: Chapter 69.50 RCW and RCW 18.64.005. 92-12-035 (Order 277B), § 246-887-050, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order

191B), recodified as § 246-887-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201. 89-17-023 (Order 226), § 360-36-210, filed 8/8/89, effective 9/8/89; Order 138, § 360-36-210, filed 11/8/77.]

WAC 246-887-060 Sodium pentobarbital administration. All agencies registered under WAC 246-887-050 will establish written policies and procedures to insure that any of their agents or personnel which administer sodium pentobarbital for animal euthanasia have received sufficient training in its handling and administration, and have demonstrated adequate knowledge of the potentials and hazards, and proper techniques to be used in administering the drug. A copy of the written policies and procedures shall be filed with the board at the time of initial application for registration. The board shall be notified in writing of any individuals who have qualified to administer sodium pentobarbital or of any amendments or deletions to the policies and procedures.

[Statutory Authority: Chapter 69.50 RCW and RCW 18.64.005. 92-12-035 (Order 277B), § 246-887-060, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201. 89-17-023 (Order 226), § 360-36-250, filed 8/8/89, effective 9/8/89; Order 138, § 360-36-250, filed 11/8/77.]

WAC 246-887-070 Sodium pentobarbital records and reports. (1) Each agency or society registered in accordance with WAC 246-887-050 shall designate an individual as the registrant who shall be responsible for maintaining all records and submitting all reports required by applicable federal or state law or regulation, including chapter 246-887 WAC.

(2) This designated individual shall also be responsible for the ordering, possession, safe storage and utilization of the sodium pentobarbital.

[Statutory Authority: Chapter 69.50 RCW and RCW 18.64.005. 92-12-035 (Order 277B), § 246-887-070, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201. 89-17-023 (Order 226), § 360-36-260, filed 8/8/89, effective 9/8/89; Order 138, § 360-36-260, filed 11/8/77.]

WAC 246-887-080 Sodium pentobarbital registration disciplinary action. In addition to any criminal or civil liabilities that may occur, the board may deny, suspend, or revoke registration upon determination that (1) the registration was procured through fraud or misrepresentation, (2) the registrant or any agent or employee of the registrant has violated any of the federal or state laws related to drugs, or has violated any of the rules or regulations of the board of pharmacy.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-080, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201. 89-17-023 (Order 226), § 360-36-270, filed 8/8/89, effective 9/8/89; Order 138, § 360-36-270, filed 11/8/77.]

WAC 246-887-090 Authority to control. Pursuant to the authority granted to the board of pharmacy in RCW 69.50.201, the board has considered the following factors with regards to each of the substances listed in this chapter and in chapter 69.50 RCW:

(1) The actual or relative potential for abuse;

(2) The scientific evidence of its pharmacological effect, if known;

(3) The state of current scientific knowledge regarding the substance;

(4) The history and current pattern of abuse;

(5) The scope, duration, and significance of abuse;

(6) The risk to the public health;

(7) The potential of the substance to produce psychic or psychological dependence liability; and

(8) Whether the substance is an immediate precursor of a substance already controlled under the Uniform Controlled Substances Act (chapter 69.50 RCW).

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-090, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201, 69.50.203, 69.50.205, 69.50.207, 69.50.209 and 69.50.211. 84-22-062 (Order 190), § 360-36-400, filed 11/7/84.]

WAC 246-887-100 Schedule I. The board finds that the following substances have high potential for abuse and have no accepted medical use in treatment in the United States or that they lack accepted safety for use in treatment under medical supervision. The board, therefore, places each of the following substances in Schedule I.

(a) The controlled substances listed in this section, by whatever official name, common or usual name, chemical name, or brand name, are included in Schedule I.

(b) Opiates. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including their isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, whenever the existence of these isomers, esters, ethers, and salts is possible within the specific chemical designation:

(1) Acetyl-alpha-methylfentanyl (N-[1-(1-methyl-2-phenethyl)-4-piperidinyl]-N-phenylacetamide);

(2) Acetylmethadol;

(3) Allylprodine;

(4) Alphacetylmethadol; [(except for levo-alpha-cetylmethadol - also known as levo-alpha-acetylmethadol, levomethadyl acetate or LAAM);]

(5) Alphameprodine;

(6) Alphamethadol;

(7) Alpha-methylfentanyl (N-[1-alpha-methyl-beta-phenyl ethyl-4-piperidyl] propionanilide; 1-(1-methyl-2-phenylethyl)-4-(N-propanilido) piperidine);

(8) Benzethidine;

(9) Betacetylmethadol;

(10) Betameprodine;

(11) Betamethadol;

(12) Betaprodine;

(13) Clonitazene;

(14) Dextromoramide;

(15) Diampromide;

(16) Diethylthiambutene;

(17) Difenoxyin;

(18) Dimenoxadol;

(19) Dimepheptanol;

(20) Dimethylthiambutene;

(21) Dioxaphetyl butyrate;

(22) Dipipanone;

(23) Ethylmethylthiambutene;

(24) Etonitazene;

(25) Etoperidine;

(26) Furethidine;

(27) Hydroxypethidine;

(28) Ketobemidone;

(29) Levomoramide;

(30) Levophenacymorphan;

(31) 3-Methylfentanyl (N-[3-Methyl-1-(2-phenylethyl)-4-piperidyl]-N-phenylpropanamide);

(32) Morpheridine;

(33) MPPP (1-Methyl-4-phenyl-4-propionoxypiperidine);

(34) Noracymethadol;

(35) Norlevorphanol;

(36) Normethadone;

(37) Norpipanone;

(38) PEPAP (1-(2-phenethyl)-4-phenyl-4-acetoxypiperidine);

(39) Phenadoxone;

(40) Phenampromide;

(41) Phenomorphan;

(42) Phenoperidine;

(43) Piritramide;

(44) Proheptazine;

(45) Properidine;

(46) Propiram;

(47) Racemoramide;

(48) Tilidine;

(49) Trimeperidine.

(c) Opium derivatives. Unless specifically excepted or unless listed in another schedule, any of the following opium derivatives, their salts, isomers, and salts of isomers, whenever the existence of these salts, isomers, and salts of isomers is possible within the specific chemical designation:

(1) Acetorphine;

(2) Acetyldihydrocodeine;

(3) Benzylmorphine;

(4) Codeine methylbromide;

(5) Codeine-N-Oxide;

(6) Cyprenorphine;

(7) Desomorphine;

(8) Dihydromorphine;

(9) Drotebanol;

(10) Etorphine (except hydrochloride salt);

(11) Heroin;

(12) Hydromorphinol;

(13) Methyl-desorphine;

(14) Methyl-dihydromorphine;

(15) Morphine methylbromide;

(16) Morphine methylsulfonate;

(17) Morphine-N-Oxide;

(18) Myrophine;

(19) Nicocodeine;

(20) Nicomorphine;

(21) Normorphine;

(22) Pholcodine;

(23) Thebacon.

(d) Hallucinogenic substances. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following hallucinogenic substances, or which

contains any of its salts, isomers, and salts of isomers, whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation (for purposes of paragraph (d) of this section, only, the term "isomer" includes the optical, position, and geometric isomers):

(1) 4-bromo-2,5-dimethoxy-amphetamine: Some trade or other names: 4-bromo-2,5-dimethoxy-a-methylphenethylamine; 4-bromo-2,5-DMA;

(2) 2,5-dimethoxyamphetamine: Some trade or other names: 2,5-dimethoxy-a-methylphenethylamine; 2,5-DMA;

(3) 2,5-dimethoxy-4-ethylamphetamine (DOET)

(4) 4-methoxyamphetamine: Some trade or other names: 4-methoxy-a-methylphenethylamine; paramethoxyamphetamine, PMA;

(5) 5-methoxy-3,4-methylenedioxy-amphetamine;

(6) 4-methyl-2,5-dimethoxy-amphetamine: Some trade and other names: 4-methyl-2,5-dimethoxy-a-methylphenethylamine; "DOM"; and "STP";

(7) 3,4-methylenedioxy amphetamine;

(8) 3,4-methylenedioxymethamphetamine (MDMA);

(9) 3,4,5-trimethoxy amphetamine;

(10) Bufotenine: Some trade or other names: 3-(beta-Dimethylaminoethyl)-5-hydroxyindole; 3-(2-dimethylaminoethyl)-5-indolol; N, N-dimethylserotonin; 5-hydroxy-N,N-dimethyltryptamine; mappine;

(11) Diethyltryptamine: Some trade or other names: N,N-Diethyltryptamine; DET;

(12) Dimethyltryptamine: Some trade or other names: DMT;

(13) Ibogaine: Some trade or other names: 7-Ethyl-6,6 beta,7,8,9,10,12,13,-octahydro-2-methoxy-6,9methano-5H-pyrido (1',2':1,2) azepino (5,4-b) indole; Tabernanthe iboga;

(14) Lysergic acid diethylamide;

(15) Marihuana;

(16) Mescaline;

(17) Parahexyl-7374; some trade or other names: 3-Hexyl-1-hydroxy-7, 8, 9, 10-tetrahydro-6, 6, 9-trimethyl-6H-dibenzo[b,d]pyran; synhexyl;

(18) Peyote, meaning all parts of the plant presently classified botanically as *Lophophora Williamsii* Lemaire, whether growing or not, the seeds thereof, any extract from any part of such plant, and every compound, manufacture, salts, derivative, mixture, or preparation of such plant, its seeds, or extracts; (interprets 21 USC § 812 (c), Schedule I (c)(12))

(19) N-ethyl-3-piperidyl benzilate;

(20) N-methyl-3-piperidyl benzilate;

(21) Psilocybin;

(22) Psilocyn;

(23) Tetrahydrocannabinols, synthetic equivalents of the substances contained in the plant, or in the resinous extractives of *Cannabis*, sp., and/or synthetic substances, derivatives, and their isomers with similar chemical structure and pharmacological activity such as the following:

(i) Delta 1 - cis - or transtetrahydrocannabinol, and their optical isomers, excluding tetrahydrocannabinol in sesame oil and encapsulated in a soft gelatin capsule in a drug product approved by the United States Food and Drug Administration;

(ii) Delta 6 - cis - or transtetrahydrocannabinol, and their optical isomers;

(iii) Delta 3,4 - cis - or transtetrahydrocannabinol, and its optical isomers;

(Since nomenclature of these substances is not internationally standardized, compounds of these structures, regardless of numerical designation of atomic positions covered.)

(24) Ethylamine analog of phencyclidine: Some trade or other names: N-ethyl-1-phenylcyclohexylamine, (1-phenylcyclohexyl) ethylamine, N-(1-phenylcyclohexyl)ethylamine, cyclohexamine, PCE;

(25) Pyrrolidine analog of phencyclidine: Some trade or other names: 1-(1-phenylcyclohexyl)pyrrolidine; PCPy; PHP;

(26) Thiophene analog of phencyclidine: Some trade or other names: 1-(1-[2-thenyl]-cyclohexyl)-piperidine; 2-thienylanalog of phencyclidine; TPCP; TCP;

(e) Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

(i) Mecloqualone;

(ii) Methaqualone.

(f) Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers, and salts of isomers:

(i) Cathinone (also known as 2-amino-1-phenyl-1-propanone, alpha-aminopropiophenone, 2-aminopropiophenone and norephedrone)

(ii) Fenethylamine;

(iii) N-ethylamphetamine;

(iv) 4-methylaminorex;

(v) N,N-dimethylamphetamine.

[Statutory Authority: RCW 18.64.005. 94-08-098, § 246-887-100, filed 4/6/94, effective 5/7/94. Statutory Authority: RCW 18.65.005 and 18.64.005. 94-07-105, § 246-887-100, filed 3/18/94, effective 3/18/94. Statutory Authority: RCW 18.64.005. 92-04-029 (Order 239B), § 246-887-100, filed 1/28/92, effective 2/29/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-100, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201. 89-17-023 (Order 226), § 360-36-410, filed 8/8/89, effective 9/8/89; 86-16-057 (Order 200), § 360-36-410, filed 8/1/86. Statutory Authority: RCW 69.50.201, 69.50.203, 69.50.205, 69.50.207, 69.50.209 and 69.50.211. 84-22-062 (Order 190), § 360-36-410, filed 11/7/84.]

Reviser's note: Some of the brackets and enclosed material in the text of the above section occurred in the copy filed by the agency and appear herein pursuant to the requirements of RCW 34.08.040.

Reviser's note: RCW 34.05.395 requires the use of underlining and deletion marks to indicate amendments to existing rules, and deems ineffectual changes not filed by the agency in this manner. Some of the bracketed material in the above section does not appear to conform to the statutory requirement.

WAC 246-887-110 Adding MPPP to Schedule I. The Washington state board of pharmacy finds that 1-methyl-4-phenyl-4-propionoxypiperidine (MPPP) has high potential for abuse and has no medical use in treatment in the United States or lacks accepted safety for use in treatment under medical supervision, and hereby places that substance in Schedule I.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-110, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005 and 69.44.075 [69.41.075]. 85-18-091 (Order 196), § 360-36-411, filed 9/4/85.]

WAC 246-887-120 Adding PEPAP to Schedule I.

The Washington state board of pharmacy finds that 1-(2-phenylethyl)-4-phenyl-4-acetyloxypiperidine (PEPAP) has high potential for abuse and has no medical use in treatment in the United States or lacks accepted safety for use in treatment under medical supervision, and hereby places that substance in Schedule I.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-120, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005 and 69.44.075 [69.41.075]. 85-18-091 (Order 196), § 360-36-412, filed 9/4/85.]

WAC 246-887-130 Adding MDMA to Schedule I.

The Washington state board of pharmacy finds that 3,4-methylenedioxymethamphetamine (MDMA) has high potential for abuse and has no medical use in treatment in the United States or lacks accepted safety for use in treatment under medical supervision, and hereby places that substance in Schedule I.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-130, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005 and 69.44.075 [69.41.075]. 85-18-091 (Order 196), § 360-36-413, filed 9/4/85.]

WAC 246-887-131 Adding Methcathinone to Schedule I. The Washington state board of pharmacy finds that Methcathinone (also called 2-methylamino-1-phenylpropan-1-one, ephedrone, Monomethylpropion, UR 1431) its salts, optical isomers and salts of optical isomers has high potential for abuse and has no medical use in treatment in the United States or lacks accepted safety for use in treatment under medical supervision and hereby places that substance in Schedule I.

[Statutory Authority: RCW 18.64.005. 92-23-059 (Order 318B), § 246-887-131, filed 11/17/92, effective 12/18/92.]

WAC 246-887-132 Adding Aminorex to Schedule I.

The Washington state board of pharmacy finds that Aminorex (also called aminoxaphen, 2-amino-5-phenyl-2-oxazoline or 4,5-dihydro-5-phenyl-2-oxazolamine) its salts, optical isomers and salts of optical isomers has high potential for abuse and has no medical use in treatment in the United States or lacks accepted safety for use in treatment under medical supervision and hereby places that substance in Schedule I.

[Statutory Authority: RCW 18.64.005. 93-14-037 (Order 375B), § 246-887-132, filed 6/29/93, effective 7/30/93.]

WAC 246-887-133 Adding Alpha-ethyltryptamine to Schedule I. The Washington state board of pharmacy finds that Alpha-ethyltryptamine has been classified as both a central nervous system stimulant and as a tryptamine hallucinogen. The DEA used its emergency scheduling authority to place this under Schedule I after finding that immediate CSA control was necessary to avoid an imminent hazard to public safety. The substance has been found by DEA in clandestine laboratories and on the illicit drug

market. Therefore the Washington State Board of Pharmacy places Alpha-ethyltryptamine under control of Schedule I of the Controlled Substances Act.

[Statutory Authority: RCW 18.64.005. 94-08-098, § 246-887-133, filed 4/6/94, effective 5/7/94.]

WAC 246-887-140 Schedule II. The board finds that the following substances have a high potential for abuse and have currently accepted medical use in treatment in the United States, or currently accepted medical use with severe restrictions and that the abuse of the following substances may lead to severe psychic or psychological dependence. The board, therefore, places each of the following substances in Schedule II.

(a) The drugs and other substances listed in this section, by whatever official name, common or usual name, chemical name, or brand name designated, are included in Schedule II.

(b) Substances. (Vegetable origin or chemical synthesis.) Unless specifically excepted, any of the following substances, except those listed in other schedules, whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by combination of extraction and chemical synthesis:

(1) Opium and opiate, and any salt, compound, derivative, or preparation of opium or opiate, excluding apomorphine, dextrorphan, nalbuphine, naloxone, and naltrexone, and their respective salts, but including the following:

- (i) Raw opium;
- (ii) Opium extracts;
- (iii) Opium fluid;
- (iv) Powdered opium;
- (v) Granulated opium;
- (vi) Tincture of opium;
- (vii) Codeine;
- (viii) Ethylmorphine;
- (ix) Etorphine hydrochloride;
- (x) Hydrocodone;
- (xi) Hydromorphone;
- (xii) Metopon;
- (xiii) Morphine;
- (xiv) Oxycodone;
- (xv) Oxymorphone; and
- (xvi) Thebaine.

(2) Any salt, compound, isomer, derivative, or preparation thereof which is chemically equivalent or identical with any of the substances referred to in paragraph (b)(1) of this section, but not including the isoquinoline alkaloids of opium.

(3) Opium poppy and poppy straw.

(4) Coca leaves and any salt, compound, derivative, or preparation of coca leaves, and any salt, compound, derivative, or preparation thereof which is chemically equivalent or identical with any of these substances, but not including decocainized coca leaves or extractions which do not contain cocaine or ecgonine.

(5) Methylbenzoyllecgonine (cocaine—its salts, optical isomers, and salts of optical isomers).

(6) Concentrate of poppy straw (The crude extract of poppy straw in either liquid, solid, or powder form which contains the phenanthrine alkaloids of the opium poppy.)

(c) Opiates. Unless specifically excepted or unless in another schedule any of the following opiates, including its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers whenever the existence of such isomers, esters, ethers, and salts is possible within the specific chemical designation, dextropropoxyphene and levopropoxyphene excepted:

- (1) Alfentanil;
- (2) Alphaprodine;
- (3) Anileridine;
- (4) Bezitramide;
- (5) Bulk dextropropoxyphene (nondosage forms);
- (6) Carfentanil;
- (7) Dihydrocodeine;
- (8) Diphenoxylate;
- (9) Fentanyl;
- (10) Isomethadone;
- (11) Levo-alpha-acetylmethadol - also known as levo-alpha-acetylmethadol, levomethadyl acetate or LAAM;
- (12) Levomethorphan;
- (13) Levorphanol;
- (14) Metazocine;
- (15) Methadone;
- (16) Methadone—Intermediate, 4-cyano-2-dimethylamino-4,4-diphenyl butane;
- (17) Moramide—Intermediate, 2-methyl-3-morpholino-1,1-diphenylpropane-carboxylic acid;
- (18) Pethidine (meperidine);
- (19) Pethidine—Intermediate—A,4-cyano-1-methyl-4-phenylpiperidine;
- (20) Pethidine—Intermediate—B,ethyl-4-phenylpiperidine-4-carboxylate;
- (21) Pethidine—Intermediate—C,1-methyl-4-phenylpiperidine-4-carboxylic acid;
- (22) Phenazocine;
- (23) Piminodine;
- (24) Racemethorphan;
- (25) Racemorphan;
- (26) Sufentanil.

(d) Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system:

- (1) Amphetamine, its salts, optical isomers, and salts of its optical isomers;
- (2) Methamphetamine, its salts, optical isomers, and salts of optical isomers;
- (3) Phenmetrazine and its salts;
- (4) Methylphenidate.

(e) Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

- (1) Amobarbital;
- (2) Glutethimide;
- (3) Pentobarbital;
- (4) Phencyclidine;
- (5) Secobarbital.

(f) Immediate precursors. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances:

- (1) Immediate precursor to amphetamine and methamphetamine:
- (2) Phenylacetone: Some trade or other names phenyl-2-propanone, P2P, benzyl methyl ketone, methyl benzyl ketone.
- (3) Immediate precursors to phencyclidine (PCP):
 - (i) 1-phenylcyclohexylamine;
 - (ii) 1-piperidinocyclohexanecarbonitrile (PCC).
- (g) Hallucinogenic substances.
 - (1) Dronabinol (synthetic) in sesame oil and encapsulated in a soft gelatin capsule in a United States Food and Drug Administration approved drug product. (Some other names for dronabinol [6aR-trans]-6a,7,8,10a-tetrahydro-6,6,9-trimethyl-3-pentyl-6H-dibenzo[b,d]pyran-i-ol, or (-)-delta-9-(trans)-tetrahydrocannabinol.)
 - (2) Nabilone. (Another name for nabilone: (±)-trans-3-(1,1-dimethylheptyl)-6,6a,7,8,10,10a-hexahydro-1-hydroxy-6,6-dimethyl-9H-dibenzo[b,d]pyran-9-one.)

[Statutory Authority: RCW 18.65.005 and 18.64.005. 94-07-105, § 246-887-140, filed 3/18/94, effective 3/18/94. Statutory Authority: RCW 18.64.005. 92-04-029 (Order 239B), § 246-887-140, filed 1/28/92, effective 2/29/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-140, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201. 89-17-023 (Order 226), § 360-36-420, filed 8/8/89, effective 9/8/89; 86-16-057 (Order 200), § 360-36-420, filed 8/1/86. Statutory Authority: RCW 69.50.201, 69.50.203, 69.50.205, 69.50.207, 69.50.209 and 69.50.211. 84-22-062 (Order 190), § 360-36-420, filed 11/7/84.]

Reviser's note: The brackets and enclosed material in the text of the above section occurred in the copy filed by the agency.

WAC 246-887-150 Schedule II immediate precursors. (1) The board finds and designates the following substances as being the principal compound used or produced primarily for use and which are an immediate chemical intermediary used or likely to be used, in the manufacture of a Schedule II controlled substance, the control of which is necessary to prevent, curtail or limit manufacture.

(2) Unless specifically excepted or listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances or their salts or isomers having potential for abuse associated with the preparation of controlled substances shall be a Schedule II controlled substance.

- (a) Anthranilic acid.
- (b) Ephedrine.
- (c) Hydriodic acid.
- (d) Methylamine.
- (e) Phenylacetic acid.
- (f) Pseudoephedrine.
- (g) Methephedrine.
- (h) Lead acetate.
- (i) Methyl formamide.

Provided: That any drug or compound containing Ephedrine, or any of its salts or isomers, or Pseudoephedrine, or any of its salts or isomers that are prepared for dispensing or over-the-counter distribution and are in compliance with the Federal Food, Drug and Cosmetic Act and applicable regulations are not controlled substances for

the purpose of this section: *And Provided Further*, That any cosmetic containing lead acetate that is distributed in compliance with the Federal Food, Drug and Cosmetic Act and applicable regulations are not controlled substances.

[Statutory Authority: RCW 18.65.005 and 18.64.005. 94-07-105, § 246-887-150, filed 3/18/94, effective 3/18/94. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-150, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-11-007 (Order 214), § 360-36-425, filed 5/9/88. Statutory Authority: RCW 18.64.005(11). 88-06-060 (Order 211), § 360-36-425, filed 3/2/88.]

WAC 246-887-160 Schedule III. The board finds that the following substances have a potential for abuse less than the substances listed in Schedules I and II, and have currently accepted medical use in treatment in the United States and that the abuse of the substances may lead to moderate or low physical dependency or high psychological dependency. The board, therefore, places each of the following substances in Schedule III.

(a) The drugs and other substances listed in this section, by whatever official name, common or usual name, chemical name, or brand name designated, are included in Schedule III.

(b) Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers (whether optical, position, or geometric), and salts of such isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

(1) Those compounds, mixtures, or preparations in dosage unit form containing any stimulant substances listed in Schedule II which compounds, mixtures, or preparations are referred to as excepted compounds in Schedule III as published in 21 CFR 1308.13 (b)(1) as of April 1, 1984, and any other drug of the quantitative composition shown in that list for those drugs or which is the same except that it contains a lesser quantity of controlled substances;

- (2) Benzphetamine;
- (3) Chlorphentermine;
- (4) Clortermine;
- (5) Phendimetrazine.

(c) Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system:

- (1) Any compound, mixture, or preparation containing:
 - (i) Amobarbital;
 - (ii) Secobarbital;
 - (iii) Pentobarbital;

or any salt thereof and one or more other active medicinal ingredients which are not listed in any schedule;

- (2) Any suppository dosage form containing:
 - (i) Amobarbital;
 - (ii) Secobarbital;
 - (iii) Pentobarbital;

or any salt of any of these drugs and approved by the Food and Drug Administration for marketing only as a suppository;

(3) Any substance which contains any quantity of a derivative of barbituric acid, or any salt of a derivative of barbituric acid;

- (4) Chlorhexadol;
- (5) Lysergic acid;
- (6) Lysergic acid amide;
- (7) Methpyrlylon;
- (8) Sulfondiethylmethane;
- (9) Sulfonethylmethane;
- (10) Sulfonmethane;

(11) Tiletamine and zolazepam or any salt thereof—some trade or other names for a tiletamine-zolazepam combination product: Telazol some trade or other names for tiletamine: 2-(ethylamino)-2-(2-thienyl) cyclohexanone—some trade or other names for zolazepam: 4-(2-fluorophenyl)-6,8-dihydro-1,3,8-trimethylpyrazolo-[3,4-e] [1,4] diazepin 7 (1H)-one flupyrazapon.

(d) Nalorphine.

(e) Anabolic steroids. The term "anabolic steroid" means any drug or hormonal substance, chemically and pharmacologically related to testosterone (other than estrogens, progestins, and corticosteroids) that promotes muscle growth, and includes:

- (1) Boldenone;
- (2) Chlorotestosterone;
- (3) Clostebol;
- (4) Dehydrochlormethyltestosterone;
- (5) Dehydroepiandrosterone;
- (6) Dihydrotestosterone;
- (7) Drostanolone;
- (8) Ethylestrenol;
- (9) Fluoxymesterone;
- (10) Formebolone (Formebolone);
- (11) Mesterolone;
- (12) Methandienone;
- (13) Methandranone;
- (14) Methandriol;
- (15) Methandrostenolone;
- (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	DURATESTRIN	W.E. Hauck Alpharetta, GA
Testosterone cypionate 50 mg/ml Esterified cypionate 2 mg/ml	DUO-SPAN II	Primedics laboratories Gardena, CA
Esterified estrogens 1.25 mg. Methyltestosterone 2.5 mg.	Estratest	Solvay Pharmaceuticals Marietta, GA
Esterified estrogens 0.525 mg. Methyltestosterone 1.25 mg.	Estratest HS	Solvay Pharmaceuticals Marietta, GA
Testosterone cypionate 50 mg/ml Estradiol cypionate 2 mg/ml	PAN ESTRA TEST	Pan American Labs Covington, LA
Conjugated estrogens 1.25 mg. Methyltestosterone 10 mg.	Premarin with Methyltestosterone	Ayerst Labs, Inc. New York, NY
Conjugated estrogens 0.625 mg. Methyltestosterone 5 mg.	Premarin with Methyltestosterone	Ayerst Labs, Inc. New York, NY
Testosterone 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 Cypionate Injection	Schein Pharmaceuticals Port Washington, NY

Testosterone cypionate 50 mg/ml Estradiol cypionate 2 mg/ml	Testosterone Cypionate-Estradiol Cypionate Injection	Steris Labs, Inc. Phoenix, AZ
Testosterone enanthate 90 mg/ml Estradiol valerate 4 mg/ml	Testosterone Enanthate-Estradiol Valerate Injection	Goldline Labs Ft. Lauderdale FL
Testosterone enanthate 90 mg/ml Estradiol valerate 4 mg/ml	Testosterone Enanthate-Estradiol Valerate Injection	Schein Pharmaceuticals Port Washington, NY
Testosterone enanthate 90 mg/ml Estradiol valerate 4 mg/ml	Testosterone Enanthate-Estradiol Valerate Injection	Steris Labs, Inc. Phoenix, AZ

(g) Narcotic drugs. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation containing limited quantities of any of the following narcotic drugs, or any salts thereof calculated as the free anhydrous base or alkaloid, in limited quantities as set forth in paragraph (e) of this section:

(1) Not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with an equal or greater quantity of an isoquinoline alkaloid of opium;

(2) Not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(3) Not more than 300 milligrams of dihydrocodeinone per 100 milliliters or not more than 15 milligrams per dosage unit, with a fourfold or greater quantity of an isoquinoline alkaloid of opium;

(4) Not more than 300 milligrams of dihydrocodeinone per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(5) Not more than 1.8 grams of dihydrocodeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(6) Not more than 300 milligrams of ethylmorphine per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(7) Not more than 500 milligrams of opium per 100 milliliters or per 100 grams, or not more than 25 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(8) Not more than 50 milligrams of morphine per 100 milliliters or per 100 grams with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

[Statutory Authority: RCW 18.64.005. 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.

WAC 246-887-170 Schedule IV. The board finds that the following substances have a low potential for abuse relative to substances in Schedule III and have currently accepted medical use in treatment in the United States and that the abuse of the substances may lead to limited physical dependence or psychological dependence relative to the substances in Schedule III. The board, therefore, places each of the following substances in Schedule IV.

(a) The drugs and other substances listed in this section, by whatever official name, common or usual name, chemical name, or brand name designated, are included in Schedule IV.

(b) Narcotic drugs. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation containing any of the following narcotic drugs, or their salts calculated as the free anhydrous base or alkaloid, in limited quantities as set forth below:

(1) Not more than 1 milligram of difenoxin and not less than 25 micrograms of atropine sulfate per dosage unit.

(2) Dextropropoxyphene (alpha-(+)-e-dimethylamino-1,2-diphenyl-3-methyl-2 propionoxybutane).

(c) Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances, including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

- (1) Alprazolam;
- (2) Barbital;
- (3) Bromazepam;
- (4) Camazepam;
- (5) Chloral betaine;
- (6) Chloral hydrate;
- (7) Chlordiazepoxide;
- (8) Clobazam;
- (9) Clonazepam;
- (10) Clorazepate;
- (11) Clotiazepam;
- (12) Cloxazolam;
- (13) Delorazepam;
- (14) Diazepam;
- (15) Estazolam;
- (16) Ethchlorvynol;
- (17) Ethinamate;
- (18) Ethyl loflazepate;
- (19) Fludiazepam;
- (20) Flunitrazepam;
- (21) Flurazepam;
- (22) Halazepam;
- (23) Haloxazolam;
- (24) Ketazolam;
- (25) Loprazolam;
- (26) Lorazepam;
- (27) Lormetazepam;
- (28) Mebutamate;
- (29) Medazepam;

- (30) Meprobamate;
- (31) Methohexital;
- (32) Methylphenobarbital (mephobarbital);
- (33) Midazolam;
- (34) Nimetazepam;
- (35) Nitrazepam;
- (36) Nordiazepam;
- (37) Oxazepam;
- (38) Oxazolam;
- (39) Paraldehyde;
- (40) Petrichloral;
- (41) Phenobarbital;
- (42) Pinazepam;
- (43) Prazepam;
- (44) Quazepam;
- (45) Temazepam;
- (46) Tetrazepam;
- (47) Triazolam.
- (48) Zolpidem

(d) Fenfluramine. Any material, compound, mixture, or preparation which contains any quantity of the following substances, including its salts, isomers (whether optical, position or geometric), and salts of such isomers, whenever the existence of such salts, isomers and salts of isomers is possible.

(e) Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers (whether optical, position, or geometric), and salts of such isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

- (1) Cathine ((+) - norpseudoephedrine);
- (2) Diethylpropion;
- (3) Fencamfamin;
- (4) Fenproporex;
- (5) Mazindol;
- (6) Mefenorex;
- (7) Pemoline (including organometallic complexes and chelates thereof);
- (8) Phentermine;
- (9) Pipradrol;
- (10) SPA ((-)-1-dimethylamino-1, 2-dephenylethane.

(f) Other substances. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances, including its salts:

- (1) Pentazocine.

[Statutory Authority: RCW 18.64.005, 94-08-098, § 246-887-170, filed 4/6/94, effective 5/7/94; 92-04-029 (Order 239B), § 246-887-170, filed 1/28/92, effective 2/29/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-170, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201, 89-17-023 (Order 226), § 360-36-440, filed 8/8/89, effective 9/8/89. Statutory Authority: RCW 69.50.201, 69.50.203, 69.50.205, 69.50.207, 69.50.209 and 69.50.211. 84-22-062 (Order 190), § 360-36-440, filed 11/7/84.]

WAC 246-887-180 Schedule V. The board finds that the following substances have low potential for abuse relative to substances in Schedule IV and have currently accepted medical use in treatment in the United States and

that the substances have limited physical dependence or psychological dependence liability relative to the substance in Schedule IV. The board, therefore, places each of the following substances in Schedule V.

(a) The drugs and other substances listed in this section, by whatever official name, common or usual name, chemical name, or brand name designated, are included in Schedule V.

(b) Narcotic drugs containing nonnarcotic active medicinal ingredients. Any compound, mixture, or preparation containing any of the following narcotic drugs, or their salts calculated as the free anhydrous base or alkaloid, in limited quantities as set forth in this section, which shall include one or more nonnarcotic active medicinal ingredients in sufficient proportion to confer upon the compound, mixture, or preparation, valuable medicinal qualities other than those possessed by the narcotic drug alone:

- (1) Not more than 200 milligrams of codeine per 100 milliliters or per 100 grams;
- (2) Not more than 100 milligrams of dihydrocodeine per 100 milliliters or per 100 grams;
- (3) Not more than 100 milligrams of ethylmorphine per 100 milliliters or per 100 grams;
- (4) Not more than 2.5 milligrams of diphenoxylate and not less than 25 micrograms of atropine sulfate per dosage unit;
- (5) Not more than 100 milligrams of opium per 100 milliliters or per 100 grams;
- (6) Not more than 0.5 milligrams of difenoxin and not less than 25 micrograms of atropine sulfate per dosage unit.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-180, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201, 69.50.203, 69.50.205, 69.50.207, 69.50.209 and 69.50.211. 84-22-062 (Order 190), § 360-36-450, filed 11/7/84.]

WAC 246-887-190 Adding buprenorphine to Schedule V. The Washington state board of pharmacy finds that buprenorphine has a low potential for abuse relative to substances in Schedule IV; has currently accepted medical use in treatment in the United States; and the substance has limited physical dependence or psychological dependence liability relative to the substances in Schedule IV, and hereby places that substance in Schedule V.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-190, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005 and 69.44.075 [69.41.075]. 85-18-091 (Order 196), § 360-36-451, filed 9/4/85.]

WAC 246-887-200 Other controlled substance registrants—Requirements. (1) All persons and firms, except persons exempt from registration, shall register with the board in order legally to possess or use controlled substances.

(2) Persons or firms which are not classified as pharmacies, wholesalers, manufacturers, or researchers shall be classified as other controlled substance registrants. Examples of persons or firms in this classification include analytical laboratories, dog handlers/trainers who use dogs for drug detection purposes, school laboratories and other agencies which have a legitimate need to use precursor chemicals as defined in WAC 246-887-150.

(3) The applicant for a controlled substance registration shall complete and return an application form supplied by the board. Either on the form or on an addendum, the applicant shall list the controlled substances to be used, the purpose for such use, and the names of the persons authorized to access the controlled substances.

(4) All controlled substances shall be stored in a substantially constructed locked cabinet. The registrant shall maintain records in sufficient detail in order to account for the receipt, use, and disposition of all controlled substances. An inventory of all controlled substances in the possession of the registrant shall be completed every two years on the anniversary of the issuances of the registration and shall be maintained for two years. Unwanted, outdated, or unusable controlled substances shall be returned to the source from which obtained or surrendered to the Federal Drug Enforcement Administration.

[Statutory Authority: Chapter 69.50 RCW and RCW 18.64.005. 92-12-035 (Order 277B), § 246-887-200, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-200, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201. 89-17-023 (Order 226), § 360-36-500, filed 8/8/89, effective 9/8/89.]

WAC 246-887-210 Standards for transmission of controlled substances sample distribution reports. These standards describe the format for transmission of data regarding distribution of controlled substance samples by manufacturers or distributors to licensed practitioners in the state of Washington.

(1) Each report shall contain the following information regarding the firm distributing controlled substance samples:

- (a) Name of firm.
- (b) DEA number of firm.
- (c) Complete address of firm including zip code.
- (d) Name and phone number of contact person.

(2) Each report shall contain the following information regarding the licensed practitioner to whom samples are distributed:

- (a) First and last name of practitioner.
- (b) DEA number of practitioner.
- (c) Professional designation of practitioner. (E.g., MD, DO, DDS.)
- (d) Complete address of practitioner including zip code.

(3) Each report shall contain the following information regarding the controlled substance(s) distributed:

- (a) Name of controlled substance(s) distributed.
- (b) Dosage units of controlled substance(s) distributed.
- (c) Quantity distributed.
- (d) Date distributed.

(4) Each report shall be submitted in alphabetical order by practitioner's last name.

(5) Each report shall be submitted quarterly.

[Statutory Authority: RCW 18.64.005. 92-09-071 (Order 265B), § 246-887-210, filed 4/14/92, effective 5/15/92.]

Chapter 246-889 WAC

PHARMACEUTICAL—PRECURSOR SUBSTANCE CONTROL

WAC

246-889-020	Precursor substance defined.
246-889-030	Reports of precursor receipt.
246-889-040	Monthly reporting option.

WAC 246-889-020 Precursor substance defined. (1)

For the purpose of this chapter a precursor substance is any of the following substances or their salts or isomers:

- (a) Anthranilic acid;
- (b) Barbituric acid;
- (c) Chlorophedrine;
- (d) Diethyl malonate;
- (e) D-lysergic acid;
- (f) Ephedrine;
- (g) Ergotamine tartrate;
- (h) Ethylamine;
- (i) Ethyl malonate;
- (j) Ethylephedrine;
- (k) Hydriodic acid;
- (l) Lead acetate;
- (m) Malonic acid;
- (n) Methylamine;
- (o) Methylformamide;
- (p) Methylephedrine;
- (q) Methylpseudoephedrine;
- (r) N-acetylanthranilic acid;
- (s) Norpseudoephedrine;
- (t) Phenylacetic acid;
- (u) Phenylpropanolamine;
- (v) Piperidine;
- (w) Pseudoephedrine; and
- (x) Pyrrolidine.

Provided; that this definition shall not include any drug that contains ephedrine, phenylpropanolamine, or pseudoephedrine or any cosmetic if that drug or cosmetic can be lawfully sold, transferred, or furnished over-the-counter without a prescription or by a prescription under chapter 69.04 or 69.41 RCW.

(2) The board finds that the reference to methylformamide in RCW 69.43.010, was intended to refer to methylformamide and corrects that reference by deleting "methylformamide" and adding "methylformamide." This change is based upon the finding that this revision conforms to the tests set forth in RCW 69.43.010(2).

(3) Registrants should be aware that precursor substances in subsection (1)(a), (f), (k), (l), (n), (o), (p), (t), and (w) of this section are also regulated as schedule II immediate precursors pursuant to WAC 246-887-150 and all applicable rules and laws governing the distribution of schedule II controlled substances must also be complied with.

[Statutory Authority: RCW 18.65.005 and 18.64.005. 94-07-105, § 246-889-020, filed 3/18/94, effective 3/18/94. Statutory Authority: RCW 69.43.050. 92-12-035 (Order 277B), § 246-889-020, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-889-020, filed 8/30/91, effective 9/30/91. Statutory Authority: 1988 c 147 § 5. 88-14-096 (Order 218), § 360-38-010, filed 7/6/88.]

WAC 246-889-030 Reports of precursor receipt.

(1) Any manufacturer, wholesaler, retailer, or any other person who receives from any source outside the state of Washington any precursor substance listed in WAC 246-889-020 shall submit a report of such transaction within fourteen days of the receipt of that substance.

(2) The report shall contain the following information:

(a) Name of substance;

(b) Quantity received;

(c) Date received;

(d) Name and address of firm or person receiving substance; and

(e) Name and address of the source selling, transferring, or furnishing the substance.

(3) The report shall be on a form approved by the board: *Provided*, That in lieu of an approved form the board will accept a copy of an invoice, packing list, or other shipping document which contains the information set forth in subsection (2) of this section. Under this option purchase price information appearing on the document can be deleted.

[Statutory Authority: RCW 69.43.050. 92-12-035 (Order 277B), § 246-889-030, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-889-030, filed 8/30/91, effective 9/30/91. Statutory Authority: 1988 c 147 § 5. 88-14-096 (Order 218), § 360-38-020, filed 7/6/88.]

WAC 246-889-040 Monthly reporting option.

(1) Permit holders who regularly transfer the same precursor substance to the same recipient can apply to the board for authorization to submit the report of said transactions on a monthly basis. Requests for monthly reporting authorization must be received at the board office at least thirty days prior to the board meeting at which the request will be considered. The board will review each request to determine if the requirements of RCW 69.43.010(5), are met and will notify the permit holder of its decision and the reporting format that will be authorized.

(2) Permit holders may also petition the board to accept the monthly report on a computer-generated basis. The report can be furnished in hard copy, on board-approved data storage methods or by computer interface with a board-operated computer. The permit holder will be responsible for the accuracy of the report and the prompt correction of any data entry or transmission errors.

(3) The authorization to use monthly reports or computer-generated monthly reports can be rescinded at the board's discretion and with thirty days notice.

[Statutory Authority: RCW 69.43.050. 92-12-035 (Order 277B), § 246-889-040, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-889-040, filed 8/30/91, effective 9/30/91. Statutory Authority: 1988 c 147 § 5. 88-14-096 (Order 218), § 360-38-030, filed 7/6/88.]

Chapter 246-891 WAC**PHARMACY—PROPHYLACTICS****WAC**

246-891-010	Definitions.
246-891-020	Conditions for the sale of condoms.
246-891-030	Condom standards.

WAC 246-891-010 Definitions. (1) The following definitions shall be applicable to these rules.

(1) "Board" shall mean the Washington state board of pharmacy;

(2) "Condom" shall mean a prophylactic consisting of a very thin sheath designed to be placed over the penis to prevent conception or venereal disease during coitus, and is commonly made of rubber, parchment skins, plastic or similar materials;

(3) "Prophylactic" shall mean any device or medical preparation or compound which is or may be used, designed, intended or which has or may have special utility, for the prevention and/or treatment of venereal diseases;

(4) "Sell" and "sale" shall, in addition to their usual and ordinary meanings, include possession in violation of the intent of this chapter, exchange, give away or gift, or any disposal.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-891-010, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005 and 69.040.730 [69.04.730]. 85-06-010 (Order 193), § 360-40-010, filed 2/22/85. Statutory Authority: RCW 18.64.005, 18.81.080 and 42.17.290. 83-01-083 (Order 171), § 360-40-010, filed 12/17/82; Order 108, § 360-40-010, filed 10/26/71.]

WAC 246-891-020 Conditions for the sale of condoms. Condoms sold in this state must meet the following conditions:

(1) All condoms shall be individually sealed in plastic, foil or a comparable type seal to protect the product from deterioration due to exposure to air.

(2) The container in which the condom is sold to the purchaser shall bear the date of manufacture or shall bear an expiration date not more than 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 246-893 WAC
PHARMACY—PUBLIC RECORDS ACCESS
PURSUANT TO INITIATIVE 276

WAC

246-893-001	Purpose.
246-893-010	Definitions.
246-893-020	Description of central and field organization of the board.
246-893-030	Operations and procedures.
246-893-040	Public records available.
246-893-050	Public records officer.
246-893-060	Office hours.
246-893-070	Requests for public records.
246-893-080	Copying.
246-893-090	Exemptions.
246-893-100	Review of denials of public records requests.
246-893-110	Protection of public records.
246-893-120	Index of public records available.
246-893-130	Address where requests to be directed.
246-893-140	Adoption of form.
246-893-998	Appendix A—Form.

WAC 246-893-001 Purpose. The purpose of this chapter shall be to ensure compliance by the Washington state board of pharmacy with the provisions of chapter 42.17 RCW and in particular with the sections of that act dealing with public records.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-893-001, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 42.17.250. 89-09-020 (Order 224), § 360-44-010, filed 4/12/89; Order 113, § 360-44-010, filed 4/27/73.]

WAC 246-893-010 Definitions. (1) "Public record" includes any writing containing information relating to the conduct of government or the performance of any governmental or proprietary function prepared, owned, used or retained by any state or local agency regardless of physical form or characteristics.

(2) "Writing" means handwriting, typewriting, printing, photostating, photographing and every other means of recording any form of communication or representation, including letters, words, pictures, sounds, or symbols or combination thereof, and all papers, maps, magnetic or paper tapes, photographic films and prints, magnetic or punched cards, discs, drums and other documents.

(3) The "Washington state board of pharmacy" is the board whose members are appointed by the governor, pursuant to RCW 18.64.001. The Washington state board of pharmacy shall hereinafter be referred to as the "board." Where appropriate, the term "board" also refers to the staff and employees of the Washington state board of pharmacy.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-893-010, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005, 18.81.080 and 42.17.290. 83-01-083 (Order 171), § 360-44-020, filed 12/17/82; Order 113, § 360-44-020, filed 4/27/73.]

WAC 246-893-020 Description of central and field organization of the board. The board is a drug control

agency. The administrative office of the board and its staff are located at 1300 SE Quince, PO BOX 47863, Olympia, Washington 98504-7863.

[Statutory Authority: RCW 42.17.250. 92-12-035 (Order 277B), § 246-893-020, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-893-020, filed 8/30/91, effective 9/30/91; Order 113, § 360-44-030, filed 4/27/73.]

WAC 246-893-030 Operations and procedures. (1)

The board of pharmacy consists of seven members, one of whom is designated as a chairperson. The members are appointed by the governor for staggered four year terms.

(2) The board meets approximately once a month in various places throughout the state. The time and place of the meeting can be learned by writing or calling the administrative office of the board.

(3) The executive director is the board's chief executive. The executive director is responsible for carrying out the board's directions and for directing the board's staff.

(4) It is the board's duty to administer the law in chapters 18.64, 18.64A, 69.04, 69.38, 69.40, 69.41, 69.43, 69.45, 69.50, 69.51, 69.60, and 70.54 RCW.

(a) Chapter 18.64 RCW - Pharmacy Act - creation of board of pharmacy, definition of terms used in pharmacy act, examination and licensing of pharmacists, interns, wholesalers, shopkeepers and vendors, grounds for license suspension or revocation, unlawful practices, prescription labels and records.

(b) Chapter 18.64A RCW - Pharmacy Assistants Law - creation of pharmacy assistants, definition of terms, regulation of classifications and services, limitations on practice, grounds for certificate suspension or revocation, applications, fees, employment of pharmacy assistants, and pharmacists liability and responsibility.

(c) Chapter 69.04 RCW - Food, Drug and Cosmetic Act. Board has joint responsibility with director of department of agriculture. Board regulates only the drug and devices portion of the act. DMSO sales and use provisions are contained in this law.

(d) Chapter 69.38 RCW - Poisons—Sales and Manufacturing Act - defines poisons, provides for exemptions, requires a poison register with the identification of purchasers, provides for the inspection of poison registers and penalties for failure to maintain a register or for giving false information and provides for licensing poison manufacturers and sellers.

(e) Chapter 69.40 RCW - Poison Act - labeling of drugs incorrectly and selling poisons without labeling.

(f) Chapter 69.41 RCW - Legend Drug Act - definition of terms, prohibited acts, regulation of sale, delivery, or possession of legend drugs, requirements for prescriptions and labels, search and seizure procedures. Penalties for violations are created and rules regarding legend drugs are authorized. The procedures and requirements for substitution of legend drugs, manufacturing standards and liability of pharmacists are outlined. Requirements for identification and labeling marking of legend drugs are created.

(g) Chapter 69.43 RCW - Precursor Drugs Act - requires certain transactions concerning certain described substances to be reported to the board, provides for the reports of out-of-state receipts, creates exemptions, a

reporting form, authorizes the board to adopt rules, requires the report of theft or loss of regulated substances, creates penalties and provides for the issuance of a permit and the refusal, suspension, or revocation of permits.

(h) Chapter 69.45 RCW - Drug Samples Act - defines terms, provides for the registration of drug sample manufacturers and the maintenance of records, the storage and transportation of drug samples, the manner of distribution, the disposal of surplus, outdated or damaged samples, registration fees, penalty for violations and the confidentiality of reports.

(i) Chapter 69.50 RCW - Controlled Substances Act - places all narcotics, barbiturates, amphetamines, hallucinogenics and marijuana into five schedules. Sets standards and definitions for the five schedules. Regulates the manufacture, distribution and dispensing of controlled substances. Sets forth offenses, penalties and prohibited acts. Enforcement and administrative provisions include administrative and criminal search warrants.

(j) Chapter 69.51 RCW - Controlled Substance Therapeutic Research Act - defines terms and provides for the board's regulation of controlled substance research programs.

(k) Chapter 69.60 RCW - Over-the-counter medications - requires over-the-counter medication to be imprinted with identifying information and gives the board enforcement authority.

(l) Chapter 70.54 RCW - Laetrile - board given authority to sample and test laetrile and promulgate rules regarding it.

(5) Information concerning all licenses or registrations issued by the board may be obtained by writing or calling the administrative office of the board.

[Statutory Authority: RCW 42.17.250. 92-12-035 (Order 277B), § 246-893-030, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-893-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 42.17.250. 89-09-020 (Order 224), § 360-44-040, filed 4/12/89. Statutory Authority: RCW 18.64.005, 18.81.080 and 42.17.290. 83-01-083 (Order 171), § 360-44-040, filed 12/17/82; Order 113, § 360-44-040, filed 4/27/73.]

WAC 246-893-040 Public records available. All public records of the board, as defined in WAC 246-893-010 are deemed to be available for public inspection and copying pursuant to these rules, except as otherwise provided by RCW 42.17.255, 42.17.310, WAC 246-893-090, or any other duty to withhold information as imposed by other state or federal law.

[Statutory Authority: RCW 42.17.250. 92-12-035 (Order 277B), § 246-893-040, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-893-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 42.17.250. 89-09-020 (Order 224), § 360-44-050, filed 4/12/89; Order 113, § 360-44-050, filed 4/27/73.]

WAC 246-893-050 Public records officer. The board's public records shall be in the charge of the public records officer designated by the board. The person so designated shall be located in the administrative office of the board. The public records officer shall be responsible for the following: The implementation of the board's rules and regulations regarding release of public records, coordinating the staff of the board in this regard, and generally insuring

compliance by the staff with the public records disclosure requirements of chapter 42.17 RCW.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-893-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 42.17.250. 89-09-020 (Order 224), § 360-44-060, filed 4/12/89; Order 113, § 360-44-060, filed 4/27/73.]

WAC 246-893-060 Office hours. Public records shall be available for inspection and copying during the customary hours of the board. For the purposes of this chapter, the customary office hours shall be from 9 a.m. to noon and 1 p.m. to 4 p.m., Monday through Friday, excluding legal holidays.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-893-060, filed 8/30/91, effective 9/30/91; Order 113, § 360-44-070, filed 4/27/73.]

WAC 246-893-070 Requests for public records. In accordance with requirements of chapter 42.17 RCW that agencies prevent unreasonable invasions of privacy, protect public records from damage or disorganization, and prevent excessive interference with essential functions of the agency, public records may be inspected or copied or copies of such records may be obtained, by members of the public, upon compliance with the following procedures:

(1) A request shall be made in writing upon a form prescribed by the board which shall be available at its administrative office. The form shall be presented to the public records officer; or to any member of the board's staff, if the public records officer is not available, at the administrative office of the board during customary office hours. The request shall include the following information:

- (a) The name of the person requesting the record;
- (b) The time of day and calendar date on which the request was made;
- (c) The nature of the request;
- (d) If the matter requested is referenced within the current index maintained by the records officer, a reference to the requested record as it is described in such current index;

(e) If the requested matter is not identifiable by reference to the board's current index, an appropriate description of the record requested.

(2) In all cases in which a member of the public is making a request, it shall be the obligation of the public records officer or staff member to whom the request is made, to assist the member of the public in appropriately identifying the public record requested.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-893-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 42.17.250. 89-09-020 (Order 224), § 360-44-080, filed 4/12/89; Order 113, § 360-44-080, filed 4/27/73.]

WAC 246-893-080 Copying. No fee shall be charged for the inspection of public records. The board shall charge a fee of ten cents per page of copy for providing copies of public records and for the use of the board's copy equipment. This charge is the amount necessary to reimburse the board for its actual costs incident to such copying. The copy machine will be operated by staff persons only.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-893-080, filed 8/30/91, effective

9/30/91. Statutory Authority: RCW 42.17.250. 89-09-020 (Order 224), § 360-44-090, filed 4/12/89; Order 113, § 360-44-090, filed 4/27/73.]

WAC 246-893-090 Exemptions. (1) The board reserves the right to determine that a public record requested in accordance with the procedures outlined in WAC 246-893-070 is exempt under provisions of RCW 42.17.310.

(2) In addition, the board reserves the right to delete identifying details when it makes available or publishes any public record, in any cases when there is reason to believe that disclosure of such details would be an invasion of personal privacy protected by RCW 42.17.255. The public records officer will fully justify such deletion in writing.

(3) All denials of requests for public records must be accompanied by a written statement specifying the reason for the denial, including a statement of the specific exemption authorizing the withholding of the record and a brief explanation of how the exemption applies to the record withheld.

[Statutory Authority: RCW 42.17.250. 92-12-035 (Order 277B), § 246-893-090, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-893-090, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 42.17.250. 89-09-020 (Order 224), § 360-44-100, filed 4/12/89; Order 113, § 360-44-100, filed 4/27/73.]

WAC 246-893-100 Review of denials of public records requests. (1) Any person who objects to the denial of a request for a public record may petition for prompt review of such decision by tendering a written request for review. The written request shall specifically refer to the written statement by the public records officer or other staff member which constituted or accompanied the denial.

(2) Immediately after receiving a written request for review of a decision denying a public record, the public records officer or other staff member denying the request shall refer it to the executive secretary of the board. The executive secretary shall immediately consider the matter and either affirm or reverse such denial or call a special meeting of the board as soon as legally possible to review the denial. In any case, the request shall be returned with a final decision, within two business days following the original denial.

(3) Administrative remedies shall not be considered exhausted until the board has returned the petition with a decision or until the close of the second business day following denial of inspection, whichever occurs first.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-893-100, filed 8/30/91, effective 9/30/91; Order 113, § 360-44-110, filed 4/27/73.]

WAC 246-893-110 Protection of public records. No record shall be removed from the board office except by written permission of the public records officer under such conditions as are required to protect the records from damage or disorganization. No record may be marked, folded or damaged in any way nor may any record be removed from any file to which it is attached nor may the record's filing order be damaged in any way.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-893-110, filed 8/30/91, effective 9/30/91; Order 113, § 360-44-120, filed 4/27/73.]

WAC 246-893-120 Index of public records available. (1) The board has available to all persons:

- (a) A current index which provides identifying information concerning all licenses issued by the board;
- (b) A current index to all rules and regulations adopted by the board.

(2) Final orders in the adjudication of cases are filed in the investigative file of the subject licensee.

(3) Correspondence and materials referred to therein by and with the board relating to any regulatory, supervisory or enforcement responsibilities of the agency, whereby the agency determines, or opines upon, or is about to determine or opine upon, the rights of the state, the public, a subdivision of state government, or of any private party is filed chronologically, with one copy also filed in a licensee's file, if applicable.

(4) The board has determined that it would be unduly burdensome to maintain an index, except as set forth herein, due to fiscal and personnel limitations and to the general nature and large volume of correspondence of the board.

(5) The board shall not give, sell or provide access to lists of individuals requested for commercial purposes except as authorized by RCW 42.17.260(6).

[Statutory Authority: RCW 42.17.250. 92-12-035 (Order 277B), § 246-893-120, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-893-120, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 42.17.250. 89-09-020 (Order 224), § 360-44-130, filed 4/12/89; Order 113, § 360-44-130, filed 4/27/73.]

WAC 246-893-130 Address where requests to be directed. All communications with the board including but not limited to the submission of materials pertaining to its operations and/or the administration or enforcement of chapter 42.17 RCW and these rules; requests for copies of the board's decisions and other matters, shall be addressed as follows: Washington State Board of Pharmacy, c/o Public Records Officer, 1300 SE Quince, PO BOX 47863, Olympia, Washington 98504-7863.

[Statutory Authority: RCW 42.17.250. 92-12-035 (Order 277B), § 246-893-130, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-893-130, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 42.17.250. 89-09-020 (Order 224), § 360-44-140, filed 4/12/89; Order 113, § 360-44-140, filed 4/27/73.]

WAC 246-893-140 Adoption of form. The board hereby adopts for use by all persons requesting inspection and/or copying or copies of its records, the form attached hereto as Appendix A entitled "Request for public record."

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-893-140, filed 8/30/91, effective 9/30/91; Order 113, § 360-44-150, filed 4/27/73.]

WAC 246-893-998 Appendix A—Form.

WASHINGTON STATE BOARD OF PHARMACY
1300 SE Quince, PO BOX 47863
Olympia, Washington 98504-7863

- 246-895-140 Master production and control records—Batch production and control records.
246-895-150 Distribution records.
246-895-160 Complaint files.
246-895-170 Variance and procedure.

REQUEST FOR PUBLIC RECORDS

- 1. Name
Street City State Zip
2. day of 19. at O'clock
Date and Time of Request
3. Nature of Request:
4. Current Index Reference
5. Record Description if not Indexed
6. Signature of Requestor

FOR AGENCY USE ONLY

Received by Staff Time Expended
Request: Time Completed
No. Pages Copied @ 10¢ a copy — Total

[Statutory Authority: RCW 42.17.250. 92-12-035 (Order 277B), § 246-893-998, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-893-998, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 42.17.250. 89-09-020 (Order 224), § 360-44-990, filed 4/12/89; Order 113, Appendix A (codified as WAC 360-44-990), filed 4/27/73.]

Chapter 246-895 WAC

PHARMACY—GOOD MANUFACTURING PRACTICE FOR FINISHED PHARMACEUTICALS

WAC

- 246-895-010 Definitions.
246-895-020 Finished pharmaceuticals—Manufacturing practice.
246-895-030 Personnel.
246-895-040 Buildings or facilities.
246-895-050 Equipment.
246-895-060 Production and control procedures.
246-895-070 Components.
246-895-080 Component and drug product containers and closures.
246-895-090 Reuse of teat dip containers and closures.
246-895-100 Laboratory controls.
246-895-110 Stability.
246-895-120 Expiration dating.
246-895-130 Packaging and labeling.

WAC 246-895-010 Definitions. (1) As used in these regulations, "act" means the Uniform Food, Drug and Cosmetic Act, chapter 69.04 RCW.

(2) The definitions and interpretations contained in the act shall be applicable to such terms used in these regulations.

(3) As used in these regulations:

(a) The term "component" means any ingredient intended for use in the manufacture of a drug product, including those that may not appear in the finished product.

(b) The term "drug product" means a finished dosage form (e.g., tablet, capsule, solution) that contains an active drug ingredient generally, but not necessarily, in association with inactive ingredients. The term also includes a finished dosage form that does not contain an active ingredient but is intended to be used as a placebo.

(c) The term "active ingredient" means any component that is intended to furnish pharmacological activity or other direct effect in the diagnosis, cure, mitigation, treatment, or prevention of disease, or to affect the structure or any function of the body of humans or other animals. The term includes those components that may undergo chemical change in the manufacture of the drug product and be present in that drug product in a modified form intended to furnish the specified activity or effect.

(d) The term "inactive ingredient" means any component other than an "active ingredient" present in a drug product.

(e) The term "batch" means a specific quantity of a drug or other material that has uniform character and quality, within specified limits, and is produced according to a single manufacturing order during the same cycle of manufacture.

(f) The term "lot" means a batch or a specific identified portion of a batch having uniform character and quality within specified limits; or, in the case of a drug product produced by continuous process, it is a specific identified amount produced in a unit of time or quantity in a manner that assures its having uniform character and quality within specified limits.

(g) The terms "lot number," "control number," or "batch number" mean any distinctive combination of letters, numbers, or symbols, or any combination of them, from which the complete history of the manufacture, processing, packing, holding, and distribution of a batch or lot of drug product or other material can be determined.

(h) The term "quality control unit" means any person or organizational element having the authority and responsibility to approve or reject components, in-process materials, packaging components, and final products.

(i) The term "strength" means:

(i) The concentration of the drug product (for example, w/w, w/v, or unit dose/volume basis); and/or

(ii) The potency, that is, the therapeutic activity of the drug product as indicated by appropriate laboratory tests or by adequately developed and controlled clinical data (expressed, for example, in terms of units by reference to a standard).

(j) The term "fiber" means any particulate contaminant with a length at least three times greater than its width.

(k) The term "nonfiber-releasing filter" means any filter, which after any appropriate pretreatment such as washing or flushing, will not release fibers into the component or drug product that is being filtered. All filters composed of asbestos are deemed to be fiber-releasing filters.

(l) The term "manufacture" means the production, preparation, propagation, compounding, or processing of a drug or other substance or device or the packaging or repackaging of such substance or device, or the labeling or relabeling of the commercial container of such substance or device, but does not include the activities of a practitioner who, as an incident to his or her administration or dispensing such substance or device in the course of his or her professional practice, prepares, compounds, packages or labels such substance or device.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-010, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-21-025 (Order 220), § 360-46-010, filed 10/10/88; Order 133, § 360-46-010, filed 8/4/77.]

WAC 246-895-020 Finished pharmaceuticals—Manufacturing practice. (1) The criteria in WAC 246-895-040 through 246-895-160, inclusive, shall apply in determining whether the methods used in, or the facilities or controls used for, the manufacture, processing, packing, or holding of a drug conform to or are operated or administered in conformity with current good manufacturing practice to assure that a drug meets the requirements of the act as to safety and has the identity and strength and meets the quality and purity characteristics which it purports or is represented to possess as required by the act.

(2) The regulations in this chapter permit the use of precision automatic, mechanical, or electronic equipment in the production and control of drugs when written inspection and checking policies and procedures are used to assure proper performance.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-895-020, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-21-025 (Order 220), § 360-46-020, filed 10/10/88; Order 133, § 360-46-020, filed 8/4/77.]

WAC 246-895-030 Personnel. (1) The personnel responsible for directing the manufacture and control of the drug shall be adequate in number and background of education, training, and experience, or combination thereof, to assure that the drug has the safety, identity, strength, quality, and purity that it purports to possess. All personnel shall have capabilities commensurate with their assigned functions, a thorough understanding of the manufacturing or control operations they perform, the necessary training or experience, and adequate information concerning the reason for application of pertinent provisions of this part to their respective functions.

(2) Any person shown at any time (either by medical examination or supervisory observation) to have an apparent illness or open lesions that may adversely affect the safety or quality of drugs shall be excluded from direct contact with components, drug product containers, closures, in-

process materials, and drug products until the condition is corrected or determined by competent medical personnel not to jeopardize the safety or quality of drug products. All employees shall be instructed to report to supervisory personnel any conditions that may have such an adverse effect on drug products.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-21-025 (Order 220), § 360-46-030, filed 10/10/88; Order 133, § 360-46-030, filed 8/4/77.]

WAC 246-895-040 Buildings or facilities. Buildings shall be maintained in a clean and orderly manner and shall be of suitable size, construction, and location to facilitate adequate cleaning, maintenance, and proper operations in the manufacturing, processing, packing, repacking, labeling, or holding of a drug. The buildings shall:

(1) Provide adequate space for:

(a) Orderly placement of equipment and materials to minimize any risk of mixups between different drugs, drug components, drug products, in-process materials, packaging materials, or labeling, and to minimize the possibility of contamination.

(b) The receipt, storage, and withholding from use of components pending sampling, identification, and testing prior to release by the quality control unit for manufacturing or packaging.

(c) The holding of rejected components prior to disposition to preclude the possibility of their use in manufacturing or packaging procedures for which they are unsuitable.

(d) The storage of components, containers, packaging materials, and labeling.

(e) Any manufacturing and processing operations performed.

(f) Any packaging or labeling operations.

(g) Storage of finished products.

(h) Control and production-laboratory operations.

(2) Provide adequate lighting, ventilation, and screening and, when necessary for the intended production or control purposes, provide facilities for adequate air-pressure, microbiological, dust humidity, and temperature controls to:

(a) Minimize contamination of products by extraneous adulterants, including cross-contamination of one product by dust or particles of ingredients arising from the manufacture, storage, or handling of another product.

(b) Minimize dissemination of micro-organisms from one area to another.

(c) Provide suitable storage conditions for drug components, in-process materials, and finished drugs in conformance with stability information as derived under WAC 246-895-110.

(3) Provide adequate locker facilities and hot and cold water washing facilities, including soap or detergent, air drier or single service towels, and clean toilet facilities near working areas.

(4) Provide an adequate supply of potable water under continuous positive pressure in a plumbing system free of defects that could cause or contribute to contamination of any drug. Drains shall be of adequate size and, where connected directly to a sewer, shall be equipped with traps to prevent back-siphonage.

(5) Provide suitable housing and space for the care of all laboratory animals.

(6) Provide for safe and sanitary disposal of sewage, trash, and other refuse within and from the buildings and immediate premises.

(7) Be maintained in a clean, orderly, and sanitary condition. There shall be written procedures assigning responsibility for sanitation and describing the cleaning schedule and methods.

[Statutory Authority: RCW 18.64.005, 92-12-035 (Order 277B), § 246-895-040, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-895-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005, 88-21-025 (Order 220), § 360-46-040, filed 10/10/88; Order 133, § 360-46-040, filed 8/4/77.]

WAC 246-895-050 Equipment. Equipment used for the manufacture, processing, packing, labeling, holding, testing, or control of drugs shall be maintained in a clean and orderly manner and shall be of suitable design, size, construction, and location to facilitate cleaning, maintenance, and operation for its intended purpose. The equipment shall:

(1) Be so constructed that all surfaces that come into contact with a drug component, in-process material, or drug product shall not be reactive, additive, or absorptive so as to alter the safety, identity, strength, quality, or purity of the drug product beyond the official or other established requirements.

(2) Be so constructed that any substances required for operation of the equipment, such as lubricants or coolants, do not contact drug products so as to alter the safety, identity, strength, quality, or purity of the drug or its components beyond the official or other established requirements.

(3) Be constructed and installed to facilitate adjustment, disassembly cleaning and maintenance to assure the reliability of control procedures, uniformity of production and exclusion from the drugs of contaminants from previous and current operations that might affect the safety, identity, strength, quality, or purity of the drug or its components beyond the official or other established requirements.

(4) Be of suitable type, size and accuracy for any testing, measuring, mixing, weighing, or other processing or storage operations.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-895-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005, 88-21-025 (Order 220), § 360-46-050, filed 10/10/88; Order 133, § 360-46-050, filed 8/4/77.]

WAC 246-895-060 Production and control procedures. Production and control procedures shall include all reasonable precautions, including the following, to assure that the drugs produced have the safety, identity, strength, quality, and purity they purport to possess:

(1) Each significant step in the process, such as the selection, weighing, and measuring of components, the addition of ingredients during the process, weighing and measuring during various stages of the processing, and the determination of the finished yield, shall be performed by a competent and responsible individual and checked by a second competent and responsible individual; or if such steps in the processing are controlled by precision automatic, mechanical, or electronic equipment, their proper perfor-

mance is adequately checked by one or more competent individuals. The written record of the significant steps in the process shall be identified by the individual performing these tests and by the individual charged with checking these steps. Such identifications shall be recorded immediately following the completion of such steps.

(2) All containers, lines, and equipment used during the production of a batch of a drug shall be properly identified at all times to accurately and completely indicate their contents, including batch number, and, when necessary, the stage of processing of the batch.

(3) To minimize contamination and prevent mixups, equipment, utensils, and containers shall be thoroughly and appropriately cleaned and properly stored and have previous batch identification removed or obliterated between batches or at suitable intervals in continuous production operations.

(4) Appropriate written procedures, designed to prevent objectionable microorganisms in drug products not requiring to be sterile, shall be established and followed.

(5) Appropriate written procedures, designed to prevent microbiological contamination of drug products purporting to be sterile, shall be established and followed. Such procedures shall include validation of any sterilization process.

(6) Appropriate procedures shall be established to minimize the hazard of cross-contamination of any drugs while being manufactured or stored.

(7) To assure the uniformity and integrity of products, there shall be adequate in-process controls, such as checking the weights and disintegration times of tablets, the adequacy of mixing, the homogeneity of suspensions, and the clarity of solutions. In-process sampling shall be done at appropriate intervals using suitable equipment.

(8) Representative samples of all dosage form drugs shall be tested to determine their conformance with the specifications for the product before distribution.

(9) Procedures shall be instituted whereby review and approval of all production and control records, including packaging and labeling, shall be made prior to the release or distribution of a batch. A thorough investigation of any unexplained discrepancy or the failure of a batch to meet any of its specifications shall be undertaken whether or not the batch has already been distributed. This investigation shall be undertaken by a competent and responsible individual and shall extend to other batches of the same drug and other drugs that may have been associated with the specific failure. A written record of the investigation shall be made and shall include the conclusions and followup.

(10) Returned goods shall be identified as such and held. If the conditions under which returned goods have been held, stored, or shipped prior to or during their return, or the condition of the product, its container, carton, or labeling as a result of storage or shipping, cast doubt on the safety, identity, strength, quality, or purity of the drug product, the returned goods shall be destroyed or subjected to adequate examination or testing to assure that the material meets all appropriate standards or specifications before being returned to stock for warehouse distribution or repacking. If the product is neither destroyed nor returned to stock, it may be reprocessed provided the final product meets all its standards and specifications. Records of returned goods shall be maintained and shall indicate the quantity returned,

date, and actual disposition of the product. If the reason for returned goods implicates associated batches, an appropriate investigation shall be made in accordance with the requirements of subsection (9) of this section.

(11) Filters used in the manufacture, processing, or packaging of components of drug products for parenteral injection in humans shall not release fibers into such products. No asbestos-containing or other fiber-releasing filter may be used in the manufacture, processing, or packaging of such products. Filtration, as needed, shall be through a non-fiber-releasing filter.

(12) Appropriate procedures shall be established to destroy beyond recognition and retrievability any and all components or drug products that are to be discarded or destroyed for any reason.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-21-025 (Order 220), § 360-46-060, filed 10/10/88; Order 133, § 360-46-060, filed 8/4/77.]

WAC 246-895-070 Components. All components and other materials used in the manufacture, processing, and packaging of drug products, and materials necessary for building and equipment maintenance, upon receipt shall be stored and handled in a safe, sanitary, and orderly manner. Adequate measures shall be taken to prevent mixups and cross-contamination affecting drugs and drug products. Components shall be withheld from use until they have been identified, sampled, and tested for conformance with established specifications and are released by a quality control unit. Control of components shall include the following:

(1) Each container of component shall be examined visually for damage or contamination prior to use, including examination for breakage of seals when indicated.

(2) An adequate number of samples shall be taken from a representative number of component containers from each lot and shall be subjected to one or more tests to establish the specific identity.

(3) Sample containers shall be identified so that the following information can be determined: Name of the material sampled, the lot number, the container from which the sample was taken, and the name of the person who collected the sample.

(4) Containers from which samples have been taken shall be marked to show that samples have been removed from them.

(5) Representative samples of components liable to contamination with filth, insect infestation, or other extraneous contaminants shall be appropriately examined.

(6) Representative samples of all components intended for use as active ingredients shall be tested to determine their strength in order to assure conformance with appropriate specifications.

(7) Representative samples of components liable to microbiological contamination shall be subjected to microbiological tests prior to use. Such components shall not contain microorganisms that are objectionable in view of their intended use.

(8) Approved components shall be appropriately identified and retested as necessary to assure that they conform to appropriate specifications of identity, strength,

quality, and purity at time of use. This requires the following:

(a) Approved components shall be handled and stored to guard against contaminating or being contaminated by other drugs or components.

(b) Approved components shall be rotated in such a manner that the oldest stock is used first.

(c) Rejected components shall be identified and held to preclude their use in manufacturing or processing procedures for which they are unsuitable.

(9) Appropriate records shall be maintained, including the following:

(a) The identity and quantity of the component, the name of the supplier, the supplier's lot number, and the date of receipt.

(b) Examinations and tests performed and rejected components and their disposition.

(c) An individual inventory and record for each component used in each batch of drug manufactured or processed.

(10) An appropriately identified reserve sample of all active ingredients consisting of at least twice the quantity necessary for all required tests, except those for sterility and determination of the presence of pyrogens, shall be retained for at least two years after distribution of the last drug lot incorporating the component has been completed or one year after the expiration date of this last drug lot, whichever is longer.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-21-025 (Order 220), § 360-46-070, filed 10/10/88; Order 133, § 360-46-070, filed 8/4/77.]

WAC 246-895-080 Component and drug product containers and closures. (1) Component and drug product containers and closures shall:

(a) Not be reactive, additive, or absorptive so as to alter the safety, identity, strength, quantity, or purity of the product or its components beyond the official or established requirements;

(b) Provide adequate protection against foreseeable external factors in storage and use that can cause deterioration or contamination of the drug product; and

(c) Be clean and, where indicated by the nature of the drug, sterilized and processed to remove pyrogenic properties to assure that they are suitable for their intended use.

Containers and their components for parenterals shall be cleansed with water which has been filtered through a nonfiber-releasing filter.

(2) Standards or specifications, methods of testing, and, where indicated, processing to remove pyrogenic properties shall be written and followed for component and drug product containers and closures.

(3) Except as provided for in WAC 246-895-090, drug product containers and closures shall not be reused for component or drug product packaging.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-895-080, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-080, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 88-01-025 (Order 208), § 360-46-081, filed 12/9/87.]

WAC 246-895-090 Reuse of teat dip containers and closures. The reuse of teat dip containers and closures shall be allowed under the following circumstances:

(1) Teat dip containers for reuse must have attached a labelling panel bearing product name, brand name and distributor address if marketed by other than the manufacturer, manufacturer name and address, product strength, quantity, expiration date, directions for use, and appropriate cautionary statements for the product contained within.

(2) All reusable teat dip containers will be hot stamped for permanent identification as teat dip containers. The hot stamp shall imprint on the plastic container, in an immutable manner, the words "teat dip only" and the manufacturer's name. Teat dip manufacturers may only refill containers bearing their company name.

(3) With cooperation from dairy producers, dairy sanitarians will take random samples of teat dip in reusable containers while on regular farm inspections. The samples, along with appropriate label information, will be forwarded to the board of pharmacy for analysis to insure that the product meets label specifications and is free of contamination.

(4) Reusable teat dip containers shall not be reactive, additive, or absorptive so as to alter the safety, identity, strength, quantity, or purity of the product.

(5) Upon return to the manufacturer, reusable teat dip containers shall be cleaned and sanitized. To insure adequate cleaning occurs, the board of pharmacy may require a manufacturer to submit and have approved a cleaning procedure. Containers showing structural damage, or any signs of being used for substances or materials other than teat dip shall not be reused as teat dip containers.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-090, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 88-01-025 (Order 208), § 360-46-082, filed 12/9/87.]

WAC 246-895-100 Laboratory controls. Laboratory controls shall include the establishment of scientifically sound and appropriate written specifications, standards, and test procedures to assure that components, in-processed drugs, and finished products conform to appropriate standards of identity, strength, quality and purity. Laboratory controls shall include:

(1) The establishment of master records containing appropriate specifications for the acceptance of each lot of drug components, product containers, and their components used in drug production and packaging and a description of the sampling and testing procedures used for them. Said samples shall be representative and adequately identified. Such records shall also provide for appropriate retesting of drug components, product containers, and their components subject to deterioration.

(2) A reserve sample of all active ingredients as required by WAC 246-895-070.

(3) The establishment of master records, when needed, containing specifications and a description of sampling and testing procedures for in-process drug preparations. Such samples shall be adequately representative and properly identified.

(4) The establishment of master records containing a description of sampling procedures and appropriate specifica-

tions for finished drug products. Such samples shall be adequately representative and properly identified.

(5) Adequate provisions for checking the identity and strength of drug products for all active ingredients and for assuring:

(a) Sterility of drugs purported to be sterile and freedom from objectionable microorganisms for those drugs which should be so by virtue of their intended use.

(b) The absence of pyrogens for those drugs purporting to be pyrogen-free.

(c) Minimal contamination of ophthalmic ointments by foreign particles and harsh or abrasive substances.

(d) That the drug release pattern of sustained release products is tested by laboratory methods to assure conformance to the release specifications.

(6) Adequate provision for auditing the reliability, accuracy, precision, and performance of laboratory test procedures and laboratory instruments used.

(7) A properly identified reserve sample of the finished product (stored in the same immediate container-closure system in which the drug is marketed) consisting of at least twice the quantity necessary to perform all the required tests, except those for sterility and determination of the absence of pyrogens, and stored under conditions consistent with product labeling shall be retained for at least two years after the drug distribution has been completed or one year after the drug's expiration date, whichever is longer.

(8) Provision for retaining complete records of all laboratory data relating to each batch or lot of drug to which they apply. Such records shall be retained for at least two years after distribution has been completed or one year after the drug's expiration date, whichever is longer.

(9) Provision that animals shall be maintained and controlled in a manner that assures suitability for their intended use. They shall be identified and appropriate records maintained to determine the history of use.

(10) Provision that firms which manufacture nonpenicillin products (including certifiable antibiotic products) on the same premises or use the same equipment as that used for manufacturing penicillin products, or that operate under any circumstances that may reasonably be regarded as conducive to contamination of other drugs by penicillin, shall test such nonpenicillin products to determine whether any have become cross-contaminated by penicillin. Such products shall not be marketed if intended for use in humans and the product is contaminated with an amount of penicillin equivalent to 0.5 unit or more of penicillin G per maximum single dose recommended in the labeling of a drug intended for parenteral administration, or an amount of penicillin equivalent to 0.5 unit or more of penicillin G per maximum single dose recommended in the labeling of a drug intended for oral use.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-895-100, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-100, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-21-025 (Order 220), § 360-46-090, filed 10/10/88; Order 133, § 360-46-090, filed 8/4/77.]

WAC 246-895-110 Stability. There shall be written procedures for assurance of the stability of finished drug products. This stability shall be:

(1) Determined by reliable, meaningful, and specific test methods.

(2) Determined on products in the same container-closure system in which they are marketed.

(3) Determined on any dry drug product that is to be reconstituted at the time of dispensing (as directed in its labeling), as well as on the reconstituted product.

(4) Recorded and maintained in such manner that the stability data may be utilized in establishing product expiration dates.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-110, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-21-025 (Order 220), § 360-46-100, filed 10/10/88; Order 133, § 360-46-100, filed 8/4/77.]

WAC 246-895-120 Expiration dating. To assure that drug products liable to deterioration meet appropriate standards of identity, strength, quality, and purity at the time of use, the label of all such drugs shall have suitable expiration dates which relate to stability tests performed on the product.

(1) Expiration dates appearing on the drug labeling shall be justified by readily available data from stability studies such as described in WAC 246-895-110.

(2) Expiration dates shall be related to appropriate storage conditions stated on the labeling wherever the expiration date appears.

(3) When the drug is marketed in the dry state for use in preparing a liquid product, the labeling shall bear expiration information for the reconstituted product as well as an expiration date for the dry product.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-895-120, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-120, filed 8/30/91, effective 9/30/91; Order 133, § 360-46-110, filed 8/4/77.]

WAC 246-895-130 Packaging and labeling. Packaging and labeling operations shall be adequately controlled: To assure that only those drug products that have met the standards and specifications established in their master production and control records shall be distributed; to prevent mixups between drugs during filling, packaging, and labeling operations; to assure that correct labels and labeling are employed for the drug; and to identify the finished product with a lot or control number that permits determination of the history of the manufacture and control of the batch. An hour, day, or shift code is appropriate as a lot or control number for drug products manufactured or processed in continuous production equipment. Packaging and labeling operations shall:

(1) Be separated (physically or spatially) from operations on other drugs in a manner adequate to avoid mixups and minimize cross-contamination. Two or more packaging or labeling operations having drugs, containers, or labeling similar in appearance shall not be in process simultaneously on adjacent or nearby lines unless these operations are separated either physically or spatially.

(2) Provide for an inspection of the facilities prior to use to assure that all drugs and previously used packaging and labeling materials have been removed.

(3) Include the following labeling controls:

(a) The holding of labels and package labeling upon receipt pending review and proofing against an approved final copy by a competent and responsible individual to assure that they are accurate regarding identity, content, and conformity with the approved copy before release to inventory.

(b) The maintenance and storage of each type of label and package labeling representing different products, strength, dosage forms, or quantity of contents in such a manner as to prevent mixups and provide proper identification.

(c) A suitable system for assuring that only current labels and package labeling are retained and that stocks of obsolete labels and package labeling are destroyed.

(d) Restriction of access to labels and package labeling to authorized personnel.

(e) Avoidance of gang printing of cut labels, cartons, or inserts when the labels, cartons, or inserts are for different products or different strengths of the same products or are of the same size and have identical or similar format and/or color schemes. If gang printing is employed, packaging and labeling operations shall provide for added control procedures. These added controls should consider sheet layout, stacking, cutting, and handling during and after printing.

(4) Provide strict control of the package labeling issued for use with the drug. Such issue shall be carefully checked by a competent and responsible person for identity and conformity to the labeling specified in the batch production record. Said record shall identify the labeling and the quantities issued and used and shall reasonably reconcile any discrepancy between the quantity of drug finished and the quantities of labeling issued. All excess package labeling bearing lot or control numbers shall be destroyed. In event of any significant unexplained discrepancy, an investigation should be carried out according to WAC 246-895-060(9).

(5) Provide for adequate examination or laboratory testing of representative samples of finished products after packaging and labeling to safeguard against any errors in the finishing operations and to prevent distribution of any batch until all specified tests have been met.

(6) Provide for compliance with the Poison Prevention Packaging Act, (16 CFR Part 1700).

(7) Provide for compliance with WAC 246-895-080(2).

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-895-130, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-130, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-21-025 (Order 220), § 360-46-120, filed 10/10/88; Order 133, § 360-46-120, filed 8/4/77.]

WAC 246-895-140 Master production and control records—Batch production and control records. (1) To assure uniformity from batch to batch, a master production and control record for each drug product and each batch size of drug product shall be prepared, dated, and signed or initialed by a competent and responsible individual and shall be independently checked, reconciled, dated, and signed or initialed by a second competent and responsible individual. The master production and control record shall include:

(a) The name of the product, description of the dosage form, and a specimen or copy of each label and all other labeling associated with the retail or bulk unit, including

copies of such labeling signed or initialed and dated by the person or persons responsible for approval of such labeling.

(b) The name and weight or measure of each active ingredient per dosage unit or per unit of weight or measure of the finished drug and a statement of the total weight or measure of any dosage unit.

(c) A complete list of ingredients designated by names or codes sufficiently specific to indicate any special quality characteristic; and accurate statement of the weight or measure of each ingredient regardless of whether it appears in the finished product, except that reasonable variations may be permitted in the amount of components necessary in the preparation in dosage form provided that provisions for such variations are included in the master production and control record; an appropriate statement concerning any calculated excess of an ingredient; an appropriate statement of theoretical weight or measure at various stages of processing; and a statement of the theoretical yield.

(d) A description of the containers, closures, and packaging and finishing materials.

(e) Manufacturing and control instructions, procedures, specifications special notations, and precautions to be followed.

(2) The batch production and control record shall be prepared for each batch of drug produced and shall include complete information relating to the production and control of each batch. These records shall be retained for at least two years after the batch distribution is complete or at least one year after the batch expiration date, whichever is longer. These records shall identify the specific labeling and lot or control numbers used on the batch and shall be readily available during such retention period. The batch record shall include:

(a) An accurate reproduction of the appropriate master formula record checked, dated, and signed or initialed by a competent and responsible individual.

(b) A record of each significant step in the manufacturing, processing, packaging, labeling testing, and controlling of the batch, including: Dates; individual major equipment and lines employed; specific identification of each batch of components used; weights and measures of components and products used in the course of processing; in-process and laboratory control results; and identifications of the individual(s) actively performing and the individual(s) directly supervising or checking each significant step in the operation.

(c) A batch number that identifies all the production and control documents relating to the history of the batch and all lot or control numbers associated with the batch.

(d) A record of any investigation made according to WAC 246-895-060(9).

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-895-140, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-140, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-21-025 (Order 220), § 360-46-130, filed 10/10/88; Order 133, § 360-46-130, filed 8/4/77.]

WAC 246-895-150 Distribution records. (1) Finished goods warehouse control and distribution procedures shall include a system by which the distribution of each lot of drug can be readily determined to facilitate its

recall if necessary. Records within the system shall contain the name and address of the consignee, date and quantity shipped, and lot or control number of the drug. Records shall be retained for at least two years after the distribution of the drug has been completed or one year after the expiration date of the drug, whichever is longer.

(2) To assure the quality of the product, finished goods warehouse control shall also include a system whereby the oldest approved stock is distributed whenever possible.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-150, filed 8/30/91, effective 9/30/91; Order 133, § 360-46-140, filed 8/4/77.]

WAC 246-895-160 Complaint files. Records shall be maintained of all written and oral complaints regarding each product. An investigation of each complaint shall be made in accordance with WAC 246-895-060(8). The record of each investigation shall be maintained for at least two years after distribution of the drug has been completed or one year after the expiration date of the drug, whichever is longer.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-895-160, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-160, filed 8/30/91, effective 9/30/91; Order 133, § 360-46-150, filed 8/4/77.]

WAC 246-895-170 Variance and procedure. Licensees may request that the board issue a variance from specific requirements of WAC 246-895-040 through 246-895-160. The request must be in writing and must explain why the criteria should not apply and how the public's safety would be protected. Issuance of a variance shall be based on the information supplied by the manufacturer requesting the variance, as well as any other information available as a result of any investigation by the board and/or any other relevant information available. After due consideration of all the information, the board may issue or deny the requested variance. Any variance granted shall be limited to the particular case described in the request and shall be posted at the manufacturing location during the time it is in effect. Variances will be reviewed at least every three years. Variances shall be subject to withdrawal or modification at any time if the board finds the variance has resulted in actual or potential harm to the public.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-895-170, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-170, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-21-025 (Order 220), § 360-46-160, filed 10/10/88.]

Chapter 246-897 WAC

PHARMACY—DRUG AVAILABILITY

WAC

AMYGDALIN (LAETRILE)

246-897-020	Availability.
246-897-030	License.
246-897-040	License application.
246-897-050	Good manufacturing practices.
246-897-060	Identity.

DIMETHYL SULFOXIDE (DMSO)

246-897-120	Availability.
246-897-130	License.
246-897-140	License application.
246-897-150	Good manufacturing practices.
246-897-160	Purity.
246-897-170	Contents.
246-897-180	Labeling.
246-897-190	Other forms of DMSO.

AMYGDALIN (LAETRILE)

WAC 246-897-020 Availability. Amygdalin (laetrile) shall be available in intrastate commerce to the citizens of the state of Washington in accordance with all applicable state laws and regulations. Amygdalin (laetrile) imported into the state of Washington shall be so imported in conformity with federal regulations and/or court decisions.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-020, filed 8/30/91, effective 9/30/91; Order 135, § 360-47-010, filed 10/5/77.]

WAC 246-897-030 License. Manufacturers and/or wholesale distributors of amygdalin (laetrile) shall be licensed by the state board of pharmacy, as provided in RCW 18.64.045.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-030, filed 8/30/91, effective 9/30/91; Order 135, § 360-47-020, filed 10/5/77.]

WAC 246-897-040 License application. Applications for the production of amygdalin (laetrile) for use pursuant to RCW 70.54.130 through 70.54.150 shall be filed with the board of pharmacy. Such applications shall include:

- (1) A full list of the articles used as components of such drug;
- (2) A full statement of the composition of such drug;
- (3) A full description of the methods used in, and the facilities and controls used for, the manufacture, processing, and packing of such drug;
- (4) Such samples of such drug and of the articles used as components thereof as the board may require; and
- (5) Specimen of the labeling proposed to be used for such drug. Labels must include the name of the drug (amygdalin or laetrile), its strength per unit, manufacturer's name and address, lot number, and expiration date, if any.

[Statutory Authority: RCW 18.64.005 and 69.41.075. 92-12-035 (Order 277B), § 246-897-040, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-040, filed 8/30/91, effective 9/30/91; Order 135, § 360-47-030, filed 10/5/77.]

WAC 246-897-050 Good manufacturing practices. Manufacturers of amygdalin (laetrile) shall conform to the standards for good manufacturing practices of finished pharmaceuticals, as provided in WAC 246-895-010 through 246-895-160.

[Statutory Authority: RCW 18.64.005 and 69.41.075. 92-12-035 (Order 277B), § 246-897-050, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-050, filed 8/30/91, effective 9/30/91; Order 135, § 360-47-040, filed 10/5/77.]

WAC 246-897-060 Identity. Certification of batches of amygdalin (laetrile) shall be made under the direction of the state board of pharmacy, with the costs for required testing, including purity and potency, to be borne by the manufacturer and/or wholesale distributor. The manufacturer and/or wholesale distributor shall be held totally responsible for the quality of the drug product, in accordance with RCW 18.64.270.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-060, filed 8/30/91, effective 9/30/91; Order 135, § 360-47-050, filed 10/5/77.]

DIMETHYL SULFOXIDE (DMSO)

WAC 246-897-120 Availability. DMSO for topical use (i.e., for application to the skin) shall be available in intrastate commerce to the citizens of the state of Washington in accordance with all applicable state laws and regulations.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-120, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.41.075 and 1981 c 50 § 1. 81-22-048 (Order 164), § 360-48-010, filed 11/2/81.]

WAC 246-897-130 License. Manufacturers and/or wholesale distributors of DMSO must have a license issued by the state board of pharmacy, as provided in RCW 18.64.045 and/or RCW 18.64.046.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-130, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.41.075 and 1981 c 50 § 1. 81-22-048 (Order 164), § 360-48-020, filed 11/2/81.]

WAC 246-897-140 License application. Applications for the manufacture of DMSO for use pursuant to chapter 69.04 RCW shall be filed with the board of pharmacy. Such applications shall include:

- (1) A full list of the articles used as components of such drug;
- (2) A full statement of the composition of such drug;
- (3) A full description of the methods used in, and the facilities and controls used for, the manufacture, processing, and packing in such drug;
- (4) Such samples of such drug and of the articles used as components thereof as the board may require; and
- (5) Specimen of the labeling proposed to be used for such drug;
- (6) Specific information under the following section headings and in the following order:
 - (a) Description.
 - (b) Clinical pharmacology.
 - (c) Indications and usage.
 - (d) Contraindications.
 - (e) Warnings.
 - (f) Precautions.
 - (g) Adverse reactions.
 - (h) Overdosage.
 - (i) Dosage and administration.
 - (j) How supplied.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-140, filed 8/30/91, effective

9/30/91. Statutory Authority: RCW 69.41.075 and 1981 c 50 § 1. 81-22-048 (Order 164), § 360-48-030, filed 11/2/81.]

WAC 246-897-150 Good manufacturing practices.

Manufacturers of DMSO shall conform to the standards for good manufacturing practices of finished pharmaceuticals, as provided in WAC 246-895-010 through 246-895-160. Further, manufacturers shall comply with the state Food, Drug, and Cosmetic Act, chapter 69.04 RCW.

[Statutory Authority: RCW 18.64.005 and 69.41.075. 92-12-035 (Order 277B), § 246-897-150, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-150, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.41.075 and 1981 c 50 § 1. 81-22-048 (Order 164), § 360-48-040, filed 11/2/81.]

WAC 246-897-160 Purity. (1) Certification of batches of DMSO shall be made as required by the state board of pharmacy, with the costs for required testing, including purity and potency, to be borne by the manufacturer and/or wholesale distributor. The manufacturer and/or wholesale distributor shall be held totally responsible for the quality of the drug product, in accordance with RCW 18.64.270.

Such batch testing shall be required upon commencement of manufacture of DMSO and thereafter as the state board of pharmacy shall require.

(2) DMSO shall be packaged in tightly closed light resistant glass containers. Such containers, including lids, caps, or other closures, shall have been tested by the DMSO manufacturer and shown not to interact with the contents. Such test results must be submitted to the state board of pharmacy upon request.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-160, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.41.075 and 1981 c 50 § 1. 81-22-048 (Order 164), § 360-48-050, filed 11/2/81.]

WAC 246-897-170 Contents. DMSO made available to the public for topical use, must contain purified dimethyl sulfoxide (meeting or exceeding FDA approved drug grade) and in addition may contain one or more of the following ingredients:

- Carboxypolymethylene (pharmaceutical grade)
- Sodium Carbonate, USP
- Sodium Chloride, USP
- Urea, USP
- Purified water, USP

Any batch found to contain any ingredient not on the above list shall result in the product being declared to be adulterated in accordance with RCW 69.04.430.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-170, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.41.075 and 1981 c 50 § 1. 81-22-048 (Order 164), § 360-48-060, filed 11/2/81.]

WAC 246-897-180 Labeling. (1) The labeling of topical DMSO shall include the following:

(a) The name and place of business of the manufacturer, the packer, and the distributor. (Each one must appear and be identified.)

(b) Adequate directions for use under which a lay person can safely use the drugs, including "**Warning-Be sure that the skin is clean before using this product.**"

(c) Statements of those conditions, purposes, or uses for which such drug is intended, recommended, or suggested in any oral, written, printed, or graphic advertising, except that no such statement shall refer to conditions, uses, or purposes for which the drug can be safely used only under the supervision of a practitioner licensed by law and for which it is advertised solely to such practitioner.

(d) The dosage for each of the uses for which it is intended and usual quantities for persons of different physical conditions.

(e) Frequency of application.

(f) Duration of application.

(g) The proprietary name of the drug.

(h) The established name of the drug.

(i) An identifying lot or control number.

(j) The date of manufacture.

(k) The strength of the solution expressed as a percentage weight in volume at 68°F. (20°C.).

(l) Net contents of container.

(m) Warnings: The labeling shall describe serious adverse reactions and potential safety hazards, limitations in use, and steps that should be taken if they occur. The labeling shall be revised to include a warning as soon as there is reasonable evidence of an association of a serious hazard with the drug; a casual relationship need not have been provided. In addition to any warning labeling developed by the manufacturer, all immediate containers of DMSO must prominently show the following warnings:

(i) "FOR EXTERNAL USE ONLY"

(ii) "**Warning-Use only as directed.** Keep out of reach of children."

(iii) "**Caution-Discontinue use if excessive irritation of the skin develops.** Avoid getting into the eyes or on mucous membranes."

(iv) "**Caution-If symptoms persist for more than 10 days, consult a physician.**"

(v) "In conditions affecting children under 6 years of age consult a physician."

(vi) "In case of accidental ingestion, contact a physician immediately."

(vii) "There is no evidence that this product may be safely used by pregnant women or nursing mothers."

(viii) "**Warning-Be sure that skin is clean before using this product, which is a powerful solvent.** Grease, chemicals, or any other substance could be absorbed into the skin along with the DMSO."

(o) Disclaimer. Each label must state:

"DMSO has not been approved under federal law for use in interstate commerce in the treatment of any condition or disease state in humans other than interstitial cystitis. Testing for safety and efficacy has not been performed by any agency of the state of Washington. Persons using this product do so at their own risk."

(p) Label locations. The immediate container label must show items: a, b, e, g, h, i, j, k, l, m, i, ii, and v. All other information specified in this section shall be shown in the patient package insert which must be attached to the container when sold.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-180, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.41.075 and 1981 c 50 § 1. 81-22-048 (Order 164), § 360-48-070, filed 11/2/81.]

WAC 246-897-190 Other forms of DMSO. The board of pharmacy hereby declares that all forms of DMSO intended for medical use, for other than topical application, are legend drugs as defined in chapter 69.41 RCW.

Such other forms shall meet all of the other requirements of this chapter.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-190, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.41.075 and 1981 c 50 § 1. 81-22-048 (Order 164), § 360-48-080, filed 11/2/81.]

Chapter 246-899 WAC PHARMACEUTICAL—DRUG PRODUCT SUBSTITUTION

WAC

246-899-020	Dispensing responsibilities.
246-899-030	Product selection responsibilities.
246-899-040	Manufacturers, wholesalers, distributors, pharmacy location, requirement that drug products offered for sale comply with 21 USC 355—Immediate suspension and subsequent revocation of licenses authorized for violation.
246-899-050	Out-of-state prescriptions.

WAC 246-899-020 Dispensing responsibilities.

When the pharmacist dispenses, with the practitioner's authorization, a therapeutically equivalent drug product, the following information shall be noted:

(a) On oral prescriptions, the pharmacist shall indicate on the permanent prescription record, if substitution is permitted.

(b) The manufacturer or distributor of the drug product actually dispensed or its national drug code number or short name code or trade name shall be noted on the permanent record, or on the patient medication record if this document is utilized for providing and recording refills. This requirement shall also apply to refill prescriptions when a different distributor or manufacturer's product is used.

(c) The generic or trade name of the drug actually dispensed shall be noted on the prescription label or package label. For combination drug products, the generic names of the drugs combined or the trade name of the manufacturer or distributor shall be noted on the prescription label. For prescriptions compounded with multiple ingredients, the label designation will be left to the discretion of the pharmacist.

(d) For institutionalized and closed system patients, the pharmacist may identify the manufacturer or distributor of the product actually dispensed through pharmacy purchasing records or packaging records, and a published formulary designation may be used on the label.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-899-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.41.180. 79-12-063 (Order 152), § 360-49-010, filed 11/29/79; Order 143, § 360-49-010, filed 12/9/77.]

WAC 246-899-030 Product selection responsibilities.

(1) The determination of the drug product to be dispensed on

a prescription is a professional responsibility of the pharmacist, and the pharmacist shall not dispense any product that in his/her professional opinion does not meet adequate standards.

(2) Pharmacists may utilize as the basis for their decisions on therapeutically equivalent drug products:

(a) Available drug product information from federal and state agencies, official compendia, and drug manufacturers, or

(b) Other scientific or professional resources, or

(c) The federal food and drug administration "approved drug products" as a board approved reference for a positive formulary of therapeutically equivalent products within the limitations stipulated in that publication.

(3) Those pharmacies that fill prescriptions based on prior authorization for therapeutically equivalent drug substitution must have available for inspection and review such authorization documentation in the institutional records or in the pharmacy.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-899-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.41.180. 79-12-063 (Order 152), § 360-49-020, filed 11/29/79; Order 143, § 360-49-020, filed 12/9/77.]

WAC 246-899-040 Manufacturers, wholesalers, distributors, pharmacy location, requirement that drug products offered for sale comply with 21 USC 355—Immediate suspension and subsequent revocation of licenses authorized for violation. (1) In order to provide for enforcement of RCW 69.41.100 through 69.41.180 and to protect the public health and safety when generic drugs are substituted for brand name drugs pursuant to RCW 69.41.110 through 69.41.180 drug products which are offered for sale by, or stored at the premises of, any manufacturer, distributor, wholesaler or pharmacy location must have an approved new drug application (NDA) or abbreviated new drug application (ANDA) designation by the Federal Food and Drug Administration pursuant to 21 USC 355 unless they are exempt from the requirements for such a designation.

(2) In order to provide for enforcement of RCW 69.41.100 through 69.41.180 and to protect the public health and safety drug products offered for sale by, or stored at the premises of, a manufacturer, wholesaler, distributor or pharmacy location which do not have the required NDA or ANDA, or exemption therefrom referenced in subsection (1) of this section, are hereby declared to be contraband and subject to surrender to and destruction by the Washington state board of pharmacy. This surrender and destruction shall take place as specified below.

(3) The board shall publish in its newsletter the source from which the current list compiled by the Federal Food and Drug Administration of generic drugs which do not have an NDA or ANDA and are not exempt from such a requirement and are therefore contraband as provided in subsection (2) of this section may be obtained. The board shall also respond to both written and telephone inquiries from any source regarding the status of any generic drug.

(4) Whenever it is made to appear to the board that a manufacturer, wholesaler, distributor or pharmacy location within the state of Washington is in possession of a stock of drugs which are contraband as defined in subsection (2) of

this section, a representative of the board shall confirm with the Federal Food and Drug Administration, by telephone, that the particular drug or drugs involved do not have the required NDA or ANDA and that they are not exempt from this requirement. Upon receipt of this confirmation, the board shall direct such of its investigative personnel as it deem necessary to proceed to the premises of the manufacturer, wholesaler, distributor or pharmacy location and to then inform the owner, or person in charge, of the contraband status of the drugs in question.

(5) The pharmacy board investigative personnel shall offer the owner, or person in charge, of the premises at which the drug products are being kept the opportunity to immediately voluntarily surrender to the board all stocks of the drug products whether kept at the premises of the manufacturer, wholesaler, distributor, or pharmacy location, or at any separate storage facility under the control of the manufacturer, wholesaler, distributor or retailer, which are contraband under subsection (2) of this section. A receipt shall be given to the owner, or person in charge, for all drug products voluntarily surrendered.

(6) All drug products voluntarily surrendered pursuant to subsection (5) of this section shall be destroyed by the board of pharmacy unless they are ordered returned to the manufacturer, wholesaler, distributor or pharmacy location by order of a court of competent jurisdiction. No destruction of any drug products surrendered will be accomplished until thirty days after the date of their surrender to the board.

(7) Retention, dispensing, promotion or advertisement, of any drug products by a manufacturer, wholesaler, distributor or pharmacy location, either at their business premises or at any separate storage facility after notification of their contraband status under subsection (2) of this section shall constitute a direct and immediate danger to the public health and safety and will be good and sufficient cause for the immediate summary suspension and subsequent revocation of any license issued by the board of pharmacy to the manufacturer, wholesaler, distributor or pharmacy location and will also constitute good and sufficient cause for revocation of any license issued by the board of pharmacy to the owner of any manufacturer, wholesaler, distributor or pharmacy location or any person in charge thereof who knowingly retains, dispenses, promotes or advertises, any drug products which are contraband under subsection (2) of this section after notification of their status.

[Statutory Authority: RCW 69.41.180. 92-12-035 (Order 277B), § 246-899-040, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-899-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 87-18-066 (Order 207), § 360-49-040, filed 9/2/87. Statutory Authority: RCW 69.41.180. 80-14-012 (Order 157, Resolution No. 9/80), § 360-49-040, filed 9/22/80; 80-02-113 (Order 153, Resolution No. 1/80), § 360-49-040, filed 1/28/80.]

WAC 246-899-050 Out-of-state prescriptions. (1) When dispensing a prescription issued by a practitioner licensed in a state other than Washington, and recognized in RCW 69.41.030, the pharmacist must honor the instructions of the practitioner regarding substitution. These instructions may be on a prescription blank different than that required for Washington practitioners by RCW 69.41.120 and may include the use of the words "dispense as written," words of

similar meaning, a checkoff box, or some other indication of intent.

(2) If the practitioner has not clearly provided instructions regarding substitution, a pharmacist may substitute a therapeutically equivalent generic drug only if the pharmacist has determined substitution is permitted by one of the following means:

(a) The pharmacist has personal knowledge and is familiar with the laws and rules regarding substitution in the state of origin; or

(b) The pharmacist obtains oral or written authorization from the practitioner; or

(c) The pharmacist obtains current information regarding the manner in which an out-of-state practitioner provides instruction from:

(i) The Washington state board of pharmacy; or

(ii) The board of pharmacy in the state, other than Washington, in which the practitioner practices; or

(iii) Some other professional source.

(3) Drug product selection shall be based on Washington law and rule as set forth in WAC 246-899-030.

[Statutory Authority: RCW 69.41.180. 92-12-035 (Order 277B), § 246-899-050, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-899-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-13-004 (Order 174B), § 360-49-050, filed 6/7/91, effective 7/8/91.]

Chapter 246-901 WAC PHARMACY ASSISTANTS

WAC

246-901-010	Definitions.
246-901-020	Level A pharmacy assistants utilization.
246-901-030	Level A education and training.
246-901-035	Pharmacy assistants specialized functions.
246-901-040	Limitations, trainees.
246-901-050	Level A program approval.
246-901-060	Level A certification.
246-901-065	Reinstatement or reactivation of certificate.
246-901-070	Level B pharmacy assistants utilization.
246-901-080	Level B certification programs.
246-901-090	Identification.
246-901-100	Board approval of pharmacies utilizing pharmacy assistants.
246-901-110	Level A experience equivalency.
246-901-120	Pharmacy assistant AIDS prevention and information education requirements.
246-901-130	Pharmacist to pharmacy assistant ratio.

WAC 246-901-010 Definitions. (1) "Consultation" means:

(a) A communication or deliberation between a pharmacist and a patient, a patient's agent, and/or a patient's health care provider in which the pharmacist uses professional judgment to provide advice about drug therapy.

(b) A method by which the pharmacist meets patient information requirements as set forth in WAC 246-869-220.

(2) "Dispense" as defined in RCW 18.64.011(16).

(3) "Intravenous admixture preparation" means the preparation of a drug product that combines two or more ingredients using aseptic technique and is intended for administration into a vein.

(4) "Parenteral" as defined in WAC 246-871-020.

(5) "Pharmacy assistant specialized function" means a function that the board has determined does not require the supervision normally required by a Level A pharmacy assistant but does require additional training.

(6) "Prescription" as defined in RCW 18.64.011(8).

(7) "Responsible manager" as defined in WAC 246-869-070.

(8) "Unit-dose" and "unit-dose drug distribution system" as defined in WAC 246-865-010.

(9) "Unit-dose medication cassettes" means containers for a patient's medications into which each individually packaged and labeled drug is placed.

(10) "Verification" means that the pharmacist has reviewed a patient drug order initiated by an authorized prescriber, has examined the patient's drug profile, and has approved the drug order after taking into account pertinent drug and disease information to insure the correctness of the drug order for a specific patient. The verification process must generate an audit trail that identifies the pharmacist. The pharmacist who performs the verification of a drug order is responsible for all reports generated by the approval of that order. The unit-dose medication fill and check reports are an example.

[Statutory Authority: RCW 18.64.050. 94-08-097, § 246-901-010, filed 4/6/94, effective 5/7/94.]

WAC 246-901-020 Level A pharmacy assistants utilization. (1) Level A pharmacy assistants may assist in performing, under the immediate supervision and control of a licensed pharmacist, manipulative, nondiscretionary functions associated with the practice of pharmacy.

(2) Immediate supervision shall include visual and/or physical proximity that will insure adequate safety controls.

(3) The following shall not be considered to be manipulative and nondiscretionary functions associated with the practice of pharmacy:

(a) Consultation with the prescriber regarding the patient and his prescription.

(b) Receipt of a verbal prescription other than refill approval or denial from a prescriber.

(c) Consultation with the patient regarding the prescription, both prior to and after the prescription filling and/or regarding any information contained in a patient medication record system.

(d) Interpretation and identification of the contents of the prescription document.

(e) Determination of the product required for the prescription.

(f) Extemporaneous compounding of the prescription, except in accordance with written policies and procedures in accordance with WAC 246-901-100, whereby the accuracy, correct procedure and preparation, and safety of pharmaceutical constituents can be verified by the pharmacist.

(g) Interpretation of data in a patient medication record system.

(h) Final check on all aspects of the completed prescription and assumption of the responsibility for the filled prescription, including but not limited to accuracy of drug, strength, labeling, and proper container provided that a Level A pharmacy assistant may perform specialized functions. The employer and the responsible manager are responsible

and liable for the acts performed by the Level A pharmacy assistant as set forth in WAC 246-901-100(2) board-approved utilization plan.

(i) Dispense prescriptions to patient with proper patient information as required by WAC 246-869-220.

(j) Any duty required by law, rule or regulation to be performed only by a registered pharmacist.

(4) Except for a specialized function approved by the board for the location, a Level A pharmacy assistant shall not release any drug ordered for a specific patient from the pharmacy or satellite pharmacy that has not been checked by a licensed pharmacist.

[Statutory Authority: RCW 18.64.050. 94-08-097, § 246-901-020, filed 4/6/94, effective 5/7/94. Statutory Authority: RCW 18.64A.020 and 18.64A.030. 92-12-035 (Order 277B), § 246-901-020, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-901-020, filed 8/30/91, effective 9/30/91; Order 141, § 360-52-010, filed 12/9/77.]

WAC 246-901-030 Level A education and training.

(1) The education and/or training of Level A pharmacy assistants shall be obtained from one of the following:

(a) Formal academic program for pharmacy assistant training approved by the board.

(b) On-the-job training program approved by the board.

(2) The minimum educational prerequisite for entering a training program shall be high school graduation or G.E.D.

(3) Foreign trained applicants must earn five hundred twenty hours of supervised experience in an approved pharmacy assistant training program. In addition, applicants whose academic training has been obtained in foreign countries shall meet certification requirements as listed below:

(a) Foreign pharmacy school graduates. Board approval of program completed for the degree.

(b) Foreign medical school graduates. Board approval of program completed for the degree.

(4) All foreign graduates for whom English is not the primary language shall provide proof of receiving a score of at least 500 on the Test of English as a Foreign Language (TOEFL) prior to certification.

(5) Prior to performing specialized functions, Level A pharmacy assistants shall complete specialized training and meet proficiency criteria.

(a) Unit-dose medication checking. The training proficiency criteria requires demonstration of 99% accuracy in medication checking.

(b) Intravenous admixture preparation. The training proficiency criteria requires demonstration of 100% accuracy in intravenous admixture preparation of a representative sample of preparations provided by the facility using aseptic technique.

[Statutory Authority: RCW 18.64.050. 94-08-097, § 246-901-030, filed 4/6/94, effective 5/7/94. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-901-030, filed 8/30/91, effective 9/30/91; Order 141, § 360-52-020, filed 12/9/77.]

WAC 246-901-035 Pharmacy assistants specialized functions. A Level A pharmacy assistant who meets established criteria for employment, experience, training and demonstrated proficiency may perform specialized functions. The criteria shall be specified in the utilization plan of the

pharmacy for Level A pharmacy assistants performing specialized functions required in WAC 246-901-100 (2)(b). Records of Level A pharmacy assistant training and of demonstration of proficiency shall be kept on file in the pharmacy. Specialized functions include the following:

(1) Unit-dose medication checking. Following verification of the drug order by a licensed pharmacist, a Level A pharmacy assistant may check unit-dose medication cassettes filled by another Level A pharmacy assistant or pharmacy intern in pharmacies serving facilities licensed pursuant to chapter 70.41, 71.12, 71A.20 or 74.42 RCW. No more than a forty-eight hour supply of drugs may be included in the patient medication cassettes and a licensed health professional must check the drug before administering it to the patient.

(2) Intravenous admixture and other parenteral preparations. A Level A pharmacy assistant may prepare intravenous admixtures and other parenteral drugs. Each parenteral drug prepared by a Level A pharmacy assistant must be checked by a licensed pharmacist.

[Statutory Authority: RCW 18.64.050, 94-08-097, § 246-901-035, filed 4/6/94, effective 5/7/94.]

WAC 246-901-040 Limitations, trainees. An individual enrolled in a training program for Level A pharmacy assistants will perform Level A functions only under the immediate supervision of a pharmacist preceptor or a delegated alternate pharmacist.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-901-040, filed 8/30/91, effective 9/30/91; Order 141, § 360-52-030, filed 12/9/77.]

WAC 246-901-050 Level A program approval. (1) Program standards. The board will establish standards by which programs designed to train Level A pharmacy assistants shall be judged.

(2) Approval. In order for a program for training pharmacy assistants to be considered for approval by the board, the director of the program, who shall be a pharmacist, shall submit to the board a description of the course of training offered, including subjects taught, method of teaching, and practical experience provided. The director of the program shall also advise the board concerning the skills and knowledge which are obtained in such course, and the method by which the proficiency of the pharmacy assistant in those skills and knowledge was tested or ascertained. The board may require such additional information from program sponsors as it desires.

(3) Program change. The board shall be informed and shall grant approval before any significant change in program can be implemented.

(4) Reapproval. Each approved program will be reexamined at intervals to be determined by the board. Approval will be continued or withdrawn following each reexamination.

(5) Registry. A registry of approved programs shall be maintained by the board which shall be available upon request to interested persons.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-901-050, filed 8/30/91, effective 9/30/91; Order 141, § 360-52-040, filed 12/9/77.]

WAC 246-901-060 Level A certification. Any person completing an approved pharmacy assistant training program and who wishes to perform in that capacity shall apply to the board for certification as a Level A pharmacy assistant, on forms to be supplied by the board, which shall include a verification of program competency by a notarized statement of the program director and a declaration by the applicant indicating whether he or she has at any time been found guilty by any court of competent jurisdiction of any violation of any laws relating to drugs or the practice of pharmacy.

It is the responsibility of the pharmacy assistant to maintain a current mailing address with the board. Pharmacy assistants shall notify the state board of pharmacy of any change of mailing address within thirty days of the change. The board may rely upon the last mailing address for purposes of service or delivery of any official board documents, including the service of adjudicative proceeding documents. If, after a good faith but unsuccessful attempt to determine the actual address of a certificate holder, charges against the pharmacy assistant are mailed by certified mail to the address on file with the board and returned unclaimed or are unable to be delivered for any reason, the board may proceed against the assistant by default under RCW 34.05.440.

[Statutory Authority: RCW 18.64.005, 93-17-097 (Order 387B), § 246-901-060, filed 8/17/93, effective 9/17/93. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-901-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64A.030, 88-14-043 (Order 217), § 360-52-050, filed 6/30/88; Order 141, § 360-52-050, filed 12/9/77.]

WAC 246-901-065 Reinstatement or reactivation of certificate. A pharmacy assistant who desires to reinstate or reactivate his or her certificate shall meet the following requirements, as applicable, in addition to paying the fee required in WAC 246-907-030:

(1) If the pharmacy assistant has allowed his or her certificate to lapse for less than five years, the pharmacy assistant shall pay the renewal fee for the present year and the penalty fee equal to the current original certification fee.

(2) If the pharmacy assistant has allowed his or her certificate to lapse for five years or more, the pharmacy assistant shall, within one year of application to the board for certification, complete the current certification requirements and pay the original certification fee.

(3) If the pharmacy assistant has been working in a position in another state with duties that are substantially equivalent to a Level A pharmacy assistant in Washington state, his or her certificate may be reinstated according to subsection (1) of this section upon presenting evidence from his or her employer verifying their duties.

[Statutory Authority: RCW 18.64.005, 93-17-097 (Order 387B), § 246-901-065, filed 8/17/93, effective 9/17/93.]

WAC 246-901-070 Level B pharmacy assistants utilization. Level B pharmacy assistants may perform, under the general supervision of a licensed pharmacist, duties including typing of prescription labels, filing, refiling, bookkeeping, pricing or determination of cost or charge, stocking, delivery, nonprofessional phone inquiries, and documentation of third party reimbursements.

Level B pharmacy assistants may prepackage and label drugs for subsequent use in prescription dispensing operations. However, they cannot count, pour, or label for individual prescriptions.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-901-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64A.030. 88-14-043 (Order 217), § 360-52-060, filed 6/30/88. Statutory Authority: RCW 18.64.005(11) and 18.64A.030. 80-02-113 (Order 153, Resolution No. 1/80), § 360-52-060, filed 1/28/80. Statutory Authority: RCW 69.50.201. 79-04-048 (Order 147, Resolution No. 3-79), § 360-52-060, filed 3/27/79; Order 141, § 360-52-060, filed 12/9/77.]

WAC 246-901-080 Level B certification programs.

(1) Training. No formal training or educational program will be required by the board, and there will be no age or educational restrictions. The supervising pharmacist shall thoroughly instruct the Level B pharmacy assistant in the limitations of the functions he may perform.

(2) Record of certifications. All pharmacies employing Level B pharmacy assistants shall complete a certification application on a form approved by the board, such form to include a declaration by the applicant that he or she has never been found guilty by any court of competent jurisdiction of any violation of any laws relating to drugs or the practice of pharmacy, for each Level B pharmacy assistant employed. The completed form will be witnessed by the responsible pharmacist for the pharmacy and will be produced for inspection on the request of the board or its agents. The fee for certification will be included in the fee for authorization to utilize the services of pharmacy assistants.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-901-080, filed 8/30/91, effective 9/30/91; Order 141, § 360-52-070, filed 12/9/77.]

WAC 246-901-090 Identification. All Level A pharmacy assistants must wear badges or tags clearly identifying them as Level A pharmacy assistants while on duty. Those pharmacy assistants working within the pharmacy and having contact with patients or the general public shall wear badges or tags clearly identifying their status.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-901-090, filed 8/30/91, effective 9/30/91; Order 141, § 360-52-080, filed 12/9/77.]

WAC 246-901-100 Board approval of pharmacies utilizing pharmacy assistants. (1) Application. All licensed pharmacies may apply on a form supplied by the board for permission to utilize the services of pharmacy assistants.

(2) Utilization plan for Level A pharmacy assistants.

(a) General. The application for approval must describe the manner in which the pharmacy assistants will be utilized and supervised, including job descriptions, task analysis or similar type documents that define the duties performed and the conditions under which they are performed, number of positions in each category, as well as other information as may be required by the board. The board will be notified of all changes to the utilization plan. A copy of the utilization plan must be maintained in the pharmacy.

(b) Specialized function. The utilization plan for Level A pharmacy assistants performing specialized functions. The utilization plan must include:

(i) The criteria for selection of Level A pharmacy assistants to perform specialized functions;

(ii) A description of the methods of training and of initial demonstration of proficiency;

(iii) A copy of the part of the section of the pharmacy's quality assurance plan related to pharmacy assistants specialized functions;

(iv) Other information that may be required by the board.

(c) To gain approval for specialized functions, a pharmacy must follow board-approved guidelines regarding pharmacy assistant training, implementation and evaluation.

(3) Utilization plan for Level B pharmacy assistants. The application for approval shall list the job title or function of the pharmacy assistant.

(4) The board may give conditional approval for pilot or demonstration projects for innovative applications in the utilization of pharmacy assistants.

[Statutory Authority: RCW 18.64.050. 94-08-097, § 246-901-100, filed 4/6/94, effective 5/7/94. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-901-100, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64A.030. 88-14-043 (Order 217), § 360-52-090, filed 6/30/88; Order 141, § 360-52-090, filed 12/9/77.]

WAC 246-901-110 Level A experience equivalency.

Individuals who are employed in a pharmacy and who were performing as Level A pharmacy assistants prior to May 28, 1977 and have been continuously employed as Level A assistants since that date, or who have 1,040 hours employment performing Level A pharmacy assistant functions within the last eighteen months, shall be considered to have met the educational and/or training requirements upon verification to the board, in a notarized statement by the appropriate supervising or director pharmacist(s), as to the skill and knowledge of the individual, taking into consideration the approved guidelines. The Level A assistant may, under these conditions apply for certification to the board.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-901-110, filed 8/30/91, effective 9/30/91; Order 141, § 360-52-100, filed 12/9/77.]

WAC 246-901-120 Pharmacy assistant AIDS prevention and information education requirements. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of human immunodeficiency virus-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for certification. Effective October 1, 1989, persons applying for certification as a pharmacy assistant shall submit, in addition to the other requirements, evidence to show compliance with the AIDS education requirements of subsection (4) of this section, or shall certify

that they will comply with the AIDS education requirement no later than December 31, 1989.

(3) 1989 renewal of certification. Effective with the renewal period beginning October 1, 1989, all persons making application for certification renewal in 1989 shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4) of this section. Pharmacy assistants may submit compliance documentation with their renewal or at any time prior to December 31, 1989.

(4) AIDS education and training.

(a) Acceptable education and training. The board will accept education and training that covers the required subjects. Such education and training shall be a minimum of four clock hours and may include, but is not limited to, the following: Etiology and epidemiology; testing; infection control guidelines; clinical manifestations and treatment; legal economic and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) Implementation. Effective October 1, 1989, the requirement for certification, renewal, or reinstatement of any certificate on lapsed, inactive, or disciplinary status shall include the one-time requirement of completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of (a) of this subsection.

(c) Documentation. The pharmacy assistant shall:

- (i) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;
- (ii) Keep records for two years documenting attendance and description of the learning;
- (iii) Be prepared to validate, through submission of these records, that attendance has taken place.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-901-120, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 89-04-015 (Order 222), § 360-52-110, filed 1/23/89.]

WAC 246-901-130 Pharmacist to pharmacy assistant ratio. (1) RCW 18.64A.040 establishes a ratio of pharmacists to Level A pharmacy assistants who are performing Level A functions. This ratio is one pharmacist to one Level A pharmacy assistant in most pharmacies, including hospital outpatient activities and one to three in pharmacies associated with inpatient hospital services including those pharmacies operating in connection with facilities licensed pursuant to chapter 70.41, 71.12, 71A.20 or 74.42 RCW.

(2) In determining which pharmacists may be included in the calculation of the ratio, the board will consider approval of pharmacy assistant utilization plans which include all pharmacists within the pharmacy who are engaged in the actual practice of pharmacy. When the pharmacy provides service to inpatients of a hospital or extended care facility, pharmacists who are practicing pharmacy outside of the confines of the licensed pharmacy (e.g., performing nursing unit inspections, reviewing charts, consulting with health professional staff) may be included in the ratio, provided:

(a) There are sufficient numbers of pharmacists within the pharmacy to properly supervise the work of the pharmacy assistants;

(b) The pharmacy is not open to the public;

(c) The medications are being checked by another health professional before being given to the patient;

(d) Drug orders are not dispensed from the pharmacy without being checked by a licensed pharmacist or pharmacy intern except for board-approved Level A pharmacy assistant specialized functions provided a Level A pharmacy assistant may check unit-dose medication cassettes.

[Statutory Authority: RCW 18.64.050. 94-08-097, § 246-901-130, filed 4/6/94, effective 5/7/94. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-901-130, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-11-040 (Order 169B), § 360-52-120, filed 5/10/91, effective 6/10/91.]

Chapter 246-903 WAC

NUCLEAR PHARMACIES AND PHARMACISTS

WAC

246-903-001	Purpose and scope.
246-903-010	Definitions.
246-903-020	Nuclear pharmacies.
246-903-030	Nuclear pharmacists.
246-903-040	Minimum equipment requirements.

WAC 246-903-001 Purpose and scope. (1) No person may lawfully provide radiopharmaceutical services unless he or she is a nuclear pharmacist, or is performing radiopharmaceutical services under the supervision of a nuclear pharmacist, and is acting in accordance with the state board of pharmacy and state radiation control agency regulations.

(2) These regulations shall not apply to anyone who is an "authorized practitioner" as that term is defined in section 2 of these regulations.

(3) The requirements imposed by these nuclear pharmacy regulations shall apply in addition to, and not in place of, any other requirements contained in regulations of the state board of pharmacy, the state radiation control agency, or any other state or federal agency.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-903-001, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(9). 79-02-061 (Order 145, Resolution No. 1-79), § 360-54-010, filed 2/1/79.]

WAC 246-903-010 Definitions. (1) A "nuclear pharmacy" is a class A pharmacy providing radiopharmaceutical services.

(2) "Nuclear pharmacist" means a licensed pharmacist who has submitted evidence to the board of pharmacy that he or she meets the requirements of WAC 246-903-030 of these regulations regarding training, education, and experience, and who has received notification by letter from the board of pharmacy that, based on the evidence submitted, he or she is recognized by the board of pharmacy as qualified to provide radiopharmaceutical services.

(3) "Radiopharmaceutical service" shall mean, but shall not be limited to, the compounding, dispensing, labeling and delivery of radiopharmaceuticals; the participation in radiopharmaceutical selection and radiopharmaceutical utilization

reviews; the proper and safe storage and distribution of radiopharmaceuticals; the maintenance of radiopharmaceutical quality assurance; the responsibility for advising, where necessary or where regulated, of therapeutic values, hazards and use of radiopharmaceuticals; and the offering or performing of those acts, services, operations or transactions necessary in the conduct, operation management and control of a nuclear pharmacy.

(4) A "radiopharmaceutical" is any substance defined as a drug in section 201(g)(1) of the Federal Food, Drug and Cosmetic Act which exhibits spontaneous disintegration of unstable nuclei with the emission of nuclear particles or photons and includes any such drug which is intended to be made radioactive. This definition includes nonradioactive reagent kits and nuclide generators which are intended to be used in the preparation of any such substance but does not include drugs such as carbon-containing compounds or potassium-containing compounds or potassium-containing salts which contain trace quantities of naturally occurring radionuclides.

(5) "Radiopharmaceutical quality assurance" means, but is not limited to, the performance of appropriate chemical, biological and physical tests on radiopharmaceuticals and the interpretation of the resulting data to determine their suitability for use in humans and animals, including internal test assessment authentication of product history and the keeping of proper records.

(6) "Internal test assessment" means, but is not limited to, conducting those tests of quality assurance necessary to insure the integrity of the test.

(7) "Authentication of product history" means, but is not limited to, identifying the purchasing source, the ultimate fate, and intermediate handling of any component of a radiopharmaceutical.

(8) "Authorized practitioner" means a practitioner duly authorized by law to possess, use, and administer radiopharmaceuticals.

(9) "Accepted professional standards" are those set forth in the *Nuclear Pharmacy Practice Standards* published by the American Pharmaceutical Association, Board of Pharmaceutical Specialties, adopted on March 18, 1986.

[Statutory Authority: RCW 18.64.005. 93-04-016 (Order 329B), § 246-903-010, filed 1/25/93, effective 2/25/93; 92-12-035 (Order 277B), § 246-903-010, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-903-010, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(9). 79-02-061 (Order 145, Resolution No. 1-79), § 360-54-020, filed 2/1/79.]

WAC 246-903-020 Nuclear pharmacies. (1) A permit to operate a nuclear pharmacy providing radiopharmaceutical services shall only be issued to a qualified nuclear pharmacist. All personnel performing tasks in the preparation and distribution of radiopharmaceuticals shall be under the supervision of a nuclear pharmacist. The nuclear pharmacist shall be responsible for all operations of the licensed area. In emergency situations, in the nuclear pharmacist's absence, he or she may designate one or more qualified, registered or certified health care personnel to have access to the licensed area. These individuals may obtain radiopharmaceuticals for the immediate emergency and must document such withdrawals in the control system.

(2) Nuclear pharmacies shall have adequate space, commensurate with the scope of services to be provided. The nuclear pharmacy area shall be separate from the pharmacy areas for nonradiopharmaceuticals and shall be secured from access by unauthorized personnel. A nuclear pharmacy handling radiopharmaceuticals exclusively may be exempted from the general space requirements for pharmacies by obtaining a waiver from the state board of pharmacy. Detailed floor plans shall be submitted to the state board of pharmacy and the state radiation control agency before approval of the license.

(3) Nuclear pharmacies shall compound and dispense radiopharmaceuticals in accordance with accepted professional standards.

(4) The board recognizes that the preparation of nuclear pharmaceuticals involves the compounding skills of the nuclear pharmacist to assure that the final drug product meets accepted professional standards.

(5) Nuclear pharmacies shall maintain records of acquisition and disposition of all radiopharmaceuticals in accordance with applicable regulations of the state board of pharmacy, the state radiation control agency and other state and federal agencies.

(6) For nuclear pharmacies handling radiopharmaceuticals exclusively, the state board of pharmacy may waive regulations pertaining to the pharmacy permits for nonradiopharmaceuticals for requirements that do not pertain to the practice of nuclear pharmacy.

(7) Radiopharmaceuticals are to be dispensed only upon a prescription from a practitioner authorized to possess, use and administer radiopharmaceuticals. A nuclear pharmacy may also furnish radiopharmaceuticals for office use to these practitioners.

(8) A nuclear pharmacist may transfer to authorized persons radioactive materials not intended for drug use, in accordance with regulations of the state radiation control agency.

(9) In addition to any labeling requirements of the state board of pharmacy for nonradiopharmaceuticals, the immediate outer container of the radiopharmaceutical to be dispensed shall also be labeled with: (a) Standard radiation symbol; (b) the words "caution-radioactive material"; (c) the name of the radiopharmaceutical; (d) the amount of radioactive material contained, in millicuries or microcuries; (e) if a liquid, the volume in milliliters; (f) the requested calibration time for the amount of radioactivity contained; (g) expiration data, if applicable; and (h) specific concentration of radioactivity.

(10) The immediate container shall be labeled with: (a) The standard radiation symbol; (b) the words "caution-radioactive material"; (c) the name of the nuclear pharmacy; (d) the prescription number; (e) the name of the radiopharmaceutical; (f) the date; and (g) the amount of radioactive material contained in millicuries or microcuries.

(11) The amount of radioactivity shall be determined by radiometric methods for each individual preparation immediately prior to dispensing.

(12) Nuclear pharmacies may redistribute NDA approved radiopharmaceuticals if the pharmacy does not process the radiopharmaceuticals in any manner or violate the product packaging.

(13) The nuclear pharmacy shall have the current revisions of state laws and regulations of the state board of pharmacy and state radiation control agency.

(14) The nuclear pharmacy shall maintain a library commensurate with the level of radiopharmaceutical service to be provided. A detailed library listing shall be submitted to the state board of pharmacy and state radiation control agency before approval of the license.

[Statutory Authority: RCW 18.64.005, 93-04-016 (Order 329B), § 246-903-020, filed 1/25/93, effective 2/25/93. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-903-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(9), 79-02-061 (Order 145, Resolution No. 1-79), § 360-54-030, filed 2/1/79.]

WAC 246-903-030 Nuclear pharmacists. In order for a pharmacist to qualify under these regulations as a nuclear pharmacist, he or she must:

(1) Meet minimal standards of training and experience in the handling of radioactive materials in accordance with the requirements of the state radiation control agency; and,

(2) Be a pharmacist licensed to practice in Washington; and,

(3) Submit to the board of pharmacy either:

(a) Certification that he or she has completed a minimum of 6 months on-the-job training under the supervision of a qualified nuclear pharmacist in a nuclear pharmacy providing radiopharmaceutical services, or

(b) Certification that he or she has completed a nuclear pharmacy training program in an accredited college of pharmacy or

(c) That upon application to the board in affidavit form, and upon the furnishing of such other information as the board may require, the board may grant partial or equivalent credit for education and experience gained in programs not sponsored by an accredited college of pharmacy, if, in the opinion of the board, the education and experience gained by participants in these programs would provide the same level of competence as participation in a program at an accredited college of pharmacy; and

(4) Receive a letter of notification from the board of pharmacy that the evidence submitted that the pharmacist meets the requirements of subsections 1, 2, and 3 above has been accepted by the board and that, based thereon, the pharmacist is recognized by the board as a nuclear pharmacist.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-903-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(9), 79-02-061 (Order 145, Resolution No. 1-79), § 360-54-040, filed 2/1/79.]

WAC 246-903-040 Minimum equipment requirements. (1) Nuclear pharmacies shall have adequate equipment commensurate with the scope of radiopharmaceutical services to be provided. A detailed list of equipment and description of use must be submitted to the state board of pharmacy and radiation control agency before approval of the license.

(2) The state board of pharmacy may, for good cause shown, waive regulations pertaining to the equipment and supplies required for nuclear pharmacies handling radiopharmaceuticals exclusively.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-903-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(9), 79-02-061 (Order 145, Resolution No. 1-79), § 360-54-050, filed 2/1/79.]

Chapter 246-904 WAC HEALTH CARE ENTITIES

WAC

246-904-010	Definition.
246-904-020	New health care entity licensing.
246-904-030	Pharmacist in charge.
246-904-040	Drug procurement, distribution and control.
246-904-050	Dispensing of prescription medications from health care entities.
246-904-060	Labeling.
246-904-070	Records.
246-904-080	Absence of a pharmacist.
246-904-090	Administration.
246-904-100	Closing.

WAC 246-904-010 Definition. Health care entity - an organization that provides health care services in a setting that is not otherwise licensed by the state. Health care entity includes any of the following which are not part of another licensed facility, including: Outpatient surgery centers, cardiac care centers, or kidney dialysis centers. It does not include an individual practitioner's office or a multipractitioner clinic.

[Statutory Authority: RCW 18.64.450, 97-02-015, § 246-904-010, filed 12/20/96, effective 1/20/97.]

WAC 246-904-020 New health care entity licensing. No health care entity shall be issued a license until the facility has submitted an application along with the applicable fees set forth in WAC 246-907-020 through 246-907-030 and has passed an inspection by a Washington state board of pharmacy investigator. The investigator shall determine if the purchase, ordering, storing, compounding, delivering, dispensing and administration of controlled substances and/or legend drugs complies with all applicable state and federal statutes and regulations. Physical requirements for the areas of a health care entity where drugs are stored, compounded, delivered or dispensed shall comply with WAC 246-873-070.

[Statutory Authority: RCW 18.64.450, 97-02-015, § 246-904-020, filed 12/20/96, effective 1/20/97.]

WAC 246-904-030 Pharmacist in charge. Every health care entity licensed under this chapter shall designate a pharmacist in charge. The pharmacist in charge may be employed in a full-time capacity or as a pharmacist consultant. The pharmacist in charge must be licensed to practice pharmacy in the state of Washington. The pharmacist in charge designated by a health care entity shall have the authority and responsibility to assure that the area(s) within the health care entity where drugs are stored, compounded, delivered or dispensed are operated in compliance with all applicable state and federal statutes and regulations.

It shall be the responsibility of the pharmacist in charge:

(1) To create and implement policy and procedures relating to:

(a) Purchasing, ordering, storing, compounding, delivering, dispensing or administering of controlled substances or legend drugs.

(b) Accuracy of inventory records, patient medical records as related to the administration of controlled substances and legend drugs, and any other records required to be kept by state and federal regulations.

(c) Adequate security of legend drugs and controlled substances.

(d) Controlling access to controlled substances and legend drugs.

(2) To assure that the Washington state board of pharmacy is in possession of all current policies and procedures identified in subsection (1) of this section.

(3) To execute all forms for the purchase and order of legend drugs and controlled substances.

(4) To verify receipt of all legend drugs and controlled substances purchased and ordered by the health care facility.

[Statutory Authority: RCW 18.64.450. 97-02-015, § 246-904-030, filed 12/20/96, effective 1/20/97.]

WAC 246-904-040 Drug procurement, distribution and control. The procurement, distribution and control of drugs shall be in accordance with WAC 246-873-080.

[Statutory Authority: RCW 18.64.450. 97-02-015, § 246-904-040, filed 12/20/96, effective 1/20/97.]

WAC 246-904-050 Dispensing of prescription medications from health care entities. Drugs dispensed to patients of a health care entity must be dispensed in a manner consistent with the requirements of RCW 18.64.246 through 18.64.247, chapters 69.41 and 69.50 RCW, and WAC 246-869-220 through 246-869-240.

[Statutory Authority: RCW 18.64.450. 97-02-015, § 246-904-050, filed 12/20/96, effective 1/20/97.]

WAC 246-904-060 Labeling. Drugs dispensed to patients of a health care entity must comply with the labeling requirements of WAC 246-869-210.

[Statutory Authority: RCW 18.64.450. 97-02-015, § 246-904-060, filed 12/20/96, effective 1/20/97.]

WAC 246-904-070 Records. To the extent applicable, all prescription records shall be maintained in accordance with WAC 246-869-100 and chapter 246-875 WAC et seq.

[Statutory Authority: RCW 18.64.450. 97-02-015, § 246-904-070, filed 12/20/96, effective 1/20/97.]

WAC 246-904-080 Absence of a pharmacist. Pharmaceutical services shall be available at all times patients are present in the facility. At times when no pharmacist is in the facility, the entity must comply with the requirements of WAC 246-873-050 and 246-873-060.

[Statutory Authority: RCW 18.64.450. 97-02-015, § 246-904-080, filed 12/20/96, effective 1/20/97.]

WAC 246-904-090 Administration. Administration of drugs to patients of a health care entity shall be in accordance with WAC 246-873-090.

(1997 Ed.)

[Statutory Authority: RCW 18.64.450. 97-02-015, § 246-904-090, filed 12/20/96, effective 1/20/97.]

WAC 246-904-100 Closing. When a health care entity ceases to do business or to provide pharmaceutical services to patients, the entity shall follow the provisions of WAC 246-869-250.

[Statutory Authority: RCW 18.64.450. 97-02-015, § 246-904-100, filed 12/20/96, effective 1/20/97.]

Chapter 246-905 WAC

PHARMACY—HOME DIALYSIS PROGRAM

WAC

246-905-020	Home dialysis program—Legend drugs.
246-905-030	Pharmacist consultant.
246-905-040	Records.
246-905-050	Quality assurance.

WAC 246-905-020 Home dialysis program—Legend drugs. Pursuant to RCW 18.64.257 and 69.41.032, a Medicare-approved dialysis center or facility operating a Medicare-approved home dialysis program may sell, deliver, possess and/or dispense directly to its home dialysis patients in cases or full shelf package lots, if prescribed by a physician, the following legend drugs:

- Sterile heparin, 1000u/ml, in vials;
- Sterile potassium chloride, 2mEq/ml, for injection;
- Commercially available dialysate; and,
- Sterile sodium chloride, 0.9%, for injection in containers of not less than 150ml.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-905-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-06-026 (Order 210), § 360-60-010, filed 2/25/88.]

WAC 246-905-030 Pharmacist consultant. Home dialysis programs involved in the distribution of legend drugs as permitted by RCW 18.64.257 and 69.41.032, shall have an agreement with a pharmacist which provides for consultation as necessary. This shall include advice on the drug distribution process to home dialysis patients and on the location used for storage and distribution of the authorized drugs, which shall be reasonably separated from other activities and shall be secure.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-905-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-06-026 (Order 210), § 360-60-020, filed 2/25/88.]

WAC 246-905-040 Records. (1) A record of shipment shall be attached to the prescriber's order and shall include: The name of the patient, strengths, and quantities of drugs; the manufacturers' names; date of shipment; names of persons who selected, assembled and packaged for shipment; and, the name of the pharmacist or designated individual responsible for the distribution.

(2) Prescription and drug distribution records shall be maintained in accordance with board of pharmacy record retention requirements.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-905-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-06-026 (Order 210), § 360-60-030, filed 2/25/88.]

WAC 246-905-050 Quality assurance. Home dialysis programs involved in the distribution of legend drugs as permitted by RCW 18.64.257 and 69.41.032, shall develop a quality assurance program for drug distribution and shall maintain records of drug distribution errors and other problems, including loss due to damage or theft.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-905-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-06-026 (Order 210), § 360-60-040, filed 2/25/88.]

Chapter 246-907 WAC

PHARMACEUTICAL LICENSING PERIODS AND FEES

WAC

246-907-020	Licensing periods.
246-907-030	Fees.
246-907-040	Fee payment.

WAC 246-907-020 Licensing periods. (1) The following are established by the secretary as the licensing periods for each license specified:

(a) Pharmacist licenses will expire on February 1 of each year.

(b) Pharmacy location, controlled substance registration (pharmacy), pharmacy assistant utilization, and shopkeeper differential hours licenses will expire on June 1 of each year.

(c) All other licenses, registrations, permits, or certifications will expire on October 1 of each year.

(2) Before the expiration date of one of the above-listed authorizations, a renewal notice will be mailed to the last mailing address of record of every authorization holder. The authorization holder is responsible for renewing the authorization prior to the expiration date regardless of whether the renewal notice has been received.

(3) Any license, permit, or registration that is not renewed on or before the expiration date established herein shall expire and shall no longer be valid to practice or conduct the activity for which it is issued. Any license, permit, or registration that has not been renewed by the expiration date shall be renewed only upon payment of the renewal fee and penalty fee as specified in WAC 246-907-030.

[Statutory Authority: RCW 18.64.005. 94-14-038 § 246-907-020, filed 6/29/94, effective 7/30/94. Statutory Authority: RCW 43.70.250. 92-07-099 (Order 256), § 246-907-020, filed 3/18/92, effective 4/18/92. Statutory Authority: RCW 43.70.040. 91-19-028 (Order 194), recodified as § 246-907-020, filed 9/10/91, effective 10/11/91. Statutory Authority: RCW 18.64.005. 88-14-042 (Order 216), § 360-18-010, filed 6/30/88. Statutory Authority: RCW 18.64.005, 18.81.080 and 42.17.290. 83-01-083 (Order 171), § 360-18-010, filed 12/17/82. Statutory Authority: RCW 18.64.005 (4) and (11). 80-05-074 (Order 154, Resolution No. 4/80), § 360-18-010, filed 4/28/80.]

WAC 246-907-030 Fees. The following fees shall be charged by the professional licensing division of the department of health:

(a) PHARMACY LOCATION	
Original pharmacy fee	\$275.00
Original pharmacy assistant utilization fee	50.00
Renewal pharmacy fee	200.00
Renewal pharmacy assistant utilization fee	60.00
Penalty pharmacy fee	275.00
(b) VENDOR	
Original fee	60.00
Renewal fee	60.00
Penalty fee	60.00
(c) PHARMACIST	
Exam fee (full exam)	200.00
Reexamination fee (jurisprudence portion)	40.00
Original license fee	100.00
Renewal fee, active and inactive license	105.00
Renewal fee, retired license	20.00
Penalty fee	105.00
Reciprocity fee	250.00
Certification of license status to other states	20.00
Retired license	20.00
Temporary permit	50.00
(d) SHOPKEEPER	
Original fee	25.00
Renewal fee	25.00
Penalty fee	12.50
SHOPKEEPER - with differential hours	
Original fee	25.00
Renewal fee	25.00
Penalty fee	12.50
(e) DRUG MANUFACTURER	
Original fee	450.00
Renewal fee	450.00
Penalty fee	450.00
(f) DRUG WHOLESALER - full line	
Original fee	450.00
Renewal fee	450.00
Penalty fee	450.00
(g) DRUG WHOLESALER - OTC only	
Original fee	250.00
Renewal fee	250.00
Penalty fee	250.00
(h) DRUG WHOLESALER - export	
Original fee	450.00
Renewal fee	450.00
Penalty	450.00
(i) PHARMACY ASSISTANT - Level "A"	
Original fee	40.00
Renewal fee	30.00
Penalty fee	40.00
(j) PHARMACY INTERN	
Original registration fee	15.00
Renewal registration fee	15.00

(k) CONTROLLED SUBSTANCES ACT (CSA) REGISTRATIONS	
Dispensing registration fee (i.e. pharmacies)	65.00
Dispensing renewal fee (i.e. pharmacies)	50.00
Distributors registration fee (i.e. wholesalers)	90.00
Distributors renewal fee (i.e. wholesalers)	90.00
Manufacturers registration fee	90.00
Manufacturers renewal fee	90.00
ARNP with prescriptive authorization registration fee	20.00
ARNP with prescriptive authorization renewal fee	20.00
Sodium pentobarbital for animal euthanization registration fee	30.00
Sodium pentobarbital for animal euthanization renewal fee	30.00
Other CSA registrations	30.00
(l) LEGEND DRUG SAMPLE - distributor registration fees	
Original fee	275.00
Renewal fee	200.00
Penalty fee	200.00
(m) POISON MANUFACTURER/SELLER - license fees	
Original fee	30.00
Renewal fee	30.00
(n) Facility inspection fee	150.00
(o) PRECURSOR CONTROL PERMIT	
Original fee	50.00
Renewal fee	50.00
(p) LICENSE REISSUE	
Reissue fee	15.00

[Statutory Authority: RCW 18.64.005. 94-05-036, § 246-907-030, filed 2/8/94, effective 3/11/94; 93-18-015, § 246-907-030, filed 8/24/93, effective 9/24/93; 93-05-045 (Order 334), § 246-907-030, filed 2/17/93, effective 3/20/93. Statutory Authority: RCW 43.70.250. 92-07-099 (Order 256), § 246-907-030, filed 3/18/92, effective 4/18/92. Statutory Authority: RCW 43.70.040. 91-19-028 (Order 194), recodified as § 246-907-030, filed 9/10/91, effective 10/11/91. Statutory Authority: RCW 43.70.250. 91-13-002 (Order 173), § 360-18-020, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 18.64.005. 89-04-015 (Order 222), § 360-18-020, filed 1/23/89; 88-14-042 (Order 216), § 360-18-020, filed 6/30/88; 88-07-011 (Order 209), § 360-18-020, filed 3/3/88; 87-18-066 (Order 207), § 360-18-020, filed 9/2/87. Statutory Authority: RCW 18.64.005(4). 85-22-033 (Order 196), § 360-18-020, filed 10/31/85; 85-06-010 (Order 193), § 360-18-020, filed 2/22/85. Statutory Authority: RCW 18.64.005. 84-17-142 (Order 189), § 360-18-020, filed 8/22/84; 84-04-030 (Order 184), § 360-18-020, filed 1/25/84; 83-22-034 (Order 177), § 360-18-020, filed 10/26/83. Statutory Authority: RCW 18.64.005 and 18.64A.020. 83-18-021 (Order 175), § 360-18-020, filed 8/30/83. Statutory Authority: RCW 18.64.005(12). 82-12-041 (Order 168), § 360-18-020, filed 5/28/82. Statutory Authority: RCW 18.64.005 (4) and (11). 80-08-035 (Order 155, Resolution No. 6/80), § 360-18-020, filed 6/26/80, effective 9/30/80; 80-05-074 (Order 154, Resolution No. 4/80), § 360-18-020, filed 4/28/80.]

WAC 246-907-040 Fee payment. (1) A licensed pharmacist, wholesaler, or manufacturer shall pay a facility inspection fee in lieu of the original license fee when there is only a change of facility location within the premises identified by the license address. Any change of location to

a different address shall require a new application and payment of the original license fee.

(2) An original license fee shall be paid whenever there is any change in ownership, including change in business structure or organizational structure such as a change from sole proprietorship to a corporation, or a change of more than fifty percent ownership in a corporation.

(3) All fees are charged on an annual basis and will not be prorated.

[Statutory Authority: RCW 43.70.040. 91-19-028 (Order 194), recodified as § 246-907-040, filed 9/10/91, effective 10/11/91. Statutory Authority: RCW 18.64.005. 88-07-011 (Order 209), § 360-18-025, filed 3/3/88.]

Chapter 246-915 WAC PHYSICAL THERAPISTS

WAC

246-915-010	Definitions.
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246-915-300	Philosophy governing voluntary substance abuse monitoring programs.
246-915-310	Terms used in WAC 246-915-300 through 246-915-330.
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246-915-330	Participation in approved substance abuse monitoring program.
246-915-340	Adjudicative proceedings.
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**DISPOSITION OF SECTIONS FORMERLY
CODIFIED IN THIS CHAPTER**

246-915-015 Examination appeal procedures. [Statutory Authority: RCW 18.74.023. 92-08-039 (Order 259B), § 246-915-015, filed 3/24/92, effective 4/24/92; 91-05-094 (Order 144B), § 246-915-015, filed 2/20/91, effective 3/23/91.] Repealed by 92-16-082 (Order 294B), filed 8/4/92, effective 9/4/92. Statutory Authority: RCW 18.74.023.

WAC 246-915-010 Definitions. For the purposes of administering chapter 18.74 RCW, the following terms are to be construed as set forth herein:

(1) The "performance of tests of neuromuscular function" includes the performance of electroneuromyographic examinations.

(2) "Consultation" means a communication regarding a patient's evaluation and proposed treatment plan with an authorized health care practitioner.

(3) "Supervisor" shall mean the licensed physical therapist.

(4) "Physical therapist assistant" shall mean a graduate of an approved school of physical therapy who is eligible for licensure but has not been licensed to practice physical therapy in Washington state, or an individual who has received an associate degree as a physical therapist assistant from an approved school.

(5) "Physical therapist aide" shall mean an individual who shall have received on-the-job training from a physical therapist.

(6) "Immediate supervision" shall mean the supervisor is in audible or visual range of the patient and the person treating the patient.

(7) "Direct supervision" shall mean the supervisor is on the premises, is quickly and easily available and the patient has been examined by the physical therapist at such time as acceptable physical therapy practice requires, consistent with the delegated health care task.

(8) "Indirect supervision" shall mean the supervisor is not on the premises, but has given either written or oral instructions for treatment of the patient and the patient has been examined by the physical therapist at such time as acceptable health care practice requires, and consistent with the particular delegated health care task.

(9) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(10) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(11) "Spinal manipulation" or "manipulative mobilization" is defined as movement beyond the normal physiological range of motion.

(12) One "contact hour" shall mean fifty minutes of continuing education course participation.

[Statutory Authority: RCW 18.74.023. 92-08-039 (Order 259B), § 246-915-010, filed 3/24/92, effective 4/24/92; 91-05-094 (Order 144B), § 246-915-010, filed 2/20/91, effective 3/23/91; 91-02-011 (Order 103B), recodified as § 246-915-010, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.74.023(3). 89-21-007, § 308-42-010, filed 10/6/89, effective 11/6/89; 88-23-014 (Order PM 789), § 308-42-010, filed 11/7/88. Statutory Authority: RCW 18.74.023. 84-13-057 (Order PL 471), § 308-42-010, filed 6/19/84; Order PL 191, § 308-42-010, filed 5/29/75; Order 704207, § 308-42-010, filed 8/7/70, effective 9/15/70.]

WAC 246-915-020 Examinations—When held. (1) Examinations of applicants for licensure as physical therapists shall be held at least twice a year at the time and location prescribed by the board.

(2) Physical therapy students in their last year may apply for licensure by examination prior to graduation under the following circumstances:

(a) Receipt of a letter from an official, of their physical therapy school, verifying the probability of graduation prior to the date of the examination for which they are applying.

(b) Results of the examination will be withheld until a diploma, official transcript or certification letter from the registrar's office certifying completion of all requirements for degree or certificate in physical therapy is received by the department.

(3) Applicants who do not pass the examination after two attempts shall demonstrate evidence satisfactory to the board of having successfully completed clinical training and/or coursework as determined by the board before being permitted two additional attempts.

[Statutory Authority: RCW 18.74.023. 93-04-081 (Order 328B), § 246-915-020, filed 2/1/93, effective 3/4/93; 91-02-011 (Order 103B), recodified as § 246-915-020, filed 12/21/90, effective 1/31/91; 87-08-065 (Order PM 644), § 308-42-040, filed 4/1/87; 84-03-055 (Order PL 455), § 308-42-040, filed 1/18/84. Statutory Authority: RCW 18.74.020. 83-05-032 (Order PL 426), § 308-42-040, filed 2/10/83; 79-05-035 (Order PL 302), § 308-42-040, filed 4/24/79; Order PL 191, § 308-42-040, filed 5/29/75; Order 704207, § 308-42-040, filed 8/7/70, effective 9/15/70.]

WAC 246-915-030 Examination. (1) The examination acceptable to and approved for use under the provisions of RCW 18.74.035 shall be the examination for physical therapists as reviewed and approved by the board of physical therapy. A passing score is considered to be one of the following:

(a) Beginning November 8, 1995, the criterion referenced passing point recommended by the Federation of State Boards of Physical Therapy for the examination approved by the board. The passing point shall be set to equal a scaled score of 600 based on a scale ranging from 200 to 800.

(b) Beginning February 28, 1991, through July 12, 1995, not less than sixty-eight percent of the raw score for the examination approved by the board; or

(c) Prior to February 28, 1991, not less than sixty percent raw score on each of the three examination parts for the examination approved by the board.

(2) If a candidate fails to receive a passing score on the examination, he or she will be required to retake the examination.

(3) Where necessary, applicant's score will be rounded off to the nearest whole number.

[Statutory Authority: RCW 18.74.023. 96-13-008, § 246-915-030, filed 6/6/96, effective 6/7/96; 92-16-082 (Order 294B), § 246-915-030, filed 8/4/92, effective 9/4/92; 91-14-006 (Order 178B), § 246-915-030, filed 6/21/91, effective 7/22/91; 91-05-094 (Order 144B), § 246-915-030, filed 2/20/91, effective 3/23/91; 91-02-011 (Order 103B), recodified as § 246-915-030, filed 12/21/90, effective 1/31/91. Statutory Authority: Chapter 18.74 RCW. 90-16-070 (Order 074), § 308-42-045, filed 7/30/90, effective 8/30/90. Statutory Authority: RCW 18.74.023. 86-19-063 (Order PM 619), § 308-42-045, filed 9/16/86; 84-17-032 (Order PL 477), § 308-42-045, filed 8/8/84. Statutory Authority: RCW 18.74.020. 83-05-032 (Order PL 426), § 308-42-045, filed 2/10/83; 81-19-071 (Order PL 384), § 308-42-045, filed 9/15/81; Order PL 191, § 308-42-045, filed 5/29/75.]

WAC 246-915-040 Licensure by endorsement—Applicants from approved schools. (1) Before licensure by endorsement is extended to any individual licensed to practice physical therapy under the law of another state, territory, or District of Columbia, the applicant shall have graduated from a board approved school, shall have taken the examination for physical therapy and shall have achieved a passing score approved by the board.

(2) If the decision to extend licensure by endorsement is based on an examination other than the examination approved in WAC 246-915-030(1), the board shall determine if such examination is equivalent to that required by the laws of this state.

(3) The board shall not recommend to the secretary that a person be licensed as a physical therapist under the licensure by endorsement provisions of RCW 18.74.060, unless said applicant shall have taken and passed the examination approved by the board, or other examination equivalent to that required by the laws of this state.

(4) If a licensee has not worked in physical therapy in the last two years, the applicant may be granted licensure by endorsement under the following conditions:

(a) The board may require reexamination of an applicant who has not been actively engaged in lawful practice in another state or territory; or

(b) Waive reexamination in favor of evidence of continuing education satisfactory to the board.

[Statutory Authority: RCW 18.74.023. 94-05-014 (Order 403B), § 246-915-040, filed 2/4/94, effective 3/7/94; 91-05-094 (Order 144B), § 246-915-040, filed 2/20/91, effective 3/23/91; 91-02-011 (Order 103B), recodified as § 246-915-040, filed 12/21/90, effective 1/31/91. Statutory Authority: Chapter 18.74 RCW. 90-16-070 (Order 074), § 308-42-060, filed 7/30/90, effective 8/30/90. Statutory Authority: RCW 18.74.023. 86-19-063 (Order PM 619), § 308-42-060, filed 9/16/86; 84-17-032 (Order PL 477), § 308-42-060, filed 8/8/84. Statutory Authority: RCW 18.74.020. 83-05-032 (Order PL 426), § 308-42-060, filed 2/10/83; 81-19-071 (Order PL 384), § 308-42-060, filed 9/15/81; Order PL 191, § 308-42-060, filed 5/29/75; Order 704207, § 308-42-060, filed 8/7/70, effective 9/15/70.]

WAC 246-915-050 Reinstatement. (1) A license not renewed within thirty days of the date set by the secretary shall automatically lapse. The licensee may, within two years from the date of lapse and upon recommendation of the board, request the license be revived by paying all back fees and a penalty fee determined by the secretary.

(2) If a license has lapsed more than two years, the license may be revived under the following conditions:

(a) The board may require reexamination of an applicant who has not been continuously engaged in lawful practice in another state or territory, or

(b) Waive reexamination in favor of evidence of continuing competency satisfactory to the board.

[Statutory Authority: RCW 18.74.023. 94-05-014 (Order 403B), § 246-915-050, filed 2/4/94, effective 3/7/94; 91-05-094 (Order 144B), § 246-915-050, filed 2/20/91, effective 3/23/91; 91-02-011 (Order 103B), recodified as § 246-915-050, filed 12/21/90, effective 1/31/91; 84-03-055 (Order PL 455), § 308-42-070, filed 1/18/84. Statutory Authority: RCW 18.74.020. 83-05-032 (Order PL 426), § 308-42-070, filed 2/10/83.]

WAC 246-915-060 Applications. Effective January 1, 1989, persons applying for licensure shall submit, in addition to the other requirements, evidence to show compli-

ance with the educational requirements of AIDS education as set forth in WAC 308-42-123.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-060, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.74.023(3). 88-23-014 (Order PM 789), § 308-42-090, filed 11/7/88.]

WAC 246-915-070 Application due date. All examination applications must be submitted no later than sixty days prior to the examination.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-070, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.74.020. 79-05-035 (Order PL 302), § 308-42-110, filed 4/24/79.]

WAC 246-915-075 Temporary permits—Issuance and duration. (1) Unless there is a basis for denial of a physical therapy license, an applicant who is licensed in another jurisdiction shall be issued a temporary practice permit after receipt of the following documentation by the department of health:

(a) Submission of a completed physical therapy license application on which the applicant indicates that he or she wishes to receive a temporary practice permit;

(b) Payment of the application fee and temporary practice permit fee;

(c) Submission of all required supporting documentation as described in the application forms and instructions provided by the department of health, excepting the seven hour AIDS education requirement as described in WAC 246-915-110.

(2) Applicants wishing to receive a temporary practice permit shall be granted an additional ninety days to complete the AIDS education requirement; however, issuance of a physical therapy license is contingent upon evidence of having met this requirement.

(3) The temporary permit shall expire upon the issuance of a license by the board; initiation of an investigation by the board of the applicant; or ninety days, whichever occurs first.

(4) An applicant who receives a temporary practice permit and who does not complete the application process may not receive additional temporary practice permits even upon submission of a new application in the future.

[Statutory Authority: RCW 18.74.023. 92-16-082 (Order 294B), § 246-915-075, filed 8/4/92, effective 9/4/92.]

WAC 246-915-078 Interim permits. An applicant who has not previously taken the physical therapy examination may be eligible for an interim permit under RCW 18.74.075 upon submission of the following:

(1) Payment of the application fee and interim permit fee;

(2) Evidence of having obtained a physical therapy degree from a board approved school;

(3) Completed physical therapy license application on which the applicant:

(a) Requests to be scheduled for the first examination for which he or she is eligible no later than sixty days before the date of the examination;

(b) Requests to receive an interim permit;

(c) Provides the name, location and telephone number of his or her place of employment;

(d) Provides the name and license number of his or her licensed supervising physical therapist; and

(e) Provides written confirmation from the licensed supervising physical therapist attesting that he or she will:

(i) Ensure that a licensed physical therapist will remain on the premises at all times to provide "graduate supervision" as specified in RCW 18.74.075;

(ii) Report to the board any change in supervision or any change in location where services are to be provided;

(iii) Ensure that the holder of the interim permit wears a badge identifying his or her clinical title and/or role in the facility as a graduate physical therapist; and

(iv) Ensure that the holder of the interim permit ceases practice immediately upon notification of examination failure; or

(v) Ensure that the holder of the interim permit obtains his or her physical therapy license immediately upon notification of having passed the examination.

[Statutory Authority: RCW 18.74.023, 94-05-014 (Order 403B), § 246-915-078, filed 2/4/94, effective 3/7/94.]

WAC 246-915-080 Renewal of license. (1) The annual license renewal date for physical therapists shall coincide with the licensee's birthdate. Individuals making application for initial license and examination, provided they meet all such requirements, will be issued a license to expire on their next birth anniversary date.

(2) Licensees shall, in addition to the annual renewal fee, submit all required information on forms provided by the department.

(3) Licensees are responsible for annual renewal of a license whether or not they receive notification from the department.

[Statutory Authority: RCW 18.74.023, 93-04-081 (Order 328B), § 246-915-080, filed 2/1/93, effective 3/4/93; 91-05-094 (Order 144B), § 246-915-080, filed 2/20/91, effective 3/23/91; 91-02-011 (Order 103B), recodified as § 246-915-080, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.74.023(3), 89-21-008, § 308-42-120, filed 10/6/89, effective 11/6/89; 88-23-014 (Order PM 789), § 308-42-120, filed 11/7/88. Statutory Authority: RCW 18.74.023, 84-03-055 (Order PL 455), § 308-42-120, filed 1/18/84. Statutory Authority: RCW 43.24.140, 80-04-057 (Order 337), § 308-42-120, filed 3/24/80.]

WAC 246-915-085 Continuing competency. Evidence of continuing competency in the form of continuing education and employment related to physical therapy must be submitted every two years. Licensees born in even numbered years shall submit their continuing competency record form with license renewal every even numbered year beginning in 1996. Licensees born in odd numbered years shall submit their continuing competency record form with license renewal every odd numbered year beginning in 1997. Completion of this requirement each two year period shall be a prerequisite for license renewal.

(1) Education - 40 contact hours:

(a) Continuing education specifically relating to the practice of physical therapy.

(i) Participation in a course with specific goals and objectives relating to the practice of physical therapy;

(ii) Cassette tape, video tape, and/or book review;

(iii) Correspondence coursework completed.

(2) Physical therapy employment - 200 hours specifically relating to physical therapy.

(3) Licensees shall maintain records of all activities relating to continuing education and professional experience for a period of seven years. Acceptable documentation shall mean:

(a) Continuing education. Certificates of completion, course sponsors, goals and objectives of the course, dates of attendance and total contact hours, for all continuing education being reported.

(b) Cassette tape, video tape, and/or book review. A two page synopsis of each item reviewed must be written by the licensee.

(c) Correspondence coursework completed. Course description and/or syllabus and copies of the completed and scored examination must be kept on file by the licensee.

(d) Physical therapy employment. Certified copies of employment records or proof acceptable to the board of physical therapy employment for the hours being reported.

(4) The board may audit continuing competency activities and the licensee's failure to maintain his or her own records and substantiate any continuing competency activities upon request by the board may result in the suspension or revocation of a license, or denial of a license renewal. Each licensee who has been selected for audit shall, within 30 days from the date of notification, submit acceptable documentation as evidence of having met the requirements of this section.

(5) Extensions or exceptions may be considered by the board on a case by case basis upon written request.

[Statutory Authority: RCW 18.74.023, 94-05-014 (Order 403B), § 246-915-085, filed 2/4/94, effective 3/7/94.]

WAC 246-915-090 Change of address or name— Notification of department. Any physical therapy licensee or holder of an interim permit who moves from the address named in his or her application or license or who changes his or her name shall within 10 days thereafter notify the department in writing of his or her old and new addresses or of the former and new names.

[Statutory Authority: RCW 18.74.023, 94-05-014 (Order 403B), § 246-915-090, filed 2/4/94, effective 3/7/94; 91-02-011 (Order 103B), recodified as § 246-915-090, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.74.023(3), 89-21-009, § 308-42-121, filed 10/6/89, effective 11/6/89.]

WAC 246-915-100 Approved physical therapy schools. The board adopts the standards of the American Physical Therapy Association for the approval of physical therapy schools. Individuals who have a baccalaureate degree in physical therapy or who have a baccalaureate degree and a certificate or advanced degree from an institution of higher learning accredited by the American Physical Therapy Association will be considered qualified under RCW 18.74.030(2).

[Statutory Authority: RCW 18.74.023, 91-02-011 (Order 103B), recodified as § 246-915-100, filed 12/21/90, effective 1/31/91; 85-10-002 (Order PL 525), § 308-42-122, filed 4/18/85.]

WAC 246-915-110 AIDS education and training.

(1) Acceptable education and training. The department will accept education and training that is consistent with the model curriculum available from the office on AIDS. Such education and training shall be a minimum of seven clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(2) Implementation. Effective January 1, 1989, the requirement for licensure application or reinstatement of any license on lapsed or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of subsection (1) of this section.

(3) Documentation. The applicant or licensee shall:

(a) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;

(b) Keep records for two years documenting attendance and description of the education; and

(c) Be prepared to validate, through submission of these records, that education has taken place.

[Statutory Authority: RCW 18.74.023. 91-05-094 (Order 144B), § 246-915-110, filed 2/20/91, effective 3/23/91; 91-02-011 (Order 103B), recodified as § 246-915-110, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.74.023(3). 88-23-014 (Order PM 789), § 308-42-123, filed 11/7/88.]

WAC 246-915-120 Applicants from unapproved schools. Applicants who have not graduated from a physical therapy program approved by the board must have a valid, unencumbered license to practice physical therapy in the country in which the physical therapy education was obtained must have graduated from a program of physical therapy education with requirements substantially equal to those required of graduates of board approved schools, and must submit an application for review by the board. Supporting documentation will include but not be limited to:

(1) Official transcript from the physical therapy program showing degree date;

(2) Evaluation report of transcripts from a credentialing service approved by the board.

(3) Verification that English is the national language of the country where the physical therapy program is located and the physical therapy program employs English as the language of training; or achieved a score of not less than five hundred fifty on the test of English as a foreign language (TOEFL); and that the applicant has a score of not less than two hundred thirty on the test of spoken English (TSE);

(4) Verification of a valid, unencumbered license or authorization to practice physical therapy from the country in which the physical therapy education was obtained.

[Statutory Authority: RCW 18.74.023. 94-05-014 (Order 403B), § 246-915-120, filed 2/4/94, effective 3/7/94; 93-04-081 (Order 328B), § 246-915-120, filed 2/1/93, effective 3/4/93; 92-08-039 (Order 259B), § 246-915-120, filed 3/24/92, effective 4/24/92; 91-02-011 (Order 103B), recodified as § 246-915-120, filed 12/21/90, effective 1/31/91; 84-13-057 (Order PL 471), § 308-42-125, filed 6/19/84.]

(1997 Ed.)

WAC 246-915-130 Initial evaluation—Referral—Nonreferral—Recommendations—Follow-up. (1) Initial evaluation of a patient shall include history, chief complaint, examination, and recommendation for treatment.

(2) Direct referral of a patient by an authorized health care practitioner may be by telephone, letter, or in person: *Provided, however,* If the instructions are oral, the physical therapist may administer treatment accordingly, but must make a notation for his/her record describing the nature of the treatment, the date administered, the name of the person receiving treatment, and the name of the referring authorized health care practitioner.

(3) The physical therapist will follow-up each patient visit with the appropriate recordkeeping as defined in WAC 246-915-200.

[Statutory Authority: RCW 18.74.023. 91-05-094 (Order 144B), § 246-915-130, filed 2/20/91, effective 3/23/91; 91-02-011 (Order 103B), recodified as § 246-915-130, filed 12/21/90, effective 1/31/91; 84-13-057 (Order PL 471), § 308-42-130, filed 6/19/84.]

WAC 246-915-140 Delineation of responsibilities—Supportive personnel. A physical therapist is professionally and legally responsible for patient care given by supportive personnel under the physical therapist's supervision. If a physical therapist fails to adequately supervise patient care given by supportive personnel, the board may take disciplinary action against the physical therapist. Supervision of supportive personnel requires that the physical therapist perform the following activities:

(1) Provide initial evaluation of the patient.

(2) Develop a treatment plan and program, including treatment goals.

(3) Assess the competence of supportive personnel to perform assigned tasks.

(4) Select and delegate appropriate portions of the treatment plan and program.

(5) Direct and supervise supportive personnel in delegated functions.

(6) Reevaluate the patient and adjust the treatment plan as acceptable physical therapy practice requires, consistent with the delegated health care task.

(7) Document sufficient in-service training and periodic evaluation of performance to assure safe performance of the tasks assigned to supportive personnel.

(8) Provide discharge planning.

[Statutory Authority: RCW 18.74.023. 94-05-014 (Order 403B), § 246-915-140, filed 2/4/94, effective 3/7/94; 91-05-094 (Order 144B), § 246-915-140, filed 2/20/91, effective 3/23/91; 91-02-011 (Order 103B), recodified as § 246-915-140, filed 12/21/90, effective 1/31/91; 84-17-032 (Order PL 477), § 308-42-135, filed 8/8/84.]

WAC 246-915-150 Physical therapist assistant and physical therapy aide supervision ratio. The number of full-time equivalent physical therapist assistants and aides utilized in any physical therapy practice shall not exceed twice in number the full-time equivalent licensed physical therapists practicing therein.

[Statutory Authority: RCW 18.74.023. 92-08-039 (Order 259B), § 246-915-150, filed 3/24/92, effective 4/24/92; 91-05-094 (Order 144B), § 246-915-150, filed 2/20/91, effective 3/23/91; 91-02-011 (Order 103B), recodified as § 246-915-150, filed 12/21/90, effective 1/31/91; 85-11-049 (Order PL 531), § 308-42-136, filed 5/16/85.]

WAC 246-915-160 Personnel identification. (1)

Each person shall wear identification showing his or her clinical title, and/or role in the facility as a physical therapist, a physical therapist assistant, [or] a physical therapy aide, or a graduate physical therapist as appropriate. Supportive personnel shall not use any term or designation which indicates or implies that he or she is licensed in the state of Washington.

(2) The license or interim permit[,] or a certified copy of the license or interim permit shall be posted in a safe, conspicuous location at the licensee's work site. The licensee's address may be blocked out before posting the license or interim permit.

[Statutory Authority: RCW 18.74.023. 94-05-014 (Order 403B), § 246-915-160, filed 2/4/94, effective 3/7/94; 91-05-094 (Order 144B), § 246-915-160, filed 2/20/91, effective 3/23/91; 91-02-011 (Order 103B), recodified as § 246-915-160, filed 12/21/90, effective 1/31/91; 84-13-057 (Order PL 471), § 308-42-140, filed 6/19/84.]

Reviser's note: RCW 34.05.395 requires the use of underlining and deletion marks to indicate amendments to existing rules, and deems ineffectual changes not filed by the agency in this manner. The bracketed material in the above section does not appear to conform to the statutory requirement.

WAC 246-915-170 Special requirements for physical therapist assistant utilization. The physical therapist assistant may function under immediate, direct or indirect supervision if the following requirements are met:

(1) Patient reevaluation must be performed by a supervising licensed physical therapist every five visits, or if treatment is performed more than once a day, reevaluation must be performed at least once a week.

(2) Any change in the patient's condition not consistent with planned progress or treatment goals necessitates a reevaluation by the licensed physical therapist before further treatment is carried out.

[Statutory Authority: RCW 18.74.023. 91-05-094 (Order 144B), § 246-915-170, filed 2/20/91, effective 3/23/91; 91-02-011 (Order 103B), recodified as § 246-915-170, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.74.023(3). 89-19-007 (Order PM 859), § 308-42-145, filed 9/8/89, effective 10/9/89. Statutory Authority: RCW 18.74.023. 84-17-032 (Order PL 477), § 308-42-145, filed 8/8/84.]

WAC 246-915-180 Professional conduct principles.

(1) The patient's lawful consent is to be obtained before any information related to the patient is released, except to the consulting or referring authorized health care practitioner and/or authorized governmental agency(s).

(a) Physical therapists are responsible for answering legitimate inquiries regarding a patient's physical dysfunction and treatment progress, and

(b) Information is to be provided to insurance companies for billing purposes only.

(2) Physical therapists are not to compensate to give anything of value to a representative of the press, radio, television, or other communication medium in anticipation of, or in return for, professional publicity in a news item. A paid advertisement is to be identified as such unless it is apparent from the context it is a paid advertisement.

(3) It is the licensee's responsibility to report any unprofessional, incompetent or illegal acts which are in

violation of chapter 18.74 RCW or any rules established by the board.

(4) It is the licensee's responsibility to recognize the boundaries of his or her own professional competencies and that he or she uses only those in which he or she can prove training and experience.

(5) Physical therapists shall recognize the need for continuing education and shall be open to new procedures and changes.

(6) It is the licensee's responsibility to represent his or her academic credentials in a way that is not misleading to the public.

(7) It is the responsibility of the physical therapist to refrain from undertaking any activity in which his or her personal problems are likely to lead to inadequate performance or harm to a client and/or colleague.

(8) A physical therapist shall not use or allow to be used any form of public communication or advertising connected with his or her profession or in his or her professional capacity as a physical therapist which:

(a) Is false, fraudulent, deceptive, or misleading;

(b) Uses testimonials;

(c) Guarantees any treatment or result;

(d) Makes claims of professional superiority.

(9) Physical therapists are to recognize that each individual is different from all other individuals and to be tolerant of and responsive to those differences.

[Statutory Authority: RCW 18.74.023. 92-08-039 (Order 259B), § 246-915-180, filed 3/24/92, effective 4/24/92; 91-05-094 (Order 144B), § 246-915-180, filed 2/20/91, effective 3/23/91; 91-02-011 (Order 103B), recodified as § 246-915-180, filed 12/21/90, effective 1/31/91; 84-13-057 (Order PL 471), § 308-42-150, filed 6/19/84.]

WAC 246-915-185 Standards for appropriateness of physical therapy care. (1) Appropriate, skilled physical therapy treatment is treatment which is reasonable in terms of accepted physical therapy practice, and necessary to recovery of function by the patient. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed.

(2) Appropriate physical therapy services must be of such a level of complexity and sophistication, or the condition of the patient must be such, that the services required can be safely and effectively performed only by a qualified physical therapist, or under supervision of a qualified physical therapist.

[Statutory Authority: RCW 18.74.023. 92-08-039 (Order 259B), § 246-915-185, filed 3/24/92, effective 4/24/92.]

WAC 246-915-190 Division of fees—Rebating—Financial interest—Endorsement. (1) Physical therapists are not to directly or indirectly request, receive or participate in the dividing, transferring, assigning, rebating or refunding of an unearned fee, or to profit by means of a credit or other valuable consideration such as an unearned commission, discount, or gratuity in connection with the furnishing of physical therapy services.

(2) Physical therapists who practice physical therapy as partners or in other business entities may pool fees and moneys received, either by the partnership or other entity, for the professional services furnished by any physical

therapist member or employee of the partnership or entity. Physical therapists may divide or apportion the fees and moneys received by them, in the partnership or other business entity, in accordance with the partnership or other agreement.

(3) There shall be no rebate to any health care practitioner who refers or authorizes physical therapy treatment or evaluation as prohibited by chapter 19.68 RCW.

(4) Physical therapists are not to influence patients to rent or purchase any items which are not necessary for the patient's care.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-190, filed 12/21/90, effective 1/31/91; 84-13-057 (Order PL 471), § 308-42-155, filed 6/19/84.]

WAC 246-915-200 Physical therapy records. In order to maintain the integrity of physical therapy practice, the physical therapist is responsible for obtaining all necessary information, such as medical history, contraindications or, any special instructions from an authorized health care practitioner. The evaluation and treatment plan shall be written according to acceptable physical therapy practice consistent with the delegated health care task. Records must be maintained and include date of treatment, treatment record, and signature of person responsible for the treatment.

[Statutory Authority: RCW 18.74.023. 92-08-039 (Order 259B), § 246-915-200, filed 3/24/92, effective 4/24/92; 91-02-011 (Order 103B), recodified as § 246-915-200, filed 12/21/90, effective 1/31/91; 84-17-032 (Order PL 477), § 308-42-160, filed 8/8/84.]

WAC 246-915-210 General provisions. (1) "Unprofessional conduct" as used in these regulations shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Board" means the physical therapy board, whose address is:

Department of Health
1300 Quince Street
Olympia, WA 98504

(5) "Physical therapist" means a person licensed pursuant to chapter 18.74 RCW.

(6) "Mentally or physically disabled physical therapist" means a physical therapist who has either been determined by a court to be mentally incompetent or mentally ill or who is unable to practice physical therapy with reasonable skill and safety to patients by reason of any mental or physical condition.

[Statutory Authority: RCW 18.74.023. 91-05-094 (Order 144B), § 246-915-210, filed 2/20/91, effective 3/23/91; 91-02-011 (Order 103B), recodified as § 246-915-210, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 87-18-040 (Order PM 675), § 308-42-210, filed 8/28/87.]

WAC 246-915-220 Mandatory reporting. (1) All reports required by these regulations shall be submitted to the board as soon as possible, but no later than sixty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address and telephone number of the person making the report.

(b) The name and address and telephone numbers of the physical therapist being reported.

(c) The case number of any patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid the evaluation of the report.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-220, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 87-18-040 (Order PM 675), § 308-42-220, filed 8/28/87.]

WAC 246-915-230 Health care institutions. The chief administrator or executive officer of any hospital or nursing home shall report to the board when any physical therapist's services are terminated or are restricted based on a determination that the physical therapist has either committed an act or acts which may constitute unprofessional conduct or that the physical therapist may be mentally or physically disabled.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-230, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 87-18-040 (Order PM 675), § 308-42-230, filed 8/28/87.]

WAC 246-915-240 Physical therapy associations or societies. The president or chief executive officer of any physical therapy association or society within this state shall report to the board when an association or society determines that a physical therapist has committed unprofessional conduct or that a physical therapist may not be able to practice physical therapy with reasonable skill and safety to patients as the result of any mental or physical condition and constitutes an apparent risk to the public health, safety or welfare. The report required by this subsection shall be made without regard to whether the license holder appeals, accepts or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-240, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 87-18-040 (Order PM 675), § 308-42-240, filed 8/28/87.]

WAC 246-915-250 Health care service contractors and disability insurance carriers. The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A and 48.44 RCW operating in the state of Washington, shall report to the board all final determinations that a physical therapist has engaged in overcharging for services or has engaged in overutilization of services or has charged fees for services not actually provided.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-250, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 87-18-040 (Order PM 675), § 308-42-250, filed 8/28/87.]

WAC 246-915-260 Professional liability carriers.

Every institution or organization providing professional liability insurance directly or indirectly to physical therapists shall send a complete report of any malpractice settlement, award or payment as a result of a claim or action for damages alleged to have been caused by an insured physical therapist's incompetency or negligence in the practice of physical therapy.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-260, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 87-18-040 (Order PM 675), § 308-42-260, filed 8/28/87.]

WAC 246-915-270 Courts. The board requests the assistance of all clerks of trial courts within the state to report all professional malpractice judgments and all convictions of licensed physical therapists, other than minor traffic violations.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-270, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 87-18-040 (Order PM 675), § 308-42-270, filed 8/28/87.]

WAC 246-915-280 State and federal agencies. The board requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a physical therapist is employed to provide patient care services, to report to the board whenever such a physical therapist has been judged to have demonstrated his/her incompetency or negligence in the practice of physical therapy, or has otherwise committed unprofessional conduct; or is a mentally or physically disabled physical therapist.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-280, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 87-18-040 (Order PM 675), § 308-42-280, filed 8/28/87.]

WAC 246-915-300 Philosophy governing voluntary substance abuse monitoring programs. The board recognizes the need to establish a means of proactively providing early recognition and treatment options for physical therapists whose competency may be impaired due to the abuse of drugs or alcohol. The board intends that such physical therapists be treated and their treatment monitored so that they can return to or continue to practice their profession in a way which safeguards the public. To accomplish this the board shall approve voluntary substance abuse monitoring programs and shall refer physical therapists impaired by substance abuse to approved programs as an alternative to instituting disciplinary proceedings as defined in RCW 18.130.160.

[Statutory Authority: RCW 18.74.023. 91-14-006 (Order 178B), § 246-915-300, filed 6/21/91, effective 7/22/91.]

WAC 246-915-310 Terms used in WAC 246-915-300 through 246-915-330. (1) "Approved substance abuse

monitoring program" or "approved monitoring program" is a program the board has determined meets the requirements of the law and the criteria established by the board in WAC 246-915-320 which enters into a contract with physical therapists who have substance abuse problems regarding the required components of the physical therapist's recovery activity and oversees the physical therapist's compliance with these requirements. Substance abuse monitoring programs do not provide evaluation or treatment to participating physical therapists.

(2) "Contract" is a comprehensive, structured agreement between the recovering physical therapist and the approved monitoring program stipulating the physical therapist's consent to comply with the monitoring program and its required components of the physical therapist's recovery activity.

(3) "Approved treatment facility" is a facility approved by the bureau of alcohol and substance abuse, department of social and health services according to RCW 70.96A.020(2) or 69.54.030 to provide intensive alcoholism or drug treatment if located within Washington state. Drug and alcohol treatment programs located out-of-state must be equivalent to the standards required for approval under RCW 70.96A.020(2) or 69.54.030.

(4) "Substance abuse" means the impairment, as determined by the board, of a physical therapist's professional services by an addiction to, a dependency on, or the use of alcohol, legend drugs, or controlled substances.

(5) "Aftercare" is that period of time after intensive treatment that provides the physical therapist and the physical therapist's family with group or individual counseling sessions, discussions with other families, ongoing contact and participation in self-help groups and ongoing continued support of treatment program staff.

(6) "Support group" is a group of health care professionals meeting regularly to support the recovery of its members. The group provides a confidential setting with a trained and experienced health care professional facilitator in which physical therapists may safely discuss drug diversion, licensure issues, return to work and other professional issues related to recovery.

(7) "Twelve steps groups" are groups such as alcoholics anonymous, narcotics anonymous, and related organizations based on a philosophy of anonymity, belief in a power outside of oneself, a peer group association, and self-help.

(8) "Random drug screens" are laboratory tests to detect the presence of drugs of abuse in body fluids which are performed at irregular intervals not known in advance by the person being tested.

(9) "Health care professional" is an individual who is licensed, certified or registered in Washington to engage in the delivery of health care to patients.

[Statutory Authority: RCW 18.74.023. 91-14-006 (Order 178B), § 246-915-310, filed 6/21/91, effective 7/22/91.]

WAC 246-915-320 Approval of substance abuse monitoring programs. The board will approve the monitoring program(s) which will participate in the board's substance abuse monitoring program. A monitoring program approved by the board may be contracted with an entity

outside the department but within the state, out-of-state, or a separate structure within the department.

(1) The approved monitoring program will not provide evaluation or treatment to the participating physical therapists.

(2) The approved monitoring program staff must have the qualifications and knowledge of both substance abuse and the practice of physical therapy as defined in this chapter to be able to evaluate:

- (a) Clinical laboratories;
- (b) Laboratory results;
- (c) Providers of substance abuse treatment, both individuals and facilities;
- (d) Support groups;
- (e) The physical therapy work environment; and
- (f) The ability of the physical therapist to practice with reasonable skill and safety.

(3) The approved monitoring program will enter into a contract with the physical therapist and the board to oversee the physical therapist's compliance with the requirements of the program.

(4) The approved monitoring program may make exceptions to individual components of the contract on an individual basis.

(5) The approved monitoring program staff will determine, on an individual basis, whether a physical therapist will be prohibited from engaging in the practice of physical therapy for a period of time and restrictions, if any, on the physical therapist's access to controlled substances in the work place.

(6) The approved monitoring program shall maintain records on participants.

(7) The approved monitoring program will be responsible for providing feedback to the physical therapist as to whether treatment progress is acceptable.

(8) The approved monitoring program shall report to the board any physical therapist who fails to comply with the requirement of the monitoring program.

(9) The approved monitoring program shall receive from the board guidelines on treatment, monitoring, and limitations on the practice of physical therapy for those participating in the program.

[Statutory Authority: RCW 18.74.023, 91-14-006 (Order 178B), § 246-915-320, filed 6/21/91, effective 7/22/91.]

WAC 246-915-330 Participation in approved substance abuse monitoring program. (1) In lieu of disciplinary action, the physical therapist may accept board referral into the approved substance abuse monitoring program.

(a) The physical therapist shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by health care professional(s) with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The physical therapist shall enter into a contract with the board and the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The physical therapist will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The physical therapist will agree to remain free of all mind-altering substances including alcohol except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101.

(iii) The physical therapist must complete the prescribed aftercare program of the intensive treatment facility, which may include individual and/or group psychotherapy.

(iv) The physical therapist must cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment, prognosis and goals.

(v) The physical therapist will submit to random drug screening as specified by the approved monitoring program.

(vi) The physical therapist will attend support groups facilitated by a health care professional and/or twelve step group meetings as specified by the contract.

(vii) The physical therapist will comply with specified employment conditions and restrictions as defined by the contract.

(viii) The physical therapist shall sign a waiver allowing the approved monitoring program to release information to the board if the physical therapist does not comply with the requirements of this contract.

(c) The physical therapist is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, and random drug screens.

(d) The physical therapist may be subject to disciplinary action under RCW 18.130.160 if the physical therapist does not consent to be referred to the approved monitoring program, does not comply with specified employment restrictions, or does not successfully complete the program.

(2) A physical therapist who is not being investigated by the board or subject to current disciplinary action or currently being monitored by the board for substance abuse may voluntarily participate in the approved substance abuse monitoring program without being referred by the board. Such voluntary participants shall not be subject to disciplinary action under RCW 18.130.160 for their substance abuse, and shall not have their participation made known to the board if they meet the requirements of the approved monitoring program:

(a) The physical therapist shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by health care professional(s) with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The physical therapist shall enter into a contract with the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The physical therapist will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The physical therapist will agree to remain free of all mind-altering substances including alcohol except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101.

(iii) The physical therapist must complete the prescribed aftercare program of the intensive treatment facility, which may include individual and/or group psychotherapy.

(iv) The physical therapist must cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment, prognosis and goals.

(v) The physical therapist will submit to random drug screening as specified by the approved monitoring program.

(vi) The physical therapist will attend support groups facilitated by a health care professional and/or twelve step group meetings as specified by the contract.

(vii) The physical therapist will comply with employment conditions and restrictions as defined by the contract.

(viii) The physical therapist shall sign a waiver allowing the approved monitoring program to release information to the board if the physical therapist does not comply with the requirements of this contract.

(c) The physical therapist is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, and random drug screens.

(3) The treatment and pretreatment records of license holders referred to or voluntarily participating in approved monitoring programs shall be confidential, shall be exempt from RCW 42.17.250 through RCW 42.17.450 and shall not be subject to discovery by subpoena or admissible as evidence except for monitoring records reported to the disciplinary authority for cause as defined in subsections (1) and (2) of this section. Records held by the board under this section shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena except by the license holder.

[Statutory Authority: RCW 18.74.023. 91-14-006 (Order 178B), § 246-915-330, filed 6/21/91, effective 7/22/91.]

WAC 246-915-340 Adjudicative proceedings. The board adopts the model procedural rules for adjudicative proceedings as adopted by the department of health and contained in chapter 246-11 WAC, including subsequent amendments.

[Statutory Authority: RCW 18.74.023. 94-05-014 (Order 403B), § 246-915-340, filed 2/4/94, effective 3/7/94.]

WAC 246-915-990 Physical therapy fees. The following fees shall be charged by the professional licensing services division of the department of health:

Title of Fee	Fee
Application—Nonrefundable	\$150.00
License renewal	70.00
Late renewal penalty	70.00
Duplicate license	15.00
Certification	25.00

[Statutory Authority: RCW 43.70.250. 91-13-002 (Order 173), § 246-915-990, filed 6/6/91, effective 7/7/91; 91-05-004 (Order 128), § 246-915-990, filed 2/7/91, effective 3/10/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-915-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.24.086. 87-10-028 (Order PM 650), § 308-42-075, filed 5/1/87. Statutory Authority: 1983 c 168 § 12. 83-17-031 (Order PL 442), § 308-42-075, filed 8/10/83. Formerly WAC 308-42-100.]

Chapter 246-918 WAC

PHYSICIAN ASSISTANTS—MEDICAL QUALITY ASSURANCE COMMISSION

WAC

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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-918-020	Physicians' assistants—Scope of jurisdiction. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-020, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 78-04-029 (Order PL 285, Resolution No. 78-140), § 308-52-136, filed 3/14/78.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.
246-918-040	Emergency narcotic administration. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-040, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 81-03-078 (Order PL 368), § 308-52-132, filed 1/21/81.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.
246-918-060	Physician assistants—Program approval. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-060, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 88-06-008 (Order PM 706), § 308-52-138, filed 2/23/88; 85-03-083 (Order PL 507), § 308-52-138, filed 1/18/85; 83-03-031 (Order PL 421), § 308-52-138, filed 1/14/83; 81-03-078 (Order PL 368), § 308-52-138, filed 1/21/81; 78-04-029 (Order PL 285, Resolution No. 78-140), § 308-52-138, filed 3/14/78.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.
246-918-100	Physician assistants—Responsibility of supervising physician. [Statutory Authority: RCW 18.71.017. 91-06-

- 030 (Order 147B), recodified as § 246-918-100, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 86-12-031 (Order PM 599), § 308-52-141, filed 5/29/86; 81-03-078 (Order PL 368), § 308-52-141, filed 1/21/81; 78-04-029 (Order PL 285, Resolution No. 78-140), § 308-52-141, filed 3/14/78.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.
- 246-918-190 Categories of creditable continuing medical education activities. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-190, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 81-03-078 (Order PL 368), § 308-52-205, filed 1/21/81.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.
- 246-918-200 Continuing medical education clock hour credit requirement. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-200, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 81-03-078 (Order PL 368), § 308-52-211, filed 1/21/81.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.
- 246-918-210 Prior activity approval not required. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-210, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 81-03-078 (Order PL 368), § 308-52-215, filed 1/21/81.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.
- 246-918-220 Certification of compliance. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-220, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 81-03-078 (Order PL 368), § 308-52-221, filed 1/21/81.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.
- 246-918-240 Noncertified physician assistant—Surgical assistant. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-240, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 89-13-002 (Order PM 850), § 308-52-640, filed 6/8/89, effective 9/30/89.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.
- 246-918-270 Major surgical procedures. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-270, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 89-20-023, § 308-52-680, filed 9/27/89, effective 10/28/89.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.
- 246-918-280 Surgical assistant program requirements reconsideration. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-280, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 89-20-023, § 308-52-690, filed 9/27/89, effective 10/28/89.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.
- 246-918-290 Acupuncture assistant education. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-290, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71.080 and 18.71A.020. 85-23-043 (Order PL 565), § 308-52-500, filed 11/18/85. Statutory Authority: RCW 18.71A.020. 83-07-014 (Order PL 428), § 308-52-500, filed 3/10/83; 79-06-055 (Order PL 301), § 308-52-500, filed 5/22/79.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.
- 246-918-300 Acupuncture—Program approval. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-300, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 86-16-054 (Order PM 609), § 308-52-502, filed 8/1/86; 83-07-014 (Order PL 428), § 308-52-502, filed 3/10/83.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.
- 246-918-320 Acupuncture equivalency examination. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-320, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71.080 and 18.71A.020. 85-23-043 (Order PL 565), § 308-52-510, filed 11/18/85. Statutory Authority: RCW 18.71A.020. 79-06-055 (Order PL 301), § 308-52-510, filed 5/22/79.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.
- 246-918-330 Acupuncture examination review procedures. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-330, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 86-16-054 (Order PM 609), § 308-52-515, filed 8/1/86.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.
- 246-918-340 Investigation. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-340, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 79-06-055 (Order PL 301), § 308-52-530, filed 5/22/79.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.
- 246-918-350 English fluency. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-350, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 79-06-055 (Order PL 301), § 308-52-540, filed 5/22/79.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.
- 246-918-360 X-rays and laboratory tests. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-360, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 82-24-013 (Order PL 412), § 308-52-570, filed 11/19/82; 79-06-055 (Order PL 301), § 308-52-570, filed 5/22/79.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.
- 246-918-370 Ethical considerations. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-370, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 82-24-013 (Order PL 412), § 308-52-580, filed 11/19/82; 79-06-055 (Order PL 301), § 308-52-580, filed 5/22/79.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.

WAC 246-918-005 Definitions. The following terms used in this chapter shall have the meanings set forth in this section unless the context clearly indicates otherwise:

(1) "Certified physician assistant" means an individual who has successfully completed an American Medical Association accredited and commission approved physician assistant program and has passed the initial national boards examination administered by the National Commission on Certification of Physician Assistants (NCCPA).

(2) "Physician assistant" means an individual who has:

(a) Successfully completed an American Medical Association accredited and commission approved physician assistant program and is eligible for the NCCPA examination;

(b) Qualified based on work experience and education and was licensed prior to July 1, 1989; or

(c) Graduated from an international medical school and was licensed prior to July 1, 1989.

(3) "Physician assistant-surgical assistant" means an individual who was licensed as a physician assistant between

September 30, 1989, and December 31, 1989, to function in a limited extent as authorized in WAC 246-918-230.

(4) "Licensee" means an individual licensed as a certified physician assistant, physician assistant, or physician assistant-surgical assistant.

(5) "Commission approved program" means a physician assistant program that maintains *Committee on Allied Health Education and Accreditation* standards as defined in the "essentials" of the council of medical education of the American Medical Association.

(6) "Sponsoring physician" means the physician who is responsible for consulting with a certified physician assistant. An appropriate degree of supervision is involved.

(7) "Supervising physician" means the physician who is responsible for closely supervising, consulting, and reviewing the work of a physician assistant.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-005, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71A.020 and 18.71.060. 93-21-016, § 246-918-005, filed 10/11/93, effective 11/11/93. Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-005, filed 6/3/92, effective 7/4/92.]

WAC 246-918-006 Refunds. Application or license fees are not refundable or transferable.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-006, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-006, filed 6/3/92, effective 7/4/92.]

WAC 246-918-007 Application withdrawals. An application for a license may not be withdrawn after the commission or the reviewing commission member determines that grounds for denial of the license or the issuance of a conditional license may be appropriate. Applications which are subject to investigation for unprofessional conduct or impaired practice may not be withdrawn.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-007, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-007, filed 6/3/92, effective 7/4/92.]

WAC 246-918-008 Brief adjudicative proceedings—Denials based on failure to meet education, experience, or examination prerequisites for licensure. The commission adopts RCW 34.05.482 and 34.05.485 through 34.05.494 for adjudicative proceedings requested by applicants, who are denied a license under chapter 18.71A RCW for failure to meet the education, experience, or examination prerequisites for licensure. The sole issue at the adjudicative proceeding shall be whether the applicant meets the education, experience, and examination prerequisites for the issuance of a license.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-008, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-008, filed 6/3/92, effective 7/4/92.]

WAC 246-918-009 Adjudicative proceedings. The commission 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.

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[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-009, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71A.020 and 18.71.060. 93-21-016, § 246-918-009, filed 10/11/93, effective 11/11/93.]

WAC 246-918-030 Prescriptions issued by physician assistants. A physician assistant may issue written or oral prescriptions as provided herein when approved by the commission and assigned by the supervising physician(s).

(1) A physician assistant may not prescribe controlled substances unless specifically approved by the commission or its designee. A physician assistant may issue prescriptions for legend drugs for a patient who is under the care of the physician(s) responsible for the supervision of the physician assistant.

(a) Written prescriptions shall include the name, address, and telephone number of the physician or medical group; the name and address of the patient and the date on which the prescription was written.

(b) The physician assistant shall sign such a prescription using his or her own name followed by the letters "P.A."

(c) Written prescriptions for schedule two through five must include the physician assistant's D.E.A. registration number, or, if none, the supervising physician's D.E.A. registration number, followed by the letters "P.A." and the physician assistant's license number.

(2) A physician assistant employed or extended privileges by a hospital, nursing home or other health care institution may, if permissible under the bylaws, rules and regulations of the institution, order pharmaceutical agents for inpatients under the care of the physician(s) responsible for his or her supervision.

(3) The license of a physician assistant who issues a prescription in violation of these provisions shall be subject to revocation or suspension.

(4) Physician assistants may dispense medications the physician assistant has prescribed from office supplies. The physician assistant shall comply with the state laws concerning prescription labeling requirements.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-030, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-030, filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71A.020. 91-08-007 (Order 153B), § 246-918-030, filed 3/26/91, effective 4/26/91. Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-030, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 86-12-031 (Order PM 599), § 308-52-135, filed 5/29/86; 83-07-014 (Order PL 428), § 308-52-135, filed 3/10/83; 82-03-022 (Order PL 390), § 308-52-135, filed 1/14/82; 79-10-041 (Order PL 317), § 308-52-135, filed 9/13/79; Order PL 264, § 308-52-135, filed 3/15/77.]

WAC 246-918-035 Certified physician assistant prescriptions. A certified physician assistant may issue written or oral prescriptions as provided herein when approved by the commission or its designee.

(1) Written prescriptions shall include the name, address, and telephone number of the physician or medical group; the name and address of the patient and the date on which the prescription was written.

(a) The certified physician assistant shall sign such a prescription using his or her own name followed by the letters "P.A.-C."

(b) The written prescriptions for schedule two through five must include the physician assistant's D.E.A. registra-

tion number, or, if none, the sponsoring physician's D.E.A. registration number, followed by the letters "P.A.-C" and the physician assistant's license number.

(2) A certified physician assistant employed or extended privileges by a hospital, nursing home or other health care institution may, if permissible under the bylaws, rules and regulations of the institution, order pharmaceutical agents for inpatients under the care of the sponsoring physician(s).

(3) The license of a certified physician assistant who issues a prescription in violation of these provisions shall be subject to revocation or suspension.

(4) Certified physician assistants may dispense medications the certified physician assistant has prescribed from office supplies. The certified physician assistant shall comply with the state laws concerning prescription labeling requirements.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-035, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-035, filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71A.020. 91-08-007 (Order 153B), § 246-918-035, filed 3/26/91, effective 4/26/91.]

WAC 246-918-050 Physician assistant qualifications effective January 1, 1990. Individuals applying to the commission under chapter 18.71A RCW after December 31, 1989, shall be required to have graduated from a commission approved physician assistant program and be NCCPA examination eligible.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-050, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-050, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 89-20-023, § 308-52-165, filed 9/27/89, effective 10/28/89.]

WAC 246-918-070 Credentialing of physician assistants. All completed applications for licensure shall be reviewed by a member of the commission or a designee authorized in writing by the commission, prior to licensure.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-070, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71.017. 91-20-170 (Order 203B), § 246-918-070, filed 10/2/91, effective 11/2/91; 91-06-030 (Order 147B), recodified as § 246-918-070, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71.017 and 18.71A.020. 88-21-047 (Order PM 782), § 308-52-610, filed 10/13/88.]

WAC 246-918-080 Physician assistant—Licensure.

(1) Application procedure. Applications may be made jointly by the physician and the physician assistant on forms supplied by the commission. Applications and supporting documents must be on file in the commission office prior to consideration for licensure.

(2) No physician assistant or physician assistant-surgical assistant shall begin practice without commission approval of the practice plan of that working relationship. Practice plans must be submitted on forms provided by the commission.

Change in supervision. In the event that a physician assistant or physician assistant-surgical assistant who is currently licensed desires to become associated with another physician, he or she must submit a new practice plan.

(3) Licensure expiration and renewal. The physician assistant's license shall be renewed annually. The date of renewal shall be the licensee's birth date.

(1997 Ed.)

An initial license shall expire on the licensee's next birth date. However, if the licensee's next birth date is within three months of the initial date of licensure, the original license shall expire on his or her second birth date following original licensure. Before the expiration date of a license, a courtesy renewal notice will be mailed to the last address on file of every person holding a current license. The licensee is responsible for renewing his or her license prior to the expiration date regardless of whether the licensee receives the courtesy notice. If the licensee fails to renew his or her license within three years from expiration date thereof, such individual must apply for licensing under the statutory conditions then in force.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-080, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-080, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 89-06-077 (Order PM 822), § 308-52-139, filed 3/1/89. Statutory Authority: RCW 18.71.017 and 18.71A.020. 88-21-047 (Order PM 782), § 308-52-139, filed 10/13/88. Statutory Authority: RCW 18.71A.020. 88-06-008 (Order PM 706), § 308-52-139, filed 2/23/88; 86-12-031 (Order PM 599), § 308-52-139, filed 5/29/86; 82-24-013 (Order PL 412), § 308-52-139, filed 11/19/82; 81-03-078 (Order PL 368), § 308-52-139, filed 1/21/81; 80-15-031 (Order PL-353), § 308-52-139, filed 10/8/80; 78-04-029 (Order PL 285, Resolution No. 78-140), § 308-52-139, filed 3/14/78.]

WAC 246-918-085 License renewal form. A license shall not be renewed until the licensee has submitted all required renewal forms and the full amount of the renewal fee.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-085, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.130.250. 93-01-078 (Order 321B), § 246-918-085, filed 12/14/92, effective 1/14/93.]

WAC 246-918-090 Physician assistant and certified physician assistant utilization. No physician shall serve as primary supervisor or sponsor for more than three licensees without authorization by the commission.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-090, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-090, filed 6/3/92, effective 7/4/92; 91-06-030 (Order 147B), recodified as § 246-918-090, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 88-06-008 (Order PM 706), § 308-52-140, filed 2/23/88; 86-16-054 (Order PM 609), § 308-52-140, filed 8/1/86; 86-12-031 (Order PM 599), § 308-52-140, filed 5/29/86; 83-07-014 (Order PL 428), § 308-52-140, filed 3/10/83; 82-24-013 (Order PL 412), § 308-52-140, filed 11/19/82; 82-03-022 (Order PL 390), § 308-52-140, filed 1/14/82; 81-03-078 (Order PL 368), § 308-52-140, filed 1/21/81; 78-04-029 (Order PL 285, Resolution No. 78-140), § 308-52-140, filed 3/14/78.]

WAC 246-918-095 Scope of practice—Osteopathic alternate physician. The physician assistant licensed under chapter 18.71A RCW practices under the practice plan and prescriptive authority approved by the commission whether the alternate sponsoring physician or alternate supervising physician is licensed under chapter 18.57 or 18.71 RCW.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-095, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71A.020, 18.71A.040 and 18.130.186(2). 94-15-065, § 246-918-095, filed 7/19/94, effective 8/19/94.]

WAC 246-918-105 Disciplinary action of sponsoring or supervising physician. To the extent that the sponsoring

or supervising physician's practice has been limited by disciplinary action under chapter 18.130 RCW, the physician assistant's practice is similarly limited while working under that physician's sponsorship or supervision.

[Statutory Authority: RCW 18.71A.020, 18.71A.040 and 18.130.186(2). 94-15-065, § 246-918-105, filed 7/19/94, effective 8/19/94.]

WAC 246-918-110 Termination of sponsorship or supervision. Upon termination of the working relationship, the sponsoring or supervising physician and the licensee are each required to submit a letter to the commission indicating the relationship has been terminated and may summarize their observations of the working relationship. Exceptions to this requirement may be authorized by the commission or its designee.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-110, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-110, filed 6/3/92, effective 7/4/92; 91-06-030 (Order 147B), recodified as § 246-918-110, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 86-24-068 (Order PM 627), § 308-52-146, filed 12/3/86.]

WAC 246-918-120 Remote site—Utilization—Limitations, geographic. (1) No licensee shall be utilized in a remote site without approval by the commission or its designee. A remote site is defined as a setting physically separate from the sponsoring or supervising physician's primary place for meeting patients or a setting where the physician is present less than twenty-five percent of the practice time of the licensee.

(2) Approval by the commission or its designee may be granted to utilize a licensee in a remote site if:

(a) There is a demonstrated need for such utilization;

(b) Adequate provision for timely communication between the primary or alternate physician and the licensee exists;

(c) The responsible sponsoring or supervising physician spends at least ten percent of the practice time of the licensee in the remote site. In the case of part time or unique practice settings, the physician may petition the commission to modify the on-site requirement providing the sponsoring physician demonstrates that adequate supervision is being maintained by an alternate method. The commission will consider each request on an individual basis;

(d) The names of the sponsoring or supervising physician and the licensee shall be prominently displayed at the entrance to the clinic or in the reception area.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-120, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-120, filed 6/3/92, effective 7/4/92; 91-06-030 (Order 147B), recodified as § 246-918-120, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 88-06-008 (Order PM 706), § 308-52-147, filed 2/23/88.]

WAC 246-918-130 Physician assistants. (1) A physician assistant may perform only those services as outlined in the standardized procedures reference and guidelines established by the commission. If said assistant is being trained to perform additional procedures beyond those established by the commission, the training must be carried out under the direct, personal supervision of the supervising physician or a qualified person mutually agreed

upon by the supervising physician and the physician assistant. Requests for approval of newly acquired skills shall be submitted to the commission and may be granted by a reviewing commission member or at any regular meeting of the commission.

(2) The physician assistant may not practice in a remote site, or prescribe controlled substances unless specifically approved by the commission or its designee.

(3) A physician assistant may sign and attest to any document that might ordinarily be signed by a licensed physician, to include but not limited to such things as birth and death certificates.

(4) A physician assistant and supervising physician shall ensure that, with respect to each patient, all activities, functions, services and treatment measures are immediately and properly documented in written form by the physician assistant. Every written entry shall be reviewed and countersigned by the supervising physician within two working days unless a different time period is authorized by the commission.

(5) It shall be the responsibility of the physician assistant and the supervising physician to ensure that adequate supervision and review of the work of the physician assistant are provided.

(6) In the temporary absence of the supervising physician, the supervisory and review mechanisms shall be provided by a designated alternate supervisor(s).

(7) The physician assistant, at all times when meeting or treating patients, must wear a badge identifying him or her as a physician assistant.

(8) No physician assistant may be presented in any manner which would tend to mislead the public as to his or her title.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-130, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-130, filed 6/3/92, effective 7/4/92; 91-06-030 (Order 147B), recodified as § 246-918-130, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 88-06-008 (Order PM 706), § 308-52-148, filed 2/23/88.]

WAC 246-918-140 Certified physician assistants.

(1) A certified physician assistant may perform only those services as outlined in the standardized procedures reference and guidelines established by the commission. If said assistant is being trained to perform additional procedures beyond those established by the commission, the training must be carried out under the direct, personal supervision of the sponsoring physician or a qualified person mutually agreed upon by the sponsoring physician and the certified physician assistant. Requests for approval of newly acquired skills shall be submitted to the commission and may be granted by a reviewing commission member or at any regular meeting of the commission.

(2) A certified physician assistant may sign and attest to any document that might ordinarily be signed by a licensed physician, to include, but not limited to such things as birth and death certificates.

(3) It shall be the responsibility of the certified physician assistant and the sponsoring physician to ensure that appropriate consultation and review of work are provided.

(4) In the temporary absence of the sponsoring physician, the consultation and review of work shall be provided by a designated alternate sponsor(s).

(5) The certified physician assistant must, at all times when meeting or treating patients, wear a badge identifying him or her as a certified physician assistant.

(6) No certified physician assistant may be presented in any manner which would tend to mislead the public as to his or her title.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-140, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-140, filed 6/3/92, effective 7/4/92; 91-06-030 (Order 147B), recodified as § 246-918-140, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 88-06-008 (Order PM 706), § 308-52-149, filed 2/23/88.]

WAC 246-918-150 Assistance or consultation with other physicians. (1) Physician sponsor. A physician assistant may assist or consult with a physician other than his or her sponsor or alternate concerning the care or treatment of the sponsor's patients, provided it is done with the knowledge and concurrence of the sponsor. The sponsor must maintain on file a written statement which instructs the physician assistant as to who may be assisted or consulted and under what circumstances or if no list is possible, then the method to be used in determining who may be consulted or assisted. The sponsor retains primary responsibility for the performance of his or her physician assistant.

(2) Responsibility of a nonsponsoring physician. A nonsponsoring physician utilizing or advising a physician assistant as indicated in section (1) of this rule, shall assume responsibility for patient services provided by a physician assistant if the physician:

(a) Knowingly requests that patient services be rendered by the physician assistant; or

(b) Knowingly consults with the physician assistant concerning the rendering of patient services.

[Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-150, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 83-03-031 (Order PL 421), § 308-52-150, filed 1/14/83.]

WAC 246-918-160 Physician assistant and certified physician assistant disciplinary actions. An applicant or a licensee is subject to disciplinary action, including but not limited to, denial or practice restrictions, under any of the following conditions:

(1) The licensee or other health care professional license(s) has been subject to disciplinary action by any licensing agency, or he or she has been guilty of any conduct which would constitute grounds for disciplinary action of such license under the laws of the state of Washington;

(2) The physician sponsor, supervisor, or alternate has had his or her license subject to disciplinary action in a manner which restricts or places conditions upon some or all aspects of the practitioner's scope or manner of practice.

[Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-160, filed 6/3/92, effective 7/4/92; 91-06-030 (Order 147B), recodified as § 246-918-160, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 82-24-013 (Order PL 412), § 308-52-160, filed 11/19/82.]

WAC 246-918-170 Physician assistant and certified physician assistant AIDS prevention and information education requirements. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of human immunodeficiency virus (HIV-related) illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of health with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for licensure. Effective July 1, 1989, persons who submit an application for licensure shall submit, prior to being granted a license and in addition to the other requirements, evidence to show compliance with the educational requirements of subsection (4) of this section.

(3) AIDS education and training.

(a) Acceptable education and training. The commission will accept education and training that qualifies for continuing medical education credit. Such education and training shall be a minimum of four clock hours regarding the prevention, transmission and treatment of AIDS, and may include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) Documentation. The licensee or applicant for licensure shall:

(i) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;

(ii) Keep records for two years documenting education and training and description of the learning;

(iii) Be prepared to validate, through submission of these records, that education and training has taken place.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-170, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-170, filed 6/3/92, effective 7/4/92; 91-06-030 (Order 147B), recodified as § 246-918-170, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 70.24.270. 89-08-063 (Order PM 831), § 308-52-190, filed 4/3/89.]

WAC 246-918-180 Continuing medical education requirements. (1) Each licensee is required to have and attest to one hundred hours of continuing medical education every two years for renewal. A licensee shall be required to submit evidence of compliance upon request by the commission.

(2) In lieu of one hundred hours of continuing medical education the commission will accept a current certification with the National Commission for the Certification of Physician Assistants and will consider approval of other programs as they are developed.

(3) If a licensee fails to meet the requirements because of illness or other extenuating circumstances, each case will be considered by the commission or its designee on an individual basis.

(4) The commission approves the following categories of creditable continuing medical education. A minimum of forty credit hours must be earned in Category I.

Category I Continuing medical education activities with accredited sponsorship

Category II Continuing medical education activities with nonaccredited sponsorship and other meritorious learning experience.

(5) The commission adopts the standards approved by the American Academy of Physician Assistants for the evaluation of continuing medical education requirements in determining the acceptance and category of any continuing medical education experience.

(6) One clock hour shall equal one credit hour for the purpose of satisfying the one hundred hour continuing medical education requirement.

(7) It will not be necessary to inquire into the prior approval of any continuing medical education. The commission will accept any continuing medical education that reasonably falls within these regulations and relies upon each licensee's integrity in complying with this requirement.

(8) Continuing medical education sponsors need not apply for nor expect to receive prior commission approval for a formal continuing medical education program. The continuing medical education category will depend solely upon the accredited status of the organization or institution. The number of hours may be determined by counting the contact hours of instruction and rounding to the nearest quarter hour. The commission relies upon the integrity of the program sponsors to present continuing medical education for licensees that constitutes a meritorious learning experience.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-180, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-180, filed 6/3/92, effective 7/4/92; 91-06-030 (Order 147B), recodified as § 246-918-180, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 82-03-022 (Order PL 390), § 308-52-201, filed 1/14/82; 81-03-078 (Order PL 368), § 308-52-201, filed 1/21/81.]

WAC 246-918-230 Practice of medicine—Surgical procedures. The following duties constitute the practice of medicine under chapters 18.71 and 18.71A RCW if performed by persons who are not registered, certified, or licensed by an agency of the state to perform these tasks when utilized by surgeons as assistants and are not otherwise exempted by RCW 18.71.030:

(1) Assisting surgeons in opening incisions by use of any surgical method including laser, scalpel, scissors, or cautery;

(2) Assisting surgeons in closing of incisions by use of suture material, staples, or other means;

(3) Controlling bleeding with direct tissue contact by the clamping and tying of blood vessels, cautery, and surgical clips;

(4) Suturing or stapling tissue; and

(5) Tying of closing sutures in any tissues.

[Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-230, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 89-13-002 (Order PM 850), § 308-52-630, filed 6/8/89, effective 9/30/89.]

WAC 246-918-250 Basic physician assistant-surgical assistant duties. The physician assistant-surgical assistant who is not eligible to take the NCCPA certifying exam shall:

(1) Function only in the operating room as approved by the commission;

(2) Only be allowed to close skin and subcutaneous tissue, placing suture ligatures, clamping, tying and clipping of blood vessels, use of cautery for hemostasis under direct supervision;

(3) Not be allowed to perform any independent surgical procedures, even under direct supervision, and will be allowed to only assist the operating surgeon;

(4) Have no prescriptive authority; and

(5) Not write any progress notes or order(s) on hospitalized patients, except operative notes.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-250, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71A.020 and 18.71.060. 93-21-016, § 246-918-250, filed 10/11/93, effective 11/11/93. Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-250, filed 6/3/92, effective 7/4/92; 91-06-030 (Order 147B), recodified as § 246-918-250, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 89-13-002 (Order PM 850), § 308-52-650, filed 6/8/89, effective 9/30/89.]

WAC 246-918-260 Physician assistant-surgical assistant—Utilization and supervision. (1) Responsibility of physician assistant-surgical assistant. The physician assistant-surgical assistant is responsible for performing only those tasks authorized by the supervising physician(s) and within the scope of physician assistant-surgical assistant practice described in WAC 246-918-250. The physician assistant-surgical assistant is responsible for ensuring his or her compliance with the rules regulating physician assistant-surgical assistant practice and failure to comply may constitute grounds for disciplinary action.

(2) Limitations, geographic. No physician assistant-surgical assistant shall be utilized in a place geographically separated from the institution in which the assistant and the supervising physician are authorized to practice.

(3) Responsibility of supervising physician(s). Each physician assistant-surgical assistant shall perform those tasks he or she is authorized to perform only under the supervision and control of the supervising physician(s), but such supervision and control shall not be construed to necessarily require the personal presence of the supervising physician at the place where the services are rendered. It shall be the responsibility of the supervising physician(s) to insure that:

(a) The operating surgeon in each case directly supervises and reviews the work of the physician assistant-surgical assistant. Such supervision and review shall include remaining in the surgical suite until the surgical procedure is complete;

(b) The physician assistant-surgical assistant shall wear a badge identifying him or her as a "physician assistant-surgical assistant" or "P.A.S.A." In all written documents and other communication modalities pertaining to his or her professional activities as a physician assistant-surgical assistant, the physician assistant-surgical assistant shall clearly denominate his or her profession as a "physician assistant-surgical assistant" or "P.A.S.A.";

(c) The physician assistant-surgical assistant is not presented in any manner which would tend to mislead the public as to his or her title.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-260, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.130.250. 93-11-008 (Order 360B), § 246-918-260, filed 5/5/93, effective 6/5/93. Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), §

246-918-260, filed 6/3/92, effective 7/4/92; 91-06-030 (Order 147B), recodified as § 246-918-260, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020, 89-13-002 (Order PM 850), § 308-52-660, filed 6/8/89, effective 9/30/89.]

WAC 246-918-310 Acupuncture—Definition. (1)

Acupuncture is a traditional system of medical theory, oriental diagnosis and treatment used to promote health and treat organic or functional disorders, by treating specific acupuncture points or meridians. Acupuncture includes the following techniques:

- (a) Use of acupuncture needles to stimulate acupuncture points and meridians.
- (b) Use of electrical, mechanical or magnetic devices to stimulate acupuncture points and meridians.
- (c) Moxibustion.
- (d) Acupressure.
- (e) Cupping.
- (f) Gwa hsa (dermal friction technique).
- (g) Infra-red.
- (h) Sonopuncture.
- (i) Laser puncture.
- (j) Dietary advice.
- (k) Manipulative therapies.
- (l) Point injection therapy (aquapuncture).

These terms are to be understood within the context of the oriental medical art of acupuncture, and as the commission defines them.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-310, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71.017, 91-06-030 (Order 147B), recodified as § 246-918-310, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020, 83-07-014 (Order PL 428), § 308-52-504, filed 3/10/83; 82-24-013 (Order PL 412), § 308-52-504, filed 11/19/82.]

WAC 246-918-990 Fees. The following fees shall be charged by the health professions quality assurance division of the department of health:

Title of Fee	Fee
Physician's assistants, certified physician assistants, physician assistant-surgical assistants, acupuncture physician assistants:	
Application	\$50.00
Renewal	35.00
Duplicate license	15.00

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-990, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 43.70.040, 91-06-027 (Order 131), § 246-918-990, filed 2/26/91, effective 3/29/91.]

Chapter 246-919 WAC

MEDICAL QUALITY ASSURANCE COMMISSION

WAC

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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-919-200	Petitions for rule making, amendment or repeal—Who may petition. [Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-200, filed 1/17/96, effective 2/17/96.] Repealed by 96-19-042, filed 9/12/96, effective 10/13/96. Statutory Authority: RCW 18.71.017.
246-919-210	Petitions for rule making, amendment or repeal—Requisites. [Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-210, filed 1/17/96, effective 2/17/96.] Repealed by 96-19-042, filed 9/12/96, effective 10/13/96. Statutory Authority: RCW 18.71.017.

- 246-919-220 Petitions for rule making, amendment or repeal—Agency must consider. [Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-220, filed 1/17/96, effective 2/17/96.] Repealed by 96-19-042, filed 9/12/96, effective 10/13/96. Statutory Authority: RCW 18.71.017.
- 246-919-230 Petitions for rule making, amendment or repeal—Notice of disposition. [Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-230, filed 1/17/96, effective 2/17/96.] Repealed by 96-19-042, filed 9/12/96, effective 10/13/96. Statutory Authority: RCW 18.71.017.
- 246-919-240 Declaratory rulings. [Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-240, filed 1/17/96, effective 2/17/96.] Repealed by 96-19-042, filed 9/12/96, effective 10/13/96. Statutory Authority: RCW 18.71.017.

WAC 246-919-010 Definitions. (1) "Commission" means the Washington state medical quality assurance commission.

(2) "Applicant" is an individual who has completed the application form and has paid the application fee.

(3) "Physician" means a physician licensed pursuant to chapter 18.71 RCW.

(4) "Unprofessional conduct" as used in these regulations shall mean the conduct described in RCW 18.71.0193 for conduct occurring before June 11, 1986, and the conduct described in RCW 18.130.180 for conduct occurring on or after June 11, 1986.

(5) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(6) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(7) "Mentally or physically disabled physician" means a physician who has either been determined by a court to be mentally incompetent or mentally ill or who is unable to practice medicine with reasonable skill and safety by reason of any mental or physical condition.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-010, filed 1/17/96, effective 2/17/96.]

WAC 246-919-020 Commission address. The commission's official mailing address is:

Medical Quality Assurance Commission
Department of Health
P.O. Box 47866
Olympia, WA 98504-7866

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-020, filed 1/17/96, effective 2/17/96.]

WAC 246-919-030 Current address. It is the responsibility of each licensee to maintain a current mailing address on file with the commission. The mailing address on file with the commission shall be used for mailing of all official matters from the commission to the licensee. If charges against the licensee are mailed by certified mail to the address on file with the commission and returned unclaimed or are unable to be delivered for any reason, then the commission shall proceed against the licensee by default under RCW 34.05.440.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-030, filed 1/17/96, effective 2/17/96.]

WAC 246-919-100 Panel composition. The term "commission" as used in chapter 246-919 WAC shall mean a duly constituted panel of the Washington state medical quality assurance commission if a panel has been constituted to preside at a hearing. If a panel has not been so constituted, then the term "commission" shall mean the entire commission or a quorum of the entire commission.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-100, filed 1/17/96, effective 2/17/96.]

WAC 246-919-110 Commission meetings. Regular commission meetings shall be held at least four times yearly. Additional regular or special meetings may be called at the discretion of the chair or quorum of the commission.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-110, filed 1/17/96, effective 2/17/96.]

WAC 246-919-120 Appearance and practice before agency—Solicitation of business unethical. It shall be unethical for any person while acting as a representative and/or member of the commission to solicit business based on their association with the commission by circulars, advertisements, or by personal communication or interviews, provided that such representative may publish or circulate business cards. It is equally unethical to procure business indirectly by solicitation of any kind.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-120, filed 1/17/96, effective 2/17/96.]

WAC 246-919-130 Appearance and practice before agency—Standards of ethical conduct. All persons appearing in proceedings before the commission in a representative capacity shall conform to the standards of ethical conduct required of attorneys before the courts of Washington. If any such person does not conform to such standards, the commission may decline to permit such person to appear in a representative capacity in any proceeding before it.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-130, filed 1/17/96, effective 2/17/96.]

WAC 246-919-140 Appearance and practice before agency—Appearance by former member of attorney general's staff. No member of the attorney general's staff assigned to represent the commission may at any time after severing his or her employment with the attorney general appear, except with the written permission of the commission, in a representative capacity on behalf of other parties in a formal proceeding wherein he or she previously took an active part in the investigation as a representative of the commission.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-140, filed 1/17/96, effective 2/17/96.]

WAC 246-919-150 Appearance and practice before agency—Former employee and board/commission member as witness. No former employee of a board/commission or department of health or former board/commission member shall, at any time after severing employment or serving as a board/commission member,

appear as a witness on behalf of parties other than the board/commission or department of health in a formal proceeding wherein he or she previously took an active part in the investigation or deliberation as a representative of the board/commission of the department of health except with the written permission of the commission.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-150, filed 1/17/96, effective 2/17/96.]

APPLICATIONS AND EXAMINATIONS

WAC 246-919-300 Application withdrawals. An application for a license may not be withdrawn after the commission or the reviewing commission member determines that grounds exist for denial of the license or for the issuance of a conditional license. Applications which are subject to investigation for unprofessional conduct or impaired practice may not be withdrawn.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-300, filed 1/17/96, effective 2/17/96.]

WAC 246-919-305 Refunds. Application or license fees are not refundable or transferable.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-305, filed 1/17/96, effective 2/17/96.]

WAC 246-919-310 Credentialing of physicians and surgeons. All completed applications, for either limited or full licensure, must be reviewed by a member of the commission or a designee authorized in writing by the commission prior to examination and/or licensure.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-310, filed 1/17/96, effective 2/17/96.]

WAC 246-919-320 Approved United States and Canadian medical schools. For the purposes of the Medical Practice Act, the commission approves those medical schools listed as accredited medical schools in the United States set forth in Appendix II, Table I, and as accredited schools in Canada set forth in Appendix III, Table I, as published in the *Journal of the American Medical Association* for March 7, 1980.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-320, filed 1/17/96, effective 2/17/96.]

WAC 246-919-330 Postgraduate medical training defined. (1) For the purposes of this chapter, postgraduate medical training shall be considered to mean clinical training approved by the commission in general medicine or surgery, or a recognized specialty or subspecialty in the field of medicine or surgery. The training must be acquired after completion of a formal course of undergraduate medical instruction outlined in RCW 18.71.055. Clinical performance deemed unsatisfactory by the program performance evaluation will not be accepted. This definition shall be considered to include, but not be limited to, internships, residencies and fellowships in medical or surgical subjects.

(2) The commission approves the following postgraduate

clinical training courses:

(a) Programs accredited by the American Medical Association Accreditation Council for Graduate Medical Education which are listed in the 1984-85 directory of residency programs, or programs approved by the American Medical Association Accreditation Council at the time of residency.

(b) Preregistration training programs approved as of July 1, 1982, by the Canadian National Joint Committee on Accreditation of Preregistration Physician Training Programs, or programs approved by the Canadian National Joint Committee on Accreditation of Preregistration Physician Training Programs at the time of residency.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-330, filed 1/17/96, effective 2/17/96.]

WAC 246-919-340 International medical graduates.

(1) Except in unusual circumstances, which shall be considered individually by the commission, all graduates of international medical schools who were not licensed in another state prior to 1958 must have obtained the certificate granted by the Educational Commission for Foreign Medical Graduates (ECFMG) or must qualify for exemption as provided for in other sections of these rules and regulations.

(2) A United States citizen or resident alien who has obtained his medical education in a medical school outside the United States, Canada, or Puerto Rico shall be eligible for licensure in the state of Washington if he or she has satisfied the following requirements:

(a) Has completed all of the formal academic requirements for graduation from a medical school outside the United States, provided that such medical school provides a resident course of professional instruction equivalent to that required under RCW 18.71.055 for approval of United States and Canadian schools. An internship and/or social service in an international country shall not be considered to be a part of the formal academic requirements;

(b) Has successfully completed one academic year of supervised clinical training in a program approved by the commission. Approval of such program shall be based on the following requirements:

(i) The program shall be sponsored by a United States medical school approved by the commission;

(ii) The school must provide supervision equivalent to that given undergraduate medical students;

(iii) Admission to such a program shall be contingent upon review of the applicant's academic achievement, completion of the formal academic curriculum of the international medical school, and the attainment of a score satisfactory to the medical school in a qualifying examination acceptable to the commission such as Part 1 of the National Board examination, or day-1 of FLEX examination, or the ECFMG examination;

(iv) The program must include experience in each of the major clinical disciplines;

(c) Has completed the postgraduate clinical hospital training required by the commission of all applicants for licensure; and

(d) Has passed the examination required by the commission of all applicants for licensure.

(3) Satisfaction of the requirements of subsection (2) of this section shall substitute for the completion of any international internship and/or social service required by the international medical school or government as a condition to the awarding of a medical degree or licensure, and no such requirements shall be a condition of licensure as a physician in this state.

(4) Certification by the ECFMG shall not be a condition of licensure as a physician in this state for candidates who have successfully completed the requirements of subsection (2) of this section.

(5) All persons issued a license to practice medicine and surgery by the medical quality assurance commission shall possess all the rights and privileges thereof, including the use of the title "doctor of medicine" and the initials "M.D."

(6) Graduates of international medical schools who do not qualify for licensure under these rules and regulations will be required to meet the rules previously adopted by the commission.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-340, filed 1/17/96, effective 2/17/96.]

WAC 246-919-350 Examinations. All applications for examination in the state of Washington shall be complete and on file with the Federation of State Medical Boards no later than three months before any USMLE examination.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-350, filed 1/17/96, effective 2/17/96.]

WAC 246-919-355 Examination scores. Examinations accepted by the Washington state medical quality assurance commission:

(1) The commission adopts the United States Medical Licensing Examination (USMLE) as the examination accepted by the commission.

(2) The minimal passing scores for each component of any approved examination combination shall be a score of seventy-five as defined by the examining authority.

(3) Applicants who do not pass Step 3 of the USMLE examination after three sittings within seven years after passing the first examination, either Step 1 or Step 2, or acceptable combination, shall demonstrate evidence satisfactory to the commission of having completed a remedial or refresher medical course approved by the commission prior to being permitted to sit for the examination again. Applicants who do not pass after the fourth sitting may not sit for another examination without completing an additional year of postgraduate training or satisfying any other conditions specified by the commission.

(4) To be eligible for USMLE Step 3, the applicant must:

(a) Have obtained the M.D. degree;

(b) Have successfully completed the Federation Licensure Examination (FLEX) Component 1 or both National Boards Examination (NBE) Parts I and II or USMLE Steps 1 and 2 or NBE Part I and USMLE Step 2 or Step 1 and NBE Part II; and

(c) Be certified by the ECFMG if a graduate of an international medical school, or have successfully completed a fifth pathway program; and postgraduate training year in

a program of graduate medical education accredited by the Accreditation Council for Graduate Medical Education.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-355, filed 1/17/96, effective 2/17/96.]

WAC 246-919-360 Examinations accepted for reciprocity or waiver. (1) The commission may accept certain examinations as a basis for licensure. These examinations include USMLE, FLEX, NBE, or those given by the other states, with the exception of Florida and Hawaii. Those who have taken the Licentiate of the Medical Council of Canada (L.M.C.C.) and holds a valid LMCC certification obtained after 1969, may be granted a license without examination.

(2) Examination combination acceptable. Any applicant who has successfully completed Part I (NBE) or Step 1 (USMLE) plus Part II or Step 2 plus Part III or Step 3; or FLEX Component 1 plus Step 3; or Part I or Step 1, plus Part II or Step 2, plus FLEX Component 2 shall be deemed to have successfully completed a medical licensure examination as required by RCW 18.71.070. (For clarification, see Table 1.)

Accepted Examinations taken In Sequence	Other Acceptable Combinations
NBME Part I <i>plus</i> NBME Part II <i>plus</i> NBME Part III	NBME Part I or USMLE Step 1 <i>plus</i> NBME Part II or USMLE Step 2 <i>plus</i> NBME Part III or USMLE Step 3
FLEX Component 1 <i>plus</i> FLEX Component 2	FLEX Component 1 <i>plus</i> USMLE Step 3 or NBME Part I or USMLE Step 1 <i>plus</i> NBME Part II or USMLE Step 2 <i>plus</i> FLEX Component 2
USMLE Step 1 <i>plus</i> USMLE Step 2 <i>plus</i> USMLE Step 3	

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-360, filed 1/17/96, effective 2/17/96.]

WAC 246-919-365 FLEX examination standards. Reciprocity applicants who were licensed in another state by passing the FLEX examination will be eligible for a waiver of examination if the applicant received a FLEX weighted

average score of at least 75. The score may be obtained in a single setting of the three-day examination or by averaging the individual day scores from different examinations. The individual day scores will be averaged according to the following formula:

Day 1 equals 1/6.

Day 2 equals 2/6.

Day 3 equals 3/6.

The overall average score shall be truncated to the nearest whole number (i.e., an average of 74.9 equals 74). Single subject averaging is not permitted. The commission will accept the FLEX weighted average of 75 reported from the Federation of State Medical Boards. All FLEX scores must be submitted directly from the Federation of State Medical Boards. FLEX scores reported by other states will not be accepted.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-365, filed 1/17/96, effective 2/17/96.]

WAC 246-919-370 Special purpose examination.

(1) The commission may require an applicant or licensee to pass the Special Purpose Examination (SPEX) or any other examination deemed appropriate. An applicant or licensee may be required to take an examination when the commission has concerns with the applicant's or licensee's ability to practice competently for reasons which may include, but are not limited to, the following:

- (a) Resolved or pending malpractice suits;
- (b) Pending action by another state licensing authority;
- (c) Actions pertaining to privileges at any institution; or
- (d) Not having practiced for an interval of time.

(2) The minimum passing score on the SPEX examination shall be seventy-five. The passing score for any other examination under this rule shall be determined by the commission.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-370, filed 1/17/96, effective 2/17/96.]

WAC 246-919-380 AIDS prevention and information education requirements. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of health or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for licensure. Applicants for licensure shall submit, prior to being granted a license and in addition to the other requirements, evidence to show compliance with the educational requirements of subsection (3) of this section, certify that such requirements will be satisfied by the date of the applicant's first renewal.

(3) AIDS education and training.

(a) Acceptable education and training. The commission will accept education and training that qualifies for continuing medical education credit. Such education and training shall be a minimum of four clock hours regarding the prevention, transmission and treatment of AIDS, and may include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control

guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) Any reinstatement of a license that is lapsed, inactive, or revoked or actually suspended for a term during which the licensee did not obtain the required AIDS education shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of (a) of this subsection.

(c) Documentation. The applicant for licensure shall certify that the minimum education and training has been completed after January 1, 1987. The documentation of education and training and description of learning shall be maintained for two years after issuance of license.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-380, filed 1/17/96, effective 2/17/96.]

WAC 246-919-390 Temporary permits—Recognized jurisdictions.

(1) For the issuance of temporary permits under RCW 18.130.075 to applicants who graduated from a school of medicine located in any state, territory, or possession of the United States, the District of Columbia, or the Dominion of Canada prior to July 28, 1985, the following jurisdictions are deemed to have licensing standards substantially equivalent to Washington state's licensing standards: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Guam, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, Virginia, West Virginia, Wisconsin, and Wyoming.

(2) For the issuance of temporary permits under RCW 18.130.075 to applicants who graduated from a school of medicine located in any state, territory, or possession of the United States, the District of Columbia, or the Dominion of Canada after July 28, 1985, the following jurisdictions are deemed to have licensing standards substantially equivalent to Washington state's licensing standards: Connecticut, Maine, Michigan, Nevada, and New Hampshire.

(3) For the issuance of temporary permits under RCW 18.130.075 to applicants who graduated from a school of medicine located outside the states, territories, and possessions of the United States, the District of Columbia, or the Dominion of Canada prior to July 28, 1985, the following jurisdictions are deemed to have licensing standards substantially equivalent to Washington state's licensing standards: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Guam, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, West Virginia, Wisconsin, and Wyoming.

(4) For the issuance of temporary permits under RCW 18.130.075 to applicants who graduated from a school of medicine located outside the states, territories, and possessions of the United States, the District of Columbia, or the Dominion of Canada after July 28, 1985, the following jurisdictions are deemed to have licensing standards substantially equivalent to Washington state's licensing standards: Arizona, Colorado, Connecticut, Delaware, Georgia, Hawaii, Idaho, Indiana, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Michigan, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oregon, Rhode Island, Tennessee, Texas, Virginia, West Virginia, and Wyoming.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-390, filed 1/17/96, effective 2/17/96.]

WAC 246-919-395 Temporary permits—Issuance and duration. (1) Upon submission of a completed license application form on which the applicant indicates that he or she wishes to receive a temporary practice permit; payment of the application fee and temporary practice permit fee; receipt of the American Medical Association's physicians' data profile verifying states in which the applicant is or was licensed; receipt of disciplinary action data bank report from the Federation of State Medical Boards and receipt of written verification attesting that the applicant has a license in good standing and is not subject to charges or disciplinary action for unprofessional conduct or impairment from all states which the applicant is or was licensed, the applicant shall be issued a temporary practice permit unless there is a basis for denial of the license or issuance of a conditional license.

(2) The temporary permit shall expire upon the issuance of a license by the commission; initiation of an investigation by the commission of the applicant; or ninety days, whichever occurs first.

(3) An applicant who receives a temporary practice permit and who does not complete the application process may not receive additional temporary practice permits even upon submission of a new application in the future.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-395, filed 1/17/96, effective 2/17/96.]

RENEWAL AND CME REQUIREMENTS

WAC 246-919-400 Scope. This regulation governs all physicians licensed pursuant to chapter 18.71 RCW who wish to renew their licenses to practice in the state of Washington.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-400, filed 1/17/96, effective 2/17/96.]

WAC 246-919-410 License renewal. The physician and surgeon license shall be renewed annually or as specified in chapter 18.71 RCW. The date of renewal shall be the licensee's birth date.

An initial license shall expire on the licensee's next birth date. However, if the licensee's next birth date is within three months of the initial date of licensure, the original license shall expire on his or her second birth date

following original licensure. Before the expiration date of a license, a courtesy renewal notice will be mailed to the last address on file of every person holding a current license. The licensee is responsible for renewing his or her license prior to the expiration date regardless of whether the licensee receives the courtesy notice. Should the licensee fail to renew his or her license prior to the expiration date, the individual is subject to the statutory penalty fee. If the licensee fails to renew his or her license within three years from expiration date thereof, such individual must apply for licensing under the statutory conditions then in force.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-410, filed 1/17/96, effective 2/17/96.]

WAC 246-919-420 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 18.71.017 and 18.71A.020. 96-03-073, § 246-919-420, filed 1/17/96, effective 2/17/96.]

WAC 246-919-430 General requirements. (1) The commission requires one hundred fifty credit hours of continuing education every three years.

(2) In lieu of the one hundred fifty hours of continuing medical education, the commission will accept a current Physician's Recognition Award from the American Medical Association or a current certificate from any specialty board approved by the American Board of Medical Specialties (ABMS) which is considered by the specialty board as equivalent to the one hundred fifty hours of continuing medical education required under WAC 246-919-430(1). The commission will also accept certification or recertification by a specialty board as the equivalent of one hundred fifty hours of continuing medical education. A list of the approved specialty boards are designated in the *1995 Official American Boards of Medical Specialty Director of Board Certified Medical Specialist* and will be maintained by the commission. The list shall be made available upon request. The certification or recertification must be obtained in the three years preceding application for renewal.

(3) In case licensees fail to meet the requirements because of illness or other extenuating circumstances, each case will be considered on an individual basis and when the circumstances justify it, the commission or its designee may grant an extension of time.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-430, filed 1/17/96, effective 2/17/96.]

WAC 246-919-440 Certification of compliance. (1) Every three years a licensee shall submit an affidavit of compliance with the one hundred fifty-hour continuing medical education requirement on a form supplied by the commission.

(2) The commission reserves the right to require a licensee to submit evidence in addition to the affidavit to demonstrate compliance with the one hundred fifty-hour continuing medical education requirement. Accordingly, it is the responsibility of a licensee to maintain evidence of such compliance.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-440, filed 1/17/96, effective 2/17/96.]

WAC 246-919-450 Categories of creditable continuing medical education activities. The licensee may earn all one hundred fifty credit hours in Category I. If the licensee does not earn the one hundred fifty credit hours in Category I, the licensee must earn the total of one hundred fifty credit hours in at least three of the five categories. The following are categories of creditable continuing medical education activities approved by the commission:

- Category I Continuing medical education activities with accredited sponsorship
- Category II Continuing medical education activities with nonaccredited sponsorship (maximum of sixty hours)
- Category III Teaching medical physicians or the allied health services (maximum of sixty hours)
- Category IV Books, papers, publications, exhibits (maximum of sixty hours)
- Category V Nonsupervised: Self-assessment, self-instruction, specialty board examination preparation, quality of care and/or utilization review (maximum of sixty hours).

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-450, filed 1/17/96, effective 2/17/96.]

WAC 246-919-460 Continuing medical education requirement. (1) The credits must be earned in the thirty-six-month period preceding application for renewal of licensure.

(2) One clock-hour shall equal one credit-hour for the purpose of satisfying the one hundred fifty-hour continuing medical education requirement.

(3)(a) **Category I: Continuing medical education activities with accredited sponsorship.** A maximum of one hundred fifty credit hours may be earned in Category I. The commission has approved the standards adopted by the Accreditation Council for Continuing Medical Education or its designated interstate accrediting agency, the Washington State Medical Association, in accrediting organizations and institutions offering continuing medical education programs, and will accept attendance at such programs offered by organizations and institutions offering continuing medical education programs, and will accept attendance at such programs offered by organizations and institutions so recognized as credit towards the licensee's continuing medical education requirement for annual renewal of licensure.

(b) **Category II: Continuing medical education activities with nonaccredited sponsorship.** A maximum of sixty credit hours may be earned by attendance at continuing medical education programs that are not approved in accordance with the provisions of Category I.

(c) **Category III: Teaching medical physicians or the allied health services.** A maximum of sixty credit hours may be earned for serving as an instructor of medical students, house staff, other physicians or allied health professionals from a hospital or institution with a formal training program if the hospital or institution has approved the instruction.

(d) **Category IV: Books, papers, publications, exhibits.**

(i) A maximum of sixty credit hours may be earned under Category IV, with specific subcategories listed below. Credit may be earned only during the thirty-six-month period following presentations or publications.

(ii) Ten credit hours may be claimed for a paper, exhibit, publication, or for each chapter of a book that is authored and published. A paper must be published in a recognized medical journal. A paper that is presented at a meeting or an exhibit that is shown must be to physicians or allied health professionals. Credit may be claimed only once for the scientific materials presented. Credit should be claimed as of the date materials were presented or published.

Medical editing can not be accepted in this or any other category for credit.

(e) **Category V: Nonsupervised.**

(i) A maximum of sixty credit hours may be earned under Category V. Credit may be earned only for the thirty-six-month period following the year in which the study, preparation, care and/or review occurred.

(ii) Self-assessment: Credit hours may be earned for completion of a multimedia medical education program.

(iii) Self-instruction: Credit hours may be earned for the independent reading of scientific journals and books.

(iv) Specialty board examination preparation: Credit hours may be earned for preparation for specialty board certification or recertification examinations.

(v) Quality care and/or utilization review: Credit hours may be earned for participation on a staff committee for quality of care and/or utilization review in a hospital or institution or government agency.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-460, filed 1/17/96, effective 2/17/96.]

WAC 246-919-470 Approval not required. (1) The commission will not give prior approval for any continuing medical education. The commission will accept any continuing medical education that reasonably falls within these regulations and relies upon each individual physician's integrity in complying with this requirement.

(2) The commission will not give prior approval for any formal continuing medical education program. The continuing medical education category will depend solely upon the accredited status of the organization or institution. The number of creditable hours may be determined by counting the contact hours of instruction and rounding to the nearest quarter hour. The commission relies upon the integrity of program sponsors to present continuing medical education that constitutes a meritorious learning experience.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-470, filed 1/17/96, effective 2/17/96.]

WAC 246-919-480 Retired active physician license.

(1) RCW 18.130.250 provides for a retired active license status for individuals already licensed who wish to practice only in emergent or intermittent circumstances. For the purpose of implementing RCW 18.130.250, the licensee must hold a current active license and meet the following criteria:

(a) The licensee's practice is limited to providing health care services without compensation;

(b) Services are provided in community clinics located in the state of Washington that are operated by public or private tax-exempt corporations; and

(c) Services must be limited to primary care.

(2) Individuals requesting a retired active license status must submit a letter to the department at the time of their renewal declaring their intent to practice only on an intermittent or emergency basis as defined in subsection (1) of this section. Physician retired active licenses will not be retroactively issued for prior years.

(3) A licensee wishing to return to a full active license must meet the current requirements for relicensure.

(4) Individuals practicing with a retired active license are subject to chapter 18.130 RCW to the same extent as individuals holding an active license.

(5) Retired active licensees must meet the continuing education requirements established in WAC 246-919-430 through 246-919-470.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-480, filed 1/17/96, effective 2/17/96.]

ADJUDICATIVE PROCEDURES

WAC 246-919-500 Brief adjudicative proceedings—Denials based on failure to meet education, experience, or examination prerequisites for licensure. The commission adopts RCW 34.05.482 and 34.05.485 through 34.05.494 for adjudicative proceedings requested by applicants, who are denied a license under chapters 18.71 and 18.71A RCW for failure to meet the education, experience, or examination prerequisites for licensure. The sole issue at the adjudicative proceeding shall be whether the applicant meets the education, experience, and examination prerequisites for the issuance of a license.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-500, filed 1/17/96, effective 2/17/96.]

WAC 246-919-510 Adjudicative proceedings. The commission adopts the model procedural rules for adjudicative proceedings as adopted by the department of health and contained in chapter 246-11 WAC, including subsequent amendments.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-510, filed 1/17/96, effective 2/17/96.]

STANDARDS FOR PROFESSIONAL CONDUCT

WAC 246-919-600 Prescriptions—Schedule II stimulant drugs. (1) A physician shall be guilty of unprofessional conduct if he or she prescribes, orders, dispenses, administers, supplies or otherwise distributes any amphetamines or other Schedule II nonnarcotic stimulant drug to any person except for the therapeutic treatment of:

(a) Narcolepsy;

(b) Hyperkinesia;

(c) Brain dysfunction of sufficiently specific diagnosis, or etiology which clearly indicates the need for these substances in treatment or control;

(d) Epilepsy;

(e) Differential psychiatric evaluation of depression; or

(f) Depression shown to be refractory of other therapeutic modalities; or for the clinical investigation of the effects of such drugs or compounds in which case an investigative protocol must be submitted to and reviewed and approved by the commission before the investigation has begun.

(2) A physician prescribing or otherwise distributing controlled substances as permitted by subsection (1) of this section shall maintain a complete record which must include:

(a) Documentation of the diagnosis and reason for prescribing; and

(b) Name, dose, strength, and quantity of drug, and the date prescribed or distributed.

(3) The records required by subsection (2) of this section shall be made available for inspection by the commission or its authorized representative upon request.

(4) Schedule II stimulant drugs shall not be dispensed or prescribed for the treatment or control of exogenous obesity.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-600, filed 1/17/96, effective 2/17/96.]

WAC 246-919-610 Use of drugs or autotransfusion to enhance athletic ability. (1) A physician shall not prescribe, administer or dispense anabolic steroids, growth hormones, testosterone or its analogs, human chorionic gonadotropin (HCG), other hormones, or any form of autotransfusion for the purpose of enhancing athletic ability.

(2) A physician shall complete and maintain patient medical records which accurately reflect the prescribing, administering or dispensing of any substance or drug described in this rule or any form of autotransfusion. Patient medical records shall indicate the diagnosis and purpose for which the substance, drug or autotransfusion is prescribed, administered or dispensed and any additional information upon which the diagnosis is based.

(3) A violation of any provision of this rule shall constitute grounds for disciplinary action under RCW 18.130.180(7). A violation of subsection (1) of this section shall also constitute grounds for disciplinary action under RCW 18.130.180(6).

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-610, filed 1/17/96, effective 2/17/96.]

WAC 246-919-620 Cooperation with investigation. (1) A licensee must comply with a request, under RCW 70.02.050, for health care records or documents from an investigator who is acting on behalf of the disciplining authority pursuant to RCW 18.130.050(2) by submitting the requested items within fourteen calendar days of receipt of the request by the licensee or the licensee's attorney, whichever is first. If the licensee fails to comply with the request within fourteen calendar days, the investigator shall contact the licensee or the licensee's attorney by letter as a reminder.

(a) Investigators may extend the time for response if the licensee requests an extension for a period not to exceed seven calendar days. Other requests for extension may be granted by the commission chair or the commission's designee.

(b) If the licensee fails to comply with the request within three business days after the receipt of the written

reminder, a statement of charges shall be issued pursuant to RCW 18.130.180(8) and, if there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(2) A licensee must comply with a request for nonhealth care records or documents from an investigator who is acting on behalf of the commission pursuant to RCW 18.130.050(2) by submitting the requested items within fourteen calendar days of receipt of the request by the licensee or the licensee's attorney, whichever is first. If the licensee fails to comply with the request within fourteen calendar days, the investigator shall contact the licensee or the licensee's attorney by letter as a reminder.

(a) Investigators may extend the time for response if the licensee requests an extension for a period not to exceed seven calendar days. Other requests for extension may be granted by the commission chair or the commission's designee.

(b) If the licensee fails to comply with the request within three business days after the receipt of the written reminder, then a subpoena shall be served upon the licensee to obtain the requested items.

(c) If the licensee fails to comply with the subpoena, a statement of charges shall be issued pursuant to RCW 18.130.180(8) and, if there is sufficient evidence to support additional charges, then those charges may be included in the statement of charges.

(3) A licensee must comply with a request for information from an investigator who is acting on behalf of the commission pursuant to RCW 18.130.050(2). This information may include, but is not limited to, an explanation of the matter under investigation, curriculum vitae, continuing medical education credits, malpractice action summaries, or hospital affiliations. The licensee will submit the requested information within fourteen calendar days of receipt of the request by the licensee or the licensee's attorney, whichever is first. If the licensee fails to comply with the request within fourteen calendar days, the investigator shall contact the licensee or the licensee's attorney by letter as a reminder.

(a) Investigators may extend the time for response if the licensee requests an extension for a period not to exceed seven calendar days. Other requests for extension may be granted by the commission chair or the commission's designee.

(b) If the licensee fails to comply with the written reminder within three business days after the receipt of the reminder, a statement of charges shall be issued pursuant to RCW 18.130.180(8) and, if there is sufficient evidence to support additional charges, then those charges may be included in the statement of charges.

(4) In negotiating a settlement on a statement of charges based on RCW 18.130.180(8), the reviewing commission member may take into consideration whether the licensee has complied with the request after the statement of charges has been issued. Any settlement proposal shall be presented to the commission or a duly constituted panel of the commission for a decision on ratification and until ratified, the settlement is not final.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-620, filed 1/17/96, effective 2/17/96.]

MANDATORY REPORTING

WAC 246-919-700 Mandatory reporting. (1) All reports required by these regulations shall be submitted to the commission as soon as possible, but not later than sixty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address and telephone number of the person making the report;

(b) The name, address and telephone numbers of the physician being reported;

(c) The case number of any patient whose treatment is a subject of the report;

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences;

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number; and

(f) Any further information which would aid the evaluation of the report.

(3) The mandatory reporting shall not act as a waiver of confidentiality of medical records and committee reports. The information reported or disclosed shall be kept for the confidential use of the commission as provided in the Uniform Disciplinary Act and shall not be subject to subpoena or discovery proceedings in any civil action as provided in RCW 4.24.250, and shall be exempt from public disclosure pursuant to chapter 42.17 RCW except for review as provided in RCW 18.71.0195.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-700, filed 1/17/96, effective 2/17/96.]

WAC 246-919-710 Mandatory reporting requirement satisfied. The requirement for a report to the commission under RCW 18.71.0193(1) may be satisfied by submitting the report to the impaired physician program approved by the commission under this chapter.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-710, filed 1/17/96, effective 2/17/96.]

WAC 246-919-720 Health care institutions. The chief administrator or executive officer of any health care institutions, which includes, but is not limited to, hospitals, clinics and nursing homes, shall report to the commission when any physician's clinical privileges are terminated or are restricted based on a determination, in accordance with an institution's bylaws, that a physician has either committed an act or acts which may constitute unprofessional conduct or that a physician may be mentally or physically disabled. Said officer shall also report if a physician accepts voluntary termination or restriction of clinical privileges in lieu of formal action based upon unprofessional conduct or upon being mentally or physically disabled.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-720, filed 1/17/96, effective 2/17/96.]

WAC 246-919-730 Medical associations or societies. The president or chief executive officer of any medical

association or society within this state shall report to the commission when a medical society hearing panel or committee determines that a physician has committed unprofessional conduct or that a physician may not be able to practice medicine with reasonable skill and safety to patients as the result of any mental or physical condition and constitutes an apparent risk to the public health, safety or welfare. The report required by this subsection shall be made without regard to whether the license holder appeals, accepts or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-730, filed 1/17/96, effective 2/17/96.]

WAC 246-919-740 Health care service contractors and disability insurance carriers. The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A and 48.44 RCW operating in the state of Washington, shall report to the commission all final determinations that a physician has engaged in flagrant overcharging for medical services or has flagrantly engaged in overutilization of medical services or has charged fees for medical services not actually provided.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-740, filed 1/17/96, effective 2/17/96.]

WAC 246-919-750 Courts. The commission requests the assistance of all clerks of trial courts within the state to report all medical malpractice judgments and all convictions of licensed medical doctors, other than minor traffic violations.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-750, filed 1/17/96, effective 2/17/96.]

WAC 246-919-760 State and federal agencies. The commission requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a physician is employed to provide patient care services, to report to the commission whenever such a physician has been judged to have demonstrated his/her incompetency or negligence in the practice of medicine, or has otherwise committed unprofessional conduct; or is a mentally or physically disabled physician.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-760, filed 1/17/96, effective 2/17/96.]

WAC 246-919-770 Professional standards review organizations. When authorized by federal law, every professional standards review organization operating within the state of Washington shall report to the commission any determinations that a physician has engaged or is engaging in consistent, excessive utilization of any medical or surgical test, treatment or procedure when such procedures are clearly not called for under the circumstances in which such services were provided.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-770, filed 1/17/96, effective 2/17/96.]

PHYSICIAN AND SURGEON FEES

WAC 246-919-990 Physician and surgeon fees. The following nonrefundable fees shall be charged by the health professional quality assurance division of the department of health:

Title of Fee	Fee
Physician and surgeons: Chapter 18.71 RCW	
Application	\$300.00
Retired active physician license renewal	125.00
Renewal	100.00
Disciplinary assessment	100.00
Late renewal penalty	50.00
Surcharge for impaired physician program	25.00
State certification	50.00
Duplicate license	15.00
Temporary permit	50.00
Postgraduate limited license fees: RCW 18.71.095	
Limited license application	200.00
Limited license renewal	100.00
Disciplinary assessment	100.00
Surcharge-impaired physician	25.00
Limited duplicate license	15.00

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-990, filed 1/17/96, effective 2/17/96.]

Chapter 246-922 WAC

PODIATRIC PHYSICIANS AND SURGEONS

WAC

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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-922-110	Acts that may not be performed by unlicensed persons. [Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-110, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-110, filed 1/18/91, effective 2/18/91; 87-04-050 (Order PM 638), § 308-31-120, filed 2/3/87; 84-02-077 (Order PL 450), § 308-31-120, filed 1/4/84.] Repealed by 94-05-051, filed 2/10/94, effective 3/13/94. Statutory Authority: RCW 18.22.015.
246-922-220	Exercise of professional judgment and skills. [Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-220, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-220, filed 1/18/91, effective 2/18/91; 84-02-077 (Order PL 450), § 308-31-520, filed 1/4/84.] Repealed by 94-05-051, filed 2/10/94, effective 3/13/94. Statutory Authority: RCW 18.22.015.
246-922-250	Excessive fees. [Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-250, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-250, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.22.015 and 18.22.010(5). 86-22-042 (Order PM 624), § 308-31-550, filed 11/3/86. Statutory Authority: RCW 18.22.015. 84-02-077 (Order PL 450), § 308-31-550, filed 1/4/84.] Repealed by 94-05-051, filed 2/10/94, effective 3/13/94. Statutory Authority: RCW 18.22.015.

WAC 246-922-001 Scope of practice. (1) An "ailment of the human foot" as set forth in RCW 18.22.010 is defined as any condition, symptom, disease, complaint, or disability involving the functional foot. The functional foot includes the anatomical foot and any muscle, tendon, ligament, or other soft tissue structure directly attached to the anatomical foot and which impacts upon or affects the foot or foot function and osseous structure up to and including the articulating surfaces of the ankle joint.

(2) In diagnosing or treating the ailments of the functional foot, a podiatric physician and surgeon is entitled to utilize medical, surgical, mechanical, manipulative, radiological, and electrical treatment methods and the diagnostic procedure or treatment method may be utilized upon an anatomical location other than the functional foot. The diagnosis and treatment of the foot includes diagnosis and treatment necessary for preventive care of the well foot.

(3) A podiatric physician and surgeon may examine, diagnose, and commence treatment of ailments for which differential diagnoses include an ailment of the human foot. Upon determination that the condition presented is not an ailment of the human foot, the podiatric physician and surgeon shall obtain an appropriate consultation or make an appropriate referral to a licensed health care practitioner authorized by law to treat systemic conditions. The podiatric

physician and surgeon may take emergency actions as are reasonably necessary to protect the patient's health until the intervention of a licensed health care practitioner authorized by law to treat systemic conditions.

(4) A podiatric physician and surgeon may diagnose or treat an ailment of the human foot caused by a systemic condition provided an appropriate consultation or referral for the systemic condition is made to a licensed health care practitioner authorized by law to treat systemic conditions.

(5) A podiatric physician and surgeon shall not administer a general or spinal anesthetic, however, a podiatric physician and surgeon may treat ailments of the human foot when the treatment requires use of a general or spinal anesthetic provided that the administration of the general or spinal anesthetic is by or under the supervision of a physician authorized under chapter 18.71 or 18.57 RCW.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-001, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-001, filed 1/18/91, effective 2/18/91; 87-09-045 (Order PM 643), § 308-31-025, filed 4/14/87; 87-04-050 (Order PM 638), § 308-31-025, filed 2/3/87.]

WAC 246-922-010 Definitions. (1) Chiropractic, podiatry, and podiatric medicine and surgery shall be synonymous.

(2) "Board" shall mean the Washington state podiatric medical board.

(3) "Secretary" shall mean the secretary of the department of health.

(4) "Supervision" shall mean that a licensed podiatric physician and surgeon whose patient is being treated has personally diagnosed the condition to be treated and has personally authorized and directed the procedures to be performed. A podiatric physician and surgeon shall be physically present in the treatment facility while the procedures are performed.

(5) "Treatment facility" means a podiatric medical office or connecting suite of offices, podiatric medical clinic, room or area with equipment to provide podiatric medical treatment, or the immediately adjacent rooms or areas. A treatment facility does not extend to any other area of a building in which the treatment facility is located.

(6) "Unlicensed person" means a person who is not a podiatric physician and surgeon duly licensed pursuant to the provisions of chapter 18.22 RCW.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-010, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-010, filed 1/18/91, effective 2/18/91; 84-02-077 (Order PL 450), § 308-31-020, filed 1/4/84; Order PL 128, § 308-31-020, filed 7/7/72.]

WAC 246-922-020 Board officers. In addition to electing a board member to serve as chairperson as required by RCW 18.22.014, the board shall also elect a vice-chairperson and a secretary from among its members.

The board shall schedule an annual election of members to the above named offices.

[Statutory Authority: RCW 18.22.015. 91-03-095 (Order 118B), recodified as § 246-922-020, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.22.015(8). 86-01-041 (Order PL 573), § 308-31-001, filed 12/13/85.]

WAC 246-922-030 Approved schools of podiatric medicine. For the purpose of the laws relating to podiatric medicine, the board approves the following list of schools of podiatric medicine: California College of Podiatric Medicine, San Francisco, California; College of Podiatric Medicine and Surgery, Des Moines, Iowa; New York College of Podiatric Medicine, New York, New York; Ohio College of Podiatric Medicine, Cleveland, Ohio; Pennsylvania College of Podiatric Medicine, Philadelphia, Pennsylvania; Dr. William Scholl College of Podiatric Medicine, Chicago, Illinois; Barry University School of Podiatric Medicine, Miami Shores, Florida.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-030, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-030, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.22.015 and 18.22.010(5). 86-22-042 (Order PM 624), § 308-31-030, filed 11/3/86. Statutory Authority: 1982 c 21 § 10. 83-03-032 (Order 418), § 308-31-030, filed 1/14/83.]

WAC 246-922-032 Postgraduate podiatric medical training defined. (1) For the purposes of this chapter, postgraduate podiatric medical training shall be considered to mean clinical training that meets the educational standards established by the profession. The training must be acquired after satisfactory completion of a course in an approved school of podiatric medicine and surgery as specified in RCW 18.22.040. Clinical performance shall be deemed satisfactory to fulfill the purposes of this requirement. This definition shall be considered to include, but not be limited to, rotating podiatric residency, podiatric orthopedic residency, and podiatric surgical residency.

(2) The board approves the following postgraduate clinical training courses: Programs approved by the American Podiatric Medical Association Council on Podiatric Medical Education which are listed in the 1992-1993 directory of *Approved Residencies in Podiatric Medicine*, and programs approved by the Council on Podiatric Medical Education at the time the postgraduate training was obtained.

[Statutory Authority: RCW 18.22.015. 94-05-051, § 246-922-032, filed 2/10/94, effective 3/13/94.]

WAC 246-922-033 Eligibility for licensure. An applicant for licensure or limited licensure must file a completed application and applicable fee, which shall include information and documentation relative to education and training, past practice performance, licensure history, and a record of all adverse or correctional actions taken by another state or appropriate regulatory body, ability to safely practice podiatric medicine with reasonable skill and safety to the consumer, and other relevant documentation or information as the board may require to determine fitness or eligibility for licensure.

(1) Applicants requesting a license to practice podiatric medicine shall have completed one year postgraduate podiatric medical training in a program approved by the board as defined in WAC 246-922-032, provided that applicants graduating before July 1, 1993, shall be exempt from the postgraduate training requirement.

(2) Applicants requesting a limited license to practice in an approved postgraduate podiatric medical training program shall have graduated from an approved school of podiatric medicine and surgery.

[Statutory Authority: RCW 18.22.015. 94-05-051, § 246-922-033, filed 2/10/94, effective 3/13/94.]

WAC 246-922-035 Temporary practice permit. A temporary permit to practice podiatric medicine and surgery may be issued to an individual licensed in another state that has substantially equivalent licensing standards to those in Washington.

(1) The temporary permit may be issued upon receipt of the following:

(a) Documentation from the reciprocal state that the licensing standards used for issuing the license are substantially equivalent to the current Washington licensing standards;

(b) A completed application form and application and temporary permit fees;

(c) Verification of all state licenses, whether active or inactive, indicating that the applicant is not subject to charges or disciplinary action for unprofessional conduct or impairment; and

(d) Verification from the federation of state podiatric medical board's disciplinary action data bank that the applicant has not been disciplined by a state board or federal agency.

(2) The temporary permit shall be issued for sixty days at which time it will become invalid.

(3) A temporary permit shall be issued only once to each applicant. An applicant who does not complete the application process shall not receive a subsequent temporary permit or refund.

[Statutory Authority: RCW 18.22.015. 93-18-036, § 246-922-035, filed 8/26/93, effective 9/26/93.]

WAC 246-922-040 Examinations. (1) In order to be licensed to practice podiatric medicine and surgery in the state of Washington, all applicants except those who are seeking licensure by endorsement from another state under subsection (8) of this section, must pass Part I and Part II of the national examination prepared by the National Board of Podiatric Medical Examiners in addition to the PMLexis examination approved by the Washington state podiatric medical board as the state examination.

(2) The Washington state podiatric medical examination shall include the following topics: Medicine and general podiatric medicine, to include but not limited to, microbiological diseases, dermatology, neurology, cardiovascular-respiratory, musculoskeletal, metabolic and endocrine, medical emergencies and trauma, rheumatology; and therapeutics, to include but not limited to, pharmacology, physical medicine and rehabilitation, local therapy, systemic therapy, surgery, and biomechanics.

(3) The state examination shall be administered twice annually on the second Tuesday of June and the first Tuesday of December. Applications for examination or reexamination shall be received in the office of the professional licensing services division, department of health, no later than April 15th for the following June examination and October 1 for the following December examination.

(4) Every applicant for a podiatric physician and surgeon license shall be required to pass the state examination with a grade of at least 75.

(5) The board shall approve the method of grading each examination, and shall apply such method uniformly to all applicants taking the examination.

(6) The board and the department shall not disclose any applicant's examination score to anyone other than the applicant, unless requested to do so in writing by the applicant.

(7) The applicant will be notified, in writing, of his or her examination scores.

(8) Applicants for licensure who have been licensed by examination in another state or who have successfully passed the examinations given by the National Board of Podiatric Medical Examiners will be required to pass the state approved examination. If the examination taken in another state is the Virginia or PMLexis examination and the applicant passed the Virginia examination or PMLexis on or after June 1988 the applicant shall be deemed to have passed the approved examination in this state.

(9) Applicants failing the state approved examination whether taken in this or another state in which the Virginia or PMLexis examination was taken after June 1988 may be reexamined no more than three times. Applicants who have failed the state approved examination three times may petition the board to be permitted to retake the examination on additional occasions and the applicant must provide satisfactory evidence to the board that he or she has taken remedial measures to increase his or her likelihood of passing the examination. If the applicant does not provide satisfactory evidence to the board, the board shall deny the request to retake the examination until such time that the applicant can provide satisfactory evidence of remedial measures undertaken to increase his or her likelihood of passing the examination.

[Statutory Authority: RCW 18.22.015, 91-10-041 (Order 158B), § 246-922-040, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-040, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.22.015 and 1988 c 206 § 604, 89-02-047 (Order PM 813), § 308-31-010, filed 12/30/88. Statutory Authority: RCW 18.22.015(8), 88-11-034 (Order 733), § 308-31-010, filed 5/13/88. Statutory Authority: RCW 18.22.015 and 18.22.010(5), 86-22-042 (Order PM 624), § 308-31-010, filed 11/3/86. Statutory Authority: 1982 c 21 § 10, 83-03-032 (Order 418), § 308-31-010, filed 1/14/83; Order PL 250, § 308-31-010, filed 5/28/76; Order PL 128, § 308-31-010, filed 7/7/72.]

WAC 246-922-045 Examination conduct. Failure to follow written or oral instructions relative to the conduct of the examination, including termination time of the examination will be considered grounds for expulsion from the examination.

Applicants will be required to refrain from talking to other examinees during the examination unless specifically directed or permitted to do so by a test proctor. Any applicant observed talking or attempting to give or receive information, or using unauthorized materials during any portion of the examination may be expelled from the examination and deemed to have failed the examination.

[Statutory Authority: RCW 18.22.015, 91-10-041 (Order 158B), § 246-922-045, filed 4/25/91, effective 5/26/91.]

WAC 246-922-050 Identification of licensees. Each person licensed pursuant to chapter 18.22 RCW must be clearly identified to the public as a doctor of podiatric

medicine at every establishment in which he or she is engaged in the practice of podiatric medicine and surgery. Such identification must indicate the name of the licensee at or near the entrance to the licensee's office. Only the names of people actually practicing at a location may appear at that location or in any advertisements or announcements regarding that location. The name of an individual who has previously practiced at a location may remain in use in conjunction with that location for a period of no more than one year from the date that person ceases to practice at the location.

[Statutory Authority: RCW 18.22.015, 91-10-041 (Order 158B), § 246-922-050, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-050, filed 1/18/91, effective 2/18/91. Statutory Authority: 1982 c 21 § 10, 83-03-032 (Order 418), § 308-31-040, filed 1/14/83.]

WAC 246-922-055 Reciprocity requirements. An applicant licensed in another state must file with the secretary verification of the license certified by the proper authorities of the issuing state to include the issue date, license number, current expiration date, and whether any action has been taken to revoke, suspend, restrict, or otherwise sanction the licensee for unprofessional conduct or that the licensee may not be able to practice his or her profession with reasonable skill and safety to consumers as a result of a physical or mental condition. The applicant must document that the educational standards, eligibility requirements, and examinations of that state are at least equal in all respects to those of this state.

[Statutory Authority: RCW 18.22.015, 91-10-041 (Order 158B), § 246-922-055, filed 4/25/91, effective 5/26/91.]

WAC 246-922-060 Presumption of responsibility for advertisements. Any licensed doctor of podiatric medicine whose name, office address or place of practice is mentioned in any advertisement of any kind or character shall be presumed to have caused, allowed, permitted, approved and sanctioned such advertising and shall be presumed to be personally responsible for the content and character thereof. Once sufficient evidence of the existence of the advertisement has been introduced at any hearing before the Washington podiatric medical board, the burden of establishing proof to rebut this presumption by a preponderance of the evidence shall be upon the doctor of podiatric medicine.

[Statutory Authority: RCW 18.22.015, 91-10-041 (Order 158B), § 246-922-060, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-060, filed 1/18/91, effective 2/18/91. Statutory Authority: 1982 c 21 § 10, 83-03-032 (Order 418), § 308-31-050, filed 1/14/83.]

WAC 246-922-070 AIDS prevention and information education requirements. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of health or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for licensure. Effective January 1, 1989, persons applying for licensure shall submit, in addition to

other requirements, evidence to show compliance with the education requirements of subsection (4) of this section.

(3) **Renewal of licenses.** For the renewal on June 30, 1989, all persons making application for licensure renewal shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4) of this section.

(4) **AIDS education and training.**

(a) **Acceptable education and training.** The board will accept education and training that is consistent with the model curriculum available from the office on AIDS. Such education and training shall be a minimum of seven clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) **Implementation.** Effective January 1, 1989, the requirement for licensure, renewal, or reinstatement of any license on lapsed, inactive, suspended, or revoked status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of (a) of this subsection.

(c) **Documentation.** The licensee shall:

(i) **Certify,** on forms provided, that the minimum education and training has been completed after January 1, 1987;

(ii) **Keep records** for two years documenting attendance and description of the learning;

(iii) **Be prepared** to validate, through submission of these records, that attendance has taken place.

[Statutory Authority: RCW 18.22.015, 91-10-041 (Order 158B), § 246-922-070, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-070, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.22.015 and 1988 c 206 § 604, 89-02-047 (Order PM 813), § 308-31-057, filed 12/30/88.]

WAC 246-922-080 Advertisements prior to licensure prohibited. Any individual who has not been licensed to practice as a podiatric physician and surgeon by the state of Washington is prohibited from advertising as practicing podiatric medicine and surgery in this state, by any means including placement of a telephone listing in any telephone directory.

[Statutory Authority: RCW 18.22.015, 91-10-041 (Order 158B), § 246-922-080, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-080, filed 1/18/91, effective 2/18/91. Statutory Authority: 1982 c 21 § 10, 83-03-032 (Order 418), § 308-31-060, filed 1/14/83.]

WAC 246-922-090 Delegation of acts to unlicensed persons. The purpose of WAC 246-922-100 and 246-922-110 is to establish guidelines on delegation of duties to persons who are not licensed to practice podiatric medicine and surgery. The podiatric medical laws of Washington state authorize the delegation of certain duties to nonpodiatric personnel and prohibit the delegation of certain other duties. The licensed podiatric physician and surgeon is ultimately responsible for all treatments performed at his direction. Duties that may be delegated to a person not

licensed to practice podiatric medicine and surgery may be performed only under the supervision of a licensed podiatric physician and surgeon. The degree of supervision required to assure that treatment is appropriate and does not jeopardize the systemic or pedal health of the patient varies with, among other considerations, the nature of the procedure and the qualifications of the person to whom the duty is delegated. The board therefore, in order to promote the welfare of the state and to protect the health and well-being of the people of this state, finds that it is necessary to adopt the following definitions and regulations.

[Statutory Authority: RCW 18.22.015, 91-10-041 (Order 158B), § 246-922-090, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-090, filed 1/18/91, effective 2/18/91; 87-04-050 (Order PM 638), § 308-31-100, filed 2/3/87; 84-02-077 (Order PL 450), § 308-31-100, filed 1/4/84.]

WAC 246-922-100 Acts that may be delegated to an unlicensed person. A podiatric physician and surgeon may allow an unlicensed person to perform the following acts under the podiatric physician and surgeon's supervision limited to the following:

- (1) Patient education in foot hygiene.
- (2) Deliver a sedative drug in an oral dosage form to patient.
- (3) Give preoperative and postoperative instructions.
- (4) Assist in administration of nitrous oxide analgesia or sedation, but the unlicensed person shall not start the administration of the gases and shall not adjust the flow of the gases unless instructed to do so by the podiatric physician and surgeon. Patients must never be left unattended while nitrous oxide analgesia or sedation is administered to them. This regulation shall not be construed to prevent any person from taking appropriate action in the event of a medical emergency.
- (5) Take health histories.
- (6) Determine rate and quality of patient's radial pulses.
- (7) Measure the patient's blood pressure.
- (8) Perform a plethysmographic or doppler study.
- (9) Observe the nature of the patient's shoes and hose.
- (10) Observe and report wearing patterns on the patient's shoes.
- (11) Assist in obtaining material for a culture-sensitivity test.
- (12) Take scrapings from the skin or nails of the feet, prepare them for microscopic and culture examination.
- (13) Perform weightbearing and nonweightbearing x-rays.
- (14) Photograph patient's foot disorder.
- (15) Debride hyperkeratotic lesions of the foot.
- (16) Remove and apply dressing and/or padding.
- (17) Make necessary adjustments to the biomechanical device.
- (18) Produce impression casting of the foot.
- (19) Produce the following:
 - (a) Removable impression insoles and modifications.
 - (b) Protective devices for alleviating or dispersing pressure on certain deformities or skin lesions such as ulcers, corns, calluses, digital amputation stumps (e.g., latex shields).
- (20) Apply strap and/or pad to the foot and/or leg.
- (21) Prepare the foot for anesthesia as needed.

- (22) Know the indications for and application of cardiopulmonary resuscitation (CPR).
- (23) Prepare and maintain a surgically sterile field.
- (24) Apply flexible cast (e.g., Unna Boot).
- (25) Apply cast material for immobilization of the foot and leg.
- (26) Remove sutures.
- (27) Debride nails.
- (28) Administer physical therapy as directed by the podiatric physician and surgeon.
- (29) Counsel and instruct patients in the basics of:
- (a) Their examination, treatment regimen and prophylaxis for a problem.
- (b) Patient and family foot health promotion practices.
- (c) Patient and family care of specific diseases affecting the foot (e.g., diabetes, cerebrovascular accident, arthritis).
- (d) Performing certain exercises and their importance.
- (30) Give patient or family supplementary health education materials.

[Statutory Authority: RCW 18.22.015, 94-05-051, § 246-922-100, filed 2/10/94, effective 3/13/94; 91-10-041 (Order 158B), § 246-922-100, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-100, filed 1/18/91, effective 2/18/91; 84-02-077 (Order PL 450), § 308-31-110, filed 1/4/84.]

WAC 246-922-120 General provisions. (1) "Unprofessional conduct" as used in these regulations shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" shall mean any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" shall mean any health care institution which comes under chapter 18.51 RCW.

(4) "Board" shall mean the Washington state podiatric medical board, whose address is:

Department of Health
Professional Licensing Services
1300 Quince St.,
P.O. Box 47868
Olympia, WA 98504-7868

(5) "Podiatric physician and surgeon" shall mean a person licensed pursuant to chapter 18.22 RCW.

(6) "Mentally or physically disabled podiatric physician and surgeon" shall mean a podiatric physician and surgeon who has either been determined by a court to be mentally incompetent or mentally ill or who is unable to practice podiatric medicine and surgery with reasonable skill and safety to patients by reason of any mental or physical condition.

[Statutory Authority: RCW 18.22.015, 94-05-051, § 246-922-120, filed 2/10/94, effective 3/13/94; 91-10-041 (Order 158B), § 246-922-120, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-120, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.130.170 and chapter 18.22 RCW. 90-12-013 (Order 060), § 308-31-210, filed 5/30/90, effective 6/30/90.]

WAC 246-922-130 Mandatory reporting. (1) All reports required by these regulations shall be submitted to the board as soon as possible, but no later than sixty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address and telephone number of the person making the report.

(b) The name, address and telephone number of the podiatric physician and surgeon being reported.

(c) The case number of any patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

[Statutory Authority: RCW 18.22.015, 91-10-041 (Order 158B), § 246-922-130, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-130, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.130.170 and chapter 18.22 RCW. 90-12-013 (Order 060), § 308-31-220, filed 5/30/90, effective 6/30/90.]

WAC 246-922-140 Health care institutions. The chief administrator or executive officer of any hospital or nursing home shall report to the board when any podiatric physician and surgeon's services are terminated or are restricted based on a determination that the podiatric physician and surgeon has either committed an act or acts which may constitute unprofessional conduct or that the podiatric physician and surgeon may be mentally or physically impaired. Said officer shall also report if a podiatric physician and surgeon accepts voluntary termination or restriction of clinical privileges in lieu of formal action based upon unprofessional conduct or upon being mentally or physically impaired.

[Statutory Authority: RCW 18.22.015, 91-10-041 (Order 158B), § 246-922-140, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-140, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.130.170 and chapter 18.22 RCW. 90-12-013 (Order 060), § 308-31-230, filed 5/30/90, effective 6/30/90.]

WAC 246-922-150 Podiatric medical associations or societies. The president or chief executive officer of any podiatric medical association or society within this state shall report to the board when the association or society determines that a podiatric physician and surgeon has committed unprofessional conduct or that a podiatric physician and surgeon may not be able to practice podiatric medicine and surgery with reasonable skill and safety to patients as the result of any mental or physical condition and constitutes an apparent risk to the public health, safety or welfare. The report required by this subsection shall be made without regard to whether the license holder appeals, accepts or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 18.22.015, 91-10-041 (Order 158B), § 246-922-150, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-150, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.130.170 and chapter 18.22 RCW. 90-12-013 (Order 060), § 308-31-240, filed 5/30/90, effective 6/30/90.]

WAC 246-922-160 Health care service contractors and disability insurance carriers. The executive officer of every health care service contractor and disability insurer

regulated under chapters 48.20, 48.21, 48.21A and 48.44 RCW, operating in the state of Washington shall report to the board all final determinations that a podiatric physician and surgeon may have engaged in over-utilization of services, has charged fees for services not actually provided, may have engaged in unprofessional conduct, or by reason of mental or physical impairment may be unable to practice the profession with reasonable skill and safety.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-160, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-160, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.130.170 and chapter 18.22 RCW. 90-12-013 (Order 060), § 308-31-250, filed 5/30/90, effective 6/30/90.]

WAC 246-922-170 State and federal agencies. The board requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a podiatric physician and surgeon is employed to provide patient care services, to report to the board whenever such a podiatric physician and surgeon has been judged to have demonstrated his/her incompetency or negligence in the practice of podiatric medicine and surgery, or has otherwise committed unprofessional conduct, or is mentally or physically impaired.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-170, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-170, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.130.170 and chapter 18.22 RCW. 90-12-013 (Order 060), § 308-31-260, filed 5/30/90, effective 6/30/90.]

WAC 246-922-180 Professional review organizations. Unless prohibited by federal law, every professional review organization operating within the state of Washington shall report to the board any determinations that a podiatric physician and surgeon may have engaged in unprofessional conduct, or by reason of mental or physical impairment may be unable to practice the profession with reasonable skill and safety.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-180, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-180, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.130.170 and chapter 18.22 RCW. 90-12-013 (Order 060), § 308-31-270, filed 5/30/90, effective 6/30/90.]

WAC 246-922-190 Malpractice suit reporting. Every licensed podiatric physician and surgeon shall, within sixty days after settlement or judgment, notify the board of any and all malpractice settlements or judgments in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by a podiatric physician and surgeon's incompetency or negligence in the practice of podiatric medicine and surgery. Every podiatric physician and surgeon shall also report the settlement or judgment of three or more claims or actions for damages during a one-year period as the result of the alleged podiatric physician and surgeon's incompetence or negligence in the practice of podiatric medicine and surgery regardless of the dollar amount of the settlement or judgment.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-190, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-190, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.130.170 and chapter 18.22 RCW. 90-12-013 (Order 060), § 308-31-280, filed 5/30/90, effective 6/30/90.]

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WAC 246-922-200 Professional and ethical standards. In addition to those standards specifically expressed in chapter 18.22 RCW and chapter 18.130 RCW, the board adopts the standards that follow in governing or regulating the practice of podiatric physicians and surgeons within the state of Washington.

Podiatric medicine and surgery is that specialty of medicine and research that seeks to diagnose, treat, correct and prevent ailments of the human foot. A podiatrist shall hold foremost the principal objectives to render appropriate podiatric medical services to society and to assist individuals in the relief of pain or correction of abnormalities, and shall always endeavor to conduct himself or herself in such a manner to further these objectives.

The podiatric physician and surgeon owes to his or her patients a reasonable degree of skill and quality of care. To this end, the podiatric physician and surgeon shall endeavor to keep abreast of new developments in podiatric medicine and surgery and shall pursue means that will lead to improvement of his or her knowledge and skill in the practice of podiatric medicine and surgery. "Quality of care" consists of the following elements:

- (1) Necessity of care.
- (2) Appropriateness of service rendered in view of the diagnosis.
- (3) Utilization of services (over or under).
- (4) Quality of service(s) rendered.
- (5) Whether the service(s) reported had been actually rendered.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-200, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-200, filed 1/18/91, effective 2/18/91; 87-09-045 (Order PM 643), § 308-31-500, filed 4/14/87; 87-04-050 (Order PM 638), § 308-31-500, filed 2/3/87; 84-02-077 (Order PL 450), § 308-31-500, filed 1/4/84.]

WAC 246-922-210 Patient abandonment. The podiatric physician and surgeon shall always be free to accept or reject a particular patient, but once care is undertaken, the podiatric physician and surgeon shall not neglect the patient as long as that patient cooperates with, requests, and authorizes the podiatric medical services for the particular problem.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-210, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-210, filed 1/18/91, effective 2/18/91; 84-02-077 (Order PL 450), § 308-31-510, filed 1/4/84.]

WAC 246-922-230 Prohibited transactions. A podiatric physician and surgeon shall not compensate or give anything of value to a representative of the press, radio, television or other communication media in anticipation of or in return for professional publicity of any individual podiatric physician and surgeon in a news item.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-230, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-230, filed 1/18/91, effective 2/18/91; 84-02-077 (Order PL 450), § 308-31-530, filed 1/4/84.]

WAC 246-922-235 Prohibited publicity and advertising. A podiatric physician and surgeon shall not use or allow to be used any form of public communications or

advertising connected with his or her profession or in his or her professional capacity as a podiatric physician which is false, fraudulent, deceptive, or misleading or which contains any implication or statement likely to mislead or deceive because in context it makes only a partial disclosure of relevant facts.

[Statutory Authority: RCW 18.22.015. 93-18-036, § 246-922-235, filed 8/26/93, effective 9/26/93.]

WAC 246-922-240 Soliciting patients. A podiatric physician and surgeon shall not participate in the division of fees or agree to split or divide fees received for podiatric medical services with any person for bringing or referring patients.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-240, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-240, filed 1/18/91, effective 2/18/91; 84-02-077 (Order PL 450), § 308-31-540, filed 1/4/84.]

WAC 246-922-260 Maintenance of patient records. Any podiatric physician and surgeon who treats patients in the state of Washington shall maintain complete and legible treatment records regarding patients treated. These records shall include, but shall not be limited to x-rays, treatment plans, patient charts, patient histories, correspondence, financial data and billing. These records shall be retained by the podiatric physician and surgeon in an orderly, accessible file and shall be readily available for inspection by the Washington state podiatric medical board or its authorized representative. Complete patient treatment records shall be maintained for a minimum of seven years after treatment is rendered.

[Statutory Authority: RCW 18.22.015. 94-05-051, § 246-922-260, filed 2/10/94, effective 3/13/94; 91-10-041 (Order 158B), § 246-922-260, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-260, filed 1/18/91, effective 2/18/91; 84-02-077 (Order PL 450), § 308-31-560, filed 1/4/84.]

WAC 246-922-270 Inventory of legend drugs and controlled substances. Every podiatric physician and surgeon shall maintain a record of all legend drugs and controlled substances that he or she has prescribed or dispensed. This record shall include the date prescribed or the date dispensed, the name of the patient prescribed or dispensed to, the name of the medication, and the dosage and amount of the medication prescribed or dispensed. The record of the medication prescribed or dispensed will be clearly indicated on the patient record.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-270, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-270, filed 1/18/91, effective 2/18/91; 84-02-077 (Order PL 450), § 308-31-570, filed 1/4/84.]

WAC 246-922-275 Address notification. A licensee shall furnish the board with a current mailing address. The board may rely upon the last mailing address of record for purposes of service or delivery of any official board documents, including the service of adjudicative proceeding documents. The licensee shall notify the department within thirty days of a change in the licensee's mailing address.

[Statutory Authority: RCW 18.22.015. 93-18-036, § 246-922-275, filed 8/26/93, effective 9/26/93.]

(1997 Ed.)

WAC 246-922-280 Renewal expiration date. Commencing in 1992, a podiatric physician and surgeon license shall be renewed annually on June 1. In conformance with RCW 34.05.422 a licensee will be considered to have made timely renewal application if the appropriate renewal fee and required accompanying documentation, if applicable, is received on or before the expiration date.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-280, filed 4/25/91, effective 5/26/91.]

WAC 246-922-290 Inactive license and reactivation. A licensee who is in active practice in another state may maintain a current license by requesting his or her license be placed on inactive status.

(1) A licensee practicing in another state whose Washington license to practice podiatric medicine and surgery became inactive on or after July 1, 1987, due to nonpayment of the renewal fees may request his or her license be placed on inactive license status. The request and inactive license fee must be submitted by September 1, 1991.

(2) A licensee who holds a current Washington podiatry license and is actively practicing in another state may request his or her license be placed on inactive status.

A license shall be maintained on the inactive status by payment of the inactive renewal fee annually and verification of compliance with the continuing education requirements established by the board.

An inactive license may be reactivated by payment of the current renewal fee and verification that the licensee has not had any action taken by a state or federal jurisdiction or hospital which would prevent or restrict the licensee's practice of podiatric medicine and surgery; or voluntarily given up any license or privilege or been restricted in the practice of podiatric medicine and surgery in lieu of or to avoid formal action.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-290, filed 4/25/91, effective 5/26/91.]

WAC 246-922-295 Lapsed license reinstatement. A license that has not been renewed due to nonpayment of the annual renewal fee shall be considered to be a lapsed license. The license may be reinstated without examination if the board determines that the applicant meets all the requirements for licensure in this state and is competent to engage in the practice of podiatric medicine and surgery.

(1) A license that has lapsed less than one year shall be reinstated upon written request, including a practice chronology from the date of license lapse to the present, payment of the renewal penalty fee together with all delinquent annual renewal fees, and verification of compliance with the continuing education requirements established by the board.

(2) A person whose license has lapsed for longer than one year must:

- (a) File an original application;
- (b) Submit the original application fee and current renewal fee;
- (c) Provide practice chronology of podiatric medicine from the date the license lapsed and evidence of having met the board's current continuing education requirements;
- (d) Provide verification that the licensee has not had hospital privileges restricted or revoked;

(e) Provide verification of all state licenses and that the licensee has not been disciplined by a state regulatory board or agency;

(f) Provide documentation relative to any malpractice settlements or judgments within the past five years;

(g) Provide other documentation as the board may require.

[Statutory Authority: RCW 18.22.015, 91-10-041 (Order 158B), § 246-922-295, filed 4/25/91, effective 5/26/91.]

WAC 246-922-300 Podiatric continuing education required. The podiatric medical board encourages licensees to deliver high-quality patient care. The board recognizes that continuing education programs designed to inform practitioners of recent developments within podiatric medicine and relative fields and review of various aspects of basic professional education and podiatric practice are beneficial to professional growth. The board encourages participation in podiatric continuing education as a mechanism to maintain and enhance competence.

(1) Twenty-five contact hours of scientific podiatric continuing education shall be required annually to maintain a current license.

Five credit hours may be granted for one hour of course instruction. A maximum of five hours may be claimed per renewal period.

(2) Approved courses shall be scientific in nature designed to provide information and enhancement of current knowledge of the mechanisms of disease and treatment, which may include applicable clinical information.

(a) Serving as a resident in an approved post-graduate residency training program shall satisfy the continuing education credit for licensure renewal.

(b) Continuing education activities which do not affect the delivery of patient care, (e.g., marketing and billing), may not be claimed for continuing education credit.

(3) In case a licensee fails to meet the requirements due to illness, retirement (with no further provision of podiatric services being provided consumers), or other extenuating circumstances, each case will be considered by the board on an individual basis. When circumstances justify it, the board may grant an extension of time or a change in requirements. In the case of permanent retirement or illness, the board may grant indefinite waiver of podiatric continuing education as a requirement for relicensure, provided an affidavit is received indicating the podiatric physician and surgeon is not providing podiatric services to consumers. If such permanent retirement or illness status is changed or podiatric services are resumed, it is incumbent upon the licensee to immediately notify the board and show proof of practice competency as determined necessary by the board.

[Statutory Authority: RCW 18.22.015, 94-05-051, § 246-922-300, filed 2/10/94, effective 3/13/94; 91-10-041 (Order 158B), § 246-922-300, filed 4/25/91, effective 5/26/91.]

WAC 246-922-310 Categories of creditable podiatric continuing education activities. The following categories of creditable podiatric continuing education activities sponsored by the following organizations are approved by the board. The credits must be earned in the twelve-month period preceding application for renewal of licensure. One

contact hour is defined as a typical fifty-minute classroom instructional session or its equivalent.

(1) Scientific courses or seminars approved by the American Podiatric Medical Association and its component societies and affiliated and related organizations.

(2) Scientific courses or seminars offered by accredited, licensed, or otherwise approved hospitals, colleges, and universities and their associated foundations and institutes offering continuing education programs in podiatric medicine.

(3) Scientific courses or seminars offered by recognized nonpodiatric medical and health-care related societies (e.g., the American Medical Association, the American Physical Therapy Association) offering continuing education programs related to podiatric medicine.

(4) Scientific courses or seminars offered by other nonprofit organizations, other proprietary organizations, and individuals offering continuing education in podiatric medicine.

(5) A post-graduate residency training program accredited by the council on podiatric medical education.

[Statutory Authority: RCW 18.22.015, 94-05-051, § 246-922-310, filed 2/10/94, effective 3/13/94; 91-10-041 (Order 158B), § 246-922-310, filed 4/25/91, effective 5/26/91.]

WAC 246-922-320 Certification of compliance. (1)

In conjunction with the application for renewal of licensure, a licensee shall submit an affidavit verifying compliance with the twenty-five contact hours of podiatric continuing education requirement on a form provided by the board. The first reporting period shall commence June 1, 1991, with verification of compliance required for the 1992 renewal of licensure.

(2) The board may require a licensee to submit evidence in addition to the affidavit to demonstrate compliance with the twenty-five contact hours of podiatric continuing education requirement. Accordingly, it is the responsibility of a licensee to maintain evidence of such compliance for two years following the reporting period the hours were used for renewal of licensure.

[Statutory Authority: RCW 18.22.015, 91-10-041 (Order 158B), § 246-922-320, filed 4/25/91, effective 5/26/91.]

WAC 246-922-400 Intent. It is the intent of the legislature that the podiatric medical board seek ways to identify and support the rehabilitation of podiatric physicians and surgeons where practice or competency may be impaired due to the abuse of or dependency upon drugs or alcohol. The legislature intends that these practitioners be treated so that they can return to or continue to practice podiatric medicine and surgery in a way which safeguards the public. The legislature specifically intends that the podiatric medical board establish an alternate program to the traditional administrative proceedings against podiatric physicians and surgeons.

In lieu of disciplinary action under RCW 18.130.160, if the podiatric medical board determines that the unprofessional conduct may be the result of substance abuse or dependency, the board may refer the licensee to a voluntary substance abuse monitoring program approved by the board.

[Statutory Authority: RCW 18.22.015 and chapter 18.22 RCW. 94-14-082, § 246-922-400, filed 7/5/94, effective 8/5/94.]

WAC 246-922-405 Definitions used relative to substance abuse monitoring. (1) "Approved substance abuse/dependency monitoring program" or "approved monitoring program" is a program the board has determined meets the requirements of the law and rules established by the board according to the Washington Administrative Code which enters into a contract with podiatric practitioners who have substance abuse/dependency problems. The approved substance abuse monitoring program oversees compliance of the podiatric practitioner's recovery activities as required by the board. Substance abuse monitoring programs may provide evaluation and/or treatment to participating podiatric practitioners.

(2) "Impaired podiatric practitioner" means a podiatric physician and surgeon who is unable to practice podiatric medicine and surgery with judgment, skill, competence, or safety due to chemical dependence/substance abuse.

(3) "Contract" is a comprehensive, structured agreement between the recovering podiatric practitioner and the approved monitoring program wherein the podiatric practitioner consents to comply with the monitoring program and the required components for the podiatric practitioner's recovery activity.

(4) "Approved treatment facility" is a facility approved by the bureau of alcohol and substance abuse, department of social and health services.

(5) "Chemical dependence/substance abuse" means an illness/condition which involves the inappropriate use of alcohol and/or other drugs to a degree that such use interferes in the functional life of the licensee, as manifested by personal, family, physical, emotional, occupational (professional services), legal, or spiritual problems.

(6) "Drug" means a chemical substance alone or in combination with other drugs, including alcohol.

(7) "Aftercare/continuing care" means that period of time after intensive treatment that provides the podiatric practitioner and the podiatric practitioner's family with group, or individualized counseling sessions, discussions with other families, ongoing contact and participation in self-help groups, and ongoing continued support of treatment program staff.

(8) "Podiatric practitioner support group" is a group of podiatric practitioners and/or other health care professionals meeting regularly to support the recovery of its members. The group provides a confidential setting with a trained and experienced facilitator in which participants may safely discuss drug diversion, licensure issues, return to work, and other professional issues related to recovery.

(9) "Twelve-step groups" are groups such as Alcoholics Anonymous, Narcotics Anonymous, and related organizations based on a philosophy of anonymity, belief in a power greater than oneself, peer group association, and self-help.

(10) "Random drug screens" are laboratory tests to detect the presence of drugs of abuse or dependency in body fluids which are performed at irregular intervals not known in advance by the person to be tested. The collection of the body fluids must be observed by a treatment or health care professional or other board or monitoring program-approved observer.

(11) "Recovering" means that a chemically dependent podiatric practitioner is in compliance with a treatment plan of rehabilitation in accordance with criteria established by an approved treatment facility and an approved substance abuse monitoring program.

(12) "Rehabilitation" means the process of restoring a chemically dependent podiatric practitioner to a level of professional performance consistent with public health and safety.

(13) "Reinstatement" means the process whereby a recovering podiatric practitioner is permitted to resume the practice of podiatric medicine and surgery.

[Statutory Authority: RCW 18.22.015 and chapter 18.22 RCW. 94-14-082, § 246-922-405, filed 7/5/94, effective 8/5/94.]

WAC 246-922-410 Approval of substance abuse monitoring programs. The board will approve the monitoring program(s) which will participate in the recovery of podiatric practitioners. The board will enter into a contract with the approved substance abuse monitoring program(s).

(1) An approved monitoring program:

(a) May provide evaluations and/or treatment to the participating podiatric practitioners;

(b) Shall enter into a contract with the podiatric practitioner and the board to oversee the podiatric practitioner's compliance with the requirement of the program;

(c) Shall maintain records on participants;

(d) Shall be responsible for providing feedback to the podiatric practitioner as to whether treatment progress is acceptable;

(e) Shall report to the board any podiatric practitioner who fails to comply with the requirements of the monitoring program;

(f) Shall provide the board with a statistical report and financial statement on the program, including progress of participants, at least annually, or more frequently as requested by the board;

(g) Shall provide for the board a complete biennial audited financial statement;

(h) Shall enter into a written contract with the board and submit monthly billing statements supported by documentation;

(2) Approved monitoring program staff must have the qualifications and knowledge of both substance abuse/dependency and the practice of podiatric medicine and surgery as defined in chapter 18.22 RCW to be able to evaluate:

(a) Drug screening laboratories;

(b) Laboratory results;

(c) Providers of substance abuse treatment, both individual and facilities;

(d) Podiatric practitioner support groups;

(e) Podiatric practitioners' work environment; and

(f) The ability of the podiatric practitioners to practice with reasonable skill and safety.

(3) The program staff of the approved monitoring program may evaluate and recommend to the board, on an individual basis, whether a podiatric practitioner will be prohibited from engaging in the practice of podiatric medicine and surgery for a period of time and restrictions, if any, on the podiatric practitioner's access to controlled substances in the workplace.

(4) The board shall provide the approved monitoring program board orders requiring treatment, monitoring, and/or limitations on the practice of podiatric medicine and surgery for those participating in the program.

[Statutory Authority: RCW 18.22.015 and chapter 18.22 RCW. 94-14-082, § 246-922-410, filed 7/5/94, effective 8/5/94.]

WAC 246-922-415 Participation in approved substance abuse monitoring program. (1) The podiatric practitioner who has been investigated by the board may accept board referral into the approved substance abuse monitoring program. Referral may occur in lieu of disciplinary action under RCW 18.130.160 or as a result of a board order as final disposition of a disciplinary action. The podiatric practitioner:

(a) Shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation is to be performed by a health care professional(s) with expertise in chemical dependency;

(b) 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 podiatric practitioner:

(i) Shall undergo intensive substance abuse treatment by an approved treatment facility;

(ii) Shall agree to abstain from the use of all mind-altering substances, including alcohol, except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101. Said prescriber shall notify the monitoring program of all drugs prescribed within fourteen days of the date care was provided;

(iii) Must complete the prescribed aftercare/continuing care program of the intensive treatment facility. This may include individual and/or group psychotherapy;

(iv) Must cause the treatment counselor(s) and authorized prescriber(s) to provide reports to the appropriate monitoring program at specified intervals. Reports shall include treatment prognosis, goals, drugs prescribed, etc;

(v) Shall submit to random drug screening, with observed specimen collection, as specified by the approved monitoring program;

(vi) Shall attend podiatric practitioner support groups facilitated by health care professionals and/or twelve-step group meetings as specified by the contract;

(vii) Shall comply with specified employment conditions and restrictions as defined by the contract;

(viii) Shall sign a waiver allowing the approved monitoring program to release information to the board if the podiatric practitioner does not comply with the requirements of the contract;

(c) Is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse/dependency treatment, random urine screens and other personal expenses incurred in compliance with the contract;

(d) May be subject to disciplinary action under RCW 18.130.160 and 18.130.180 if the podiatric practitioner does not consent to be referred to the approved monitoring program, does not comply with specified practice restrictions, or does not successfully complete the program.

(2) A podiatric practitioner who is not being investigated by the board or subject to current disciplinary action, not

currently being monitored by the board for substance abuse or dependency, may voluntarily participate in the approved substance abuse monitoring program without being referred by the board. Such voluntary participants shall not be subject to disciplinary action under RCW 18.130.160 and 18.130.180 for their substance abuse/dependency, and shall not have their participation made known to the board if they continue to satisfactorily meet the requirements of the approved monitoring program. The podiatric practitioner:

(a) Shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by a health care professional with expertise in chemical dependency;

(b) 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 podiatric practitioner:

(i) Shall undergo intensive substance abuse treatment by an approved treatment facility;

(ii) Shall agree to abstain from the use of all mind-altering substances, including alcohol, except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101. Said prescriber shall notify the monitoring program of all drugs prescribed within fourteen days of the date care was provided;

(iii) Must complete the prescribed aftercare/continuing care program of the intensive treatment facility. This may include individual and/or group therapy;

(iv) Must cause the treatment counselor(s) and authorized prescriber(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment prognosis, goals, drugs prescribed, etc;

(v) Shall submit to random drug screening, with observed specimen collection, as specified by the approved monitoring program;

(vi) Shall attend podiatric practitioner support groups facilitated by a health care professional and/or twelve-step group meetings as specified by the contract;

(vii) Shall comply with specified employment conditions and restrictions as defined by the contract;

(viii) Shall sign a waiver allowing the approved monitoring program to release information to the board if the podiatric practitioner does not comply with the requirements of the contract. The podiatric practitioner may be subject to disciplinary action under RCW 18.130.160 and 18.130.180 for noncompliance with the contract or if he/she does not successfully complete the program;

(c) Is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse/dependency treatment, random urine screens, and other personal expenses incurred in compliance with the contract.

[Statutory Authority: RCW 18.22.015 and chapter 18.22 RCW. 94-14-082, § 246-922-415, filed 7/5/94, effective 8/5/94.]

WAC 246-922-500 Adjudicative proceedings. The board adopts the model procedural rules for adjudicative proceedings as adopted by the department of health and contained in chapter 246-11 WAC, including subsequent amendments.

[Statutory Authority: RCW 18.22.015 and 18.130.050. 94-09-008, § 246-922-500, filed 4/11/94, effective 5/12/94.]

WAC 246-922-990 Podiatry fees. The following fees shall be charged by the professional licensing division of the department of health:

Title of Fee	Fee
Application (examination and reexamination)	\$500.00
Reciprocity application	400.00
License renewal	625.00
Inactive license renewal	135.00
Late renewal penalty	100.00
Duplicate license	15.00
Certification	25.00
Retired active status	150.00
Temporary practice permit	50.00
Limited license application	150.00
Limited license renewal	200.00
Impaired program surcharge	25.00

[Statutory Authority: RCW 43.70.250 and chapters 18.57, 18.57A, 18.22 and 18.59 RCW. 94-22-055, § 246-922-990, filed 11/1/94, effective 1/1/95. Statutory Authority: RCW 43.70.250. 92-14-053 (Order 280), § 246-922-990, filed 6/25/92, effective 7/26/92; 91-13-002 (Order 173), § 246-922-990, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 43.70.040. 91-05-029 (Order 134), recodified as § 246-922-990, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 43.70.250 and chapter 18.22 RCW. 90-16-057 (Order 072), § 308-31-055, filed 7/27/90, effective 8/27/90. Statutory Authority: RCW 43.24.086. 89-17-156, § 308-31-055, filed 8/23/89, effective 9/23/89; 87-18-031 (Order PM 667), § 308-31-055, filed 8/27/87. Statutory Authority: 1983 c 168 § 12. 83-22-060 (Order PL 446), § 308-31-055, filed 11/2/83; 83-17-031 (Order PL 442), § 308-31-055, filed 8/10/83. Formerly WAC 308-31-310.]

Chapter 246-924 WAC PSYCHOLOGISTS

WAC

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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-924-190	Staggered effective periods for new continuing education rules, WAC 308-122-563 through 308-122-583. [Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-190, filed 1/28/91, effective 2/28/91.] Repealed by 94-12-039, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050(5).
246-924-200	Continuing education—General requirements. [Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-200, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5). 86-04-087 (Order PL 578), § 308-122-505, filed 2/5/86; Order PL 276, § 308-122-505, filed 11/16/77.] Repealed by 94-12-039, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050(5).
246-924-210	Continuing education—Categories of creditable activities. [Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-210, filed 1/28/91, effective 2/28/91; Order PL 276, § 308-122-510, filed 11/16/77.] Repealed by 94-12-039, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050(5).
246-924-220	Continuing education—Categories of creditable activities. [Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-220, filed 1/28/91, effective 2/28/91.] Repealed by 94-12-039, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050(5).
246-924-260	Continuing education—Enforcement. [Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-260, filed 1/28/91, effective 2/28/91; Order PL 276, § 308-122-530, filed 11/16/77.] Repealed by 94-12-039, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050(5).
246-924-270	Continuing education—Exemptions. [Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-270, filed 1/28/91, effective 2/28/91; Order PL 276, § 308-122-535, filed 11/16/77.] Repealed by 94-12-039, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050(5).

- 246-924-280 Continuing education—Program or course approval. [Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-280, filed 1/28/91, effective 2/28/91; Order PL 276, § 308-122-540, filed 11/16/77.] Repealed by 94-12-039, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050(5).
- 246-924-310 Continuing education—Special considerations. [Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-310, filed 1/28/91, effective 2/28/91.] Repealed by 94-12-039, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050(5).
- 246-924-350 Code of ethics—General considerations. [Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-350, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5). 85-06-044 (Order PL 522), § 308-122-600, filed 3/5/85.] Repealed by 93-07-036 (Order 337B), filed 3/10/93, effective 4/10/93. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW.
- 246-924-360 Responsibility. [Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-360, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5). 85-06-044 (Order PL 522), § 308-122-610, filed 3/5/85.] Repealed by 93-07-036 (Order 337B), filed 3/10/93, effective 4/10/93. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW.
- 246-924-370 Competence. [Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-370, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5). 85-06-044 (Order PL 522), § 308-122-620, filed 3/5/85.] Repealed by 93-07-036 (Order 337B), filed 3/10/93, effective 4/10/93. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW.
- 246-924-380 Moral and legal standards. [Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-380, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5). 86-04-087 (Order PL 578), § 308-122-630, filed 2/5/86.] Repealed by 93-07-036 (Order 337B), filed 3/10/93, effective 4/10/93. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW.
- 246-924-390 Public statements. [Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-390, filed 1/28/91, effective 2/28/91; 88-09-029 (Order PM 722), § 308-122-640, filed 4/15/88. Statutory Authority: RCW 18.83.050(5). 86-04-087 (Order PL 578), § 308-122-640, filed 2/5/86; 85-06-044 (Order PL 522), § 308-122-640, filed 3/5/85.] Repealed by 93-07-036 (Order 337B), filed 3/10/93, effective 4/10/93. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW.
- 246-924-400 Confidentiality. [Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-400, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5). 85-06-044 (Order PL 522), § 308-122-650, filed 3/5/85.] Repealed by 93-07-036 (Order 337B), filed 3/10/93, effective 4/10/93. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW.
- 246-924-410 Welfare of the consumer. [Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-410, filed 1/28/91, effective 2/28/91; 91-04-020 (Order 117B), recodified as § 246-924-410, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5). 85-06-044 (Order PL 522), § 308-122-660, filed 3/5/85.] Repealed by 93-07-036 (Order 337B), filed 3/10/93, effective 4/10/93. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW.
- 246-924-420 Professional relationships. [Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-420, filed 1/28/91, effective 2/28/91; 91-04-020 (Order 117B), recodified as § 246-924-420, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5). 86-04-087 (Order PL 578), § 308-122-670, filed 2/5/86.] Repealed by 93-07-036 (Order 337B), filed 3/10/93, effective 4/10/93. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW.
- 246-924-430 Assessment techniques. [Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-430, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5). 85-06-044 (Order PL 522), § 308-122-680, filed 3/5/85.] Repealed by 93-07-036 (Order 337B), filed 3/10/93, effective 4/10/93. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW.
- 246-924-440 Research with human participants. [Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-440, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5). 85-06-044 (Order PL 522), § 308-122-690, filed 3/5/85.] Repealed by 93-07-036 (Order 337B), filed 3/10/93, effective 4/10/93. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW.
- 246-924-450 Care and use of animals. [Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-450, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5). 85-06-044 (Order PL 522), § 308-122-695, filed 3/5/85.] Repealed by 93-07-036 (Order 337B), filed 3/10/93, effective 4/10/93. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW.
- 246-924-460 Telephone directory listings. [Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-460, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.070(3). 85-06-043 (Order PL 521), § 308-122-700, filed 3/5/85.] Repealed by 94-12-039, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050(5).

WAC 246-924-001 Guidelines for the promulgation of administrative rules. The examining board of psychology shall not promulgate rules which restrict access to information from applicant/employee psychological evaluations sought by public safety agencies.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-001, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(1). 86-19-061 (Order PM 616), § 308-122-001, filed 9/16/86.]

WAC 246-924-010 Definitions. (1) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(2) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-010, filed 1/28/91, effective 2/28/91. Statutory Authority: 1988 c 206 § 604. 88-23-059 (Order PM 798), § 308-122-005, filed 11/15/88.]

WAC 246-924-020 Applications for licensure. Effective January 1, 1989, persons applying for licensure or certification shall submit, in addition to the other requirements, evidence to show compliance with the educational requirements of WAC 246-924-110.

[Statutory Authority: RCW 18.83.050(5). 94-12-039, § 246-924-020, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-020, filed 1/28/91, effective 2/28/91. Statutory Authority: 1988 c 206 § 604. 88-23-059 (Order PM 798), § 308-122-006, filed 11/15/88.]

WAC 246-924-030 Guidelines for the employment and/or supervision of auxiliary staff. (1) Qualifications of

the supervisor: The supervisor shall be licensed in Washington state for the practice of psychology and have adequate training, knowledge, and skill to evaluate the competence of the work of the auxiliary staff. The supervisor may not be employed by the auxiliary staff.

(2) Qualifications of the auxiliary staff: The staff person must have the background, training, and experience that is appropriate to the functions performed. The supervisor is responsible for determining the adequacy of the qualifications of the staff person and the designation of his/her title.

(3) Responsibilities of the supervisor: The supervisor accepts full legal and professional responsibility for all services that may be rendered by the auxiliary staff. To this end, the supervisor shall have sufficient knowledge of all clients, including face-to-face contact when necessary, in order to plan and assure the delivery of effective services. The supervisor is responsible for assuring that appropriate supervision is available or present at all times. The supervisor is responsible for assuring that auxiliary staff are informed of and adhere to requirements of confidentiality. The supervisor shall assure that the staff person providing services is appropriately covered by professional liability insurance and adheres to accepted business practices.

(4) Conduct of supervision: It is recognized that variability in preparation for duties to be assumed will require individually tailored supervision. In the case of auxiliary staff providing psychological services, a detailed job description shall be developed and a contract for supervision prepared.

(5) Conduct of services that may be provided by auxiliary staff: Procedures to be carried out by the auxiliary staff shall be planned in consultation with the supervisor. Clients of the auxiliary staff shall be informed as to his/her status and shall be given specific information as to his/her qualifications and functions. Clients shall be informed of the identity of the supervisor. They shall be informed that they might meet with the supervisor at their own request, the auxiliary staff person's or the supervisor's request. Written reports and communications shall be countersigned by the supervisor.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-030, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5). 86-04-087 (Order PL 578), § 308-122-060, filed 2/5/86.]

WAC 246-924-040 Psychologists—Education prerequisite to licensing. This rule shall apply for applicants enrolled after October 19, 1987, in a program leading to a doctoral degree. To meet the education requirement of RCW 18.83.070, an applicant shall possess a doctoral degree from an institution of higher education accredited in the region in which the doctoral program is offered at the time the applicant's degree was awarded. In that doctoral program, at least forty semester hours, or sixty quarter-hours, of graduate courses shall have been passed successfully, and can be clearly identified by title and course content as being part of a psychology program. One of the standards for issuance of said degree shall have been the submission of an original dissertation which was psychological in nature. Endorsement by the program administrator shall be requested and considered.

An integrated program of graduate study in psychology shall be defined as follows:

(1) The following defines the organizational structure of the program:

(a) The program shall be clearly identified and labeled as a psychology program. Pertinent catalogues and brochures shall show intent to educate and train psychologists.

(b) The psychology program shall stand as a recognized, coherent, entity within the institution.

(c) There shall be a clear authority and primary responsibility for the core and specialty areas, whether or not the program cuts across administrative lines.

(d) There shall be an organized sequence of study planned by those responsible for the program to provide an appropriate, integrated experience covering the field of psychology.

(e) There shall be an identifiable psychology faculty and a psychologist administratively responsible for the program.

(f) There shall be an identified body of students selected on the basis of high ability and appropriate educational preparation.

(2) The following defines the academic program:

(a) The curriculum shall encompass a minimum of three academic years of full-time graduate study or their equivalent. The doctoral program shall involve at least one continuous year of full-time residency at the institution which grants the degree. A minimum of seven hundred fifty hours of student-faculty contact involving face-to-face individual or group educational meetings shall be considered in lieu of one year residency. Such educational meetings must include both faculty-student and student-student interaction, be conducted by the psychology faculty of the institution at least seventy-five percent of the time, be fully documented by the institution and the applicant, and relate substantially to the program components specified. The applicant shall clearly have had instruction in: History and systems, research design and methodology, statistics and psychometrics. The program shall require each student to complete three or more semester hours (five or more quarter-hours) of core study in each of the following content areas:

(i) Biological bases of behavior (physiological psychology, comparative psychology, neurobases, sensation and perception, biological bases of development);

(ii) Cognitive-affective bases of behavior (learning, thinking, motivation, emotion, cognitive development);

(iii) Social bases of behavior (social psychology, organizational theory, community psychology, social development);

(iv) Individual differences (personality theory, psychopathology); and

(v) Scientific and professional ethics.

(b) The program shall include practicum, internship, field or laboratory experience appropriate to the area of psychology that is the student's major emphasis.

(3) If the major emphasis is in clinical, counseling, school or other applied area, the program shall include coordinated practicum and internship experience.

(a) Practicum experience shall total at least two semesters (three quarters) and consist of a total of at least 300 hours of direct experience and 100 hours of supervision.

(b) The practica shall be followed by an organized internship. Predoctoral internship programs accredited by

the American Psychological Association and/or the Association of Psychology Postdoctoral and Internship Centers shall be accepted by the board as meeting this requirement. Otherwise, an organized internship shall be as follows:

(i) The internship shall be designed to provide a planned, programmed sequence of training experiences, the primary focus of which is to assure breadth and quality of training.

(ii) The internship setting shall have a clearly designated psychologist who is responsible for the integrity and quality of the training program and who is licensed/certified by the state/provincial board of psychology examiners.

(iii) The internship setting shall have two or more psychologists available as supervisors, at least one of whom is licensed/certified as a psychologist.

(iv) Supervision shall be provided by the person who is responsible for the cases being supervised. At least seventy-five percent of the supervision shall be provided by a psychologist(s).

(v) At least twenty-five percent of the intern's time shall be spent in direct client contact (minimum 375 hours) providing assessment and intervention services.

(vi) There shall be a minimum of 2 hours per week of regularly scheduled, formal, face-to-face individual supervision with the specific intent of dealing with the direct psychological services rendered by the intern. There shall also be a minimum of 2 hours of other learning activities such as: Case conferences, seminars on applied issues, co-therapy with a staff person including discussion, group supervision.

(vii) Supervision/training relating to ethics shall be an ongoing aspect of the internship program.

(viii) Trainees shall have titles such as "intern," "resident," "fellow," or other designation of trainee status.

(ix) The internship setting shall have a written statement or brochure describing the goals and content of the internship, stating clear expectations and quality of trainees' work, and made available to prospective interns.

(x) The internship experience shall consist of at least 1500 hours and shall be completed within twenty-four months.

(4) Applicants for licensure who obtained degrees from foreign universities shall first submit, at their own expense, their credentials to an independent, private professional organization approved by the board to establish equivalency of training required by this section.

[Statutory Authority: RCW 18.83.050(5). 94-12-039, § 246-924-040, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-06-092 (Order 335B), § 246-924-040, filed 3/3/93, effective 4/3/93. Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-040, filed 1/28/91, effective 2/28/91; 91-04-020 (Order 117B), recodified as § 246-924-040, filed 1/28/91, effective 2/28/91; 88-09-029 (Order PM 722), § 308-122-200, filed 4/15/88. Statutory Authority: RCW 18.83.050(2) and 18.83.070(2). 87-19-096 (Order PM 678), § 308-122-200, filed 9/17/87. Statutory Authority: Chapter 18.83 RCW. 78-12-046 (Order PL 293), § 308-122-200, filed 11/27/78; Order PL-245, § 308-122-200, filed 4/15/76.]

WAC 246-924-050 Psychologists—Education prerequisites to licensing for applicants enrolled in a doctoral program between December 28, 1978 to October 19, 1987. (1) This rule applies for applicants enrolled between December 28, 1978 and October 19, 1987 in a

program leading to a doctoral degree. To meet the education requirement imposed by the statute, an applicant must possess a doctoral degree from a training institution approved by the board in which at least forty semester hours, or sixty quarter-hours, of graduate courses were passed successfully, and were clearly identified by title and course content as being primarily psychological in nature, as determined by the board. Part of the standards for issuance of said degree must require the submission of an original dissertation which must be psychological in nature, as determined by the board.

(2) The following guidelines define the "academic core" of study that should have been completed by each applicant:

(a) Programs accredited by the American Psychological Association are recognized as one way of meeting the definition of a professional psychology program. The criteria for accreditation serve as a model for professional training.

(b) Training in professional psychology is doctoral training offered in regionally accredited institution of higher education.

(c) The program must be clearly identified and labeled as a psychology program. Pertinent catalogues and brochures must show intent to educate and train professional psychologists.

(d) The psychology program must stand as a recognizable, coherent, organizational entity within the institution.

(e) There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines.

(f) There must be an organized sequence of study planned by those responsible for the training program to provide an appropriate, integrated, experience applicable to the professional practice of psychology.

(g) There must be an identifiable psychology faculty and a psychologist responsible for the program.

(h) There must be an identifiable body of students, selected on the basis of high ability and appropriate educational preparation.

(i) Programs must include practicum, internship, field or laboratory experience appropriate to the practice of psychology.

(j) The curriculum should encompass a minimum (or equivalent) of three academic years of full-time graduate study. The doctoral program should involve at least one continuous year of full-time residency at the university at which the degree is granted. Instruction should include scientific and professional ethics and standards, history and systems: Research design and methodology; statistics and psychometrics. The core program should also require each student to obtain an academic background of the following content areas (typically six or more semester hours):

(i) Biological bases of behavior: e.g., physiological psychology, comparative, neuropsychology, sensation and perception, psychopharmacology.

(ii) Cognitive-affective bases of behavior: e.g., learning, thinking, motivation, emotions.

(iii) Social bases of behavior: e.g., social, psychology, group processes, organizational and systems theory.

(iv) Individual differences: e.g., personality theory, human development, abnormal psychology.

(3) If the major emphasis is in an applied area such as clinical, counseling, school or other pertinent areas, the program must include a set of coordinated practicum and internship experiences which total at least two semesters in the practicum setting, and additionally a "one-year" internship. A minimum of 300 hours of practicum, including 100 hours of scheduled individual supervision, should precede the internship.

(4) The psychological services offered in the internship program in "Standards for providers of psychological services" published by the American Psychological Association and/or the Association of Psychology Postdoctoral and Internship Centers may be used as a framework for the internship program. The board also recognizes other quality internship programs.

[Statutory Authority: RCW 18.83.050(5). 94-12-039, § 246-924-050, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-06-092 (Order 335B), § 246-924-050, filed 3/3/93, effective 4/3/93. Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-050, filed 1/28/91, effective 2/28/91; 89-11-054 (Order PM 845), § 308-122-211, filed 5/17/89.]

WAC 246-924-055 Psychologists—Educational prerequisites to licensing for applicants enrolled in a doctoral program prior to December 28, 1978. This section shall apply to applicants enrolled in a program leading to a doctoral degree prior to December 28, 1978. To meet the education requirement imposed by the statute, the applicant must possess a doctoral degree from a training institution approved by the board in which at least forty semester hours, or sixty quarter hours, of graduate courses were passed successfully, and were clearly identified by title and course content as being primarily psychological in nature, as determined by the board. Part of the standards for issuance of said degree must require the submission of an original dissertation which must be psychological in nature, as determined by the board.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-06-092 (Order 335B), § 246-924-055, filed 3/3/93, effective 4/3/93.]

WAC 246-924-060 Psychologists—Experience prerequisite to licensing. This section shall apply to applicants whose post-doctoral experience was commenced after March 5, 1985. (1) Need for supervision. The law requires that the applicant have at least twelve months experience practicing psychology under qualified supervision after having completed all requirements for a doctoral degree. Supervision must be appropriate to the area(s) of professional activity in which the candidate intends to function.

(2) Twelve months of experience shall include a MINIMUM of 1500 supervised clock hours of psychological work. There should be a MINIMUM of one hour of individual supervision for every twenty hours of psychological work. The majority of supervised hours should be in the area(s) of intended psychological work. Documentation of experience and supervision hours shall be kept by supervisee and supervisor. The supervisor(s) shall forward to the board a written evaluation at the end of the twelve-month period, and shall indicate whether the supervisee has satisfactorily completed the supervised clock hours of psychological work. If any supervisor's(s') written evaluation indicates that the

supervisee has failed to satisfactorily complete the required work, the board may require additional supervised clock hours of psychological work.

(3) Appropriate supervision is that provided by a licensed psychologist with two years post-license experience, a psychiatrist with three years of experience beyond residency, or an MSW with five years post-degree experience or a doctoral level psychologist by training and degree with two years of post-doctoral experience who is exempt from licensure by RCW 18.83.200 (1); (2); (3); or, (4), but only when supervising within the exempt setting. At least 50 percent of supervision must be provided by a licensed psychologist. The supervisor must have competence in the area(s) of intended psychological work of the supervisee. The supervisor shall not supervise in any area in which he or she does not have competence.

(4) Content of supervision. Supervision should include, but not be limited to, the following content area:

- (a) Discussion of services provided by the supervisee;
- (b) Selection, service plan, and review of each case or work unit of the supervisee;
- (c) Discussion of and instruction in theoretical conceptions underlying the supervised work;
- (d) Discussion of the management of professional practice or other administrative or business issues;
- (e) Evaluation of the supervisory process, supervisee, and supervisor;
- (f) Discussion of the coordination of services among other professionals involved in particular work units;
- (g) Review of relevant Washington laws and rules and regulations;
- (h) Discussion of ethical principles including principles that apply to current work;
- (i) Review of standards for providers of psychological services;
- (j) Discussion of other relevant reading materials specific to cases, ethical issues, and the supervisory process.

(5) Mode of supervision. The nature of supervision will vary depending on the theoretical orientation of the supervisor, the training and experience of the supervisee, and the duration of the supervisory relationship. It is reasonable for a supervisor to ask for detailed process notes and progress reports. Audio tapes, video tapes, client supplied information such as behavioral ratings, and one-way mirror observations are also appropriate when deemed useful and/or necessary. However accomplished, supervision shall include some direct observation of the supervisee's work. The preferred mode of supervision is face-to-face discussion between supervisor and supervisee.

(6) Authority of supervisor. The supervisor is ethically and legally responsible for all supervisee work covered in the written agreement for supervision. Therefore, it is the authority of the supervisor to alter service plans or otherwise direct the course of psychological work.

(7) Written agreement for supervision. The supervisor and supervisee shall have a written agreement for supervision. This shall include:

- (a) The area(s) of professional activity in which supervision will occur;
- (b) Hours of supervision and/or ratio of supervisory hours or professional hours;
- (c) Supervisory fees, if appropriate;

(d) Process of supervision including mode of supervision, expectations for recordkeeping, and expectations for evaluation and feedback;

(e) Relevant business arrangements;

(f) How the supervisee will represent him or herself;

(g) How disagreements will be handled.

(8) Representation of supervisee to the public. It shall be the responsibility of the supervisee to represent him or herself to the consuming public as being in training status with a suitable supervisor. Clients shall be informed of the identity and responsibilities of the supervisor; and shall be informed of their right to consult or speak directly with the supervisor. Such titles as psychological resident, psychological intern or psychological supervisee, are deemed appropriate for the supervisee. NO services provided by the supervisee shall be represented to third parties as having been provided by the supervisor. Insurance forms should be filled out to indicate the nature of the supervisory relationship.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-06-092 (Order 335B), § 246-924-060, filed 3/3/93, effective 4/3/93. Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-060, filed 1/28/91, effective 2/28/91; 88-09-029 (Order PM 722), § 308-122-215, filed 4/15/88. Statutory Authority: RCW 18.83.050(5). 86-04-087 (Order PL 578), § 308-122-215, filed 2/5/86. Statutory Authority: RCW 18.83.070(3). 85-06-043 (Order PL 521), § 308-122-215, filed 3/5/85.]

WAC 246-924-065 Psychologists—Experience requirement prerequisite to licensing for experience prior to March 5, 1985. This section shall apply to applicants whose post-doctoral experience was commenced prior to March 5, 1985.

(1) The applicant shall have at least one year experience practicing psychology under qualified supervision after completion of all requirements for a doctoral degree. Such supervision shall be appropriate to the area of professional activity in which the applicant intended or intends to function. To be considered qualifying experience, the applicant must have worked under the direct supervision of a licensed psychologist or other professional deemed appropriate by the board. Supervision includes an ongoing awareness of all aspects of the activities of the person being supervised within the operational setting. The amount and intensity of supervision must be appropriate to the applicant's level of training and experience. A year of experience consists of a minimum of 1500 supervised clock hours. Functioning as an autonomous provider of psychological services and independent individual or group practice will not ordinarily be considered as meeting the experience requirement.

(2) In addition, the following considerations apply for experience commenced after December 27, 1978.

(a) In clinical and counseling areas, supervision should include selection of cases, assessment, treatment plan, ongoing treatment, and termination.

(b) With respect to teaching, supervision should include discussion of course outline(s), discussion of teaching and evaluation methods, and direct observation and/or review of taped class lectures and discussions.

(c) Regarding school psychology, supervision should include application of appropriate rules and regulations as promulgated by the office of the superintendent of public

instruction, assessment procedures, psychological reporting, consultation, and follow through.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-06-092 (Order 335B), § 246-924-065, filed 3/3/93, effective 4/3/93.]

WAC 246-924-070 Psychologists—Written examination. Written examination requirements: The written examination that is used in the state of Washington is the examination of professional practice of psychology. The examination consists of objective multiple choice questions covering the major areas of psychology. Each form of the examination contains between 150 and 200 items in the areas listed below:

(1) Background information, including physiological psychology and comparative psychology, learning, history, theory and systems, sensation and perception, motivation, social psychology, personality, cognitive processes, developmental psychology and psychopharmacology.

(2) Methodology including research design and interpretation, statistics, test construction and interpretation, scaling.

(3) Clinical psychology including test usage and interpretation, diagnosis, psychopathology, therapy, judgment in clinical situations, community mental health.

(4) Behavior modification including learning and applications.

(5) Other specialties including management consulting, industrial and human engineering, social psychology, t-groups, counseling and guidance, communication systems analysis.

(6) Professional conduct and ethics including interdisciplinary relations and knowledge of professional affairs.

The cutoff score which the Washington state board of examiners uses is 70% of the raw score, or the national mean of all first time doctorates, whichever is the lowest.

[Statutory Authority: RCW 18.83.050. 93-07-078 (Order 349B), § 246-924-070, filed 3/18/93, effective 4/18/93; 91-04-020 (Order 117B), recodified as § 246-924-070, filed 1/28/91, effective 2/28/91; 82-18-073 (Order PL 404), § 308-122-220, filed 9/1/82; 80-07-010 (Order PL 346), § 308-122-220, filed 6/9/80; 79-08-009 (Order PL-309), § 308-122-220, filed 7/9/79; Order PL-245, § 308-122-220, filed 4/15/76.]

WAC 246-924-080 Psychology examination—Application submittal date. To be eligible to take any particular written examination, an applicant for licensure must file his or her application and examination administration fee with the department of health not less than sixty days prior to the examination date. In the case of late filing, the time requirement for filing may be reduced if good cause for the late filing is shown and the application can still be processed prior to the examination date.

Examinations are normally held in April and October of each year.

[Statutory Authority: RCW 18.130.250 and 18.83.050. 96-08-007, § 246-924-080, filed 3/22/96, effective 4/22/96. Statutory Authority: RCW 18.83.050(5). 94-12-039, § 246-924-080, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-080, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.030, 18.83.050 and 18.83.060. 79-08-008 (Order PL-308), § 308-122-225, filed 7/9/79.]

WAC 246-924-090 Psychologists—Oral examination. Oral examination: The oral exam covers the same

core issues for all candidates ranging through four major foci:

- (1) Professional judgment in areas of stated competence;
- (2) Knowledge of state laws pertaining to psychologist and psychological ethics;
- (3) Knowledge and skills in area of stated competence. The candidate must be able to articulate and relate conceptual rationale and methodological interventions;
- (4) Adequacy of candidate's professional training, supervision and experience.

[Statutory Authority: RCW 18.83.050, 91-04-020 (Order 117B), recodified as § 246-924-090, filed 1/28/91, effective 2/28/91; 79-08-009 (Order PL-309), § 308-122-230, filed 7/9/79; Order PL-245, § 308-122-230, filed 4/15/76.]

WAC 246-924-095 Failure of oral examination.

After an oral examination failure, an applicant shall sit for reexamination as follows:

- (1) First reexamination: At the next administration date or any subsequent administration date;
- (2) Second reexamination: At least one year after the date of the first reexamination;
- (3) Successive reexamination: At least one year after the date of the previous reexamination and after having shown adequate proof of meeting any additional professional training required by the board.

[Statutory Authority: RCW 18.83.050(5), 94-12-039, § 246-924-095, filed 5/25/94, effective 6/25/94.]

WAC 246-924-100 Qualifications for granting of license by endorsement. (1) Candidates applying for licensure pursuant to the provisions of RCW 18.83.170 (1) and (2) shall:

- (a) Provide evidence of meeting the educational requirements set forth in RCW 18.83.070 in effect at the time the applicant entered his/her doctoral program;
 - (b) Pass the oral examination administered by the board pursuant to RCW 18.83.050.
- (2) Candidates applying for licensure pursuant to the provisions of RCW 18.83.170(3) shall:
- (a) Pass the oral examination administered by the board pursuant to RCW 18.83.050.

[Statutory Authority: RCW 18.83.050(5), 93-21-024, § 246-924-100, filed 10/13/93, effective 11/13/93. Statutory Authority: RCW 18.83.050, 91-04-020 (Order 117B), recodified as § 246-924-100, filed 1/28/91, effective 2/28/91; 88-09-029 (Order PM 722), § 308-122-235, filed 4/15/88.]

WAC 246-924-110 AIDS education and training.

(1) Acceptable education and training. Such education and training shall be consistent with the model curriculum available from the office on AIDS and with the standards set forth in WAC 246-924-240(1), shall be a minimum of seven clock hours, and shall include, but not be limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(2) Implementation. Effective January 1, 1989, the requirement for licensure or certification application, renewal, or reinstatement of any license or certification on

lapsed, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of subsection (1) of this section.

(3) Documentation. The licensee shall:

- (a) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987, and before renewal date or December 31, 1989, whichever date is earlier;
- (b) Keep records for two years documenting attendance and description of the learning; and
- (c) Be prepared to validate, through submission of these records, that learning has taken place.

[Statutory Authority: RCW 18.83.050(5), 94-12-039, § 246-924-110, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050, 91-04-020 (Order 117B), recodified as § 246-924-110, filed 1/28/91, effective 2/28/91. Statutory Authority: 1988 c 206 § 604, 88-23-059 (Order PM 798), § 308-122-280, filed 11/15/88.]

WAC 246-924-115 Brief adjudicative proceedings—Denials based on failure to meet education, experience, or examination prerequisites for licensure. The board adopts RCW 34.05.482 and 34.05.485 through 34.05.494 for adjudicative proceedings requested by applicants, who are denied a license under chapter 18.83 RCW for failure to meet the education, experience, or examination prerequisites for licensure. The sole issue at the adjudicative proceeding shall be whether the applicant meets the education, experience, and examination prerequisites for the issuance of a license.

[Statutory Authority: RCW 18.83.050 and chapter 18.83 RCW, 92-20-029 (Order 304B), § 246-924-115, filed 9/28/92, effective 10/29/92.]

WAC 246-924-120 Psychologists—Renewal of licenses. (1) The annual license renewal date for psychologists is hereby changed to coincide with the licensee's birthdate. Individuals making application for initial license and examination, provided they meet all such requirements, will be issued a license, to expire on their next birth anniversary date.

(2) After the initial conversion to a staggered system, licensees may renew their licenses, at the annual renewal fee rate, for one year, from birth anniversary date to the next birth anniversary date.

(3) On a one time basis beginning January 1, 1989, all persons making application for licensure or certification renewal shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of WAC 246-924-110. Persons whose 1989 license expires on or before March 31, 1989, may, upon written application, be granted an extension to April 15, 1989, to meet the AIDS education requirement.

[Statutory Authority: RCW 18.83.050(5), 94-12-039, § 246-924-120, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050, 91-04-020 (Order 117B), recodified as § 246-924-120, filed 1/28/91, effective 2/28/91. Statutory Authority: 1988 c 206 § 604, 88-23-059 (Order PM 798), § 308-122-350, filed 11/15/88; Order PL 227, § 308-122-350, filed 11/5/75; Order PL 177, § 308-122-350, filed 10/15/74.]

WAC 246-924-130 Certificates of qualification. Certificates of qualification shall not be granted. Those

holding certificates of qualification as of July 1, 1990, shall continue to be in conformance with WAC 246-924-140, 246-924-150, and 246-924-160.

[Statutory Authority: RCW 18.83.050(5). 94-12-039, § 246-924-130, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-130, filed 1/28/91, effective 2/28/91; 91-04-020 (Order 117B), recodified as § 246-924-130, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.090. 89-19-053 (Order PM 862), § 308-122-360, filed 9/19/89, effective 10/20/89; Order PL 202, § 308-122-360, filed 10/1/75.]

WAC 246-924-140 Certificates of qualification—

Title. Applicants receiving the certificates of qualification shall hold the title of "psychological assistant," unless the board approves the applicant's petition to work without immediate supervision in which case the applicant shall hold the title of "psychological affiliate."

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-140, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.090. 89-19-053 (Order PM 862), § 308-122-370, filed 9/19/89, effective 10/20/89; Order PL 202, § 308-122-370, filed 10/1/75.]

WAC 246-924-150 Certificates of qualification—

Procedure for additional areas of function. A person receiving a certificate of qualification may apply for certification in an additional area of function by updating his/her application form and references, submitting the required fee and by taking an oral examination in the new area following the procedures outlined above.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-150, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.090. 89-19-053 (Order PM 862), § 308-122-430, filed 9/19/89, effective 10/20/89; Order PL 202, § 308-122-430, filed 10/1/75.]

WAC 246-924-160 Continued supervision of

persons receiving certificates of qualification. (1) The law states that the holder of a certificate of qualification must perform psychological functions "under the periodic direct supervision of a psychologist licensed by the board." The board's interpretation of this statement is that the psychological assistant is certified *in tandem* with a licensed psychologist and not in his or her own right. That is, the board will evaluate simultaneously the professional capabilities of the applicant and the qualifications of the licensed psychologist to supervise the assistant in the specific professional functions outlined by the assistant. The board's approval of an association between a psychological assistant and a licensed psychologist is done purely on an examination of the professional qualifications of the two parties concerned and on the execution of an agreement between the two of them as proposed supervisor and supervisee. The board in no way involves itself with the specific work conditions, fees, salaries, and related factors except insofar as they have a bearing on the quality of the professional relationship or services offered to the public.

(2) The applicant must indicate on the application form, in detail, his or her areas of intended practice. After initial screening (evaluation of the person's education, experience and supervision) and passing the national written examination, the applicant shall furnish the board with a plan for continued supervision which will include detailed information regarding the supervisor which indicates an agreement

to supervise. The board will use this information in conjunction with the oral examination to assess the supervision plans.

(3) Minimum supervision shall entail discussion of the assistant's work through regularly scheduled contacts with the supervisor at appropriate intervals. Whenever possible, supervision should consist of occasional direct observation or review of taped case material. The supervisor shall be responsible for preparing evaluative reports of the assistant's performance, which will be forwarded to the division of professional licensing on a periodic basis.

(4) When a licensed psychologist assumes the responsibility of supervision, he or she shares the professional and ethical responsibility for the nature and quality of all of the psychological services as the assistant may provide. Failure to provide supervision when such a relationship is claimed may result in appropriate action against the license of the supervisor.

(5) Interruption or termination of a supervisory relationship shall be promptly communicated to the division of professional licensing.

(6) In every case where psychological testing is done and a report is written based on that testing by a psychological assistant, the supervising licensed psychologist will countersign the report indicating his approval.

(7) An applicant or holder of a certificate may apply to the board for authority to work without immediate supervision in particular areas of function. In these cases the board may require further evidence of proficiency. Even though the immediate supervision requirement is waived for the psychological affiliate, periodic supervisory consultation as deemed appropriate by the board is required. Evidence of supervisory consultation must be submitted to the division of professional licensing with the annual license fee.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-160, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.090. 89-19-053 (Order PM 862), § 308-122-440, filed 9/19/89, effective 10/20/89; Order PL 202, § 308-122-440, filed 10/1/75.]

WAC 246-924-170 Certificates of qualification—

Representations to clients. (1) Each client of the psychological assistant or psychological affiliate must be informed of the nature of the assistant's or affiliate's professional status, the function in which he or she is certified, and the fact that said assistant is under the supervision of a licensed psychologist.

(2) Only psychological affiliates may advertise their services (e.g. representations of themselves in telephone directories and announcements and on business cards). In doing so, the affiliate must list the functions for which he or she is certified and state his or her academic degree.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-170, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.090. 89-19-053 (Order PM 862), § 308-122-450, filed 9/19/89, effective 10/20/89; Order PL 202, § 308-122-450, filed 10/1/75.]

WAC 246-924-180 Continuing education—Purpose

and scope. The ultimate aim of continuing education is to ensure the highest quality of professional work. Continuing psychology education consists of educational activities designed to review existing concepts and techniques and to convey information and knowledge about advances in

psychology as applied to the work settings. The objectives are to improve and increase the ability of the psychologist to deliver the highest possible quality of psychological work and to keep the professional psychologist abreast of current developments in a rapidly changing field. All psychologists, licensed pursuant to chapter 18.83 RCW, and holders of certificates of qualification issued pursuant to RCW 18.83.105, will be required to meet the continuing education requirements set forth in these rules as a prerequisite to license renewal.

[Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-180, filed 1/28/91, effective 2/28/91.]

WAC 246-924-230 Continuing education requirements. (1) The Washington state board of psychology (hereafter referred to as the board) requires a minimum of sixty hours of continuing psychological education (hereafter referred to as CPE) every three years.

(2) One clock hour of instruction and/or training shall equal one credit hour for the purpose of satisfying the sixty hour CPE requirement.

(3) Credit hours in excess of the requirements set forth cannot be credited to CPE requirements for any succeeding three year cycle.

(4) A minimum of four hours credit in ethics must be included in the sixty hours required. Areas to be covered, depending on the licensee's primary area(s) of function are practice, consultation, research, teaching, and/or supervision.

(5) Faculty providing CPE offerings shall meet the training and the full qualifications of their respective professions. All faculty shall have demonstrated an expertise in the areas in which they are instructing.

[Statutory Authority: RCW 18.83.050(5). 94-12-039, § 246-924-230, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-230, filed 1/28/91, effective 2/28/91; 91-04-020 (Order 117B), recodified as § 246-924-230, filed 1/28/91, effective 2/28/91; Order PL 276, § 308-122-515, filed 11/16/77.]

WAC 246-924-240 Definitions of categories of creditable CPE. All CPE activities shall be directly relevant to maintaining or increasing professional or scientific competence in psychology. Courses or workshops primarily designed to increase practice income or office efficiency, while valuable to the licensee, are specifically noneligible for CPE credit. Recognized activities shall include:

(1) Courses, seminars, workshops and post-doctoral institutes offered by educational institutions chartered by a state and recognized (accredited) by a regional association of schools, colleges and universities as providing graduate level course offerings. Such educational activities shall be recorded on an official transcript or certificate of completion (see WAC 246-924-180).

(2) Courses (including correspondence courses), seminars, workshops and post-doctoral institutes sponsored by the American Psychological Association, the National Academy of Professional Psychologists, regional or state psychological associations or their subchapters, psychology internship training centers and other professionally or scientifically recognized behavioral science organizations such as, but not limited to, National Training Laboratories, National Association of Social Workers, Department of Veterans' Affairs,

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Regional Medical Education Centers, Western Psychological Association, Northwest Family Training Institute, Seattle Institute for Psychoanalytic Training.

[Statutory Authority: RCW 18.83.050(5). 94-12-039, § 246-924-240, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-240, filed 1/28/91, effective 2/28/91; 91-04-020 (Order 117B), recodified as § 246-924-240, filed 1/28/91, effective 2/28/91; Order PL 276, § 308-122-520, filed 11/16/77.]

WAC 246-924-250 Continuing education—Special considerations. In lieu (total or partial) of sixty hours of CPE the board may consider credit hour approval and acceptance of other programs as they are developed and implemented, such as:

(1) Compliance with a CPE program developed by the American Psychological Association which provides either a recognition award or certificate, may be evaluated and considered for partial or total fulfillment of the CPE credit hour requirements of the board.

(2) Psychologists licensed in the state of Washington but practicing in a different state or country which has a mandatory or voluntary CPE program may submit to the board evidence of completion of that other state's or country's CPE requirements for evaluation and partial or total credit hour approval.

(3) Psychologists licensed in the state of Washington but practicing in a state, U.S. territory or foreign country without CPE requirements, or who are not legally required to meet those CPE requirements, may submit evidence of their CPE activities pursued outside of Washington state directly to the board for evaluation and approval based on conformity to the board's CPE requirements.

(4) The board may also accept evidence of diplomate award by the American Board of Professional Psychology (ABPP) and American Board of Psychological Hypnosis (ABPH) in lieu of sixty hours of CPE for that three year period in which the diplomate was awarded.

(5) Credit hours may be earned for other specialty board or diploma certifications if and when such are established.

(6) All board members appointed after December 31, 1985 shall receive, for each year of service on the board, ten continuing education credits, to be applied in any category the board member chooses.

[Statutory Authority: RCW 18.130.250 and 18.83.050. 96-08-007, § 246-924-250, filed 3/22/96, effective 4/22/96. Statutory Authority: RCW 18.83.050(5). 94-12-039, § 246-924-250, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-250, filed 1/28/91, effective 2/28/91; Statutory Authority: RCW 18.83.050(5). 86-04-087 (Order PL 578), § 308-122-525, filed 2/5/86; Order PL 276, § 308-122-525, filed 11/16/77.]

WAC 246-924-290 Continuing education—Certification of compliance. (1) In conjunction with the application for renewal of licensure, a licensee shall submit an affidavit of compliance with the sixty hours CPE requirement on a form supplied by the board.

(2) The board reserves the right to require any licensee to submit evidence, e.g., course or program certificate of training, transcript, course or workshop brochure description, evidence of attendance, etc., in addition to the affidavit form in order to demonstrate, compliance with the sixty hours CPE requirement. Therefore, it is the responsibility of each

licensee to maintain records, certificates, or the other evidence of CPE compliance.

[Statutory Authority: RCW 18.83.050(5). 94-12-039, § 246-924-290, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-290, filed 1/28/91, effective 2/28/91; Order PL 276, § 308-122-545, filed 11/16/77.]

WAC 246-924-300 Definition of acceptable documentation and proof of CPE. Licensees are responsible for acquiring and maintaining all acceptable documentation of their CPE activities.

Acceptable documentation shall include transcripts, letters from course instructors, or certificate of completion or other formal certification. In all cases other than transcripts, the documentation must show the participant's name, the activity title, number of CPE credit hours, date(s) of activity, faculty's name(s) and degree and the signature of verifying individual (program sponsor).

[Statutory Authority: RCW 18.83.050(5). 94-12-039, § 246-924-300, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-300, filed 1/28/91, effective 2/28/91.]

WAC 246-924-320 Continuing education—Enforcement. (1) Affidavit of compliance: Every third year, in conjunction with the application for renewal of license, a licensee shall submit an affidavit of compliance with the requirement of sixty hours of CPE on a form supplied by the board. Failure to submit such affidavit at licensure renewal time, or submission of the affidavit in such manner that CPE compliance cannot be determined by the board will result in denial of renewal of license. Subsequent renewal will be based on the decision of the board after compliance has been determined to be adequate.

(2) Audit: A percentage, which shall be determined by the board, of all licensees' affidavits submitted in conjunction with license renewal applications shall be regularly audited for supporting documentation by the board. Upon audit, it is the sole responsibility of the licensee to submit copies of the appropriate and acceptable documentation of completed CPE activities to the board. Failure to comply with the audit documentation request or failure to supply acceptable documentation within sixty days of the date of the audit request (in the absence of justification acceptable to the board) shall result in disciplinary action which shall remain in place until compliance is deemed acceptable by the board.

(3) Failure to meet the CPE requirements within each three-year cycle shall result in disciplinary action by the board. The licensee so disciplined may petition the board for a hearing. License reinstatement shall be based on decision of the board.

[Statutory Authority: RCW 18.83.050(5). 94-12-039, § 246-924-320, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-320, filed 1/28/91, effective 2/28/91.]

WAC 246-924-330 Continuing education—Exemptions. In the event a licensee fails to meet requirements, because of illness, retirement (with no further provision of psychological services to consumers), failure to renew, or other extenuating circumstances, each case will be considered by the board on an individual basis. When circumstances justify it, the board may grant a time exten-

sion. The board may, in its discretion, limit in part or in whole the provision of psychological services to the consumers until the CPE requirements are met. In the case of retirement or illness, the board may grant indefinite waiver of CPE as a requirement for relicensure, provided an affidavit is received indicating the psychologist is not providing psychological services to consumers. If such illness or retirement status is changed or consumer psychological services are resumed, it is incumbent upon the licensee to immediately notify the board and to resume meeting CPE requirements for relicensure. CPE credit hours will be prorated for the portion of that three year period involving resumption of such services.

[Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-330, filed 1/28/91, effective 2/28/91.]

WAC 246-924-340 Continuing education—Program or course approval. (1) The board will accept CPE that meets the requirements of this chapter. The board relies upon each individual licensee's integrity and the integrity of CPE providers to comply with the intent and spirit of the CPE requirements.

(2) CPE program sponsors or institutes should not apply for, nor expect to receive, prior or current board approval for CPE status or category.

[Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-340, filed 1/28/91, effective 2/28/91.]

WAC 246-924-351 Rules of ethical conduct. (1) Scope. The psychologist shall be governed by these rules of conduct whenever practicing as a psychologist.

(2) Responsibility for own actions. The psychologist shall be fully responsible for his/her own professional decisions and professional actions.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-351, filed 3/10/93, effective 4/10/93.]

WAC 246-924-352 Definitions. (1) "Client" means a recipient of psychological services or that person's legal guardian. A corporate entity or other organization can be a client when the professional contract is to provide services of primary benefit to the organization rather than to individuals.

(2) "Confidential client information" means information revealed by the client or otherwise obtained by a psychologist, where there is reasonable expectation, because of the relationship between the client and the psychologist, or the circumstances under which the information was revealed or obtained, that the information was private.

(3) "Supervisee" means any person who functions under the extended authority of the psychologist to provide psychological services or any person who is in training and provides psychological services.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-352, filed 3/10/93, effective 4/10/93.]

WAC 246-924-353 Competence. (1) Limits on practice. The psychologist shall limit practice to the areas in which he/she is competent. Competency at a minimum

must be based upon appropriate education, training, or experience.

(2) Referral. The psychologist shall refer to other health care resources, legal authorities, or social service agencies when such referral is in the best interest of the client.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-353, filed 3/10/93, effective 4/10/93.]

WAC 246-924-354 Maintenance and retention of records. (1) The psychologist rendering professional services to a client or clients or rendering services billed to a third party payor, shall document services except as provided in (g) of this subsection. That documentation shall include:

- (a) The presenting problem(s), purpose or diagnosis;
- (b) The fee arrangement;
- (c) The date and service provided;
- (d) A copy of all tests and evaluative reports prepared;
- (e) Notation and results of formal consults including information obtained from other persons or agencies through a release of information;
- (f) Progress notes reflecting on-going treatment and current status;
- (g) If a client requests that no treatment records be kept and the psychologist agrees to the request, the request must be in writing and only the following must be retained:
 - (i) Identity of the recipient of services;
 - (ii) Service dates and fees;
 - (iii) Description of services;
 - (iv) Written request that no records be kept.

(2) The psychologist shall not agree to the request if maintaining records is required by other state or federal law.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-354, filed 3/10/93, effective 4/10/93.]

WAC 246-924-355 Continuity of care. The psychologist shall make arrangements to deal with emergency needs of her/his clients during periods of anticipated absences from the psychologist's routine professional availability.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-355, filed 3/10/93, effective 4/10/93.]

WAC 246-924-356 Impaired objectivity. The psychologist shall not undertake or continue a professional relationship with a client when the competency of the psychologist is impaired due to mental, emotional, physical, pharmacological, or substance abuse conditions. If such a condition develops after a professional relationship has been initiated, the psychologist shall terminate the relationship in an appropriate manner, and shall assist the client in obtaining services from another professional.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-356, filed 3/10/93, effective 4/10/93.]

WAC 246-924-357 Multiple relationships. The psychologist shall not undertake or continue a professional relationship with a client when the objectivity or competency of the psychologist is impaired because of the psychologist's present or previous familial, social, sexual, emotional, financial, supervisory, political, administrative, or legal

relationship with the client or a person associated with or related to the client. When such relationship impairs objectivity, the psychologist shall terminate the professional relationship with adequate notice and in an appropriate manner; and shall assist the client in obtaining services from another professional.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-357, filed 3/10/93, effective 4/10/93.]

WAC 246-924-358 Sexual misconduct. (1) The psychologist shall never engage in sexual contact or sexual activity with current clients.

(2) Sexual contact or sexual activity is prohibited with a former client for two years after cessation or termination of professional services.

(3) The psychologist shall never engage in sexual contact or sexual activity with former clients if such contact or activity involves the abuse of the psychologist-client relationship. Factors which the board may consider in evaluating if the psychologist-client relationship has been abusive includes but is not limited to:

- (a) The amount of time that has passed since therapy terminated;
- (b) The nature and duration of the therapy;
- (c) The circumstances of cessation or termination;
- (d) The former client's personal history;
- (e) The former client's current mental status;
- (f) The likelihood of adverse impact on the former client and others; and

(g) Any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a post termination sexual or romantic relationship with the former client.

(4) The psychologist shall never engage in sexually harassing or demeaning behavior with current or former clients.

(5) Psychologists do not accept as therapy patients or clients, persons with whom they have engaged in sexual contact or activity.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-358, filed 3/10/93, effective 4/10/93.]

WAC 246-924-359 Client welfare. (1) Providing explanation of procedures. The psychologist shall upon request give a truthful, understandable, and reasonably complete account of the client's condition to the client or to those responsible for the care of the client. The psychologist shall keep the client fully informed as to the purpose and nature of any evaluation, treatment, or other procedures, and of the client's right to freedom of choice regarding services provided subject to the exceptions contained in the Uniform Health Care Information Act, chapter 70.02 RCW.

(2) Termination of services. Whenever professional services are terminated, the psychologist shall offer to help locate alternative sources of professional services or assistance if necessary. Psychologists shall terminate a professional relationship when it would become clear to a reasonable, prudent psychologist that the client no longer needs the service, is not benefitting, or is being harmed by continued service.

(3) Stereotyping. In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

(4) Solicitation of business by clients. The psychologist shall not request or induce any client, who is not an organization, to solicit business on behalf of the psychologist.

(5) Referrals on request. When making referrals the psychologist shall do so in the best interest of the client. The referral shall not be motivated primarily by financial gain.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-359, filed 3/10/93, effective 4/10/93.]

WAC 246-924-361 Exploiting supervisees and research subjects. (1) Psychologists shall not exploit persons over whom they have supervisory, evaluative, or other authority such as students, supervisees, employees, research participants, clients, or patients.

(2) Psychologist shall not engage in sexual relationships with students or supervisees in training over whom the psychologist has evaluative or direct authority.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-361, filed 3/10/93, effective 4/10/93.]

WAC 246-924-363 Protecting confidentiality of clients. (1) In general. The psychologist shall safeguard the confidential information obtained in the course of practice, teaching, research, or other professional duties. With the exceptions set forth below, the psychologist shall disclose confidential information to others only with the informed written consent of the client.

When a corporation or other organization is the client, rules of confidentiality apply to information pertaining to the organization, including personal information about individuals when obtained in the proper course of that contract. Such information about individuals is subject to confidential control of the organization, not of the individual, and can be made available to the organization, unless the information was obtained in a separate professional relationship with that individual.

(2) Disclosure without informed written consent. The psychologist may disclose confidential information without the informed written consent of the client only in compliance with the Uniform Health Care Information Act, chapter 70.02 RCW.

(3) Services involving more than one interested party. In a situation in which more than one party has a legally recognized interest in the professional services rendered by the psychologist to a recipient, the psychologist shall, to the extent possible, clarify to all parties, in writing, prior to rendering the services the dimensions of confidentiality and professional responsibility that shall pertain in the rendering of services. Such clarification is specifically indicated, among other circumstances, when the client is an organization.

(4) Legally dependent clients. At the beginning of a professional relationship, to the extent that the client can understand, the psychologist shall inform a client who is under the age of thirteen or who has a legal guardian of the

limit the law imposes on the right of confidentiality with respect to his/her communications with the psychologist. For clients between the age of thirteen and eighteen, the psychologist shall clarify any limits to confidentiality between the minor and legal guardians at the outset of services. The psychologist will act in the minor's best interests in deciding whether to disclose confidential information to the legal guardians without the minor's consent.

(5) Limited access to client records. The psychologist shall limit access to client records and shall ensure that all persons working under his/her authority are familiar with the requirements for confidentiality of client material.

(6) When rendering psychological services as part of a team which includes nonhealth care professionals, if the psychologist shares confidential information about the client when so authorized by the client, the psychologist shall advise all persons receiving the information from the psychologist that the information should be maintained in a confidential manner.

(7) Reporting of abuse of children and vulnerable adults. The psychologist shall comply with chapter 26.44 RCW.

(8) Observation and electronic recording. The psychologist shall obtain documented informed consent of the client, guardian or agent for observed or electronically recorded sessions.

(9) Disguising confidential information. When case reports or other confidential information are used as the basis of teaching, research, or other published reports, the psychologist shall exercise reasonable care to insure that the reported material is appropriately disguised to prevent client identification.

(10) Confidentiality if client is deceased. The psychologist shall comply with the Uniform Health Care Information Act, chapter 70.02 RCW.

(11) Confidentiality after termination of professional relationship. The psychologist shall continue to treat information regarding a client as confidential after the professional relationship between the psychologist and the client has ceased.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-363, filed 3/10/93, effective 4/10/93.]

WAC 246-924-364 Fees. (1) Disclosure of cost of services. The psychologist shall not mislead or withhold from the client, a prospective client, or third party payor, information about the cost of his/her professional services. A psychologist may participate in bartering only if:

- (a) It is not clinically contraindicated; and
- (b) The bartering relationship is not exploitive.

(2) Reasonableness of fee. The psychologist shall not exploit the client or responsible payor by charging a fee that is excessive for the services performed or by entering into an exploitive bartering arrangement in lieu of a fee.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-364, filed 3/10/93, effective 4/10/93.]

WAC 246-924-365 Assessment procedures. (1) Communication of results. The psychologist shall accompany communication of assessment procedures and test results, including automated test results, with appropriate interpretive

aids and explanations. Psychologists shall not rely exclusively on automated test results in performing assessments.

(2) Limitations regarding assessment results. When reporting of the results of an assessment procedure, the psychologist shall include any relevant reservations, qualifications or limitations which affect the validity, reliability, or other interpretation of results.

(3) Protection of integrity of assessment procedures. In publications, lectures, or public presentations, psychologists shall not reproduce or describe psychological tests or other devices in ways which might invalidate them.

(4) Psychologists shall maintain the integrity and security of tests and other assessment techniques consistent with contractual obligations and the law, including the Uniform Health Care Information Act, chapter 70.02 RCW.

(5) Advertising newly developed procedures. Information for professional users. The psychologist advertising for sale a newly developed assessment procedure or automated interpretation service to other professionals shall provide or make available a manual or other printed material which fully describes the development of the assessment procedure or service, the rationale, evidence of validity and reliability, and characteristics of the normative population. The psychologist shall explicitly state the purpose and application for which the procedure is recommended and identify special qualifications required to administer and interpret it properly. The psychologist shall ensure that the advertisements for the assessment procedure or interpretive service are factual and descriptive.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-365, filed 3/10/93, effective 4/10/93.]

WAC 246-924-366 Fraud, misrepresentation, or deception. The psychologist shall not use fraud, misrepresentation, or deception in obtaining a psychology license, in passing a psychology licensing examination, in assisting another to obtain a psychology license, or to pass a psychology licensing examination, in billing clients or third party payors, in providing psychological service, in reporting the results of psychological evaluations or services, or in conducting any other activity related to the practice of psychology.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-366, filed 3/10/93, effective 4/10/93.]

WAC 246-924-367 Aiding illegal practice. Delegating professional responsibility. The psychologist shall not delegate professional responsibilities to a person not qualified and/or not appropriately credentialed to provide such services.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-367, filed 3/10/93, effective 4/10/93.]

WAC 246-924-470 Examination fees—Failure to appear at examination session. Examination and examination administration fees shall be forfeited whenever a candidate fails to attend a scheduled examination session, except in the case of a bona fide emergency.

[Statutory Authority: RCW 18.130.250 and 18.83.050. 96-08-007, § 246-924-470, filed 3/22/96, effective 4/22/96. Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-470, filed

1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.070(3). 85-06-043 (Order PL 521), § 308-122-710, filed 3/5/85.]

WAC 246-924-475 Model procedural rules. The examining board of psychology hereby adopts the model procedural rules for boards as filed by the department of health as chapter 246-11 WAC, including subsequent amendments.

[Statutory Authority: RCW 18.83.050(5). 93-16-027 (Order 382), § 246-924-475, filed 7/26/93, effective 8/26/93.]

WAC 246-924-480 Temporary permits. (1) Pursuant to RCW 18.83.082(1), a temporary permit issued to a license applicant:

(a) Is valid for no more than 1 year from the date of issue;

(b) Is terminated if the license applicant fails either the written or oral examination administered by the board pursuant to RCW 18.83.050; and/or,

(c) Is terminated if the license applicant fails to appear for a scheduled written or oral examination, unless the applicant notifies the board in advance of the inability to appear.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-480, filed 1/28/91, effective 2/28/91; 88-09-029 (Order PM 722), § 308-122-720, filed 4/15/88.]

WAC 246-924-490 Responsibility for maintaining mailing address on file with the board. It is the responsibility of each licensee to maintain a current mailing address on file with the board. The mailing address on file with the board shall be used for mailing of all official matters from the board to the licensee. If charges against the licensee are mailed by certified mail to the address on file with the board and returned unclaimed or are unable to be delivered for any reason, then the board shall proceed against the licensee by default under RCW 34.05.440.

[Statutory Authority: RCW 18.83.050(5). 94-12-039, § 246-924-490, filed 5/25/94, effective 6/25/94.]

WAC 246-924-500 Retired active psychologist license. (1) Pursuant to RCW 18.130.250, the board authorizes a retired active license status for licensees who wish to practice only in emergent or intermittent circumstances and meet the following criteria:

(a) Hold a current Washington state license;

(b) The licensee's practice is limited to providing psychological services without compensation;

(c) Services are provided in clinics or organizations that are operated by public or private tax-exempt corporations or agencies.

(2) "Emergent or intermittent circumstances" means:

(a) Performing psychological services no more than thirty days each year in Washington state; or

(b) If not practicing on an intermittent basis, available to perform psychological services for an extended period of time for the purpose of providing such services in emergency circumstances such as earthquakes, floods, times of declared war, or other declared states of emergency.

(3) Licensees wishing to obtain retired active license status must submit a letter to the board with their renewal

declaring their intent to practice only in emergent or intermittent circumstances. Subsequent to being issued a retired active license, the licensee must certify, with the renewal payments, the dates and circumstances under which he or she practiced during the previous year.

(4) A retired active licensee is subject to chapters 18.130 and 18.83 RCW and the applicable rules and regulations, including continuing education requirements, to the same degree as those with full active status.

(5) A retired active licensee who wishes to return to full active status must meet the requirements for relicensure. The retired active licensee must notify the board thirty days in advance of the change to reinstate the license to an active license status. Retired active license status will not be retroactively issued.

[Statutory Authority: RCW 18.130.250 and 18.83.050. 96-08-007, § 246-924-500, filed 3/22/96, effective 4/22/96.]

WAC 246-924-990 Psychology fees. The following fees shall be charged by the professional licensing division of the department of health:

Title of Fee	Fee
Application—Nonrefundable	\$250.00
Renewal	275.00
Renewal retired active	175.00
Late renewal penalty	100.00
Duplicate license	25.00
Written examination administration	80.00
Oral examination	250.00
Certification	25.00
Renewal	275.00
Renewal penalty	100.00
Amendment of certificate of qualification	30.00

[Statutory Authority: RCW 43.70.250. 96-08-006, § 246-924-990, filed 3/22/96, effective 4/22/96; 91-13-002 (Order 173), § 246-924-990, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 43.70.040. 91-05-028 (Order 133), recodified as § 246-924-990, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 43.70.250. 90-04-094 (Order 029), § 308-122-275, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43.24.086. 87-10-028 (Order PM 650), § 308-122-275, filed 5/1/87. Statutory Authority: 1983 c 168 § 12. 83-17-031 (Order PL 442), § 308-122-275, filed 8/10/83. Formerly WAC 308-122-460.]

Chapter 246-926 WAC RADIOLOGICAL TECHNOLOGISTS

WAC	
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WAC 246-926-020 General provisions. (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Department" means the department of health.

(5) "Radiological technologist" means a person certified pursuant to chapter 18.84 RCW.

(6) "Registered x-ray technician" means a person who is registered with the department, and who applies ionizing radiation at the direction of a licensed practitioner.

(7)(a) "Immediate supervision" means the appropriate licensed practitioner is in audible or visual range of the patient and the person treating the patient.

(b) "Direct supervision" means the appropriate licensed practitioner is on the premises, is quickly and easily available.

(c) "Indirect supervision" means the appropriate licensed practitioner is on site no less than half-time.

(8) "Mentally or physically disabled" means a radiological technologist or x-ray technician who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

[Statutory Authority: RCW 18.84.040 and 18.130.070. 92-05-010 (Order 237), § 246-926-020, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-183-010, filed 6/30/89.]

WAC 246-926-030 Mandatory reporting. (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, profession, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the radiological technologist or x-ray technician being reported.

(c) The case number of any client whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 18.84.040 and 18.130.070. 92-05-010 (Order 237), § 246-926-030, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-183-020, filed 6/30/89.]

WAC 246-926-040 Health care institutions. The chief administrator or executive officer or their designee of any hospital or nursing home shall report to the department when any radiological technologist's or x-ray technician's services are terminated or are restricted based on a determination that the radiological technologist or x-ray technician has either committed an act or acts which may constitute unprofessional conduct or that the radiological technologist or x-ray technician may be unable to practice with reasonable skill or safety to clients by reason of a mental or physical condition.

[Statutory Authority: RCW 18.84.040 and 18.130.070. 92-05-010 (Order 237), § 246-926-040, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-183-030, filed 6/30/89.]

WAC 246-926-050 Radiological technologist associations or societies. The president or chief executive officer of any radiological technologist association or society within this state shall report to the department when the association or society determines that a radiological technologist has committed unprofessional conduct or that a radiological technologist may not be able to practice radiological technology with reasonable skill and safety to clients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the certificate holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-183-040, filed 6/30/89.]

WAC 246-926-060 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to radiological technologists or x-ray technicians shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured radiological technologist's or x-ray technician's incompetency or negligence in the practice of radiology technology. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of

the radiological technologist's or x-ray technician's alleged incompetence or negligence.

[Statutory Authority: RCW 18.84.040 and 18.130.070. 92-05-010 (Order 237), § 246-926-060, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-183-050, filed 6/30/89.]

WAC 246-926-070 Courts. The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of radiological technologists or x-ray technicians, other than minor traffic violations.

[Statutory Authority: RCW 18.84.040 and 18.130.070. 92-05-010 (Order 237), § 246-926-070, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-183-060, filed 6/30/89.]

WAC 246-926-080 State and federal agencies. The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a radiological technologist or x-ray technician is employed to provide client care services, to report to the department whenever such a radiological technologist or x-ray technician has been judged to have demonstrated his/her incompetency or negligence in the practice of radiological technology, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled radiological technologist. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 18.84.040 and 18.130.070. 92-05-010 (Order 237), § 246-926-080, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-183-070, filed 6/30/89.]

WAC 246-926-090 Cooperation with investigation.

(1) A certificant or registrant must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the secretary of the department of health by submitting the requested items within fourteen calendar days of receipt of the request by either the certificant, registrant or their attorney, whichever is first. If the certificant or registrant fails to comply with the request within fourteen calendar days, the investigator will contact that individual or their attorney by telephone or letter as a reminder.

(2) Investigators may extend the time for response if the request for extension does not exceed seven calendar days. Any other requests for extension of time may be granted by the secretary or the secretary's designee.

(3) If the certificant or registrant fails to comply with the request within three business days after receiving the reminder, a subpoena will be served to obtain the requested items. A statement of charges may be issued pursuant to RCW 18.130.180(8) for failure to cooperate. If there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(4) If the certificant or registrant complies with the request after the issuance of the statement of charges, the secretary or the secretary's designee will decide if the

charges will be prosecuted or settled. If the charges are to be settled the settlement proposal will be negotiated by the secretary's designee. Settlements are not considered final until the secretary signs the settlement agreement.

[Statutory Authority: RCW 18.84.040 and 18.130.070. 92-05-010 (Order 237), § 246-926-090, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-183-080, filed 6/30/89.]

WAC 246-926-100 Definitions—Alternative training radiologic technologists. (1) Definitions. For the purposes of certifying radiologic technologists by alternative training methods the following definitions shall apply:

(a) "One quarter credit hour" equals eleven "contact hours";

(b) "One semester credit hour" equals sixteen contact hours;

(c) "One contact hour" is considered to be fifty minutes lecture time or one hundred minutes laboratory time;

(d) "One clinical year" is considered to be 1900 contact hours.

(e) "Immediate supervision" means the radiologist or nuclear medicine physician is in audible or visual range of the patient and the person treating the patient.

(f) "Direct supervision" means the supervisory clinical evaluator is on the premises, is quickly and easily available.

(g) "Indirect supervision" means the supervising radiologist or nuclear medicine physician is on site no less than half-time.

(h) "Allied health care profession" means an occupation for which programs are accredited by the American Medical Association Committee on Allied Health Education and Accreditation, Sixteenth Edition of the Allied Health Education Directory, 1988 or a previous edition.

(i) "Formal education" shall be obtained in postsecondary vocational/technical schools and institutions, community or junior colleges, and senior colleges and universities accredited by regional accrediting associations or by other recognized accrediting agencies or programs approved by the Committee on Allied Health Education and Accreditation of the American Medical Association.

(2) Clinical practice experience shall be supervised and verified by the approved clinical evaluators who must be:

(a) A certified radiologic technologist designated in the specialty area the individual is requesting certification who provides direct supervision; and

(b) A radiologist for those individuals requesting certification in practice of diagnostic radiologic technology or therapeutic radiologic technology; or for those individuals requesting certification as a nuclear medicine technologist, a physician specialist in nuclear medicine who provides indirect supervision. The physician supervisor shall routinely critique the films and evaluate the quality of the trainees' work.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-090, filed 12/9/88.]

WAC 246-926-110 Diagnostic radiologic technologist—Alternative training. An individual must possess the

following alternative training qualifications to be certified as a diagnostic radiologic technologist.

(1) Have obtained a high school diploma or GED equivalent, a minimum of four clinical years supervised practice experience in radiography, and completed the course content areas outlined in subsection (2) of this section; or have obtained an associate or higher degree in an allied health care profession or meets the requirements for certification as a therapeutic radiologic technologist or nuclear medicine technologist, have obtained a minimum of three clinical years supervised practice experience in radiography, and completed course content areas outlined in subsection (2) of this section.

(2) The following course content areas of training may be obtained directly by supervised clinical practice experience: Introduction to radiography, medical ethics and law, medical terminology, methods of patient care, radiographic procedures, radiographic film processing, evaluation of radiographs, radiographic pathology, introduction to quality assurance, and introduction to computer literacy. Clinical practice experience must be verified by the approved clinical evaluators.

The following course content areas of training must be obtained through formal education: Human anatomy and physiology - 100 contact hours; principles of radiographic exposure - 45 contact hours; imaging equipment - 40 contact hours; radiation physics, principles of radiation protection, and principles of radiation biology - 40 contact hours.

(3) Must satisfactorily pass an examination approved or administered by the secretary.

(4) Individuals who are registered as a diagnostic radiologic technologist with the American Registry of Radiologic Technologists shall be considered to have met the alternative education and training requirements.

[Statutory Authority: RCW 18.84.040 and 18.84.080. 92-05-010 (Order 237), § 246-926-110, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-100, filed 12/9/88.]

WAC 246-926-120 Therapeutic radiologic technologist—Alternative training. An individual must possess the following alternative training qualifications to be certified as a therapeutic radiologic technologist.

(1) Have obtained a baccalaureate or associate degree in one of the physical, biological sciences, or allied health care professions, or meets the requirements for certification as a diagnostic radiologic technologist or nuclear medicine technologist; have obtained a minimum of five clinical years supervised practice experience in therapeutic radiologic technology; and completed course content areas outlined in subsection (2) of this section.

(2) The following course content areas of training may be obtained by supervised clinical practice experience: Orientation to radiation therapy technology, medical ethics and law, methods of patient care, computer applications, and medical terminology. At least fifty percent of the clinical practice experience must have been in operating a linear accelerator. Clinical practice experience must be verified by the approved clinical evaluators.

The following course content areas of training must be obtained through formal education: Human anatomy and

physiology - 100 contact hours; oncologic pathology - 22 contact hours; radiation oncology - 22 contact hours; radiobiology, radiation protection, and radiographic imaging - 73 contact hours; mathematics (college level algebra or above) - 55 contact hours; radiation physics - 66 contact hours; radiation oncology technique - 77 contact hours; clinical dosimetry - 150 contact hours; quality assurance - 12 contact hours; and hyperthermia - 4 contact hours.

(3) Must satisfactorily pass an examination approved or administered by the secretary.

(4) Individuals who are registered as a therapeutic radiologic technologist by the American Registry of Radiologic Technologists shall be considered to have met the alternative education and training requirements.

[Statutory Authority: RCW 18.84.040 and 18.84.080. 92-05-010 (Order 237), § 246-926-120, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-110, filed 12/9/88.]

WAC 246-926-130 Nuclear medicine technologist—Alternative training. An individual must possess the following alternative training qualifications to be certified as a nuclear medicine technologist.

(1) Have obtained a baccalaureate or associate degree in one of the physical, biological sciences, allied health care professions, or meets the requirements for certification as a diagnostic radiologic technologist or a therapeutic radiologic technologist; have obtained a minimum of four clinical years supervised practice experience in nuclear medicine technology; and completed course content areas outlined in subsection (2) of this section.

(2) The following course content areas of training may be obtained by supervised clinical practice experience: Methods of patient care, computer applications, department organization and function, nuclear medicine in-vivo and in-vitro procedures, and radionuclide therapy. Clinical practice experience must be verified by the approved clinical evaluators.

The following course content areas of training must be obtained through formal education: Radiation safety and protection - 10 contact hours; radiation biology - 10 contact hours; nuclear medicine physics and radiation physics - 80 contact hours; nuclear medicine instrumentation - 22 contact hours; statistics - 10 contact hours; radionuclide chemistry and radiopharmacology - 22 contact hours.

(3) Must satisfactorily pass an examination approved or administered by the secretary.

(4) Individuals who are registered as a nuclear medicine technologist with the American Registry of Radiologic Technologists or with the nuclear medicine technology certifying board shall be considered to have met the alternative education and training requirements.

[Statutory Authority: RCW 18.84.040 and 18.84.080. 92-05-010 (Order 237), § 246-926-130, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-120, filed 12/9/88.]

WAC 246-926-140 Approved schools. Approved schools and standards of instruction for diagnostic radiologic technologist, therapeutic radiologic technologist, and nuclear

medicine technologist are those recognized as radiography, radiation therapy technology, and nuclear medicine technology educational programs that have obtained accreditation from the Committee on Allied Health Education and Accreditation of the American Medical Association as recognized in the publication Allied Health Education Directory, Sixteenth Edition, published by the American Medical Association, 1988 or any previous edition.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-130, filed 12/9/88.]

WAC 246-926-150 Certification designation. A certificate shall be designated in a particular field of radiologic technology by:

(1) The educational program completed; diagnostic radiologic technologist - radiography program; therapeutic radiologic technologist - radiation therapy technology program; and nuclear medicine technologist - nuclear medicine technology program; or

(2) By meeting the alternative training requirements established in WAC 246-926-100, 246-926-110, 246-926-120, or 246-926-130.

[Statutory Authority: RCW 18.84.040 and 18.84.080. 92-05-010 (Order 237), § 246-926-150, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-140, filed 12/9/88.]

WAC 246-926-160 Renewals. (1) Certification renewal.

(a) Individuals receiving initial certification will be issued a certificate to expire on their next birth anniversary date.

(b) Certifications shall be renewed upon a biennial basis on or before the birth anniversary date. Certifications not renewed on or before the expiration date shall expire immediately and are considered lapsed.

(c) Lapsed certificates may be renewed in accordance with WAC 246-926-170.

(d) Illegal practice - Any person practicing as a radiologic technologist during the time that such individual's certificate has lapsed shall be considered an illegal practitioner and may be subjected to the penalties provided for violators under the provisions of RCW 18.130.190, unless such practitioner maintains a current valid registration as an x-ray technician.

(2) Initial registration x-ray technician.

(a) All persons applying ionizing radiation on human beings as outlined in chapter 18.84 RCW must complete the application process by January 1, 1992.

(b) Individuals receiving initial registration will be issued a registration to expire on their next birth anniversary date.

(c) Applicants who are registered before January 1, 1992, will be selected randomly for either an annual or a biennial renewal. For those selected for annual renewal, consecutive renewals shall be upon a biennial basis. Registrations placed on the one time annual renewal will be charged one-half the biennial renewal fee.

(d) Individuals applying for registration after January 1, 1992, will be issued an initial registration to expire on the next birth anniversary date and consecutive registrations will be renewed on a biennial basis.

(3) Registration renewal.

(a) Registrations not renewed on or before the expiration date shall expire immediately and are considered lapsed.

(b) Upon payment of the renewal and late fee a lapsed registration may be renewed.

(c) Illegal practice - Any person practicing as an x-ray technician during the time that such registration has lapsed shall be considered an illegal practitioner and may be subjected to the penalties provided for violators under the provisions of RCW 18.130.190.

[Statutory Authority: RCW 18.84.040 and 18.84.110. 92-05-010 (Order 237), § 246-926-160, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-150, filed 12/9/88.]

WAC 246-926-170 Reinstatement. (1) A certificate which has lapsed for less than two years may be reinstated by submitting the renewal and late fee.

(2) A certificate which has lapsed for two years but not more than three years may be reinstated by submitting a reinstatement application, application fee and late renewal penalty fee.

(3) A certificate which has lapsed for three years or more may be reinstated by demonstrating competence to the standards established by the secretary, submitting a reinstatement application, renewal fee and late penalty.

[Statutory Authority: RCW 18.84.040 and 18.84.110. 92-05-010 (Order 237), § 246-926-170, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-160, filed 12/9/88.]

WAC 246-926-180 Parenteral procedures. (1) A certified radiologic technologist may administer diagnostic and therapeutic agents under the direction and immediate supervision of a radiologist if the following guidelines are met:

(a) The radiologic technologist has had the prerequisite training and thorough knowledge of the particular procedure to be performed;

(b) Appropriate facilities are available for coping with any complication of the procedure as well as for emergency treatment of severe reactions to the diagnostic or therapeutic agent itself, including the ready availability of appropriate resuscitative drugs, equipment, and personnel; and

(c) After parenteral administration of a diagnostic or therapeutic agent, competent personnel and emergency facilities shall be available for at least thirty minutes in case of a delayed reaction.

(2) A certified radiologic technologist may perform venipuncture at the direction and immediate supervision of a radiologist.

[Statutory Authority: RCW 43.70.040. 92-19-060 (Order 302), § 246-926-180, filed 9/11/92, effective 10/12/92; 91-02-049 (Order 121), recodified as § 246-926-180, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-170, filed 12/9/88.]

WAC 246-926-190 State examination/examination waiver/examination application deadline. (1) The American Registry of Radiologic Technologists certification examinations for radiography, radiation therapy technology, and nuclear medicine technology shall be the state examinations for certification as a radiologic technologist.

(a) The examination for certification as a radiologic technologist shall be conducted three times a year in the state of Washington, in March, July, and October.

(b) The examination shall be conducted in accordance with the American Registry of Radiologic Technologists security measures and contract.

(c) Examination candidates shall be advised of the results of their examination in writing.

(2) Applicants taking the state examination must submit the application, supporting documents, and fees to the department of health no later than the fifteenth day of December, for the March examination; the fifteenth day of April, for the July examination; and the fifteenth day of July, for the October examination.

(3) A scaled score of seventy-five is required to pass the examination.

[Statutory Authority: RCW 18.84.040 and 18.84.080. 92-05-010 (Order 237), § 246-926-190, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-190, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-190, filed 12/9/88.]

WAC 246-926-200 AIDS prevention and information education requirements. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Persons applying for certification or registration shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (3) of this section.

(3) AIDS education and training.

(a) Acceptable education and training. The secretary will accept education and training that is consistent with the topical outline supported by the office on AIDS. Such education and training shall be a minimum of seven clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) Documentation. The applicant shall:

(i) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;

(ii) Keep records for two years documenting attendance and description of the learning;

(iii) Be prepared to validate, through submission of these records, that attendance has taken place.

[Statutory Authority: RCW 18.84.040 and 70.24.270. 92-05-010 (Order 237), § 246-926-200, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-200, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-183-200, filed 11/2/88.]

WAC 246-926-990 Certification and registration fees.

The following fees shall be charged by the professional licensing division of the department of health:

Title of Fee	Fee
Application - certification	\$50.00
Exam fee - certification	30.00
Application - registration	35.00
Certification renewal	50.00
Registration renewal	35.00
Late renewal penalty	30.00
Verification	15.00
Duplicate	15.00

[Statutory Authority: RCW 18.84.040 and 18.84.100. 92-05-010 (Order 237), § 246-926-990, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-180, filed 12/9/88.]

Chapter 246-928 WAC

RESPIRATORY CARE PRACTITIONERS

WAC

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246-928-200	Temporary practice.
246-928-210	Definitions—Alternative training respiratory care practitioners.
246-928-220	Alternative training requirements.
246-928-990	Fees.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-928-070	Grandfather—Examination dates. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.89.050. 88-23-001 (Order PM 787), § 308-195-070, filed 11/3/88; 88-10-015 (Order 724), § 308-195-070, filed 4/27/88.] Repealed by 92-02-018 (Order 224), filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 18.89.050.
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246-928-100 Rural hospital exemption. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.89.050. 88-10-015 (Order 724), § 308-195-100, filed 4/27/88.] Repealed by 92-02-018 (Order 224), filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 18.89.050.

WAC 246-928-015 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 246-928-020 Recognized educational programs—Respiratory care practitioners. Approved courses of instruction for respiratory care practitioners are recognized as the respiratory therapy technician and respiratory therapy education programs that have obtained accreditation from the Committee on Allied Health Education and Accreditation of the American Medical Association in collaboration with the Joint Review Committee for Respiratory Therapy Education as recognized in the current publication *Respiratory Therapy Educational Programs* published by the Joint Review Committee for Respiratory Therapy Education.

[Statutory Authority: RCW 18.89.050. 92-15-032 (Order 285), § 246-928-020, filed 7/7/92, effective 8/7/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.89.050. 88-10-015 (Order 724), § 308-195-020, filed 4/27/88.]

WAC 246-928-030 State examination—Examination waiver—Examination application deadline. (1) The entry level certification examination of the National Board of Respiratory Care, Inc. shall be the official examination for certification as a respiratory care practitioner.

(a) The examination for certification as a respiratory care practitioner shall be conducted three times a year in the state of Washington, in March, July, and November.

(b) The examination shall be conducted in accordance with the National Board of Respiratory Care, Inc.'s security measures and contract.

(c) Examination candidates shall be advised of the results of their examination in writing.

(2) Applicants taking the state examination must submit the application and supporting documents to the department of health no later than the first day of December, for the March examination; the first day of April, for the July examination; and the first day of August for the November examination.

(3) An applicant who has passed the certification or registry examination given by the National Board of Respiratory Care, Inc., or an equivalent examination administered by a predecessor organization that is accepted and verified by the National Board of Respiratory Care, Inc. for certification, may be granted a certificate without further examination.

(4) A scaled score of 75 is required to pass the examination.

[Statutory Authority: RCW 18.89.050. 92-02-018 (Order 224), § 246-928-030, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.89.050. 89-09-006 (Order PM 832), § 308-195-030, filed 4/7/89; 88-10-015 (Order 724), § 308-195-030, filed 4/27/88.]

WAC 246-928-040 Examination eligibility. (1) Graduates of approved respiratory care technician and respiratory care therapy programs or those individuals that have met the criteria for alternate training may be eligible to take the state examination.

(2) Respiratory care technician or respiratory care therapy students in their last year may apply for certification by examination prior to graduation under the following circumstances:

(a) Receipt of a letter of verification from the program director indicating that the applicant is in good standing and verifying the probability of completion prior to the last day of the calendar month preceding the examination for which they are applying.

(b) Results of the examination will be withheld until official transcripts from the program, indicating degree or certificate of completion earned, is received by the department.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.89.050. 88-10-015 (Order 724), § 308-195-040, filed 4/27/88.]

WAC 246-928-050 Definition of "commonly accepted standards for the profession." "Commonly accepted standards for the profession" as indicated in RCW 18.89.130 shall mean having completed training in an approved respiratory care technician or respiratory care therapy program or having completed sufficient on-the-job training and experience to have qualified the applicant to take the National Board of Respiratory Care examination prior to July 26, 1987, satisfactorily passed the certification or registry examination given by the National Board of Respiratory Care, Inc. with a minimum scaled score of 75, not having engaged in unprofessional conduct as established in RCW 18.130.180, and not been convicted of a crime of moral turpitude or felony which relates to the profession of respiratory care.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.89.050. 88-10-015 (Order 724), § 308-195-050, filed 4/27/88.]

WAC 246-928-060 Grandfather—Verification of practice. Proof of practice. Applicants requesting certification as permitted in RCW 18.89.130 shall submit the following as proof of being in practice on July 26, 1987.

(1) Applicant's affidavit containing the following information:

- (a) Location and date of employment on July 26, 1987;
- (b) Description of capacity in which applicant was employed, including job title and description of specific duties;
- (c) Name and title of direct supervisor.

(2) Affidavit from direct supervisor containing the following information:

- (a) Applicant's employment beginning and ending dates;
- (b) Statement confirming applicant's duties as described;
- (c) Supervisor's title.

After review of the documentation submitted in support of the application, additional information may be requested for the purpose of clarification.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.89.050. 88-10-015 (Order 724), § 308-195-060, filed 4/27/88.]

WAC 246-928-080 Reciprocity—Requirements for certification. Before reciprocity is extended to any individual licensed, certified or registered to practice respiratory care under the law of another state, territory, or District of Columbia, the applicant shall meet the qualifications established in this state for certification.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.89.050. 88-10-015 (Order 724), § 308-195-080, filed 4/27/88.]

WAC 246-928-085 Temporary permits—Issuance and duration. (1) An applicant who is currently licensed in another state and is applying for certification in Washington state may request a temporary practice permit by submitting to the department:

(a) A completed application on forms provided by the department with the request for a temporary practice permit indicated;

(b) An application fee and a temporary practice permit fee as specified in WAC 246-928-990; and

(c) Written verification directly from all states in which the applicant is or was licensed, attesting that the applicant has or had a license in good standing and is not subject to charges or disciplinary action for unprofessional conduct or impairment.

(2) The department shall issue a one-time-only temporary practice permit unless the department determines a basis for denial of the license or issuance of a conditional license.

(3) The temporary permit shall expire upon the issuance of a certificate by the department, initiation of an investigation of the applicant by the department, or three months, whichever occurs first.

(4) An applicant who receives a temporary practice permit and does not complete the application process shall not be issued another temporary practice permit, even upon submission of a new application in the future.

[Statutory Authority: RCW 18.130.050 and [18.130].075. 92-15-032 (Order 285), § 246-928-085, filed 7/7/92, effective 8/7/92.]

WAC 246-928-090 Certification renewal registration date. (1) Individuals receiving initial certification will be issued a certificate to expire on their next birth anniversary date.

(2) Certifications shall be renewed at two year intervals on or before the individual's birth anniversary date. Certifications not renewed on or before the individual's biennial birth anniversary date shall expire immediately after the individual's birth anniversary date. Failure to renew shall

invalidate the certificate and all privileges granted by the certification.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-928-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.89.050, 88-10-015 (Order 724), § 308-195-090, filed 4/27/88.]

WAC 246-928-110 General provisions. (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Department" means the department of health, whose address is:

Department of Health
Professional Licensing Services
1300 Quince St. S.E.
P.O. Box 47868
Olympia, Washington 98504-7868

(5) "Respiratory care practitioner" means a person certified pursuant to chapter 18.89 RCW.

(6) "Mentally or physically disabled respiratory care practitioner" means a respiratory care practitioner who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice respiratory care with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

[Statutory Authority: RCW 18.89.050, 18.130.050 and 18.130.070, 92-02-018 (Order 224), § 246-928-110, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-928-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-195-120, filed 6/30/89.]

WAC 246-928-120 Mandatory reporting. (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the respiratory care practitioner being reported.

(c) The case number of any patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(1997 Ed.)

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-928-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-195-130, filed 6/30/89.]

WAC 246-928-130 Health care institutions. The chief administrator, executive officer, or their designee of any hospital or nursing home shall report to the department when any respiratory care practitioner's services are terminated or are restricted based on a determination that the respiratory care practitioner has either committed an act or acts which may constitute unprofessional conduct or that the respiratory care practitioner may be unable to practice with reasonable skill or safety to clients by reason of any mental or physical condition.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-928-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-195-140, filed 6/30/89.]

WAC 246-928-140 Respiratory care practitioner associations or societies. The president or chief executive officer of any respiratory care practitioner association or society within this state shall report to the department when the association or society determines that a respiratory care practitioner has committed unprofessional conduct or that a respiratory care practitioner may not be able to practice respiratory care with reasonable skill and safety to patients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the certificate holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-928-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-195-150, filed 6/30/89.]

WAC 246-928-150 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to respiratory care practitioners shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured respiratory care practitioner's incompetency or negligence in the practice of respiratory care. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the respiratory care practitioner's alleged incompetence or negligence.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-928-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-195-160, filed 6/30/89.]

WAC 246-928-160 Courts. The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convic-

tions of certified respiratory care practitioners, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-195-170, filed 6/30/89.]

WAC 246-928-170 State and federal agencies. The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a respiratory care practitioner is employed to provide patient care services, to report to the department whenever such a respiratory care practitioner has been judged to have demonstrated his/her incompetency or negligence in the practice of respiratory care, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled respiratory care practitioner. These requirements do not supersede any state or federal law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-195-180, filed 6/30/89.]

WAC 246-928-180 Cooperation with investigation.

(1) A certificant must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the secretary of the department of health by submitting the requested items within fourteen calendar days of receipt of the request by either the certificant or their attorney, whichever is first. If the certificant fails to comply with the request within fourteen calendar days, the investigator will contact that individual or their attorney by telephone or letter as a reminder.

(2) Investigators may extend the time for response if the request for extension does not exceed seven calendar days. Any other requests for extension of time may be granted by the secretary or the secretary's designee.

(3) If the certificant fails to comply with the request within three business days after receiving the reminder, a subpoena will be served to obtain the requested items. A statement of charges may be issued pursuant to RCW 18.130.180(8) for failure to cooperate. If there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(4) If the certificant complies with the request after the issuance of the statement of charges, the secretary or the secretary's designee will decide if the charges will be prosecuted or settled. If the charges are to be settled the settlement proposal will be negotiated by the secretary's designee. Settlements are not considered final until the secretary signs the settlement agreement.

[Statutory Authority: RCW 18.89.050, 18.130.050 and 18.130.070. 92-02-018 (Order 224), § 246-928-180, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-180, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-195-190, filed 6/30/89.]

WAC 246-928-190 AIDS prevention and information education requirements. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of health or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for certification. Persons applying for certification shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (3) of this section.

(3) AIDS education and training.

(a) Acceptable education and training. The secretary will accept education and training that is consistent with the topical outline supported by the office on AIDS. Such education and training shall be a minimum of seven clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) Implementation. Effective January 1, 1989, the requirement for certification, renewal, or reinstatement of any certificate on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of (a) of this subsection.

(c) Documentation. The applicant shall:

(i) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;

(ii) Keep records for two years documenting attendance and description of the learning;

(iii) Be prepared to validate, through submission of these records, that attendance has taken place.

[Statutory Authority: RCW 18.89.050 and 70.24.270. 92-02-018 (Order 224), § 246-928-190, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-190, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-195-200, filed 11/2/88.]

WAC 246-928-200 Temporary practice. An applicant may practice under supervision of a certified respiratory care practitioner while waiting to complete the examination requirement. The applicant must take the first available examination administered following determination of their eligibility, except in the case of a bona fide emergency. An applicant may engage in temporary practice only prior to taking their first examination.

An individual shall cease practice immediately upon receipt of notice of failure to pass the examination. Resumption of practice may only occur after successfully passing the examination and issuance of a certificate.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-200, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.89.050. 89-09-006 (Order PM 832), § 308-195-210, filed 4/7/89.]

WAC 246-928-210 Definitions—Alternative training respiratory care practitioners. (1) For the purposes of certifying respiratory care practitioners by alternative training methods the following definitions shall apply:

(a) "One credit hour" equals "one contact hour";

(b) "One semester hour" equals sixteen contact hours;

(c) "One contact hour" is considered to be fifty minutes lecture time or one hundred minutes laboratory time;

(d) "Direct supervision" shall mean the clinical evaluator is on the premises, quickly and easily available, and has provided sufficient supervision during the practical clinical experience to assure acceptable skills in the course content areas being verified;

(e) "Formal education" shall be obtained in postsecondary vocational/technical schools and institutions, community or junior colleges, and senior colleges and universities accredited by regional accrediting associations or by other recognized accrediting agencies or programs approved by the Committee on Allied Health Education and Accreditation of the American Medical Association.

(2) Clinical practice experience shall be verified by a certified respiratory care practitioner certified in the state of Washington, or certified or registered by the National Board of Respiratory Care, Inc. who has provided "direct supervision."

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-210, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.89.050. 89-09-006 (Order PM 832), § 308-195-220, filed 4/7/89.]

WAC 246-928-220 Alternative training requirements. An individual must possess the following alternative training qualifications to be certified as a respiratory care practitioner:

(1) Completed a program recognized by the Canadian Society of Respiratory Therapists in their current list, or any previous lists and are eligible to sit for the Canadian Society of Respiratory Therapists registry examination; or

(2) Been registered by the Canadian Society of Respiratory Therapists; or

(3) Obtained a minimum of three thousand hours supervised practical clinical experience within the past five years and meet the following criteria:

(a) The following course content areas of training may be obtained directly by supervised clinical practical experience:

- (i) Physical assessment;
- (ii) Chest percussion/postural drainage;
- (iii) Oxygen administration;
- (iv) Incentive spirometry;
- (v) Aerosol administration via:
 - (A) Pneumatic nebulization;
 - (B) Ultrasonic nebulization.
- (vi) Clearance of secretions via oro- and nasopharyngeal suction devices;
- (vii) Gas metering and analyzing devices;
- (viii) Ventilator care including CMV, IMV, SIMV, and PEEP;

(ix) Artificial airways including oro- and nasopharyngeal airways, oral and nasal endotracheal tubes, tracheostomy tubes and buttons, esophageal obturator airways and intubation equipment;

- (x) IPPB;
- (xi) CPAP;
- (xii) Interpretation of blood gases;
- (xiii) Fundamentals of patient care.

(b) The following course content areas of training must be obtained through formal education:

(i) Anatomy and physiology - Ten quarter or six semester credit hours;

(ii) Microbiology - Five quarter or three semester credit hours;

(iii) Math (college level algebra or higher) - Five quarter or three semester credit hours;

(iv) Chemistry - Five quarter or three semester credit hours;

(v) Biology - Five quarter or three semester credit hours;

(vi) Physics - Five quarter or three semester credit hours;

(vii) Medical terminology - Three quarter or two semester credit hours;

(viii) CPR certification - Basic life support; and

(4) Satisfactorily pass an examination approved or administered by the secretary.

[Statutory Authority: RCW 18.89.050. 92-02-018 (Order 224), § 246-928-220, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-220, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.89.050. 89-09-006 (Order PM 832), § 308-195-230, filed 4/7/89.]

WAC 246-928-990 Fees. The following fees shall be charged by the professional licensing division of the department of health:

Title of Fee	Fee
Application	\$ 85.00
Temporary practice permit	50.00
Examination application	110.00
Examination retake	25.00
Duplicate license	15.00
Verification/certification	25.00
Renewal	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 246-930 WAC

SEX OFFENDER TREATMENT PROVIDER

WAC

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246-930-210	Examination appeal procedures.
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246-930-301	Purpose—Professional standards and ethics.
246-930-310	Standards for professional conduct and client relationships.

246-930-320	Standards for SSOSA and SSODA assessment and evaluation reports.
246-930-330	Standards for treatment.
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246-930-430	Reinstatement.
246-930-490	Sexual misconduct.
246-930-499	Temporary and provisional certificate during initial implementation of certification program.
246-930-990	Sex offender treatment provider fees.

WAC 246-930-010 General definitions. In these rules, the following terms shall have the definition described below, unless another definition is stated:

- (1) "Department" means the department of health.
- (2) "Secretary" means the secretary of the department of health, or designee.
- (3) "Provider" means a certified sex offender treatment provider.
- (4) "Affiliate" means affiliate sex offender treatment provider.
- (5) "Committee" means the sex offender treatment providers advisory committee.
- (6) "Credential" or its derivative means the process of licensing, registration, certification or the equivalent through which a person is legally recognized by a state agency as lawfully authorized to practice a health profession.
- (7) "Evaluation."
 - (a) For purposes of determining eligibility for certification, evaluation is defined as the direct provision of comprehensive evaluation and assessment services to persons who have been investigated by law enforcement or child protective services for commission of a sex offense, or who have been adjudicated or convicted of a sex offense. Such evaluation shall be related to a client's offending behavior. Such services shall have resulted in preparation of a formal written report. To qualify, the individual shall have had primary responsibility for interviewing the offender and shall have completed the written report. Only hours in face-to-face contact with a client may be counted for evaluation credit. Evaluation hours performed by affiliate providers under the supervision of fully certified providers count toward certification under this definition. Note that limited assessments for the purpose of institution classification, treatment monitoring, and reporting do not qualify for evaluation credit under this definition.

(b) Standards for evaluations of clients by certified providers as defined in RCW 9.94A.120 (7)(a) and 13.40.160 are set forth in WAC 246-930-320.

(8) "Treatment" for purposes of determining eligibility for certification, treatment is defined as the provision of face-to-face individual, group, or family therapy with persons who have been investigated by law enforcement or child protective services for commission of a sex offense, or who have been adjudicated or convicted of a sex offense. The professional seeking certification has formal responsibility for providing primary treatment services, and such services shall have had direct relevance to a client's offending behavior. Face-to-face treatment hours performed by affiliate providers under the supervision of certified providers count toward certification under this definition. "Cotherapy hours" are defined as the actual number of hours the

applicant spent facilitating a group session. Cotherapy hours may each claim credit for therapy hours as long as both persons have formal responsibility for the group sessions. Time spent in maintaining collateral contacts and written case/progress notes are not counted under this definition.

(9) A "certified sex offender treatment provider" is an applicant who has met the educational, experience and training requirements as specified for full certification, has satisfactorily passed the examination, and has been issued a certificate by the department to evaluate and treat sex offenders pursuant to chapter 18.155 RCW.

(10) An "affiliate sex offender treatment provider" is an applicant who has met the educational, experience and training requirements as specified for affiliate certification applicants, and has satisfactorily passed the examination. An affiliate sex offender treatment provider evaluates and treats sex offenders pursuant to chapter 18.155 RCW under the supervision of a certified sex offender treatment provider in accordance with the supervision requirements set forth in WAC 246-930-075.

(11) "SSOSA" is special sex offender sentencing alternative as defined in RCW 9.94A.120 (7)(a).

(12) "SSODA" is special sex offender disposition alternative as defined in RCW 13.40.160.

(13) "Supervising officer" means the designated representative of the agency having oversight responsibility for a client sentenced under SSOSA or SSODA, under the sentence or disposition order, for example, community correction officer, probation officer.

(14) "Treatment plan" means the plan set forth in the evaluation detailing how the treatment needs of the client will be met while the community is protected during the course of treatment.

(15) "Community protection contract" means the document specifying the treatment rules and requirements the client has agreed to follow in order to maximize community safety.

(16) "Parties" means the defendant, the prosecuting attorney, the community corrections officer and the juvenile probation officer.

[Statutory Authority: RCW 18.155.040, 94-13-179, § 246-930-010, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-010, filed 5/28/92, effective 6/28/92; 91-23-076 (Order 212), § 246-930-010, filed 11/19/91, effective 12/20/91; 91-11-063 (Order 168), § 246-930-010, filed 5/16/91, effective 6/16/91.]

WAC 246-930-020 Underlying credential as a health professional required. (1) Under RCW 18.155.020(1), only credentialed health professionals may be certified as providers.

(2) A person who is credentialed as a health professional in a state or jurisdiction other than Washington may satisfy this requirement by submitting the following:

(a) A copy of the current nonexpired credential issued by the credentialing state;

(b) A copy of the statute, administrative regulation, or other official document of the issuing state which sets forth the minimum requirements for the credential;

(c) A statement from the issuing authority:

(i) That the credential is in good standing;

(ii) That there is no disciplinary action currently pending; and

(iii) Listing any formal discipline actions taken by the issuing authority with regard to the credential;

(d) A statement signed by the applicant, on a form provided by the department, submitting to the jurisdiction of the Washington state courts for the purpose of any litigation involving his or her practice as a sex offender treatment provider;

(e) A statement signed by the applicant on a form provided by the department, that the applicant does not intend to practice the health profession for which he or she is credentialed by another state within the state of Washington without first obtaining an appropriate credential to do so from the state of Washington, except as may be authorized by Washington state law; and

(f) Evidence to show compliance with the AIDS education requirement:

(i) Education and training shall be consistent with the model curriculum available from the office on AIDS within the department of health pursuant to chapter 70.24 RCW. Such education and training shall be a minimum of four clock hours and shall include, but not be limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(ii) Documentation. The applicant shall:

(A) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;

(B) Keep records for two years documenting attendance and description of the learning; and

(C) Be prepared to validate, through submission of these records, that attendance has taken place.

(3) Underlying registration, certification, or licensure shall be maintained in good standing. If an underlying registration, certification, or licensure is not renewed or is revoked, certification as a sex offender treatment provider, affiliate sex offender treatment provider, or temporary or provisional treatment provider is revoked. If an underlying license is suspended, the sex offender treatment provider certification is suspended. If there is a stay of the suspension of an underlying license the sex offender treatment provider program must independently evaluate the reasonableness of a stay for the sex offender treatment provider.

[Statutory Authority: RCW 18.155.040, 94-13-179, § 246-930-020, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-020, filed 5/28/92, effective 6/28/92; 91-11-063 (Order 168), § 246-930-020, filed 5/16/91, effective 6/16/91.]

WAC 246-930-030 Education required prior to examination. (1) An applicant for full certification shall have completed:

(a) A master's or doctoral degree in social work, psychology, counseling, or educational psychology from a regionally accredited institution of higher education; or

(b) A medical doctor or doctor of osteopathy degree if the individual is a board certified/eligible psychiatrist; or

(c) A master's or doctoral degree in an equivalent field from a regionally accredited institution of higher education with documentation of thirty graduate semester hours or forty-five graduate quarter hours in approved subject content.

Approved subject content includes at least five graduate semester hours or seven graduate quarter hours in (c)(i) and (ii) of this subsection and five graduate semester hours or seven graduate quarter hours in at least two additional content areas from (c)(i) through (viii) of this subsection:

(i) Counseling and psychotherapy.

(ii) Personality theory.

(iii) Behavioral science and research.

(iv) Psychopathology/personality disorders.

(v) Assessment/tests and measurement.

(vi) Group therapy/family therapy.

(vii) Human growth and development/sexuality.

(viii) Corrections/criminal justice.

(d) The applicant is responsible for submitting proof that the hours used to meet this requirement are in fact, equivalent.

(2) Transcripts of all graduate work shall be submitted directly to the department from the institution where earned.

[Statutory Authority: RCW 18.155.040, 94-13-179, § 246-930-030, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-030, filed 5/28/92, effective 6/28/92; 91-11-063 (Order 168), § 246-930-030, filed 5/16/91, effective 6/16/91.]

WAC 246-930-040 Professional experience required prior to examination. (1) To qualify for examination, an applicant must complete at least two thousand hours of treatment and evaluation experience, as defined in WAC 246-930-010. These two thousand hours shall include at least two hundred fifty hours of evaluation experience and at least two hundred fifty hours of treatment experience.

(2) All of the prerequisite experience shall have been within the seven-year period preceding application for certification as a provider.

[Statutory Authority: RCW 18.155.040, 94-13-179, § 246-930-040, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-040, filed 5/28/92, effective 6/28/92; 91-11-063 (Order 168), § 246-930-040, filed 5/16/91, effective 6/16/91.]

WAC 246-930-050 Education required for affiliate prior to examination. (1) An applicant for affiliate certification shall have completed: Effective July 1, 1995, new applicants must have a master's or doctorate degree to meet the minimum requirement for affiliate certification.

(a) A bachelor's, master's, or doctorate degree in social work, psychology, counseling, or educational psychology from a regionally accredited institution of higher education; or

(b) A medical doctor or doctor of osteopathy degree if the individual is a board certified/eligible psychiatrist; or

(c) A bachelor's, master's, or doctorate degree in an equivalent field from a regionally accredited institution of higher education when there is documentation of thirty semester hours or forty-five quarter hours in approved subject content. Approved subject content includes at least five semester hours or seven quarter hours in (c)(i) and (ii) of this subsection and five semester hours or seven quarter hours in at least two additional content areas from (c)(i) through (viii) of this subsection:

(i) Counseling and psychotherapy.

(ii) Personality theory.

(iii) Behavioral science and research.

(iv) Psychopathology/personality disorders.

- (v) Assessment/tests and measurement.
- (vi) Group therapy/family therapy.
- (vii) Human growth and development/sexuality.
- (viii) Corrections/criminal justice.

(d) The applicant is responsible for submitting proof that the hours used to meet this requirement are in fact, equivalent.

(2) Transcripts of all academic work shall be submitted directly to the department from the institution where earned.

[Statutory Authority: RCW 18.155.040. 94-13-179, § 246-930-050, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-050, filed 5/28/92, effective 6/28/92; 91-11-063 (Order 168), § 246-930-050, filed 5/16/91, effective 6/16/91.]

WAC 246-930-060 Professional experience required for affiliate prior to examination. (1) An applicant meeting only the minimal academic requirements for affiliate status (bachelor's degree), shall have a total of two thousand hours of experience in evaluation and/or treatment as defined in WAC 246-930-010. No specific minimum number of hours in either category is required for an affiliate applicant.

(2) All of the prerequisite experience shall have been within the seven-year period preceding application for certification as a provider.

(3) If the applicant for affiliate status meets the academic requirements for full certification, post-graduate degree as outlined in WAC 246-930-030, no experience requirement applies.

[Statutory Authority: RCW 18.155.040. 94-13-179, § 246-930-060, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-060, filed 5/28/92, effective 6/28/92; 91-11-063 (Order 168), § 246-930-060, filed 5/16/91, effective 6/16/91.]

WAC 246-930-070 Training required for certified or affiliate providers. Effective July 1, 1995, applicants for affiliate status will not be required to have fifty hours of training.

(1) All applicants for certification as providers or affiliate providers shall submit documentation of attendance at fifty hours of formal conferences, symposia, or seminars directly related to the treatment and evaluation of sex offenders. No more than ten hours of training may be related to victims of abuse.

(2) All such training shall have been received within the three years preceding application for certification.

[Statutory Authority: RCW 18.155.040. 94-13-179, § 246-930-070, filed 6/21/94, effective 7/22/94; 91-11-063 (Order 168), § 246-930-070, filed 5/16/91, effective 6/16/91.]

WAC 246-930-075 Description of supervision of affiliates. Supervision of affiliates is considerably different than consultation with other professionals. Consultation is solely advisory; consultants do not assume responsibility for those individuals to whom they consult. Supervision of affiliates requires that the provider take full ethical and legal responsibility for the quality of work of the affiliate. The following rules apply to providers and affiliates when service is being provided to SSOSA and SSODA clients:

(1) Whether providing training, consultation, or supervision, sex offender treatment providers shall avoid presenting themselves as having qualifications in areas where they do not have expertise.

(2) The supervisor shall provide sufficient training and supervision to the affiliate to insure the health and safety of the client and community. The supervisor shall have the expertise and knowledge to directly supervise the work of the affiliate.

(3) The supervisor shall insure that any person he or she supervises has sufficient education, background, and preparation for the work they will be doing.

(4) Supervision of an affiliate shall require that the supervisor and supervisee enter into a formal written contract defining the parameters of the professional relationship. This supervision contract shall be submitted to the department for approval and shall be renewed on a yearly basis. The contract shall include, but is not limited to:

(a) Supervised areas of professional activity;

(b) Amount of supervision time and the frequency of supervisory meetings. This information may be presented as a ratio of supervisory time to clinical work conducted by the affiliate;

(c) Supervisory fees and business arrangements, when applicable;

(d) Nature of the supervisory relationship and the anticipated process of supervision;

(e) Selected and review of clinical cases;

(f) Methodology for recordkeeping, evaluation of the affiliate, and feedback; and

(g) How the affiliate is represented to the public.

(5) Supervision of affiliates shall involve regular, direct, face-to-face supervision. Based on the affiliate's skill and experience levels, supervision shall include a reasonable degree of direct observation of the affiliates by means of the supervisor sitting in sessions, audio tape recording, video-tape, etc. In some cases, special flexible supervision arrangements which deviate from the standard are permitted, for example, due to geography or disability; special flexible supervision contracts shall be submitted to the department for approval.

(6) The level of supervision shall insure that the affiliate is prepared to conduct professional work and provide adequate oversight. There shall be a minimum of one hour of supervision time for every ten hours of supervised professional work. Supervision meetings shall regularly occur at least every other week.

(7) A certified sex offender treatment provider shall undertake no contract which exceeds the provider's ability to comply with supervision standards. A supervisor shall not supervise more than thirty hours of SSOSA and SSODA case clinical work each week.

(8) Generally, a supervisor shall not provide supervision for more than two affiliates. However, the special needs of certain locales, particularly rural areas, are recognized. Where appropriate, deviation from the standards in subsections (4)(b), (6) and (7) of this section are permitted subject to department approval, if quality of supervision can be maintained. Special supervisory arrangements shall be submitted for approval with the supervision contract to the department. A supervisor may adjust a supervision plan, as necessary, but shall notify the department of the amendment to the contract within thirty days.

(9) The status of the affiliate's relationship to the supervisor is to be accurately communicated to the public, other professionals, and to all clients served.

(10) An affiliate sex offender treatment provider may represent himself or herself as an affiliate only when doing clinical work supervised by the contracted sex offender treatment provider. If the affiliate is providing unsupervised clinical services to clients who are not SSOSA or SSODA cases, the individual shall not utilize the title "affiliate". This is not intended to prohibit an affiliate from describing their experience and qualifications to potential referral sources.

(11) All written reports and correspondence by the affiliate acting under SSOSA or SSODA shall be cosigned by the supervisor, indicating the supervisory relationship. The work shall be represented as conducted by the affiliate with oversight provided by the supervisor.

(12) All work relating to SSOSA and SSODA clients conducted by the affiliate is the responsibility of the supervisor. The supervisor shall have authority to direct the practice of the affiliate involving SSOSA and SSODA clients.

(13) Supervision includes, but is not limited to the following:

- (a) Discussion of services provided by the affiliate;
- (b) Case selection, service plan, and review of each case or work unit of the affiliate;
- (c) Discussions regarding theory and practice of the work being conducted;
- (d) Review of Washington statutes, rules, and criminal justice procedures relevant to the work being conducted;
- (e) Discussion of the standards of practice for providers as adopted by the department and the ethical issues involved in providing professional services for sex offenders;
- (f) Discussion regarding coordination of work with other professionals;
- (g) Discussion of relevant professional literature and research; and

(h) Periodic review of the supervision itself.

(14) Both the supervisor and affiliate shall maintain full documentation of the work done and supervision provided.

(15) The supervisor will evaluate the affiliate's work and professional progress on an ongoing basis.

(16) It is the responsibility of the supervisor to remedy the problems or terminate the supervision contract. If the work of the supervisee does not meet sufficient standards to protect the best interests of the clients and the community. The supervisor shall notify the department and provide the department with a letter of explanation, if a supervision contract is terminated.

(17) Supervision is a power relationship and the supervisee-supervisor relationship is not to be exploited. This standard in no way precludes reasonable compensation for supervisory services.

(18) It is the responsibility of the supervisor to provide, on request, accurate and objective letters of reference and work documentation regarding the affiliate, when requested by affiliate.

(19) If a supervisee is in the employ of a provider it is the responsibility of the supervisor to provide:

- (a) Appropriate working conditions;
- (b) Opportunities to further the supervisee's skills and professional development; and
- (c) Consultation in all areas of professional practice appropriate to the supervisee's employment.

(20) All records of both affiliate and supervisor are subject to audit to determine compliance with appropriate statutes and rules.

[Statutory Authority: RCW 18.155.040, 94-13-179, § 246-930-075, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-075, filed 5/28/92, effective 6/28/92; 91-21-035 (Order 201), § 246-930-075, filed 10/10/91, effective 11/10/91.]

WAC 246-930-200 Application and examination.

(1) In order to be certified to practice under this chapter as a provider or affiliate provider in the state of Washington all applicants shall pass an examination approved by the secretary.

(2) An applicant shall meet all education, experience, and training requirements and be a health care provider before being allowed to sit for the examination.

(3) Examinations shall be given at a time and place determined by the secretary.

(4) A completed application with the appropriate fee for certification shall be received in the office of the department, no later than sixty days prior to the examination date. All supporting documentation shall be received no later than twenty days prior to the scheduled examination date.

(5) Any applicant who fails to follow written or oral instructions relative to the conduct of the examination, is observed talking or attempting to give or receive information, or attempting to remove materials from the examination or using or attempting to use unauthorized materials during any portion of the examination shall be terminated from the examination and not permitted to complete it.

(6) The department shall approve the method of grading each examination, and apply the method uniformly to all applicants taking the examination.

(7) Applicants will be notified in writing of their examination scores.

(8) Applicant's examination scores are not disclosed to anyone other than the applicant, unless requested to do so in writing by the applicant.

(9) An applicant who fails to make the required grade in the first examination is entitled to take up to two additional examinations upon the payment of a reexamination fee for each subsequent examination. After failure of three examinations, the secretary may require remedial education before admission to future examinations.

[Statutory Authority: RCW 18.155.040, 94-13-179, § 246-930-200, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-200, filed 5/28/92, effective 6/28/92; 91-11-063 (Order 168), § 246-930-200, filed 5/16/91, effective 6/16/91.]

WAC 246-930-210 Examination appeal procedures.

(1) Any candidate who takes and does not pass the sex offender treatment provider examination may request an informal review of the results of the examination.

(a) The examination results shall not be modified unless the candidate presents clear and convincing evidence of error in the examination content or procedure, or bias, prejudice, or discrimination in the examination process.

(b) Any challenges to examination scores shall not be considered unless the total of the potentially revised score would result in issuance of a certificate.

(2) The procedure for requesting an informal review of examination results is as follows: The request shall be in

writing and shall be received by the department within thirty days of the date on the letter of notification of examination results sent to the candidate.

(3) The candidate shall be identified only by candidate number for the purpose of this review. The candidate shall be notified in writing of the decision.

Letters of referral or requests for special consideration shall not be read or considered.

(4) Any candidate not satisfied with the results of the informal examination review may request a formal hearing before the secretary to challenge the informal review decision. The procedures for requesting a formal hearing are as follows:

(a) The candidate shall complete the informal review process before requesting a formal hearing.

(b) The request for formal hearing shall be received by the department within twenty days of the date on the notice of the results of the informal review.

(c) The written request shall specifically identify the challenged portion(s) of the examination and shall state the specific reason(s) why the candidate believes the examination results should be modified.

(d) Appeals are brief adjudicative proceedings, as provided under the Administrative Procedure Act, chapter 34.05 RCW and chapter 246-11 WAC. The presiding officer is the secretary or the secretary's designee.

(5) The hearing shall be restricted to the specific portion(s) of the examination the candidate had identified in the request for formal hearing.

[Statutory Authority: RCW 18.155.040. 94-13-179, § 246-930-210, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-210, filed 5/28/92, effective 6/28/92; 91-11-063 (Order 168), § 246-930-210, filed 5/16/91, effective 6/16/91.]

WAC 246-930-220 Reexamination. (1) An applicant for certification who has been previously certified shall retake the examination and achieve a passing score before recertification under any of the following circumstances:

(a) The applicant has been uncertified voluntarily for more than twenty-four calendar months; or

(b) The applicant's certificate has been revoked or suspended by reason of a disciplinary action by the secretary.

(2) The secretary may require reexamination in any disciplinary order as a condition of reissuing a certificate or confirming certification.

(3) Whenever reexamination is required, the applicant shall pay the examination fees set forth in WAC 246-930-990.

[Statutory Authority: RCW 18.155.040. 94-13-179, § 246-930-220, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-220, filed 5/28/92, effective 6/28/92; 91-11-063 (Order 168), § 246-930-220, filed 5/16/91, effective 6/16/91.]

WAC 246-930-300 Mandatory reporting. (1) Pursuant to RCW 18.130.070, the persons designated in subsection (2) of this section are required to report to the department any conviction, determination, or finding of which they have personal knowledge that any person certified as a provider or affiliate provider has committed an act which constitutes unprofessional conduct under RCW 18.130.180.

(2) The following persons are required to report the information identified in subsection (1) of this section:

(a) Persons certified as providers or affiliate providers;

(b) The president, chief executive officer, or designated official of any professional association or society whose members are certified providers or affiliate providers;

(c) Prosecuting attorneys and deputy prosecuting attorneys;

(d) Community corrections officers employed by the department of corrections;

(e) Juvenile probation or parole counselors who provide counseling or supervision to juveniles;

(f) The president, chief executive officer, or designated official of any public or private agency which employs certified providers or affiliate providers;

(g) The president, chief executive officer, or designated official of any credentialing agency for health professionals.

(3) Reports under this section shall be made in writing, and must include the name, address, and telephone number of the person making the report, the name and address of the person about whom the report is made, and complete information about the circumstances giving rise to the report.

[Statutory Authority: RCW 18.155.040. 94-13-179, § 246-930-300, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-300, filed 5/28/92, effective 6/28/92; 91-11-063 (Order 168), § 246-930-300, filed 5/16/91, effective 6/16/91.]

WAC 246-930-301 Purpose—Professional standards and ethics. (1) Sex offender treatment providers are also credentialed health professionals, and are subject to the standards of practice of their primary field of practice. However, standards of practice vary from profession to profession, and sex offender evaluation and treatment represents significant differences in practice from general mental health interventions.

(2) The standards set forth in WAC 246-930-301 through 246-930-340 apply to all sex offender treatment providers evaluating or treating SSOSA or SSODA clients. Failure to comply with these standards in providing evaluation and/or treatment to SSOSA/SSODA clients may constitute unprofessional conduct pursuant to RCW 18.130.180(7).

(3) Standards of practice specific to this area of specialization are necessary due to the unique characteristics of this area of practice, the degree of control that a provider exercises over the lives of clients, and the community protection issues inherent in this work.

[Statutory Authority: RCW 18.155.040. 94-13-179, § 246-930-301, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-301, filed 5/28/92, effective 6/28/92; 91-23-076 (Order 212), § 246-930-301, filed 11/19/91, effective 12/20/91.]

WAC 246-930-310 Standards for professional conduct and client relationships. (1) General considerations. Sex offender treatment providers shall:

(a) Not discriminate against clients with regard to race, religion, gender or disability; and

(b) Treat clients with dignity and respect, regardless of the nature of their crimes or offenses.

(2) Competence in practice. Providers shall:

(a) Be fully aware of the standards of their area of credentialing as health professionals and adhere to those standards;

(b) Be knowledgeable of statutes and scientific data relevant to specialized sex offender treatment and evaluation practice;

(c) Be familiar with the statutory requirements for assessments, treatment plans and reports for the court under SSOSA and SSODA;

(d) Perform professional duties with the highest level of integrity, maintaining confidentiality within the scope of statutory responsibilities;

(e) Be committed to community protection and safety;

(f) Be aware of all statutes related to client confidentiality;

(g) Not make claims regarding the efficacy of treatment that exceed what can be reasonably expected;

(h) Make appropriate referrals when they are not qualified or are otherwise unable to offer services to a client; and

(i) Exercise due prudence and care in making referral to other professionals.

(3) Confidentiality. Providers shall:

(a) Insure that the client fully understands the scope and limits of confidentiality, and the relevance to the client's particular situation. The provider shall inform the client of the provider's method of reporting disclosures made by the client and to whom disclosures are reported, before evaluation and treatment commence;

(b) Inform clients of any circumstances which may trigger an exception to the agreed upon confidentiality;

(c) Not require or seek waivers of privacy or confidentiality beyond the requirements of evaluation, treatment, training, or community safety. Providers shall evaluate the impact of authorizations for release of information upon their clients; and

(d) Understand and explain to their juvenile clients the rights of their parents and/or guardians to obtain information relating to the client.

(4) Conflict of interest. Providers shall:

(a) Refrain from using professional relationships to further their personal, religious, political, or economic interest other than accepting customary fees;

(b) Avoid relationships with clients which may constitute a conflict of interest, impair professional judgment and risk exploitation. (For example, bartering, service for service, and/or treating individuals where a social, business, or personal relationship exists); and

(c) Have no sexual relationships with a client.

(5) Fee-setting and client interaction. Providers shall:

(a) Prior to commencing service, fully inform the client of the scope of professional services to be provided and the fees associated with the services;

(b) Review any changes in financial arrangements and requirements with the client pursuant to the rules initially specified;

(c) Neither offer nor accept payment for referral; and

(d) Provide clients or their responsible person timely statements accurately indicating all services provided, the fees charged, and payments made.

(6) Termination or alteration of therapist/client relationship. Providers shall:

(a) Not unreasonably withdraw services to clients, and shall take care to minimize possible adverse effects on the client and the community;

(b) Notify clients promptly when termination or disruptions of services are anticipated, and provide for a transfer, referral, or continuation of service consistent with client needs and preferences, when appropriate; and

(c) Refrain from knowingly providing treatment services to a client who is in mental health treatment with another professional without consultation with the current provider.

(7) The department neither requires nor prohibits the use of psychological or physiological testing. The use of these and other treatment and evaluation techniques is at the discretion of the provider, subject to the terms of the court order in a particular case. The following standards apply when such techniques are used.

(a) Psychological testing: Psychological testing may provide valuable data during the assessment phase and in determining treatment progress. However, psychological testing should not be conducted by a provider who is not a licensed psychologist, unless the specific test(s) standardized administration procedures provide for administration by a nonpsychologist.

Psychological assessment data provided by a psychologist, other than the examiner, shall not be integrated into an assessment report unless the provider is familiar with the psychological instruments used and aware of their strengths and/or limitations.

The interpretation of psychological testing through blind analysis has significant limitations. Providers reporting psychological test data derived in this manner shall also report the way in which the information was derived and the limitations of the data.

It is important to report any information which might influence the validity of psychological test findings. Examples of such information include, but are not limited to, the context of the evaluation, the information available to the professional who interpreted the data, whether the interpretations were computer derived and any special population characteristics of the person examined.

(b) Use of polygraph: The use of the polygraph examination may enhance the assessment, treatment and monitoring processes by encouraging disclosure of information relevant and necessary to understanding the extent of present risk and compliance with treatment and court requirements. When obtained, the polygraph data achieved through periodic examinations is an important asset in monitoring the sex offender client in the community. Other alternative sources of verification may also be utilized. Sex offender treatment providers shall be knowledgeable of the limitations of the polygraph and shall take into account its appropriateness with each individual client and special client populations. Examinations shall be given in accordance with the treatment plan. Sex offender treatment providers shall not base decisions solely on the results of the polygraph examination.

(c) Use of plethysmography: The use of physiological assessment measures, such as penile plethysmography, may yield useful information regarding the sexual arousal patterns of sex offenders. This data can be useful in assessing baseline arousal patterns and therapeutic progress. Decisions about the use of plethysmography should be made on a case-by-case basis with due consideration given to the limitations

and the intrusiveness of the procedure. Consideration also should be given to the available literature on the usefulness of the information obtained as it relates to a specific sex offender population.

When obtained, physiological assessment data shall not be used as the sole basis for offender risk assessment and shall not be used to determine if an individual has committed a specific sexually deviant act. Providers shall recognize that plethysmographic data is only meaningful within the context of a comprehensive evaluation and/or treatment process. Sex offender treatment providers shall ensure that physiologic assessment data is interpreted only by sex offender treatment providers who possess the necessary training and experience. Sex offender treatment providers shall insure that particular care is taken when performing physiological assessment with juvenile offenders and other special populations, due to concerns about exposure to deviant materials. Given the intrusiveness of this procedure, care shall be given to the dignity of the client.

[Statutory Authority: RCW 18.155.040, 94-13-179, § 246-930-310, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-310, filed 5/28/92, effective 6/28/92; 91-23-076 (Order 212), § 246-930-310, filed 11/19/91, effective 12/20/91.]

WAC 246-930-320 Standards for SSOSA and SSODA assessment and evaluation reports. (1) General considerations in evaluating clients. Providers shall:

- (a) Be knowledgeable of assessment procedures used;
- (b) Be aware of the strengths and limitations of self-report and make reasonable efforts to verify information provided by the offender;
- (c) Be knowledgeable of the client's legal status including any court orders applicable. Have a full understanding of the SSOSA and SSODA process and be knowledgeable of relevant criminal and legal considerations;
- (d) Be impartial; provide an objective and accurate base of data; and
- (e) Avoid addressing or responding to referral questions which exceed the present level of knowledge in the field or the expertise of the evaluator.

(2) Scope of assessment data.

Comprehensive evaluations under SSOSA and SSODA shall include a compilation of data from as many sources as reasonable, appropriate, and available. These sources may include but are not limited to:

- (a) Collateral information (i.e., police reports, child protective services information, criminal correctional history and victim statements);
- (b) Interviews with the offender;
- (c) Interviews with significant others;
- (d) Previous assessments of the offender conducted (i.e., medical, substance abuse, psychological and sexual deviancy);
- (e) Psychological/physiological tests;
- (f) If a report fails to include information specified in (a) through (e) of this subsection, the evaluation should indicate the information not included and cite the reason the information is not included; and
- (g) Second evaluations shall state whether other evaluations were considered. The decision regarding use of other evaluations prior to conducting the second evaluation is within the professional discretion of the provider. The

second evaluation need not repeat all assessment or data compilation measures if it reasonably relies on existing current information. The second evaluation must address all issues outlined in subsection (3) of this section, and include conclusions, recommendations and a treatment plan if one is recommended.

(3) Evaluation reports.

(a) Written reports shall be accurate, comprehensive and address all of the issues required for court disposition as provided in the statutes governing SSOSA and SSODA;

(b) Written reports shall present all knowledge relevant to the matters at hand in a clear and organized manner;

(c) Written reports shall include the referral sources, the conditions surrounding the referral and the referral questions addressed; and

(d) Written reports shall state the sources of information utilized in the evaluation. The evaluation and written report shall address, at a minimum, the following issues:

(i) A description of the current offense(s) including, but not limited to, the evaluator's conclusion about the reasons for any discrepancy between the official and offender's versions of the offenses;

(ii) A sexual history, sexual offense history and patterns of sexual arousal/preference/interest;

(iii) Prior attempts to remediate and control offense behavior including prior treatment;

(iv) Perceptions of significant others, when appropriate, including their ability and/or willingness to support treatment efforts;

(v) Potentiators of offending behavior to include alcohol and drug abuse, stress, mood, sexual patterns, use of pornography, and social and environmental influences;

(vi) A personal history to include medical, marital/relationships, employment, education and military;

(vii) A family history;

(viii) History of violence and/or criminal behavior;

(ix) Mental health functioning to include coping abilities, adaptational styles, intellectual functioning and personality attributes; and

(x) The overall findings of psychological/physiological/medical assessment when such assessments have been conducted.

(e) Conclusions and recommendations shall be supported by the data presented in the body of the report and include:

(i) The evaluator's conclusions regarding the appropriateness of community treatment;

(ii) A summary of the clinician's diagnostic impressions;

(iii) A specific assessment of relative risk factors, including the extent of the offender's dangerousness in the community at large;

(iv) The client's amenability to outpatient treatment and conditions of treatment necessary to maintain a safe treatment environment.

(f) Proposed treatment plan shall be described in detail and clarity and include:

(i) Anticipated length of treatment, frequency and type of contact with providers, and supplemental or adjunctive treatment;

(ii) The specific issues to be addressed in treatment and a description of planned treatment interventions including involvement of significant others in treatment and ancillary treatment activities;

(iii) Recommendations for specific behavioral prohibitions, requirements and restrictions on living conditions, lifestyle requirements, and monitoring by family members and others that are necessary to the treatment process and community safety;

(iv) Proposed methods for monitoring and verifying compliance with the conditions and prohibitions of the treatment program; and

(v) If the evaluator will not be providing treatment, a specific certified provider should be identified to the court. The provider shall adopt the proposed treatment plan or submit an alternative treatment plan for approval by the court, including each of the elements in WAC 246-930-330 (5)(a) through (d).

(4) The provider shall submit to the court and the parties a statement that the provider is either adopting the proposed treatment plan or submitting an alternate plan. The plan and the statement shall be provided to the court before sentencing.

[Statutory Authority: RCW 18.155.040, 94-13-179, § 246-930-320, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-320, filed 5/28/92, effective 6/28/92; 91-23-076 (Order 212), § 246-930-320, filed 11/19/91, effective 12/20/91.]

WAC 246-930-330 Standards for treatment.

Introduction-SSOSA/SSODA offender treatment: It is recognized that effective sexual deviancy treatment will involve a broad set of planned therapeutic experiences and interventions designed to ultimately reduce the risk of a client engaging in criminal sexual behavior. Such treatment shall be consistent with current professional literature and shall emphasize community safety.

(1) General considerations.

(a) In most cases clients shall be seen by a certified or affiliate treatment provider a minimum of once per week for at least forty-five minutes for individual or ninety minutes for group.

(b) Changes in client circumstances or treatment provider schedule may require a reduction in frequency or duration of contacts appropriate, provided that:

(i) Such changes are made on a case-by-case basis;

(ii) Any changes that constitute a permanent change in the treatment plan or that reduce community safety shall be communicated to the supervising officer, the prosecutor and the court prior to the implementation of the change; and

(iii) Other short term, temporary changes in the treatment plan due to illness, vacation, etc., should be reported in the regular progress report.

(c) Any reduction in frequency or duration of contacts which constitutes a deviation from the treatment plan shall be reported to the supervising officer, the prosecutor, and the court; and

(d) The treatment methods employed by the provider shall:

(i) Reflect concern for the well being of clients, victims and the safety of potential victims;

(ii) Take into account the legal/civil rights of clients, including the right to refuse therapy and return to court for review; and

(iii) Be individualized to meet the unique needs of each client.

(2) **Planning and interventions.** The treatment plan and the interventions used by the provider to achieve the goals of the plan shall:

(a) Address the sexual deviancy treatment needs identified;

(b) Include provisions for the protection of victims and potential victims;

(c) Give priority to those treatment interventions most likely to avoid sexual reoffense; and

(d) Take reasonable care to not cause victims to have unsafe, or unwanted contact with their offenders.

(3) **Community protection contract.** The provider shall present a contract to the client within ninety days of the start of treatment which:

(a) Details the treatment rules and requirements which the client must follow in order to preserve community safety;

(b) Outlines the client's responsibility to adhere to the contract and the provider's responsibility to report any violations;

(c) Is a separate document from any other evaluation or treatment agreements between the client and the provider; and

(d) Is signed by both client and provider, sent to the supervising officer after sentencing, and updated when conditions change throughout the course of treatment.

(4) **Treatment methods.** The methods used by the provider shall:

(a) Address clients' deviant sexual urges and recurrent deviant sexual fantasies;

(b) Educate clients and the individuals who are part of their support systems about the potential for reoffense, and risk factors;

(c) Teach clients to use self control methods to avoid sexual reoffense;

(d) Consider the effects of trauma and past victimization as factors in reoffense potential where applicable;

(e) Address clients' thought processes which facilitate sexual reoffense and other victimizing or assaultive behaviors;

(f) Modify client thinking errors and cognitive distortions;

(g) Enhance clients appropriate adaptive/legal sexual functioning;

(h) Insure that clients have accurate knowledge about the effect of sexual offending upon victims, their families, and the community;

(i) Help clients develop a sensitivity to the effects of sexual abuse upon victims;

(j) Address clients' personality traits and personality deficits which are related to increased reoffense potential;

(k) Address clients' deficits in coping skills;

(l) Include and integrate clients' families, guardians, and residential program staff into the treatment process when appropriate; and

(m) To maintain communication with other significant persons in the client's support system, when deemed appropriate by the provider.

(5) **Monitoring of treatment requirements.** The monitoring of the client's compliance with treatment requirements by the provider shall:

(a) Recognize the reoffense potential of the sex offender client, the damage that may be caused by sexual reoffense or

attempted reoffense, and the limits of self report by the sex offender client;

(b) Consider multiple sources of input regarding the client's out of office behavior;

(c) As a general principle, increase monitoring during those times of increased risk and notify the supervising officer:

(i) When a client is in crisis;

(ii) When visits with victims or potential victims are authorized; and

(iii) When clients are in high risk environments.

(d) Work in collaboration with the supervising officer to verify that the client is following the treatment plan by reducing the frequency of those behaviors that are most closely related to sexual reoffense and that the client's living, work and social environments have sufficient safeguards and protection for victims and potential victims; and

(e) The provider and the supervising officer should discuss the verification methods used so that each can more fully collaborate to protect community safety and assist the client in successfully completing treatment.

(6) Contacts with victims/vulnerable persons for SSOSA clients. When authorizing SSOSA clients to have contact with victims or children, the provider shall recognize that supervision during contact with children is critical for those offenders who have had crimes against children, or have the potential to abuse children. Providers shall:

(a) Consider victim's wishes about contact and reasonably ensure that all contact is safe and in accordance with court directives;

(b) Restrict, as necessary, offender decision-making authority over victims and vulnerable children;

(c) Prior to offender contact with children, collaborate with other relevant professionals regarding contact with victims, rather than make isolated decisions;

(d) Consult with the victim's parents, custodial parents, or guardians prior to authorizing any contact between offenders and children;

(e) Include educational experiences for chaperones/supervisors of SSOSA clients; and

(f) Devise a plan/protocol for reuniting or returning SSOSA clients to homes where children reside. Such plan/protocol should emphasize child safety, and provide for some monitoring of the impact on the victim and other children.

(7) Contacts with victims/vulnerable persons for SSODA clients. While the rationale behind the standards for SSOSA clients in subsection (6)(a) through (f) of this section is equally relevant for juvenile SSODA clients, there are some substantial differences that warrant specific standards. The prohibitions on contact with children are not intended to prohibit reasonable peer-age social or educational contacts for juvenile SSODA clients. It is further understood that providers working with juvenile SSODA clients have limited authority over their clients, and that they have limited authority to govern the decisions or supervision of a juvenile client's parents. Reasonable and practical supervision plans/strategies for juvenile SSODA clients require the cooperation and involvement of parents, foster parents, group home staff, and the supervising officer. Providers shall work in collaboration with the supervising officer to meet the following standards:

(a) Establish reasonable guidelines for contacts with victims or vulnerable children commensurate with the offender's offending history, treatment progress, and the current disposition order.

(b) Make reasonable efforts to advise, inform, and educate adults who will be in contact with and responsible for the offender's behavior around victims or vulnerable children.

(c) Restrict, as necessary, offender decision-making authority over victims and vulnerable children.

(d) Devise plans/protocols for reuniting or returning SSODA clients to homes where the victim or other children reside, specifically considering the victim's wishes and victim impact of reunification.

(e) Closely scrutinize victim requests for offender contact to ensure the request is free of emotional strain and is in the victim's best interests.

(8) Documentation of treatment. Providers shall maintain and safeguard client files in accordance with the professional standards of their individual disciplines and with Washington state law regarding health care records. Providers shall insure that the client files reflect the content of professional contact, treatment progress, sessions attended and treatment plan change information necessary for completion of the required SSOSA/SSODA reports; and

(9) Completion of court ordered treatment. In fulfilling the SSOSA requirements for the end of court ordered treatment hearing, the treatment provider shall:

(a) Assess and document how the goals of the treatment plan have been met, what changes in the client's reoffense potential have been accomplished, and what risk factors remain;

(b) Report to the court in a timely manner regarding the client's compliance with treatment and monitoring requirements and make a recommendation regarding modification of conditions of community supervision, and either termination of treatment or extension of treatment for up to the remaining period of community supervision.

(10) Completion of treatment for SSODA. Sex offender treatment providers who are treating juvenile offenders shall comply with subsection (9) of this section.

[Statutory Authority: RCW 18.155.040, 94-13-179, § 246-930-330, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-330, filed 5/28/92, effective 6/28/92; 91-23-076 (Order 212), § 246-930-330, filed 11/19/91, effective 12/20/91.]

WAC 246-930-340 Standards for communication with other professionals. (1) Professional relationships with corrections/probation officers and other supervising agencies.

(a) The provider shall establish a cooperative relationship with the supervising officer and/or responsible agency for purposes of the effective supervision and monitoring of an offender's behavior in the community.

(b) All violations of the provider client contract shall be reported immediately to the supervising officer.

(c) Quarterly progress reports documenting dates of attendance, treatment activities and duration, changes in the treatment plan, client compliance with requirements, and treatment progress shall be made in a timely manner to the

court and parties. Providers shall provide additional information regarding treatment progress when requested by the court or a party. If there is more than one provider, the primary provider shall confer on all quarterly reports and provide one report to the required parties in a timely manner.

(d) Prior to implementation, plans for contact with the victim, potential victims and plans for family reunification or return (where appropriate) should be reviewed with the supervising officer.

(e) Prior to implementation the provider shall communicate with the supervising officer when approving chaperones and supervisors for offender contact with children. If an urgency of circumstances requires independent approval of a chaperone by a provider, the provider will notify the community correction officer or supervising officer in a timely manner.

(2) Communication with the department of social and health services or other agencies responsible for the care or supervision of the client. When appropriate, the provider shall seek an authorization for release of information from the client to communicate with such agencies for treatment or monitoring purposes.

(3) Communication with others. Where appropriate and consistent with the offender's informed consent, the provider shall communicate with the victim's therapist, guardian ad litem, custodial parent, guardian, caseworker, or other involved professional in making decisions regarding family reunification or return, or victim contact with the offender.

(4) Reporting of additional victims.

(a) Providers are expected to comply with the mandatory reporting law, RCW 26.44.030.

(b) All clients shall be notified of the limits of confidentiality imposed on therapists by the mandatory reporting law (RCW 26.44.030).

[Statutory Authority: RCW 18.155.040, 94-13-179, § 246-930-340, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-340, filed 5/28/92, effective 6/28/92; 91-23-076 (Order 212), § 246-930-340, filed 11/19/91, effective 12/20/91.]

WAC 246-930-400 Issuance and renewal of certification. (1) Individuals receiving an initial provider or affiliate provider certificate shall be issued a certificate to expire on June 30th of the next calendar year.

(2) Individuals shall renew their certificate annually on or before June 30th. Failure to renew shall invalidate the certificate to practice as a provider. Any person practicing with an expired certificate shall be deemed to be engaging in uncertified practice.

(3) An individual shall be considered to have made timely renewal application if the appropriate renewal fee and required accompanying documentation is received by the department on or before the expiration date.

[Statutory Authority: RCW 18.155.040, 92-12-027 (Order 275), § 246-930-400, filed 5/28/92, effective 6/28/92; 91-11-063 (Order 168), § 246-930-400, filed 5/16/91, effective 6/16/91.]

WAC 246-930-410 Continuing education requirements. (1) **Purpose and scope.** The aim of continuing education for sex offender treatment providers is to ensure that professionals practicing in this specialty field are knowledgeable of current scientific and practice principles that affect the supervision and treatment of sex offenders in

community-based treatment. Since the treatment of sex offenders in communities raises significant public safety concerns, continuing education is required to help sex offender treatment providers deliver the highest quality of professional service by being familiar with current developments in a rapidly changing profession. Certified sex offender treatment providers, regardless of certification status (e.g., full, affiliate, or provisional), shall meet the continuing education requirements set forth in this section as a prerequisite to license renewal.

(2) **General requirements.** Certified sex offender treatment providers shall complete forty credit hours of continuing education (hereafter referred to as CE) every two years. One clock hour of acceptable CE activity equals one credit hour. The number of creditable hours will be determined by counting the actual contact hours of instruction or, in the case of workshops or conferences, the formal hours of the workshop or conference. All certified sex offender treatment providers will have two years in which to accrue the required CE credit, and renewals of sex offender treatment provider certificates on alternate years will require documentation of forty credit hours of CE. This requirement will be implemented with the 1993 renewal year.

(3) **Specific requirements.**

(a) A minimum of thirty hours of the CE shall be earned through attendance at courses, workshops, institutes, and/or formal conference presentations with direct, specific relevance to the assessment and treatment of sex offenders.

(i) Consultative or supervisory training obtained from other certified sex offender treatment providers is not creditable under this CE definition.

(ii) Independent study of audio or video tapes of seminar presentations not actually attended are creditable under this definition, up to a maximum of ten hours in any two-year period. Credit for independent study will only be granted if accompanied by documentation of the learning activity, such as a written summary of the independent study activity.

(iii) CE credit for assessment and treatment of sex offender training courses presented to other professionals may be claimed by the certified provider who provides the training one time only (usually the first time it is taught, unless there is substantial revision), up to a maximum of ten hours in any two-year period.

(iv) Courses specifically oriented toward assessment or treatment of sex offenders may be claimed as CE. The following are examples of subjects that qualify under this definition:

- (A) Ethics and professional standards;
- (B) Relapse prevention with sex offenders;
- (C) Plethysmographic assessment;
- (D) Sexual arousal assessment and reconditioning;
- (E) Risk assessment with sex offenders;
- (F) Psychopharmacological therapy with sex offenders;
- (G) Family therapy with sex offenders;
- (H) Research concerning sexual deviancy;
- (I) Sexual addiction; and
- (J) Therapy/clinical methods specific to sex offenders.

(b) In addition to the thirty hours of CE with direct, specific relevance to the assessment and treatment of sex offenders, ten hours of the total requirement may be earned through participation in training courses with indirect

relevance to the assessment and treatment of sex offenders. The following subjects qualify under this definition:

- (i) Victimology/victim therapy;
- (ii) General counseling methods;
- (iii) Psychological test interpretation;
- (iv) Addiction/substance abuse;
- (v) Family therapy;
- (vi) Group therapy; and
- (vii) Legal issues.

(4) **Program or course approval.** The department shall accept any CE that reasonably falls within the above categories and requirements. The department relies upon each individual provider's integrity with the intent and spirit of the CE requirements.

(5) **Enforcement.** Failure to meet the CE requirements within each two-year time period will result in nonrenewal of the certificate.

(6) **Exemptions.** In the event a provider fails to meet requirements because of illness, retirement (with no further provision of sex offender treatment provider services to clients), failure to renew, or other extenuating circumstances, the department may grant a time extension. The department shall review each case on an individual basis.

(7) **Proof of compliance.** Every two years the sex offender treatment provider shall submit an affidavit and proof of compliance with the CE requirement with the annual renewal application. Documentation to prove compliance includes, but is not limited to, course or program certificates of training, transcripts, course or workshop brochure descriptions. It is the responsibility of the sex offender treatment provider to maintain such documentation. Year of collection is determined by year of birth, i.e., a provider born in an odd-numbered year shall submit proof of compliance each odd-numbered year; a provider born in an even-numbered year shall submit proof of compliance each even-numbered year.

(8) **CE requirement for newly certified providers.** Providers who are newly certified within six months of their renewal date shall not be required to submit proof of continuing education for the preceding twelve-month period. Providers who are newly certified from six to nine months prior to the renewal date shall be required to submit proof of ten hours of the annual CE requirement for the preceding twelve-month period. Providers who are newly certified from nine to twelve months prior to the renewal date shall be required to submit proof of the full twenty hour annual CE requirement at the renewal date. The above noted prorated CE requirements apply only to the first renewal following certification. If proof of CE is not required at the first renewal (dependent on birthdate), the prorated amount shall be added to the full twenty hour annual requirement for the second year following certification.

[Statutory Authority: RCW 18.155.040. 94-13-179, § 246-930-410, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-410, filed 5/28/92, effective 6/28/92.]

WAC 246-930-420 Inactive status. Sex offender treatment providers, in good standing, may place their certification on inactive status by providing written notice in advance to the secretary, and may within five years thereafter resume active practice upon payment of a late renewal

fee, accompanied by proof of completion of the continuing education requirements as specified in WAC 246-930-410, and proof of a current underlying certification/license. To resume active status after five years or longer of inactive status, a provider must submit an original application with appropriate fees and retake the examination. A person may not practice as a sex offender treatment provider while the certification is on inactive status.

[Statutory Authority: RCW 18.155.040. 94-13-179, § 246-930-420, filed 6/21/94, effective 7/22/94.]

WAC 246-930-430 Reinstatement. A sex offender treatment provider who has allowed their certificate to lapse for two years or less shall submit the overdue renewal fees including the late fee, provide proof the continuing education requirement is completed and complete the reinstatement form required by the secretary. If the certificate has been lapsed for two years or more, a provider is required to submit an original application with appropriate fees and retake the examination. A person may not practice as a sex offender treatment provider while the certification is expired.

[Statutory Authority: RCW 18.155.040. 94-13-179, § 246-930-430, filed 6/21/94, effective 7/22/94.]

WAC 246-930-490 Sexual misconduct. (1) The sex offender treatment provider shall not engage in sexual contact or sexual activity with SSOSA/SSODA clients.

(2) Sexual contact or sexual activity is prohibited with former SSOSA/SSODA clients for ten years after cessation or termination of professional services.

(3) The sex offender treatment provider shall not engage in sexual contact or sexual activity with any former client if such contact or activity involves the abuse of the sex offender treatment provider and client relationship. Factors to be considered in evaluating if the sex offender treatment provider and client relationship is abused include, but are not limited to:

(a) The amount of time that has passed since the last therapeutic contact;

(b) The nature and duration of the therapy;

(c) The circumstances of cessation or termination;

(d) The client's personal history;

(e) The client's current mental status;

(f) The likelihood of adverse impact on the client and others; and

(g) Any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a post termination sexual or romantic relationship with the client.

(4) The sex offender treatment provider shall not engage in sexual contact or sexual activity with any person participating in the treatment process of a SSOSA or SSODA client while the therapy is ongoing.

(5) The sex offender treatment provider shall not engage in sexual contact or sexual activity with any person formally participating in the treatment process, if such contact or activity involves the abuse of the sex offender treatment provider and client relationship. Factors to be considered in evaluating if the sex offender treatment provider and client relationship is abused include, but are not limited to:

(a) The amount of time that has passed since the last therapeutic contact;

(b) The amount of time that has passed since the last professional contact between the provider and the other person;

(c) The knowledge the provider has obtained about the person because of the professional contact; and

(d) The likelihood of adverse impact on the former client.

[Statutory Authority: RCW 18.155.040. 94-13-179, § 246-930-490, filed 6/21/94, effective 7/22/94.]

WAC 246-930-499 Temporary and provisional certificate during initial implementation of certification program. In order to provide adequate time for applicants to prepare for initial examination and to avoid disruption of current service provision, a system of temporary and provisional certification as described below shall be in effect for applicants whose applications are received by the department before September 1, 1991.

(1) Temporary full certification. An applicant who is a credentialed health professional and who meets all education, experience, and training prerequisites for full certification at the time of application shall be issued temporary full certification in order to allow practice to continue pending satisfactory passage of the examination. The temporary full certification shall expire on issuance of an initial certificate, or on June 30, 1992, whichever comes first. Temporary full certification shall not be renewed.

(2) Temporary affiliate certification. An applicant who is a credentialed health professional and who meets all education, experience, and training prerequisites for affiliate certification at the time of application shall be issued temporary affiliate certification in order to allow practice to continue pending satisfactory passage of the examination. The temporary affiliate certification shall expire on issuance of an initial affiliate or full certificate, or on June 30, 1992, whichever comes first. Temporary affiliate certification shall not be renewed.

(3) Provisional certification.

(a) An applicant who is a credentialed health professional and who has at least one thousand hours of experience in treatment and/or evaluation accrued over the seven years immediately preceding application, and who has the equivalent of one year of graduate school credit toward satisfaction of the education requirements of WAC 246-930-030(1) may submit a plan to the department documenting how he/she plans to meet all remaining experience, education, or training requirements and pass the examination by June 30, 1992. If the plan is approved by the department, the applicant shall be granted provisional full certification.

(b) An applicant who is a credentialed health professional and who otherwise meets all education and training prerequisites for full certification at the time of application and who has the requisite experience except that his or her experience has been primarily in the area of evaluation, or primarily in the area of treatment of offenders, may submit a plan documenting how he/she plans to obtain sufficient experience in evaluation or treatment necessary to qualify for full certification no later than June 30, 1994. If the plan is

approved by the department, the applicant shall be granted a provisional full certification.

(c) Plans submitted under this subsection which call for obtaining additional experience in a practice area in which the applicant does not have the required minimum hours shall include an appropriate supervision component with a certified sex offender treatment provider.

(d) Providers practicing with provisional full certification status may not supervise affiliate providers.

(e) The provisional certification shall expire upon issuance of initial full or affiliate certification or on June 30, 1992, whichever comes first, except that if a provider who holds provisional certification pursuant to (a) and (b) of this subsection or subsection (4) of this section has passed the examination, demonstrated substantial progress in accordance with his or her approved plan, and paid the extension fee required by WAC 246-930-990, the termination date may be extended to June 30, 1994. Provisional full certification status shall not be renewed.

(4) Provisional affiliate certification. An applicant who is a credentialed health professional, who meets the minimum educational requirements for affiliate certification set forth in WAC 246-930-050, and who has at least one thousand seven hundred hours of experience in treatment and/or evaluation accrued over the seven years immediately preceding application, may submit a plan to the department documenting how she/he plans to meet all remaining experience requirements and/or the training requirements set forth in WAC 246-930-070 and pass the examination by June 30, 1992. If the plan is approved by the department, the applicant shall be granted provisional affiliate certification. Provisional affiliate certification shall expire on issuance of an initial full or affiliate certificate, or June 30, 1992, whichever comes first. Provisional affiliate certification shall not be renewed.

(5) The temporary and provisional certification system shall be in effect from July 1, 1991, through June 30, 1992. On June 30, 1992, all provisional and temporary certificates expire, and only full certification or affiliate status certification shall be issued, except that the approved provisional certificate may be extended to no later than June 30, 1994, in accordance with subsection (3)(e) of this section.

(6) Any temporary or provisional certification issued pursuant to this section shall be subject to disciplinary action pursuant to chapter 18.130 RCW.

[Statutory Authority: RCW 18.155.040. 93-14-095, § 246-930-499, filed 7/11/93, effective 8/1/93; 92-12-027 (Order 275), § 246-930-499, filed 5/28/92, effective 6/28/92; 91-11-063 (Order 168), § 246-930-499, filed 5/16/91, effective 6/16/91.]

WAC 246-930-990 Sex offender treatment provider fees. The following fees shall be charged by the professional licensing services division of the department of health:

Title of Fee	Fee
Sex offender treatment provider:	
Application and examination	\$ 650.00
Reexamination	325.00
Initial certification	100.00
Renewal	1,175.00
Inactive status	585.00
Late renewal penalty	200.00

Duplicate certificate	15.00
Extension fee	1,475.00
Affiliate treatment provider:	
Application and examination	300.00
Reexamination	150.00
Initial certification	50.00
Renewal	600.00
Inactive status	300.00
Late renewal penalty	200.00
Duplicate certificate	15.00
Extension fee	850.00

[Statutory Authority: RCW 18.155.040. 94-13-179, § 246-930-990, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-990, filed 5/28/92, effective 6/28/92; 91-11-063 (Order 168), § 246-930-990, filed 5/16/91, effective 6/16/91.]

Chapter 246-933 WAC

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246-933-120	Nonnarcotic Schedule II controlled substances—Prohibited. [Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-120, filed 12/28/90, effective 1/31/91; Order PL 179, § 308-150-050, filed 11/27/74.] Repealed by 92-17-076 (Order 299B), filed 8/19/92, effective 9/19/92. Statutory Authority: RCW 18.92.030.
246-933-240	Practical examination requirement. [Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-240, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-240, filed 12/28/90, effective 1/31/91; 79-10-087 (Order 318), § 308-151-070, filed 9/21/79.] Repealed by 92-17-076 (Order 299B), filed 8/19/92, effective 9/19/92. Statutory Authority: RCW 18.92.030.

PROFESSIONAL CONDUCT/ETHICS

WAC 246-933-010 Definitions. For the purposes of this chapter, the following words and phrases shall have the following meanings unless the context clearly indicates otherwise. Unless stated, words used in the singular may be read in the plural.

(1) "Advertise" means to announce publicly by any form of media in order to aid directly or indirectly in the sale of a commodity or service.

(2) "Animal" means any species normally recognized as treatable by veterinary medicine.

(3) "Controlled substances" as defined in RCW 69.50.101.

(4) "Department" means the department of health.

(5) "Drugs" as defined in RCW 69.50.101.

(6) "Health certificate" means a document prepared pursuant to law and which attests to the fact that an animal is in a certain state of health.

(7) "Patient" means any animal under the care and treatment of a veterinarian.

(8) "Secretary" means the secretary of the department of health.

(9) "Veterinary board of governors" is that board appointed by the governor pursuant to chapter 18.92 RCW.

[Statutory Authority: RCW 18.92.030. 93-08-029 (Order 353B), § 246-933-010, filed 3/30/93, effective 4/30/93; 91-24-098 (Order 221B), § 246-933-010, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-010, filed 12/28/90, effective 1/31/91; Order PL 179, § 308-150-005, filed 11/27/74.]

WAC 246-933-020 Objectives. The principal objectives of the veterinary profession are to render veterinary services to society, to assist in conserving livestock resources, and to assist in relieving suffering of animals.

The veterinarian shall always endeavor to act in such a manner to further these objectives.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-020, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-020, filed 12/28/90, effective 1/31/91; 80-09-106 (Order PL 351), § 308-150-006, filed 7/23/80.]

WAC 246-933-030 Degree of skills. The veterinarian shall endeavor to keep abreast of new developments in veterinary medicine, surgery and dentistry, and shall endeavor to improve his or her knowledge and skill in the practice of veterinary medicine, surgery and dentistry.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-030, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-030, filed 12/28/90, effective 1/31/91; 80-09-106 (Order PL 351), § 308-150-007, filed 7/23/80.]

WAC 246-933-040 Exercise of professional judgment and skills. The veterinarian shall not accept employment under terms and conditions that interfere with the free exercise of the veterinarian's professional judgment or infringe upon the utilization of his or her professional skills.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-040, filed 12/28/90, effective 1/31/91; 80-09-106 (Order PL 351), § 308-150-008, filed 7/23/80.]

WAC 246-933-050 Emergency care of animals of unknown ownership. The veterinarian shall endeavor to provide at least minimal treatment to alleviate the suffering of an animal presented in the absence of the owner or the owner's agent.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-050, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-050, filed 12/28/90, effective 1/31/91; 86-01-085 (Order PL 575), § 308-150-009, filed 12/18/85; 80-09-106 (Order PL 351), § 308-150-009, filed 7/23/80.]

WAC 246-933-060 Patient abandonment. The veterinarian shall always be free to accept or reject a particular patient, but once care is undertaken, the veterinarian shall not neglect the patient, as long as the person presenting the patient requests and authorizes the veterinarian's services for the particular problem. Emergency treatment not authorized by the owner shall not constitute acceptance of a patient.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-060, filed 12/28/90, effective 1/31/91; 80-09-106 (Order PL 351), § 308-150-011, filed 7/23/80.]

WAC 246-933-070 Emergency services. (1) Emergency services shall mean the delivery of veterinary care by a licensed veterinarian during the hours when the majority of regional, daytime veterinary practices have no regularly scheduled office hours (are closed).

(2) Emergency service shall be provided at all times. This requirement does not mean that a veterinary medical facility shall be open to the public at all times but that the provision of professional services must be accomplished by appropriate means including the assignment of veterinarians or cooperation between practices or after-hours emergency veterinary medical facilities serving the area. In the absence of an emergency veterinary medical facility serving the area, the phone shall be answered at all times so that inquirers can

be told if the veterinarian is available and, if not, where emergency service is available.

(3) A veterinarian who represents, in any way, that he or she provides emergency veterinary services, including but not limited to, using names or terms such as "after hours clinic," or "after hours veterinary hospital," or use of the word "emergency" in any way, shall include in all advertisements the following information:

The availability of the veterinarian who is to provide emergency services, in print at least as large as that used to advertise the availability of emergency services, as either:

(a) "Veterinarian on premises," or term of like import, which phrase shall be used when there is a veterinarian actually present at the facility who is prepared to render veterinary services and the hours such services are available; or

(b) "Veterinarian on call," or term of like import, which phrase shall be used when the veterinarian is not present at the hospital, but is able to respond within a reasonable time to requests for emergency veterinary services and has been designated to so respond.

(4) All licensees shall comply with this section by December 1, 1989.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-070, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-070, filed 12/28/90, effective 1/31/91; 88-08-033 (Order PM 719), § 308-150-013, filed 4/1/88; 86-01-085 (Order PL 575), § 308-150-013, filed 12/18/85.]

WAC 246-933-080 Honesty, integrity and fair dealing. A veterinarian's practice shall be conducted on the highest plane of honesty, integrity and fair dealing with clients in time and services rendered, and in the amount charged for services, facilities, appliances and drugs. It is unprofessional and unethical for a veterinarian to attempt to mislead or deceive a client or to make untruthful statements or representations to a client.

It is also unprofessional and unethical for a veterinarian to attempt to dissuade a client from filing a disciplinary complaint by, but not limited to, a liability release, waiver, or written agreement, wherein the client assumes all risk or releases the veterinarian from liability for any harm, damage, or injury to an animal while under the care, custody, or treatment by the veterinarian.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-080, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-080, filed 12/28/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604 and RCW 18.92.030. 89-10-076 (Order PM 836), § 308-150-014, filed 5/3/89. Statutory Authority: RCW 18.92.030. 86-01-085 (Order PL 575), § 308-150-014, filed 12/18/85.]

WAC 246-933-090 Validation of health certificate. It is unethical to sign or otherwise validate any health certificate without actually, physically inspecting the animal. A health certificate shall be dated as of the time of examination.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-090, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-090, filed 12/28/90, effective 1/31/91; Order PL 179, § 308-150-030, filed 11/27/74.]

WAC 246-933-100 Inspection of animals. It is unethical for a veterinarian when employed to inspect an animal for health and soundness, to accept a fee or other compensation in relation to the inspection from a person other than the veterinarian's employer.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-100, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-100, filed 12/28/90, effective 1/31/91; Order PL 179, § 308-150-035, filed 11/27/74.]

WAC 246-933-110 Drugs and controlled substances. It is unethical to violate any laws or regulations of either the state of Washington or the United States relating to prescription drugs or controlled substances.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-110, filed 12/28/90, effective 1/31/91; Order PL 179, § 308-150-045, filed 11/27/74.]

WAC 246-933-130 Minimum sanitary conditions. It is unethical for a veterinarian to own or operate a clinic, office, hospital, mobile veterinary clinic, or other animal facility contrary to the health and sanitary standards as established by the rules and regulations as adopted by the veterinary board of governors.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-130, filed 12/28/90, effective 1/31/91; Order PL 179, § 308-150-055, filed 11/27/74.]

WAC 246-933-140 Prohibited publicity and advertising. A veterinarian shall not, on behalf of himself or herself, any partner, associate or other veterinarian affiliated with his or her office or clinic, use or allow to be used any form of public communication or advertising which:

- (1) Is false, fraudulent, deceptive or misleading;
- (2) Refers to secret methods of treatment;
- (3) Is not identified as a paid advertisement or solicitation;
- (4) States or implies that a veterinarian is a certified specialist unless the veterinarian is certified in such specialty by a board recognized by the American Veterinary Medical Association.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-140, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-140, filed 12/28/90, effective 1/31/91; 80-09-106 (Order PL 351), § 308-150-060, filed 7/23/80.]

WAC 246-933-150 Honoring of publicity and advertisements. (1) If a veterinarian advertises a fee for a service, the veterinarian shall render that service for no more than the fee advertised.

(2) Unless otherwise specified in the advertisement, if a veterinarian publishes any fee information, the veterinarian shall be bound by any representation made therein for the periods specified in the following categories:

(a) If in a publication which is published more frequently than one time per month, for a period of not less than thirty days after such publication.

(b) If in a publication which is published once a month or less frequently, until the publication of the succeeding issue.

(c) If in a publication which has no fixed date for publication of the succeeding issue, for a reasonable period of time after publication, but in no event less than one year.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-150, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-150, filed 12/28/90, effective 1/31/91; 80-09-106 (Order PL 351), § 308-150-061, filed 7/23/80.]

WAC 246-933-160 Prohibited transactions. A veterinarian shall not compensate or give anything of value to representatives of the press, radio, television or other communication media in anticipation of or in return for professional publicity of any individual veterinarian in a news item.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-160, filed 12/28/90, effective 1/31/91; 80-09-106 (Order PL 351), § 308-150-062, filed 7/23/80.]

WAC 246-933-170 Cooperation with the board. (1) The veterinarian shall endeavor to cooperate with the veterinary board of governors in the investigation of alleged violations of the laws and regulations governing the practice of veterinary medicine, surgery and dentistry.

(2) A veterinarian must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the board by submitting the requested items within fourteen calendar days of receipt of the request by the veterinarian or the veterinarian's attorney, whichever is first. If the veterinarian fails to comply with the request within fourteen calendar days, the investigator shall contact the veterinarian or the veterinarian's attorney by telephone or letter as a reminder.

(3) Investigators may extend the time for response if the veterinarian requests an extension for a period not to exceed seven calendar days. Other requests for extension may be granted only by the board designated case manager.

(4) If the veterinarian fails to comply with the request within three business days after the receipt of the reminder, then a subpoena shall be served upon the veterinarian to obtain the requested items.

(5) If the veterinarian fails to comply with the subpoena, a statement of charges shall be issued pursuant to RCW 18.130.180(8) and, if there is sufficient evidence to support additional charges, then those charges may be included in the statement of charges.

(6) If the veterinarian complies with the request after the issuance of the statement of charges, the board's assistant attorney general-prosecutor shall decide whether the charges based on RCW 18.130.180(8) will be prosecuted or settled. If the charges based on RCW 18.130.180(8) are to be settled, the settlement proposal shall be presented to the board or a duly constituted panel of the board for a decision on ratification and until ratified, the settlement is not final.

(7) Notwithstanding subsections (2) through (6) of this section, a veterinarian may be required to comply immediately with a request for records, documents, or explanation from an investigator who is acting on behalf of the board when a complaint or other information reasonably indicates:

(a) That protection of the public health, safety, and welfare may require emergency action; or

(b) That adherence to subsections (2) through (6) of this section may result in the destruction or alteration of records or documents relevant to an investigation.

[Statutory Authority: RCW 18.92.030. 92-17-076 (Order 299B), § 246-933-170, filed 8/19/92, effective 9/19/92; 91-02-060 (Order 108B), recodified as § 246-933-170, filed 12/28/90, effective 1/31/91; 80-09-106 (Order PL 351), § 308-150-070, filed 7/23/80.]

WAC 246-933-180 Responsibility for maintaining mailing address on file with the board. It is the responsibility of each licensee to maintain a current mailing address on file with the board. The mailing address on file with the board shall be used for mailing of all official matters from the board to the licensee. If charges against the licensee are mailed by certified mail to the address on file with the board and returned unclaimed or are unable to be delivered for any reason, then the board shall proceed against the licensee by default under RCW 34.05.440.

[Statutory Authority: RCW 18.92.030. 93-08-029 (Order 353B), § 246-933-180, filed 3/30/93, effective 4/30/93.]

WAC 246-933-190 Adjudicative proceedings. The board adopts the model procedural rules for adjudicative proceedings as adopted by the department of health and contained in chapter 246-11 WAC, including subsequent amendments.

[Statutory Authority: RCW 18.92.030. 93-21-007, § 246-933-190, filed 10/7/93, effective 11/7/93.]

VETERINARIAN EDUCATION AND EXAMINATION REQUIREMENTS

WAC 246-933-220 Approval of courses. A course of instruction conducted by a school, that has obtained accreditation of the course of instruction in the care and treatment of animals from the American Veterinary Medical Association, is an approved course within the meaning of section 1, chapter 44, Laws of 1974 1st ex. sess., RCW 18.92.015.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-220, filed 12/28/90, effective 1/31/91; Order PL 179, § 308-151-050, filed 11/27/74.]

WAC 246-933-230 Foreign trained veterinarians. A person who is a graduate of a college of veterinary medicine not accredited by the American Veterinary Medical Association shall be eligible to take the regularly scheduled licensing examination given by the board upon furnishing the certificate of the American Veterinary Medical Association Education Commission for Foreign Veterinary Graduates (ECFVG). Applications and instructions for certification are obtained from:

ECFVG
American Veterinary Medical Association
930 North Meacham Road
Schaumburg, Illinois 60172.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-230, filed 12/28/90, effective 1/31/91; Order PL 232, § 308-151-060, filed 11/17/75.]

WAC 246-933-250 Examination requirement and procedures. (1) In order to be licensed, any applicant for licensure must successfully complete the National Board Examination for Veterinary Medical Licensing (NBE), the Clinical Competency Test (CCT), and the Washington state examination. The Washington state examination shall consist of questions pertaining to laws regulating the practice of veterinary medicine in the state. These examinations may not be taken prior to six months preceding graduation of the applicant from a course of instruction as described in WAC 246-933-220.

(2) Failure to follow written or oral instructions relative to the conduct of the examination, including termination times of the examination shall be considered grounds for disqualification from the examination.

(3) Applicants shall be required to refrain from talking to other examinees during the examination unless specifically directed or permitted to do so by a proctor. Any applicant observed talking or attempting to give or receive information, or using unauthorized materials during any portion of the examination will be expelled from the examination and not allowed to complete it.

[Statutory Authority: RCW 18.92.030. 92-17-076 (Order 299B), § 246-933-250, filed 8/19/92, effective 9/19/92; 92-03-074 (Order 235B), § 246-933-250, filed 1/14/92, effective 2/14/92; 91-02-060 (Order 108B), recodified as § 246-933-250, filed 12/28/90, effective 1/31/91; 88-08-033 (Order PM 719), § 308-151-080, filed 4/1/88; 85-03-085 (Order PL 509), § 308-151-080, filed 1/18/85. Statutory Authority: RCW 18.92.030 and 18.92.070. 83-07-050 (Order PL 429), § 308-151-080, filed 3/18/83. Statutory Authority: RCW 18.92.030. 80-05-032 (Order 340), § 308-151-080, filed 4/15/80.]

WAC 246-933-260 Frequency and location of examinations. (1) The examination for veterinarians shall be scheduled at such times and places as the secretary may authorize.

(2) Should an applicant fail to appear for examination at the designated time and place, the applicant shall forfeit the examination fee unless the applicant has notified the division of professional licensing services in writing of his or her inability to appear for the scheduled exam at least five days before the designated time.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-260, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-260, filed 12/28/90, effective 1/31/91; 88-08-033 (Order PM 719), § 308-151-090, filed 4/1/88; 80-05-032 (Order 340), § 308-151-090, filed 4/15/80.]

WAC 246-933-270 Examination results. (1) In order to pass the examination for licensure as a veterinarian, the applicant shall attain a grade that meets or exceeds the criterion-referenced passing point scaled score established by the National Board Examination Committee of the American Veterinary Medical Association for the National Board Examination and the Clinical Competency Test. Additionally, the applicant must attain a minimum grade of ninety percent in the Washington state examination.

(2) Applicants who fail the National Board Examination, the Clinical Competency Test, or the Washington state examination may retake the examination that they failed (NBE, CCT or state) by again completing an application and by submitting the reexamination fee to the division of professional licensing services. Only the most recently

obtained NBE, CCT, and state examination scores will be considered in an application.

(3) An applicant who was administered the NBE or CCT prior to December 1, 1992, must have attained a minimum score of 1.5 standard deviations below the national mean of the criterion population on the respective examinations. Applicants who were administered the Washington state examination prior to December 1, 1992, must have attained a minimum score of seventy percent.

[Statutory Authority: RCW 18.92.030, 92-17-076 (Order 299B), § 246-933-270, filed 8/19/92, effective 9/19/92; 91-24-098 (Order 221B), § 246-933-270, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-270, filed 12/28/90, effective 1/31/91; 85-07-021 (Order PL 523), § 308-151-100, filed 3/13/85; 85-03-085 (Order PL 509), § 308-151-100, filed 1/18/85. Statutory Authority: RCW 18.92.030 and 18.92.070, 83-07-050 (Order PL 429), § 308-151-100, filed 3/18/83. Statutory Authority: RCW 18.92.030, 80-16-023 (Order PL 358), § 308-151-100, filed 10/29/80; 80-05-032 (Order 340), § 308-151-100, filed 4/15/80.]

WAC 246-933-280 Examination review procedures.

(1) Each individual who takes the Washington state examination for licensure as a veterinarian and does not pass the Washington state examination section may request review of the examination results by the board. This request shall be in writing and shall be postmarked to the board within thirty days of notification of the examination results. The request shall state the reason or reasons the applicant feels the results of the examination should be changed. The board shall not consider any challenges to examination scores unless the total revised score could result in the issuance of a license. The board shall consider the following to be adequate reasons for consideration for review and possible modification of examination results:

(a) A showing of a significant procedural error in the examination process;

(b) Evidence of bias, prejudice or discrimination in the examination process;

(c) Other significant errors which result in substantial disadvantage to the applicant.

(2) Any applicant who is not satisfied with the result of the examination review may appeal the board's decision and may request a formal hearing to be held before the board pursuant to the Administrative Procedure Act. Such hearing shall be requested and postmarked within twenty days of the receipt of the board's review of the examination results. The board shall not consider any challenges to examination scores unless the total revised score could result in the issuance of a license.

[Statutory Authority: RCW 18.92.030, 92-03-074 (Order 235B), § 246-933-280, filed 1/14/92, effective 2/14/92; 91-02-060 (Order 108B), recodified as § 246-933-280, filed 12/28/90, effective 1/31/91; 86-08-068 (Order PL 584), § 308-151-110, filed 4/1/86.]

WAC 246-933-300 Veterinary specialty licensure.

(1) A person may be licensed to practice only specialized veterinary medicine in Washington state. Application for specialty licensure shall be made on forms provided by the secretary and include:

(a) Official transcript or other evidence of graduation from an American Veterinary Medical Association approved or accredited college or university; or

(b) Certification from the Educational Commission for Foreign Veterinary Graduates; and

(c) Documented licensure, in good standing, to practice veterinary medicine in any state, United States territory, or province of Canada; and

(d) Certification as a diplomate of a national board or college recognized in the specialty area for which application is submitted.

(2) Applicants must pass a written examination approved by the board pertaining to laws regulating the practice of veterinary medicine in the state of Washington. Examination grades will be based on a possible score of one hundred percent with a minimum passing score of ninety percent.

(3) At the time of license renewal, licensees must present evidence of continued certification by the veterinary specialty board authority.

(4) The veterinary board of governors recognizes all veterinary medicine specialties recognized by the American Veterinary Medical Association. The practice of a veterinarian licensed as a specialized practitioner is limited to the specific specialty for which licensed.

(5) Individuals licensed as a veterinary specialist are subject to chapter 18.130 RCW.

(6) Veterinary specialty licensees shall be charged the impaired veterinarian assessment on each license issuance or renewal: *Provided however*, That no licensee shall pay more than one impaired veterinarian assessment per year.

[Statutory Authority: RCW 18.92.030, 92-17-076 (Order 299B), § 246-933-300, filed 8/19/92, effective 9/19/92; 92-03-074 (Order 235B), § 246-933-300, filed 1/14/92, effective 2/14/92.]

WAC 246-933-305 Veterinary retired active license.

(1) RCW 18.130.250 provides for a retired active license status for individuals already licensed who wish to practice only in emergent or intermittent circumstances. For the purposes of implementing RCW 18.130.250, "emergent or intermittent circumstances" is defined as follows:

(a) The licensee resides and practices in another state, and practices no more than thirty days each year in Washington state;

(b) The licensee resides and practices in this state, but practices no more than thirty days each year.

(c) The licensee does not normally practice or meet the criteria of (a) or (b) of this subsection, but is available to practice for an extended period of time for the purposes of providing veterinary care in emergency circumstances such as earthquakes, floods, times of declared war, or other declared states of emergency.

(2) Individuals requesting a retired active license status must submit a letter to the department with their renewal declaring their intent to practice only on an intermittent or emergent basis. Veterinary retired active licenses will not be retroactively issued for prior years. Subsequent to being issued a retired active license, the licensee must report with the renewal payments the dates and circumstances under which they practiced during the previous year. If the licensee wishes to practice on an active basis, the licensee must notify the department five days in advance of the change to reinstate the license to an active license status.

(3) Individuals on a retired active license status are subject to chapter 18.130 RCW to the same extent as individuals holding an active license.

(4) Retired active licensees must meet the continuing education requirement established in WAC 246-933-420 and submit an affidavit of compliance at the end of each three-year period as prescribed in WAC 246-933-470.

[Statutory Authority: RCW 18.92.030, 92-03-074 (Order 235B), § 246-933-305, filed 1/14/92, effective 2/14/92.]

FACILITIES AND PRACTICE MANAGEMENT STANDARDS

WAC 246-933-310 Definitions. (1) **Veterinary medical facility:** Any premise, unit, structure or vehicle where any animal is received and/or confined to be examined, diagnosed or treated medically, surgically or prophylactically, as defined in RCW 18.92.010.

(2) **Mobile clinic:** A vehicle, including a camper, motor home, trailer or mobile home, used as a veterinary medical facility. A mobile clinic is not required for house calls or farm calls.

(3) **Aseptic surgery:** Aseptic surgical technique exists when everything that comes in contact with the wound is sterile and precautions are taken to ensure such sterility during the procedure. These precautions include, but are not limited to, such things as the surgery room itself, sterilization procedures, scrubbing hands and arms, sterile gloves, caps and masks, sterile long-sleeved gowns, and sterile draping and operative techniques.

(4) **Antiseptic surgery:** Antiseptic surgical technique exists when care is taken to avoid bacterial contamination but the precautions are not as thorough and extensive as in aseptic surgery. Surgeons and surgical assistants shall wear clean attire and sterile gloves, and the patient shall be appropriately draped. A separate sterile surgical pack shall be used for each animal.

[Statutory Authority: RCW 18.92.030, 91-24-098 (Order 221B), § 246-933-310, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-310, filed 12/28/90, effective 1/31/91; 89-02-006 (Order PM 804), § 308-153-010, filed 12/27/88. Statutory Authority: RCW 18.92.030, 18.130.050 (1) and (12) and 1986 c 259 § 139, 86-13-070 (Order PM 600), § 308-153-010, filed 6/18/86; Order PL-236, § 308-153-010, filed 2/18/76.]

WAC 246-933-320 General requirements for all veterinary medical facilities. (1) **Construction and maintenance:** All facilities shall be so constructed and maintained as to provide comfort and safety for patients and clients. All areas of the premises shall be maintained in a clean and orderly condition, free of objectionable odors. All facilities shall comply with applicable state, county and municipal laws, ordinances and regulations.

(2) **Ventilation:** Adequate heating and cooling shall be provided for the comfort of the animals, and the facility shall have sufficient ventilation in all areas.

(3) **Lighting:** Proper lighting shall be provided in all rooms utilized for the practice of veterinary medicine. Outside lighting shall be adequate to identify the building and to assist the clients.

(4) **Water:** Potable water shall be provided.

(5) **Basic sanitation:** Any equipment, instruments or facilities used in the treatment of animals shall be clean and sanitary at all times to protect against the spread of diseases, parasites and infection.

(6) **Waste disposal:** Covered waste containers, impermeable by water, shall be used for the removal and disposal of animal and food wastes, bedding, animal tissues, debris and other waste.

Disposal facilities shall be so operated as to minimize insect or other vermin infestation, and to prevent odor and disease hazards or other nuisance conditions.

The facility shall employ a procedure for the prompt, sanitary and esthetic disposal of dead animals which complies with all applicable state, county and municipal laws, ordinances and regulations.

(7) Records:

(a) Every veterinarian shall keep daily written reports of the animals he or she treats. Separate records for companion animals shall be kept for each animal. Records for food and fibre producing animals and animals kept in herds or flocks, etc., may be maintained on a group or client basis. These records shall be readily retrievable and shall be kept for a period of three years following the last treatment or examination. They shall include, but not be limited to, the following:

(i) Name, address and telephone number of the owner.

(ii) Name, number or other identification of the animal or group.

(iii) Species, breed, age, sex and color of the animal.

(iv) Immunization record.

(v) Beginning and ending dates of custody of the animal.

(vi) A short history of the animal's condition as it pertains to its medical status.

(vii) Physical examination findings and any laboratory data.

(viii) Provisional or final diagnosis.

(ix) Treatment and medication administered, prescribed or dispensed.

(x) Surgery and anesthesia.

(xi) Progress of the case.

(b) Veterinary medical records and radiographs are the property of the veterinarian or the veterinary facility which originally ordered their preparation. When requested by the client, copies of records will be made available as promptly as required under the circumstances, but no later than fifteen working days upon the client's request. The veterinarian may charge a reasonable copying fee, not to exceed the actual cost for providing the veterinary care information. A radiograph shall be released upon the request of another veterinarian who has the authorization of the owner of the animal to which it pertains. Such radiograph shall be returned to the originating veterinarian or veterinary facility within fifteen working days of receipt of a written request.

(8) **Storage:** All supplies, including food and bedding, shall be stored in facilities which adequately protect such supplies against infestation, contamination or deterioration. Refrigeration shall be provided for all supplies that are of a perishable nature, including foods, drugs and biologicals.

(9) **Biologicals and drugs:** Biologicals and other drugs shall be stored in such a manner as to prevent contamination and deterioration in accordance with the packaging and storage requirements of the current editions of the *U.S. Pharmacopeia*, 12601 Twinbrook Parkway, Rockville, Maryland 20852, and the *National Formulary*, Mack

Publishing Company, 20th and Northampton Streets, Easton, Pennsylvania 18042 and/or manufacturers' recommendation.

All controlled substances shall be maintained in a locked cabinet or other suitable secure container in accordance with federal and Washington state laws.

Controlled substance records shall be readily retrievable, in accordance with federal and Washington state laws.

[Statutory Authority: RCW 18.92.030, 92-17-076 (Order 299B), § 246-933-320, filed 8/19/92, effective 9/19/92; 91-24-098 (Order 221B), § 246-933-320, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-320, filed 12/28/90, effective 1/31/91; 88-08-033 (Order PM 719), § 308-153-020, filed 4/1/88. Statutory Authority: RCW 18.92.030, 18.130.050 (1) and (2) and 1986 c 259 § 139, 86-13-070 (Order PM 600), § 308-153-020, filed 6/18/86; Order PL-236, § 308-153-020, filed 2/18/76.]

WAC 246-933-330 Minimum physical facilities. All veterinary medical facilities in which animals are received for medical, surgical or prophylactic treatment shall have the following minimum facilities, but are not limited to only these facilities:

(1) **Reception room and office:** Or a combination of the two.

(2) **Examination room:** Should be separate but may be combined with a room having a related function, such as a pharmacy or laboratory. It must be of sufficient size to accommodate the veterinarian, patient and client.

Examination tables shall have impervious surfaces. Waste receptacles shall be lined, covered or in a closed compartment, and properly maintained. A sink with clean or disposable towels must be within easy access.

(3) **Surgery:** If surgery is performed, a separate and distinct area so situated as to keep contamination and infection to a minimum; provided, however, a separate and distinct room so situated as to keep contamination and infection to a minimum shall be required.

(4) **Laboratory:** Shall be either in the facility or through consultative facilities, adequate to render diagnostic information.

(5) **Radiology:** Facilities for diagnostic radiography shall be available either on or off the premises. The facilities shall meet federal and Washington state protective requirements and be capable of producing good quality diagnostic radiographs.

(6) **Animal housing areas:** Any veterinary medical facility confining animals shall have individual cages, pens, exercise areas or stalls to confine said animals in a comfortable, sanitary and safe manner.

Cages and stalls shall be of impervious material and of adequate size to assure patient comfort and sanitation.

Runs and exercise pens shall be of a size to allow patient comfort and exercise. Runs and exercise pens shall provide and allow effective separation of adjacent animals and their waste products, and shall be constructed in such a manner as to protect against escape or injury. Floors of runs shall be of impervious material.

Animals that are hospitalized for treatment of contagious diseases shall be isolated in such a manner as to prevent the spread of contagious diseases.

[Statutory Authority: RCW 18.92.030, 91-24-098 (Order 221B), § 246-933-330, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-330, filed 12/28/90, effective 1/31/91; 89-02-006 (Order PM 804), § 308-153-030, filed 12/27/88; 88-08-033 (Order PM 719), § 308-153-030, filed 4/1/88. Statutory Authority: RCW 18.92.030, 18.130.050 (1) and

(2) and 1986 c 259 § 139, 86-13-070 (Order PM 600), § 308-153-030, filed 6/18/86; Order PL-236, § 308-153-030, filed 2/18/76.]

WAC 246-933-340 Practice management. All veterinary medical facilities shall maintain a sanitary environment to avoid sources and transmission of infection. This includes the proper sterilization or sanitation of all equipment used in diagnosis or treatment and the proper routine disposal of waste materials.

(1) **Surgery:** Surgery shall be performed in a manner compatible with current veterinary practice with regard to anesthesia, asepsis or antisepsis, life support and monitoring procedures, and recovery care. The minimum standards for surgery shall be:

(a) Aseptic or antiseptic surgery shall be performed in a room designated and reserved for surgery and directly related noncontaminating activities.

(b) The surgery room shall be clean, orderly, well lighted and maintained in a sanitary condition, free of offensive odors.

(c) Storage in the surgery room shall be limited only to items and equipment related to surgery and surgical procedures.

(d) Instruments and equipment utilized in the surgery room shall be appropriate for the type of surgical service being provided.

(e) The operating table shall be constructed of a smooth and impervious material.

(f) Chemical disinfection ("cold sterilization") may be used only for field conditions or minor surgical procedures. Sterilizing of all appropriate equipment is required. Provisions for sterilization shall include a steam pressure sterilizer (autoclave) or a gas sterilizer (e.g., ethylene oxide).

(g) Surgical packs include towels, drapes, gloves, sponges and proper instrumentation. They shall be properly prepared for sterilization by heat or gas (sufficient to kill spores) for each sterile surgical procedure.

(h) For any major procedure, such as opening the abdominal or thoracic cavity or exposing bones or joints, a separate sterile surgical pack shall be used for each animal. Surgeons and surgical assistants shall use aseptic technique throughout the entire surgical procedure.

(i) Uncomplicated ovariohysterectomy or castration of normal healthy animals, and minor surgical procedures, such as excising small skin lesions or suturing superficial lacerations, may be performed under clean, antiseptic conditions. Surgeons and surgical assistants shall wear clean attire and sterile gloves, and care shall be taken to avoid introducing bacterial contamination.

(j) All animals shall be properly prepared for surgery as follows:

(i) Clipping and shaving of the surgical area for major procedures requiring aseptic technique as in (h) of this subsection shall be performed in a room other than the surgery room. Loose hair shall be removed from the surgical area.

(ii) Scrubbing the surgical area with soap and water.

(iii) Disinfecting the surgical area.

(iv) Draping the surgical area if appropriate.

(k) Anesthetic equipment appropriate for the type of patient and surgery performed shall be available at all times.

(l) Compressed oxygen or other adequate means shall be available to be used for resuscitation.

(m) Emergency drugs shall be available to the surgery area.

(n) Grossly contaminated procedures, such as lancing and draining abscesses, shall not be performed in the room designated for aseptic or antiseptic surgery.

(2) **Library:** A library of appropriate veterinary journals and textbooks shall be available on the premises for ready reference.

(3) **Laboratory:** Veterinary medical facilities shall have the capability for use of either in-house or consultant laboratory service for blood chemistry, bacterial cultures and antibiotic sensitivity examinations, complete blood counts, histopathologic examinations and complete necropsies. The in-house laboratory facility shall meet the following minimum standards:

(a) The laboratory room shall be clean and orderly with provision for ample storage.

(b) Ample refrigeration shall be provided.

(c) Any tests performed shall be properly conducted by currently recognized methods to assure reasonable accuracy and reliability of results.

(4) **Radiology:** Veterinary medical facilities shall have the capability for use of either in-house or consultant services for obtaining radiographs of diagnostic quality. Radiology equipment and use shall be in compliance with federal and Washington state laws, and shall follow the guidelines approved by the American Veterinary Medical Association.

(5) **Biologicals and drugs:** The minimum standards for drug procedures shall be:

(a) All controlled substances shall be stored, maintained, administered, dispensed and prescribed in compliance with federal and Washington state laws.

(b) Among things otherwise provided by RCW 69.41.050, legend drugs dispensed by a veterinarian shall be labeled with the following:

(i) Name of client or identification of animal.

(ii) Date dispensed.

(iii) Complete directions for use.

(iv) Name and strength of the drug.

(v) Name of prescribing veterinarian.

(c) A record of all drugs administered or dispensed shall be kept in the client's record. In the case of companion animals this record shall be by individual animal.

(6) **Limited services:** If veterinary medical services are limited to specific aspects of practice,

(a) The public shall be informed of the limitation of services provided.

(b) All veterinary services provided in the facility shall conform to the requirements for those services listed in WAC 246-933-330 and this section.

(c) The general requirements prescribed in WAC 246-933-320 shall apply to all veterinary medical facilities.

(7) **Exceptions:**

(a) The standards and requirements prescribed in WAC 246-933-330(3) and subsection (1)(a), (c), (j)(i), (n) of this section, shall not apply to equine or food animal veterinary procedures performed in medical facilities.

(b) The standards and requirements prescribed in WAC 246-933-320 (1), (2), (3), (4), (6), (8), 246-933-330 and

subsections (1)(a), (b), (c), (e), (h), (j)(i), (l), (n), (2), (3), (4), (6)(b), (c) of this section, shall not apply to equine or food animal veterinary procedures performed on the owner's premises by a veterinarian.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-340, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-340, filed 12/28/90, effective 1/31/91; 89-02-006 (Order PM 804), § 308-153-045, filed 12/27/88. Statutory Authority: RCW 18.92.030, 18.130.050 (1) and (12) and 1986 c 259 § 139. 86-13-070 (Order PM 600), § 308-153-045, filed 6/18/86.]

CONTINUING EDUCATION REQUIREMENTS

WAC 246-933-401 Citation and purpose. These rules may be cited and referred to as the "Veterinary continuing education rules." The purpose of these rules is to require licensed veterinarians to continue their professional educations as a condition of maintaining a license to practice veterinary medicine in this state.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-401, filed 12/28/90, effective 1/31/91; Order 233, § 308-154-010, filed 2/16/77.]

WAC 246-933-420 Basic requirement—Amount. In the three-year period immediately preceding the annual renewal of the license to practice veterinary medicine, the applicant shall have completed 3-3/4 days or accumulated thirty hours of acceptable continuing education.

(1) Measurement is in full academic hours only (a 50-minute period equals one hour). A one-day course shall constitute eight hours of credit.

(2) Credit shall be granted only for class hours, and not preparation hours.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-420, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-420, filed 12/28/90, effective 1/31/91; Order 233, § 308-154-020, filed 2/16/77.]

WAC 246-933-430 Effective date of requirement. The effective date of the continuing education requirement shall be three years after initial licensure in this state.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-430, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-430, filed 12/28/90, effective 1/31/91; Order 233, § 308-154-030, filed 2/16/77.]

WAC 246-933-440 Exceptions. The following are exceptions from the continuing education requirements:

Upon a showing of good cause by a licensee to the board, the board may exempt such licensee from any, all, or part of the continuing education requirement. Good cause includes, but is not limited to:

(1) Illness;

(2) Hardship to practice.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-440, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-440, filed 12/28/90, effective 1/31/91; 80-16-023 (Order PL 358), § 308-154-040, filed 10/29/80; Order 233, § 308-154-040, filed 2/16/77.]

WAC 246-933-450 Qualification of program for continuing education credit. Generally: Generally a

formal completion of program of learning which contributes directly to the professional competence of an individual to practice veterinary medicine after he/she has been licensed to do so shall qualify an individual to receive credit for continuing education.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-450, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-450, filed 12/28/90, effective 1/31/91; Order 233, § 308-154-050, filed 2/16/77.]

WAC 246-933-460 Programs approved by the veterinary board. Completion of the following are deemed to qualify an individual for continuing education credit: Attendance at a recognized local, state, national, or international continuing education program having a featured speaker.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-460, filed 12/28/90, effective 1/31/91; Order 233, § 308-154-060, filed 2/16/77.]

WAC 246-933-470 Continuing education—Certification of compliance. (1) In conjunction with the application for renewal of licensure at the end of each three-year period as provided for in WAC 246-933-430, each licensee shall submit an affidavit of compliance on a form supplied by the board indicating the thirty hours of continuing education completed by the licensee.

(2) The board reserves the right to require any licensee to submit evidence, e.g., course or program certificate of training, transcript, course or workshop brochure description, evidence of attendance, etc., in addition to the affidavit form in order to demonstrate compliance with the continuing education requirement. It is therefore the responsibility of each licensee to maintain records, certificates or other evidence of compliance with the continuing education requirements.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-470, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-470, filed 12/28/90, effective 1/31/91; 80-16-023 (Order PL 358), § 308-154-080, filed 10/29/80.]

WAC 246-933-480 AIDS prevention and information education requirements. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of health or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for licensure. Persons applying for licensure shall submit, prior to obtaining a license, and in addition to the other requirements for licensure, evidence to show compliance with the education requirements of subsection (3) of this section.

(3) AIDS education.

(a) Acceptable education. The board shall accept education that is consistent with the topical outline available from the office on AIDS. Alternatives to formal coursework may be in the form of video tapes, professional journal articles, periodicals, or audio tapes, that contain current or updated information. Such education shall include the

subjects of prevention, transmission and treatment of AIDS, and may include the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues including confidentiality; and psychosocial issues to include special population considerations.

(b) The requirements for licensure, renewal, or reinstatement of any license on lapsed, inactive, or disciplinary status shall include completion of AIDS education. All persons affected by this section shall show evidence of completion of education which meets the requirement of (a) of this subsection.

(c) Documentation. The licensee shall:

(i) Certify, on forms provided, that the minimum education has been completed;

(ii) Keep records for two years documenting attendance or description of the learning;

(iii) Be prepared to validate, through submission of these records, that attendance or learning has taken place.

[Statutory Authority: RCW 18.92.030 and 70.24.270. 91-24-098 (Order 221B), § 246-933-480, filed 12/4/91, effective 1/4/92. Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-480, filed 12/28/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604 and RCW 18.92.030. 89-10-076 (Order PM 836), § 308-154-085, filed 5/3/89.]

SUBSTANCE ABUSE MONITORING

WAC 246-933-601 Intent. It is the intent of the legislature that the veterinary board of governors seek ways to identify and support the rehabilitation of veterinarians where practice or competency may be impaired due to the abuse of drugs or alcohol. The legislature intends that these veterinarians be treated so that they can return to or continue to practice veterinary medicine in a way which safeguards the public. The legislature specifically intends that the veterinary board of governors establish an alternate program to the traditional administrative proceedings against such veterinarians.

In lieu of disciplinary action under RCW 18.130.160 and if the veterinary board of governors determines that the unprofessional conduct may be the result of substance abuse, the veterinary board of governors may refer the license holder to a voluntary substance abuse monitoring program approved by the veterinary board of governors.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-601, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.130.175. 90-21-029 (Order 93), § 308-158-010, filed 10/9/90, effective 11/10/90.]

WAC 246-933-610 Definitions. As used in this chapter:

(1) "Approved substance abuse monitoring program" or "approved monitoring program" is a program, complying with applicable state law and approved by the board, which oversees a veterinarian's compliance with a contractually prescribed substance abuse recovery program. Substance abuse monitoring programs may provide evaluation and/or treatment to participating veterinarians.

(2) "Contract" is a comprehensive, structured agreement between the recovering veterinarian and the approved monitoring program wherein the veterinarian consents to

comply with the monitoring program and the required components for the veterinarian's recovery activity.

(3) "Approved treatment facility" is a facility recognized as such according to RCW 18.130.175(1).

(4) "Substance abuse" means the impairment, as determined by the board, of a veterinarian's professional services by an addiction to, a dependency on, or the use of alcohol, legend drugs, controlled substances, or other addictive drugs.

(5) "Aftercare" is that period of time after intensive treatment that provides the veterinarian or the veterinarian's family with group or individual counseling sessions, discussions with other families, ongoing contact and participation in self-help groups, and ongoing continued support of treatment and/or monitoring program staff.

(6) "Veterinarian support group" is a group of veterinarians and/or other health professionals meeting regularly to support the recovery of its members. The group provides a confidential setting with a trained and experienced facilitator in which participants may safely discuss drug diversion, licensure issues, return to work, and other professional issues related to recovery.

(7) "Twelve-steps groups" are groups such as Alcoholics Anonymous, Narcotics Anonymous, and related organizations based on a philosophy of anonymity, peer group association, and self-help.

(8) "Random drug screens" are the observed collection of specified bodily fluids together with laboratory tests to detect the presence of drugs of abuse in bodily fluids. Collection must occur at irregular intervals not known in advance by the person to be tested.

(9) "Veterinarian" means an impaired practitioner.

[Statutory Authority: RCW 18.92.030, 91-02-060 (Order 108B), recodified as § 246-933-610, file 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.130.175, 90-21-029 (Order 93), § 308-158-020, filed 10/9/90, effective 11/10/90.]

WAC 246-933-620 Approval of substance abuse monitoring programs. The board shall approve the monitoring program(s) which shall participate in the recovery of veterinarians. The board shall enter into a contract with the approved substance abuse monitoring program(s) on an annual basis.

(1) An approved monitoring program may provide referrals for evaluations and/or treatment to the participating veterinarians.

(2) An approved monitoring program staff shall have the qualifications and knowledge of both substance abuse as defined in this chapter and the practice of veterinary medicine to be able to evaluate:

- (a) Drug screening laboratories;
- (b) Laboratory results;
- (c) Providers of substance abuse treatment, both individual and facilities;
- (d) Veterinarians' support groups;
- (e) The veterinarians' work environment; and
- (f) The ability of the veterinarian to practice with reasonable skill and safety.

(3) An approved monitoring program shall enter into a contract with the veterinarian and the board to oversee the veterinarian's compliance with the requirements of the program.

(4) An approved monitoring program staff shall evaluate and recommend to the board, on an individual basis, whether a veterinarian will be prohibited from engaging in the practice of veterinary medicine for a period of time and restrictions, if any, on the veterinarian's access to controlled substances in the work place.

(5) An approved monitoring program shall maintain records on participants.

(6) An approved monitoring program shall be responsible for providing feedback to the veterinarian as to whether treatment progress is acceptable.

(7) An approved monitoring program shall report to the board any veterinarian who fails to comply with the requirements of the monitoring program.

(8) An approved monitoring program shall provide the board with a statistical report on the program, including progress of participants, at least annually, or more frequently as requested by the board. Progress reports shall not include names or any identifying information regarding voluntary participants.

(9) The board shall approve and provide the monitoring program guidelines on treatment, monitoring, and/or limitations on the practice of veterinary medicine for those participating in the program.

(10) An approved monitoring program shall provide for the board a complete financial breakdown of cost for each individual veterinary participant by usage at an interval determined by the board in the annual contract.

(11) An approved monitoring program shall provide for the board a complete annual audited financial statement.

[Statutory Authority: RCW 18.92.030 and 18.130.050, 91-24-098 (Order 221B), § 246-933-620, filed 12/4/91, effective 1/4/92. Statutory Authority: RCW 18.92.030, 91-02-060 (Order 108B), recodified as § 246-933-620, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.130.175, 90-21-029 (Order 93), § 308-158-030, filed 10/9/90, effective 11/10/90.]

WAC 246-933-630 Participation in approved substance abuse monitoring program. (1) In lieu of disciplinary action, the veterinarian may accept board referral into an approved substance abuse monitoring program.

(a) The veterinarian shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by health care professionals with expertise in chemical dependency.

(b) The veterinarian shall enter into a contract with the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to the following:

(i) The veterinarian shall agree to remain free of all mind-altering substances, including alcohol, except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101.

(ii) The veterinarian shall submit to random drug screening as specified by the approved monitoring program.

(iii) The veterinarian shall sign a waiver allowing the approved monitoring program to release information to the board if the veterinarian does not comply with the requirements of this contract.

(iv) The veterinarian shall undergo approved substance abuse treatment in an approved treatment facility.

(v) The veterinarian shall complete the prescribed aftercare program of the approved treatment facility, which may include individual and/or group psychotherapy.

(vi) The veterinarian shall cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment prognosis and goals.

(vii) The veterinarian shall attend veterinarians' support groups and/or twelve-step group meetings as specified by the contract.

(viii) The veterinarian shall comply with specified practice conditions and restrictions as defined by the contract.

(ix) Except for (b)(i) through (iii) of this subsection, an approved monitoring program may make an exception to the foregoing requirements on individual contracts.

(c) The veterinarian is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, random drug screens, and therapeutic group sessions.

(d) The veterinarian may be subject to disciplinary action under RCW 18.130.160 and 18.130.180 if the veterinarian does not consent to be referred to the approved monitoring program, does not comply with specified practice restrictions, or does not successfully complete the program.

(2) A veterinarian who is not being investigated or monitored by the board for substance abuse and who is not currently the subject of current disciplinary action, may voluntarily participate in the approved substance abuse monitoring program without being referred by the board. Such voluntary participants shall not be subject to disciplinary action under RCW 18.130.160 and 18.130.180 for their substance abuse, and shall not have their participation made known to the board if they meet the requirements of the approved monitoring program:

(a) The veterinarian shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation shall be performed by health care professional(s) with expertise in chemical dependency.

(b) The veterinarian shall enter into a contract with the approved substance abuse monitoring program to comply with the requirements of the program which may include, but not be limited to the following:

(i) The veterinarian shall undergo approved substance abuse treatment in an approved treatment facility.

(ii) The veterinarian shall agree to remain free of all mind-altering substances, including alcohol, except for medications prescribed by an authorized prescriber as defined in RCW 69.41.030 and 69.50.101.

(iii) The veterinarian shall complete the prescribed aftercare program of the approved treatment facility, which may include individual and/or group psychotherapy.

(iv) The veterinarian shall cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment prognosis and goals.

(v) The veterinarian shall submit to random observed drug screening as specified by the approved monitoring program.

(vi) The veterinarian shall attend veterinarians' support groups and/or twelve-step group meetings as specified by the contract.

(vii) The veterinarian shall comply with practice conditions and restrictions as defined by the contract.

(viii) The veterinarian shall sign a waiver allowing the approved monitoring program to release information to the board if the veterinarian does not comply with the requirements of this contract.

(ix) Except for (b)(ii) through (iii) of this subsection, an approved monitoring program may make an exception to the foregoing requirements on individual contracts.

(c) The veterinarian is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, random drug screens, and therapeutic group sessions.

(3) Treatment and pretreatment records shall be confidential as provided by law.

[Statutory Authority: RCW 18.92.030 and 18.130.050. 91-24-098 (Order 221B), § 246-933-630, filed 12/4/91, effective 1/4/92. Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-630, file 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.130.175. 90-21-029 (Order 93), § 308-158-040, filed 10/9/90, effective 11/10/90.]

FEES

WAC 246-933-980 Licensing/renewal/late penalty.

(1) An initial license shall expire on the licensee's next birth anniversary date. The secretary may prorate the licensure fee based upon 1/12th of the annual renewal fee for each full calendar month between the initial issue date and the next anniversary of the applicant's birthdate.

(2) A veterinarian's license shall be renewed annually on the veterinarian's birth anniversary date. Any renewal that is postmarked or presented to the department after midnight on the expiration date is late and subject to a late renewal penalty fee.

(3) Failure to timely renew a license shall invalidate the license and all privileges granted by the license. Any licensee subject to the Uniform Disciplinary Act who submits a late renewal which is postmarked or presented to the department more than thirty days after the license expiration date, will be subject to investigation for unprofessional conduct in accordance with RCW 18.130.180(7) for unlicensed practice.

(4) A veterinarian shall apply for renewal by submitting to the department:

(a) The renewal fee specified in WAC 246-933-990; and

(b) Evidence of the completion of continuing education if required by WAC 246-933-420.

(5) Failure to renew annually shall invalidate the license.

(a) A veterinarian may reinstate a license that has been expired less than three years by submitting to the department:

(i) A renewal application provided by the department;

(ii) The current renewal fee, a renewal fee for each year in which the license was expired, and the late renewal fee as specified in WAC 246-933-990; and

(iii) Evidence of compliance with the continuing education requirements of WAC 246-933-420.

(b) A veterinarian may request the reinstatement of a license that has been expired three or more years by submitting to the department:

(i) A reinstatement application for licensure, including an explanation for the license lapse and a chronology of the applicant's professional activities since the last renewal; and

(ii) The items specified in (a) (ii) and (iii) of this subsection. The board may require an applicant who has been out of active practice for a period of three or more years to pass the licensing examination to practice veterinary medicine.

[Statutory Authority: RCW 18.92.030. 93-08-029 (Order 353B), § 246-933-980, filed 3/30/93, effective 4/30/93. Statutory Authority: RCW 43.70.040 and 18.92.140. 92-07-036 (Order 252), § 246-933-980, filed 3/10/92, effective 4/10/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-933-980, filed 12/27/90, effective 1/31/91; Order PL 262, § 308-152-020, filed 1/13/77.]

WAC 246-933-990 Fees. The following fees shall be charged by the professional licensing services division of the department of health:

Title of Fee	Fee
VETERINARIAN:	
National board examination (NBE) (initial/retake)	\$130.00
Clinical competency test (CCT) (initial/retake)	130.00
State examination	125.00
Initial state license	95.00
State examination (retake)	125.00
Specialty licensure	95.00
Impaired veterinarian assessment	10.00
Temporary permit	95.00
State or specialty license renewal	95.00
Retired active and renewal	45.00
Late renewal penalty (state and specialty license)	31.00
Late renewal penalty (retired active license)	15.00
Duplicate license	15.00
Certification	15.00

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-933-990, filed 6/24/93, effective 7/25/93; 93-08-028 (Order 351), § 246-933-990, filed 3/30/93, effective 4/30/93; 92-07-036 (Order 252), § 246-933-990, filed 3/10/92, effective 4/10/92. Statutory Authority: RCW 43.70.040. 91-02-050 (Order 122), § 246-933-990, filed 12/27/90, effective 1/31/91.]

Chapter 246-935 WAC

VETERINARY ANIMAL TECHNICIANS

WAC

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246-935-120	Frequency and location of examination.
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246-935-990	Fees.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-935-080	Grading of examinations. [Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-935-080, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-935-080, filed 12/28/90, effective 1/31/91; 85-03-085 (Order PL 509), § 308-156-070, filed 1/18/85. Statutory Authority: RCW 18.92.015 and 18.92.030. 83-19-055 (Order PL 445), § 308-156-070, filed 9/19/83. Statutory Authority: RCW 18.92.030. 80-01-069 (Order PL 332), § 308-156-070, filed 12/21/79.] Repealed by 93-08-029 (Order 353B), filed 3/30/93, effective 4/30/93. Statutory Authority: RCW 18.92.030
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WAC 246-935-010 Definitions. (1) "Animal technician" shall mean any person who has met the requirements of RCW 18.92.015 and who is registered as required by chapter 18.92 RCW.

(2) "Direct supervision" shall mean the supervisor is on the premises, is quickly and easily available and the animal has been examined by a veterinarian at such times as acceptable veterinary medical practice requires, consistent with the particular delegated animal health care task.

(3) "Emergency" means that the animal has been placed in a life-threatening condition where immediate treatment is necessary to sustain life.

(4) "Immediate supervision" shall mean the supervisor is in audible and visual range of the animal patient and the person treating the patient.

(5) "Indirect supervision" shall mean the supervisor is not on the premises, but has given either written or oral instructions for treatment of the animal patient and the animal has been examined by a veterinarian at such times as acceptable veterinary medical practice requires, consistent with the particular delegated animal health care task and the animal is not anesthetized.

(6) "Supervisor" shall mean a veterinarian or, if a task so provides, an animal technician.

(7) "Unregistered assistant" shall mean any individual who is not an animal technician or veterinarian.

(8) "Veterinarian" shall mean a person authorized by chapter 18.92 RCW to practice veterinary medicine in the state of Washington.

(9) "Veterinary medical facility" is as defined by WAC 246-933-310.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-935-010, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-935-010, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.92.015 and 18.92.030. 83-19-055 (Order PL 445), § 308-156-010, filed 9/19/83. Statutory Authority: RCW 18.92.030. 80-01-069 (Order PL 332), § 308-156-010, filed 12/21/79.]

WAC 246-935-020 Applications—Animal technicians. Applications for registration as an animal technician shall be made on forms prepared by the secretary of the department of health and submitted to the division of professional licensing. Applications must be received at least forty-five days prior to the scheduled examination. The

application, in addition to the required fee, shall be accompanied by satisfactory evidence of experience and/or official transcripts or other evidence of completion of educational courses approved by the board. Said application shall be signed by the applicant and sworn before some person authorized or [to] administer oaths. When such application and the accompanying evidence are found satisfactory, the secretary shall notify the applicant of eligibility to be scheduled for the animal technician examination.

[Statutory Authority: RCW 18.92.030. 92-02-057 (Order 233B), § 246-935-020, filed 12/30/91, effective 1/30/92; 91-02-060 (Order 108B), recodified as § 246-935-020, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.92.015 and 18.92.030. 83-19-055 (Order PL 445), § 308-156-020, filed 9/19/83. Statutory Authority: RCW 18.92.030. 80-01-069 (Order PL 332), § 308-156-020, filed 12/21/79.]

WAC 246-935-030 Grounds for denial, suspension or revocation of registration. The board may suspend, revoke or deny the issuance or renewal of registration of any animal technician and file its decision in the secretary's office if the animal technician:

- (1) Has employed fraud or misrepresentation in applying for or obtaining the registration;
- (2) Has within ten years prior to the date of application been found guilty of a criminal offense relating to the practice of veterinary medicine, surgery and dentistry, including, but not limited to:
 - (a) Any violation of the Uniform Controlled Substances Act or the Legend Drug Act;
 - (b) Chronic inebriety;
 - (c) Cruelty to animals;
- (3) Has violated or attempted to violate any provision of chapter 18.92 RCW or any rule or regulation adopted pursuant to that chapter;
- (4) Has assisted, abetted or conspired with another person to violate chapter 18.92 RCW, or any rule or regulation adopted pursuant to that chapter;
- (5) Has performed any animal health care service not authorized by WAC 246-935-040 or 246-935-050.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-935-030, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-935-030, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.92.015 and 18.92.030. 83-19-055 (Order PL 445), § 308-156-030, filed 9/19/83. Statutory Authority: RCW 18.92.030. 80-01-069 (Order PL 332), § 308-156-030, filed 12/21/79.]

WAC 246-935-040 Responsibilities of veterinarian supervising an animal technician or an unregistered assistant. (1) No veterinarian shall:

- (a) Permit any registered animal technician in his/her employ to perform any animal health care services not authorized by WAC 246-935-040 or 246-935-050.
- (b) Permit any unregistered assistant to perform any animal health care services not authorized by WAC 246-935-040 or 246-935-050.
- (2) For purposes of the rules and regulations applicable to animal health care tasks for animal technicians and unregistered assistants, the supervising veterinarian of an animal technician or unregistered assistant shall:
 - (a) Have legal responsibility for the health, safety and welfare of the animal patient which the animal technician or unregistered assistant serves.

(b) Not delegate an animal health care task to an animal technician or unregistered assistant who is unqualified to perform the particular task.

(c) Not use a level of supervision which is lower than that designated for a specific task.

(d) Make all decisions relating to the diagnosis, treatment, management, and future disposition of an animal patient.

(e) Not authorize more than two unregistered assistants to act under indirect supervision at any single time.

(3) A supervising veterinarian shall have examined the animal patient prior to the delegation of any animal health care task to either an animal technician or unregistered assistant. The examination of the animal patient shall be conducted at such times and in such manner as acceptable veterinary medicine practice requires, consistent with the particular delegated animal health care task.

(4) Where an animal technician is authorized, pursuant to these regulations, to provide supervision for an unregistered assistant performing a specified health care task, the animal technician shall be under the same degree of supervision by the veterinarian, as specified in these regulations, as if the animal technician were performing the task.

(5) Unless specifically so provided by regulation, a veterinarian shall not authorize an animal technician or an unregistered assistant to perform the following functions:

- (a) Surgery, other than injections or inoculations;
- (b) Diagnosis and prognosis of animal disease;
- (c) Prescribing of drugs, medicines and appliances.

[Statutory Authority: RCW 18.92.030. 92-02-057 (Order 233B), § 246-935-040, filed 12/30/91, effective 1/30/92; 91-24-098 (Order 221B), § 246-935-040, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-935-040, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.92.015 and 18.92.030. 83-19-055 (Order PL 445), § 308-156-045, filed 9/19/83.]

WAC 246-935-050 Animal health care tasks. (1) Animal technicians.

(a) Immediate supervision. An animal technician may perform the following tasks only under the immediate supervision of a veterinarian:

- (i) Assist veterinarian in surgery by tissue handling;
- (ii) Assist veterinarian in surgery by instrument handling.

(b) Direct supervision. An animal technician may perform the following tasks only under the direct supervision of a veterinarian:

- (i) Endotracheal intubation;
- (ii) Blood administration;
- (iii) Fluid aspiration;
- (iv) Intraperitoneal injections;
- (v) Monitoring of vital signs of anesthetized patient;
- (vi) Application of splints;
- (vii) Induce anesthesia by intravenous, intramuscular, or subcutaneous injection or by inhalation;
- (viii) When the animal is anesthetized, those tasks listed under subsection (c) "indirect supervision" of this section;
- (ix) Administration of immunological agents.

(c) Indirect supervision. An animal technician may perform the following tasks only under the indirect supervision of a veterinarian. (If the animal is anesthetized, these tasks require the direct supervision of a veterinarian.):

- (i) Teeth cleaning;
- (ii) Enema;
- (iii) Electrocardiography;
- (iv) Application of bandages;
- (v) Catheterization of the unobstructed bladder;
- (vi) Gavage;
- (vii) Ear flush;
- (viii) Radiology;
- (A) Patient positioning
- (B) Operation of X-ray machines
- (C) Oral and rectal administration of radio-opaque materials
- (ix) Injections of medications not otherwise prohibited:
 - (A) Intramuscular
 - (B) Subcutaneous
 - (C) Intravenous
- (x) Oral medications;
- (xi) Topical medications;
- (xii) Laboratory (specimen collections):
 - (A) Collection of tissue during or after a veterinarian has performed necropsy
 - (B) Urine (except cystocentesis)
 - (C) Hematology
 - (D) Parasitology
 - (E) Exfoliative cytology
 - (F) Microbiology
- (xiii) Administration of preanesthetic drugs;
- (xiv) Oxygen therapy;
- (xv) Removal of partially exposed foxtails from skin and feet;
- (xvi) Euthanasia (all circumstances) as otherwise allowed by law;
- (xvii) Removal of sutures.
- (2) Unregistered assistants.**
 - (a) Immediate supervision by veterinarian. An unregistered assistant may perform the following tasks only under the immediate supervision of a veterinarian:
 - (i) Assist veterinarian in surgery by tissue handling;
 - (ii) Assist veterinarian in surgery by instrument handling;
 - (iii) Endotracheal intubation;
 - (iv) Fluid aspiration;
 - (v) Intraperitoneal injections.
 - (b) Immediate supervision by veterinarian or animal technician. An unregistered assistant may perform the following tasks only under the immediate supervision of either a veterinarian or animal technician:
 - (i) Blood administration;
 - (ii) Catheterization of unobstructed bladder;
 - (iii) Gavage;
 - (iv) Radiology:
 - (A) Patient positioning
 - (B) Film exposure
 - (C) Rectal and oral administration of radio-opaque materials
 - (v) Intravenous injections of medications not otherwise prohibited;
 - (vi) Laboratory (specimen collections):
 - (A) Hematology
 - (B) Exfoliative cytology
 - (C) Microbiology

(c) Direct supervision by veterinarian. An unregistered assistant may perform the following tasks only under the direct supervision of a veterinarian:

- (i) Monitor vital signs of anesthetized patient;
- (ii) When the animal is anesthetized, those tasks listed under subsection (e) "indirect supervision" of this section.
- (iii) Laboratory (specimen collection):
 - (A) Collection of tissues during or after a veterinarian has performed necropsy
 - (iv) Euthanasia (all circumstances) as otherwise allowed by law;
 - (v) Removal of sutures.
- (d) Direct supervision by veterinarian or animal technician. An unregistered assistant may perform the following tasks only under supervision of either a veterinarian or an animal technician:
 - (i) Application of bandages;
 - (ii) Ear flush;
 - (iii) Electrocardiography.

(e) Indirect supervision. An unregistered assistant may perform the following tasks only under the indirect supervision of a veterinarian (If the animal is anesthetized, these tasks require the direct supervision of a veterinarian.):

- (i) Teeth cleaning (without anesthetic);
 - (ii) Enema;
 - (iii) Injections of medications not otherwise prohibited:
 - (A) Intramuscular
 - (B) Subcutaneous
 - (iv) Oral medications;
 - (v) Topical medications;
 - (vi) Administering medication through an established intravenous catheter;
 - (vii) Laboratory (specimen collection):
 - (A) Collecting of voided urine and fecal material
 - (B) Parasitology (except skin scraping)
 - (viii) Oxygen therapy;
 - (ix) Removal of partially exposed foxtails.
- (3) Emergency animal care.**

(a) Under conditions of an emergency, an animal technician may render the following life saving aid to an animal:

- (i) Application of tourniquets and/or pressure bandages to control hemorrhage;
- (ii) Administration of pharmacologic agents to prevent or control shock, including parenteral fluids, shall only be performed after direct communication with a veterinarian, and only if such veterinarian is either present or immediately enroute to the location of the distressed animal;
- (iii) Resuscitative oxygen procedures;
- (iv) Establishing open airways including intubation appliances but excluding surgery;
- (v) External cardiac resuscitation;
- (vi) Application of temporary splints or bandages to prevent further injury to bones or soft tissues;
- (vii) Application of appropriate wound dressings and external supportive treatment in severe burn cases;
- (viii) External supportive treatment in heat prostration cases.

(b) Under conditions of an emergency, an unregistered assistant may render the following life saving aid to an animal:

- (i) Application of tourniquets and/or pressure bandages to control hemorrhage;
- (ii) Resuscitative oxygen procedures;
- (iii) Establishing open airways including intubation appliances but excluding surgery.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-935-050, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.92.015 and 18.92.030. 83-19-055 (Order PL 445), § 308-156-050, filed 9/19/83.]

WAC 246-935-060 Eligibility for examination as animal technician. Applicants must meet one of the following criteria to be eligible for the examination.

(1) Completion of a post high school course for animal or veterinary technology approved by the Committee on Veterinary Technician Education and Activities (CVTEA) of the American Veterinary Medical Association (AVMA). The board approves all those institutions accredited by, and in good standing with, the AVMA. Other institutions which may apply for the board's approval and which meet the accreditation standards of the CVTEA to the board's satisfaction may be approved, but it is the responsibility of an institution to apply for approval and of a student to ascertain whether or not a school has been approved by the board. The examination may not be taken prior to two months preceding graduation from the course of instruction.

(2) Graduation from a two-year curriculum in animal health or veterinary technology which is not accredited by the CVTEA plus a minimum of thirty-six months of full-time experience under the supervision of a licensed veterinarian(s) who shall attest to the completion of that experience.

(3) Award of a D.V.M. or V.M.D. degree or equivalent from an American Veterinary Medical Association accredited or listed college of veterinary medicine.

(4) Applicant is registered, certified, or licensed as an animal health or veterinary technician in one or more states and has obtained thirty-six months of full-time experience under the supervision of a licensed veterinarian(s).

(5) Completion of a course in veterinary technician education as a member of the United States military and completion of a tour of active duty as a veterinary animal technician or specialist.

(6) Five years full-time animal technician experience under the supervision of a licensed veterinarian(s) who shall attest to the completion of that experience.

[Statutory Authority: RCW 18.92.030. 93-12-126 (Order 368B), § 246-935-060, filed 6/2/93, effective 7/3/93; 91-24-098 (Order 221B), § 246-935-060, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-935-060, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.92.015 and 18.92.030. 83-19-055 (Order PL 445), § 308-156-055, filed 9/19/83.]

WAC 246-935-070 Examination for registration as animal technician. (1) All applicants shall be required to complete the veterinary technician national examination and the Washington state veterinary technician examination

(a) The national examination shall consist of questions on the following areas: Basic sciences, animal care and management/husbandry (including farm, pet, and research animals) and clinical sciences (including small and large

animal patient care). The examination is designed to measure essential job-related knowledge at the entry level.

(b) The Washington state examination shall consist of questions pertaining to laws regulating animal technicians and to laws regulating animal health care in the state.

(2) In order to pass examination for registration as an animal technician, the applicant shall attain a minimum grade of:

(a) 1.5 standard deviation below the national mean of the criterion population on the national examination.

(b) Ninety percent on the Washington state examination.

[Statutory Authority: RCW 18.92.030. 93-08-029 (Order 353B), § 246-935-070, filed 3/30/93, effective 4/30/93; 91-24-098 (Order 221B), § 246-935-070, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-935-070, filed 12/28/90, effective 1/31/91; 88-08-033 (Order PM 719), § 308-156-060, filed 4/1/88. Statutory Authority: RCW 18.92.015 and 18.92.030. 83-19-055 (Order PL 445), § 308-156-060, filed 9/19/83. Statutory Authority: RCW 18.92.030. 80-01-069 (Order PL 332), § 308-156-060, filed 12/21/79.]

WAC 246-935-090 Examination review procedures.

(1) Each individual who takes the examination for registration as an animal technician and does not pass the examination may request review by the board of his or her examination results. This request shall be in writing and shall be received by the board within thirty days of notification of the examination results. The request shall state the reason or reasons the applicant feels the results of the examination should be changed. The board shall not consider any challenges to examination scores unless the total revised score could result in the issuance of a registration. The board shall consider the following to be adequate reasons for consideration for review and possible modification of examination results:

(a) A showing of a significant procedural error in the examination process;

(b) Evidence of bias, prejudice or discrimination in the examination process;

(c) Other significant errors which result in substantial disadvantage to the applicant.

(2) Any applicant who is not satisfied with the result of the examination review may appeal the board's decision and may request a formal hearing to be held before the board pursuant to the Administrative Procedure Act. Such hearing shall be requested within twenty days of receipt of the result of the board's review of the examination results. The board shall not consider any challenges to examination scores unless the total revised score could result in the issuance of a registration.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-935-090, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-935-090, filed 12/28/90, effective 1/31/91; 86-08-068 (Order PL 584), § 308-156-075, filed 4/1/86.]

WAC 246-935-100 Reexamination. An applicant who has failed the animal technician examination may apply for reexamination, provided the required reexamination fee is submitted. Applicants who have failed either the written or the practical portion of the examination shall be required to be reexamined in the specific portion of the examination previously failed.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-935-100, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-935-100, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.92.015 and 18.92.030. 83-19-055 (Order PL 445), § 308-156-080, filed 9/19/83. Statutory Authority: RCW 18.92.030. 80-01-069 (Order PL 332), § 308-156-080, filed 12/21/79.]

WAC 246-935-110 Examination procedures. Failure to follow written or oral instructions relative to the conduct of the examination, including termination times of the examination, shall be considered grounds for expulsion from the examination.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-935-110, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-935-110, filed 12/28/90, effective 1/31/91; 88-08-033 (Order PM 719), § 308-156-090, filed 4/1/88. Statutory Authority: RCW 18.92.015 and 18.92.030. 83-19-055 (Order PL 445), § 308-156-090, filed 9/19/83. Statutory Authority: RCW 18.92.030. 80-01-069 (Order PL 332), § 308-156-090, filed 12/21/79.]

WAC 246-935-120 Frequency and location of examination. (1) The examination for animal technicians shall be given at least once a year at such times and places as the director may authorize.

(2) Should an applicant fail to appear for examination at the designated time and place, the applicant shall forfeit the examination fee unless the applicant has notified the division of professional licensing services in writing of an inability to appear for the scheduled exam at least five days before the designated time.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-935-120, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-935-120, filed 12/28/90, effective 1/31/91; 88-08-033 (Order PM 719), § 308-156-100, filed 4/1/88. Statutory Authority: RCW 18.92.015 and 18.92.030. 83-19-055 (Order PL 445), § 308-156-100, filed 9/19/83. Statutory Authority: RCW 18.92.030. 80-01-069 (Order PL 332), § 308-156-100, filed 12/21/79.]

WAC 246-935-125 Registration/renewal/late penalty. (1) A registration certificate shall be renewed annually. The date of renewal shall be the registrant's birth anniversary date. An initial registration shall expire on the registrant's next birthdate. The secretary may prorate the registration fee based upon 1/12th of the annual renewal fee for each full calendar month between the initial issue date and the next anniversary of the registrant's birthdate.

(2) Any renewal that is postmarked or presented to the department after midnight on the expiration date is late, and subject to a late renewal penalty fee. Failure to timely renew a registration shall invalidate the registration and all privileges granted by the registration. Any registrant who submits a late renewal which is postmarked or presented to the department more than thirty days after the registration's expiration date, will be subject to investigation for unprofessional conduct in accordance with RCW 18.130.180(7).

[Statutory Authority: RCW 18.92.030. 93-08-029 (Order 353B), § 246-935-125, filed 3/30/93, effective 4/30/93. Statutory Authority: RCW 43.70.040 and 18.92.140. 92-07-036 (Order 252), § 246-935-125, filed 3/10/92, effective 4/10/92.]

WAC 246-935-130 AIDS prevention and information education requirements. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of health or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for registration. Persons applying for registration shall submit prior to becoming registered and in addition to the other requirements for registration, evidence to show compliance with the education requirements of subsection (3) of this section.

(3) AIDS education.

(a) Acceptable education. The board shall accept education that is consistent with the topical outline available from the office on AIDS. Alternatives to formal coursework may be in the form of video tapes, professional journal articles, periodicals, or audio tapes, that contain current or updated information. Such education shall include the subjects of prevention, transmission and treatment of AIDS, and may include the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues including confidentiality; and psychosocial issues to include special population considerations.

(b) The requirements for registration, renewal, or reinstatement of any registration on lapsed, inactive, or disciplinary status shall include completion of AIDS education. All persons affected by this section shall show evidence of completion of education which meets the requirement of (a) of this subsection.

(c) Documentation. The registrant shall:

(i) Certify, on forms provided, that the minimum education has been completed;

(ii) Keep records for two years documenting attendance or description of the learning;

(iii) Be prepared to validate, through submission of these records, that attendance or learning has taken place.

[Statutory Authority: RCW 18.92.030 and 70.24.270. 91-24-098 (Order 221B), § 246-935-130, filed 12/4/91, effective 1/4/92. Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-935-130, filed 12/28/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604 and RCW 18.92.030. 89-10-076 (Order PM 836), § 308-156-200, filed 5/3/89.]

WAC 246-935-140 Disciplinary reinstatement procedures. (1) Unless a final order of the board indicates otherwise, all persons whose registration has been suspended, revoked, or placed on probation shall:

(a) Submit a written request to the board for reinstatement of the registration when eligible to do so;

(b) Be scheduled for an appearance before the board in the form of a reinstatement hearing;

(c) Have the burden of proving to the board that the registration should be reinstated.

(2) The board, in reviewing a request for reinstatement subsequent to disciplinary action, may consider the following criteria:

(a) The individual's character, standing, and professional reputation in the community in which the individual resided and worked prior to discipline;

(b) The ethical standards which the individual observed in the practice of veterinary medicine;

(c) The nature and character of the charge(s) for which the individual was disciplined;

(d) The sufficiency of the punishment undergone in connection therewith, and the compliance or failure to comply with the board's order;

(e) The individual's attitude, conduct, and reformation subsequent to discipline;

(f) The time that has elapsed since discipline;

(g) The individual's current proficiency in animal technology; and

(h) The sincerity, frankness, and truthfulness of the individual in presenting and discussing the factors relating to the discipline and reinstatement.

(3) The board reserves the right to reinstate a registration subject to terms and conditions deemed appropriate.

[Statutory Authority: RCW 18.92.030, 91-24-098 (Order 221B), § 246-935-140, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-935-140, filed 12/28/90, effective 1/31/91; 89-02-006 (Order PM 804), § 308-157-010, filed 12/27/88.]

WAC 246-935-990 Fees. The following fees shall be charged by the professional licensing services division of the department of health:

Title of Fee	Fee
ANIMAL TECHNICIAN:	
National examination (initial/retake)	\$80.00
State examination (initial/retake)	80.00
Initial registration	60.00
Renewal	51.00
Late renewal penalty	17.00
Duplicate registration	15.00
Certification	15.00

[Statutory Authority: RCW 43.70.250, 93-14-011, § 246-935-990, filed 6/24/93, effective 7/25/93; 92-07-036 (Order 252), § 246-935-990, filed 3/10/92, effective 4/10/92. Statutory Authority: RCW 43.70.040, 91-02-050 (Order 122), § 246-935-990, filed 12/27/90, effective 1/31/91.]

Chapter 246-937 WAC

CERTIFIED VETERINARY MEDICATION CLERKS

WAC

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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.]

WAC 246-937-990 Fees. The following fees shall be charged by the professional licensing division of the department of health:

Title of Fee	Fee
Initial registration	\$24.00
Renewal	24.00
Late renewal penalty	11.00
Duplicate registration	10.00

[Statutory Authority: Chapter 34.05 RCW. 94-19-098, § 246-937-990, filed 9/21/94, effective 10/22/94.]

Chapter 246-976 WAC EMERGENCY MEDICAL SERVICES AND TRAUMA CARE SYSTEMS

WAC

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WAC 246-976-001 Declaration of purpose. The purpose of these rules is to implement RCW 18.71.200 through 18.71.215, and chapters 18.73 and 70.168 RCW; and those sections of chapter 70.24 RCW relating to EMS/TC personnel and services.

(1) This chapter sets forth standards governing the state-wide emergency medical services and trauma care (EMS/TC) system in order to:

- (a) Prevent unnecessary death and disability from trauma and emergency illness;
- (b) Provide optimal care for the trauma patient;
- (c) Contain costs of EMS/TC, and EMS/TC system implementation; and
- (d) Pursue trauma prevention activities to decrease the incidence of trauma.

(2) This chapter establishes criteria for:

- (a) Basic life support training and certification;
- (b) Advanced life support training and certification;
- (c) Ambulance licensing and inspection;
- (d) The verification process for prehospital services/agencies providing EMS/TC;
- (e) The development and operation of a state-wide trauma registry;
- (f) The designation process of health care facilities to provide trauma care services;
- (g) Operation requirements for all levels of trauma care facilities;
- (h) A state-wide emergency medical communication system;

(i) State-wide EMS/TC system administration.

(3) This chapter is not intended to constitute detailed procedures for implementation of the state EMS/TC system. Procedures and guidelines are available on request from the Office of EMS and Trauma Systems, Department of Health, Olympia, WA 98504.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-001, filed 12/23/92, effective 1/23/93.]

WAC 246-976-010 Definitions. Unless a different meaning is plainly required by the context, the following words and phrases used in this chapter shall have the meanings indicated:

"ACLS" means advanced cardiac life support, a course developed by the American Heart Association.

"Activation of the trauma system" means a process whereby a prehospital provider identifies the major trauma patient by using the prehospital trauma triage procedures, and notifies from the field both dispatch and medical control,

who mobilize resources to care for the patient in accordance with regional patient care procedures.

"Advanced life support" means invasive emergency medical services requiring advanced medical treatment skills as defined in chapter 18.71 RCW.

"Agency response time" means the time from agency notification to arrival on the scene. It is the same as the combination of activation and enroute times defined under system response times in this section.

"Aid service" means an agency, public or private, that operates one or more aid vehicles.

"Aid vehicle" means a vehicle used to carry aid equipment and individuals trained in first aid or emergency medical procedure.

"Air ambulance" means a fixed or rotary-winged aircraft that is configured to accommodate a minimum of one litter and two medical attendants with sufficient space to provide intensive life-saving care without interfering with the performance of the flight crew, and has been inspected and licensed by the department as an air ambulance.

"Airway technician" means a person certified to provide mobile airway management as defined in this chapter.

"Ambulance" means a ground or air vehicle designed and used to transport the ill and injured and to provide personnel, facilities, and equipment to treat patients before and during transportation.

"Ambulance service" means an agency, public or private, that operates one or more ground or air ambulances.

"Approved" means approved by the department of health.

"ATLS" means advanced trauma life support, a course developed by the American College of Surgeons.

"Attending surgeon" means a physician who is board-certified or board-eligible in general surgery, and who has surgical privileges delineated by the facility's medical staff. The attending surgeon is responsible for care of the trauma patient, participates in all major therapeutic decisions, and is present during operative procedures.

"Basic life support" means noninvasive emergency medical services requiring basic medical treatment skills as defined in chapter 18.73 RCW.

"BP" means blood pressure.

"Certification" means recognition by the department of the competence of an individual who has met predetermined qualifications, and the authorization of the individual to perform certain procedures for which they have been trained or are otherwise qualified.

"CME" means continuing medical education.

"Communications system" means a radio and landline network which provides rapid public access, coordinated central dispatching of services, and coordination of personnel, equipment, and facilities in an EMS/TC system.

"Consumer" means an individual who is not associated with the EMS/TC system, either for pay or as a volunteer, except for service on the steering committee, licensing and certification committee, or regional or local EMS/TC councils.

"Continuing medical education (CME)" means ongoing education after initial certification for the purpose of maintaining and enhancing skill and knowledge.

"Council" means the local or regional EMS/TC council as authorized under chapter 70.168 RCW.

"Course coordinator" means an individual who has overall administrative responsibility for coordinating an EMS/TC course or program of continuing education.

"CPR" means cardiopulmonary resuscitation.

"Department" means the department of health.

"Designated trauma care service" means a level I, II, III, IV, or V trauma care service, or level I, II, or III pediatric trauma care service, or level I, I-pediatric, II, or III trauma-related rehabilitative service.

"Designation" means a formal determination by the department that a hospital or health care facility is capable of providing designated trauma care services as authorized in RCW 70.168.070.

"Dispatch" means to designate and direct an emergency response unit to a service location.

"E-code" means external cause code, an etiology included in the International Classification of Diseases (ICD).

"ED" means emergency department.

"Emergency medical dispatch (EMD)" means provision of special procedures and trained personnel to ensure the efficient handling of medical emergencies and dispatch of aid. It includes prearrival instructions for CPR and other verbal aid to callers.

"Emergency medical service (EMS)" means medical treatment and care which may be rendered at the scene of any medical emergency or while transporting any patient in an ambulance to an appropriate medical facility, including ambulance transportation between medical facilities.

"Emergency medical services and trauma care (EMS/TC) planning and services regions" means geographic areas established by the department in accordance with RCW 70.168.110.

"Emergency medical services and trauma care (EMS/TC) system" means an organized approach to providing personnel, facilities, and equipment for effective and coordinated medical treatment of patients with a medical emergency or injury requiring immediate medical or surgical intervention to prevent death or disability. The emergency medical service and trauma care system includes prevention activities, prehospital care, hospital care, and rehabilitation. The components of an EMS and trauma care system include:

- Provision of manpower;
- Training of personnel;
- Communications;
- Transportation;
- Facilities;
- Critical care units;
- Use of public safety agencies;
- Use of private agencies;
- Consumer participation;
- Accessibility to care;
- Transfer of patients;
- Standard medical recordkeeping and reporting;
- Consumer information and education;
- Independent review and evaluation, including formal quality assurance programs;
- Disaster linkage; and
- Mutual aid agreements.

"Emergency medical services and trauma care system plan (EMS/TC plan)" means a plan that identifies state-wide EMS/TC objectives and priorities and identifies equipment,

facility, personnel, training, and other needs required to create and maintain a state-wide EMS/TC.

"Emergency medical technician (EMT)" means a person who is authorized by the secretary to render emergency medical care pursuant to RCW 18.73.081.

"EMS/TC" means emergency medical services and trauma care.

"EMT" means emergency medical technician.

"Facility patient care protocols" means the written procedures adopted by the medical staff that direct the care of the patient. These procedures shall be based upon the assessment of the patient's medical needs. The procedures shall follow minimum state-wide standards for trauma care service.

"First responder" means a person who is authorized by the secretary to render emergency medical care as defined by RCW 18.73.081.

"HIV/AIDS" means human immunodeficiency virus/acquired immunodeficiency syndrome.

"Hospital" means a facility licensed under chapter 70.41 RCW, or comparable health care facility operated by the federal government or located and licensed in another state.

"Hospital trauma service" means a service designed by the hospital within state guidelines for the treatment of trauma patients, including a formal commitment by the hospital and medical staff to an organized trauma care system and to participation in the regional/state system.

"ICD" means the international classification of diseases, a coding system developed by the World Health Organization.

"ICU" means intensive care unit.

"Indicator" means a quality improvement tool or performance measure used to monitor the quality of important governance, management, clinical, and support processes and outcomes.

"Indicator monitoring system" means a method in which indicators are used to monitor important processes or outcomes of care or service, and indicator data are used to evaluate that care.

"Injury prevention" means any combination of educational, legislative, enforcement, engineering and emergency response initiatives used to reduce the number and severity of injuries.

"Intermediate life support technician" means a person certified to provide levels of intermediate support skills as defined in this chapter.

"IV technician" means a person certified to provide mobile intravenous therapy as defined in this chapter.

"L&C" means licensing and certification.

"Legend drug" means any drug which is required by state law or regulation by the state board of pharmacy to be dispensed on prescription only, or is restricted to use by practitioners only.

"Level I pediatric rehabilitative services" means rehabilitative services as defined by RCW 70.168.015. Facilities providing level I pediatric rehabilitative services provide the same services as facilities authorized to provide level I rehabilitative services, except these services are exclusively for children under the age of fifteen years.

"Level I pediatric trauma care services" means pediatric trauma care services as defined by RCW 70.168.015. Hospitals providing level I services shall provide definitive,

comprehensive, specialized care for pediatric trauma patients and shall also provide ongoing research and health care professional education in pediatric trauma care.

"Level II pediatric trauma care services" means pediatric trauma care services as defined by RCW 70.168.015. Hospitals providing level II services shall provide initial stabilization and evaluation of pediatric trauma patients and provide comprehensive general medical and surgical care to pediatric patients who can be maintained in a stable or improving condition without the specialized care available in the level I hospital. Complex surgeries and research and health care professional education in pediatric trauma care activities are not required.

"Level III pediatric trauma care services" means pediatric trauma care services as defined by RCW 70.168.015. Hospitals providing level III services shall provide initial evaluation and stabilization of patients. The range of pediatric trauma care services provided in level III hospitals is not as comprehensive as level I and II hospitals.

"Level I rehabilitative services" means rehabilitative services as defined by RCW 70.168.015. Facilities providing level I rehabilitative services provide rehabilitative treatment to patients with traumatic brain injuries, spinal cord injuries, complicated amputations, and other diagnoses resulting in functional impairment, with moderate to severe impairment or complexity. These facilities serve as referral facilities for facilities authorized to provide level II and III rehabilitative services.

"Level II rehabilitative services" means rehabilitative services as defined by RCW 70.168.015. Facilities providing level II rehabilitative services treat individuals with musculoskeletal trauma, peripheral nerve lesions, lower extremity amputations, and other diagnoses resulting in functional impairment in more than one functional area, with moderate to severe impairment or complexity.

"Level III rehabilitative services" means rehabilitative services as defined by RCW 70.168.015. Facilities providing level III rehabilitative services provide treatment to individuals with musculoskeletal injuries, peripheral nerve injuries, uncomplicated lower extremity amputations, and other diagnoses resulting in functional impairment in more than one functional area but with minimal to moderate impairment or complexity.

"Level I trauma care services" means trauma care services as defined by RCW 70.168.015. Hospitals providing level I services shall have specialized trauma care teams and provide ongoing research and health care professional education in trauma care.

"Level II trauma care services" means trauma care services as defined by RCW 70.168.015. Hospitals providing level II services shall be similar to those provided by level I hospitals, although complex surgeries and research and health care professional education activities are not required to be provided. This does not exclude education or training of prehospital providers.

"Level III trauma care services" means trauma care services as defined by RCW 70.168.015. The range of trauma care services provided by level III hospitals are not as comprehensive as level I and II hospitals.

"Level IV trauma care services" means trauma care services as defined by RCW 70.168.015.

"Level V trauma care services" means trauma care services as defined by RCW 70.168.015. Facilities providing level V services shall provide stabilization and transfer of all patients with potentially life-threatening injuries.

"Licensing and certification committee (L&C committee)" means the emergency medical services licensing and certification advisory committee created by RCW 18.73.040.

"Local council" means a local EMS/TC council authorized by RCW 70.168.120(1).

"Local medical community" means the organized local medical society existing in a county or counties; or in the absence of an organized medical society, majority physician consensus in the county or counties.

"Medical control" means MPD authority to direct the medical care provided by all certified EMS personnel involved in patient care in the prehospital EMS system.

"Medical control agreement" means a written agreement between two or more MPDs, consistent with regional plans, to assure continuity of patient care between counties, and to facilitate assistance.

"Medical program director (MPD)" means an approved emergency medical services medical program director as defined by RCW 18.71.205(4).

"MPD" means medical program director.

"Name code" means the first four letters of the last name, followed by the first and middle initials.

"National uniform data set" means a coding system which describes the functional abilities and disabilities of the disabled person, published by the State University of New York, Buffalo, NY.

"Ongoing training and evaluation" means a course of education as authorized in RCW 18.73.081 (3)(b).

"PALS" means pediatric advanced life support, a course developed by the American Heart Association.

"Paramedic" means a person certified to provide mobile intensive care paramedic services as defined in RCW 18.71.200(3).

"Patient care procedures" means written operating guidelines adopted by the regional EMS/TC council, in consultation with local EMS/TC councils, emergency communications centers and the MPDs, in accordance with state-wide minimum standards. The patient care procedures identify the level of medical care personnel to be dispatched to an emergency scene, procedures for triage of patients, the level of trauma care facility to first receive the patient, and the name and location of other trauma care facilities to receive the patient should an interfacility transfer be necessary. Procedures on interfacility transfer of patients shall be consistent with the transfer procedures in chapter 70.170 RCW.

"Pediatric trauma patient" means trauma patients known or estimated to be less than fifteen years of age.

"Physician" means an individual licensed under the provisions of chapter 18.71 RCW, Physicians, or under the provisions of chapter 18.57 RCW, Osteopathy—Osteopathic medicine and surgery.

"Practical examination" means a test which is conducted in the initial course, or a test or series of evaluations during a recertification period, wherein the competency of a person is determined on each of the practical skills specified by the department.

"Prehospital" means emergency medical care or transportation rendered to patients prior to hospital admission or during interfacility transfer by licensed ambulance or aid service under chapter 18.73 RCW, by personnel certified to provide emergency medical care under chapters 18.71 and 18.73 RCW, or by facilities providing level V trauma care services as provided for in chapter 18.71 RCW.

"Prehospital agencies" means both public and private providers of prehospital care or interfacility transport.

"Prehospital index" means a scoring system for hospital trauma team activation, incorporating assessment of systolic blood pressure, pulse, respiratory status, and level of consciousness, as described in "Prehospital Index: A scoring system for field triage of trauma victims," Koehler, John J., M.D. et al. *Annals of Emergency Medicine* 1986; 15:178-182.

"Prehospital patient care protocols" means the written procedures adopted by the MPD which direct the out-of-hospital emergency care of the emergency patient which includes the trauma care patient.

"Prehospital trauma care services" means both public and private agencies that are verified to provide prehospital trauma care.

"Public education" means the use of preventive measures, involving the education of the population at large, targeted groups or individuals, and efforts to alter specific injury-related behaviors.

"Quality assurance (QA)" means an organized method of auditing and evaluating care provided within EMS/TC systems.

"Reciprocity" means the process by which an individual certified in another state, or certified by the University of Washington's school of medicine as authorized by RCW 18.71.200, is certified by the department.

"Region" means a geographic area used for EMS/TC planning, designated by the department in accordance with RCW 70.168.110.

"Regional council" means the regional EMS/TC council established by RCW 70.168.100.

"Regional plan" means the approved plan that identifies region-wide EMS/TC objectives and prioritizes and identifies equipment, facilities, personnel, training, and other needs required to create and maintain a region-wide EMS/TC system. The plan includes a strategy of implementation that identifies regional and local activities to create, operate, maintain, and enhance the system.

"Registered nurse" means an individual licensed under the provisions of chapter 18.88 RCW.

"Rehabilitative services" means a formal program of multidisciplinary, coordinated, and integrated services for evaluation, treatment, education, and training to help individuals with disabling impairments achieve and maintain optimal functional independence in physical, psychosocial, social, vocational, and avocational realms.

"Reinstatement" means the process by which an individual whose EMS certification has expired can be recertified.

"Response area" means a service coverage zone identified in an approved regional plan.

"Rural" means unincorporated or incorporated areas with total populations less than ten thousand people, or with a population density of less than one thousand people per square mile.

"Senior EMT instructor" means an individual approved to be responsible for the quality of instruction of an initial EMS training course.

"Specialized training" means approved training of certified EMS personnel to use a skill, technique, or equipment that is not included in the standard course curriculum.

"State trauma registry" means data collected for examining the entire spectrum of trauma patients and their care, regardless of injury, hospital, or outcome.

"Steering committee" means the EMS/TC steering committee created by RCW 70.168.020.

"Suburban" means an incorporated or unincorporated area with a population of ten thousand to twenty-nine thousand nine hundred ninety nine or any area with a population density of one thousand to two thousand people per square mile.

"System response time" for trauma means the time from an injury until the patient arrives at a designated trauma facility. It includes:

"System access time": The time from discovery to call received;

"911 time": The time it takes the call answerer to:

Process the call, including citizen interview; and

Give the information to the dispatcher;

"Dispatch time": The time from call received by the dispatcher to the time the agency is notified;

"Activation time": The time from agency notification to start of response;

"Enroute time": The time from the end of activation time to the beginning of on-scene time;

"On scene time": The time the unit is on the scene with the patient. This includes extrication, resuscitation, treatment, and loading;

"Transport time": The time from leaving the scene to arrival at a health care facility;

"Training agency" means an organization or individual, which may include local or regional EMS/TC councils, that is approved to train EMS personnel for initial certification.

"Training physician" means a physician delegated by the MPD and approved by the department to be responsible for specified aspects of training of EMS personnel.

"Trauma" means a major single or multisystem injury requiring immediate medical or surgical intervention or treatment to prevent death or permanent disability.

"Trauma care system" means an organized approach to providing care to trauma patients that provides personnel, equipment, and facilities for effective and coordinated trauma care. The trauma care system includes: Prevention, prehospital care, triage of trauma victims from the scene to designated trauma services, facilities with specific capabilities to provide trauma care, acute hospital care, and rehabilitation services.

"Trauma rehabilitation coordinator" means a person designated to facilitate early rehabilitation interventions and the trauma patient's access to a designated rehabilitation center.

"Trauma surgeon" means a physician who is board certified or board eligible in general surgery, and who has trauma surgery privileges delineated by the facility's medical staff.

"Triage" means the sorting of patients in terms of disposition, destination, or priority. Triage of prehospital

trauma victims requires identifying injury severity so that the appropriate care level can be readily assessed according to patient care guidelines.

"Unit of learning" means a method of meeting the CME requirements of this chapter, which includes:

Approved learning objectives that reflect a complete patient care approach and to a topic or group of related topics; and

Measures a student's comprehension of the subject matter by written testing and demonstration of skills.

"Urban" means:

An incorporated area over thirty thousand; or

An incorporated or unincorporated area of at least ten thousand people and a population density over two thousand people per square mile.

"Verification" means the identification of prehospital providers capable of providing verified trauma care services, and is part of the licensure process described in chapter 18.73 RCW.

"Verified trauma care service" means prehospital services as provided for in RCW 70.168.080, and identified in the regional EMS/TC plan as required by RCW 70.168.100, whose capabilities have been verified by the department.

"Wilderness" means any rural area not readily accessible by public or private maintained road.

[Statutory Authority: Chapter 18.71 RCW. 96-03-052, § 246-976-010, filed 1/12/96, effective 2/12/96. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-010, filed 12/23/92, effective 1/23/93.]

TRAINING

WAC 246-976-020 First responder training—Course contents, registration, instructor qualifications.

(1) For initial first responder training, the department shall recognize:

(a) The United States Department of Transportation First Responder Training Course, as amended by the department; and

(b) Four hours of approved training in infectious disease prevention with special emphasis on HIV/AIDS and Hepatitis B, as required by chapter 70.24 RCW. Training shall be consistent with the curriculum manual KNOW - HIV/AIDS Prevention Education - an HIV/HSV Curriculum Manual for Emergency Medical Service Workers, published June 15, 1989, by the department, or as amended by the department.

(2) The department shall establish and publish procedures for agencies conducting first responder training courses, including:

(a) The registration process;

(b) MPD responsibilities, including approval of course content and instructional personnel;

(c) Requirements, functions, and responsibilities of course instructional and administrative personnel, including at least:

(i) A senior EMT instructor; or for first responder courses sponsored by fire service training, a fire service training endorsed first responder instructor; and

(ii) A course coordinator;

(iii) The senior EMT instructor and the course coordinator may be the same person;

(d) Necessary administrative forms and information to conduct the course;

(e) Local EMS/TC council endorsement.

(3) Training agencies shall:

(a) Obtain written approval from the department to conduct each course;

(b) Approve or deny applicants for training consistent with requirements for certification, the regional plan, and recommendations of local EMS councils. Age of the applicant shall be at least eighteen years (or sixteen years with written recommendation from the MPD) at the beginning of the course.

(4) Training agencies or local councils may give fire department, prehospital, and law enforcement personnel priority for admittance to the course.

(5) The department shall recognize county agencies established by ordinance and approved by the MPD to coordinate EMS training. Such agencies shall have the same responsibilities for selection of students and training as described in this section for the local EMS/TC councils.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-020, filed 12/23/92, effective 1/23/93.]

WAC 246-976-025 First responder—Continuing medical education. (1) During each certification period a first responder shall complete a minimum of fifteen hours of MPD-approved CME, including:

(a) Annually:

(i) Two hours of CPR and airway management, including pediatrics;

(ii) One hour of patient medical extrication, including pediatric extrication and immobilization;

(iii) One hour of patient assessment, including pediatric assessment;

(b) During the current certification period:

(i) Two hours of approved training in infectious disease prevention with special emphasis on HIV/AIDS and Hepatitis B, to meet the requirements of chapter 70.24 RCW. Training shall be consistent with the curriculum manual Infectious Disease Prevention for EMS Providers - CME Disease Prevention Manual for Emergency Medical Service Personnel, published May 1991 by the department, or as amended by the department;

(ii) One additional hour of CME on topics approved by the MPD.

(2) For one certification period only, the first responder may substitute hour-for-hour an approved trauma training course for any CME requirement, except the CPR and HIV/AIDS requirements.

(3) With MPD approval, the first responder may substitute one approved unit of learning, as described in WAC 246-976-090, for two hours of required CME, except the HIV/AIDS requirements.

[Statutory Authority: RCW 43.70.040, chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-025, filed 12/23/92, effective 1/23/93.]

WAC 246-976-030 Emergency medical technician training—Course content, registration, and instructor qualifications. (1) For initial EMT training, the department shall recognize:

(a) The United States Department of Transportation Emergency Medical Technician training course as amended by the department; and

(b) Four hours of approved training in infectious disease prevention with special emphasis on HIV/AIDS and Hepatitis B, to meet the requirements of chapter 70.24 RCW. Training shall be consistent with the curriculum manual KNOW - HIV/AIDS Prevention Education - an HIV/HBV Curriculum Manual for Emergency Medical Service Workers, published June 15, 1989 by the department, or as amended by the department.

(2) The department shall establish and publish procedures for agencies conducting EMT training courses, including:

(a) The registration process;

(b) MPD responsibilities, including approval of course content and instructional personnel;

(c) Requirements, functions, and responsibilities of course instructional and administrative personnel that include at least a course coordinator and senior EMT instructor. The senior EMT instructor and the course coordinator may be the same person;

(d) Necessary administrative forms and information to conduct the course; and

(e) Local EMS/TC council endorsement.

(3) Training agencies shall:

(a) Obtain written approval from the department to conduct each course;

(b) Approve or deny applicants for training consistent with requirements for certification, the regional plan, and recommendations of local EMS councils, including:

(i) Age of the applicant at least eighteen years at the beginning of the course;

(ii) High school diploma or GED.

(4) Training agencies or local councils may give fire department, prehospital, and law enforcement personnel priority for admittance to the course.

(5) The department shall recognize any county agency established by ordinance to coordinate the EMS training responsibilities with local MPD approval. Such agency shall have the same responsibilities for selection of students and training as described in this section for the local EMS/TC councils.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-030, filed 12/23/92, effective 1/23/93.]

WAC 246-976-035 Emergency medical technician—Continuing medical education. (1) During each certification period, an EMT shall complete a minimum of thirty hours of MPD-approved CME, including:

(a) Annually:

(i) Two hours of CPR and airway management, including pediatrics;

(ii) One hour of patient medical extrication, including pediatric extrication and immobilization;

(iii) One hour of patient assessment, including pediatric assessment;

(b) During the current certification period:

(i) Two hours of approved training in infectious disease prevention with special emphasis on HIV/AIDS and Hepatitis B, to meet the requirements of chapter 70.24 RCW. Training shall be consistent with the curriculum manual Infectious Disease Prevention for EMS Providers - CME Disease Prevention Manual for Emergency Medical Service Personnel, published May 1991 by the department, or as amended by the department;

(ii) Two hours of pediatrics;

(iii) Fourteen additional hours of CME on topics approved by the MPD.

(2) For one certification period only, the EMT may substitute hour-for-hour an approved trauma training course for the CME requirements above, except for the CPR and HIV/AIDS requirements.

(3) With MPD approval, the EMT may substitute one approved unit of learning, as described in WAC 246-976-090, for two hours of required CME, except the HIV/AIDS requirement.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-035, filed 12/23/92, effective 1/23/93.]

WAC 246-976-040 Specialized training. (1) The department shall establish and publish procedures for agencies conducting specialized training courses, including:

(a) The registration process;

(b) MPD and department approval of course curriculum and lesson plans, which shall be consistent with local patient care protocols;

(c) MPD and department approval of instructional personnel who are experienced and qualified in the area of training;

(d) Requirements, functions, and responsibilities of course instructional and administrative personnel;

(e) Necessary administrative forms and information to conduct the course.

(2) Agencies conducting specialized training shall:

(a) Obtain written approval from the MPD and the department to conduct each course;

(b) Approve or deny applicants for training consistent with requirements for certification, the regional plan, and recommendations of local EMS councils;

(c) Have a written agreement with the clinical facility, if it is required for the course and is separate from the academic facility;

(d) Ensure that clinical facilities provide departments or sections, personnel, and policies, including:

(i) Written program approval from the administrator and chief of staff;

(ii) A written agreement to participate in continuing education;

(iii) Supervised clinical experience for students during the clinical portion of the program;

(iv) An orientation program.

(3) Training agencies or local councils may give fire department, prehospital agency and law enforcement personnel priority for admittance to the course.

(4) The department shall recognize county agencies established by ordinance and approved by the MPD to coordinate EMS training. Such agencies shall have the same responsibilities for selection of students and training as described in this section for the local EMS/TC councils.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-040, filed 12/23/92, effective 1/23/93.]

WAC 246-976-045 Levels of intermediate life support personnel and advanced life support paramedics.

(1) Airways technician means a person trained under the supervision of an approved medical program director and certified to perform endotracheal airway management and other authorized aids to ventilation under written or oral authorization of an approved licensed physician.

(2) IV technician means a person trained under the supervision of an approved medical program director and certified to administer intravenous solutions under written or oral authorization of an approved licensed physician.

(3) Intermediate life support technician means a person trained under the supervision of a medical program director and certified to provide levels of intermediate support skills as defined in this chapter.

(4) Paramedic means a person trained under the supervision of an approved medical program director and certified to:

(a) Carry out all phases of advanced cardiac life support;

(b) Administer drugs under written or oral authorization of an approved licensed physician;

(c) Administer intravenous solutions under written or oral authorization of an approved licensed physician; and

(d) Perform endotracheal airway management and other authorized aids to ventilation.

These personnel shall meet requirements of RCW 18.71.200 and this chapter.

[Statutory Authority: Chapter 18.71 RCW. 96-03-052, § 246-976-045, filed 1/12/96, effective 2/12/96.]

WAC 246-976-050 Intravenous therapy technician training—Course content, registration, instructor qualifications.

(1) For initial IV technician training, the department shall recognize those sections of the United States Department of Transportation Emergency Medical Technician - Intermediate course which relate to intravenous therapy, as amended by the department.

(2) The department shall establish and publish procedures for agencies conducting IV technician training courses, including:

(a) The registration process;

(b) MPD responsibilities, including approval of course content and instructional personnel;

(c) Requirements, functions, and responsibilities of course instructional and administrative personnel;

(d) Necessary administrative forms and information to conduct the course;

(e) Local EMS/TC council endorsement.

(3) Training agencies shall:

(a) Obtain written approval from the department to conduct each course;

(b) Approve or deny applicants for training consistent with requirements for certification, the regional plan, and recommendations of local EMS councils, including:

(i) Age of applicant at least eighteen years at the beginning of the course;

(ii) The applicant for training as an IV technician shall have a minimum of one year current experience as a certified EMT, unless a waiver is recommended in writing by the MPD;

(c) Have a written agreement with the clinical facility if it is separate from the academic facility;

(d) Ensure that clinical facilities provide departments or sections, personnel, and policies, including:

(i) Written program approval from the administrator and chief of staff;

(ii) A written agreement to participate in continuing education;

(iii) Supervised clinical experience for students during the clinical portion of the program;

(iv) An orientation program.

(4) Training agencies or local councils may give fire department, prehospital, and law enforcement personnel priority for admittance to the course.

(5) The department shall recognize county agencies established by ordinance and approved by the MPD to coordinate EMS training. Such agencies shall have the same responsibilities for selection of students and training as described in this section for the local EMS/TC councils.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-050, filed 12/23/92, effective 1/23/93.]

WAC 246-976-055 Intravenous therapy technicians—Continuing medical education. (1) During each certification an IV technician shall complete a minimum of forty-five hours of MPD-approved CME, including:

(a) Annually:

(i) Two hours of CPR and airway management, including pediatrics;

(ii) One hour of patient medical extrication, including pediatric extrication and immobilization;

(iii) One hour of patient assessment, including pediatric assessment;

(b) During the current certification period:

(i) Two hours of approved training in infectious disease prevention with special emphasis on HIV/AIDS and Hepatitis B, to meet the requirements of chapter 70.24 RCW. Training shall be consistent with the curriculum manual Infectious Disease Prevention for EMS Providers - CME Disease Prevention Manual for Emergency Medical Service Personnel, published May 1991 by the department, or as amended by the department;

(ii) Two hours of pediatrics;

(iii) Twenty-nine additional hours of CME on topics approved by the MPD.

(2) For one certification period only, the IV technician may substitute hour-for-hour an approved trauma training course for the CME requirements above, except the CPR and HIV/AIDS requirements.

(3) With MPD approval, the IV technician may substitute one approved unit of learning, as described in WAC

246-976-090, for two hours of required CME, except the HIV/AIDS requirements.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-055, filed 12/23/92, effective 1/23/93.]

WAC 246-976-060 Airway technician training—Course content, registration, instructor qualifications. (1) For initial airway technician training, the department shall recognize those sections of the United States Department of Transportation Emergency Medical Technician - Intermediate course which relate to airway management, as amended by the department.

(2) The department shall establish and publish procedures for agencies conducting airway technician training courses, including:

(a) The registration process;

(b) MPD responsibilities, including approval of course content and instructional personnel;

(c) Requirements, functions, and responsibilities of course instructional and administrative personnel;

(d) Necessary administrative forms and information to conduct the course;

(e) Local EMS/TC council endorsement.

(3) Training agencies shall:

(a) Obtain written approval from the department to conduct each course;

(b) Approve or deny applicants for training consistent with requirements for certification, the regional plan, and recommendations of the local EMS councils, including:

(i) Age of applicant at least eighteen years at beginning of course;

(ii) The applicant for initial training as an airway technician shall have a minimum of one year current experience as a certified EMT, unless a waiver is recommended in writing by the MPD;

(c) Have a written agreement with the clinical facility if it is separate from the academic facility;

(d) Ensure that clinical facilities provide departments or sections, personnel, and policies, including:

(i) Written program approval from the administrator and chief of staff;

(ii) A written agreement to participate in continuing education;

(iii) Supervised clinical experience for students during the clinical portion of the program;

(iv) An orientation program.

(4) Training agencies or local councils may give fire department, prehospital, and law enforcement personnel priority for admittance to the course.

(5) The department shall recognize county agencies established by ordinance and approved by the MPD to coordinate EMS training. Such agencies shall have the same responsibilities for selection of students and training as described in this section for the local EMS/TC councils.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-060, filed 12/23/92, effective 1/23/93.]

WAC 246-976-065 Airway technician—Continuing medical education. (1) During each certification period the

airway technician shall complete of a minimum of forty-five hours of MPD-approved CME, including:

- (a) Annually:
 - (i) Two hours of CPR and airway management, including pediatrics;
 - (ii) One hour of patient medical extrication, including pediatric extrication and immobilization;
 - (iii) One hour of patient assessment, including pediatric assessment;
- (b) During the current certification period:
 - (i) Two hours of approved training in infectious disease prevention with special emphasis on HIV/AIDS and Hepatitis B, to meet the requirements of chapter 70.24 RCW. Training shall be consistent with the curriculum manual Infectious Disease Prevention for EMS Providers - CME Disease Prevention Manual for Emergency Medical Service Personnel, published May 1991 by the department, or as amended by the department;
 - (ii) Two hours of pediatrics;
 - (iii) Twenty-nine additional hours of CME on topics approved by the MPD.

(2) For one certification period only, the airway technician may substitute hour-for-hour an approved trauma training course for the CME requirements above, except the CPR and HIV/AIDS requirements.

(3) With MPD approval, the airway technician may substitute one approved unit of learning, as described in WAC 246-976-090, for two hours of required CME, except the HIV/AIDS requirements.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-065, filed 12/23/92, effective 1/23/93.]

WAC 246-976-070 Combined intravenous therapy and airway technician training—Course content, registration, instructor qualifications. (1) For initial airway and IV therapy training, the department shall recognize those sections of the United States Department of Transportation Emergency Medical Technician - Intermediate course which relate to airway management and IV therapy, as amended by the department.

(2) The department shall establish and publish procedures for agencies conducting IV therapy and airway technician training courses, including:

- (a) The registration process;
- (b) MPD responsibilities, including approval of course content and instructional personnel;
- (c) Requirements, functions, and responsibilities of course instructional and administrative personnel;
- (d) Necessary administrative forms and information to conduct the course;
- (e) Local EMS/TC council endorsement.

(3) Training agencies shall:

(a) Obtain written approval from the department to conduct each course;

(b) Approve or deny applicants for training consistent with requirements for certification, the regional plan, and recommendations of local EMS councils, including:

(i) Age of applicant at least eighteen years at the beginning of the course;

(ii) The applicant for initial training as a combined IV therapy technician and airway technician shall have a minimum of one year current experience as a certified EMT, unless a waiver is recommended in writing by the MPD;

(c) Have a written agreement with the clinical facility if it is separate from the academic facility;

(d) Ensure that clinical facilities provide departments or sections, personnel, and policies, including:

(i) Written program approval from the administrator and chief of staff;

(ii) A written agreement to participate in continuing education;

(iii) Supervised clinical experience for students during the clinical portion of the program;

(iv) An orientation program.

(4) Training agencies or local councils may give fire department, prehospital, and law enforcement personnel priority for admittance to the course.

(5) The department shall recognize county agencies established by ordinance and approved by the MPD to coordinate EMS training. Such agencies shall have the same responsibilities for selection of students and training as described in this section for the local EMS/TC councils.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-070, filed 12/23/92, effective 1/23/93.]

WAC 246-976-075 IV therapy/airway technician—Continuing medical education. (1) During each certification period, an individual holding dual certification as both an IV technician and an airway technician shall complete a minimum of sixty hours of MPD-approved CME, including:

(a) Annually:

(i) Two hours of CPR and airway management, including pediatrics;

(ii) One hour of patient medical extrication, including pediatric extrication and immobilization;

(iii) One hour of patient assessment, including pediatric assessment;

(b) During the current certification period:

(i) Two hours of approved training in infectious disease prevention with special emphasis on HIV/AIDS and Hepatitis B, to meet the requirements of chapter 70.24 RCW. Training shall be consistent with the curriculum manual Infectious Disease Prevention for EMS Providers - CME Disease Prevention Manual for Emergency Medical Service Personnel, published May 1991 by the department, or as amended by the department;

(ii) Two hours of pediatrics;

(iii) Forty-four additional hours of CME on topics approved by the MPD.

(2) For one certification period only, the combined IV and airway technician may substitute hour-for-hour an approved trauma training course for the CME requirements above, except for the CPR and HIV/AIDS requirements.

(3) With MPD approval, the combined IV and airway technician may substitute one approved unit of learning, as described in WAC 246-976-090, for two hours of required CME, except for the HIV/AIDS requirements.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-075, filed 12/23/92, effective 1/23/93.]

WAC 246-976-076 Intermediate life support training—Course content, registration, instructor qualifications. (1) For initial intermediate life support training, the department shall recognize those sections of the United States Department of Transportation Emergency Medical Technician - Intermediate Course, as amended by the department. The training will include IV therapy and intraosseous infusion, the use of multilumen airway adjuncts, defibrillators and the following medications which can only be administered per the written medical program director protocols:

- (a) Epinephrine for anaphylaxis administered by an auto-injector which is commercially preloaded with a measured dose;
- (b) Albuterol administered by inhalation;
- (c) Dextrose fifty percent and twenty-five percent;
- (d) Nitroglycerine administered sublingually and/or spray;
- (e) Naloxone.

(2) The department shall establish and publish procedures for agencies conducting intermediate life support training courses, including:

- (a) The registration process;
- (b) MPD responsibilities, including approval of course content and instructional personnel;
- (c) Requirements, functions, and responsibilities of course instructional and administrative personnel;
- (d) Necessary administrative forms and information to conduct the course;
- (e) Local EMS/TC council endorsement.

(3) Training agencies shall:

- (a) Obtain written approval from the department to conduct each course;
- (b) Approve or deny applicants for training consistent with requirements for certification, the regional plan, and recommendations of local EMS councils, including:

(i) Age of applicant at least eighteen years at the beginning of the course;

(ii) The applicant for initial training as an intermediate life support technician shall have been a certified EMT for one certification period;

(iii) The MPD may recommend a waiver to the requirement of (b)(ii) of this subsection. The recommendation shall be in writing to the department of health;

(c) Have a written agreement with the clinical facility if it is separate from the academic facility;

(d) Ensure that clinical facilities provide departments or sections, personnel, and policies, including:

(i) Written program approval from the administrator and chief of staff;

(ii) A written agreement to participate in continuing education;

(iii) Supervised clinical experience for students during the clinical portion of the program;

(iv) An orientation program.

(4) Training agencies or local councils may give fire department, prehospital, and law enforcement personnel priority for admittance to the course.

(5) The department shall recognize county agencies established by ordinance and approved by the MPD to coordinate EMS training. Such agencies shall have the same

responsibilities for selection of students and training as described in this section for the local EMS/TC councils.

[Statutory Authority: Chapter 18.71 RCW. 96-17-067, § 246-976-076, filed 8/20/96, effective 9/20/96.]

WAC 246-976-077 Intermediate life support technicians—Continuing medical education. During each certification period an individual holding certification as intermediate life support technician shall complete a minimum of fifty-nine hours of MPD approved CME, including:

- (1) Annually:
 - (a) Two hours of CPR and airway management, including pediatrics;
 - (b) One hour of patient medical extrication, including pediatric extrication and immobilization;
 - (c) One hour of patient assessment, including pediatric assessment;

(2) During the current certification period:

- (a) Two hours of approved training in infectious disease prevention with special emphasis on HIV/AIDS and Hepatitis B, to meet the requirements of chapter 70.24 RCW. Training shall be consistent with the curriculum manual *Infectious Disease Prevention for EMS Providers - CME Disease Prevention Manual for Emergency Medical Service Personnel*, published May 1991 by the department, or as amended by the department; or complete equivalent OSHA/WISHA required infectious disease training;
- (b) Two hours of pediatrics;
- (c) Forty-three additional hours of CME on topics approved by the MPD, including five hours of pharmacology education specific to the approved medications.

(b) Two hours of pediatrics;

(c) Forty-three additional hours of CME on topics approved by the MPD, including five hours of pharmacology education specific to the approved medications.

[Statutory Authority: Chapter 18.71 RCW. 96-17-067, § 246-976-077, filed 8/20/96, effective 9/20/96.]

WAC 246-976-080 Paramedic training—Course content. (1) For initial paramedic training, the department shall recognize the current United States Department of Transportation Emergency Medical Technician - Paramedic National Standard Course, as amended by the department.

(2) The department shall establish and publish procedures for agencies conducting paramedic training courses, including:

- (a) The registration process;
- (b) MPD responsibilities, including approval of course content and instructional personnel;
- (c) Requirements, functions, and responsibilities of course instructional and administrative personnel;
- (d) Necessary administrative forms and information to conduct the course;
- (e) Local EMS/TC council endorsement.

(3) Paramedic training agencies shall:

(a) By July 1, 1995, be accredited by the committee on allied health education and accreditation;

(b) Obtain written approval from the department to conduct each course;

(c) Approve or deny applicants for training consistent with requirements for certification, the regional plan, and recommendations of local EMS councils, including:

(i) Age of the applicant at least eighteen years at the beginning of the course;

(ii) The applicant for training as a paramedic shall have a minimum of one year current experience as a certified EMT, unless a waiver is recommended in writing by the MPD;

(d) Have a written agreement with the clinical facility if it is separate from the academic facility;

(e) Ensure that clinical facilities provide departments or sections, personnel, and policies, including:

(i) Written program approval from the administrator and chief of staff;

(ii) A written agreement to participate in continuing education;

(iii) Supervised clinical experience for students during the clinical portion of the program;

(iv) An orientation program.

(4) Training agencies or local councils may give fire department, prehospital, and law enforcement personnel priority for admittance to the course.

(5) The department shall recognize county agencies established by ordinance and approved by the MPD to coordinate EMS training. Such agencies shall have the same responsibilities for selection of students and training as described in this section for the local EMS/TC councils.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-080, filed 12/23/92, effective 1/23/93.]

WAC 246-976-085 Paramedic—Continuing medical education. (1) During each certification period, a paramedic shall document completion of a minimum of one hundred fifty hours of MPD-approved CME, including:

(a) Two hours of approved training in infectious disease prevention with special emphasis on HIV/AIDS and Hepatitis B, to meet the requirements of chapter 70.24 RCW. Training shall be consistent with the curriculum manual Infectious Disease Prevention for EMS Providers - CME Disease Prevention Manual for Emergency Medical Service Personnel, published May 1991 by the department, or as amended by the department;

(b) Six hours of pediatrics;

(c) One hundred forty-two additional hours of CME on topics approved by the MPD.

(2) With MPD approval, the paramedic may substitute one approved unit of learning, as described in WAC 246-976-090, for two hours of required CME, except for the HIV/AIDS requirements.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-085, filed 12/23/92, effective 1/23/93.]

WAC 246-976-090 Continuing medical education—Units of learning. (1) The department shall approve units of learning which:

(a) Have defined objectives reflecting minimum knowledge and performance requirements appropriate to the category and subject, including at least:

(i) Medical;

(ii) Trauma;

(iii) CPR/airway management;

(iv) Other;

(b) Include evaluation of knowledge and skill performance identified in the learning objectives, through both written assessment and practical application.

(2) Training agencies offering units of learning for CME shall:

(a) Have MPD approval of lesson plans and evaluation tools;

(b) Require students to demonstrate knowledge and skill performance to meet the approved objectives, without specific hour requirements. If demonstration of knowledge and skills is unsatisfactory, remedial training shall be completed before additional attempts are allowed.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-090, filed 12/23/92, effective 1/23/93.]

WAC 246-976-110 Senior EMT instructor—Qualifications and responsibilities. (1) The department shall establish and publish procedures for the recognition and renewal of recognition for senior EMT instructors and course coordinators.

(2) For initial recognition by the department as a senior EMT instructor, an applicant shall submit to the department proof of:

(a) High school graduation or GED;

(b) Current EMS certification with a minimum of three years experience at the EMT level or above. The department may waive this requirement if the applicant has:

(i) A minimum of three years prehospital EMS experience; and

(ii) Recommendation for waiver from the MPD;

(c) Certification as a CPR instructor by the American Heart Association or American Red Cross;

(d) Successful completion of an approved instructor workshop;

(e) Experience assisting with two EMT courses, performing a minimum of three hours of lectures and six hours of practical skills in each course;

(f) Recommendation from:

(i) An MPD; and

(ii) A fire chief, another senior EMT instructor, or EMS faculty person;

(g) The recommendation of the local EMS/TC council.

(3) To maintain recognition, a senior EMT instructor shall renew written approval from the MPD and the local EMS/TC council every three years.

(4) The senior EMT instructor shall:

(a) Be responsible for the overall instructional quality of the course;

(b) Counsel students as needed.

(5) The senior EMT instructor and the course coordinator may be the same person.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-110, filed 12/23/92, effective 1/23/93.]

WAC 246-976-115 Course coordinator—Responsibilities. (1) The course coordinator shall:

(a) Submit the course application to the department for approval;

(b) Schedule course times, locations, and instructors;

- (c) Schedule approved written, oral, or practical certification examinations;
 - (d) Submit all required documentation to the department.
- (2) A course coordinator who is also the lead instructor for a course shall meet all senior EMT instructor requirements described in this chapter.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW, 93-01-148 (Order 323), § 246-976-115, filed 12/23/92, effective 1/23/93.]

WAC 246-976-120 Disciplinary action—Training personnel. (1) The department may take disciplinary action against senior EMT instructors and course coordinators, for reasons which include but are not limited to:

- (a) Falsification of any documents associated with the course of instruction, evaluation, or examination;
 - (b) Compromise of the department's examination process;
 - (c) Failure to provide required information to the department, the MPD, or other training and testing personnel as appropriate; or
 - (d) Failure to properly complete departmental forms and procedures.
- (2) Disciplinary action may include but is not limited to:
- (a) Withdrawal of authority to participate in EMS/TC training and/or testing;
 - (b) Revocation, modification, or suspension of certification, if the individual holds EMS certification.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW, 93-01-148 (Order 323), § 246-976-120, filed 12/23/92, effective 1/23/93.]

CERTIFICATION

WAC 246-976-140 Certification and recertification—General requirements. (1) The department shall establish and publish procedures for initial certification which include:

- (a) Written and practical examinations for:
 - (i) First responders;
 - (ii) EMTs;
 - (iii) IV technicians;
 - (iv) Airway technicians;
 - (v) Intermediate life support technicians; and
 - (vi) Paramedics;
 - (b) The process for administration of written and practical examinations;
 - (c) Administrative requirements and the necessary forms.
- (2) The department shall establish and publish procedures for renewal of certification for:
- (a) The process for ongoing training and evaluation of skills for first responders and EMTs;
 - (b) Written and practical examinations for renewal of certification.
- (3) Applicants for initial certification shall submit to the department:
- (a) An application for certification of forms provided by the department;
 - (b) Proof of identity: A valid driver's license or other photo identification;

- (c) Proof of age;
- (d) Proof of completion of an approved course or courses of instruction for the level of certification sought, as described in this chapter;
- (e) Proof of completion of four hours of initial HIV/AIDS training, as described in this chapter;
- (f) Proof of successful completion of approved written and practical examinations within the six months prior to application. Applicants shall be allowed no more than three attempts to successfully complete the written and practical examinations;
- (g) Proof of active membership, paid or volunteer, in one of the following EMS/TC organizations:
 - (i) Licensed provider of aid or ambulance services, including fire department or district;
 - (ii) Law enforcement agency; or
 - (iii) Other affiliated EMS/TC service;
- (h) Recommendation by the MPD for certification;
- (i) Other information required by this chapter.

(4) Certification shall be effective on the date the department issues the certificate, and shall be valid for a period of three years. The expiration date shall be indicated on the certification card.

(5) Applicants for renewal of certification shall submit to the department on approved forms:

- (a) All the information identified in subsection (3) of this section; except, current certification shall be deemed proof of course completion, age, and initial HIV/AIDS training;
- (b) Proof of completion of CME required for the level of certification sought, as defined in this chapter;
- (c) Proof of maintenance of skills required for the level of recertification sought, as defined in this chapter;
- (d) For first responders and EMTs, proof of successful demonstration of skills, by:
 - (i) Successful completion of an approved program of ongoing training and evaluation. An applicant changing from the practical examination program to the ongoing training and evaluation program shall do so before a second attempt at the practical examination; or
 - (ii) Passing an approved practical examination within the six months prior to application. An applicant changing from the ongoing training and evaluation program to the practical examination program shall do so by taking the practical examination prior to the end of the certification period;
- (e) For IV technicians, airway technicians, intermediate life support technicians and paramedics, proof that proficiency of skills has been demonstrated to the satisfaction of the MPD.
- (6) Certification of IV technicians, airway technicians, intermediate life support technicians, and paramedics under this chapter shall be valid only:
 - (a) In the county or counties where approved by an MPD, as indicated on the certification card;
 - (b) In other counties where formal EMS/TC medical control agreements are in place; or
 - (c) In other counties when accompanying a patient in transit from a county meeting the criteria in (a) or (b) of this subsection.

[Statutory Authority: Chapter 18.71 RCW, 96-17-067, § 246-976-140, filed 8/20/96, effective 9/20/96. Statutory Authority: RCW 43.70.040 and

chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-140, filed 12/23/92, effective 1/23/93.]

WAC 246-976-150 Certification and recertification—First responder. (1) In addition to meeting the requirements of WAC 246-976-140(3), the applicant for initial certification as a first responder shall submit documentation to the department of:

(a) Successful completion of a first responder course as described in WAC 246-976-020(1);

(b) Age, which shall be at least eighteen years, or at least sixteen years of age with written recommendation of the MPD.

(2) In addition to meeting the requirements of WAC 246-976-140(5), a currently certified first responder applying for recertification shall document completion during the current certification period of CME requirements described in WAC 246-976-025.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-150, filed 12/23/92, effective 1/23/93.]

WAC 246-976-160 Certification and recertification—Emergency medical technician. (1) In addition to meeting the requirements of WAC 246-976-140(3), the applicant for initial certification as an EMT shall submit documentation to the department of:

(a) Successful completion of an EMT course as described in WAC 246-976-030(1);

(b) Age, which shall be at least eighteen years;

(c) High school graduation or GED.

(2) In addition to meeting the requirements of WAC 246-976-140(5), a currently certified EMT applying for recertification shall document completion during the current certification period of the CME requirements described in WAC 246-976-035.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-160, filed 12/23/92, effective 1/23/93.]

WAC 246-976-165 Levels of certified intermediate life support personnel and paramedics. (1) Airway technician means a person trained under the supervision of an approved medical program director and certified to perform endotracheal airway management and other authorized aids to ventilation under written or oral authorization of an approved licensed physician.

(2) IV technician means a person trained under the supervision of an approved medical program director and certified to administer intravenous solutions under written or oral authorization of an approved licensed physician.

(3) Intermediate life support technician means a person trained under the supervision of a medical program director and certified to provide levels of intermediate support skills as defined in this chapter.

(4) Paramedic means a person trained under the supervision of an approved medical program director and certified to:

(a) Carry out all phases of advanced cardiac life support;

(b) Administer drugs under written or oral authorization of an approved licensed physician;

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(c) Administer intravenous solutions under written or oral authorization of an approved licensed physician; and

(d) Perform endotracheal airway management and other authorized aids to ventilation.

These personnel shall meet requirements of RCW 18.71.200 and this chapter.

[Statutory Authority: Chapter 18.71 RCW. 96-03-052, § 246-976-165, filed 1/12/96, effective 2/12/96.]

WAC 246-976-170 Certification and recertification—Intravenous therapy technicians. (1) In addition to meeting the requirements of WAC 246-976-140(3), the applicant for initial certification as an IV technician shall submit documentation to the department of:

(a) Successful completion of an IV technician course as described in WAC 246-976-050(1);

(b) Current certification as an EMT, with a minimum of one year of active affiliation as an EMT with an EMS/TC provider.

(2) In addition to meeting the requirements of WAC 246-976-140(5), a currently certified IV technician applying for recertification shall submit to the department documentation of:

(a) Completion of the CME requirements described in WAC 246-976-055;

(b) Skills that have been maintained as follows:

(i) Annually, during the initial certification period:

(A) A minimum of thirty-six catheter-around-needle insertions performed on sick, injured, or preoperative adult and pediatric patients, or on artificial training aids with approval of the MPD;

(B) Proficiency in intraosseous line placement in pediatric patients, demonstrated to the satisfaction of the MPD;

(ii) In subsequent certification periods, proficiency in intravenous and intraosseous line placement, demonstrated to the satisfaction of the MPD.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-170, filed 12/23/92, effective 1/23/93.]

WAC 246-976-180 Certification and recertification—Airway technicians. (1) In addition to meeting the requirements of WAC 246-976-140(3), the applicant for initial certification as an airway technician shall submit to the department documentation of:

(a) Successful completion of an airway management course as described in WAC 246-976-060(1);

(b) Current certification as an EMT or above, with a minimum of one year of active affiliation as an EMT with an EMS/TC provider.

(2) In addition to meeting the requirements of WAC 246-976-140(5), a currently certified airway technician applying for recertification shall submit to the department documentation of:

(a) Completion of the CME requirements described in WAC 246-976-065;

(b) Skills that have been maintained as follows:

(i) Annually, during the initial certification period, a minimum of twelve endotracheal intubations, at least six of which must be performed on human subjects; with written

authorization of the MPD, no more than six of the intubations may be performed on artificial training aids;

(ii) In subsequent certification periods:

(A) Annually, a minimum of four endotracheal intubations, at least two of which must be performed on human subjects; with written authorization of the MPD, no more than two of the intubations may be performed on artificial training aids; and

(B) Proficiency in pediatric airway management, demonstrated to the satisfaction of the MPD.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-180, filed 12/23/92, effective 1/23/93.]

WAC 246-976-181 Certification and recertification—Intermediate life support technician. (1) In addition to meeting the requirements of WAC 246-976-140(3), an applicant for initial certification as an intermediate life support technician shall submit to the department documentation of current certification as an EMT or above, with a minimum of three years of active affiliation as an EMT with an EMS/TC provider unless a waiver has been approved by the department under the provisions of WAC 246-976-076 (3)(b)(iii).

(2) In addition to meeting the requirements of WAC 246-976-140(5), a currently certified intermediate life support technician applying for recertification shall submit to the department documentation of:

(a) Completion of the skills maintenance requirements for IV technicians described in WAC 246-976-170 (2)(b);

(b) Completion of skills maintenance for use of multilumen airway adjuncts as required by the MPD;

(c) Completion of skills maintenance for use of defibrillators as required by the MPD;

(d) Completion of continuing medical education as defined in WAC 246-976-077.

[Statutory Authority: Chapter 18.71 RCW. 96-17-067, § 246-976-181, filed 8/20/96, effective 9/20/96.]

WAC 246-976-190 Recertification—IV and airway technicians. In addition to meeting the requirements of WAC 246-976-140(5), an individual currently certified as both an IV and an airway technician, who is applying for recertification in both skills, shall submit to the department documentation of:

(1) Completion of the skills maintenance requirements for IV technicians described in WAC 246-976-170 (2)(b);

(2) Completion of the skills maintenance requirements for airway technicians described in WAC 246-976-180 (2)(b);

(3) Completion during the current certification period of the CME requirements described in WAC 246-976-075.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-190, filed 12/23/92, effective 1/23/93.]

WAC 246-976-200 Certification and recertification—Paramedics. (1) In addition to meeting the requirements of WAC 246-976-140(3), an applicant for initial certification as a paramedic shall submit to the department

documentation of successful completion of a paramedic course as described in WAC 246-976-800(1).

(2) In addition to meeting the requirements of WAC 246-976-140(5), a currently certified paramedic applying for recertification shall submit to the department documentation of:

(a) Completion of the skills maintenance requirements for IV technicians described in WAC 246-976-170 (2)(b);

(b) Completion of the skills maintenance requirements for airway technicians described in WAC 246-976-180 (2)(b); and

(c) Completion of continuing medical education as defined in this chapter.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-200, filed 12/23/92, effective 1/23/93.]

WAC 246-976-210 Certification—Reciprocity, challenges, and reinstatement. (1) The department shall establish and publish procedures for:

(a) Reciprocal certification of individuals with current EMS certification in another state, and who are recognized by the National Registry;

(b) Reinstatement of individuals whose EMS/TC certification has expired;

(c) Challenge of prerequisites for certification examinations by individuals who have not completed the course work and practical training required by this chapter, but who document equivalent EMS training and/or experience.

(2) Before granting reciprocity, reinstatement, or challenge, the department shall insure that HIV/AIDS training required for EMS/TC personnel by chapter 70.24 RCW has been accomplished.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-210, filed 12/23/92, effective 1/23/93.]

WAC 246-976-220 EMS personnel—Scope of care authorized, prohibited. (1) Certified EMS/TC personnel are authorized to provide only:

(a) Patient care within the scope of training as contained in the approved course curriculum for the level of certification; and

(b) Patient care within the scope of approved specialized training as described WAC 246-976-040.

(2) Certified EMS/TC personnel are authorized to provide treatment for patients in prehospital emergency situations and during patient transport, following MPD-approved patient care protocols.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-220, filed 12/23/92, effective 1/23/93.]

WAC 246-976-230 Certification—Reversion, revocation, suspension, modification, or denial. (1) The department shall establish and publish procedures:

(a) To allow an individual to revert from a level of certification to a lower level of certification;

(b) To investigate complaints and allegations against certified personnel;

(c) For corrective action by MPDs regarding certified individuals.

(2) The Uniform Disciplinary Act, chapter 18.130 RCW, governs uncertified practice, the issuance and denial of certificates, and the disciplining of certificate holders under this chapter. The secretary is authorized by RCW 18.130.040 to be the disciplining authority under this chapter. Disciplinary action shall be initiated against a person credentialed under this chapter in a manner consistent with the responsibilities and duties of the MPD under whom such person is responsible.

(3) The department may revoke, suspend, or modify certificates of, or deny certificates to, individuals who have:

(a) Provided false information to obtain the certificate;
(b) Performed duties or skills outside of the scope of practice;

(c) Misrepresented their level of certification;
(d) Falsified records of patient care;
(e) Demonstrated incompetence, negligence, malpractice, or otherwise an inability or unwillingness to provide adequate service;

(f) Violated provisions of chapters 18.71, 18.73, or 70.168 RCW, or of this chapter;

(g) Had a professional license revoked, suspended, or denied under Washington state professional licensing statutes;

(h) Demonstrated unprofessional conduct in the course of providing services, including:

(i) The possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes;

(ii) Diversion of controlled substances or legend drugs;

(iii) The violation of any drug law;

(iv) Prescribing controlled substances for oneself;

(v) Current misuse of:

(A) Alcohol;

(B) Controlled substances; or

(C) Legend drugs;

(vi) Abuse of a client or patient; or

(vii) Sexual contact with a client or patient;

(i) Violated written patient care protocols which the certified individual has acknowledged in writing;

(j) Failed to maintain skills or continuing education according to standards set forth in this chapter;

(k) Failed to demonstrate to the MPD or the department continuing knowledge and overall ability to successfully manage patients with medical or traumatic emergencies;

(l) Failed to cooperate or interfered with the MPD or the department in any investigation regarding medical performance or professional conduct;

(m) Failed to cooperate with the MPD or the department in the attempt to initiate corrective action pursuant to this chapter, which may include counseling;

(n) Been convicted of a felony;

(o) Been decertified for cause by out-of-state authorities;

(p) Not successfully completed the ongoing training and evaluation program;

(q) Failed the written or practical examination.

(4) Before recommending revocation, suspension, modification, or denial of a certificate, the MPD shall initiate corrective action with the certified individual, consistent with department procedures.

(5) The MPD may request the department to summarily suspend certification of an individual if the MPD believes that continued certification will be detrimental to patient care.

(6) In cases where the MPD recommends denial of recertification, the department:

(a) Shall investigate the individual;

(b) May revoke the certification.

(7) Except in the case of summary action as provided in subsection (5) of this section, any action by the department shall be in accordance with WAC 246-976-240.

(8) If an employing or sponsoring agency disciplines a certified individual for conduct as described in this section, the agency shall report the cause and the action taken to the department.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-230, filed 12/23/92, effective 1/23/93.]

WAC 246-976-240 Notice of decision and hearing.

The department shall establish and publish procedures for the conduct of modification, suspension, revocation, or denial of certification, which shall be consistent with the requirements of the Administrative Procedure Act (chapter 34.05 RCW), the Uniform Disciplinary Act (chapter 18.130 RCW), and Practice and procedure (chapter 246-08 WAC).

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-240, filed 12/23/92, effective 1/23/93.]

LICENSURE

WAC 246-976-260 Licenses required. (1) The department shall:

(a) Establish and publish procedures for licensure of ambulance and aid services and ambulance and aid vehicles, consistent with the state plan and approved regional plans;

(b) Not allow the transfer of licenses issued under this chapter.

(2) Applicants for licensure as ambulance or aid services shall submit application to the department following department procedures, including:

(a) Evidence of ability to comply with standards, rules, and regulations of this chapter;

(b) Evidence of operation that is consistent with the state-wide and regional EMS/TC plans and prehospital patient care procedures;

(c) Evidence of liability insurance coverage;

(d) Description of the general area to be served and the number of vehicles to be used.

(3) Licensees shall submit application for renewal of licensure to the department at least thirty days before the expiration of the current license.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-260, filed 12/23/92, effective 1/23/93.]

WAC 246-976-270 Denial, suspension, revocation of license—Notice, hearing. (1) Under the provisions of the Administrative Procedure Act, chapter 34.05 RCW, and chapter 246-08 WAC, the department may suspend, modify,

or revoke any ambulance or aid vehicle license issued under this chapter, or deny licensure to an applicant, when it finds failure to comply with the requirements of chapter 18.73 RCW, or other applicable laws or rules, or with this chapter.

(2) The Uniform Disciplinary Act, chapter 18.130 RCW, governs the unlicensed practice, the issuance and denial of licenses, and the disciplining of persons who hold licenses to operate ambulance or aid services under this chapter. The secretary is authorized by RCW 18.130.040 to be the disciplining authority under this chapter. The department may suspend, modify, or revoke any ambulance or aid service license issued under this chapter, or deny licensure to an applicant when it finds:

(a) Failure to comply with the requirements of chapters 18.71, 18.73, or 70.168 RCW, or other applicable laws or rules, or with this chapter;

(b) False, fraudulent, or misleading advertising, or any public claim of authorization to provide a level of service for which the licensee is not authorized or licensed;

(c) Failure to comply with approved patient care protocols or procedures;

(d) Failure to cooperate with the department in inspections or investigations;

(e) Failure to supply data as required in chapter 70.168 RCW and this chapter.

(3) Licensees or applicants may request a hearing to contest department decisions on license denial, suspension, modification, or revocation by filing a written application in accordance with WAC 246-08-020.

(4) Under the provisions of the Administrative Procedure Act, and the Uniform Disciplinary Act, the department may impose sanctions against a licensed service which has not been verified under this chapter, but which routinely responds to trauma incidents and/or renders care to patients of trauma in a manner that is not consistent with the approved regional plan. Such sanctions may include but are not limited to action under RCW 18.73.190 and this chapter which may lead to revocation of the service's license, assessment of fines, and/or filing of misdemeanor charges.

(a) The department shall not take action against a licensed, nonverified service under this section for providing emergency trauma care when the wait for the arrival of a verified service would place the life of the patient in jeopardy.

(b) This section shall not restrict the authority of a provider licensed under chapter 18.73 RCW to provide services which it has been authorized to provide by state law, except as addressed by chapter 70.168 RCW and specified in the approved regional plan.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-270, filed 12/23/92, effective 1/23/93.]

WAC 246-976-280 Ground ambulance and aid services—Personnel requirements. (1) Aid services shall provide each aid vehicle with at least one person currently trained in advanced first aid or certified as a first responder.

(2) Ground ambulance services shall provide each ambulance with a minimum of one EMT and one person with advanced first aid training or first responder certification.

(a) The person with the highest level of EMS certification shall be in charge of patient care;

(b) The driver of the ambulance shall have a minimum of advanced first aid training or first responder certification; except, if there are at least two certified EMTs in attendance of the patient the driver shall not be required to have advanced first aid training or first responder certification.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-280, filed 12/23/92, effective 1/23/93.]

WAC 246-976-290 Ground ambulance vehicle standards. (1) All ambulance vehicles shall be clearly identified by appropriate emblems and markings on the front, side, and rear of the vehicle.

(2) Tires, spare tire, tire changing tools shall meet the following requirements:

(a) Tires shall be in good condition with not less than two-thirty-seconds inch useable tread, appropriately sized to support the weight of the vehicle when loaded;

(b) One inflated spare tire shall be furnished and stored in a protected area which provides access without removal of the patient;

(c) Tire changing tools shall be furnished. Minimum tools shall include a jack, jack handle, and wheel-nut wrench. The jack shall be capable of raising any wheel of the loaded ambulance to an adequate height.

(3) The electrical system shall meet the following requirements:

(a) Interior lighting in the driver compartment shall be designed and located so that no glare is reflected from surrounding areas to the driver's eyes or line of vision from the instrument panel, switch panel, or other areas which may require illumination while the vehicle is in motion;

(b) Interior lighting in the patient compartment shall be adequate throughout the compartment, and provide an intensity of twenty foot-candles at the level of the patient. Lights should be controllable from the patient compartment and the driver compartment;

(c) Exterior lights shall comply with the appropriate sections of Federal Motor Vehicle Safety Standards, and include body-mounted flood lights over the rear door which provide adequate loading visibility;

(d) Emergency warning lights shall be provided in accordance with RCW 46.37.380, as administered by the state commission on equipment.

(4) Windshield wipers and washers shall be dual, electric, multispeed, and maintained in good condition.

(5) Battery and generator system:

(a) The battery shall have a minimum seventy ampere hour rating. It must be located in a ventilated area sealed off from the vehicle interior, and completely accessible for checking and removal;

(b) The generating system shall be capable of supplying the maximum built-in DC electrical current requirements of the ambulance. Extra fuses shall be provided.

(6) Seat belts shall comply with Federal Motor Vehicle Safety Standards 207, 208, 209, and 210. Restraints shall be provided in all seat positions in the vehicle, including the attendant station.

(7) Mirrors shall be provided on the left side and right side of the vehicle. The location of mounting must be such as to provide maximum rear vision from the driver's seated position. There may be an interior rear-view mirror to provide the driver with a view of occurrences in the patient compartment.

(8) One ABC two and one-half pound fire extinguisher shall be provided.

(9) Ambulance body:

(a) The length of the patient compartment shall be at least one hundred twelve inches in length, measured from the partition to the inside edge of the rear loading doors. This length shall provide at least twenty inches, and not more than thirty inches, of unobstructed space at the head of the primary patient, measured from the technician's seat back rest to the forward edge of the cot;

(b) The width of the patient compartment, after cabinet and cot installation, shall provide at least nine inches of clear walkway between cots or the squad bench. The department recommends at least twenty-five inches width of kneeling space alongside the primary cot be provided, measured at the floor for a height of nine inches, from the forward leading edge, half of the length back of the primary cot;

(c) The height of the patient compartment shall be at least fifty-three inches at the center of the patient area, measured from floor to ceiling, exclusive of cabinets or equipment;

(d) There shall be secondary egress from the curb side of the patient compartment;

(e) The back doors shall open in a manner to increase the width for loading patients without blocking existing working lights of the vehicle;

(f) Steps may be provided at door openings if the floor is more than eighteen inches above the ground. Steps shall be of a design to prevent the accumulation of mud, ice, or snow, and shall have a nonskid surface;

(g) The floor shall be at the lowest level permitted by clearances. It shall be flat and unencumbered in the access and work area. There shall be no voids or pockets in the floor to side wall areas where water or moisture can become trapped to cause rusting and/or unsanitary conditions;

(h) Floor covering shall be applied to the top side of the floor surface. It shall withstand washing with soap and water or disinfectant without damage to the surface. All joints in the floor covering shall have minimal void between matching edges and shall be cemented with a suitable water-proof and chemical-proof cement to eliminate the possibility of joints loosening or lifting;

(i) The department recommends all interior fasteners, latches, hinges, etc., should be of a flush-type design. When doors are open, the hinges, latches, and door checks shall not protrude into the access area. All hangers or supports for equipment or other items should be flush with the surrounding surface when not in use. The finish of the entire patient compartment shall be impervious to soap and water and disinfectants to permit washing and sanitizing;

(j) Exterior surfaces shall be smooth, with appurtenances kept to a minimum;

(k) Restraints shall be provided for all litters. If the litter is floor supported on its own support wheels, a means shall be provided to secure it in position. These restraints

shall permit quick attachment and detachment for quick transfer of patient.

(10) Vehicle brakes, tires, regular and special electrical equipment, windshield wipers, heating and cooling units, safety belts, and window glass, shall be in good working order.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-290, filed 12/23/92, effective 1/23/93.]

WAC 246-976-300 Ground ambulance and aid vehicles—Equipment. Ground ambulance and aid services shall provide minimum equipment on each licensed vehicle, including:

	AMBULANCE	AID VEHICLE
AIRWAY MANAGEMENT		
Airway Adjuncts		
Oral airway (adult: sm, med, lg)	1ea	1ea
Oral airway (pediatric: 00,0, 1,2,3,4)	1ea	1ea
Suction		
Portable, manual	1	1
Vehicle mounted and powered, providing: Minimum of 30 L/min. & vacuum > 300 mm Hg	1	0
Tubing, suction	1	1
Bulb syringe, pediatric	1	1
Catheter		
Adult (14 Fr x 22")	4	2
Pediatric (6, 8, 10 Fr)	1ea	1ea
Rigid suction tips	2	1
Water, rinsing	Yes	0
Oxygen delivery		
Oxygen delivery system built in	1	0
3000L Oxygen cylinder, 500Lbs PSI minimum	1	0
300L Oxygen cylinder, 500Lbs PSI minimum	2	1
Regulator, oxygen (0-15+ Liter)	1	1
Cannula, nasal, adult	4	2
O ₂ mask, adult	4	2
O ₂ mask, pediatric	2	1
O ₂ mask, nonrebreather, adult	4	2
O ₂ mask, nonrebreather, pediatric	2	1
BVM, with O ₂ reservoir		
Adult	1	0
Pediatric (w/sizes neonatal to adult)	1	0
Pocket mask or equivalent	0	1
PATIENT ASSESSMENT AND CARE		
Assessment		
Sphygmomanometer		
Adult, large	1	0
Adult, regular	1	1
Pediatric	1	0
Infant	1	0
Stethoscope		
Adult	1	1
Pediatric	1	0
Thermometer, oral, hypothermia	1ea	0
Flashlight, w/spare or rechargeable batteries & bulb	1	1
Personal infection control		
Gloves, exam, nonsterile (box)	1	1
Other equipment per WISHA requirements	Yes	Yes

MEDICAL EMERGENCIES

Wound care		
Dressing, sterile	asst	asst
Dressing, sterile, trauma	4	4
Roller gauze bandage	asst	asst
Triangular bandage	4	4
Medical tape	asst	asst
Self adhesive bandage strips	asst	asst
Cold packs	4	2
Occlusive dressings	2	2
Burn sheets	2	2
Scissors, bandage	1	1
Irrigation solution	2	1
Splinting		
Backboard, plywood or equiv with straps	2	1
Backboard head immobilizer	1	1
Immobilizer board, pediatric capable	1	0
Extraction collars, rigid		
Adult (small, medium, large)	2ea	1ea
Pediatric	asst	asst
Immobilizer, cervical/thoracic,		
adult	1	0
Splint, traction, adult w/straps	1	0
Splint, traction, pediatric, w/straps	1	0
Splint, adult (arm and leg)	2ea	1ea
Splint, pediatric (arm and leg)	1ea	1ea
General		
Litter, wheeled, collapsible	1	0
Pillows, plastic covered or disposable	2	0
Pillow case	4	0
Sheets	4	0
Blankets	4	2
Towels, cloth	4	0
Emesis collection device	1	1
Urinal	1	0
Bed pan	1	0
OB kit	1	1
Extrication		
Shovel	1	1
Hammer	1	1
Adjustable wrench, 8"	1	1
Hack saw, with blades	1	1
Crowbar, pinch point, 40" minimum	1	1
Screwdriver, straight tip, 10" minimum	1	1
Screwdriver, 3 Phillips, 10" minimum	1	1
Wrecking bar, 3' minimum	1	1
Locking pliers	1	1
Bolt cutters, 1/2" min. jaw spread	1	1
Rope, utility, 50' x 3/8"	1	1

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-300, filed 12/23/92, effective 1/23/93.]

WAC 246-976-310 Ground ambulance and aid vehicles—Communications equipment. (1) Ground ambulance and aid services shall provide each licensed vehicle with communication equipment which:

- (a) Is consistent with state and approved regional plans;
- (b) Is in good working order;
- (c) Allows direct two-way communication between the vehicle and its system control point;
- (d) Uses cellular phones only as a secondary means of communications; and
- (e) Allows communication with the medical control system established in the state communication plan.

(2) In addition to subsection (1) of this section, services shall provide each licensed ambulance with communication equipment which:

(a) Allows direct two-way communication, from both the driver's and patient's compartments, with all hospitals in the service area of the vehicle;

(b) Incorporates appropriate encoding and selective signaling devices; and

(c) When transporting patients, allows communications with designated EMS/TC receiving facilities state-wide.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-310, filed 12/23/92, effective 1/23/93.]

WAC 246-976-320 Air ambulance services. (1) The department shall:

(a) Issue licenses to air ambulance services and aircraft which meet standards described in this section;

(b) Exclude from licensure requirements those services operating aircraft for primary purposes other than civilian air medical transport, but which may be called into service to initiate an emergency air medical transport of a patient to the nearest available treatment facility or rendezvous point with other means of transportation. Examples of services fitting this description include, but are not limited to: United States Army Military Assistance to Safety and Traffic, United States Navy, United States Coast Guard, Search and Rescue, and the United States Department of Transportation.

(c) Establish and publish minimum standards for air ambulance services, medical transport aircraft, and medical equipment required for licensure. Standards for aircraft shall be consistent with federal aviation administration regulations.

(2) Air ambulance services shall:

(a) Comply with all regulations in this chapter pertaining to ambulance services and vehicles, except that WAC 246-976-280, 246-976-290, and 246-976-300 are replaced for air ambulance services by subsection (3)(b) and (c) of this section;

(b) Comply with the standards in this section for all types of transports, including inter-facility and prehospital transports;

(c) Be currently certified as an air taxi under federal aviation regulations Part 135, Air Taxi Operators and Commercial Operators of Small Aircraft. Air ambulance services shall comply with applicable federal aviation regulations contained in Parts 91 and 135, and conduct all maintenance activities in accordance with Part 43. Air ambulance services shall comply with any additional federal aviation administration regulations specifically dealing with air ambulance services.

(3) Air ambulance services shall provide:

(a) A physician director who is:

(i) Trained and experienced in emergency, trauma, and critical care;

(ii) Knowledgeable of the operation of air medical services; and

(iii) Responsible for supervising and evaluating the quality of patient care provided by the air medical flight personnel;

(b) Sufficient air medical personnel on each response to provide adequate patient care, specific to the mission, including:

(i) One specially trained, experienced registered nurse or paramedic; and

(ii) One other person who may be a physician, nurse, physician's assistant, respiratory therapist, paramedic, EMT, or other appropriate specialist appointed by the physician director.

If an air ambulance responds directly to the scene of an incident, at least one of the air medical personnel shall be trained in prehospital emergency care;

(c) Aircraft that, when operated as air ambulances:

(i) Are configured in such a way that the medical attendants have access to the patient in order to begin and maintain advanced life support and other treatment modalities;

(ii) Allow loading and unloading the patient without excessive maneuvering or tilting of the stretcher;

(iii) Have appropriate communication equipment to insure internal crew and air-to-ground exchange of information between flight personnel and hospitals, medical control, the flight operations center, and air traffic control facilities;

(iv) Are equipped with:

(A) Appropriate navigational aids;

(B) Airway management equipment, including:

(I) Oxygen;

(II) Suction;

(III) Ventilation and intubation equipment, adult and pediatric;

(C) Cardiac monitor/defibrillator;

(D) Supplies, equipment, and medication as required by the program physician director, for emergency, cardiac, trauma, pediatric care, and other missions; and

(v) Have adequate interior lighting for patient care arranged so as not to interfere with the pilot's vision;

(d) If using fixed-wing aircraft, pressurized, multi-engine aircraft when appropriate to the mission;

(e) If using helicopter aircraft:

(i) A protective barrier sufficiently isolating the cockpit, in order to minimize in-flight distraction or interference;

(ii) Appropriate communication equipment to communicate with ground EMS/TC services and public safety vehicles, in addition to the communication equipment specified in (c)(iii) of this subsection.

(4) All air medical personnel shall:

(a) Be certified in ACLS;

(b) Be trained in:

(i) Emergency, trauma, and critical care;

(ii) Altitude physiology;

(iii) EMS communications;

(iv) Aircraft and flight safety; and

(v) The use of all patient care equipment on board the aircraft;

(c) Be familiar with survival techniques appropriate to the terrain;

(d) Perform under protocols.

(5) In instances where aeromedical evacuation of a patient is necessary because of a life threatening condition and a licensed air ambulance is not available, patient transportation may be accomplished by the nearest available aircraft that can accommodate the patient. The physician

ordering the transport shall justify the need for air transport of the patient in writing to the department within thirty days after the incident.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-320, filed 12/23/92, effective 1/23/93.]

WAC 246-976-330 Ambulance and aid services—Record requirements. (1) Each ambulance and aid vehicle service shall maintain a record of:

(a) Current certification levels of all personnel;

(b) Make, model, and license number of all vehicles; and

(c) Each patient contact with at least the following information:

(i) Names and certification levels of all personnel;

(ii) Date and time of medical emergency;

(iii) Age of patient;

(iv) Applicable components of system response time as defined in this chapter;

(v) Patient vital signs;

(vi) Procedures performed on the patient;

(vii) Mechanism of injury or type of illness;

(viii) Patient destination;

(ix) Other data points identified in this chapter for the trauma registry.

(2) Transporting agencies shall leave a copy of the patient care record at the receiving facility.

(3) Patient records are confidential. Disclosure of patient information shall be governed by applicable state and federal regulations on confidentiality.

(4) Licensed services shall make all records available for inspection and duplication upon request of the department.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-330, filed 12/23/92, effective 1/23/93.]

WAC 246-976-340 Ambulance and aid services—Inspections and investigations. (1) The department shall conduct periodic, unannounced inspections of licensed ambulances and aid vehicles services.

(2) If the service is also verified in accordance with WAC 246-976-390, the department shall include a review for compliance with verification standards as part of the inspections described in this section.

(3) Licensed services shall make available to the department copies of any printed or written materials relevant to the inspection, verification review, or investigative process.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-340, filed 12/23/92, effective 1/23/93.]

WAC 246-976-350 Ambulance and aid services—Variances from requirements. (1) The department may grant a variance from ambulance and aid vehicle licensing requirements if:

(a) No detriment to health and safety would result from the variance; and

(b) Compliance is expected to cause reduction or loss of existing emergency medical services.

(2) Consistent with state and regional plans, the department may grant variances for a period of no more than one year. A variance may be renewed by the department upon approval of the L&C committee.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-350, filed 12/23/92, effective 1/23/93.]

WAC 246-976-370 Ambulance and aid services—Prehospital trauma triage procedures. (1) Licensed ambulance and aid services shall comply with the state of Washington Prehospital Trauma Triage Procedures, March 11, 1992, or as subsequently revised by the department.

(2) The EMS provider shall make assessments to determine whether an injury is classified as a major trauma, including:

- (a) Vital signs and level of consciousness;
- (b) Anatomy of injury;
- (c) Biomechanics of the injury; and
- (d) Comorbid and associated risk factors.

(3) The prehospital provider shall activate the trauma system immediately for patients who meet the criteria for vital signs, level of consciousness, and anatomy of injury listed in the trauma triage procedures, steps one and two.

(4) The prehospital provider shall consult with medical control before activating the trauma system for patients who meet the criteria listed in the trauma triage procedures for biomechanics of injury and comorbid and associated risk factors, steps three and four, but not for vital signs, level of consciousness, or anatomy of injury.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-370, filed 12/23/92, effective 1/23/93.]

VERIFICATION

WAC 246-976-390 Verification of trauma care services. (1) The department shall:

- (a) Develop and provide procedures and application forms for verification;
- (b) Establish and publish standards for verification of prehospital trauma care services in the following categories:
 - (i) Aid service, basic life support;
 - (ii) Ambulance service, basic life support;
 - (iii) Aid service, intermediate life support;
 - (iv) Ambulance service, intermediate life support;
 - (v) Aid service, paramedic;
 - (vi) Ambulance service, paramedic;
- (c) Review the minimum response times for verified prehospital trauma services at least biennially, considering data available from the trauma registry and with the advice of the steering committee;
- (d) Approve an applicant to provide verified prehospital trauma care, based on satisfactory evaluations as described in this section;
- (e) Notify the regional council and the MPD in writing of the name, location, and level of verified services;
- (f) Renew approval of a verified service upon reapplication, if the service continues to meet standards established in

this chapter and the needs identified in the regional EMS/TC plan.

(2) For licensed aid services, the department shall:

(a) Establish and review biennially the minimum number of aid services needed to provide verified nontransport trauma care services based upon distribution and level of service identified for each response area in the approved regional plan;

(b) Evaluate applicants for aid service trauma verification based upon demonstrated ability of the provider to meet standards defined in this section.

(3) For licensed ambulance services, the department shall:

(a) Establish and review biennially the minimum and maximum number of verified ambulance services needed in the state and within each region to assure adequate availability and avoid inefficient duplication and lack of coordination of verified transport trauma care service based upon distribution and level of service identified for each response area identified in the approved regional plan;

(b) Evaluate applicants for ambulance trauma service verification based upon:

(i) Demonstrated ability of the provider to meet standards defined in this section;

(ii) The maximum number of ambulance services for each response area identified in the approved regional plans;

(iii) Preference for verification of existing licensed EMS/TC agencies, until January 1, 1995;

(iv) Recommendations from:

(A) EMS systems established by ordinance, resolution, interlocal agreement, or contract;

(B) Local government; and

(C) Local and regional EMS/TC councils;

(v) Verification shall be renewed upon reapplication, if the service continues to meet standards established in this chapter, and the needs identified in the regional plan.

(4) The regional councils shall:

(a) Identify the need for and distribution of verified aid services needed to assure adequate availability of prehospital aid service within the region for each response area, based upon agency response time standards, geography, topography, and population density for:

(i) Aid service, basic life support;

(ii) Aid service, intermediate basic life support;

(iii) Aid service, advanced life support;

(b) Identify the need for and distribution of verified ambulance services needed to assure adequate availability and avoid inefficient duplication and lack of coordination of prehospital ambulance service within the region for each response area based upon agency response time standards, geography, topography, and population density for:

(i) Ambulance, basic life support;

(ii) Ambulance, intermediate life support;

(iii) Ambulance, advanced life support.

(5) Licensed ambulance and aid services applying to become verified prehospital trauma care services shall submit application on forms provided by the department, including:

(a) Documentation required for licensure specified by WAC 246-976-260(2);

(b) By July 1, 1995, a policy that a trauma training program is required for all personnel responding to trauma

incidents. The program shall meet learning objectives established by the department and be approved by the MPD;

(c) Documentation that the provider has the ability to deliver personnel and equipment required for verification to the scene of a trauma injury within the agency response times identified in this section; and

(d) By July 1, 1995, documentation that the provider is participating in an approved regional quality assurance program.

(6) Verified aid services shall provide personnel on each trauma response including:

(a) Aid service, basic life support: At least one individual, first responder or above;

(b) Aid service, intermediate life support: At least one IV/airway technician; or two individuals, one IV technician and one airway technician;

(c) Aid service, advanced life support: At least one paramedic.

(7) Verified ambulance services shall provide personnel on each trauma response including:

(a) Ambulance, basic life support: At least two certified individuals — one EMT plus one first responder;

(b) Ambulance, intermediate life support:

(i) One IV/airway technician, plus one EMT; or

(ii) One IV technician and one airway technician, both of whom shall be in attendance in the patient compartment, plus a driver;

(c) Ambulance, paramedic: At least two certified individuals — one paramedic and one EMT.

(8) Minimum equipment standards for licensure of basic life support (BLS) units as identified in WAC 246-976-300 shall be the minimum standards for verified BLS units.

(9) Verified aid and ground ambulance services shall provide equipment on each vehicle, including for intermediate life support (ILS) and paramedic (PAR) level of service:

	AMBULANCE		AID VEHICLE	
	PAR	ILS	PAR	ILS
AIRWAY MANAGEMENT				
Airway Adjuncts				
Oral airway (adult: sm, med, lg)	1ea	1ea	1ea	1ea
Oral airway (pediatric: 00,0,1,2,3,4)	1ea	1ea	1ea	1ea
Adjunctive airways, per protocol	0	1	0	1
Laryngoscope handle, spare batteries	1	1	1	1
Adult blades, set	1	1	1	1
Pediatric blades, straight (0,1,2)	1ea	1ea	1ea	1ea
Pediatric blades, curved (2)	1ea	1ea	1ea	1ea
McGill forceps, adult & pediatric	1	1	1	1
ET tubes, adult (±1/2 mm)	1ea	1ea	1ea	1ea
ET tubes, pediatric, with stylet				
Uncuffed (2.5 - 5.0 mm)	1ea	1ea	1ea	1ea
Cuffed or uncuffed (6.0 mm)	1ea	1ea	1ea	1ea
Suction				
Portable, manual and powered	1	1	1	1
Vehicle mounted and powered; providing: Minimum of 30 L/min. & vacuum > 300 mm Hg	1	1	0	0
Tubing, suction	1	1	1	1
Bulb syringe, pediatric	1	1	1	1
Catheters, suction				
Adult (14 Fr x 22")	4	4	2	2
Pediatric (6,8,10 Fr)	1ea	1ea	1ea	1ea
Rigid suction tips	2	2	1	1
Water, rinsing	Yes	Yes	0	0
Oxygen delivery				
Oxygen delivery system, built in	1	1	0	0
3000L Oxygen cylinder, 500Lbs PSI minimum	1	1	0	0
300L Oxygen cylinder, 500Lbs PSI minimum	2	2	1	1
Regulator, oxygen (0-15+ Liter)	1	1	1	1
Cannula, nasal, adult	4	4	2	2
O ₂ mask, adult	4	4	2	2
O ₂ mask, pediatric	2	2	1	1
O ₂ mask, nonbreather, adult	4	4	2	2
O ₂ mask, nonbreather, pediatric	2	2	1	1
BVM, w/O ₂ reservoir				
Adult	1	1	1	1
Pediatric, (w/sizes neonatal to adult)	1	1	1	1
PATIENT ASSESSMENT AND CARE				
Assessment				
Sphygmomanometer				
Adult, large	1	1	1	1
Adult, regular	1	1	1	1
Pediatric				
Infant	1	1	1	1
Stethoscope				
Adult	1	1	1	1
Pediatric	1	1	1	1
Thermometer, oral and hypothermia	1ea	1ea	0	0
Flashlight, w/spare or rechargeable batteries & bulb	1	1	1	1
Personal infection control				
Gloves, exam, nonsterile (box)	1	1	1	1
Other equipment per WISHA requirements	Yes	Yes	Yes	Yes
MEDICAL EMERGENCIES				
Wound care				
Dressing, sterile	asst	asst	asst	asst
Dressing, sterile, trauma	4	4	4	4
Roller gauze bandage	asst	asst	asst	asst
Triangular bandage	4	4	4	4
Medical tape	asst	asst	asst	asst
Self adhesive bandage strips	asst	asst	asst	asst
Cold packs	4	4	2	2
Occlusive dressings	2	2	2	2
Burn sheets	2	2	2	2
Scissors, bandage	1	1	1	1
Irrigation solution	2	2	1	1
Splinting				
Backboard, plywood or equiv with straps				
Backboard head immobilizer	2	2	1	1
Backboard head immobilizer	1	1	1	1
Immobilizer board, pediatric capable	1	1	1	1
Extraction collars, rigid				
Adult (small, medium, large)	2ea	2ea	1ea	1ea
Pediatric	asst	asst	asst	asst
Extraction device (immobilizer) adult				
Splint, traction, adult with straps	1	1	1	1
Splint, traction, pediatric, w/straps	1	1	1	1
Splint, adult (arm and leg)	2ea	2ea	1ea	1ea
Splint, pediatric (arm and leg)	1ea	1ea	1ea	1ea
IV access				
Isotonic solution	4L	4L	2L	2L
Administration sets				
Adult	1	1	1	1
Pediatric, w/volume control	4	4	2	2
Catheters, intravenous (14-24 ga)				
Needles	asst	asst	asst	asst
Hypodermic				
Intraosseous, per protocol	2	2	1	1
Sharps container	1	1	1	1
Syringes	asst	asst	asst	asst
Glucose measuring supplies	Yes	0	Yes	0
Pressure infusion device	1	1	1	1
Cardiac care				
Monitor/defibrillator (manual capable) with necessary supplies	1	0	1	0

General				
Litter, wheeled, collapsible, w/straps	1	1	0	0
Pillows (plastic cover or disposable)	2	2	0	0
Pillow case	4	4	0	0
Sheets	4	4	0	0
Blankets	4	4	2	2
Towels, cloth	4	4	0	0
Emesis collection device	1	1	1	1
Urinal	1	1	0	0
Bed pan	1	1	0	0
OB kit	1	1	1	1
Extrication				
Shovel	1	1	1	1
Hammer	1	1	1	1
Adjustable wrench, 8"	1	1	1	1
Hack saw, with blades	1	1	1	1
Crowbar, pinch point, 40" minimum	1	1	1	1
Screwdriver, straight tip, 10" minimum	1	1	1	1
Screwdriver, 3 Phillips, 10" minimum	1	1	1	1
Wrecking bar, 3' minimum	1	1	1	1
Locking pliers	1	1	1	1
Bolt cutters, 1/2" min. jaw spread	1	1	1	1
Rope, utility, 50' x 3/8"	1	1	1	1

(9) Verified air ambulance services shall meet equipment requirements described in WAC 246-976-320.

(10) By January 1994, all verified trauma services shall participate in the regional quality assurance program established by RCW 70.168.090(2).

(11) Verified aid services shall meet the following minimum agency response times for response areas as defined by the department and identified in the approved regional plan:

(a) To urban response areas: Eight minutes or less, eighty percent of the time;

(b) To suburban response areas: Fifteen minutes or less, eighty percent of the time;

(c) To rural response areas: Forty-five minutes or less, eighty percent of the time;

(d) To wilderness response areas: As soon as possible.

(12) Verified ground ambulance services shall meet the following minimum agency response times for response areas as defined by the department and identified in the approved regional plan:

(a) To urban response areas: Ten minutes or less, eighty percent of the time;

(b) To suburban response areas: Twenty minutes or less, eighty percent of the time;

(c) To rural response areas: Forty-five minutes or less, eighty percent of the time;

(d) To wilderness response areas: As soon as possible.

(13) A verified prehospital trauma care service, or an applicant for verification, may request a variance from the requirements of this section.

(14) The department may:

(a) Grant a variance from ambulance and aid service verification requirements for a period not to exceed one year if the department determines:

(i) No detriment to public health and safety will result from the variance; and

(ii) Compliance with the provisions of this section will cause a reduction or loss of existing prehospital services;

(b) Renew a variance. If a renewal is granted, the verified service shall prepare a plan to bring the provider or region into compliance and the expected date of compliance, consistent with the regional EMS/TC plan.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-390, filed 12/23/92, effective 1/23/93.]

WAC 246-976-400 Verification—Noncompliance with standards. If the department finds that a verified prehospital trauma care service is out of compliance with verification standards:

(1) The department shall promptly notify in writing: The service, the MPD, the local and regional EMS/TC councils.

(2) The service shall, within thirty days of notification by the department, submit a corrective plan to the MPD and the regional council outlining proposed action to bring the service into compliance.

(3) The MPD and the regional council shall, within thirty days of receipt of the service's corrective plan, forward their recommendations on the plan to the department.

(4) The department shall, within thirty days, review the plan and recommendations of the regional council and MPD, and notify the service of acceptance or rejection.

(5) The regional council may:

(a) Seek assistance and funding from the department and others to provide training or grants necessary to bring the verified prehospital trauma service into compliance; and/or

(b) Appeal to the department for modification of the regional plan if it is unable to assure continued compliance with the regional plan.

(6) The department shall monitor the service's progress in fulfilling the terms of the approved plan.

(7) If the service is either unable or unwilling to comply with the verification standards, under the provisions of chapter 34.05 RCW, the department may suspend or revoke the verification. The department shall promptly notify the regional council and the MPD of any revocation or suspension of verification.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-400, filed 12/23/92, effective 1/23/93.]

TRAUMA REGISTRY

WAC 246-976-420 Trauma registry—Department responsibilities. The department shall:

(1) Establish a state-wide data registry to collect and analyze data on the incidence, severity, and causes of trauma, including traumatic brain injury for the purposes of:

(a) Monitoring and providing information necessary to evaluate major trauma patient care and outcome;

(b) Assessing compliance of prehospital providers, health care facilities, hospitals, and rehabilitation services with the standards of state trauma system operation and designation;

(c) Providing information necessary for resource planning and management;

(d) Providing data for injury surveillance, analysis, and prevention programs; and

(e) Providing a resource for research and education.

(2) Establish criteria to identify patients to be included in the state trauma registry by:

(a) All licensed prehospital providers;

(b) Health care facilities, both designated (all levels) and nondesignated;

(c) Designated trauma rehabilitation services;

(d) Medical examiner reports;

(e) Other sources outside of the EMS/TC system which may include but not be limited to:

(i) Death certificates;

(ii) Washington Fire Incident Report System;

(iii) Commission's Hospital Abstract Reporting System (CHARS); and

(iv) Law enforcement agency records.

(3) Establish, publish, and periodically review the required data elements to be submitted to provide information regarding injury, trauma care, and system operation, in the following categories:

(a) Demographic;

(b) Anatomic;

(c) Physiologic;

(d) Severity;

(e) Epidemiologic;

(f) Resource utilization;

(g) Quality assurance;

(h) Outcome; and

(i) Financial.

(4) Require a case specific patient identifier common to all data sources used in the registry;

(5) Provide procedures for electronic submission of data, including specifications for necessary software; or provide paper forms for manual submission of data;

(6) For data quality assurance:

(a) Develop detailed protocols for quality control, consistent with the department's most current data quality guidelines;

(b) Perform validity studies to assess the completeness and accuracy of case identification and data collection;

(c) Provide a report on completeness and accuracy of data submitted for each provider submitting data to the registry.

(7) Conclude a pilot of the trauma registry by July 1993, which assesses the impact of data reporting on hospital and prehospital participants, and evaluates the appropriateness of the inclusion criteria and required data elements; and

(8) Evaluate requests from regional EMS/TC councils for collection of voluntarily submitted additional data elements from agencies and facilities in that region.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-420, filed 12/23/92, effective 1/23/93.]

WAC 246-976-430 Trauma registry—Provider responsibilities. (1) All licensed prehospital services shall:

(a) Use the following criteria for inclusion of patient data in the trauma registry:

(i) Trauma victims dead at scene; and

(ii) All patients meeting trauma triage criteria who are transported to a health care facility;

(b) Submit required registry data via electronic transfer; or, if authorized in writing by the department, on approved paper forms.

(2) The first licensed service on the scene shall be responsible for submitting the following data on all patients

identified in subsection (1) of this section, treated during each calendar quarter. Data shall arrive at the registry in an approved format no later than ninety days after the end of the quarter:

(a) Run sheet number;

(b) Name or name code, when available;

(c) Date of birth when available;

(d) Age;

(e) Sex;

(f) Agency incident number;

(g) Patient's trauma identification number;

(h) Agency identification number;

(i) First agency on scene (yes/no);

(j) Transporting agency identification;

(k) Level of transporting agency (BLS/ALS);

(l) Incident county code;

(m) Response area code of incident (urban, suburban, rural, wilderness);

(n) Date of incident;

(o) Time;

(i) Call received;

(ii) Dispatched;

(iii) Arrived at scene;

(p) First scene:

(i) Systolic blood pressure;

(ii) Respiratory rate;

(iii) Pulse;

(q) Glasgow coma score - eye, verbal, and motor;

(r) Systolic blood pressure less than ninety mm Hg in field (yes/no);

(s) Mechanism of injury;

(t) Prehospital trauma system activation (yes/no);

(u) Extrication required;

(v) Patient entrapped (yes/no);

(w) Safety restraint or device used;

(x) Field interventions done; and

(y) Additional information if patient died at scene:

(i) Patient home zip code;

(ii) Patient race and ethnicity when available.

(3) The transporting service shall be responsible for submitting the following data on all patients identified in subsection (1) of this section, treated during each calendar quarter. Data shall arrive at the registry in an approved format no later than ninety days after the end of the quarter:

(a) Run sheet number or file number;

(b) Name or name code;

(c) Date of birth, when available;

(d) Age;

(e) Sex;

(f) Agency incident number;

(g) Patient's trauma identification number;

(h) Agency identification number;

(i) First agency on scene identification number;

(j) Transporting agency identification;

(k) Level of transporting agency (BLS/ALS);

(l) Intra-facility transport;

(m) Incident county code;

(n) Response area code of incident (urban, suburban, rural, wilderness);

(o) Date of incident;

(p) First hospital transported to (code);

(q) Second hospital transported to (code);

(r) Intra-field rendezvous transport agency identification number;

(s) Time of:

(i) Call received;

(ii) Dispatch;

(iii) Arrival at scene;

(iv) Departure from scene;

(v) Arrival at intra-field destination or rendezvous;

(vi) Arrival at first hospital;

(vii) Departure from first hospital;

(viii) Arrival at second hospital;

(t) First:

(i) Systolic blood pressure;

(ii) Respiratory rate;

(iii) Pulse;

(iv) Glasgow coma score - eye, verbal, and motor;

(u) Systolic blood pressure less than ninety mm Hg in field;

(v) Mechanism of injury;

(w) Trauma triage criteria met;

(x) Prehospital trauma system activation (yes/no);

(y) Extrication required;

(z) Patient entrapped (yes/no);

(aa) Safety restraint/device used;

(bb) Field interventions done;

(cc) Receiving hospital contacted (code);

(dd) Diverted;

(ee) Mode of transport; and

(ff) Additional information if patient dies in route:

(i) Patient home zip code;

(ii) Patient race and/or ethnicity, when available.

(4) Licensed ambulance services transporting patients between facilities shall be responsible for submitting the following data on all patients identified in subsection (1) of this section, treated during each calendar quarter. Data shall arrive at the registry in an approved format no later than ninety days after the end of the quarter:

(a) Run sheet number;

(b) Patient's trauma identification number;

(c) Agency identification number;

(d) Inter-facility transfer (yes/no);

(e) Mode of transport;

(f) Level of transport (BLS/ALS);

(g) Time:

(i) Call received;

(ii) Arrived at hospital;

(h) Originating facility (code);

(i) Destination facility (code).

(5) Designated trauma care facilities at all levels shall:

(a) Use the following criteria for inclusion of patient data in the trauma registry:

(i) All trauma patients dead on arrival at health care facility;

(ii) All trauma patients discharged deceased from health care facility;

(iii) All trauma patients transferred to another facility;

(iv) Other patients with all three of the following:

(A) Emergency admit, UB-82; and

(B) Length of stay greater than two days or forty-eight hours; and

(C) Discharge diagnosis ICD-9-CM codes of 800 - 904.99 or 910 - 959.9;

(b) Submit required registry data via electronic transfer; or, if authorized in writing by the department, on approved paper forms;

(c) Submit the following data for patients identified in (a) of this subsection, who were discharged during each calendar quarter. Data shall arrive at the registry in an approved format no later than ninety days after the end of the quarter:

(i) Identification of facility;

(ii) Unique patient identification number assigned to the patient by the facility;

(iii) Arrival via EMS system;

(iv) Prehospital run sheet number, when available;

(v) Date of ED arrival;

(vi) Time of ED arrival;

(vii) Date of incident;

(viii) Initial hospital;

(ix) Facility patient was transferred from;

(x) Patient information:

(A) Name or name code;

(B) Date of birth;

(C) Sex;

(D) Race and ethnicity;

(E) Patient's trauma identification number;

(F) Social Security number;

(G) Home zip code number;

(H) Organ donor;

(xi) Mechanism of injury;

(xii) Safety restraint/device used;

(xiii) Prehospital index score on admission;

(xiv) Time of first contact with ED physician;

(xv) Trauma team activated (yes/no);

(xvi) Time of call to surgeon;

(xvii) Time of arrival of surgeon in ED;

(xviii) First systolic blood pressure in ED;

(xix) First temperature in ED;

(xx) First pulse rate in ED;

(xxi) First spontaneous respiration rate in ED;

(xxii) Lowest systolic blood pressure in ED;

(xxiii) Glasgow coma score in ED - eye, verbal, and

motor;

(xxiv) Patient intubated at first GCS;

(xxv) Patient pharmacologically paralyzed at first GCS;

(xxvi) ED procedures performed;

(xxvii) Time of ED discharge;

(xxviii) ED discharge disposition;

(xxix) Admitting service;

(xxx) CT scan of head done (yes/no);

(xxxi) Date of head CT scan;

(xxxii) Time of head CT scan;

(xxxiii) For each operation:

(A) Date and time patient arrived in operating room;

(B) Date and time operation started;

(C) Most recent ICD codes;

(xxxiv) Length of primary stay in intensive care unit;

(xxxv) Length of readmission stay in intensive care unit;

(xxxvi) Co-morbidity complications;

(xxxvii) Physical therapy consult;

(xxxviii) Date of physical therapy consult;

(xxxix) Rehabilitation consult;

(xl) Date of rehabilitation consult;

(xli) Disability at acute care discharge;

- (A) Feeding;
- (B) Locomotion;
- (C) Expression;
- (xlii) Glasgow outcome score at discharge;
- (xliii) Date of facility discharge;
- (xliv) Time of facility discharge;
- (xlv) Discharge disposition;
- (xlvi) Rehabilitation facility identification number;
- (xlvii) Autopsy done (yes/no);
- (xlviii) Date of death;
- (il) Time of death;
- (l) Most recent ICD diagnosis codes/discharge codes;
- (li) E-code;
- (lii) Occupational injury;
- (liii) Safety restraint/device used; and
- (liv) Payer source;
- (d) Submit reimbursement information on trauma registry patients annually, including:
 - (i) Total billed charges;
 - (ii) Remitted reimbursement by each payer category; and
 - (iii) Ratio of cost to charges, by department.
- (6) Designated rehabilitation facilities shall:
 - (a) Inclusion patient data for the trauma registry on all patients whose primary admission diagnosis is trauma, including ICD diagnosis codes of 800 - 904.99 or 910 - 959.9;
 - (b) Submit the following data for patients identified in (a) of this subsection, who were discharged during each calendar quarter. Data shall arrive at the registry in an approved format no later than ninety days after the end of the quarter:
 - (i) Rehabilitation facility identification number;
 - (ii) Trauma tag/identification number;
 - (iii) Name or name code;
 - (iv) Social Security number;
 - (v) Sex;
 - (vi) Date of birth;
 - (vii) Date of admission to rehabilitation;
 - (viii) First admit (yes/no);
 - (ix) Continuing admit (yes/no);
 - (x) Impairment code, from the national uniform data set;
 - (xi) Source of admission;
 - (xii) Level of cognitive function on admission (Rancho scale);
 - (xiii) Tracheostomy;
 - (xiv) Ventilator dependent;
 - (xv) Feeding tube;
 - (xvi) Admission functional independence measure, from the national uniform data set (FIM or WEE FIM);
 - (xvii) Complications;
 - (xviii) Premorbid physiological, cognitive, and mental conditions;
 - (xix) Highest grade completed;
 - (xx) Level of cognitive function on discharge (Rancho scale);
 - (xxi) Functional independence measure on discharge, from the national uniform data set (FIM or WEE FIM score);
 - (xxii) Discharged with tracheostomy;
 - (xxiii) Discharged ventilator dependent;
 - (xxiv) Discharged with feeding tube;

- (xxv) Discharge due to medical problem (yes/no);
- (xxvi) Date of discharge due to medical problem;
- (xxvii) Readmitted after medically required interruption;
- (xxviii) Date of readmission after interruption;
- (xxix) Patient did not return after interruption;
- (xxx) Discharged to;
- (xxxi) Social support system;
- (xxxii) Discharge date from rehabilitation;
- (xxxiii) Rehabilitation services ordered at discharge;
- (xxxiv) Community support system; and
- (xxxv) Payer source - primary and secondary;
- (c) Submit reimbursement information on trauma registry patients annually, including:
 - (i) Total billed charges;
 - (ii) Remitted reimbursement by each payer category; and
 - (iii) Ratio of cost to charges, by department.
- (7) Medical examiners and coroners may:
 - (a) Submit data to the registry on all patients with injury listed as an underlying cause or contributing factor to death on the death certificate;
 - (b) Submit the following data for all patients meeting the inclusion criteria identified in (a) of this subsection:
 - (i) Patient:
 - (A) Name or name code;
 - (B) Date of birth;
 - (C) Social Security number;
 - (D) Patient's trauma identification number;
 - (E) Gender;
 - (F) Race and/or ethnicity;
 - (G) Date of incident;
 - (H) Date of death; and
 - (I) Home zip code;
 - (ii) Medical examiner number/coroner identification number;
 - (iii) Medical examiner/coroner facility identification number;
 - (iv) Autopsy done;
 - (v) Mechanism of injury;
 - (vi) Organ donor;
 - (vii) Cause of death; and
 - (viii) Most recent ICD diagnosis code or equivalent description.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-430, filed 12/23/92, effective 1/23/93.]

WAC 246-976-440 Trauma registry—Reports. (1) Within three months after the reporting period, the department shall report:

- (a) Semiannually and annually on all patient data entered into the trauma registry during the reporting period;
 - (b) Semiannually on trends, patient care outcomes, and other data, for each EMS/TC region and for the state, for the purpose of regional evaluation;
 - (c) Periodically on report financial data.
- (2) The department shall provide:
- (a) Registry reports to all providers that have submitted data;

(b) For the generation of quarterly reports to all providers submitting data to the registry, for the purpose of planning, management, and quality assurance;

(c) Provider-specific raw data to the provider that originally submitted it;

(d) Aggregate regional data semiannually to the regional EMS/TC council, excluding any confidential or identifying data.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-440, filed 12/23/92, effective 1/23/93.]

WAC 246-976-450 Access and release of trauma registry information. (1) Data elements related to the identification of individual patient's, provider's, and facility's care outcomes shall be confidential, shall be exempt from RCW 42.17.250 through 42.17.450, and shall not be subject to discovery by subpoena or admissible as evidence.

(2) Persons with access to information collected under this chapter shall use the information for only those purposes stipulated in the chapter.

(3) The department may approve requests for data and other information from the registry for special studies and analyses, consistent with requirements for confidentiality of patient and quality assurance records. The release of confidential information shall be governed by the provisions of current laws regarding disclosure of personal records. In accordance with those provisions, confidential information shall not be disclosed, except:

(a) On request, to an approved regional quality assurance program which is bound by the same confidentiality guidelines as the department;

(b) On request, to a scientific research professional associated with a bona fide scientific research organization, providing:

(i) The research professional's written research proposal has been reviewed and approved by the DSHS/DOH human research review board with respect to the scientific merit and confidentiality safeguards; and

(ii) The department has given administrative approval for the proposal.

(c) The department may require requestors to pay any or all of the reasonable costs associated with such requests that might be approved.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-450, filed 12/23/92, effective 1/23/93.]

DESIGNATION OF TRAUMA CARE FACILITIES

WAC 246-976-470 Trauma care facilities—Designation process. (1) The department shall develop a request for proposal (RFP) for facilities seeking designation or renewal of designation as trauma care services. The RFP shall include:

(a) System standards for facility level and category of designation sought;

(b) Application requirements;

(c) Evaluation criteria;

(d) Goals and objectives of the facility;

(e) Capability to provide trauma care;

(f) Commitment to serve the trauma care needs of the state-wide system;

(g) Compliance with goals of the regional EMS/TC plan; and

(h) Geographic coverage.

(2) The applicant for designation as a trauma care service shall:

(a) Submit a completed proposal packet to the department according to a published schedule;

(b) Have no less than ninety days to complete a proposal in response to the department's RFP; and

(c) Submit fees as required by WAC 246-976-990, no later than thirty days prior to the scheduled on-site review.

(3) The department may:

(a) Consider and approve requests for designation for more than one level or category of trauma service from a single facility at one time;

(b) Consider and approve single proposals from two or more facilities for joint provision of a single level or category of trauma service. If the department grants joint designation, it shall resurvey the facilities at the end of twelve months of operation, to confirm compliance with the provisions of this chapter; and/or

(c) In order to ensure adequate trauma care, grant provisional designation, for a period not exceeding one year, to facilities that are currently unable to fully meet the standards of this chapter.

(4) The department shall:

(a) Conduct on-site review of applicant's facilities in accordance with WAC 246-976-475;

(b) Consider proposals from facilities located and licensed in adjacent states in the same manner as proposals received from facilities located and licensed in Washington; and

(c) Evaluate applications for joint designation following the same criteria as for a single-facility application.

(5) After an evaluation to determine the current capability of each applicant to meet or exceed the requirements of this chapter, the department shall designate the health care facilities it deems most qualified to provide trauma care services, based on:

(a) Evaluation of the proposals submitted;

(b) Recommendations from the on-site review team;

(c) Trauma patient outcomes during the previous designation period;

(d) The best interests of the patients of the area;

(e) Expected patient volume of the area;

(f) The number and levels of designated health care facilities established by the state and regional EMS/TC plans;

(g) Ability of each applicant to comply with goals of the state and regional EMS/TC plans; and

(h) Compliance with contractual obligations to the department during the previous designation period.

(6) The department shall:

(a) Notify the applicant in writing of designation or denial of designation. Notification shall include a written report of the on-site review; and

(b) Notify regional EMS/TC councils of the name, location, level, and category of service of facilities that have been designated in their regions.

(7) The department and the designated facility shall enter into a contractual agreement. The contract shall:

(a) Authorize the facility to provide trauma care service for a three-year period;

(b) Identify the contractual and financial requirements and responsibilities of both the facility and the department;

(c) Allow the department to monitor compliance with regulations and standards during the contract period, including access to:

(i) Patient discharge summaries;

(ii) Patient care logs;

(iii) Patient care records;

(iv) Hospital trauma care quality assurance program records, including minutes; and

(v) Other relevant documents; and

(d) Require confidentiality of information relating to individual patient's, provider's, and facility's care outcomes.

(8) The department shall issue a new RFP as described in this section, for all interested health care facilities, including those currently designated, no later than one hundred fifty days prior to the expiration of each service's current designation.

[Statutory Authority: Chapter 70.168 RCW. 93-20-063, § 246-976-470, filed 10/1/93, effective 11/1/93. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-470, filed 12/23/92, effective 1/23/93.]

WAC 246-976-475 On-site review for designation.

The department shall require an on-site review of an applicant facility for levels I, II, and III trauma care services, and for levels I, II, and III pediatric trauma care services, prior to designation.

(1) The department shall establish multidisciplinary review teams composed of individuals knowledgeable in EMS/TC, appropriate to the level of designation requested, which may include:

(a) Trauma surgeons;

(b) Emergency physicians;

(c) Trauma nurse coordinators;

(d) Physicians knowledgeable in pediatric trauma care;

(e) Hospital or other medical administrators;

(f) EMS personnel;

(g) Department personnel; and/or

(h) Other specialists as needed for the level and category applied for.

(2) The department shall conduct on-site review using teams whose members do not live or work:

(a) In the same state as the applicant, for designation of levels I and II trauma services, and for levels I and II pediatric trauma services; or

(b) In the same county as the applicant, for designation of level III trauma care services, and for level III pediatric trauma services;

(3) The department may conduct on-site review of applicants for levels IV or V trauma care services.

(4) The on-site review team shall evaluate the appropriateness and capabilities of the applicant to provide high-quality trauma care services, and validate it's ability to meet the responsibilities, equipment, and performance standards for the level of designation sought, by:

(a) Inspecting the facility;

(b) Examining hospital records, including patient care records;

(c) Interviewing appropriate individuals;

(5) The on-site review team shall:

(a) Make a verbal report of findings to the applicant prior to leaving the facility; and

(b) Make written recommendations to the department.

(6) The department shall require and maintain confidentiality of information, records, and reports developed pursuant to on-site reviews. Such reports shall be exempt from public disclosure under the provisions of RCW 70.168.070, and not subject to discovery by subpoena or admissible as evidence. Members of the on-site review team shall not divulge, and cannot be subpoenaed to divulge, any information obtained or included in reports submitted to the department relating to the on-site review, including in any civil action resulting from the department's designation process.

(7) The applicant may submit to the department written objections or concerns of conflict of interest regarding any member of the on-site review team.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-475, filed 12/23/92, effective 1/23/93.]

WAC 246-976-480 Denial, revocation, or suspension of designation. (1) The department shall deny the application for designation if it finds, in the course of the designation process, that the facility:

(a) Is not the most qualified applicant, when the number of applicants exceeds the number of facilities identified in the state plan;

(b) Is unable to meet the requirements of this chapter for the level of designation sought;

(c) Makes a false statement of a material fact in it's application for designation;

(d) Refuses to allow representatives of the department to inspect any part of the facility, records, documentation, or files; or

(e) Is unable to meet or comply with the requirements of the approved regional plan.

(2) The department shall revoke or suspend designation of a health care facility if any owner, officer, director, or managing employee:

(a) Fails or refuses to comply with the provisions of this chapter or chapter 70.168 RCW;

(b) Fails to provide data to the registry;

(c) Makes a false statement of a material fact in the application for designation, or in any record required by this chapter, or in a matter under investigation;

(d) Prevents, interferes with, or attempts to impede in any way, the work of a representative of the department in the lawful enforcement of this chapter or chapter 70.168 RCW;

(e) Uses false, fraudulent, or misleading advertising, or makes any public claims regarding the facility's ability to care for nontrauma patients based on it's trauma care designation status;

(f) Misrepresents or is fraudulent in any aspect of conducting business;

(g) Is substantially out of compliance with the requirements of this chapter and chapter 70.168 RCW, and has been unable or refused to comply as required by the department; or

(h) Fails to comply with the terms of its contract, as documented, reviewed, and confirmed by the department.

(3) The following process shall be used when designation is denied, revoked, or suspended:

(a) The department shall notify a facility in writing of denial, revocation, or suspension of designation. Such notice shall include:

(i) The reasons for the action; and

(ii) Rights of the facility, which include a right to hearing, and may also include the opportunity to submit a plan of correction according to (c) through (e) of this subsection.

(b) The department shall notify the regional EMS/TC council of the action taken.

(c) A designated facility found to be out of compliance with chapter 70.168 RCW and this chapter may, within thirty working days, submit a plan of correction to the department. The plan shall include steps the facility is to take to correct deficiencies.

(d) The department shall approve or disapprove the plan within thirty working days.

(e) Upon notification that the plan of correction is approved by the department, the facility shall implement that plan within thirty working days, and notify the department upon completion.

(f) Upon satisfactory evidence of compliance with chapter 70.168 RCW and this chapter, which may include an on-site review, the department shall reinstate designation status.

(g) The facility may appeal decisions of denial, suspension, or revocation of designation in accordance with the provisions of chapter 34.05 RCW and chapter 246-08 WAC. Appeals should be addressed to the office of EMS and trauma systems, Department of Health, Olympia, WA 98504.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-480, filed 12/23/92, effective 1/23/93.]

WAC 246-976-500 Designation standards for level I trauma care hospital—Administration and organization.

(1) For the purpose of administering trauma care, a designated level I hospital shall have a trauma service, including:

(a) Organization and direction by a general surgeon who is expert in, and committed to, care of the injured;

(b) Ongoing coordination of the trauma service by a registered nurse;

(c) A multidisciplinary trauma committee with input to hospital management, including:

(i) An emergency physician;

(ii) An ED registered nurse;

(iii) A trauma surgeon;

(iv) A neurosurgeon;

(v) An orthopaedic surgeon;

(vi) A pediatrician;

(vii) An anesthesiologist;

(viii) Director of intensive care unit;

(ix) An intensive care registered nurse; and

(x) The trauma rehabilitation coordinator;

(d) A trauma resuscitation team to provide initial evaluation and treatment.

(i) The team shall be organized and directed by a general surgeon who is expert in and committed to care of the injured, and who assumes responsibility for coordination of overall care of the trauma patient. The surgeon shall be at least a post-graduate year four resident;

(ii) All members of the team, including the surgeon, shall be in-house and available within five minutes;

(iii) The team shall include an emergency physician:

(A) Responsible for activating the trauma resuscitation team, using an approved scoring system; and

(B) Responsible for providing team leadership and care for the trauma patient until the arrival of the surgeon in the resuscitation area;

(iv) Other members of the team shall be as specified in the hospital's application for designation;

(e) Specific delineation of trauma surgery privileges by the medical staff.

(2) A level I trauma care hospital shall have an ED with established standards and procedures to ensure immediate and appropriate care for adult and pediatric trauma patients.

(3) A level I trauma care hospital shall have a surgery department, including:

(a) General surgery, including an attending surgeon, in-house and available on patient's arrival in the ED, assuming five minute notification;

(b) Neurosurgery:

(i) In-house and available within five minutes. In-house coverage shall be provided by a board certified neurosurgeon, or by a surgeon who has been judged competent by the neurologic consultants on staff to initiate measures to stabilize the patient, and to initiate diagnostic procedures; and

(ii) With a board-certified neurosurgeon on-call and available within thirty minutes;

(c) The following services on-call and available within thirty minutes:

(i) Gynecologic surgery;

(ii) Hand surgery;

(iii) Microsurgery;

(iv) Obstetric surgery;

(v) Orthopaedic surgery;

(vi) Otorhinolaryngologic/maxillofacial surgery capable of managing upper airway trauma;

(vii) Plastic surgery;

(viii) Thoracic surgery; and

(ix) Urologic surgery.

(4) A level I trauma care hospital shall have nonsurgical specialties including:

(a) Anesthesiology, with an anesthesiologist who:

(i) Is ACLS trained;

(ii) Is in-house and available within five minutes;

(b) A radiologist on-call and available within twenty minutes;

(c) The following services on-call and available within thirty minutes:

(i) Cardiology;

(ii) Gastroenterology;

(iii) Hematology;

(iv) Infectious disease specialists;

- (v) Internal medicine;
 - (vi) Nephrology;
 - (vii) Pathology;
 - (viii) Pediatrics;
 - (ix) Pulmonology; and
 - (d) Psychiatry.
- (5) A level I trauma care hospital shall have a pediatric trauma policy that:
- (a) Provides for initial stabilization and resuscitation of pediatric trauma patients, including ED and surgical interventions; and
 - (b) If it is not a level I pediatric hospital, includes written provision to transfer the patient to the appropriate level designated pediatric trauma facility after initial resuscitation and stabilization.
- (6) A level I trauma care hospital shall have an approved policy to divert patients to other designated facilities, based on its ability to manage each patient at a particular time.
- (7) A level I trauma care hospital shall:
- (a) Have a quality assurance program in accordance with WAC 246-976-880; and
 - (b) Cooperate with regional trauma care quality assurance programs throughout the state established pursuant to WAC 246-976-910.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-500, filed 12/23/92, effective 1/23/93.]

WAC 246-976-510 Designation standards for level I trauma care hospitals—Basic resources and capabilities.

- (1) A level I trauma care hospital shall have an ED with:
- (a) A physician director who is:
 - (i) Board certified or eligible in emergency medicine, surgery or medicine or other relevant specialty; or with documented experience as director of an emergency department which has been previously recognized as a level I trauma center either by a regional entity or as verified by the Committee on Trauma of the American College of Surgeons;
 - (ii) ATLS trained; and
 - (iii) ACLS trained;
 - (b) Emergency physicians who are:
 - (i) Board certified or eligible in emergency medicine, or in a specialty practicing emergency medicine as their primary practice with special competency in care of trauma patients; (this requirement may be met by a surgical resident post graduate year two who is ATLS, ACLS, and PALS or approved equivalent trained, working under the direct supervision of the physician director of the emergency department, until the arrival of the attending surgeon. The attending surgeon shall be in-house and available upon the patients arrival in the ED, assuming five minute notification);
 - (ii) In-house and available within five minutes to patient on arrival to ED;
 - (iii) ATLS trained except that this requirement shall not apply to board certified emergency physicians;
 - (iv) ACLS trained;
 - (v) PALS or approved equivalent trained; and
 - (vi) Designated members of the trauma team;
 - (c) ED registered nurses who:
 - (i) Are ACLS trained;

- (ii) Are PALS or approved equivalent trained;
- (iii) Have taken a trauma life support course; and
- (iv) Are in the ED and available to the patient within five minutes; with at least two RNs on duty per shift;
- (d) Equipment for resuscitation and life support of pediatric and adult trauma patients, including:
 - (i) Airway control and ventilation equipment including:
 - (A) Airways;
 - (B) Laryngoscopes, including curved and straight;
 - (C) Endotracheal tubes of all sizes;
 - (D) Bag-mask resuscitator, with full range of sizes, neonatal to adult;
 - (E) Sources of oxygen; and
 - (F) Mechanical ventilation;
 - (ii) Suction devices, including:
 - (A) Back-up suction source;
 - (B) Pediatric and adult suction catheters; and
 - (C) Tonsil suction tip;
 - (iii) Electrocardiograph;
 - (iv) Cardiac monitor;
 - (v) Defibrillator, including pediatric paddles;
 - (vi) All standard apparatus to establish central venous pressure monitoring;
 - (vii) All standard intravenous fluids and administering devices for adult and pediatric patients, including intravenous and intraosseous needles;
 - (viii) Sterile surgical sets for procedures standard for ED such as thoracostomy and cut down, including adult and pediatric sets;
 - (ix) Gastric lavage equipment;
 - (x) Drugs and supplies necessary for emergency care, including pediatric emergency care;
 - (xi) Capability for rapid infusion of fluids;
 - (xii) Capability for rapid fluid recovery and transfusion;
 - (xiii) X-ray capability with twenty-four hour coverage by in-house technician;
 - (xiv) Thermal control equipment for:
 - (A) Patient;
 - (B) Blood;
 - (v) Two-way radio linked with EMS/TC vehicles;
 - (xvi) Pneumatic anti-shock garments, all sizes; except, pediatric are sizes optional depending on local protocol;
 - (xvii) Cervical injury immobilization device;
 - (xviii) Long-bone stabilization device;
 - (xix) Backboard;
 - (xx) Equipment specific to pediatric trauma care, including:
 - (A) Traction splint;
 - (B) Blood pressure cuffs in infant, child sizes;
 - (C) Foley catheters;
 - (D) Rigid cervical collars;
 - (E) Doppler;
 - (F) Infant scale for accurate weight measurement under twenty-five pounds;
 - (G) Temperature controlled heating units, with/without open crib;
 - (H) Heating/cooling blankets;
 - (I) Heat lamp;
 - (J) Hypothermia thermometers;
 - (K) Expanded scale electronic thermometers;
 - (L) Device for assuring maintenance of infant warmth during evaluation and transport;

- (M) Nasogastric/feeding tubes;
 - (N) Noninvasive BP monitor; and
 - (O) Pulse oximetry.
- (2) A level I trauma care hospital shall have a general surgery department including:
- (a) An attending surgeon who is in-house and available upon the patient's arrival in the ED, assuming five minute notification. The attending surgeon shall:
 - (i) Be board certified; or have graduated from a residency program accredited by the accreditation council of graduate medical education, but who is less than five years out of training;
 - (ii) Have general surgery privileges; or
 - (b) A post-graduate year four or above surgical resident may initiate evaluation and treatment upon the patient's arrival in the ED until the arrival of the attending surgeon. The attending surgeon shall be available within twenty minutes upon notification. The resident shall have ATLS and PALS or approved equivalent training.
 - (c) All trauma surgeons trained in ACLS;
 - (d) All trauma surgeons trained in ATLS except that this requirement shall not apply to board certified surgeons; and
 - (e) All trauma surgeons trained in PALS or approved equivalent.
- (3) A level I trauma care hospital shall have an operating suite with:
- (a) An operating room adequately staffed and available within five minutes after notification;
 - (b) Essential personnel, including at least one OR nurse, in-house and available twenty-four hours a day;
 - (c) A documented method for prompt mobilization of consecutive surgical teams for trauma patients; and
 - (d) Equipment or capabilities including:
 - (i) Cardiopulmonary bypass capability;
 - (ii) Operating microscope;
 - (iii) Thermal control equipment for patients;
 - (iv) Thermal control equipment for blood;
 - (v) Rapid infusion capability;
 - (vi) Rapid fluid recovery capability;
 - (vii) X-ray capability;
 - (viii) Bronchoscope in operating room;
 - (ix) Endoscopes available from elsewhere in the facility;
 - (x) Craniotome;
 - (xi) Monitoring equipment; and
 - (xii) Instruments and equipment appropriate to pediatric trauma care.
 - (4) A level I trauma care hospital shall have a post anesthetic recovery unit with:
 - (a) Essential personnel, including at least one nurse with critical post anesthetic nurse training, in-house and available twenty-four hours a day;
 - (b) All nurses ACLS trained; and
 - (c) Appropriate monitoring and resuscitation equipment.
 - (5) A level I trauma care hospital shall have an intensive care unit with:
 - (a) A medical director who is:
 - (i) Board certified or eligible in critical care, pulmonary medicine, cardiology, or surgery;
 - (ii) ACLS trained; and
 - (iii) ATLS trained.
 - (b) A physician on duty in the ICU twenty-four hours a day, or who is in-house and available within five minutes;

- (c) A physician directed code team;
- (d) ICU registered nurses who:
 - (i) Are ACLS trained; and
 - (ii) Have taken a trauma life support course;
- (e) Immediate access to clinical laboratory services;
- (f) Equipment appropriate for adult and pediatric patients, including:
 - (i) Airway control and ventilation devices;
 - (ii) Oxygen source with concentration controls;
 - (iii) Cardiac emergency cart;
 - (iv) Temporary transvenous pacemaker;
 - (v) Electrocardiograph-cardiac monitor-defibrillator;
 - (vi) Cardiac output monitoring;
 - (vii) Electronic pressure monitoring;
 - (viii) Mechanical ventilator-respirators;
 - (ix) Patient weighing devices;
 - (x) Pulmonary function measuring devices;
 - (xi) Temperature control devices;
 - (xii) Drugs, intravenous fluids, and supplies; and
 - (xiii) Intracranial pressure monitoring devices.
- (6) A level I trauma care hospital shall have a clinical laboratory available within five minutes, including:
 - (a) Standard analysis of blood, urine, and other body fluids;
 - (b) Coagulation studies;
 - (c) Blood gases and Ph determination;
 - (d) Serum and urine osmolality;
 - (e) Microbiology;
 - (f) Serum alcohol determination;
 - (g) Drug screening; and
 - (h) Microtechnique.
- (7) A level I trauma care hospital shall have transfusion services including:
 - (a) Blood and blood components available from in-house or through community services, to meet patient needs in a timely fashion;
 - (b) Noncrossmatched blood available on patient arrival in ED;
 - (c) Massive transfusion protocols in place;
 - (d) Ability to perform massive transfusions and auto-transfusion; and
 - (e) Blood storage capability.
- (8) A level I trauma care hospital shall have radiological services, including:
 - (a) The following services in-house and available within five minutes:
 - (i) Computerized tomography; and
 - (ii) X-ray capability;
 - (b) The following services on-call and available within twenty minutes:
 - (i) Angiography;
 - (ii) Sonography; and
 - (iii) Nuclear scanning.
- (9) A level I trauma care hospital shall have acute hemodialysis capability, or a written transfer agreement.
- (10) A level I trauma care hospital shall have:
 - (a) A physician-directed burn unit which is staffed by nursing personnel trained in burn care; and is equipped to care for extensively burned patients; or
 - (b) Written transfer agreement with a burn center or hospital with burn unit.

(11) A level I trauma care hospital shall be able to manage acute head and/or spinal cord injury; or have written transfer agreements with a facility with such capabilities. Early transfer to an appropriate designated rehabilitation facility shall be considered.

(12) A level I trauma care hospital shall have a trauma rehabilitation coordinator.

(13) A level I trauma care hospital shall have:

(a) A physician-directed rehabilitation medicine service which is staffed by personnel trained in rehabilitation care; and is equipped to care for the trauma patient; or

(b) Written agreements to transfer patients to a designated rehabilitation service when medically feasible.

(14) A level I trauma care hospital shall have a heliport or landing zone located close enough to permit the facility to receive or transfer patients by air.

[Statutory Authority: Chapter 70.168 RCW. 93-20-063, § 246-976-510, filed 10/1/93, effective 11/1/93. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-510, filed 12/23/92, effective 1/23/93.]

WAC 246-976-520 Designation standards for level I trauma care hospitals—Outreach, training, and public education. A level I trauma care hospital shall have:

(1) An outreach program with telephone and on-site consultations with physicians of the community and outlying areas regarding trauma care;

(2) Training, including:

(a) A formal program of continuing trauma care education for:

- (i) Staff physicians;
- (ii) Nurses;
- (iii) Allied health care professionals;
- (iv) Community physicians; and
- (v) Prehospital personnel;

(b) A residency program accredited by the accreditation council of graduate medical education, with a commitment to training physicians in trauma management;

(c) In-house initial and maintenance training of invasive manipulative skills for prehospital personnel;

(3) A public education program addressing:

- (a) Injury prevention:
 - (i) In the home;
 - (ii) In industry and the work place;
 - (iii) On the highways;
 - (iv) On athletic fields; and
 - (v) For recreational or sports related activities;
- (b) First aid or CPR;

(c) Problems confronting the public, the medical profession, and hospitals regarding optimal care for the injured.

[Statutory Authority: Chapter 70.168 RCW. 93-20-063, § 246-976-520, filed 10/1/93, effective 11/1/93. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-520, filed 12/23/92, effective 1/23/93.]

WAC 246-976-550 Designation standards for level II trauma care hospitals—Administration and organization. (1) For the purpose of administering trauma care, a designated level II hospital shall have a trauma service, including:

(a) Organization and direction by a general surgeon who is expert in, and committed to, care of the injured;

(b) Ongoing coordination of the trauma service by a registered nurse;

(c) A multidisciplinary trauma committee with input to hospital management, including:

- (i) An emergency physician;
- (ii) An ED registered nurse;
- (iii) A trauma surgeon;
- (iv) A neurosurgeon;
- (v) An orthopaedic surgeon;
- (vi) A pediatrician;
- (vii) An anesthesiologist;
- (viii) Director of intensive care unit; and
- (ix) An intensive care registered nurse;

(d) A trauma resuscitation team to provide initial evaluation and treatment.

(i) The team shall be organized and directed by a general surgeon who is expert in and committed to care of the injured, and who assumes responsibility for coordination of overall care of the trauma patient;

(ii) All members of the team, except the surgeon, shall be in-house and available within five minutes;

(iii) The surgeon shall be available upon the patient's arrival in the ED, assuming twenty minute notification; and shall assume responsibility for patient care upon the surgeon's arrival in the resuscitation area;

(iv) The team shall include an emergency physician:

(A) Responsible for activating the trauma resuscitation team, using an approved scoring system; and

(B) Responsible for providing team leadership and care for the trauma patient until the arrival of the surgeon in the resuscitation area;

(v) Other members of the team shall be as specified in the hospital's application for designation;

(e) Specific delineation of trauma surgery privileges by the medical staff.

(2) A level II trauma care hospital shall have an ED with established standards and procedures to ensure immediate and appropriate care for adult and pediatric trauma patients.

(3) A level II trauma care hospital shall have a surgery department, including:

- (a) General surgery, including a trauma surgeon;
- (b) Neurosurgery;

(i) In-house and available within five minutes. In-house coverage shall be provided by a neurosurgeon, surgeon, or other physician who has been judged competent by the neurologic consultants on staff to initiate measures to stabilize the patient, and to initiate diagnostic procedures; and

(ii) With a surgeon with neurosurgical privileges on-call and available within thirty minutes;

(c) The following services on-call and available within thirty minutes:

- (i) Gynecologic surgery;
- (ii) Obstetric surgery;
- (iii) Orthopaedic surgery;
- (iv) Plastic surgery;
- (v) Otorhinolaryngologic/maxillofacial surgery capable of managing upper airway trauma; and
- (vi) Thoracic surgery.

(4) A level II trauma care hospital shall have nonsurgical specialties including:

(a) Anesthesiology, with an anesthesiologist who:

(i) Is ACLS trained; and

(ii) Is on-call and available on patient's arrival in ED, assuming a twenty minute notification;

(b) A radiologist on-call and available within twenty minutes; and

(c) The following services on-call and available within thirty minutes:

(i) Cardiology;

(ii) Hematology;

(iii) Internal medicine;

(iv) Pathology; and

(v) Pediatrics.

(5) A level II trauma care hospital shall have a pediatric trauma policy that:

(a) Provides for initial stabilization and resuscitation for pediatric trauma patients, including ED and surgical interventions; and

(b) If it is not a level II pediatric trauma hospital, includes written provision to transfer the patient to the appropriate level designated pediatric trauma facility after initial resuscitation and stabilization.

(6) A level II trauma care hospital shall have an approved policy to divert patients to other designated facilities, based on it's ability to manage each patient at a particular time.

(7) A level II trauma care hospital shall have a quality assurance program in accordance with WAC 246-976-880.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-550, filed 12/23/92, effective 1/23/93.]

WAC 246-976-560 Designation standards for level II trauma care hospitals—Basic resources and capabilities.

(1) A level II trauma care hospital shall have an ED with:

(a) A physician director who is board certified or eligible in emergency medicine;

(b) Emergency physicians who are:

(i) Board certified or eligible in emergency medicine, or in a specialty practicing emergency medicine as their primary practice with special competency in care of trauma patients;

(ii) In-house and available within five minutes to patient on arrival to ED;

(iii) ATLS trained except that this requirement shall not apply to board certified emergency physicians;

(iv) ACLS trained;

(v) PALS or approved equivalent trained; and

(vi) Designated members of the trauma team;

(c) ED registered nurses who:

(i) Are ACLS trained;

(ii) Are PALS or approved equivalent trained;

(iii) Have taken a trauma life support course; and

(iv) Are in the ED and available to the patient within five minutes; with at least two RN's on duty per shift;

(d) Equipment for resuscitation and life support of adult and pediatric trauma patients, including:

(i) Airway control and ventilation equipment including:

(A) Airways;

(B) Laryngoscopes, including curved and straight;

(C) Endotracheal tubes of all sizes;

(D) Bag-mask resuscitator, with full range of sizes, neonatal to adult;

(E) Sources of oxygen; and

(F) Mechanical ventilation;

(ii) Suction devices, including:

(A) Back-up suction source;

(B) Pediatric and adult suction catheters; and

(C) Tonsil suction tip;

(iii) Electrocardiograph;

(iv) Cardiac monitor;

(v) Defibrillator, including pediatric paddles;

(vi) All standard apparatus to establish central venous pressure monitoring;

(vii) All standard intravenous fluids and administering devices for adult and pediatric patients, including intravenous catheters and intraosseous needles;

(viii) Sterile surgical sets for procedures standard for ED such as thoracostomy and cut down, including adult and pediatric sets;

(ix) Gastric lavage equipment;

(x) Drugs and supplies necessary for adult and pediatric emergency care;

(xi) Capability for rapid infusion of fluids;

(xii) Capability for rapid fluid recovery and transfusion;

(xiii) X-ray capability with twenty-four hour coverage by in-house technician;

(xiv) Thermal control equipment for:

(A) Patient; and

(B) Blood;

(xv) Two-way radio linked with EMS/TC vehicles;

(xvi) Pneumatic anti-shock garments, all sizes; except, pediatric sizes are optional, depending on local protocol;

(xvii) Cervical injury immobilization device;

(xviii) Long-bone stabilization device;

(xix) Backboard;

(xx) Equipment specific to pediatric care, including:

(A) Traction splint;

(B) Blood pressure cuffs in infant, child, and toddler sizes;

(C) Foley catheters;

(D) Rigid cervical collars;

(E) Doppler;

(F) Infant scale for accurate weight measurement under twenty-five pounds;

(G) Temperature controlled heating units with/without open crib;

(H) Heating/cooling blankets;

(I) Heat lamp;

(J) Hypothermia thermometers;

(K) Expanded scale electronic thermometers;

(L) Device for assuring maintenance of infant warmth during transport;

(M) Nasogastric/feeding tubes;

(N) Noninvasive BP monitor; and

(O) Pulse oximetry.

(2) A level II trauma care hospital shall have a general surgery department including:

(a) An attending surgeon who is on-call and available upon the patient's arrival in the ED, assuming twenty minute notification. The attending surgeon shall:

(i) Be board certified; or have graduated from a residency program accredited by the accreditation council of graduate medical education, but who is less than five years out of training;

(ii) Have general surgery privileges; or

(b) A post-graduate year four or above surgical resident may initiate evaluation and treatment upon the patient's arrival in the ED until the arrival of the attending surgeon. The attending surgeon shall be available within twenty minutes upon notification. The resident shall have ATLS and PALS or approved equivalent training;

(c) All trauma surgeons trained in ATLS except that this requirement shall not apply to board certified surgeons; and

(d) All trauma surgeons trained in ACLs and PALS or approved equivalent.

(3) A level II trauma care hospital shall have an operating suite with:

(a) An operating room adequately staffed with one operating room nurse or other member of the operating room staff who is in-house and available within five minutes and is qualified to open a room, dispense necessary drugs, and is otherwise qualified to prepare the operating suite for immediate patient care. The remainder of the staff shall be in-house or on-call and available within twenty minutes;

(b) Essential personnel, including at least one OR nurse, available twenty-four hours a day;

(c) A documented method for prompt mobilization of consecutive surgical teams for trauma patients; and

(d) Equipment or capabilities including:

(i) Operating microscope;

(ii) Thermal control equipment for patients;

(iii) Thermal control equipment for blood;

(iv) Rapid infusion capability;

(v) Rapid fluid recovery capability;

(vi) X-ray capability;

(vii) Bronchoscope in operating room;

(viii) Endoscopes available from elsewhere in the facility;

(ix) Craniotome;

(x) Monitoring equipment; and

(xi) Instruments and equipment appropriate to pediatric trauma care.

(4) A level II trauma care hospital shall have a post anesthetic recovery unit with:

(a) Essential personnel, including at least one nurse with critical post anesthetic nurse training, on-call and available twenty-four hours a day;

(b) All nurses ACLS trained;

(c) Appropriate monitoring and resuscitation equipment.

(5) A level II trauma care hospital shall have an intensive care unit with:

(a) A medical director who is:

(i) Board certified, board eligible, or who has expertise in critical care, pulmonary medicine, cardiology, surgery, internal medicine, or anesthesiology; and

(ii) ACLS trained;

(b) A physician on duty in the ICU twenty-four hours a day, or who is in-house and available within five minutes;

(c) A physician directed code team;

(d) ICU registered nurses that:

(i) Are ACLS trained;

(ii) Have taken a trauma life support course;

(e) Immediate access to clinical laboratory services;

(f) Equipment appropriate for adult and pediatric patients, including:

(i) Airway control and ventilation devices;

(ii) Oxygen source with concentration controls;

(iii) Cardiac emergency cart;

(iv) Temporary transvenous pacemaker;

(v) Electrocardiograph-cardiac monitor-defibrillator;

(vi) Cardiac output monitoring;

(vii) Electronic pressure monitoring;

(viii) Mechanical ventilator-respirators;

(ix) Patient weighing devices;

(x) Pulmonary function measuring devices;

(xi) Temperature control devices;

(xii) Drugs, intravenous fluids, and supplies; and

(xiii) Intracranial pressure monitoring devices.

(6) A level II trauma care hospital shall have clinical laboratory services available within five minutes, including:

(a) Standard analysis of blood, urine, and other body fluids;

(b) Coagulation studies;

(c) Blood gases and pH determination;

(d) Serum and urine osmolality;

(e) Microbiology;

(f) Serum alcohol determination;

(g) Drug screening; and

(h) Microtechnique.

(7) A level II trauma care hospital shall have transfusion services including:

(a) Blood and blood components available from in-house or through community services, to meet patient needs in a timely fashion;

(b) Noncrossmatched blood available on patient arrival in ED;

(c) Massive transfusion protocols in place;

(d) Ability to perform massive transfusions and autotransfusion; and

(e) Blood storage capability.

(8) A level II trauma care hospital shall have radiological services, including:

(a) X-ray capabilities in-house and available within five minutes;

(b) The following services on-call and available within twenty minutes:

(i) Computerized tomography;

(ii) Angiography; and

(iii) Sonography.

(9) A level II trauma care hospital shall have acute hemodialysis capability, or a written transfer agreement.

(10) A level II trauma care hospital shall have:

(a) A physician-directed burn unit which is staffed by nursing personnel trained in burn care; and is equipped to care for the extensively burned patient; or

(b) Written transfer agreement with a burn center or hospital with burn unit.

(11) A level II trauma care hospital shall be able to manage acute head and/or spinal cord injuries, or have written transfer agreements with facility with such capabilities.

ties. Early transfer to an appropriate designated rehabilitation center shall be considered.

(12) A level II trauma care hospital shall have a trauma rehabilitation coordinator.

(13) A level II trauma care hospital shall have:

(a) A physician-directed rehabilitation medicine service which is staffed by personnel trained in rehabilitation care, and is equipped to care for the trauma patient; or

(b) Written agreements to transfer patients to a designated rehabilitation service when medically feasible.

(14) A level II trauma care hospital shall have a heliport or landing zone located close enough to permit the facility to receive or transfer patients by air.

[Statutory Authority: Chapter 70.168 RCW. 93-20-063, § 246-976-560, filed 10/1/93, effective 11/1/93. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-560, filed 12/23/92, effective 1/23/93.]

WAC 246-976-570 Designation standards for level II trauma care hospitals—Outreach and training. Level II trauma care hospitals shall:

(1) Have an outreach program with telephone and on-site consultations with physicians of the community and outlying areas regarding trauma care;

(2) Have a formal program of continuing trauma care education for:

(a) Nurses;

(b) Allied health care professionals; and

(c) Prehospital personnel;

(3) Make the facility available for initial and maintenance training of invasive manipulative skills for prehospital personnel.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-570, filed 12/23/92, effective 1/23/93.]

WAC 246-976-600 Designation standards for level III trauma care hospitals—Administration and organization. (1) For the purpose of administering trauma care, a designated level III hospital shall have a trauma service, including:

(a) Organization and direction by a general surgeon or other physician who is expert in, and committed to, care of the injured;

(b) Ongoing coordination of the trauma service by a registered nurse;

(c) A multidisciplinary trauma committee with input to hospital management, including:

(i) An emergency physician;

(ii) An ED registered nurse;

(iii) A trauma surgeon;

(iv) An orthopaedic surgeon;

(v) An anesthesiologist;

(vi) A pediatrician;

(vii) Director of intensive care unit; and

(viii) An intensive care registered nurse;

(d) A trauma resuscitation team to provide initial evaluation and treatment:

(i) The team shall be organized and directed by a general surgeon who is expert in, and committed to, care of the injured, and who assumes responsibility for coordination of overall care of the trauma patient. The attending surgeon

shall be on-call and available within thirty minutes of being called;

(ii) All members of the team, except the surgeon and anesthesiologist, shall be in-house and available within five minutes;

(iii) The team shall include an emergency physician:

(A) Responsible for activating the trauma resuscitation team, using an approved scoring system; and

(B) Responsible for providing team leadership and care for the trauma patient until the arrival of the surgeon in the resuscitation area;

(iv) Other members of the team shall be as specified in the hospital's application for designation.

(e) Specific delineation of trauma surgery privileges by the medical staff.

(2) A level III trauma care hospital shall have an ED with established standards and procedures to ensure immediate and appropriate care for adult and pediatric trauma patients.

(3) A level III trauma care hospital shall have a surgery department with:

An attending surgeon who is on-call and available within thirty minutes, and:

(a) Has general surgery privileges;

(b) Has ATLS training.

(4) A level III trauma care hospital shall have nonsurgical specialties including:

(a) Anesthesiology, with an anesthesiologist or nationally certified registered nurse anesthetist who is:

(i) On-call and available within thirty minutes;

(ii) ACLS trained; and

(b) The following services on-call and available within thirty minutes:

(i) Internal medicine; and

(ii) A radiologist.

(5) A level III trauma hospital shall have a pediatric trauma policy that:

(a) Provides for initial stabilization and resuscitation for pediatric trauma patients including ED and surgical interventions; and

(b) If it is not a level III pediatric hospital, includes written provision to transfer patients to the appropriate level designated pediatric trauma facility after initial resuscitation and stabilization.

(6) A level III trauma hospital shall have an approved policy to divert patients to other designated facilities, based on its ability to manage each patient at a particular time.

(7) A level III trauma care hospital shall have a quality assurance program in accordance with WAC 246-976-880.

[Statutory Authority: Chapter 70.168 RCW. 93-20-063, § 246-976-600, filed 10/1/93, effective 11/1/93. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-600, filed 12/23/92, effective 1/23/93.]

WAC 246-976-610 Designation standards for level III trauma care hospitals—Basic resources and capabilities. (1) A level III trauma care hospital shall have an ED with:

(a) A physician director;

(b) A physician in-house and available within five minutes of patient's arrival in the ED, who is:

(i) Experienced in the resuscitation and care of trauma patients;

- (ii) ATLS trained;
- (iii) PALS or approved equivalent trained;
- (iv) ACLS trained; and
- (v) A designated member of the trauma team;

(c) ED registered nurses who:

- (i) Are ACLS trained;
- (ii) Are PALS or approved equivalent trained;
- (iii) Have taken a trauma life support course; and
- (iv) Are in the ED and available to the patient within five minutes;

(d) Equipment for resuscitation and life support of pediatric and adult trauma patients, including:

(i) Airway control and ventilation equipment including:

- (A) Airways;
- (B) Laryngoscopes, including curved and straight;
- (C) Endotracheal tubes of all sizes;
- (D) Bag-mask resuscitator, with full range of sizes, neonatal to adult;

(E) Sources of oxygen; and

(F) Mechanical ventilation available to the patient within five minutes;

(ii) Suction devices, including:

- (A) Back-up suction source;
- (B) Pediatric and adult suction catheters; and
- (C) Tonsil suction tip;
- (iii) Electrocardiograph;
- (iv) Cardiac monitor;

(v) Defibrillator, including pediatric paddles;

(vi) All standard apparatus to establish central venous pressure monitoring;

(vii) All standard intravenous fluids and administering devices appropriate for adult and pediatric patients, including intravenous catheters and intraosseous needles;

(viii) Sterile surgical sets for procedures standard for ED such as thoracostomy and cut down, including both adult and pediatric sets;

(ix) Gastric lavage equipment;

(x) Drugs and supplies necessary for adult and pediatric emergency care;

(xi) Capability for rapid infusion of fluids;

(xii) X-ray capabilities, with a technician on-call and available within twenty minutes;

(xiii) Thermal control equipment for:

(A) Patient; and

(B) Blood;

(xiv) Two-way radio linked with EMS/TC vehicles;

(xv) Pneumatic anti-shock garments, all sizes; except, pediatric sizes are optional, depending on local protocol;

(xvi) Cervical injury immobilization device;

(xvii) Long-bone stabilization device;

(xviii) Backboard;

(xix) Equipment specific to pediatric care, including:

- (A) Traction splint;
- (B) Blood pressure cuffs in infant, child sizes;
- (C) Foley catheter;
- (D) Rigid cervical collars;
- (E) Doppler;
- (F) Infant scale for accurate weight measurement under twenty-five pounds;

(G) Temperature-controlled heating units with/without open crib available within five minutes;

(H) Heating/cooling blankets;

(I) Heat lamp;

(J) Hypothermia thermometers;

(K) Expanded scale electronic thermometers;

(L) Device for assuring maintenance of infant warmth during evaluation and transport;

(M) Nasogastric/feeding tubes;

(N) Noninvasive BP monitor; and

(O) Pulse oximetry.

(2) A level III trauma care hospital shall have an operating suite adequately staffed with one operating room nurse or operating-room-qualified designee who is in-house and available to the operating suite within five minutes and the remainder of the staff on-call and available within thirty minutes.

(a) Essential personnel, including at least one OR nurse, readily available twenty-four hours a day;

(b) A documented method for prompt mobilization of consecutive surgical teams for trauma patients; and

(c) Equipment or capabilities including:

(i) Thermal control equipment for patients;

(ii) Thermal control equipment for blood;

(iii) X-ray capability;

(iv) Bronchoscope in operating room;

(v) Endoscopes available from elsewhere in the facility;

(vi) Monitoring equipment; and

(vii) Instruments and equipment appropriate to pediatric trauma care.

(3) A level III trauma care hospital shall have a post anesthetic recovery unit with:

(a) Essential personnel, including registered nurses with ACLS training, on-call and available twenty-four hours a day;

(b) Appropriate monitoring and resuscitation equipment.

(4) A level III trauma care hospital shall have an intensive care unit with:

(a) A medical director who is ACLS trained;

(b) A physician-directed code team;

(c) ICU registered nurses who: Are ACLS trained;

(d) Immediate access to clinical laboratory services;

(e) Equipment appropriate for adult and pediatric patients, including:

(i) Airway control and ventilation devices;

(ii) Oxygen source with concentration controls;

(iii) Cardiac emergency cart;

(iv) Artificial pacing capabilities;

(v) Electrocardiograph-defibrillator;

(vi) Electronic pressure monitoring;

(vii) Mechanical ventilator-respirators available within five minutes;

(viii) Patient weighing devices;

(ix) Pulmonary function measuring devices;

(x) Temperature control devices; and

(xi) Drugs, intravenous fluids, and supplies.

(5) A level III trauma care hospital shall have clinical laboratory services available within twenty minutes, including:

(a) Standard analysis of blood, urine, and other body fluids;

(b) Coagulation studies;

- (c) Blood gases and pH determination;
- (d) Microbiology;
- (e) Serum alcohol determination; and
- (f) Microtechnique.
- (6) A level III trauma care hospital shall have transfusion services including:
 - (a) Blood and blood components available from in-house or through community services, to meet patient needs in a timely fashion;
 - (b) Noncrossmatched blood available on patient arrival in ED;
 - (c) Massive transfusion protocols in place;
 - (d) Ability to perform massive transfusions and auto-transfusion; and
 - (e) Blood storage capability.
- (7) A level III trauma care hospital shall have acute hemodialysis capability, or written transfer agreements.
- (8) A level III trauma care hospital shall have:
 - (a) A physician-directed burn unit staffed by nursing personnel trained in burn care, and equipped to care for extensively burned patients; or
 - (b) Written transfer agreements with burn centers or hospitals with burn units.
- (9) A level III trauma care hospital shall be able to manage acute head and/or spinal cord injuries, or have written transfer agreements with facilities with such capabilities. Early transfer to an appropriate designated rehabilitation facility shall be considered.
- (10) A level III trauma care facility shall have a trauma rehabilitation coordinator.
- (11) A level III trauma care hospital shall have:
 - (a) A physician-directed rehabilitation medicine service staffed by personnel trained in rehabilitation care; and equipped to care for the trauma patient; or
 - (b) Written agreements to transfer patients to a designated rehabilitation service when medically feasible.
- (12) A level III trauma care hospital shall have a heliport or landing zone located near enough to permit the facility to receive or transport patients by air.

[Statutory Authority: Chapter 70.168 RCW. 93-20-063, § 246-976-610, filed 10/1/93, effective 11/1/93. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-610, filed 12/23/92, effective 1/23/93.]

WAC 246-976-640 Designation standards for level IV trauma care facilities—Administration and organization. For the purpose of administering trauma care, a designated level IV hospital shall:

- (1) Define a system for providing emergency care, which shall include ongoing coordination by a registered nurse; and
- (2) Establish emergency care services consistent with community needs and within the facility's capabilities; and
- (3) A written plan for diversion and transfer of trauma patients; and
- (4) Have a quality assurance program in accordance with WAC 246-976-880.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-640, filed 12/23/92, effective 1/23/93.]

WAC 246-976-650 Designation standards for level IV trauma care facilities—Resources and capabilities. (1) A level IV trauma care hospital shall have an ED with:

- (a) A physician who is experienced in resuscitation and care of trauma patients, who is:
 - (i) On-call and available within twenty minutes;
 - (ii) ATLS trained; and
 - (iii) ACLS trained;
- (b) An ED registered nurse in-house and available within five minutes, who:
 - (i) Is ACLS trained; and
 - (ii) Has taken a trauma life support course;
- (c) Basic emergency services including:
 - (i) Assessment of the patient's condition, in person by a registered nurse, physician, physician's assistant, physician extender, or advanced registered nurse practitioner;
 - (ii) Determination of the nature and urgency of the patient's medical need, including the timing and place of care; and
 - (iii) Immediate diagnosis and treatment of any life threatening condition, including procedures to minimize aggravation of the patient's condition during transport to another health care facility;
- (d) Equipment for resuscitation and life support of adult and pediatric trauma patients, including:
 - (i) Airway control and ventilation equipment including:
 - (A) Laryngoscope;
 - (B) Endotracheal tubes of all sizes;
 - (C) Bag-mask resuscitator with full range of mask sizes, neonatal to adult;
 - (D) Sources of oxygen; and
 - (E) Suction devices;
 - (ii) Electrocardiograph;
 - (iii) Cardiac monitor;
 - (iv) Defibrillator;
 - (v) All standard intravenous fluids and administering devices, including intravenous catheters and intraosseous needles;
 - (vi) Sterile surgical sets for procedures standard for ED;
 - (vii) Gastric lavage equipment;
 - (viii) Drugs and supplies necessary for adult and pediatric emergency care;
 - (ix) X-ray capability, with technician on-call and available within twenty minutes;
 - (x) Thermal control equipment for patient;
 - (xi) Two-way radio linked with EMS/TC vehicles;
 - (xii) Pneumatic anti-shock garments; if use of this device is allowed in hospital protocols;
 - (xiii) Cervical injury immobilization device;
 - (xiv) Long-bone stabilization device; and
 - (xv) Backboard.
- (2) A level IV trauma care hospital shall have surgery capabilities, including:
 - (a) Adequate staff, including:
 - (i) A physician on-call and available within thirty minutes, who:
 - (A) Has surgical privileges;
 - (B) Is ACLS trained; and
 - (C) Is ATLS trained;
 - (ii) Anesthesiology, with an anesthesiologist or certified registered nurse anesthetist, who has ACLS training, and is on-call and available within thirty minutes;

(b) An operating suite with one RN or qualified designee who is in-house and available to the operating suite within five minutes and the remainder of the staff on-call and available within thirty minutes. The operating suite shall be equipped with:

- (i) Thermal control equipment for patients;
- (ii) X-ray capability;
- (iii) Endoscopes available from elsewhere in the facility;

and

- (iv) Monitoring equipment.

(3) A level IV trauma care hospital shall have a post anesthetic recovery unit with appropriate monitoring and resuscitation equipment.

(4) A level IV trauma care hospital's shall have:

(a) An ICU which meets requirements for a designated level III trauma hospital as described in WAC 246-976-610, except for availability of a mechanical ventilator-respirator and a temporary transvenous pacemaker; or

(b) Written agreements with appropriate facilities to transfer patients requiring intensive care.

(5) A level IV trauma care hospital shall have clinical laboratory services available, including:

(a) Standard analysis of blood, urine, and other body fluids;

(b) Blood gases and pH determination.

(6) A level IV trauma care hospital shall have transfusion services including:

(a) Blood and blood components available from in-house or through community services, to meet patient needs in a timely fashion;

(b) Ability to perform massive transfusions, or written transfer agreements with facilities having such capability; and

(c) Blood storage capability.

(7) A level IV trauma care hospital shall be able to perform acute hemodialysis, or have written transfer agreements with facilities having such capability.

(8) A level IV trauma care hospital shall have:

(a) A physician-directed burn unit staffed by nursing personnel trained in burn care, and equipped to care for extensively burned patients; or

(b) Written transfer agreement with a burn center or hospital with burn unit.

(9) A level IV trauma care hospital shall be able to manage acute head and/or spinal cord injuries, or have written transfer agreements with facilities that have such capabilities. Early transfer to an appropriate designated trauma rehabilitation facility shall be considered.

(10) A level IV trauma care hospital shall have a qualified person assigned to coordinate trauma rehabilitation activities and referrals.

[Statutory Authority: Chapter 70.168 RCW. 93-20-063, § 246-976-650, filed 10/1/93, effective 11/1/93. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-650, filed 12/23/92, effective 1/23/93.]

WAC 246-976-680 Designation standards for level V trauma care facilities—Administration and organization. For the purpose of administering trauma care, a designated level V trauma care facility shall:

(1) Have written policy and patient care procedures for providing emergency medical care, consistent with regional patient care procedures; and

(2) Establish emergency care services with a nature and scope consistent with community needs, the regional plan, and the facilities capabilities.

(3) Participate in the state trauma registry as required in WAC 246-976-430 with a person identified as responsible for coordination of trauma registry activities.

(4) Participate in the regional trauma network quality assurance program as required in WAC 246-976-910.

[Statutory Authority: Chapter 70.168 RCW. 93-20-063, § 246-976-680, filed 10/1/93, effective 11/1/93. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-680, filed 12/23/92, effective 1/23/93.]

WAC 246-976-690 Designation standards for level V trauma care facilities—Basic resources and capabilities. A level V trauma care facility shall have:

(1) A physician, physician assistant registered in accordance with chapter 18.71 RCW, or advanced registered nurse practitioner, on-call and available within twenty minutes, who has:

(a) ATLS training, or approved equivalent;

(b) Experience in resuscitation and care of trauma patients.

(2) Equipment for resuscitation and life support of adult and pediatric trauma patients, including:

(a) Airway control and ventilation equipment, including:

(i) Laryngoscope;

(ii) Endotracheal tubes of all sizes;

(iii) Bag-mask resuscitator with full range of sizes, neonatal to adult;

(iv) Sources of oxygen; and

(v) Suction devices;

(b) Electrocardiograph;

(c) Cardiac monitor;

(d) Defibrillator;

(e) All standard intravenous fluids and administering devices, including intravenous catheters;

(f) Gastric lavage equipment;

(g) Drugs and supplies necessary for emergency care;

(h) Pneumatic anti-shock garment if use of this device is allowed under facility protocol;

(i) Cervical injury immobilization device;

(j) Long-bone stabilization device; and

(k) Backboard.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-690, filed 12/23/92, effective 1/23/93.]

WAC 246-976-720 Designation standards for level I pediatric trauma care hospitals—Administration and organization. (1) For the purpose of administering trauma care, a designated level I pediatric hospital shall have a trauma service, including:

(a) Organization and direction by a general surgeon who is expert in, and committed to, care of the injured child;

(b) Ongoing coordination of the trauma service by a registered nurse;

(c) A multidisciplinary trauma committee with input to hospital management, including:

- (i) A pediatric emergency physician;
 - (ii) An ED registered nurse;
 - (iii) A trauma surgeon;
 - (iv) A neurosurgeon;
 - (v) An orthopaedic surgeon;
 - (vi) An anesthesiologist;
 - (vii) Director of pediatric intensive care service;
 - (viii) A pediatric intensive care registered nurse; and
 - (ix) A pediatric intensivist;
- (d) A trauma resuscitation team to provide initial evaluation and treatment.

(i) The team shall be organized and directed by a surgeon who is expert in and committed to care of the injured child, and who assumes responsibility for coordination of overall care of the pediatric trauma patient.

(ii) All members of the team, including the surgeon, shall be in-house and available within five minutes.

(iii) The team shall include an emergency physician:

(A) Responsible for activating the trauma resuscitation team, using an approved scoring system; and

(B) Responsible for providing team leadership and care for the pediatric trauma patient until the arrival of the surgeon in the resuscitation area.

(iv) Other members of the team shall be as specified in the hospital's application for designation.

(v) The team shall work in conjunction with a pediatrics intensive care physician or pediatric emergency physician.

(e) Specific delineation of trauma surgery privileges by the medical staff.

(2) A level I pediatric trauma care hospital shall have an ED with established standards and procedures to ensure immediate and appropriate care for pediatric trauma patients.

(3) A level I pediatric trauma care hospital shall have a surgery department, including:

(a) General surgery in-house and available upon patient's arrival in the ED, assuming a five-minute notification;

(b) Neurosurgery:

(i) In-house and available within five minutes. In-house coverage shall be provided by a board certified neurosurgeon or surgeon who has been judged competent by the neurosurgical consultants on staff to initiate measures directed toward stabilizing the pediatric patient and to initiate diagnostic procedures; and

(ii) With a neurosurgeon on-call and available within thirty minutes.

(c) The following services on-call and available within thirty minutes:

- (i) Cardiac surgery;
- (ii) Microsurgery;
- (iii) Gynecologic surgery;
- (iv) Hand surgery;
- (v) Ophthalmic surgery;
- (vi) Oral/dental surgery;
- (vii) Orthopaedic surgery;
- (viii) Otorhinolaryngologic surgery;
- (ix) Plastic and maxillofacial surgery;
- (x) Thoracic surgery; and
- (xi) Urologic surgery.

(4) A level I pediatric trauma care hospital shall have nonsurgical specialties with special expertise in pediatric care, including:

- (a) Anesthesiology, with an anesthesiologist who is:
 - (i) ATLS trained;
 - (ii) ACLS trained;
 - (iii) PALS or approved equivalent trained; and
 - (iv) In-house and available on patient's arrival in ED, assuming five-minute notification;

(b) General pediatrics in-house and available on patient's arrival in ED, assuming five-minute notification, with pediatricians who are:

- (i) Board certified; and
- (ii) PALS or approved equivalent trained;
- (iii) These requirements may be met by a PL 2;

(c) The following services on-call and available within thirty minutes:

- (i) Cardiology;
- (ii) Gastroenterology;
- (iii) Hematology/pathology;
- (iv) Infectious diseases;
- (v) Nephrology;
- (vi) Neuro-radiology;
- (vii) Pediatric cardiology;
- (viii) Pediatric hematology/oncology;
- (ix) Pediatric pulmonology;
- (x) Psychiatry; and
- (xi) A radiologist.

(d) Pediatric neurology on-call and available within one hour.

(5) A level I pediatric trauma care hospital shall have an approved policy to divert patients to other designated facilities, based on its ability to manage each patient at a particular time.

(6) A level I pediatric trauma care hospital shall:

(a) Have a quality assurance program in accordance with WAC 246-976-880; and

(b) Cooperate with regional trauma care quality assurance programs throughout the state established pursuant to WAC 246-976-910.

[Statutory Authority: Chapter 70.168 RCW. 93-20-063, § 246-976-720, filed 10/1/93, effective 11/1/93. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-720, filed 12/23/92, effective 1/23/93.]

WAC 246-976-730 Designation standards for level I pediatric trauma care hospitals—Resources and capabilities. (1) A level I pediatric trauma care hospital shall have an ED with:

(a) A physician director who is:

(i) Board certified or eligible in emergency medicine or pediatric emergency medicine, surgery or medicine or other relevant specialty; or with documented experience as director of an emergency department which has been previously recognized as a level I trauma center either by a regional entity or as verified by the Committee on Trauma of the American College of Surgeon;

- (ii) ATLS trained;
- (iii) ACLS trained; and
- (iv) PALS or approved equivalent trained;

(b) Emergency physicians who are:

(i) Board certified or eligible in emergency medicine, or pediatric emergency medicine, or in a specialty practicing emergency medicine as their primary practice with special competence in the care of the pediatric trauma patient; (this

requirement may be met by a surgical resident post graduate year two who is ATLS, ACLS, and PALS or approved equivalent trained, working under the direct supervision of the physician director of the emergency department, until the arrival of the attending surgeon. The attending surgeon shall be in-house and available upon the patient's arrival in the ED, assuming five minute notification);

(ii) In-house and available within five minutes of the patient's arrival in the ED;

(iii) ATLS trained except that this requirement shall not apply to board certified emergency physicians;

(iv) ACLS trained;

(v) PALS or approved equivalent pediatric ALS trained; and

(vi) Designated members of the trauma team;

(c) ED registered nurses who:

(i) Are ACLS trained;

(ii) Have completed a trauma life support course;

(iii) Are PALS or approved equivalent trained;

(iv) Are in the ED and available within five minutes;

(d) An area designated for pediatric resuscitation, with equipment for resuscitation and life support of pediatric patients, including:

(i) Airway control and ventilation equipment including:

(A) Airways;

(B) Laryngoscopes, including curved and straight;

(C) Endotracheal tubes of all sizes;

(D) Bag-valve-mask resuscitator with all mask sizes;

(E) Sources of oxygen;

(F) Child and neonatal BVM resuscitation device designed to deliver one hundred percent oxygen; and

(G) Mechanical ventilation;

(ii) Suction devices including:

(A) Back-up suction source;

(B) Pediatric suction catheters; and

(C) Tonsil suction tip;

(iii) Electrocardiograph-cardiac monitor-defibrillator appropriate to pediatric patients;

(iv) All standard apparatus to establish central venous pressure monitoring;

(v) All standard IV fluids and administering devices appropriate for pediatric patients, including:

(A) IV catheters;

(B) Intraosseous needles;

(C) Infusion sets;

(D) Infusion pumps including micro-infusion capabilities;

(E) Infusion controllers;

(F) Pediatric dosages/dilutions of medications; and

(G) IV fluid/blood warmer.

(vi) Sterile surgical sets appropriate for pediatric patients, for standard ED procedures including:

(A) Thoracostomy set;

(B) Chest tubes;

(C) Tracheostomy set;

(D) Spinal tap set;

(E) Peritoneal lavage set; and

(F) Cricothyrotomy set;

(vii) Gastric lavage equipment;

(viii) Drugs and supplies necessary for pediatric emergency care;

(ix) X-ray capability with twenty-four-hour coverage by in-house technicians;

(x) Respiratory therapy available within five minutes;

(xi) Two-way radio linked with EMS/TC vehicles;

(xii) Pneumatic anti-shock garment, if included in local protocols for pediatric patients;

(xiii) Skeletal traction device for cervical injuries;

(xiv) Backboard;

(xv) Equipment specific to pediatric trauma care, including:

(A) Traction splint;

(B) Blood pressure cuffs in infant and child sizes;

(C) Foley catheters;

(D) Rigid cervical collars;

(E) Doppler;

(F) Infant scale for accurate weight measurement under twenty-five pounds;

(G) Temperature controlled heating units with/without open crib;

(H) Heating/cooling blankets;

(I) Heat lamp;

(J) Hypothermia thermometers;

(K) Expanded scale electronic thermometers;

(L) Device for assuring maintenance of infant warmth during evaluation and transport;

(M) Nasogastric/feeding tubes;

(N) Noninvasive BP monitor; and

(O) Pulse oximetry.

(2) A level I pediatric trauma care hospital shall have a general surgery department including:

(a) An attending surgeon with pediatric expertise who is in-house and available upon the patient's arrival in the ED, assuming five minute notification. The attending surgeon shall:

(i) Be board certified; or have graduated from a residency program accredited by the accreditation council of graduate medical education, but who is less than five years out of training;

(ii) Have PALS or approved equivalent training;

(iii) Be ATLS trained;

(iv) Have general surgery privileges; or

(b) A post-graduate year four or above surgical resident may initiate evaluation and treatment upon the patient's arrival in the ED until the arrival of the attending surgeon. The attending surgeon shall be available within twenty minutes upon notification. The resident shall have ATLS and PALS or approved equivalent training;

(c) All trauma surgeons trained in ATLS except that this requirement shall not apply to board certified surgeons.

(3) A level I pediatric trauma care hospital shall have an operating suite with:

(a) An operating room adequately staffed and available within five minutes of notification;

(b) Essential personnel, including at least one OR nurse, in-house and available twenty-four hours a day;

(c) A documented method for prompt mobilization of consecutive surgical teams for pediatric trauma patients;

(d) Equipment or capabilities including:

(i) Cardiopulmonary bypass;

(ii) Operating microscope;

(iii) Thermal control equipment for patient;

(iv) Thermal control equipment for blood;

- (v) X-ray capability;
 - (vi) Pediatric endoscopes/bronchoscopes;
 - (vii) Craniotomy set;
 - (viii) Monitoring equipment; and
 - (ix) Pediatric instruments and equipment.
- (4) A level I pediatric trauma care hospital shall have a postanesthetic recovery room with:
- (a) Essential personnel, including at least one nurse with critical post anesthetic nurse training, in-house and available twenty-four hours a day;
 - (b) All nurses ACLS trained;
 - (c) All nurses PALS or approved equivalent trained;
 - (d) Appropriate monitoring and resuscitation equipment.
- (5) A level I pediatric trauma care hospital shall have a pediatric intensive care unit exclusively for children, with:
- (a) A medical director or co-director who is a board certified or eligible pediatric intensivist, with:
 - (i) PALS or approved equivalent training;
 - (ii) Responsibility for coordinating the care of pediatric trauma patients, including:
 - (A) Development and implementation of policies;
 - (B) Supervision of resuscitation;
 - (C) Coordination of medical care;
 - (D) Determination of patient isolation;
 - (E) Ultimate authority for triage decisions;
 - (F) Maintenance of equipment;
 - (G) Coordination of staff education;
 - (H) Maintenance of statistics; and
 - (I) Reviewing quality of care on all pediatric trauma patients;
 - (b) A physician with expertise in pediatric critical care in-house and available within five minutes;
 - (c) A nurse manager responsible for training and coordination of nurses, physicians, and community agencies or services;
 - (d) Nurses with PALS or approved equivalent training;
 - (e) Patient isolation capacity; and
 - (f) Equipment appropriate for pediatric patients, including:
 - (i) Airway control and ventilation including:
 - (A) Oral and nasopharyngeal airways, all sizes neonatal through adult;
 - (B) Child, infant and neonatal bag-mask resuscitators, able to deliver one hundred percent oxygen;
 - (C) Endotracheal tubes with stylet;
 - (D) Infant and child laryngoscopes, curved and straight;
 - (E) Suction catheters; and
 - (F) Tonsil suction tip;
 - (ii) Oxygen source with concentration controls;
 - (iii) Cardiac emergency cart;
 - (iv) Temporary transvenous pacemaker;
 - (v) Electrocardiograph-cardiac monitor-defibrillator;
 - (vi) Electronic pressure monitoring;
 - (vii) Automated blood pressure apparatus;
 - (viii) Mechanical ventilator-respirator appropriate for entire pediatrics spectrum including:
 - (A) Air/oxygen blenders; and
 - (B) Oxygen analyzers;
 - (ix) Patient weighing devices, including infant scale;
 - (x) Pulmonary function measuring devices;
 - (xi) Temperature control devices including:

- (A) Temperature controlled heating units with/without open crib;
 - (B) Heating/cooling blankets; and
 - (C) Heat lamp;
- (xii) Drugs, IV fluids, and supplies including:
- (A) Intravenous and intraosseous needles and catheters;
 - (B) Pediatric infusion sets;
 - (C) Pediatric dosages/dilutions;
 - (D) Infusion pumps;
 - (E) Infusion controllers; and
 - (F) IV fluid warmer;
- (xiii) Spotlight;
- (xiv) Doppler ultrasound BP device;
- (xv) Suction machine;
- (xvi) Refractometer;
- (xvii) Otoscope/ophthalmoscope;
- (xviii) Thermometers;
- (xix) Pressor infuser pumps;
- (xx) Portable EEG;
- (xxi) Bedside EKG;
- (xxii) Bedside echocardiography;
- (xxiii) Bedside ultrasound;
- (xxiv) Nuclear scan;
- (xxv) Noninvasive oximetry and capnometry;
- (xxvi) Portable transport monitor;
- (xxvii) Specialized pediatric sets for thoracostomy, tracheostomy, spinal tap, cricothyroidotomy, and peritoneal lavage;
- (xxviii) Foley catheters;
- (xxix) Chest tubes;
- (xxx) Capability for continuous monitoring of:
- (A) EKG, heart rate;
 - (B) Respiration;
 - (C) Temperature;
 - (D) Arterial pressure; and
 - (E) Central venous pressure;
- (xxxi) High/low alarms for heart rate, respiratory rate, and all pressures;
- (xxxii) Provision for life support and cardiopulmonary monitoring; and
- (xxxiii) Hard copy monitor recording capability.
- (6) A level I pediatric trauma care hospital shall designate a physician, who has an established relationship to the pediatric critical care team, to respond to pediatric airway emergencies. This requirement may be met by an emergency physician or an ICU physician.
- (7) A level I pediatric trauma care hospital shall have clinical laboratory services available within five minutes, including:
- (a) Micro-technique capability;
 - (b) Standard analyses of blood, urine, and other body fluids;
 - (c) Blood typing and cross-matching;
 - (d) Coagulation studies;
 - (e) Comprehensive blood bank, or access to a community central blood bank, and adequate hospital storage facilities;
 - (f) Blood gases and pH determination;
 - (g) Serum and urine osmolality;
 - (h) Microbiology;
 - (i) Serum alcohol determination; and
 - (j) Drug screening.

(8) A level I pediatric trauma care hospital shall have radiological services, staffed and equipped including:

(a) The following services in-house and available within five minutes:

- (i) Routine radiological procedures; and
- (ii) Computerized tomography;

(b) The following services on-call and available within twenty minutes:

- (i) Angiography of all types;
- (ii) Sonography;
- (iii) Nuclear scanning;
- (iv) Fluoroscopy;
- (v) Contrast studies, including intravenous pyelograms, esophagrams, and barium enemas.

(9) A level I pediatric trauma care facility shall have acute hemodialysis capability, or a written transfer agreement.

(10) A level I pediatric trauma care hospital shall have:

(a) A physician-directed burn unit which is staffed by nursing personnel trained in burn care, and equipped to care for extensively burned patients; or

(b) Written transfer agreement with a burn center or hospital with burn unit.

(11) A level I pediatric trauma care hospital shall be able to manage acute head and/or spinal cord injuries, or have written transfer agreements with facility with such capabilities. Early transfer to a designated pediatric trauma rehabilitation facility shall be considered.

(12) A level I pediatric trauma care hospital shall have respiratory therapy in-house and available within five minutes to the patient in the ED or ICU, with a therapist who has special pediatric training and/or experience.

(13) A level I pediatric trauma care hospital shall have a trauma rehabilitation coordinator and:

(a) A physician-directed pediatric rehabilitation medicine service which is staffed by nursing personnel trained in rehabilitation care, and is equipped to care for the pediatric trauma patient; or

(b) Written agreements to transfer patients to designated pediatric rehabilitation services when medically feasible.

(14) A level I pediatric trauma care hospital shall have ancillary services including:

- (a) Pharmacy, with pharmacist in-house;
- (b) Pediatric therapeutic recreation;
- (c) Clergy or pastoral care;
- (d) Social work, with social workers on-call and available within thirty minutes, and with written policies and procedures, including comprehensive case-finding mechanisms;

(e) Child protection services;

(f) Nutritionist services;

(g) Physical therapy services;

(h) Occupational therapy and therapeutic recreation services.

(15) A level I pediatric trauma care hospital shall have a heliport or landing zone located close enough to permit the facility to receive or transfer patients by air.

[Statutory Authority: Chapter 70.168 RCW. 93-20-063, § 246-976-730, filed 10/1/93, effective 11/1/93. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-730, filed 12/23/92, effective 1/23/93.]

WAC 246-976-740 Designation standards for level I pediatric trauma care hospitals—Outreach, training, research, and public education. A level I pediatric trauma care hospital shall have:

(1) An outreach program with telephone and on-site consultations with physicians in the community and outlying areas regarding trauma care;

(2) Training, including:

(a) A formal program of continuing trauma education for:

(i) Staff physicians;

(ii) Nurses;

(iii) Allied health care professionals;

(iv) Community physicians; and

(v) Prehospital personnel;

(b) A general surgery residency program accredited by the accreditation council of graduate medical education;

(c) In-house initial and maintenance training of invasive manipulative skills for prehospital personnel;

(3) A public education program addressing:

(a) Injury prevention;

(b) First aid;

(c) Problems confronting the public, medical profession, and hospitals regarding optimal care for the injured child;

(4) A pediatric trauma research program.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-740, filed 12/23/92, effective 1/23/93.]

WAC 246-976-770 Designation standards for level II pediatric trauma care hospitals—Administration and organization. (1) For the purpose of administering trauma care, a designated level II pediatric hospital shall have a trauma service, including:

(a) Organization and direction by a general surgeon who is expert in, and committed to, care of the injured child;

(b) Ongoing coordination of the trauma service by a registered nurse;

(c) A multidisciplinary trauma committee with input to hospital management, including:

(i) An emergency physician;

(ii) An ED registered nurse;

(iii) A trauma surgeon;

(iv) A neurosurgeon;

(v) An orthopaedic surgeon;

(vi) An anesthesiologist;

(vii) Director of pediatric intensive care service;

(viii) A pediatric intensive care registered nurse; and

(ix) Pediatric intensivists;

(d) A trauma resuscitation team to provide initial evaluation and treatment.

(i) The team shall be organized and directed by a surgeon expert in, and committed to, care of the injured child, who assumes responsibility for coordination of overall care of the pediatric trauma patient.

(ii) The team shall work in conjunction with a pediatric intensive care physician or pediatric emergency physician.

(iii) All members of the trauma team, except the surgeon, shall be in-house and available within five minutes.

(iv) The team shall include an emergency physician:

(A) Responsible for activating the trauma resuscitation team, using an approved scoring system;

(B) Responsible for providing team leadership and care of the pediatric trauma patient until the arrival of the surgeon in the resuscitation area.

(v) Other members of the team shall be as specified in the hospital's application for designation.

(e) Specific delineation of trauma surgery privileges by the medical staff.

(2) A level II pediatric trauma care hospital shall have an ED with established standards and procedures to ensure immediate and appropriate care for pediatric trauma patients.

(3) A level II pediatric trauma care hospital shall have a surgery department, including:

(a) General surgery, with an attending surgeon on-call and available on the patient's arrival in the ED, assuming a twenty-minute notification;

(b) Neurosurgery:

(i) In-house and available within five minutes. In-house coverage shall be provided by a neurosurgeon, surgeon, or other physician who has been judged competent by the neurologic consultants on staff to initiate measures to stabilize the patient, and to initiate diagnostic procedures; and

(ii) With a neurosurgeon on-call and available within thirty minutes;

(c) The following services on-call and available within thirty minutes:

- (i) Ophthalmic surgery;
- (ii) Orthopedic surgery;
- (iii) Otorhinolaryngologic surgery;
- (iv) Plastic and maxillofacial surgery;
- (v) Thoracic surgery; and
- (vi) Urologic surgery.

(4) A level II pediatric trauma care hospital shall have nonsurgical specialty capabilities with pediatric expertise, including:

(a) Anesthesiology, with an anesthesiologist who:

- (i) Is PALS or approved equivalent trained; and
- (ii) Is on-call and available within twenty minutes;

(b) The following specialty services on-call and available within thirty minutes:

- (i) Cardiology;
- (ii) Pulmonology;
- (iii) Gastroenterology;
- (iv) Hematology/pathology;
- (v) Infectious disease specialists;
- (vi) Nephrology;
- (vii) Neuro-radiology;
- (viii) General pediatrics, with board-certified pediatricians who are PALS or approved equivalent trained; and
- (ix) A radiologist.

(5) A level II pediatric trauma care hospital shall have an approved policy to divert patients to other designated facilities, based on its ability to manage each patient at a particular time.

(6) A level II pediatric trauma care hospital shall have a quality assurance program in accordance with WAC 246-976-880.

chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-770, filed 12/23/92, effective 1/23/93.]

WAC 246-976-780 Designation standards for level II pediatric trauma care hospitals—Resources and capabilities. (1) A level II pediatric trauma care hospital shall have an ED with:

(a) A physician director who is:

(i) Board certified or eligible in emergency medicine or pediatric emergency medicine;

(ii) ATLS trained;

(iii) ACLS trained; and

(iv) PALS or approved equivalent trained.

(b) Emergency physicians who are:

(i) Board certified or eligible in emergency medicine, or pediatric emergency medicine, or in a specialty practicing emergency medicine as their primary practice with special competency in the care of the pediatric trauma patient;

(ii) In-house and available within five minutes;

(iii) ATLS trained, except that this requirement shall not apply to board certified emergency physicians;

(iv) ACLS trained;

(v) PALS or approved equivalent trained; and

(vi) Designated members of the trauma team;

(c) ED registered nurses who:

(i) Are ACLS trained;

(ii) Have completed a trauma life support course;

(iii) Are PALS or approved equivalent trained;

(iv) Are in the ED and available to the patient within five minutes;

(d) A designated area for pediatric resuscitation with equipment for pediatric resuscitation and life support, including:

(i) Airway control and ventilation equipment including:

(A) Airways;

(B) Laryngoscopes, including curved and straight;

(C) Endotracheal tubes of all sizes;

(D) Bag-valve-mask resuscitator with all mask sizes, designed to deliver one hundred percent oxygen;

(E) Sources of oxygen; and

(F) Mechanical ventilation;

(ii) Suction devices including:

(A) Back-up suction source;

(B) Suction catheters; and

(C) Tonsil suction tip;

(iii) Electrocardiograph/cardiac monitor/defibrillator;

(iv) Apparatus to establish central venous pressure monitoring;

(v) All standard IV fluids and administering devices,

including:

(A) IV catheters;

(B) Intraosseous needles;

(C) Infusion sets;

(D) Infusion pumps including micro-infusion capabilities;

(E) Infusion controllers;

(F) Pediatric dosages/dilutions of medications; and

(G) IV fluid/blood warmer;

(vi) Sterile surgical sets for procedures standard for EDs

including:

(A) Thoracostomy set;

(B) Chest tubes;

[Statutory Authority: Chapter 70.168 RCW. 93-20-063, § 246-976-770, filed 10/1/93, effective 11/1/93. Statutory Authority: RCW 43.70.040 and

- (C) Tracheostomy set;
- (D) Spinal tap set;
- (E) Peritoneal lavage set; and
- (F) Cricothyrotomy set;
- (vii) Gastric lavage equipment;
- (viii) Drugs and supplies necessary for pediatric emergency care;
- (ix) X-ray capability with twenty-four-hour coverage by in-house technicians;
- (x) Respiratory therapy available within five minutes;
- (xi) Two-way radio linked with EMS vehicles;
- (xii) Pneumatic anti-shock garment, if included in local pediatric protocols;
- (xiii) Skeletal traction device for cervical injuries;
- (xiv) Backboard;
- (xv) Specialized pediatric equipment including:
 - (A) Traction splint;
 - (B) Blood pressure cuffs in infant, child sizes;
 - (C) Foley catheters;
 - (D) Rigid cervical collars in pediatric sizes;
 - (E) Doppler;
 - (F) Infant scale for accurate weight measurement under twenty-five pounds;
 - (G) Temperature controlled heating units with/without open crib;
 - (H) Heating/cooling blankets;
 - (I) Heat lamp;
 - (J) Hypothermia thermometers;
 - (K) Expanded scale electronic thermometers;
 - (L) Device for assuring maintenance of infant warmth during evaluation and transport;
 - (M) Nasogastric/feeding tubes;
 - (N) Noninvasive blood pressure monitor; and
 - (O) Pulse oximetry.
- (2) A level II pediatric trauma care hospital shall have a general surgery department including:
 - (a) An attending surgeon who is on-call and available upon the patient's arrival in the ED, assuming twenty minute notification. The attending surgeon shall:
 - (i) Be board certified; or have graduated from a residency program accredited by the accreditation council of graduate medical education, but who is less than five years out of training;
 - (ii) Have general surgery privileges; or
 - (b) A post-graduate year four or above surgical resident may initiate evaluation and treatment upon the patient's arrival in the ED until the arrival of the attending surgeon. The attending surgeon shall be available within twenty minutes upon notification. The resident shall have ATLS and PALS or approved equivalent training;
 - (c) All trauma surgeons trained in ATLS, except that this requirement shall not apply to board certified surgeons;
 - (d) All trauma surgeons trained in PALS or approved equivalent.
- (3) A level II pediatric trauma care hospital shall have an operating suite adequately staffed with one operating room nurse or operating-room-qualified designee who is in-house and available to the operating suite within five minutes and the remainder of the staff on-call and available within twenty minutes. The operating suite shall have equipment appropriate for pediatric surgery, including:
 - (a) Thermal control equipment for patient;

- (b) Thermal control equipment for blood;
- (c) X-ray capability;
- (d) Endoscopes/bronchoscopes; and
- (e) Monitoring equipment.
- (4) A level II pediatric trauma care hospital shall have a postanesthetic recovery room with:
 - (a) Essential personnel, including at least one nurse with critical post anesthetic nurse training, on-call and available twenty-four hours a day; and
 - (b) Appropriate monitoring and resuscitation equipment.
- (5) A level II pediatric trauma care hospital shall have a pediatric intensive care service, including:
 - (a) A medical director or co-director who is board certified or eligible in pediatric intensive care, who has:
 - (i) PALS or approved equivalent training;
 - (ii) Responsibility for pediatric trauma care, including:
 - (A) Development and implementation of policies;
 - (B) Supervision of resuscitation;
 - (C) Coordination of medical care;
 - (D) Determination of patient isolation;
 - (E) Ultimate authority for triage decisions;
 - (F) Maintenance of equipment;
 - (G) Coordination of staff education;
 - (H) Maintenance of statistics; and
 - (I) Reviewing quality of care on all pediatric trauma patients;
 - (b) Patient isolation capacity;
 - (c) A physician with expertise in pediatric critical care in-house and available within five minutes;
 - (d) Pediatric intensive care nursing with:
 - (i) A pediatric nurse manager responsible for training and coordination of nurses, physicians, administration, and community agencies or services;
 - (ii) Nurses caring for pediatric trauma patients who have completed PALS or approved equivalent training; and
 - (e) Equipment appropriate for pediatric patients including:
 - (i) Airway control and ventilation including:
 - (A) Airways;
 - (B) Child and neonatal BVM designed to deliver one hundred percent oxygen;
 - (C) Bag-mask resuscitators, all sizes;
 - (D) Endotracheal tubes with stylet;
 - (E) Infant and child laryngoscopes, curved and straight;
 - (F) Suction catheters; and
 - (G) Tonsil suction tip;
 - (ii) Oxygen source with concentration controls;
 - (iii) Cardiac emergency cart;
 - (iv) Temporary transvenous pacemaker;
 - (v) Electrocardiograph-cardiac monitor-defibrillator;
 - (vi) Electronic pressure monitoring;
 - (vii) Mechanical ventilator-respirator appropriate for entire pediatrics spectrum including:
 - (A) Air/oxygen blenders;
 - (B) Oxygen analyzers;
 - (viii) Patient weighing devices, including infant scale;
 - (ix) Pulmonary function measuring devices;
 - (x) Temperature control devices including:
 - (A) Temperature controlled heating units with/without open crib;
 - (B) Heating/cooling blankets; and
 - (C) Heat lamp;

- (xi) Drugs, IV fluids and supplies, including:
 - (A) Needles and catheters;
 - (B) Infusion sets;
 - (C) Infusion pumps;
 - (D) Infusion controllers; and
 - (E) IV fluid warmer;
- (xii) Intraosseous needles and catheters;
- (xiii) Spotlight;
- (xiv) Doppler ultrasound BP device;
- (xv) Suction machine;
- (xvi) Refractometer;
- (xvii) Otoloscope/opthalmoscope;
- (xviii) Thermometers;
- (xix) Pressor infuser pumps;
- (xx) Portable EEG;
- (xxi) Bedside EKG;
- (xxii) Noninvasive oximetry and capnometry;
- (xxiii) Portable transport monitor;
- (xxiv) Sets for thoracostomy, tracheostomy, spinal tap, cricothyroidotomy, and peritoneal lavage;
- (xxv) Foley catheters;
- (xxvi) Chest tubes;
- (xxvii) Capability for continuous monitoring of:
 - (A) EKG, heart rate;
 - (B) Respiration;
 - (C) Temperature;
 - (D) Arterial pressure; and
 - (E) Central venous pressure;
- (xxviii) High/low alarms for heart rate, respiratory rate, and all pressures;
- (xxix) Provision for life support and cardiopulmonary monitoring; and
- (xxx) Hard copy monitor recording capability.

(6) A level II pediatric trauma care hospital shall designate one or more physicians, who have an established relationship to the pediatric trauma resuscitation team, to respond to pediatric airway emergencies. This requirement may be met by an emergency physician or an ICU physician.

(7) A level II pediatric trauma care hospital shall have clinical laboratory services available twenty-four hours a day, including:

- (a) Laboratory technician in-house;
- (b) Micro-technique capability;
- (c) Standard analyses of blood, urine, and other body fluids;
- (d) Blood typing and cross-matching;
- (e) Coagulation studies;
- (f) Comprehensive blood bank, or through access to a community central blood bank, and adequate hospital storage facilities;
- (g) Blood gases and pH determination;
- (h) Serum and urine osmolality;
- (i) Microbiology;
- (j) Serum alcohol determination; and
- (k) Drug screening.

(8) A level II pediatric trauma care hospital shall have radiologic services including:

- (a) Routine radiologic procedures in-house and available within five minutes;
- (b) Contrast studies including intravenous pyelograms, esophagrams, and barium enemas, on-call and available within twenty minutes;

(c) The following services on-call and available within twenty minutes:

- (i) Angiography of all types;
- (ii) Sonography;
- (iii) Computerized tomography; and
- (iv) Fluoroscopy.

(9) A level II pediatric trauma care hospital shall have respiratory therapy with a trained therapist in-house.

(10) A level II pediatric trauma care hospital shall have a pharmacy, with pharmacist on-call and available within twenty minutes.

(11) A level II pediatric trauma care hospital shall have acute hemodialysis capability, or a transfer agreement.

(12) A level II pediatric trauma care hospital shall have:

- (a) A physician-directed burn unit which is staffed by nursing personnel trained in burn care; and is equipped to care for extensively burned patients; or
- (b) Written transfer agreement with a burn center or hospital with burn unit.

(13) A level II pediatric trauma care hospital shall be able to manage acute head and/or spinal cord injuries, or have written transfer agreements with a facility that has such capabilities. Early transfer to an appropriate designated rehabilitation facility shall be considered.

(14) A level II pediatric trauma care hospital shall have a designated trauma rehabilitation coordinator; and:

- (a) A physician-directed rehabilitation medicine service which is staffed by nursing personnel trained in pediatric rehabilitation care; and is equipped to care for pediatric trauma patients; or
- (b) Written agreements to transfer patients to a designated pediatric rehabilitation services when medically feasible.

(15) A level II pediatric trauma care hospital shall have ancillary services including:

- (a) Clergy or pastoral care;
- (b) Social work, with social workers on-call and available within thirty minutes, and with written policies and procedures including comprehensive case-finding mechanisms;
- (c) Child protection services;
- (d) Nutritionist services;
- (e) Physical therapy services;
- (f) Occupational therapy and therapeutic recreation services.

(16) A level II pediatric trauma care hospital shall have a heliport or landing zone located close enough to permit the facility to receive or transfer patients by air.

[Statutory Authority: Chapter 70.168 RCW. 93-20-063, § 246-976-780, filed 10/1/93, effective 11/1/93. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-780, filed 12/23/92, effective 1/23/93.]

WAC 246-976-790 Designation standards for level II pediatric trauma care hospitals—Education and training programs. A level II pediatric trauma care hospital shall have:

- (1) A public education program addressing:
 - (a) Injury prevention;
 - (b) Standard first aid;
 - (c) Problems confronting the public, medical profession, and hospitals regarding optimal care for the injured child;

(2) A formal program of continuing education provided by the facility for staff physicians, nurses, allied health personnel, community physicians, and prehospital personnel.

(3) Make the facility available for initial and maintenance training of invasive manipulative skills for prehospital personnel.

[Statutory Authority: Chapter 70.168 RCW. 93-20-063, § 246-976-790, filed 10/1/93, effective 11/1/93. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-790, filed 12/23/92, effective 1/23/93.]

WAC 246-976-810 Designation standards for level III pediatric trauma care hospitals—Administration and organization. (1) For the purpose of administering trauma care, a designated level III pediatric trauma care hospital shall have a trauma service including:

(a) Organization and direction by a general surgeon or physician expert in, and committed to, care of the injured child;

(b) Ongoing coordination of the trauma service by a registered nurse;

(c) A multidisciplinary trauma committee with input to hospital management, including:

(i) An emergency physician;

(ii) An ED registered nurse;

(iii) A trauma surgeon;

(iv) An anesthesiologist;

(v) Director of pediatric intensive care unit;

(vi) A pediatric intensive care registered nurse; and

(vii) A pediatrician;

(d) A trauma resuscitation team to provide initial evaluation and treatment.

(i) The team shall be organized and directed by a surgeon who is expert in and committed to care of the injured child; who assumes responsibility for coordination of overall care of the pediatric trauma patient; and who is on-call and available within thirty minutes;

(ii) All members of the team, except the surgeon, shall be in-house and available within five minutes;

(iii) The team shall include an emergency physician:

(A) Responsible for activating the trauma resuscitation team, using an approved scoring system; and

(B) Responsible for providing team leadership and care for the trauma patient until the arrival of the surgeon in the resuscitation area;

(iv) Other members of the team shall be as specified in the hospital's application for designation.

(e) Specific delineation of trauma surgery privileges by the medical staff.

(2) A level III pediatric trauma care hospital shall have an ED with established standards and procedures to ensure immediate and appropriate care for pediatric trauma patients.

(3) A level III pediatric trauma care hospital shall have a surgery department that includes an attending surgeon who is on-call and available within thirty minutes; and

(a) Has general surgery privileges;

(b) Has PALS or approved equivalent training;

(c) Has ATLS training.

(4) A level III pediatric trauma care hospital shall have anesthesiology, by an anesthesiologist or certified registered nurse anesthetist, who is PALS or approved equivalent

trained, and who is on-call and available within thirty minutes.

(5) A level III pediatric trauma care hospital shall have an approved policy to divert patients to other designated facilities, based on its ability to manage each patient at a particular time.

(6) A level III trauma care hospital shall have a quality assurance program in accordance with WAC 246-976-880.

[Statutory Authority: Chapter 70.168 RCW. 93-20-063, § 246-976-810, filed 10/1/93, effective 11/1/93. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-810, filed 12/23/92, effective 1/23/93.]

WAC 246-976-820 Designation standards for level III pediatric trauma care hospitals—Resources and capabilities. (1) Level III pediatric trauma care hospitals shall have an ED with:

(a) A physician director who is:

(i) Board certified or eligible in emergency medicine or pediatric emergency medicine; or in a specialty practicing emergency medicine as their primary practice with special competency in the care of the pediatric trauma patient;

(ii) ATLS trained; and

(iii) ACLS trained;

(b) Emergency physicians who are:

(i) Qualified and experienced in caring for pediatric patients with traumatic injuries;

(ii) Capable of initiating resuscitation measures;

(iii) In-house and available within five minutes;

(iv) ATLS trained;

(v) ACLS trained;

(vi) PALS or approved equivalent trained; and

(vii) Designated members of the trauma team;

(c) ED registered nurses who are:

(i) ACLS trained;

(ii) Trained in a trauma life support course;

(iii) PALS or approved equivalent trained; and

(iv) In-house and available within five minutes;

(d) A designated area for pediatric resuscitation, with equipment for resuscitation and life support for the pediatric trauma patient, including:

(i) Airway control and ventilation equipment including:

(A) Airways;

(B) Laryngoscopes including curved and straight;

(C) Endotracheal tubes of all sizes;

(D) Bag-valve-mask resuscitator with all mask sizes;

(E) Sources of oxygen;

(F) Child and neonatal BVM resuscitation device designed to deliver one hundred percent oxygen; and

(G) Mechanical ventilator;

(ii) Suction devices, including:

(A) Back-up suction source;

(B) Suction catheters; and

(C) Tonsil suction tip;

(iii) Electrocardiograph-cardiac monitor-defibrillator;

(iv) Standard IV fluids and administering devices, including:

(A) IV catheters;

(B) Intraosseous needles;

(C) Infusion sets;

(D) Infusion pumps including micro-infusion capabilities;

- (E) Infusion controllers;
- (F) IV fluid/blood warmer;
- (v) Sterile surgical sets for pediatric ED procedures, including:
 - (A) Thoracostomy set;
 - (B) Chest tubes;
 - (C) Tracheostomy set;
 - (D) Spinal tap set;
 - (E) Peritoneal lavage set; and
 - (F) Cricothyrotomy set;
- (vi) Gastric lavage equipment;
- (vii) Drugs and supplies necessary for pediatric emergency care;
- (viii) X-ray capability, with technician on-call and available within twenty minutes;
- (ix) Two-way radio linked with vehicles of the EMS/TC system;
- (x) Pneumatic anti-shock garment, if included in local pediatric protocols;
- (xi) Backboard;
- (xii) Specialized pediatric equipment including:
 - (A) Traction splint;
 - (B) Blood pressure cuffs in infant, child sizes;
 - (C) Foley catheters;
 - (D) Rigid cervical collars;
 - (E) Doppler;
 - (F) Infant scale for accurate weight measurement under twenty-five pounds;
 - (G) Temperature controlled heating units with/without open crib;
 - (H) Heating/cooling blankets;
 - (I) Heat lamp;
 - (J) Hypothermia thermometers;
 - (K) Expanded scale electronic thermometers;
 - (L) Device for assuring maintenance of infant warmth during evaluation and transport; and
 - (M) Nasogastric/feeding tubes.
- (2) A level III pediatric trauma care hospital shall have an operating suite adequately staffed with one RN who is in-house and available to the operating suite within five minutes and the remainder of the staff on-call and available within twenty minutes. The operating suite shall be equipped with:
 - (a) Thermal control equipment for patient;
 - (b) Thermal control equipment for blood;
 - (c) X-ray capability; and
 - (d) Monitoring equipment.
- (3) A level III pediatric trauma care hospital shall have a post anesthetic recovery room with appropriate monitoring and resuscitation equipment, or a policy that pediatric patients recover in the pediatric ICU if the postanesthetic recovery room is not available.
- (4) A level III pediatric trauma care hospital shall have a pediatric intensive care service for trauma patients:
 - (a) In accordance with standards as delineated in WAC 246-976-780(5), except the medical director or co-director may be board certified or eligible in pediatric intensive care or another relevant specialty with documented experience in pediatric critical care; or
 - (b) Have a written transfer agreement to a designated level I or II pediatric trauma care facility.

(5) A level III pediatric trauma care hospital shall have clinical laboratory services available within twenty minutes, including:

- (a) Standard analyses of blood, urine, and other body fluids;
 - (b) Blood typing and cross-matching;
 - (c) Coagulation studies;
 - (d) Comprehensive blood bank or access to a community central blood bank and adequate hospital storage facilities;
 - (e) Blood gases and pH determination; and
 - (f) Micro-technique.
- (6) A level III pediatric trauma care hospital shall have:
- (a) A physician-directed burn unit staffed by nursing personnel trained in burn care, and equipped to care for the extensively burned pediatric patient; or
 - (b) Written transfer agreement with a burn center or hospital with burn unit.

(7) A level III pediatric trauma care hospital shall be able to manage acute head and/or spinal cord injuries, or have written transfer agreements with facility with such capabilities. Early transfer to an appropriate designated rehabilitation facility shall be considered.

(8) A level III pediatric trauma care hospital shall have routine radiological capabilities available within five minutes.

(9) A level III pediatric trauma care hospital shall have a trauma rehabilitation coordinator to facilitate the pediatric trauma patient's access to a designated pediatric rehabilitation center and:

- (a) A physician-directed rehabilitation medicine service staffed by nursing personnel trained in pediatric rehabilitation; and equipped to care for pediatric trauma patients; or
- (b) Written agreements to transfer patients to a designated pediatric rehabilitation service when medically feasible.

(10) A level III pediatric trauma care hospital shall have ancillary services, including clergy/pastoral care, and child protection services.

(11) A level III pediatric trauma care hospital shall have a heliport or landing zone located close enough to permit the facility to receive or transfer patients by air.

[Statutory Authority: Chapter 70.168 RCW. 93-20-063, § 246-976-820, filed 10/1/93, effective 11/1/93. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-820, filed 12/23/92, effective 1/23/93.]

WAC 246-976-830 Designation standards for level I trauma rehabilitation services. (1) Level I trauma rehabilitation services shall:

- (a) Treat inpatients and outpatients, regardless of level of severity or complexity, who are over fifteen years of age;
- (b) Have and retain one-year or three-year accreditation by the commission on accreditation of rehabilitation facilities (CARF) for hospital-based comprehensive inpatient rehabilitation;
 - (i) Abeyance or deferral status from CARF do not qualify an applicant for designation;
 - (ii) If the applicant holds one-year accreditation, its application shall include a copy of the CARF survey report and recommendations;
- (c) House patients on a designated rehabilitation nursing unit;
- (d) Provide a peer group for persons with similar disabilities;

(e) Be directed by a physiatrist who is in-house or on-call and responsible for rehabilitation concerns on a seven day a week, twenty-four hour basis;

(f) Have a diversion or transfer policy with protocols on an individual patient basis, based on its ability to manage that patient at that time;

(g) In addition to the CARF consultative service requirements, have the following services in-house or on-call on a seven day a week, twenty-four hour basis:

- (i) Anesthesia;
- (ii) Pulmonary medicine; and
- (iii) A radiologist;

(h) Provide rehabilitation nursing personnel on a seven day a week, twenty-four hour basis, with:

- (i) Management by a registered nurse;
- (ii) At least one certified rehabilitation registered nurse (CRRN) on duty each day and evening shift when trauma patients are present;

(iii) Adequate staffing to provide a minimum of six clinical nursing care hours per patient day for trauma patients;

(iv) The initial care plan and weekly update reviewed and approved by a CRRN; and

(v) An orientation and training program for all levels of rehabilitation nursing personnel;

(i) Provide the following allied health personnel and services on a seven day a week, twenty-four hour basis:

(i) Access to pharmaceuticals, with a pharmacist in house;

- (ii) Personnel trained in intermittent catheterization; and
- (iii) Respiratory therapy;

(j) Provide the following rehabilitation services with staff who are licensed, registered, or certified, and in house or on call for daily treatment when indicated in the rehabilitation plan:

- (i) Occupational therapy;
- (ii) Physical therapy;
- (iii) Psychology, including:
 - (A) Neuropsychological services;
 - (B) Clinical psychological services, including testing and counseling; and

(C) Substance abuse counseling;

(iv) Social services;

(v) Speech/language pathology;

(k) Provide the following services in-house or through affiliation or consultative arrangements with staff who are licensed, registered, certified, or degreed:

(i) Communication augmentation;

(ii) Driver evaluation and training;

(iii) Orthotics;

(iv) Prosthetics;

(v) Rehabilitation engineering for device development and adaptations;

(vi) Therapeutic recreation; and

(vii) Vocational rehabilitation;

(l) Provide the following diagnostic services in-house or through affiliation or consultative arrangements with staff who are licensed, registered, certified, or degreed:

(i) Diagnostic imaging, including computerized tomography, magnetic resonance imaging, nuclear medicine, and radiology;

(ii) Electrophysiologic testing, to include:

(A) Electroencephalography;

(B) Electromyography;

(C) Evoked potentials;

(iii) Laboratory services; and

(iv) Urodynamic testing;

(m) Serve as a regional referral center for patients in their geographical area needing only level II or III rehabilitation care;

(n) Have an outreach program regarding trauma rehabilitation care, consisting of telephone and on-site consultations with physicians and other health care professionals in the community and outlying areas;

(o) Have a formal program of continuing trauma rehabilitation care education, both in-house and outreach, provided for nurses and allied health care professionals;

(p) Conduct and disseminate research in rehabilitation of trauma patients.

(2) A level I rehabilitation service shall have a quality assurance program in accordance with WAC 246-976-880.

(3) This section shall not restrict the authority of a rehabilitation service to provide services which it has been authorized to provide by state law, except as addressed by chapter 70.168 RCW.

[Statutory Authority: Chapter 70.168 RCW. 93-20-063, § 246-976-830, filed 10/1/93, effective 11/1/93.]

WAC 246-976-840 Designation standards for level II trauma rehabilitation service. (1) Level II rehabilitation services shall:

(a) Treat inpatients and outpatients based on delineated admission criteria that are based on diagnosis and severity of impairment, who are over fifteen years of age;

(b) Have and retain one-year or three-year accreditation by the commission on accreditation of rehabilitation facilities (CARF) for hospital-based comprehensive inpatient rehabilitation;

(i) Abeyance or deferral status do not qualify an applicant for designation;

(ii) If the applicant holds one-year accreditation, its application shall include a copy of the CARF survey report and recommendations;

(c) House patients on a designated rehabilitation nursing unit;

(d) Provide a peer group for persons with similar disabilities;

(e) Be directed by a physiatrist who is in-house or on-call and responsible for rehabilitation concerns on a seven day week, twenty-four hour basis;

(f) Have a diversion or transfer policy with protocols on an individual patient basis, based on the ability to manage that patient at that time;

(g) In addition to the CARF consultative service requirements, provide the following services in-house or on-call on a seven day a week, twenty-four hour basis:

(i) Anesthesia;

(ii) Pulmonary medicine; and

(iii) A radiologist;

(h) Provide rehabilitation nursing personnel on a seven day a week, twenty-four hour basis with:

(i) Management by a registered nurse;

(ii) At least one certified rehabilitation registered nurse (CRRN) on duty each day when trauma patients are present;

(iii) Adequate staffing to provide a minimum of six clinical nursing care hours per patient day for trauma patients;

(iv) The initial care plan and weekly update reviewed and approved by a CRRN; and

(v) An orientation and training program for all levels of rehabilitation nursing personnel;

(i) Provide appropriate access to pharmaceuticals on a seven day a week, twenty-four hour basis, with a pharmacist on call and available within thirty minutes;

(j) Provide the following rehabilitation services with staff who are licensed, registered, or certified, and who are in-house or on-call for daily treatment when indicated in the rehabilitation plan:

(i) Occupational therapy;

(ii) Physical therapy;

(iii) Psychology, including:

(A) Neuropsychological services;

(B) Clinical psychological services, including testing and counseling;

(C) Substance abuse counseling;

(iv) Social services;

(v) Speech/language pathology;

(k) Provide the following services in-house or through affiliation or consultative arrangements with staff who are licensed, registered, certified, or degreed:

(i) Communication augmentation;

(ii) Driver evaluation and training;

(iii) Orthotics;

(iv) Prosthetics;

(v) Rehabilitation engineering for device development and adaptations;

(vi) Therapeutic recreation; and

(vii) Vocational rehabilitation;

(l) Provide the following diagnostic services in-house or through affiliation or consultative arrangements with staff who are licensed, registered, certified, or degreed:

(i) Diagnostic imaging, including computerized tomography, magnetic resonance imaging, nuclear medicine, and radiology;

(ii) Electrophysiologic testing, to include:

(A) Electroencephalography;

(B) Electromyography; and

(C) Evoked potentials;

(iii) Laboratory services;

(iv) Urodynamic testing;

(m) Have an outreach program regarding trauma rehabilitation care, consisting of telephone and on-site consultations with physicians and other health care professionals in the community and outlying areas;

(n) Have a formal program of continuing trauma rehabilitation care education, both in-house and outreach, provided for nurses and allied health care professionals.

(2) A level II rehabilitation service shall have a quality assurance program in accordance with WAC 246-976-880.

(3) This section shall not restrict the authority of a rehabilitation service to provide services which it has been authorized to provide by state law, except as addressed by chapter 70.168 RCW.

[Statutory Authority: Chapter 70.168 RCW. 93-20-063, § 246-976-840, filed 10/1/93, effective 11/1/93.]

WAC 246-976-850 Designation standards for level III trauma rehabilitation service. (1) Level III rehabilitation services shall:

(a) Provide a community based program of coordinated and integrated outpatient trauma rehabilitation services, evaluation, and treatment to those persons with trauma-related functional limitations that require services available in, but not limited to, the following settings:

(i) Freestanding outpatient rehabilitation centers;

(ii) Organized outpatient rehabilitation programs in acute hospital settings;

(iii) Day hospital programs; and

(iv) Other community settings;

(b) Treat patients according to admission criteria based on diagnosis and severity;

(c) Be directed by a psychiatrist, or a physician with training and/or experience in rehabilitation, who participates in the quality assurance program;

(d) Provide patient care under the direction of a psychiatrist or a physician with appropriate training and experience in physical medicine;

(e) Provide the following rehabilitation services by staff who are licensed, registered, or certified:

(i) Occupational therapy;

(ii) Physical therapy;

(iii) Social services;

(iv) Speech/language pathology;

(f) Provide or assist the patient to obtain the following as appropriate to the rehabilitation plan:

(i) Audiology;

(ii) Chaplaincy;

(iii) Dentistry;

(iv) Dietetics;

(v) Driver evaluation and training;

(vi) Education;

(vii) Nursing;

(viii) Orthotics;

(ix) Prosthetics;

(x) Psychology;

(xi) Rehabilitation engineering for device development and adaptations;

(xii) Respiratory therapy;

(xiii) Substance abuse counseling;

(xiv) Therapeutic recreation;

(xv) Vocational rehabilitation;

(g) Have an organized trauma rehabilitation quality assurance program with:

(i) A special audit process for rehabilitation trauma patients to identify the rehabilitation standards and indicators which monitor this program;

(ii) A multidisciplinary team, to include the physician identified as responsible for coordination of rehabilitation trauma activities.

(2) This section shall not restrict the authority of a rehabilitation service to provide services which it has been authorized to provide by state law, except as addressed by chapter 70.168 RCW.

[Statutory Authority: Chapter 70.168 RCW. 93-20-063, § 246-976-850, filed 10/1/93, effective 11/1/93.]

WAC 246-976-860 Designation standards for level I pediatric trauma rehabilitation service. (1) Level I pediatric rehabilitation services shall:

(a) Treat inpatients and outpatients, regardless of level of severity or complexity, who are fifteen years old or less;

(b) Treat inpatients and outpatients older than fifteen for whom educational goals or premorbid learning or developmental disability dictates treatment in a pediatric setting;

(c) Have and retain one-year or three-year accreditation by the commission on accreditation of rehabilitation facilities (CARF) for hospital-based comprehensive inpatient rehabilitation;

(i) Abeyance or deferral status do not qualify an applicant for designation;

(ii) If the applicant holds one-year accreditation, its application shall include a copy of the CARF survey report and recommendations;

(d) House patients in a designated pediatric rehabilitation area, providing a pediatric milieu;

(e) Provide a peer group for persons with similar disabilities;

(f) Be directed by a psychiatrist who is in-house or on-call and responsible for rehabilitation concerns on a seven day a week, twenty-four hour basis;

(g) Have a diversion or transfer policy with protocols on an individual patient basis, based on its ability to manage that patient at that time;

(h) In addition to the CARF consultative service requirements, have the following services in-house on a seven day a week, twenty-four hour basis:

(i) Anesthesia;

(ii) Pediatrics;

(iii) Pulmonary medicine;

(iv) A radiologist;

(i) Provide rehabilitation nursing personnel on a seven day a week, twenty-four hour basis with:

(i) Management by a registered nurse;

(ii) At least one certified rehabilitation registered nurse (CRRN) on duty each day and evening shift when trauma patients are present;

(iii) All nursing personnel trained and/or experienced in pediatric rehabilitation;

(iv) The initial care plan and weekly update reviewed and approved by a CRRN; and

(v) An orientation and training program for all levels of rehabilitation nursing personnel;

(j) Provide the following allied health personnel and services on a seven day week, twenty-four hour basis:

(i) Access to pharmaceuticals, with pharmacist in house;

(ii) Personnel trained in intermittent catheterization; and

(iii) Respiratory therapy;

(k) Provide the following rehabilitation services with staff who are licensed, registered, or certified, who are trained and/or experienced in pediatric rehabilitation, and who are in-house or on-call for daily treatment when indicated in the rehabilitation plan:

(i) Occupational therapy;

(ii) Physical therapy;

(iii) Psychology, including:

(A) Neuropsychological services;

(B) Clinical psychological services, including testing and counseling; and

(C) Substance abuse counseling;

(iv) Social services;

(v) Speech/language pathology;

(l) Provide the following diagnostic services in-house or through affiliation or consultative arrangements with staff who are licensed, registered, certified, or degreed:

(i) Communication augmentation;

(ii) Educational component of the program appropriate to the disability and developmental level of the child, to include educational screening, instruction, and discharge planning coordinated with the receiving school district;

(iii) Orthotics;

(iv) Appropriate play space, with supervision by a pediatric therapeutic recreation specialist or child life specialist, to provide assessment and play activities;

(v) Prosthetics;

(vi) Rehabilitation engineering for device development and adaptations;

(vii) Therapeutic recreation;

(m) Provide the following diagnostic services in-house or through affiliation or consultative arrangements with staff who are licensed, registered, certified, or degreed:

(i) Electrophysiologic testing, to include:

(A) Electroencephalography;

(B) Electromyography;

(C) Evoked potentials;

(ii) Diagnostic imaging, including computerized tomography, magnetic resonance imaging, nuclear medicine, and radiology;

(iii) Laboratory services; and

(iv) Urodynamic testing;

(n) Have an outreach program regarding pediatric trauma rehabilitation care, consisting of telephone and on-site consultations with physicians and other health care professionals in the community and outlying areas;

(o) Have a formal program of continuing pediatric trauma rehabilitation care education, both in-house and outreach, provided for nurses and allied health care professionals;

(p) Conduct and disseminate research in rehabilitation of pediatric trauma patients.

(2) A level I pediatric rehabilitation service shall have a quality assurance program in accordance with WAC 246-976-880.

(3) This section shall not restrict the authority of a pediatric rehabilitation service to provide services which it has been authorized to provide by state law, except as addressed by chapter 70.168 RCW.

[Statutory Authority: Chapter 70.168 RCW. 93-20-063, § 246-976-860, filed 10/1/93, effective 11/1/93.]

WAC 246-976-880 Trauma quality assurance programs for designated trauma care hospitals. All designated trauma care services except level V shall:

(1) Have a hospital-wide quality assurance program to reflect and demonstrate continuous quality improvement in the delivery of trauma care. The trauma care quality assurance program includes:

(a) Regular in-house multidisciplinary trauma conferences, including:

(i) Comprehensive review of patient care throughout the patient's stay;

(ii) Participation of members of the trauma team;

(iii) Participation of the person responsible for coordination of trauma registry activities;

(iv) Participation of the trauma rehabilitation coordinator;

(v) Feedback to staff and services involved; and

(vi) Provision of reports to the regional quality assurance program;

(b) Special audit processes for all trauma patients including trauma deaths, using a monitoring system including:

(i) Outcomes of care and service;

(ii) Evaluations;

(iii) Trends;

(iv) Indicators;

(v) Documented patient care assessments;

(vi) Standards of care and/or practice guidelines;

(vii) Comparison of adult and pediatric patient care outcomes in the same facility;

(viii) Review of the delivery of preadmission trauma care; and

(ix) Patient perspectives of care;

(2) Document the trauma care quality assurance program's proceedings, findings, conclusions, recommendations, actions taken, and results of the actions taken, demonstrating that relevant findings are used to study and improve processes that affect trauma patient care;

(3) Evaluate the results of the trauma quality assurance program and include them with the hospital's general quality assurance program;

(4) Participate in the state trauma registry as required in WAC 246-976-420;

(5) Identify a person to be responsible for coordination of trauma registry activities;

(6) Participate in the regional trauma care quality assurance program required in WAC 246-976-910.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-880, filed 12/23/92, effective 1/23/93.]

WAC 246-976-885 Educational and certification requirements—Designated trauma care service personnel.

To allow for timely and orderly establishment of the trauma system, the department shall consider that education and/or certification requirements established in this chapter for physicians in the ED, and for nursing personnel in all units of a designated trauma care facility, have been met if:

(1) Until July 1, 1994, twenty-five percent of personnel caring for trauma patients meet the educational and certification requirements of this chapter at the time of designation;

(2) By July 1, 1995, fifty percent of personnel caring for trauma patients meet the educational and certification requirements of this chapter;

(3) By July 1, 1996, seventy-five percent of personnel caring for trauma patients meet the educational and certification requirements of this chapter; and

(4) By July 1, 1997, all personnel caring for trauma patients meet the educational or certification requirements of this chapter.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-885, filed 12/23/92, effective 1/23/93.]

WAC 246-976-890 Interhospital transfer guidelines.

(1) All designated trauma services shall have written transfer agreements for the identification and transfer of patients with special care needs who meet interhospital transfer criteria.

(2) Transfer agreements shall include the responsibility of the transferring hospital and of the receiving hospital, and shall assign medical control during interhospital transfer.

(3) Transferring facilities shall use verified prehospital trauma services for interfacility transfer of trauma patients.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-890, filed 12/23/92, effective 1/23/93.]

SYSTEM ADMINISTRATION

WAC 246-976-910 EMS and trauma care system regional quality assurance program. (1) The department shall:

(a) Provide guidelines for regional EMS/TC system quality assurance to evaluate regional trauma care delivery, patient care outcomes, and compliance with the requirements of this chapter; and

(b) Review and approve regional quality assurance activities.

(2) Levels I, II, and III trauma care facilities shall establish and participate in regional EMS/TC systems quality assurance programs.

(3) The regional quality assurance program:

(a) Shall include at least one member of each designated facility's medical staff, an EMS provider, and a member of the EMS/TC regional council; and

(b) In regions with facilities jointly designated under WAC 246-976-470 (3)(b), shall include at least one member who does not reside or work in the region.

(4) The regional quality assurance program shall invite the MPD and all other health care providers and facilities providing trauma care in the region, including nondesignated facilities and nonverified prehospital services, to participate in the regional trauma quality assurance program.

(5) The regional quality assurance program shall include a written plan for implementation including:

(a) Scope of all services offered in the region;

(b) Ongoing assessment of performance of the regional EMS and trauma care system, based on data supplied by the trauma registry and other sources, including:

(i) Trauma care delivery;

(ii) Patient care outcomes, including pediatric and adult patient outcomes;

(iii) Unexpected deaths; and

(iv) Compliance with the requirements of chapter 70.168 RCW, and this chapter;

(c) Identification and analysis of trends, patient care outcomes, and other information, based on trauma registry data;

(d) Periodic assessment of data concerning aspects of patient care;

(e) Policies regarding confidentiality of data elements related to identification of provider's and facility's care outcomes, in accordance with chapter 70.168 RCW;

(f) Policies regarding confidentiality and release of patient care quality assurance committee minutes, records, and reports in accordance with RCW 70.168.090(4), including a requirement that each attendee of a regional quality assurance committee meeting is informed in writing of the confidentiality requirement. Information identifying individual patients shall not be publicly disclosed without the patient's consent;

(g) Policies regarding confidentiality of documentation of the results of inquiries involving patient care issues; and

(h) Provision for feedback to the department and the regional council on identified EMS/TC issues and concerns.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-910, filed 12/23/92, effective 1/23/93.]

WAC 246-976-920 Medical program director. (1) The department shall:

(a) In conjunction with the state EMS/TC committee, evaluate, certify, and terminate certification of MPDs for a county, group of counties, or cities with populations over four hundred thousand, in coordination with the recommendations of the local medical community and local EMS/TC council;

(b) Withdraw certification of MPDs on receipt of written resignation;

(c) Defend and hold harmless MPDs, delegates, or agents for any act or omission committed or omitted in good faith in the performance of his or her duties.

(2) The MPD shall:

(a) Be knowledgeable in the administration and management of prehospital emergency medical care and services;

(b) Provide medical control and direction of EMS/TC certified personnel in their medical duties, by oral or written communication;

(c) Develop and adopt written prehospital patient care protocols to direct EMS/TC certified personnel in patient care. These protocols shall be based upon the assessment of the patients' medical needs. The protocols shall meet or exceed state-wide minimum standards for trauma and other prehospital care services;

(d) Establish protocols for storing, dispensing, and administering controlled substances, in accordance with state and federal regulations and guidelines;

(e) Consult with the local and regional EMS/TC councils and emergency communications centers to develop and approve patient care procedures;

(f) Work within the parameters of the approved regional patient care procedures;

(g) Supervise training of all EMS/TC certified personnel;

(h) Develop protocols for special training described in WAC 246-976-040;

(i) Periodically audit the educational performance, skill maintenance, and field performance of EMS/TC certified personnel, for quality assurance purposes;

(j) Recommend to the department certification, recertification, or denial of certification of EMS/TC personnel;

(k) Recommend to the department disciplinary action to be taken against EMS/TC personnel, which may include modification, suspension, or revocation of certification;

(l) Review and make recommendations to the department for individuals applying for recognition or renewal of recognition as senior EMT instructors.

(3) In accordance with department policies and procedures, the MPD may:

(a) Delegate in writing any duties, other than those described above in subsection (2)(c), (j), and (k) of this section, to other physicians;

(i) The MPD shall notify the department in writing of the names and duties of individuals so delegated, within fourteen days;

(ii) The MPD may remove delegated authority at any time, which shall be effective upon written notice to the delegate and the department;

(b) Delegate in writing duties relating to training, evaluation, or examination of certified EMS/TC personnel, to qualified nonphysicians;

(c) Enter into EMS/TC medical control agreements with other MPDs;

(d) Recommend denial of certification to the department for any student the MPD deems unable to function as an EMS provider, despite successful completion of MPD-approved training, evaluation, or examinations; and

(e) Require examinations to determine the knowledge and abilities of IV technicians, airway technicians, or paramedics prior to recommending applicants for certification or recertification. If such examinations are required, the MPD shall conduct at least one examination annually, and may conduct examinations more often if necessary.

(4) The department may withdraw the certification of an MPD when:

(a) The MPD fails to maintain eligibility under this chapter;

(b) The MPD fails to perform the duties assigned under this chapter;

(c) The MPD demonstrates unwillingness or inability to perform duties under this chapter;

(d) The local EMS/TC council or the local medical community recommends revocation to the department.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-920, filed 12/23/92, effective 1/23/93.]

WAC 246-976-930 General responsibilities of the department. (1) The department shall establish:

(a) The minimum and maximum number of hospitals and health care facilities in the state and within each EMS/TC planning and service region that may provide designated trauma care services based upon approved regional EMS/TC plans;

(b) The minimum and maximum number of prehospital providers in the state and within each EMS/TC planning and service region that may provide verified trauma care services based upon approved regional EMS/TC plans.

(2) The department shall designate hospitals and health care facilities to provide designated trauma care services in accordance with needs identified in the state-wide EMS/TC plan.

(3) The department shall design and establish the state-wide trauma care registry as authorized in RCW 70.168.090.

(4) The department shall develop prehospital trauma triage procedures and interfacility transfer guidelines, for adult and pediatric patients, and review them biennially with the advice of the steering committee.

(5) The department shall create:

(a) An EMS/TC licensing and certification advisory committee of eleven members, and appoint members, including a balance of physicians, one of whom is an MPD, and individuals regulated under RCW 18.71.205 and 18.73.081, an administrator from a city or county EMS/TC system, a member of the steering committee, and one consumer. All members except the consumer shall be knowledgeable in specific and general aspects of EMS/TC. Members shall be appointed for a period of three years. The terms of those members representing the same field shall not expire at the same time;

(b) Regional EMS/TC councils and appoint members, including a balance of hospital and prehospital trauma care and EMS providers, local elected officials, consumers, local law enforcement representatives, local government agencies, physicians, EMS/TC educators, and prevention specialists involved in the delivery of EMS/TC services recommended by the local EMS/TC councils within the region.

(6) The department shall develop standards and a process and schedule for biennial update of regional and state-wide planning.

(7) The department shall review, recommend changes to, and approve regional plans based on the requirements of this chapter and recommendations from the steering committee, and upon consideration of the needs of trauma patients whose care may require resources from more than one region and/or from adjacent states.

(8) The department shall develop and publish a state-wide EMS/TC plan that:

(a) Identifies state-wide EMS/TC objectives and priorities and identifies equipment, facility, personnel, training, prevention, and other needs required to create and maintain a state-wide EMS/TC system;

(b) Is formulated by incorporating the regional EMS/TC plans required under chapter 70.168 RCW;

(c) Shall be updated every two years and shall be made available to the state board of health in sufficient time to be considered in preparation of the biennial state health report required in RCW 43.20.050;

(d) Includes a state EMS/TC communication plan formulating the system based on regional plans and legislative intent. The communications system plan shall:

(i) Provide for a communication network to support medical control;

(ii) Establish guidelines for EMD training for all EMS dispatch personnel; and

(iii) Establish minimum communications equipment levels for licensed ambulance and aid vehicles;

(e) Provides for interagency coordination, administration, and regulation of the state-wide EMS/TC communications plan.

(9) From available funds, the department shall make EMS systems development grants to regional councils:

(a) To support regional EMS/TC council operations;

(b) To support regional council matching grant programs described in WAC 246-976-960 (1)(f), giving priority to achievement of minimum standards of this chapter, and other purposes and priorities established with the advice of the steering committee.

(10) The department shall review biennially:

(a) Rules, policies, and standards for EMS/TC, with the advice of the steering committee;

(b) Rules and standards for licensure of services and vehicles, and for certification of EMS/TC personnel, with the advice of the L&C committee;

(c) Minimum response times for verified prehospital trauma care services, considering data available from the trauma registry and with the advice of the steering committee.

(11) The department shall develop a format for evaluating the performance of MPDs consistent with WAC 246-976-920.

(12) The department shall develop and maintain the trauma prevention and education program as an integral component of the EMS/TC system.

(13) The department may:

(a) Recognize as an affiliated EMS services, those organizations which are not required to be licensed under chapter 18.73 RCW, but which are:

(i) Recommended for affiliation by the local EMS/TC council and the MPD;

(ii) Identified in the regional plan as part of the EMS/TC system;

(b) Approve pilot programs and projects which have:

(i) Stated objectives;

(ii) A specified beginning and ending date;

(iii) An identified way of measuring the outcome;

(iv) A review process;

(v) A work plan with a time line;

(vi) Consistency with regional and state plans;

(vii) If training of certified EMS/TC personnel involved, consistency with the requirements of WAC 246-976-040;

(c) Appoint a communications advisory committee, with members who are users of EMS/TC communications and providers of EMS/TC services.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-930, filed 12/23/92, effective 1/23/93.]

WAC 246-976-940 Steering committee. The EMS/TC steering committee shall:

(1) Review and comment on the department's rules, policies, and standards for EMS/TC at least biennially;

(2) Review and comment on rules proposed by the department for EMS/TC;

(3) Review and comment on the department's budget for the EMS/TC system at least biennially;

(4) Advise the department regarding EMS/TC needs and proposed funding throughout the state;

(5) Review the regional EMS/TC plans and recommend changes to the department before the department adopts the plans;

(6) Advise the department on disbursement of grants to regional councils and nonprofit agencies for the develop-

ment, implementation, and enhancement of the EMS/TC system; and

(7) Review the department's prehospital triage guidelines and inter-facility transfer guidelines biennially.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-940, filed 12/23/92, effective 1/23/93.]

WAC 246-976-950 Licensing and certification committee. The licensing and certification committee shall:

(1) Review and comment on proposed licensing and certification rules under chapters 18.71 and 18.73 RCW;

(2) Review and comment biennially on the department's EMS/TC rules and standards pertaining to licensure of vehicles and services, and to certification of individuals;

(3) Assist the department, at the department's request, to fulfill any duty or exercise any power under this chapter pertaining to EMS/TC licensing and certification.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-950, filed 12/23/92, effective 1/23/93.]

WAC 246-976-960 Regional emergency medical services and trauma care councils. (1) Regional councils shall:

(a) At least semiannually, identify and analyze trends and patient care outcomes, based on trauma registry data provided by the department, to evaluate the EMS/TC system and its component subsystems;

(b) Develop and submit to the department regional EMS/TC plans to:

(i) Assess and analyze regional EMS/TC needs;

(ii) Identify personnel, agencies, facilities, equipment, training, prevention programs, and education to meet regional and local needs;

(iii) Identify specific activities necessary to meet state-wide standards and patient care outcomes and develop a plan of implementation for regional compliance;

(iv) Establish and review agreements with regional providers necessary to meet state standards;

(v) Establish agreements with providers outside the region to facilitate patient transfer;

(vi) Include a regional budget identifying the amount, source, and purpose of all gifts and payments;

(vii) Establish the number and level of facilities to be designated, consistent with department guidelines and based on availability of resources and the distribution of trauma within the region;

(viii) Identify the need for and recommend distribution and level of care of prehospital services, to assure adequate availability and avoid inefficient duplication and lack of coordination of prehospital services within the region;

(ix) Include other specific elements defined by the department;

(x) Identify EMS/TC services and resources currently available within the region;

(xi) Describe how the roles and responsibilities of the MPD are coordinated with those of the regional EMS/TC council;

(xii) Describe and recommend improvements in medical control communications and EMS/TC dispatch, with at least

the elements of the state communication plan described in WAC 246-976-930 (1)(l)(iv); and

(xiii) Include a schedule for implementation;

(c) In developing or updating its plan:

(i) Seek and consider the recommendations of:

(A) Local EMS/TC councils;

(B) Counties, cities, or other governmental bodies that have established an EMS/TC system by ordinance, resolution, interlocal agreement, or contract; and

(ii) Use the regional and state analyses provided by the department based on trauma registry data and other appropriate sources;

(d) Advise the department on matters relating to the delivery of EMS/TC within the region;

(e) Provide data required by the department to assess the effectiveness of the EMS/TC system;

(f) Provide matching grants from funds made available by the department. These funds shall:

(i) Not exceed fifty percent of the cost of the proposal for which the grant is made; except, the department may waive or modify the matching requirement if it determines insufficient local funding exists and the public health and safety would be jeopardized if the proposal were not funded;

(ii) Be made available to any public or private nonprofit agency which in the judgment of the council will best fulfill the purpose of the grant;

(iii) Be awarded to:

(A) Establish, develop, expand, and improve the EMS/TC system;

(B) Purchase EMS/TC equipment;

(C) Provide training and continuing education for EMS/TC personnel;

(D) Research and development activities pertaining to EMS/TC;

(E) Develop, implement, and evaluate prevention programs; or

(F) Accomplish other purposes as approved by the department;

(g) Adopt patient care procedures in consultation with the MPDs, local councils, and emergency communications centers. The patient care procedures shall identify the level of medical care personnel to be dispatched to an emergency scene, procedures for triage of patients, the level of trauma care facility to first receive the patient, and the name and location of other trauma care facilities to receive the patient should an interfacility transfer be necessary. Procedures on interfacility transfer of patients shall be consistent with the transfer procedures in chapter 70.170 RCW, and:

(i) Identify types and expected volume of trauma that may exceed regional capabilities, taking into consideration resources available in other regions and adjacent states;

(ii) Include a description of activation of the trauma system.

(2) In areas where no local EMS/TC council exists, the regional EMS/TC council shall have all the authority, duties, and responsibilities of the local council, as described in WAC 246-976-970.

(3) Regional councils may:

(a) Apply for, receive, and accept gifts and other payments, including property and service, from any governmental or other public or private entity or person;

(b) Use these funds for any activities related to the design, maintenance, or enhancements of the EMS/TC system in the region; or

(c) Establish regional standards in the plan, including response times for verified services, which exceed the minimum requirements of this chapter.

(4) An EMS/TC provider who disagrees with the regional plan may appeal to the steering committee before the department approves the plan.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-960, filed 12/23/92, effective 1/23/93.]

WAC 246-976-970 Local emergency medical services and trauma care councils. (1) A county or group of counties may create a local EMS/TC council composed of representatives of hospital and prehospital trauma care and EMS providers, local elected officials, consumers, local law enforcement officials, local government agencies, physicians, and prevention specialists involved in the delivery of EMS/TC.

(2) Local EMS/TC councils shall:

(a) Review, evaluate, and provide recommendations to the regional EMS/TC council regarding the provision of EMS/TC in the region, and provide recommendations on the regional EMS/TC plan;

(b) Recommend individuals to the department for membership on the regional EMS/TC council;

(c) Participate with the MPD, emergency communication centers, and the regional EMS/TC council in the development of regional patient care procedures; and

(d) Review and make recommendations to the department for individuals applying for recognition or renewal of recognition as senior EMT instructors.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-970, filed 12/23/92, effective 1/23/93.]

WAC 246-976-990 Fees and fines. (1) The department shall assess individual health care facilities submitting a proposal to be designated as a level I general trauma care facility a fee, not to exceed seven thousand dollars, to help defray the costs to the department of inspections and review of applications.

(2) The department shall assess individual health care facilities submitting a proposal to be designated as a level II general trauma care facility a fee, not to exceed six thousand dollars, to help defray the costs to the department of inspections and review of applications.

(3) The department shall assess individual health care facilities submitting a proposal to be designated as a level III general trauma care facility a fee, not to exceed one thousand nine hundred fifty dollars, to help defray the costs to the department of inspections and review of applications.

(4) The department shall assess individual health care facilities submitting a proposal to be designated as a level I pediatric trauma care facility a fee, not to exceed nine thousand two hundred dollars, to help defray the costs to the department of inspections and review of applications.

(5) The department shall assess individual health care facilities submitting a proposal to be designated as a level II

pediatric trauma care facility a fee, not to exceed eight thousand dollars, to help defray the costs to the department of inspections and review of applications.

(6) The department shall assess individual health care facilities submitting a proposal to be designated as a level III pediatric trauma care facility a fee, not to exceed two thousand dollars, to help defray the costs to the department of inspections and review of applications.

(7) The department shall assess health care facilities submitting a joint proposal to be jointly designated as a level I general or pediatric trauma care facility a fee, of at least seven thousand dollars, and based upon a determined hourly rate and per diem expense per inspection team member, not to exceed fourteen thousand five hundred dollars to help defray the costs to the department of inspections and review of applications.

(8) The department shall assess health care facilities submitting a joint proposal to be jointly designated as a level II general or pediatric trauma care facility a fee, of at least six thousand dollars, and based upon a determined hourly rate and per diem expense per inspection team member, not to exceed twelve thousand five hundred dollars to help defray the costs to the department of inspections and review of applications.

(9) The department shall assess health care facilities submitting a joint proposal to be jointly designated as a level III general or pediatric trauma care facility a fee, of at least one thousand nine hundred fifty dollars, and based upon a determined hourly rate and per diem expense per inspection team member, not to exceed three thousand one hundred dollars to help defray the costs to the department of inspections and review of applications.

(10) The department shall assess health care facilities submitting a proposal to be designated at multiple levels to provide adult and pediatric care a fee, not to exceed nine thousand two hundred dollars to help defray the costs to the department of inspections and review of applications.

(11) The department shall not assess such fees to health care facilities applying to provide level IV and V trauma care services.

(12) The department may assess fines for ambulance or aid services failing to license within the specified periods. Delinquent fines shall be one hundred dollars for a service and twenty-five dollars per vehicle, and shall not exceed five hundred dollars.

[Statutory Authority: Chapter 70.168 RCW. 93-20-063, § 246-976-990, filed 10/1/93, effective 11/1/93. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-990, filed 12/23/92, effective 1/23/93.]