

Bridge Fishing pontoon - Daily limit of 2 salmon not more than one of which may be a chinook salmon, except release chinook July 1 through August 31 and release chum salmon August 1 through October 15.

(f) February 16 through April 10 - Daily limit of one salmon.

(7) Catch Record Card Area 10:

(a) July 1 through October 31 - Daily limit of 2 salmon except release chinook salmon, release chum July 1 through September 15, and:

(i) During the period July 1 through August 31, Elliott Bay east of a line from West Point to Alki Point is closed, except waters east of a line from Pier 91 to Duwamish Head open July 20 through July 22, July 27 through July 29, August 3 through August 5, and August 10 through August 12 - Daily limit of 2 salmon not more than one of which may be a chinook salmon, release chum.

(ii) During the period July 1 through August 31, Shilshole Bay east of a line from Meadow Point to West Point is closed.

(iii) During the period July 1 through September 15, waters of Sinclair Inlet and Port Orchard south of the Manette Bridge, south of a line projected true west from Battle Point and west of a line projected true south from Point White - Daily limit of 2 salmon, release chum July 1 through September 15.

(b) November 1 through November 30 - Daily limit of 2 salmon, not more than one of which may be a chinook salmon.

(c) December 1 through December 15 - Release all salmon. Only one single pointed hook allowed.

(d) December 16 through December 31 - Daily limit of 2 salmon, not more than one of which may be a chinook salmon.

(e) March 1 through April 10 - Daily limit of 1 salmon.

(f) Notwithstanding the provisions of this subsection, salmon fishing is permitted year-round from the Elliott Bay public fishing pier at Terminal 86, Seacrest pier, Waterman pier, Bremerton boardwalk, and the Illahee State Park pier - Daily limit of 2 salmon not more than one of which may be a chinook salmon, release chum July 1 through September 15.

(8) Catch Record Card Area 11:

(a) June 1 through June 30 - Daily limit of 2 salmon not more than one of which may be a chinook salmon.

(b) July 1 through October 31 - Daily limit of 2 salmon, release pink salmon.

(c) November 1 through December 31 - Daily limit of 2 salmon not more than one of which may be a chinook salmon.

(d) February 16 through April 10 - Daily limit of one salmon.

(e) Notwithstanding the provisions of this subsection, salmon fishing is permitted year-round from the Les Davis public fishing pier, Des Moines public fishing pier, Redondo public fishing pier, Dash Point Dock and the Point Defiance Boathouse Dock - Daily limit of 2 salmon, not more than one of which may be a chinook salmon.

(9) Catch Record Card Area 12:

(a) July 1 through September 30 in waters south of Ayock Point - Daily limit of 4 salmon, not more than two of which may be chinook salmon and release chum salmon.

(b) August 16 through October 15 in waters north of a true east-west line from Point Whitney to the Toandos Peninsula - Daily limit of 4 coho salmon only.

(c) September 1 through September 30 in the waters north of Ayock Point - Daily limit of 4 coho salmon only.

(d) October 1 through October 15 - Daily limit of 4 coho only.

(e) October 16 through November 30 - Daily limit of 2 salmon, release chinook salmon.

(f) March 1 through March 31 - Daily limit of 1 salmon.

(g) Waters of the Hoodport Hatchery Zone are managed separately as provided for in WAC 220-56-124.

(h) The Hood Canal Bridge fishing pier is managed under Area 9.

(10) Catch Record Card Area 13:

(a) May 1 through December 31 - Daily limit of 2 salmon not more than one of which may be a chinook salmon May 1 through June 30 and November 1 through December 31 and release wild coho salmon July 1 through October 31.

(b) January 1 through February 15 - Release all salmon. Only one single pointed hook allowed.

(c) February 16 through April 10 - Daily limit of one salmon.

(d) April 11 through April 30 - Release all salmon. Only one single pointed hook allowed.

(e) Notwithstanding the provisions of this section, salmon fishing is permitted year-round from the Fox Island public fishing pier - Daily limit of 2 salmon, not more than one of which may be a chinook salmon and release wild coho salmon July 1 through October 31.

(11) In the above waters there are specified closures as provided for in WAC 220-56-128 and 220-56-195. Additionally, there are gear and area restrictions at Shilshole Bay, the Duwamish Waterway, Budd Inlet, Titlow Beach and the Elliott Bay, Les Davis, and Des Moines public fishing piers. See specific sections in chapter 220-56 WAC for salmon angling restrictions at these locations.

[Statutory Authority: RCW 77.12.047, 01-14-001 (Order 01-107), § 232-28-621, filed 6/21/01, effective 7/22/01. Statutory Authority: 2000 c 107 § 7.00-16-091 (Order 00-134), amended and recodified as § 232-28-621, filed 7/31/00, effective 8/31/00. Statutory Authority: RCW 75.08.080.00-01-103 (Order 99-215), § 220-56-191, filed 12/16/99, effective 1/16/00. Statutory Authority: RCW 75.08.080 and 77.12.040. 99-15-081 (Order 99-102), § 220-56-191, filed 7/20/99, effective 8/20/99; 98-15-081 (Order 98-122), § 220-56-191, filed 7/15/98, effective 8/15/98; 98-06-031, § 220-56-191, filed 2/26/98, effective 5/1/98. Statutory Authority: RCW 75.08.080 and 75.12.040. 97-18-035, § 220-56-191, filed 8/27/97, effective 9/27/97. Statutory Authority: RCW 75.08.080. 96-11-078 (Order 96-44), § 220-56-191, filed 5/13/96, effective 6/13/96; 95-12-027 (Order 95-46), § 220-56-191, filed 5/31/95, effective 7/1/95; 94-14-069, § 220-56-191, filed 7/1/94, effective 8/1/94; 93-14-043 (Order 93-36), § 220-56-191, filed 6/29/93, effective 7/30/93.]

Title 246 WAC

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Chapter 246-08 WAC

PRACTICE AND PROCEDURE

WAC

246-08-400

How much can a medical provider charge for searching and duplicating medical records?

WAC 246-08-400 How much can a medical provider charge for searching and duplicating medical records? RCW 70.02.010(12) allows medical providers to charge fees for searching and duplicating medical records. The fees a provider may charge cannot exceed the fees listed below:

(1) Copying charge per page:

(a) No more than eighty-three cents per page for the first thirty pages;

(b) No more than sixty-three cents per page for all other pages.

(2) Additional charges:

(a) The provider can charge a nineteen dollar clerical fee for searching and handling records;

(b) If the provider personally edits confidential information from the record, as required by statute, the provider can charge the usual fee for a basic office visit.

(3) This section is effective July 1, 2001, through June 30, 2003.

[Statutory Authority: RCW 70.02.010 and 43.70.040. 01-16-009, § 246-08-400, filed 7/19/01, effective 8/19/01; 99-13-083, § 246-08-400, filed 6/14/99, effective 7/15/99. Statutory Authority: RCW 70.02.010(12) and 43.70.040. 97-12-087, § 246-08-400, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 43.70.040 and 70.02.101(12). 95-20-080, § 246-08-400, filed 10/4/95, effective 11/4/95.]

Chapter 246-30 WAC

THE AWARDS PROGRAM

WAC

246-30-010

through 246-30-030 Repealed.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-30-010

What is the AWARDS program? [Statutory Authority: RCW 43.70.040 (1) and (5), 43.70.020(5), 43.70.130, 43.70.060. 01-01-101, § 246-30-010, filed 12/15/00, effective 1/15/01.] Repealed by 02-02-015, filed 12/21/01, effective 1/21/02. Statutory Authority: RCW 43.70.020(5), 43.70.040, 43.70.060, 43.70.070, 43.70.130.

246-30-020

How does the AWARDS program work? [Statutory Authority: RCW 43.70.040 (1) and (5), 43.70.020(5), 43.70.130, 43.70.060. 01-01-101, § 246-30-020, filed 12/15/00, effective 1/15/01.] Repealed by 02-02-015, filed 12/21/01, effective 1/21/02. Statutory Authority: RCW 43.70.020(5), 43.70.040, 43.70.060, 43.70.070, 43.70.130.

246-30-030

Are there any limits on the AWARDS program? [Statutory Authority: RCW 43.70.040 (1) and (5), 43.70.020(5), 43.70.130, 43.70.060. 01-01-101, § 246-30-030, filed 12/15/00, effective 1/15/01.] Repealed by 02-02-015, filed 12/21/01, effective 1/21/02. Statutory Authority: RCW 43.70.020(5), 43.70.040, 43.70.060, 43.70.070, 43.70.130.

WAC 246-30-010 through 246-30-030 Repealed. See Disposition Table at beginning of this chapter.

Chapter 246-102 WAC

CANCER REGISTRY

WAC

246-102-001	Purpose.
246-102-010	Definitions.
246-102-020	Who must report.
246-102-030	Cancer case identification.
246-102-040	Data collection requirements.
246-102-050	Form, frequency, and format for reporting.
246-102-060	Data quality assurance.
246-102-070	Access and release of information.

WAC 246-102-001 Purpose. The purpose of cancer case reporting is to monitor the incidence of cancer in the state. Information collected through the cancer registry system is used by medical, research and public health professionals to understand, control and reduce occurrences of cancer in residents of Washington. This chapter establishes the criteria and procedures for identifying and reporting cancer cases and defines the standards for access and release of cancer information.

[Statutory Authority: RCW 70.54.270, 43.20.050, 43.70.130. 01-04-086, § 246-102-001, filed 2/7/01, effective 3/10/01.]

WAC 246-102-010 Definitions. For the purposes 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) "Cancer case" means:
 - (a) Any malignant neoplasm with the exception of basal and squamous cell carcinoma of the skin;
 - (b) All brain tumors;
 - (c) Basal and squamous cell carcinoma of the external genital organ sites (vulva, labia, clitoris, prepuce, penis, scrotum);
 - (d) Cancer in situ, except carcinoma in situ of the uterine cervix; or
 - (e) Other diagnoses necessary to meet the reporting requirements of the Center for Disease Control's National Program of Cancer Registries, the National Cancer Institute's Surveillance Epidemiology and End Results Program, the Commission on Cancer, and the North American Association of Central Cancer Registries (a copy is available for review at the department).
- (2) "Cancer diagnosis or treatment facilities" means hospitals, surgical centers, outpatient radiation therapy centers, doctors' offices, independent clinical laboratories and any other facilities where cancer cases are diagnosed or treated.
- (3) "Confidential information" means any information which could lead to the identification of cancer patients, cancer diagnosis or treatment facilities, independent clinical laboratories, or attending health care providers.
- (4) "Contractors" means agencies designated by contract with the department of health to perform activities related to identification, collection, and processing of cancer data.
- (5) "Department" means the Washington state department of health.
- (6) "Designees" means hospital-based cancer registries and other persons or entities designated by the department to perform data collection activities.

(7) "Hospital-based cancer registry" means a cancer registry which is maintained by a hospital or other health care facility. (8) "In situ" means tumors described as "in situ" by the pathologist reading the diagnostic report(s).

(9) "Institutional review board" means any board, committee, or other group formally designated by an institution, or authorized under federal or state law, to review, approve the initiation of, or conduct periodic review of research programs to assure the protection of the rights and welfare of human research subjects as defined in RCW 70.02.010.

(10) "Patient" means a case, suspected case or contact.

(11) "Principal health care provider" means the attending health care provider recognized as primarily responsible for diagnosis and treatment of a patient, or in the absence of such, the health care provider initiating diagnostic testing or treatment for the patient.

(12) "Reportable cancer case" means any cancer case diagnosed in a Washington state resident after the effective date of these rules.

(13) "Resident" means an individual residing in Washington state at the time of cancer diagnosis.

(14) "Stage of disease" means a cancer classification system encompassing attributes of a tumor as determined and described by:

(a) *Summary Staging Guide, Surveillance Epidemiology and End Results (SEER), Program, April 1977*; except when superseded by more up-to-date measures (a copy is available for review at the department); and

(b) *Manual for Staging of Cancer, 5th Edition, American Joint Committee on Cancer, (AJCC), 1998*, except when superseded by more up-to-date measures (a copy is available for review at the department).

(15) "State cancer registry" means the statewide cancer data base maintained by the department of health.

(16) "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 70.54.270, 43.20.050, 43.70.130. 01-04-086, § 246-102-010, filed 2/7/01, effective 3/10/01.]

WAC 246-102-020 Who must report. By statute (RCW 70.54.240), the responsibility for identifying and reporting cases of cancer rests with health care facilities, independent clinical laboratories, and other principal health care providers. The department may, at its discretion, delegate some or all of these responsibilities to contractors or other designees. A list of the contractors and designees responsible for identifying and reporting cases of cancer diagnosed at specific sites in Washington is available for review at the department.

[Statutory Authority: RCW 70.54.270, 43.20.050, 43.70.130. 01-04-086, § 246-102-020, filed 2/7/01, effective 3/10/01.]

WAC 246-102-030 Cancer case identification. (1) Contractors or designees shall identify reportable cancer

cases diagnosed and treated at cancer diagnosis and treatment facilities.

(2) Cancer diagnosis or treatment facilities shall:

(a) Organize case finding documents by procedure or service date to permit identification of cancer cases; and

(b) Submit or make available, 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 case finding documents that are necessary to identify or verify reportable cancer cases;

(c) Cancer diagnosis or treatment facilities shall submit case finding documents by paper form, computer disk, or electronic file or make batched hard copy documents available for on-site review, within forty-five days of the date of service.

(3) On request, principal health care providers shall identify to contractors, designees, or the department reportable cancer cases diagnosed at facilities other than hospitals, surgical centers, and outpatient radiation therapy centers (as specified under WAC 246-102-030 and 246-102-040) unless the patient was hospitalized for additional cancer diagnosis or treatment services within one month of diagnosis.

[Statutory Authority: RCW 70.54.270, 43.20.050, 43.70.130. 01-04-086, § 246-102-030, filed 2/7/01, effective 3/10/01.]

WAC 246-102-040 Data collection requirements. (1)

Contractors or designees shall complete cancer abstracts for patients identified through cancer diagnosis and treatment facilities.

(2) Cancer diagnosis or treatment facilities shall provide contractors or their designees with access to pathology and cytology reports and all medical records pertaining to identified cancer cases.

(3) On request by the contractor, designee or the department, principal health care providers or their staff shall be responsible for completing cancer abstracts for patients diagnosed at facilities other than hospitals, surgical centers, and outpatient radiation therapy centers, unless the patient was hospitalized for additional cancer diagnosis or treatment services within one month of diagnosis.

(4) The following information items shall be included in cancer abstracts, providing the information is available 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) Social Security number;

(ix) State or country of birth;

(x) Usual occupation;

(b) Diagnostic information:

(i) Date first seen for this cancer;

(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) Summary stage; and

(B) AJCC system if maintained by the cancer diagnostic or treatment facility;

(vii) Sequence;

(viii) Laterality;

(c) First course of treatment information:

(i) Date of initial treatment;

(ii) All treatment modalities given as part of first course of therapy;

(d) Other information:

(i) Name and address of cancer diagnosis or treatment facility providing information;

(ii) Medical record number;

(iii) Name and address of principal health care provider; and

(iv) Other items necessary to meet the reporting requirements of the Center for Disease Control's National Program of Cancer Registries, the National Cancer Institute's Surveillance Epidemiology and End Results Program, the Commission on Cancer, and the North American Association of Central Cancer Registries (a copy is available at the department).

(5) The department may require submission of additional information from contractors or designees 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, 43.20.050, 43.70.130. 01-04-086, § 246-102-040, filed 2/7/01, effective 3/10/01.]

WAC 246-102-050 Form, frequency, and format for reporting. (1) Contractors or designees shall:

(a) Prepare electronic data files containing information from cancer abstracts in a format specified by the department; and

(b) Provide electronic files to the state cancer registry at intervals specified by written agreement with the department.

(2) On request by the contractor, designee or the department, principal health care providers shall complete and submit cancer abstracts to contractors, designees, or the department under WAC 246-102-020 and 246-102-030 within sixty days following a patient's cancer diagnosis date if the patient was not hospitalized for a cancer-related diagnosis or treatment within one month of diagnosis.

[Statutory Authority: RCW 70.54.270, 43.20.050, 43.70.130. 01-04-086, § 246-102-050, filed 2/7/01, effective 3/10/01.]

WAC 246-102-060 Data quality assurance. (1) Contractors or designees shall:

(a) Assess the completeness and accuracy of case identification and data collection through computerized edit programs and on-site audits, or make available information and documentation for this purpose; and

(b) Maintain a system for retrieval of completed cancer abstracts for a period up to ten years.

(2) Cancer diagnosis or treatment facilities shall:

(a) Make available to the contractor, designee or the department, all case finding source documents and medical records for data quality assurance activities.

(b) Maintain a system for retrieval of case finding source documents and medical records for a period up to ten years.

(3) The department may require contractors or designees to make available all findings from data quality assurance activities for review and verification.

[Statutory Authority: RCW 70.54.270, 43.20.050, 43.70.130. 01-04-086, § 246-102-060, filed 2/7/01, effective 3/10/01.]

WAC 246-102-070 Access and release of information. (1) Cancer registry information shall be used only for statistical, scientific, medical research and public health purposes. Contractors and designees must comply with chapter 70.02 RCW regarding the disclosure of patient health care information.

(2) The department may release confidential registry information for research purposes after the research project has been reviewed and approved by an institutional review board and a confidentiality agreement is negotiated (a copy of the institutional review board procedures and application are available from the department).

(3) The department may release confidential registry information for projects to assess threats to public health or improve public health practice after the project has been reviewed and approved by the department and a data-sharing agreement is negotiated (a copy of the procedures for data-sharing agreements is available from the department).

(4) Cancer diagnosis or treatment facilities may require contractors or designees to sign an agreement of confidentiality regarding access and release of cancer data and prepare, administer, and maintain confidentiality oaths as needed.

(5) Cancer diagnosis or treatment facilities shall adhere to recommendations in RCW 70.54.260 regarding content of confidentiality agreement if confidentiality agreements are used.

(6) Cancer diagnosis and treatment centers shall make available to cancer patients printed information which describes the purpose of the state cancer registry, the statutory requirements which apply to health care facilities, independent clinical laboratories, and other principal health care providers to identify and report cases of cancer to the state cancer registry, and to protect the confidential information that is reported, the public health and research uses of information in the state cancer registry, the circumstances under which cancer registry information is disclosed for these purposes and the relevant RCW and WAC pertaining to the state cancer registry.

[Statutory Authority: RCW 70.54.270, 43.20.050, 43.70.130. 01-04-086, § 246-102-070, filed 2/7/01, effective 3/10/01.]

Chapter 246-205 WAC

DECONTAMINATION OF ILLEGAL DRUG MANUFACTURING OR STORAGE SITES

WAC

246-205-990 Fees.

[2002 WAC Supp.—page 818]

WAC 246-205-990 Fees. (1) The department shall charge fees for issuance and renewal of certificates. The department shall set the fees by rule.

(2) The fees shall cover the cost of issuing certificates, filing papers and notices, and administering this chapter. The costs shall include reproduction, travel, per diem, and administrative and legal support costs.

(3) Fees are nonrefundable and shall be in the form of check or money order made payable to the department.

(4) The department shall require payment of the following fees upon receipt of application:

(a) Twenty-eight dollars shall be assessed for each initial, renewal, or reciprocal worker certificate application.

(b) Twenty-eight dollars shall be assessed for each initial, renewal, or reciprocal supervisor certificate application.

(c) Five hundred fifty-two dollars shall be assessed for each initial, renewal, or reciprocal authorized contractor certificate application. The applicant's certificate shall expire annually on the expiration date of the contractor's license issued under the provisions of chapter 18.27 RCW.

(d) Two hundred eleven dollars shall be assessed for each initial application and fifty-one dollars shall be assessed for each renewal application for illegal drug manufacturing or storage site decontamination training course approval.

[Statutory Authority: RCW 43.70.250, 70.90.150, and 43.20B.250. 01-14-047, § 246-205-990, filed 6/29/01, effective 7/30/01. Statutory Authority: RCW 43.70.250. 00-02-016, § 246-205-990, filed 12/27/99, effective 1/27/00; 99-12-022, § 246-205-990, filed 5/24/99, effective 6/24/99. Statutory Authority: RCW 64.44.060 and chapter 64.44 RCW. 91-04-007 (Order 125SB), § 246-205-990, filed 1/24/91, effective 4/1/91.]

Chapter 246-220 WAC

RADIATION PROTECTION—GENERAL PROVISIONS

WAC

246-220-010 Definitions.

WAC 246-220-010 Definitions. As used in these regulations, these terms have the definitions set forth below. Additional definitions used only in a certain part will be found in that part.

(1) "Absorbed dose" means the energy imparted by ionizing radiation per unit mass of irradiated material. The units of absorbed dose are the gray (Gy) and the rad.

(2) "Accelerator produced material" means any material made radioactive by exposing it in a particle accelerator.

(3) "Act" means Nuclear energy and radiation, chapter 70.98 RCW.

(4) "Activity" means the rate of disintegration or transformation or decay of radioactive material. The units of activity are the becquerel (Bq) and the curie (Ci).

(5) "Adult" means an individual eighteen or more years of age.

(6) "Agreement state" means any state with which the United States Nuclear Regulatory Commission has entered into an effective agreement under section 274 b. of the Atomic Energy Act of 1954, as amended (73 Stat. 689).

(7) "Airborne radioactive material" means any radioactive material dispersed in the air in the form of particulates, dusts, fumes, mists, vapors, or gases.

(8) "Airborne radioactivity area" means a room, enclosure, or operating area in which airborne radioactive material exists in concentrations (a) in excess of the derived air concentration (DAC) specified in WAC 246-221-290, Appendix A, or (b) to such a degree that an individual present in the area without respiratory protective equipment could exceed, during the hours an individual is present in a week, an intake of 0.6 percent of the annual limit on intake (ALI) or twelve DAC-hours.

(9) "Air purifying respirator" means a respirator with an air-purifying filter, cartridge, or canister that removes specific air contaminants by passing ambient air through the air-purifying element.

(10) "Alert" means events may occur, are in progress, or have occurred that could lead to a release of radioactive material but that the release is not expected to require a response by offsite response organizations to protect persons offsite.

(11) "Annual limit on intake" (ALI) means the derived limit for the amount of radioactive material taken into the body of an adult worker by inhalation or ingestion in a year. ALI is the smaller value of intake of a given radionuclide in a year by the reference man that would result in a committed effective dose equivalent of 0.05 Sv (5 rem) or a committed dose equivalent of 0.5 Sv (50 rem) to any individual organ or tissue. ALI values for intake by ingestion and by inhalation of selected radionuclides are given in WAC 246-221-290.

(12) "Assigned protection factor" (APF) means the expected workplace level of respiratory protection that would be provided by a properly functioning respirator or a class of respirators to properly fitted and trained users. Operationally, the inhaled concentration can be estimated by dividing the ambient airborne concentration by the APF.

(13) "Atmosphere-supplying respirator" means a respirator that supplies the respirator user with breathing air from a source independent of the ambient atmosphere, and includes supplied-air respirators (SARs) and self-contained breathing apparatus (SCBA) units.

(14) "Background radiation" means radiation from cosmic sources; naturally occurring radioactive materials, including radon, except as a decay product of source or special nuclear material, and including global fallout as it exists in the environment from the testing of nuclear explosive devices or from past nuclear accidents such as Chernobyl that contribute to background radiation and are not under the control of the licensee. "Background radiation" does not include sources of radiation from radioactive materials regulated by the department.

(15) "Becquerel" (Bq) means the SI unit of activity. One becquerel is equal to 1 disintegration or transformation per second (s^{-1}).

(16) "Bioassay" means the determination of kinds, quantities or concentrations, and, in some cases, the locations of radioactive material in the human body, whether by direct measurement, in vivo counting, or by analysis and evaluation of materials excreted or removed from the human body. For purposes of these regulations, "radiobioassay" is an equivalent term.

(17) "Byproduct material" means: (a) Any radioactive material (except special nuclear material) yielded in or made radioactive by exposure to the radiation incident to the pro-

cess of producing or utilizing special nuclear material, and (b) the tailings or wastes produced by the extraction or concentration of uranium or thorium from any ore processed primarily for its source material content, including discrete surface wastes resulting from uranium or thorium solution extraction processes. Underground ore bodies depleted by these solution extraction operations do not constitute "byproduct material" within this definition.

(18) "Calendar quarter" means not less than twelve consecutive weeks nor more than fourteen consecutive weeks. The first calendar quarter of each year shall begin in January and subsequent calendar quarters shall be so arranged such that no day is included in more than one calendar quarter and no day in any one year is omitted from inclusion within a calendar quarter. No licensee or registrant shall change the method of determining calendar quarters for purposes of these regulations except at the beginning of a calendar year.

(19) "Calibration" means the determination of (a) the response or reading of an instrument relative to a series of known radiation values over the range of the instrument, or (b) the strength of a source of radiation relative to a standard.

(20) "CFR" means Code of Federal Regulations.

(21) "Class" means a classification scheme for inhaled material according to its rate of clearance from the pulmonary region of the lung. Materials are classified as D, W, or Y, which applies to a range of clearance half-times: For Class D, Days, of less than ten days, for Class W, Weeks, from ten to one hundred days, and for Class Y, Years, of greater than one hundred days. For purposes of these regulations, "lung class" and "inhalation class" are equivalent terms. For "class of waste" see WAC 246-249-040.

(22) "Collective dose" means the sum of the individual doses received in a given period of time by a specified population from exposure to a specified source of radiation.

(23) "Committed dose equivalent" ($H_{T,50}$) means the dose equivalent to organs or tissues of reference (T) that will be received from an intake of radioactive material by an individual during the fifty-year period following the intake.

(24) "Committed effective dose equivalent" ($H_{E,50}$) is the sum of the products of the weighting factors applicable to each of the body organs or tissues that are irradiated and the committed dose equivalent to each of these organs or tissues ($H_{E,50} = \sum w_T H_{T,50}$).

(25) "Constraint" or dose constraint means a value above which specified licensee actions are required.

(26) "Controlled area." See "Restricted area."

(27) "Curie" means a unit of quantity of radioactivity. One curie (Ci) is that quantity of radioactive material which decays at the rate of 3.7×10^{10} transformations per second (tps).

(28) "Declared pregnant woman" means a woman who has voluntarily informed the licensee or registrant, in writing, of her pregnancy, and the estimated date of conception. The declaration remains in effect until the declared pregnant woman withdraws the declaration in writing or is no longer pregnant.

(29) "Deep dose equivalent" (H_d), which applies to external whole body exposure, means the dose equivalent at a tissue depth of 1 centimeter (1000 mg/cm^2).

(30) "Demand respirator" means an atmosphere-supplying respirator that admits breathing air to the facepiece only when a negative pressure is created inside the facepiece by inhalation.

(31) "Department" means the department of health, division of radiation protection, which has been designated as the state radiation control agency.

(32) "Depleted uranium" means the source material uranium in which the isotope Uranium-235 is less than 0.711 percent by weight of the total uranium present. Depleted uranium does not include special nuclear material.

(33) "Derived air concentration" (DAC) means the concentration of a given radionuclide in air which, if breathed by the reference man for a working year of two thousand hours under conditions of light work, results in an intake of one ALI. For purposes of these regulations, the condition of light work is an inhalation rate of 1.2 cubic meters of air per hour for two thousand hours in a year. DAC values are given in WAC 246-221-290.

(34) "Derived air concentration-hour" (DAC-hour) means the product of the concentration of radioactive material in air, expressed as a fraction or multiple of the derived air concentration for each radionuclide, and the time of exposure to that radionuclide, in hours. A licensee or registrant may take two thousand DAC-hours to represent one ALI, equivalent to a committed effective dose equivalent of 0.05 Sv (5 rem).

(35) "Disposable respirator" means a respirator for which maintenance is not intended and that is designed to be discarded after excessive breathing resistance, sorbent exhaustion, physical damage, or end-of-service-life renders it unsuitable for use. Examples of this type of respirator are a disposable half-mask respirator or a disposable escape-only self-contained breathing apparatus (SCBA).

(36) "Dose" is a generic term that means absorbed dose, dose equivalent, effective dose equivalent, committed dose equivalent, committed effective dose equivalent, total organ dose equivalent, or total effective dose equivalent. For purposes of these regulations, "radiation dose" is an equivalent term.

(37) "Dose commitment" means the total radiation dose to a part of the body that will result from retention in the body of radioactive material. For purposes of estimating the dose commitment, it is assumed that from the time of intake the period of exposure to retained material will not exceed fifty years.

(38) "Dose equivalent" (H_T) means the product of the absorbed dose in tissue, quality factor, and all other necessary modifying factors at the location of interest. The units of dose equivalent are the sievert (Sv) and rem.

(39) "Dose limits" means the permissible upper bounds of radiation doses established in accordance with these regulations. For purposes of these regulations, "limits" is an equivalent term.

(40) "Dosimetry processor" means a person that processes and evaluates individual monitoring devices in order to determine the radiation dose delivered to the monitoring devices.

(41) "dpm" means disintegrations per minute. See also "curie."

(42) "Effective dose equivalent" (H_E) means the sum of the products of the dose equivalent to each organ or tissue (H_T) and the weighting factor (w_T) applicable to each of the body organs or tissues that are irradiated ($H_E = \sum w_T H_T$).

(43) "Embryo/fetus" means the developing human organism from conception until the time of birth.

(44) "Entrance or access point" means any opening through which an individual or extremity of an individual could gain access to radiation areas or to licensed radioactive materials. This includes entry or exit portals of sufficient size to permit human entry, without respect to their intended use.

(45) "Exposure" means (a) being exposed to ionizing radiation or to radioactive material, or (b) the quotient of ΔQ by Δm where " ΔQ " is the absolute value of the total charge of the ions of one sign produced in air when all the electrons (negatrons and positrons) liberated by photons in a volume element of air having mass " Δm " are completely stopped in air. The special unit of exposure is the roentgen (R) and the SI equivalent is the coulomb per kilogram. One roentgen is equal to 2.58×10^{-4} coulomb per kilogram of air.

(46) "Exposure rate" means the exposure per unit of time, such as roentgen per minute and milliroentgen per hour.

(47) "External dose" means that portion of the dose equivalent received from any source of radiation outside the body.

(48) "Extremity" means hand, elbow, arm below the elbow, foot, knee, and leg below the knee.

(49) "Filtering facepiece" (dust mask) means a negative pressure particulate respirator with a filter as an integral part of the facepiece or with the entire facepiece composed of the filtering medium, not equipped with elastomeric sealing surfaces and adjustable straps.

(50) "Fit factor" means a quantitative estimate of the fit of a particular respirator to a specific individual, and typically estimates the ratio of the concentration of a substance in ambient air to its concentration inside the respirator when worn.

(51) "Fit test" means the use of a protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual.

(52) "Former United States Atomic Energy Commission (AEC) or United States Nuclear Regulatory Commission (NRC) licensed facilities" means nuclear reactors, nuclear fuel reprocessing plants, uranium enrichment plants, or critical mass experimental facilities where AEC or NRC licenses have been terminated.

(53) "Generally applicable environmental radiation standards" means standards issued by the United States Environmental Protection Agency (EPA) under the authority of the Atomic Energy Act of 1954, as amended, that impose limits on radiation exposures or levels, or concentrations or quantities of radioactive material, in the general environment outside the boundaries of locations under the control of persons possessing or using radioactive material.

(54) "Gray" (Gy) means the SI unit of absorbed dose. One gray is equal to an absorbed dose of 1 joule/kilogram (100 rad).

(55) "Healing arts" means the disciplines of medicine, dentistry, osteopathy, chiropractic, podiatry, and veterinary medicine.

(56) "Helmet" means a rigid respiratory inlet covering that also provides head protection against impact and penetration.

(57) "High radiation area" means any area, accessible to individuals, in which radiation levels from radiation sources external to the body could result in an individual receiving a dose equivalent in excess of 1 mSv (0.1 rem) in one hour at 30 centimeters from any source of radiation or 30 centimeters from any surface that the radiation penetrates. For purposes of these regulations, rooms or areas in which diagnostic x-ray systems are used for healing arts purposes are not considered high radiation areas.

(58) "Hood" means a respiratory inlet covering that completely covers the head and neck and may also cover portions of the shoulders and torso.

(59) "Human use" means the intentional internal or external administration of radiation or radioactive material to human beings.

(60) "Immediate" or "immediately" means as soon as possible but no later than four hours after the initiating condition.

(61) "IND" means investigatory new drug for which an exemption has been claimed under the United States Food, Drug and Cosmetic Act (Title 21 CFR).

(62) "Individual" means any human being.

(63) "Individual monitoring" means the assessment of:

(a) Dose equivalent (i) by the use of individual monitoring devices or (ii) by the use of survey data; or

(b) Committed effective dose equivalent (i) by bioassay or (ii) by determination of the time-weighted air concentrations to which an individual has been exposed, that is, DAC-hours.

(64) "Individual monitoring devices" (individual monitoring equipment) means devices designed to be worn by a single individual for the assessment of dose equivalent such as film badges, thermoluminescent dosimeters (TLDs), pocket ionization chambers, and personal ("lapel") air sampling devices.

(65) "Inspection" means an official examination or observation by the department including but not limited to, tests, surveys, and monitoring to determine compliance with rules, regulations, orders, requirements and conditions of the department.

(66) "Interlock" means a device arranged or connected such that the occurrence of an event or condition is required before a second event or condition can occur or continue to occur.

(67) "Internal dose" means that portion of the dose equivalent received from radioactive material taken into the body.

(68) "Irretrievable source" means any sealed source containing licensed material which is pulled off or not connected to the wireline downhole and for which all reasonable effort at recovery, as determined by the department, has been expended.

(69) "Lens dose equivalent" (LDE) applies to the external exposure of the lens of the eye and is taken as the dose equivalent at a tissue depth of 0.3 centimeters (300 mg/cm²).

(70) "License" means a license issued by the department in accordance with the regulations adopted by the department.

(71) "Licensed material" means radioactive material received, possessed, used, transferred, or disposed under a general or specific license issued by the department.

(72) "Licensee" means any person who is licensed by the department in accordance with these regulations and the act.

(73) "Licensing state" means any state with regulations equivalent to the suggested state regulations for control of radiation relating to, and an effective program for, the regulatory control of NARM and which has been granted final designation by the Conference of Radiation Control Program Directors, Inc.

(74) "Loose-fitting facepiece" means a respiratory inlet covering that is designed to form a partial seal with the face.

(75) "Lost or missing licensed material" means licensed material whose location is unknown. This definition includes licensed material that has been shipped but has not reached its planned destination and whose location cannot be readily traced in the transportation system.

(76) "Member of the public" means an individual except when the individual is receiving an occupational dose.

(77) "Minor" means an individual less than eighteen years of age.

(78) "Monitoring" means the measurement of radiation, radioactive material concentrations, surface area activities or quantities of radioactive material and the use of the results of these measurements to evaluate potential exposures and doses. For purposes of these regulations, radiation monitoring and radiation protection monitoring are equivalent terms.

(79) "NARM" means any naturally occurring or accelerator-produced radioactive material. It does not include by-product, source, or special nuclear material. For the purpose of meeting the definition of a Licensing State by the Conference of Radiation Control Program Directors, Inc. (CRCPD), NARM refers only to discrete sources of NARM. Diffuse sources of NARM are excluded from consideration by the CRCPD for Licensing State designation purposes.

(80) "Natural radioactivity" means radioactivity of naturally occurring nuclides.

(81) "NDA" means a new drug application which has been submitted to the United States Food and Drug Administration.

(82) "Negative pressure respirator" (tight-fitting) means a respirator in which the air pressure inside the facepiece is negative during inhalation with respect to the ambient air pressure outside the respirator.

(83) "Nonstochastic effect" means a health effect, the severity of which varies with the dose and for which a threshold is believed to exist. Radiation-induced cataract formation is an example of a nonstochastic effect. For purposes of these regulations, a "deterministic effect" is an equivalent term.

(84) "Nuclear Regulatory Commission" (NRC) means the United States Nuclear Regulatory Commission or its duly authorized representatives.

(85) "Occupational dose" means the dose received by an individual in the course of employment in which the individual's assigned duties involve exposure to radiation or to radioactive material from licensed and unlicensed sources of radiation, whether in the possession of the licensee, registrant, or other person. Occupational dose does not include dose received: From background radiation, from any medical administration the individual has received, from exposure to individuals administered radioactive material and released pursuant to chapters 246-239 and 246-240 WAC, from voluntary participation in medical research programs, or as a member of the public.

(86) "Ore refineries" means all processors of a radioactive material ore.

(87) "Particle accelerator" means any machine capable of accelerating electrons, protons, deuterons, or other charged particles in a vacuum and of discharging the resultant particulate or other radiation into a medium at energies usually in excess of 1 MeV.

(88) "Permittee" means a person who has applied for, and received, a valid site use permit for use of the low-level waste disposal facility at Hanford, Washington.

(89) "Person" means any individual, corporation, partnership, firm, association, trust, estate, public or private institution, group, agency, political subdivision of this state, any other state or political subdivision or agency thereof, and any legal successor, representative, agent or agency of the foregoing, but shall not include federal government agencies.

(90) "Personal supervision" means supervision such that the supervisor is physically present at the facility and in such proximity that contact can be maintained and immediate assistance given as required.

(91) "Personnel monitoring equipment." See individual monitoring devices.

(92) "Pharmacist" means an individual licensed by this state to compound and dispense drugs, and poisons.

(93) "Physician" means an individual licensed by this state to prescribe and dispense drugs in the practice of medicine.

(94) "Planned special exposure" means an infrequent exposure to radiation, separate from and in addition to the annual occupational dose limits.

(95) "Positive pressure respirator" means a respirator in which the pressure inside the respiratory inlet covering exceeds the ambient air pressure outside the respirator.

(96) "Powered air-purifying respirator" (PAPR) means an air-purifying respirator that uses a blower to force the ambient air through air-purifying elements to the inlet covering.

(97) "Practitioner" means an individual licensed by the state in the practice of a healing art (i.e., physician, dentist, podiatrist, chiropractor, etc.).

(98) "Pressure demand respirator" means a positive pressure atmosphere-supplying respirator that admits breathing air to the facepiece when the positive pressure is reduced inside the facepiece by inhalation.

(99) "Public dose" means the dose received by a member of the public from exposure to sources of radiation under the licensee's or registrant's control or to radiation or radioactive material released by the licensee. Public dose does not

include occupational dose or doses received from background radiation, from any medical administration the individual has received, from exposure to individuals administered radioactive material and released pursuant to chapters 246-239 and 246-240 WAC, or from voluntary participation in medical research programs.

(100) "Qualified expert" means an individual who has demonstrated to the satisfaction of the department he/she has the knowledge, training, and experience to measure ionizing radiation, to evaluate safety techniques, and to advise regarding radiation protection needs. The department reserves the right to recognize the qualifications of an individual in specific areas of radiation protection.

(101) "Qualitative fit test" (QLFT) means a pass/fail fit test to assess the adequacy of respirator fit that relies on the individual's response to the test agent.

(102) "Quality factor" (Q) means the modifying factor, listed in Tables I and II, that is used to derive dose equivalent from absorbed dose.

TABLE I
QUALITY FACTORS AND ABSORBED DOSE EQUIVALENCES

TYPE OF RADIATION	Quality Factor (Q)	Absorbed Dose Equal to A Unit Dose Equivalent ^a
X, gamma, or beta radiation and high-speed electrons	1	1
Alpha particles, multiple-charged particles, fission fragments and heavy particles of unknown charge	20	0.05
Neutrons of unknown energy	10	0.1
High-energy protons	10	0.1

^a Absorbed dose in rad equal to 1 rem or the absorbed dose in gray equal to 1 Sv.

If it is more convenient to measure the neutron fluence rate rather than to determine the neutron dose equivalent rate in sievert per hour or rem per hour as required for Table I, then 0.01 Sv (1 rem) of neutron radiation of unknown energies may, for purposes of these regulations, be assumed to result from a total fluence of 25 million neutrons per square centimeter incident upon the body. If sufficient information exists to estimate the approximate energy distribution of the neutrons, the licensee or registrant may use the fluence rate per unit dose equivalent or the appropriate Q value from Table II to convert a measured tissue dose in gray or rad to dose equivalent in sievert or rem.

TABLE II
MEAN QUALITY FACTORS, Q, AND FLUENCE PER UNIT DOSE EQUIVALENT FOR MONOENERGETIC NEUTRONS

Neutron Energy (MeV)	Quality Factor ^a (Q)	Fluence per Unit Dose Equivalent ^b (neutrons cm ⁻² rem ⁻¹)	Fluence per Unit Dose Equivalent ^b (neutrons cm ⁻² Sv ⁻¹)
(thermal) 2.5 x 10 ⁻⁸	2	980 x 10 ⁶	980 x 10 ⁸
1 x 10 ⁻⁷	2	980 x 10 ⁶	980 x 10 ⁸
1 x 10 ⁻⁶	2	810 x 10 ⁶	810 x 10 ⁸
1 x 10 ⁻⁵	2	810 x 10 ⁶	810 x 10 ⁸
1 x 10 ⁻⁴	2	840 x 10 ⁶	840 x 10 ⁸
1 x 10 ⁻³	2	980 x 10 ⁶	980 x 10 ⁸
1 x 10 ⁻²	2.5	1010 x 10 ⁶	1010 x 10 ⁸
1 x 10 ⁻¹	7.5	170 x 10 ⁶	170 x 10 ⁸
5 x 10 ⁻¹	11	39 x 10 ⁶	39 x 10 ⁸
1	11	27 x 10 ⁶	27 x 10 ⁸

2.5	9	29×10^6	29×10^8
5	8	23×10^6	23×10^8
7	7	24×10^6	24×10^8
10	6.5	24×10^6	24×10^8
14	7.5	17×10^6	17×10^8
20	8	16×10^6	16×10^8
40	7	14×10^6	14×10^8
60	5.5	16×10^6	16×10^8
1×10^2	4	20×10^6	20×10^8
2×10^2	3.5	19×10^6	19×10^8
3×10^2	3.5	16×10^6	16×10^8
4×10^2	3.5	14×10^6	14×10^8

^a Value of quality factor (Q) at the point where the dose equivalent is maximum in a 30-cm diameter cylinder tissue-equivalent phantom.

^b Monoenergetic neutrons incident normally on a 30-cm diameter cylinder tissue-equivalent phantom.

(103) "Quantitative fit test" (QNFT) means an assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.

(104) "Quarter" means a period of time equal to one-fourth of the year observed by the licensee, approximately thirteen consecutive weeks, providing that the beginning of the first quarter in a year coincides with the starting date of the year and that no day is omitted or duplicated in consecutive quarters.

(105) "Rad" means the special unit of absorbed dose. One rad equals one-hundredth of a joule per kilogram of material; for example, if tissue is the material of interest, then 1 rad equals 100 ergs per gram of tissue. One rad is equal to an absorbed dose of 100 erg/gram or 0.01 joule/kilogram (0.01 gray).

(106) "Radiation" means alpha particles, beta particles, gamma rays, x-rays, neutrons, high-speed electrons, high-speed protons, and other particles capable of producing ions. For purposes of these regulations, ionizing radiation is an equivalent term. Radiation, as used in these regulations, does not include magnetic fields or nonionizing radiation, such as radiowaves or microwaves, visible, infrared, or ultraviolet light.

(107) "Radiation area" means any area, accessible to individuals, in which radiation levels could result in an individual receiving a dose equivalent in excess of 0.05 mSv (0.005 rem) in one hour at thirty centimeters from the source of radiation or from any surface that the radiation penetrates.

(108) "Radiation machine" means any device capable of producing ionizing radiation except those devices with radioactive materials as the only source of radiation.

(109) "Radiation safety officer" means an individual who has the knowledge and responsibility to apply appropriate radiation protection regulations and has been assigned such responsibility by the licensee or registrant.

(110) "Radiation source." See "Source of radiation."

(111) "Radioactive material" means any material (solid, liquid, or gas) which emits radiation spontaneously.

(112) "Radioactive waste" means any radioactive material which is no longer of use and intended for disposal or treatment for the purposes of disposal.

(113) "Radioactivity" means the transformation of unstable atomic nuclei by the emission of radiation.

(114) "Reference man" means a hypothetical aggregation of human physical and physiological characteristics

determined by international consensus. These characteristics may be used by researchers and public health workers to standardize results of experiments and to relate biological insult to a common base.

(115) "Registrable item" means any radiation machine except those exempted by RCW 70.98.180 or exempted by the department pursuant to the authority of RCW 70.98.080.

(116) "Registrant" means any person who is registered by the department or is legally obligated to register with the department in accordance with these regulations and the act.

(117) "Registration" means registration with the department in accordance with the regulations adopted by the department.

(118) "Regulations of the United States Department of Transportation" means the regulations in 49 CFR Parts 170-189, 14 CFR Part 103, and 46 CFR Part 146.

(119) "Rem" means the special unit of any of the quantities expressed as dose equivalent. The dose equivalent in rem is equal to the absorbed dose in rad multiplied by the quality factor (1 rem = 0.01 Sv).

(120) "Research and development" means: (a) Theoretical analysis, exploration, or experimentation; or (b) the extension of investigative findings and theories of a scientific or technical nature into practical application for experimental and demonstration purposes, including the experimental production and testing of models, devices, equipment, materials, and processes. Research and development does not include the internal or external administration of radiation or radioactive material to human beings.

(121) "Respiratory protective equipment" means an apparatus, such as a respirator, used to reduce an individual's intake of airborne radioactive materials.

(122) "Restricted area" means any area to which access is limited by the licensee or registrant for purposes of protecting individuals against undue risks from exposure to radiation and radioactive material. "Restricted area" shall not include any areas used for residential quarters, although a separate room or rooms in a residential building may be set apart as a restricted area.

(123) "Roentgen" (R) means the special unit of exposure. One roentgen equals 2.58×10^{-4} coulombs/kilogram of air.

(124) "Sanitary sewerage" means a system of public sewers for carrying off waste water and refuse, but excluding sewage treatment facilities, septic tanks, and leach fields owned or operated by the licensee or registrant.

(125) "Sealed source" means any radioactive material that is encased in a capsule designed to prevent leakage or the escape of the radioactive material.

(126) "Self-contained breathing apparatus" (SCBA) means an atmosphere-supplying respirator for which the breathing air source is designed to be carried by the user.

(127) "Shallow dose equivalent" (H_s), which applies to the external exposure of the skin or an extremity, means the dose equivalent at a tissue depth of 0.007 centimeter (7 mg/cm²) averaged over an area of 1 square centimeter.

(128) "SI" means an abbreviation of the International System of Units.

(129) "Sievert" means the SI unit of any of the quantities expressed as dose equivalent. The dose equivalent in sievert

is equal to the absorbed dose in gray multiplied by the quality factor (1 Sv = 100 rem).

(130) "Site area emergency" means events may occur, are in progress, or have occurred that could lead to a significant release of radioactive material and that could require a response by offsite response organizations to protect persons offsite.

(131) "Site boundary" means that line beyond which the land or property is not owned, leased, or otherwise controlled by the licensee or registrant.

(132) "Source container" means a device in which radioactive material is transported or stored.

(133) "Source material" means: (a) Uranium or thorium, or any combination thereof, in any physical or chemical form, or (b) ores which contain by weight one-twentieth of one percent (0.05 percent) or more of (i) uranium, (ii) thorium, or (iii) any combination thereof. Source material does not include special nuclear material.

(134) "Source material milling" means the extraction or concentration of uranium or thorium from any ore processing primarily for its source material content.

(135) "Source of radiation" means any radioactive material, or any device or equipment emitting or capable of producing ionizing radiation.

(136) "Special nuclear material" means:

(a) Plutonium, uranium-233, uranium enriched in the isotope 233 or in the isotope 235, and any other material that the United States Nuclear Regulatory Commission, pursuant to the provisions of section 51 of the Atomic Energy Act of 1954, as amended, determines to be special nuclear material, but does not include source material; or

(b) Any material artificially enriched in any of the foregoing, but does not include source material.

(137) "Special nuclear material in quantities not sufficient to form a critical mass" means uranium enriched in the isotope U-235 in quantities not exceeding three hundred fifty grams of contained U-235; Uranium-233 in quantities not exceeding two hundred grams; Plutonium in quantities not exceeding two hundred grams; or any combination of them in accordance with the following formula: For each kind of special nuclear material, determine the ratio between the quantity of that special nuclear material and the quantity specified above for the same kind of special nuclear material. The sum of such ratios for all of the kinds of special nuclear material in combination shall not exceed "1" (i.e., unity). For example, the following quantities in combination would not exceed the limitation and are within the formula:

$$\begin{array}{r} \frac{175 \text{ (grams contained U-235)}}{350} + \\ \frac{50 \text{ (grams U-233)}}{200} + \\ \frac{50 \text{ (grams Pu)}}{200} < 1 \end{array}$$

(138) "Stochastic effect" means a health effect that occurs randomly and for which the probability of the effect occurring, rather than its severity, is assumed to be a linear function of dose without threshold. Hereditary effects and cancer incidence are examples of stochastic effects. For pur-

poses of these regulations, probabilistic effect is an equivalent term.

(139) "Supplied-air respirator" (SAR) or "airline respirator" means an atmosphere-supplying respirator for which the source of breathing air is not designed to be carried by the user.

(140) "Survey" means an evaluation of the radiological conditions and potential hazards incident to the production, use, release, disposal, or presence of sources of radiation. When appropriate, such evaluation includes, but is not limited to, tests, physical examinations, calculations and measurements of levels of radiation or concentration of radioactive material present.

(141) "Test" means (a) the process of verifying compliance with an applicable regulation, or (b) a method for determining the characteristics or condition of sources of radiation or components thereof.

(142) "These regulations" mean all parts of the rules for radiation protection of the state of Washington.

(143) "Tight-fitting facepiece" means a respiratory inlet covering that forms a complete seal with the face.

(144) "Total effective dose equivalent" (TEDE) means the sum of the deep dose equivalent for external exposures and the committed effective dose equivalent for internal exposures.

(145) "Total organ dose equivalent" (TODE) means the sum of the deep dose equivalent and the committed dose equivalent to the organ or tissue receiving the highest dose.

(146) "United States Department of Energy" means the Department of Energy established by Public Law 95-91, August 4, 1977, 91 Stat. 565, 42 U.S.C. 7101 et seq., to the extent that the department exercises functions formerly vested in the United States Atomic Energy Commission, its chairman, members, officers and components and transferred to the United States Energy Research and Development Administration and to the administrator thereof pursuant to sections 104 (b), (c) and (d) of the Energy Reorganization Act of 1974 (Public Law 93-438, October 11, 1974, 88 Stat. 1233 at 1237, 42 U.S.C. 5814 effective January 19, 1975) and retransferred to the Secretary of Energy pursuant to section 301(a) of the Department of Energy Organization Act (Public Law 95-91, August 4, 1977, 91 Stat. 565 at 577-578, 42 U.S.C. 7151, effective October 1, 1977).

(147) "Unrefined and unprocessed ore" means ore in its natural form prior to any processing, such as grinding, roasting, beneficiating, or refining.

(148) "Unrestricted area" (uncontrolled area) means any area which is not a restricted area. Areas where the external dose exceeds 2 mrem in any one hour or where the public dose, taking into account occupancy factors, will exceed 100 mrem total effective dose equivalent in any one year must be restricted.

(149) "User seal check" (fit check) means an action conducted by the respirator user to determine if the respirator is properly seated to the face. Examples include negative pressure check, positive pressure check, irritant smoke check, or isoamyl acetate check.

(150) "Very high radiation area" means an area, accessible to individuals, in which radiation levels from radiation sources external to the body could result in an individual

receiving an absorbed dose in excess of 5 Gy (500 rad) in one hour at one meter from a source of radiation or one meter from any surface that the radiation penetrates.

(151) "Waste handling licensees" mean persons licensed to receive and store radioactive wastes prior to disposal and/or persons licensed to dispose of radioactive waste.

(152) "Week" means seven consecutive days starting on Sunday.

(153) "Weighting factor" w_T for an organ or tissue (T) means the proportion of the risk of stochastic effects resulting from irradiation of that organ or tissue to the total risk of stochastic effects when the whole body is irradiated uniformly. For calculating the effective dose equivalent, the values of w_T are:

ORGAN DOSE WEIGHTING FACTORS	
Organ or Tissue	w_T
Gonads	0.25
Breast	0.15
Red bone marrow	0.12
Lung	0.12
Thyroid	0.03
Bone surfaces	0.03
Remainder	0.30 ^a
Whole Body	1.00 ^b

^a 0.30 results from 0.06 for each of 5 "remainder" organs, excluding the skin and the lens of the eye, that receive the highest doses.

^b For the purpose of weighting the external whole body dose, for adding it to the internal dose, a single weighting factor, $w_T = 1.0$, has been specified. The use of other weighting factors for external exposure will be approved on a case-by-case basis until such time as specific guidance is issued.

(154) "Whole body" means, for purposes of external exposure, head, trunk including male gonads, arms above the elbow, or legs above the knee.

(155) "Worker" means an individual engaged in activities under a license or registration issued by the department and controlled by a licensee or registrant but does not include the licensee or registrant. Where the licensee or registrant is an individual rather than one of the other legal entities defined under "person," the radiation exposure limits for the worker also apply to the individual who is the licensee or registrant. If students of age eighteen years or older are subjected routinely to work involving radiation, then the students are considered to be workers. Individuals of less than eighteen years of age shall meet the requirements of WAC 246-221-050.

(156) "Working level" (WL) means any combination of short-lived radon daughters in 1 liter of air that will result in the ultimate emission of 1.3×10^5 MeV of potential alpha particle energy. The short-lived radon daughters are — for radon-222: polonium-218, lead-214, bismuth-214, and polonium-214; and for radon-220: polonium-216, lead-212, bismuth-212, and polonium-212.

(157) "Working level month" (WLM) means an exposure to one working level for one hundred seventy hours — two thousand working hours per year divided by twelve months per year is approximately equal to one hundred seventy hours per month.

(158) "Year" means the period of time beginning in January used to determine compliance with the provisions of

these regulations. The licensee or registrant may change the starting date of the year used to determine compliance by the licensee or registrant provided that the change is made at the beginning of the year and that no day is omitted or duplicated in consecutive years.

[Statutory Authority: RCW 70.98.050. 01-05-110, § 246-220-010, filed 2/21/01, effective 3/24/01; 00-08-013, § 246-220-010, filed 3/24/00, effective 4/24/00; 99-15-105, § 246-220-010, filed 7/21/99, effective 8/21/99; 98-13-037, § 246-220-010, filed 6/8/98, effective 7/9/98; 95-01-108, § 246-220-010, filed 12/21/94, effective 1/21/95; 94-01-073, § 246-220-010, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-220-010, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-220-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-12-050, filed 12/11/86; 83-19-050 (Order 2026), § 402-12-050, filed 9/16/83. Statutory Authority: Chapter 70.121 RCW. 81-16-031 (Order 1683), § 402-12-050, filed 7/28/81. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-12-050, filed 12/8/80; Order 1095, § 402-12-050, filed 2/6/76; Order 708, § 402-12-050, filed 8/24/72; Order 1, § 402-12-050, filed 7/2/71; Order 1, § 402-12-050, filed 1/8/69; Rules (part), filed 10/26/66.]

Chapter 246-221 WAC

RADIATION PROTECTION STANDARDS

WAC

246-221-005	Radiation protection programs.
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246-221-230	Records important to radiation safety.
246-221-250	Notification of incidents.
246-221-285	Assigned protection factors for respirators.

WAC 246-221-005 Radiation protection programs.

(1) Each specific licensee shall develop, document, and implement a radiation protection program sufficient to ensure compliance with the provisions of this chapter.

(2) The licensee shall use, to the extent practical, procedures and engineering controls based upon sound radiation protection principles to achieve occupational doses and doses to members of the public that are as low as is reasonably achievable (ALARA).

(3) The licensee shall review the radiation protection program content and implementation at the frequency specified in the license.

(4) To implement the ALARA requirements of subsection (2) of this section, and notwithstanding the requirements of WAC 246-221-060, a constraint on air emission of radioactive material to the environment, excluding radon-220, radon-222 and their daughters, shall be established by licensees such that the individual member of the public likely to receive the highest dose will not be expected to receive a total effective dose equivalent in excess of 0.1 mSv (10 mrem) per year from these emissions. This dose constraint does not apply to sealed sources or to accelerators less than 200 MeV. If a licensee subject to this requirement exceeds this dose constraint, the licensee shall report the exceedance as pro-

vided in WAC 246-221-260 and promptly take appropriate corrective action to ensure against recurrence.

(5) Each licensee shall maintain records of the radiation protection program, including:

(a) The provisions of the program; and

(b) Audits, where required, and other reviews of program content and implementation.

[Statutory Authority: RCW 70.98.050. 01-05-110, § 246-221-005, filed 2/21/01, effective 3/24/01; 99-15-105, § 246-221-005, filed 7/21/99, effective 8/21/99; 94-01-073, § 246-221-005, filed 12/9/93, effective 1/9/94.]

WAC 246-221-010 Occupational dose limits for adults. (1) The licensee or registrant shall control the occupational dose to individual adults, except for planned special exposures pursuant to WAC 246-221-030, to the following dose limits:

(a) An annual limit, which is the more limiting of:

(i) The total effective dose equivalent being equal to 0.05 Sv (5 rem); or

(ii) The sum of the deep dose equivalent and the committed dose equivalent to any individual organ or tissue other than the lens of the eye being equal to 0.50 Sv (50 rem).

(b) The annual limits to the lens of the eye, to the skin, and to the extremities which are:

(i) A lens dose equivalent of 0.15 Sv (15 rem); and

(ii) A shallow dose equivalent of 0.50 Sv (50 rem) to the skin or to any extremity.

(2) Doses received in excess of the annual limits, including doses received during accidents, emergencies, and planned special exposures, must be subtracted from the limits specified in WAC 246-221-030 for planned special exposures that the individual may receive during the current year and during the individual's lifetime.

(3) The assigned deep dose equivalent and shallow dose equivalent shall be for the portion of the body receiving the highest exposure. The deep dose equivalent, lens dose equivalent and shallow dose equivalent may be assessed from surveys or other radiation measurements for the purpose of demonstrating compliance with the occupational dose limits, if the individual monitoring device was not in the region of highest potential exposure, or the results of individual monitoring are unavailable.

(4) Derived air concentration (DAC) and annual limit on intake (ALI) values are specified in WAC 246-221-290 and may be used to determine the individual's dose and to demonstrate compliance with the occupational dose limits.

(5) Notwithstanding the annual dose limits, the licensee shall limit the soluble uranium intake by an individual to 10 milligrams in a week in consideration of chemical toxicity.

(6) The licensee or registrant shall reduce the dose that an individual may be allowed to receive in the current year by the amount of occupational dose received while employed by any other person during the current year as determined in accordance with WAC 246-221-020.

[Statutory Authority: RCW 70.98.050. 01-05-110, § 246-221-010, filed 2/21/01, effective 3/24/01; 94-01-073, § 246-221-010, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-010, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-221-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-24-020, filed 12/11/86. Statutory

Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-24-020, filed 12/8/80; Order 1095, § 402-24-020, filed 2/6/76; Order 1, § 402-24-020, filed 1/8/69; Rules (part), filed 10/26/66.]

WAC 246-221-015 Compliance with requirements for summation of external and internal doses. (1) If the licensee is required to monitor under both WAC 246-221-090 and 246-221-100, the licensee shall demonstrate compliance with the dose limits by summing external and internal doses. If the licensee is required to monitor only under WAC 246-221-090 or only under WAC 246-221-100, then summation is not required to demonstrate compliance with the dose limits. The licensee may demonstrate compliance with the requirements for summation of external and internal doses under subsections (2), (3), and (4) of this section. The dose equivalents for the lens of the eye, the skin, and the extremities are not included in the summation, but are subject to separate limits.

(2) **Intake by inhalation.** If the only intake of radionuclides is by inhalation, the total effective dose equivalent limit is not exceeded if the sum of the deep dose equivalent divided by the total effective dose equivalent limit, and one of the following, does not exceed unity:

(a) The sum of the fractions of the inhalation ALI for each radionuclide; or

(b) The total number of derived air concentration-hours (DAC-hours) for all radionuclides divided by two thousand; or

(c) The sum of the calculated committed effective dose equivalents to all significantly irradiated organs or tissues (T) calculated from bioassay data using appropriate biological models and expressed as a fraction of the annual limit. For purposes of this requirement, an organ or tissue is deemed to be significantly irradiated if, for that organ or tissue, the product of the weighting factors, w_T , and the committed dose equivalent, $H_{T,50}$, per unit intake is greater than ten percent of the maximum weighted value of H_{50} , that is, $w_T H_{T,50}$, per unit intake for any organ or tissue.

(3) **Intake by oral ingestion.** If the occupationally exposed individual also receives an intake of radionuclides by oral ingestion greater than ten percent of the applicable oral ALI, the licensee shall account for this intake and include it in demonstrating compliance with the limits.

(4) **Intake through wounds or absorption through skin.** The licensee shall evaluate and, to the extent practical, account for intakes through wounds or skin absorption. The intake through intact skin has been included in the calculation of DAC for hydrogen-3 and does not need to be evaluated or accounted for pursuant to this section.

(5) **External dose from airborne radioactive material.** Licensees shall, when determining the dose from airborne radioactive material, include the contribution to the deep dose equivalent, lens dose equivalent, and shallow dose equivalent from external exposure to the radioactive cloud. Airborne radioactivity measurements and DAC values shall not be used as the primary means to assess the deep dose equivalent when the airborne radioactive material includes radionuclides other than noble gases or if the cloud of airborne radioactive material is not relatively uniform. The determination of the deep dose equivalent to an individual shall be based

upon measurements using instruments or individual monitoring devices.

[Statutory Authority: RCW 70.98.050. 01-05-110, § 246-221-015, filed 2/21/01, effective 3/24/01; 94-01-073, § 246-221-015, filed 12/9/93, effective 1/9/94.]

WAC 246-221-030 Requirements for planned special exposures. A licensee or registrant may authorize an adult worker to receive doses in addition to and accounted for separately from the doses received under the limits specified in WAC 246-221-010 provided that each of the following conditions is satisfied:

(1) The licensee or registrant authorizes a planned special exposure only in an exceptional situation when alternatives that might avoid the dose estimated to result from the planned special exposure are unavailable or impractical.

(2) The licensee or registrant, and employer if the employer is not the licensee or registrant, specifically authorizes the planned special exposure, in writing, before the exposure occurs.

(3) Before a planned special exposure, the licensee or registrant ensures that each individual involved is:

(a) Informed of the purpose of the planned operation; and

(b) Informed of the estimated doses and associated potential risks and specific radiation levels or other conditions that might be involved in performing the task; and

(c) Instructed in the measures to be taken to keep the dose ALARA considering other risks that may be present.

(4) Prior to permitting an individual to participate in a planned special exposure, the licensee or registrant ascertains prior doses as required by WAC 246-221-020(2) during the lifetime of the individual for each individual involved.

(5) Subject to WAC 246-221-010(2), the licensee or registrant shall not authorize a planned special exposure that would cause an individual to receive a dose from all planned special exposures and all doses in excess of the limits to exceed:

(a) The numerical values of any of the dose limits in WAC 246-221-010(1) in any year; and

(b) Five times the annual dose limits in WAC 246-221-010(1) during the individual's lifetime.

(6) The licensee or registrant maintains records that describe:

(a) The exceptional circumstances requiring the use of a planned special exposure;

(b) The name of the management official who authorized the planned special exposure and a copy of the signed authorization;

(c) What actions were necessary;

(d) Why the actions were necessary;

(e) What precautions were taken to assure that doses were maintained ALARA; and

(f) What individual and collective doses were expected to result.

(7) The licensee or registrant records the best estimate of the dose resulting from the planned special exposure in the individual's record and informs the individual, in writing, of the dose within thirty days from the date of the planned special exposure. The dose from planned special exposures shall

not be considered in controlling future occupational dose of the individual under WAC 246-221-010(1) but shall be included in evaluations required by subsections (4) and (5) of this section.

(8) The licensee or registrant submits a written report in accordance with WAC 246-221-265.

[Statutory Authority: RCW 70.98.050. 01-05-110, § 246-221-030, filed 2/21/01, effective 3/24/01; 94-01-073, § 246-221-030, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-030, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-221-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-24-027, filed 12/8/80.]

WAC 246-221-055 Dose equivalent to an embryo/fetus. (1) The licensee or registrant shall ensure that the dose equivalent to an embryo/fetus during the entire pregnancy, due to occupational exposure of a declared pregnant woman, does not exceed 5 mSv (0.5 rem).

(2) Once pregnancy has been declared, the licensee or registrant shall make every effort to avoid substantial variation above a uniform monthly exposure rate to a declared pregnant woman in order to satisfy the limit in subsection (1) of this section.

(3) If by the time the woman declares pregnancy to the licensee or registrant, the dose equivalent to the embryo/fetus has exceeded 4.5 mSv (0.45 rem), the licensee or registrant shall be deemed to be in compliance with subsection (1) of this section if the additional dose equivalent to the embryo/fetus does not exceed 0.50 mSv (0.05 rem) during the remainder of the pregnancy.

(4) The dose equivalent to an embryo/fetus shall be taken as the sum of:

(a) The deep dose equivalent to the declared pregnant woman; and

(b) The dose equivalent to the embryo/fetus from radionuclides in the embryo/fetus and radionuclides in the declared pregnant woman.

(5) The licensee or registrant shall maintain the records of dose equivalent to an embryo/fetus with the records of dose equivalent to the declared pregnant woman. The declaration of pregnancy, including the estimated date of conception, shall also be kept on file, but may be maintained separately from the dose records.

[Statutory Authority: RCW 70.98.050. 01-05-110, § 246-221-055, filed 2/21/01, effective 3/24/01; 94-01-073, § 246-221-055, filed 12/9/93, effective 1/9/94.]

WAC 246-221-090 Personnel monitoring for external dose. Each licensee or registrant shall monitor occupational exposure from sources of radiation at levels sufficient to demonstrate compliance with the occupational dose limits of WAC 246-221-010, 246-221-030, 246-221-050 and 246-221-055.

(1) Each licensee or registrant shall monitor occupational exposure to radiation from licensed (or registered) and unlicensed (or unregistered) radiation sources under the control of the licensee or registrant and shall supply and shall require the use of individual monitoring devices by:

(a) Each adult likely to receive, in one year from sources external to the body, a dose in excess of ten percent of the applicable limits specified in WAC 246-221-010(1).

(b) Each minor likely to receive, in one year from sources external to the body, a deep dose equivalent in excess of 1 mSv (0.1 rem), a lens dose equivalent in excess of 1.5 mSv (0.15 rem), or a shallow dose equivalent to the skin or to the extremities in excess of 5 mSv (0.5 rem).

(c) Each declared pregnant woman likely to receive during the entire pregnancy, from radiation sources external to the body, a deep dose equivalent in excess of 1 mSv (0.1 rem). All of the occupational dose limits specified in WAC 246-221-010 continue to be applicable to the declared pregnant worker as long as the embryo/fetus dose limit is not exceeded.

(d) Each individual who enters a high or very high radiation area.

(2) Personnel monitoring devices assigned to an individual:

(a) Shall not intentionally be exposed to give a false or erroneous reading;

(b) Shall be assigned to one individual per exposure interval (i.e., weekly, monthly) and used to determine exposure for that individual only;

(c) Shall not be worn by any individual other than that individual originally assigned to the device;

(d) Personnel monitoring devices that are exposed while not being worn by the assigned individual shall be processed and recorded as soon as possible. A replacement monitoring device shall be assigned to the individual immediately. A record of the circumstances of the exposure shall be retained.

(3) All personnel dosimeters, except for direct and indirect reading pocket ionization chambers and those dosimeters used to measure the dose to any extremities, that require processing to determine the radiation dose and that are utilized by licensees or registrants to comply with subsection (1) of this section, with other applicable provisions of chapters 246-220 through 246-255 WAC, or with conditions specified in a licensee's license must be processed and evaluated by a dosimetry processor:

(a) Holding current personnel dosimetry accreditation from either the National Voluntary Laboratory Accreditation Program (NVLAP) of the National Institute of Standards and Technology (formerly known as the National Bureau of Standards) or the United States Department of Energy Laboratory Accreditation Program for Personnel Dosimetry Systems (DOELAP); and

(b) Approved in this accreditation process for the type of radiation or radiations included in the NVLAP or DOELAP program that most closely approximate the type of radiation or radiations for which the individual wearing the dosimeter is monitored.

(4) For the purposes of this section "dosimetry processor" means an individual or an organization that processes and evaluates personnel monitoring devices in order to determine the radiation dose delivered to the device.

(5) Each licensee or registrant shall maintain records of doses received by all individuals for whom monitoring was required under subsection (1) of this section, and records of doses received during planned special exposures, accidents,

and emergency conditions. Assessments of dose equivalent and records made using units in effect before January 1, 1994, need not be changed. These records shall include, when applicable:

(a) The deep dose equivalent to the whole body, lens dose equivalent, shallow dose equivalent to the skin, and shallow dose equivalent to the extremities; and

(b) The total effective dose equivalent when required by WAC 246-221-015; and

(c) The total of the deep dose equivalent and the committed dose to the organ receiving the highest total dose (total organ dose equivalent).

(6) The licensee or registrant shall maintain the records specified in subsection (5) of this section on department Form RHF-5A, in accordance with the instructions provided on the form, or in clear and legible records containing all the information required by Form RHF-5A; and shall update the information at least annually.

(7) Each licensee or registrant shall ensure that individuals, for whom they are required to monitor occupational doses in accordance with subsection (1) of this section, wear individual monitoring devices as follows:

(a) An individual monitoring device used for monitoring the dose to the whole body shall be worn at the unshielded or least shielded location of the whole body likely to receive the highest exposure. When a protective apron is worn, the location of the individual monitoring device is typically at the neck (collar).

(b) Any additional individual monitoring device used for monitoring the dose to an embryo/fetus of a declared pregnant woman, pursuant to WAC 246-221-055(1), shall be located at the waist under any protective apron being worn by the woman.

(c) An individual monitoring device used for monitoring the lens dose equivalent, to demonstrate compliance with WAC 246-221-010 (1)(b)(i), shall be located at the neck (collar), outside any protective apron being worn by the monitored individual, or at an unshielded location closer to the eye.

(d) An individual monitoring device used for monitoring the dose to the extremities, to demonstrate compliance with WAC 246-221-010 (1)(b)(ii), shall be worn on the extremity likely to receive the highest exposure. Each individual monitoring device shall be oriented to measure the highest dose to the extremity being monitored.

[Statutory Authority: RCW 70.98.050. 01-05-110, § 246-221-090, filed 2/21/01, effective 3/24/01; 94-01-073, § 246-221-090, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 92-06-008 (Order 245), § 246-221-090, filed 2/21/92, effective 3/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-221-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-24-070, filed 12/8/80; Order 1095, § 402-24-070, filed 2/6/76; Order 708, § 402-24-070, filed 8/24/72; Order 1, § 402-24-070, filed 1/8/69; Rules (part), filed 10/26/66.]

WAC 246-221-100 Personnel monitoring for internal dose. (1) Each licensee shall monitor, to determine compliance with WAC 246-221-040, the occupational intake of radioactive material by and assess the committed effective dose equivalent to:

(a) Adults likely to receive, in 1 year, an intake in excess of ten percent of the applicable ALI in Table I, Columns 1 and 2, of WAC 246-221-290;

(b) Minors likely to receive, in one year, a committed effective dose equivalent in excess of 1 mSv (0.1 rem); and

(c) Declared pregnant women likely to receive, during the entire pregnancy, a committed effective dose equivalent in excess of 1 mSv (0.1 rem).

(2) Where necessary or desirable in order to aid in determining the extent of an individual's exposure to concentrations of radioactive material, the department may incorporate license provisions or issue an order requiring a licensee or registrant to make available to the individual appropriate bioassay services and to furnish a copy of the reports of such services to the department.

(3) Each licensee shall maintain records of doses received by all individuals for whom monitoring was required pursuant to subsections (1) and (2) of this section, and records of doses received during planned special exposures, accidents, and emergency conditions. Assessments of dose equivalent and records made using units in effect before January 1, 1994, need not be changed. These records shall include, when applicable:

(a) The estimated intake or body burden of radionuclides;

(b) The committed effective dose equivalent assigned to the intake or body burden of radionuclides;

(c) The specific information used to calculate the committed effective dose equivalent pursuant to WAC 246-221-040;

(d) The total effective dose equivalent when required by WAC 246-221-015; and

(e) The total of the deep dose equivalent and the committed dose to the organ receiving the highest total dose (total organ dose equivalent).

(4) The licensee or registrant shall maintain the records specified in subsection (3) of this section on department Form RHF-5A, in accordance with the instructions provided on the form, or in clear and legible records containing all the information required by Form RHF-5A; and shall update the information at least annually.

[Statutory Authority: RCW 70.98.050, 01-05-110, § 246-221-100, filed 2/21/01, effective 3/24/01; 94-01-073, § 246-221-100, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-221-100, filed 12/27/90, effective 1/31/91; Order 1095, § 402-24-080, filed 2/6/76; Order 1, § 402-24-080, filed 1/8/69; Rules (part), filed 10/26/66.]

WAC 246-221-110 Surveys. (1) Each licensee or registrant shall make or cause to be made such surveys, as defined in WAC 246-220-010, as may be necessary for the licensee or registrant to establish compliance with these regulations and are reasonable under the circumstances to evaluate the magnitude and extent of radiation levels, concentrations or quantities of radioactive material, and potential radiation hazards. Records of such surveys shall be preserved as specified in WAC 246-221-230. Information on performing surveys may be found in the United States Nuclear Regulatory Commission's Regulatory Guide 8.23.

(2) The licensee shall ensure that instruments and equipment used for quantitative radiation measurements, for exam-

ple, dose rate and effluent monitoring, are calibrated annually at intervals not to exceed thirteen months for the radiation measured.

[Statutory Authority: RCW 70.98.050, 01-05-110, § 246-221-110, filed 2/21/01, effective 3/24/01; 94-01-073, § 246-221-110, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080, 91-15-112 (Order 184), § 246-221-110, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-221-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080, 87-01-031 (Order 2450), § 402-24-085, filed 12/11/86; 83-19-050 (Order 2026), § 402-24-085, filed 9/16/83. Statutory Authority: RCW 70.98.050, 81-01-011 (Order 1570), § 402-24-085, filed 12/8/80; Order 1095, § 402-24-085, filed 2/6/76.]

WAC 246-221-113 Use of process, engineering or other controls. (1) The licensee shall use, to the extent practical, process or other engineering controls, such as, containment, decontamination, or ventilation, to control the concentrations of radioactive material in air.

(2) When it is not practical to apply process or other engineering controls to control the concentrations of radioactive material in air to values below those that define an airborne radioactivity area, the licensee shall, consistent with maintaining the total effective dose equivalent ALARA, increase monitoring and limit intakes by one or more of the following means:

(a) Control of access;

(b) Limitation of exposure times;

(c) Use of respiratory protection equipment; or

(d) Other controls.

(3) If the licensee performs an ALARA analysis to determine whether or not respirators should be used, the licensee may consider safety factors other than radiological factors. The licensee should also consider the impact of respirator use on workers' industrial health and safety.

[Statutory Authority: RCW 70.98.050, 01-05-110, § 246-221-113, filed 2/21/01, effective 3/24/01; 94-01-073, § 246-221-113, filed 12/9/93, effective 1/9/94.]

WAC 246-221-117 Use of individual respiratory protection equipment. If the licensee assigns or permits the use of respiratory protection equipment to limit the intake of radioactive material:

(1) The licensee shall use only respiratory protection equipment that is:

(a) Tested and certified by the National Institute for Occupational Safety and Health (NIOSH); or

(b) Approved by the department on the basis of the licensee's submittal of an application for authorized use of other respiratory protection equipment, including a demonstration by testing, or a demonstration on the basis of reliable test information, that the material and performance characteristics of the equipment are capable of providing the proposed degree of protection under anticipated conditions of use.

(2) The licensee shall implement and maintain a respiratory protection program that includes:

(a) Air sampling sufficient to identify the potential hazard, permit proper equipment selection, and estimate exposures;

(b) Surveys and bioassays, as appropriate, to evaluate actual intakes;

(c) Testing of respirators for operability (user seal check for face sealing devices and functional check for others) immediately prior to each use;

(d) Written procedures regarding:

- (i) Monitoring, including air sampling and bioassays;
- (ii) Supervision and training of respirator users;
- (iii) Fit testing;
- (iv) Respirator selection;
- (v) Breathing air quality;
- (vi) Inventory and control;
- (vii) Storage, issuance, maintenance, repair, testing, and quality assurance of respiratory protection equipment;
- (viii) Recordkeeping; and
- (ix) Limitations on periods of respirator use and relief from respirator use;

(e) Determination by a physician that the individual user is medically fit to use respiratory protection equipment:

- (i) Before the initial fitting of a face sealing respirator;
- (ii) Before the first field use of nonface sealing respirators; and
- (iii) Either every twelve months thereafter, or periodically at a frequency determined by a physician; and

(f) Fit testing, with a fit factor greater than or equal to ten times the APF for negative pressure devices, and a fit factor greater than or equal to five hundred for any positive pressure, continuous flow, and pressure-demand devices, before the first field use of tight fitting, face sealing respirators, and periodically thereafter at a frequency not to exceed one year. Fit testing must be performed with the facepiece operating in the negative pressure mode.

(3) The licensee shall advise each respirator user that the user may leave the area at any time for relief from respirator use in the event of equipment malfunction, physical or psychological distress, procedural or communication failure, significant deterioration of operating conditions, or any other conditions that might require relief.

(4) The licensee shall also consider limitations appropriate to the type and mode of use. When selecting respiratory devices the licensee shall provide for vision correction, adequate communication, low temperature work environments, and the concurrent use of other safety or radiological protection equipment. The licensee shall use equipment in such a way as not to interfere with the proper operation of the respirator.

(5) Standby rescue persons are required whenever one-piece atmosphere-supplying suits, or any combination of supplied air respiratory protection device and personnel protective equipment are used from which an unaided individual would have difficulty extricating himself or herself. The standby persons must be equipped with respiratory protection devices or other apparatus appropriate for the potential hazards. The standby rescue persons shall observe or otherwise maintain continuous communication with the workers (visual, voice, signal line, telephone, radio, or other suitable means), and be immediately available to assist them in case of a failure of the air supply or for any other reason that requires relief from distress. A sufficient number of standby rescue persons must be immediately available to assist all users of this type of equipment and to provide effective emergency rescue if needed.

(6) Atmosphere-supplying respirators must be supplied with respirable air of grade D quality or better as defined by the Compressed Gas Association in publication G-7.1, "Commodity Specification for Air," 1997 and included in the regulations of the Occupational Safety and Health Administration (29 CFR 1910.134 (i)(1)(ii)(A) through (E)). Grade D quality air criteria include:

- (a) Oxygen content (v/v) of 19.5-23.5%;
- (b) Hydrocarbon (condensed) content of 5 milligrams per cubic meter of air or less;
- (c) Carbon monoxide (CO) content of 10 ppm or less;
- (d) Carbon dioxide content of 1,000 ppm or less; and
- (e) Lack of noticeable odor.

(7) The licensee shall ensure that no objects, materials or substances, such as facial hair, or any conditions that interfere with the face-to-facepiece seal or valve function, and that are under the control of the respirator wearer, are present between the skin of the wearer's face and the sealing surface of a tight-fitting respirator facepiece.

(8) In estimating the dose to individuals from intake of airborne radioactive materials, the concentration of radioactive material in the air that is inhaled when respirators are worn is initially assumed to be the ambient concentration in air without respiratory protection, divided by the assigned protection factor. If the dose is later found to be greater than the estimated dose, the corrected value must be used. If the dose is later found to be less than the estimated dose, the corrected value may be used.

(9) The department may impose restrictions in addition to the provisions of this section, WAC 246-221-113 and 246-221-285, in order to:

(a) Ensure that the respiratory protection program of the licensee is adequate to limit doses to individuals from intakes of airborne radioactive materials consistent with maintaining total effective dose equivalent ALARA; and

(b) Limit the extent to which a licensee may use respiratory protection equipment instead of process or other engineering controls.

(10) The licensee shall obtain authorization from the department before using assigned protection factors in excess of those specified in WAC 246-221-285. The department may authorize a licensee to use higher assigned protection factors on receipt of an application that:

(a) Describes the situation for which a need exists for higher protection factors; and

(b) Demonstrates that the respiratory protection equipment provides these higher protection factors under the proposed conditions of use.

[Statutory Authority: RCW 70.98.050, 01-05-110, § 246-221-117, filed 2/21/01, effective 3/24/01; 98-13-034, § 246-221-117, filed 6/8/98, effective 7/9/98; 94-01-073, § 246-221-117, filed 12/9/93, effective 1/9/94.]

WAC 246-221-230 Records important to radiation safety. (1) Each licensee or registrant shall make and retain records of activities, program reviews, measurements, and calculations which may be necessary to determine the extent of occupational and public exposure from sources of radiation under the control of the licensee or registrant.

(2) Each record required by this section shall be legible throughout the specified retention period.

(3) Each licensee or registrant shall use the SI units: Becquerel, gray, sievert and coulomb per kilogram, or the special units: Curie, rad, rem, and roentgen, including multiples and subdivisions, and shall clearly indicate the units of all quantities on records required by these regulations.

(4) The licensee or registrant shall make a clear distinction among the quantities entered on the records required by these regulations such as, total effective dose equivalent, total organ dose equivalent, shallow dose equivalent, lens dose equivalent, deep dose equivalent, or committed effective dose equivalent.

(5) Records which must be maintained under this part shall be the original or a reproduced copy or microform if such reproduced copy or microform is duly authenticated by authorized personnel and the microform is capable of producing a clear and legible copy after storage for the period specified by department regulations. The record may also be stored in electronic media with the capability for producing legible, accurate, and complete records during the required retention period. Electronic media data storage systems shall incorporate standard or universally recognized security measures. Records, such as letters, drawings, and specifications, shall include all pertinent information, such as stamps, initials, and signatures.

(6) The licensee shall maintain adequate safeguards against tampering with and loss of records.

(7) The licensee or registrant shall retain the following required records until the department terminates each pertinent license or registration requiring the record, and upon termination of the license or registration, the licensee or registrant shall store for at least thirty years:

(a) Records of prior occupational dose and exposure history as recorded on department Form RHF-4 or RHF-4A, or equivalent;

(b) Records on department Form RHF-5 or RHF-5A, or equivalent, of doses received by all individuals for whom monitoring was required pursuant to WAC 246-221-090 and 246-221-100;

(c) Records of doses received during planned special exposures, accidents, and emergency conditions;

(d) The specific information used to calculate the committed effective dose equivalent pursuant to WAC 246-221-040(3);

(e) Records of the results of surveys to determine the dose from external sources of radiation used, in the absence of or in combination with individual monitoring data, in the assessment of individual dose equivalents;

(f) Records of the results of measurements and calculations used to determine individual intakes of radioactive material and used in the assessment of internal dose;

(g) Records showing the results of air sampling, surveys, and bioassays required pursuant to WAC 246-221-117 (1)(b)(i) and (ii);

(h) Records of the results of measurements and calculations used to evaluate the release of radioactive effluents to the environment.

(8) The licensee or registrant shall retain the following records until the department terminates the pertinent license or registration requiring the record:

(a) Records of waste disposal made under the provisions of WAC 246-221-180, 246-221-190, 246-221-210 and 246-221-220, chapter 246-249 WAC, and any burials in soil as previously authorized;

(b) Records of dose to individual members of the public as required by WAC 246-221-060(4);

(c) Records of the provisions of the radiation protection program as required by WAC 246-221-005.

(9) The licensee or registrant shall retain the following records for three years after the record is made:

(a) Records of testing entry control devices for very high radiation areas as required by WAC 246-221-106(3);

(b) Records used in preparing department Form RHF-4 or RHF-4A;

(c) Records showing the results of general surveys required by WAC 246-221-110 and package surveys required by WAC 246-221-160;

(d) Records of calibrations required by WAC 246-221-110;

(e) Records of program audits and other reviews of the content and implementation of the radiation protection program required by WAC 246-221-005;

(f) Records of waste disposal by decay in storage.

(10) If there is a conflict between the department's regulations in this part, license condition, or other written department approval or authorization pertaining to the retention period for the same type of record, the retention period specified in the regulations in this part for such records shall apply unless the department, under WAC 246-220-050, has granted a specific exemption from the record retention requirements specified in the regulations in this part.

(11) The discontinuance or curtailment of activities does not relieve the licensee or registrant of responsibility for retaining all records required by this section.

[Statutory Authority: RCW 70.98.050. 01-05-110, § 246-221-230, filed 2/21/01, effective 3/24/01; 94-01-073, § 246-221-230, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-230, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-221-230, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-24-170, filed 12/11/86; 83-19-050 (Order 2026), § 402-24-170, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-24-170, filed 12/8/80; Order 1095, § 402-24-170, filed 2/6/76; Order 708, § 402-24-170, filed 8/24/72; Order 1, § 402-24-170, filed 7/2/71; Order 1, § 402-24-170, filed 1/8/69; Rules (part), filed 10/26/66.]

WAC 246-221-250 Notification of incidents. (1) Immediate notification. Notwithstanding other requirements for notification, each licensee and/or registrant shall immediately (as soon as possible but no later than four hours after discovery of an incident) notify the State Department of Health, Division of Radiation Protection, P.O. Box 47827, Olympia, Washington 98504-7827, by telephone (206/682-5327) and confirming letter, telegram, mailgram, or facsimile of any incident involving any radiation source which may have caused or threatens to cause:

(a) An individual to receive:

(i) A total effective dose equivalent of 0.25 Sv (25 rem) or more;

(ii) A lens dose equivalent of 0.75 Sv (75 rem) or more; or

(iii) A shallow dose equivalent to the skin or extremities or a total organ dose equivalent of 2.5 Sv (250 rem) or more;

(b) The release of radioactive material, inside or outside of a restricted area, so that, had an individual been present for twenty-four hours, the individual could have received an intake five times the occupational ALI. This provision does not apply to locations where personnel are not normally stationed during routine operations, such as hot-cells or process enclosures; or

(c) The loss of ability to take immediate protective actions necessary to avoid exposure to sources of radiation or releases of radioactive material that could exceed regulatory limits. Events which could cause such a loss of ability include fires, explosions, toxic gas releases, etc.

(2) **Twenty-four hour notification.** Each licensee and/or registrant shall within twenty-four hours of discovery of the event, notify the State Department of Health, Division of Radiation Protection, P.O. Box 47827, Olympia, Washington 98504-7827, by telephone (206/682-5327) and confirming letter, telegram, mailgram, or facsimile of any incident involving any radiation source possessed which may have caused or threatens to cause:

(a) An individual to receive, in a period of twenty-four hours:

(i) A total effective dose equivalent exceeding 0.05 Sv (5 rem);

(ii) A lens dose equivalent exceeding 0.15 Sv (15 rem); or

(iii) A shallow dose equivalent to the skin or extremities or a total organ dose equivalent exceeding 0.5 Sv (50 rem);

(b) The release of radioactive material, inside or outside of a restricted area, so that, had an individual been present for twenty-four hours, the individual could have received an intake in excess of one occupational ALI. This provision does not apply to locations where personnel are not normally stationed during routine operations, such as hot-cells or process enclosures;

(c) An unplanned contamination incident that:

(i) Requires access to the contaminated area, by workers or the general public, to be restricted for more than twenty-four hours by imposing additional radiological controls or by prohibiting entry into the area;

(ii) Involves a quantity of material greater than five times the lowest annual limit on intake specified in WAC 246-221-290; and

(iii) Has access to the area restricted for a reason other than to allow radionuclides with a half-life of less than twenty-four hours to decay prior to decontamination;

(d) Equipment failure or inability to function as designed when:

(i) The equipment is required by regulation or license condition to prevent releases exceeding regulatory limits, to prevent exposures to radiation and radioactive material exceeding regulatory limits or to mitigate the consequences of an accident;

(ii) The equipment is required to be available and operable at the time it becomes disabled or fails to function; and

(iii) No redundant equipment is available and operable to perform the required safety functions;

(e) An unplanned medical treatment at a medical facility of an individual with spreadable radioactive contamination on the individual's clothing or body; or

(f) An unplanned fire or explosion damaging any radioactive material or any device, container or equipment containing radioactive material when:

(i) The quantity of radioactive material involved is greater than five times the lowest annual limit on intake specified in WAC 246-221-290; and

(ii) The damage affects the integrity of the radioactive material or its container.

(3) For each occurrence requiring notification pursuant to this section, a prompt investigation of the situation shall be initiated by the licensee/registrant. A written report of the findings of the investigation shall be sent to the department within thirty days.

(4) The licensee or registrant shall prepare each report filed with the department under this section so that names of individuals who have received exposure to sources of radiation are stated in a separate and detachable portion of the report.

Any report filed with the department under this section shall contain the information described in WAC 246-221-260 (2) and (3).

(5) The provisions of this section do not apply to doses that result from planned special exposures, provided such doses are within the limits for planned special exposures and are reported pursuant to WAC 246-221-265.

(6) Telephone notifications that do not involve immediate or twenty-four hour notification should be made to the Olympia office (360 236-3300).

(7) Telephone notification required under this section shall include, to the extent that the information is available at the time of notification:

(a) The caller's name and call-back telephone number;

(b) A description of the incident including date and time;

(c) The exact location of the incident;

(d) The radionuclides, quantities, and chemical and physical forms of the radioactive materials involved; and

(e) Any personnel radiation exposure data available.

[Statutory Authority: RCW 70.98.050. 01-05-110, § 246-221-250, filed 2/21/01, effective 3/24/01; 98-13-037, § 246-221-250, filed 6/8/98, effective 7/9/98; 95-01-108, § 246-221-250, filed 12/21/94, effective 1/21/95; 94-01-073, § 246-221-250, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-250, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-221-250, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-24-190, filed 12/11/86; 83-19-050 (Order 2026), § 402-24-190, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-24-190, filed 12/8/80; Order 1095, § 402-24-190, filed 2/6/76; Order 708, § 402-24-190, filed 8/24/72; Order 1, § 402-24-190, filed 7/2/71; Order 1, § 402-24-190, filed 1/8/69; Rules (part), filed 10/26/66.]

WAC 246-221-285 Assigned protection factors for respirators. *

Operating mode

Assigned Protection Factors

I. Air-Purifying Respirators (Particulate ^b only) ^c:

	Operating mode	Assigned Protection Factors
Filtering facepiece disposable ^d	Negative Pressure.	(^d)
Facepiece, half ^e	Negative Pressure.	10
Facepiece, full.	Negative Pressure.	100
Facepiece, half.	Powered air-purifying respirators	50
Facepiece, full.	Powered air-purifying respirators	1000
Helmet/hood.	Powered air-purifying respirators	1000
Facepiece, loose-fitting.	Powered air-purifying respirators	25
II. Atmosphere-Supplying Respirators (Particulate, gases and vapors ^f):		
1. Air-line respirator:		
Facepiece, half.	Demand.	10
Facepiece, half.	Continuous Flow.	50
Facepiece, half.	Pressure Demand.	50
Facepiece, full.	Demand.	100
Facepiece, full.	Continuous Flow.	1000
Facepiece, full.	Pressure Demand.	1000
Helmet/hood.	Continuous Flow.	1000
Facepiece, loose-fitting.	Continuous Flow.	25
Suit.	Continuous Flow.	(^g)
2. Self-contained breathing apparatus (SCBA):		
Facepiece, full.	Demand.	^h 100
Facepiece, full.	Pressure Demand.	ⁱ 10,000
Facepiece, full.	Demand, Recirculating.	^h 100
Facepiece, full.	Positive Pressure Recirculating.	ⁱ 10,000
III. Combination Respirators:		
Any combination of air-purifying and atmosphere-supplying respirators.	Assigned protection factor for type and mode of operation as listed above.	

^a These assigned protection factors apply only in a respiratory protection program that meets the requirements of this chapter. They are applicable only to airborne radiological hazards and may not be appropriate to circumstances when chemical or other respiratory hazards exist instead of, or in addition to, radioactive hazards. Selection and use of respirators for these circumstances must also comply with Department of Labor regulations.

Radioactive contaminants for which the concentration values in Table 1, Column 3 of WAC 246-221-290, Appendix A, are based on internal dose due to inhalation may, in addition, present external exposure hazards at higher concentrations. Under these circumstances, limitations on occupancy may have to be governed by external dose limits.

^b Air-purifying respirators with APF <100 must be equipped with particulate filters that are at least 95 percent efficient. Air-purifying respirators with APF = 100 must be equipped with particulate filters that are at least 99 percent efficient. Air-purifying respirators with APFs >100 must be equipped with particulate filters that are at least 99.97 percent efficient.

^c The licensee may apply to the department for the use of an APF greater than 1 for sorbent cartridges as protection against airborne radioactive gases and vapors (e.g., radioiodine).

^d Licensees may permit individuals to use this type of respirator who have not been medically screened or fit tested on the device provided that no credit be taken for their use in estimating intake or dose. It is also recognized that it is difficult to perform an effective positive or negative pressure preuse user seal check on this type of device. All other respiratory protection program requirements listed in WAC 246-221-117 apply. An assigned protection factor has not been assigned for these devices. However, an APF equal to 10 may be used if the licensee can demonstrate a fit factor of at least 100 by use of a validated or evaluated, qualitative or quantitative fit test.

^e Under-chin type only. No distinction is made in this section between elastomeric half-masks with replaceable cartridges and those designed with the filter medium as an integral part of the facepiece (e.g., disposable or reusable disposable). Both types are acceptable so long as the seal area of the latter contains some substantial type of seal-enhancing material such as rubber or plastic, the two or more suspension straps are adjustable, the filter

medium is at least 95 percent efficient and all other requirements of this part are met.

^f The assigned protection factors for gases and vapors are not applicable to radioactive contaminants that present an absorption or submersion hazard. For tritium oxide vapor, approximately one-third of the intake occurs by absorption through the skin so that an overall protection factor of 3 is appropriate when atmosphere-supplying respirators are used to protect against tritium oxide. Exposure to radioactive noble gases is not considered a significant respiratory hazard, and protective actions for these contaminants should be based on external (submersion) dose considerations.

^g No NIOSH approval schedule is currently available for atmosphere-supplying suits. This equipment may be used in an acceptable respiratory protection program as long as all the other minimum program requirements, with the exception of fit testing, are met (i.e., WAC 246-221-117).

^h The licensee should implement institutional controls to assure that these devices are not used in areas immediately dangerous to life or health (IDLH).

ⁱ This type of respirator may be used as an emergency device in unknown concentrations for protection against inhalation hazards. External radiation hazards and other limitations to permitted exposure such as skin absorption shall be taken into account in these circumstances. This device may not be used by any individual who experiences perceptible outward leakage of breathing gas while wearing the device.

[Statutory Authority: RCW 70.98.050, 01-05-110, § 246-221-285, filed 2/21/01, effective 3/24/01; 94-01-073, § 246-221-285, filed 12/9/93, effective 1/9/94.]

Chapter 246-244 WAC

RADIATION PROTECTION—WIRELINE SERVICES

WAC

246-244-070

Radiation survey instruments.

WAC 246-244-070 Radiation survey instruments. (1) The licensee or registrant shall maintain and use sufficient calibrated and operable radiation survey instruments at each field station and temporary job site to make physical radiation surveys as required. Instrumentation shall be capable of measuring 0.001 mSv (0.1 millirem) per hour through at least 0.5 mSv (50 millirem) per hour.

(2) Each radiation survey instrument shall be calibrated:

(a) At intervals not to exceed six months and after each instrument servicing;

(b) At energies and radiation levels appropriate for use;

(c) At two points located approximately one-third and two-thirds at full scale on each scale (for logarithmic scale, at midrange of each decade, and at two points of at least one decade); and

(d) Such that accuracy within ± 20 percent of the true radiation levels can be demonstrated on each scale.

(3) Each licensee shall have available additional calibrated and operable radiation detection instruments capable of detecting radiation and contamination levels that could be encountered during well-logging operations or during the event of an accident, e.g., an alpha meter in case of Am-241 source rupture, a contamination meter and probe, and a high level meter capable of detecting radiation levels up to at least one roentgen per hour. The licensee may own such instruments or may make prior arrangements to obtain them expeditiously from a second party as necessary.

(4) Calibration records shall be maintained for a period of at least three years for inspection by the department.

[Statutory Authority: RCW 70.98.050. 01-05-110, § 246-244-070, filed 2/21/01, effective 3/24/01. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-244-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-38-120, filed 12/11/86.]

Chapter 246-246 WAC RADIOACTIVE CRITERIA FOR LICENSE TERMINATION

WAC

246-246-001 General provisions and scope.

WAC 246-246-001 General provisions and scope. (1) The criteria in this chapter apply to the decommissioning of all facilities licensed or registered under these regulations. For low-level waste disposal facilities (chapter 246-250 WAC), the criteria apply only to ancillary surface facilities that support radioactive waste disposal activities. The criteria do not apply to uranium and thorium recovery facilities already subject to chapter 246-252 WAC or to uranium solution extraction facilities.

(2) The criteria in this chapter do not apply to sites which:

(a) Have been decommissioned following department approved procedures prior to the effective date of this rule; and

(b) Have previously submitted and received department approval on a license termination plan (LTP) or decommissioning plan.

(3) After a site has been decommissioned and the license terminated in accordance with the criteria in this chapter, the

department will require additional cleanup only if, based on new information, it determines that the criteria of this chapter were not met and residual radioactivity remaining at the site could result in significant threat to public health and safety.

(4) When calculating total effective dose equivalent (TEDE) to the average member of the critical group the licensee shall determine the peak annual TEDE dose expected within the first one thousand years after decommissioning.

(5) The provisions of this chapter do not relieve licensees of meeting all other applicable state and federal laws and rules.

[Statutory Authority: RCW 70.98.050. 01-14-045, § 246-246-001, filed 6/29/01, effective 7/30/01; 00-07-085, § 246-246-001, filed 3/15/00, effective 4/15/00.]

Chapter 246-254 WAC RADIATION PROTECTION—FEES

WAC

246-254-053	Radiation machine facility registration fees.
246-254-070	Fees for specialized radioactive material licenses.
246-254-080	Fees for medical and veterinary radioactive material licenses.
246-254-090	Fees for industrial radioactive material licenses.
246-254-100	Fees for laboratory radioactive material licenses.
246-254-120	Fees for licensing and compliance actions.

WAC 246-254-053 Radiation machine facility registration fees. (1) Radiation machine facility fees apply to each person or facility owning, leasing and using radiation-producing machines.

FEE TYPE	FEE
(a) Annual Base Registration Fee	\$46
(b) Late registration or re-registration	\$46
(c) Penalty for operating without registration	\$46 for each year of unregistered operation
(d) Tube Fees	See Table 1

**TABLE 1
Radiation Tube Fees**

Group	First Tube	Each Additional Tube
(i) Group A: Dental, Podiatric, Veterinary uses	\$47	\$23.50
(ii) Group B: Hospital, Medical, Chiropractic uses	\$130	\$67.50
(iii) Group C: Industrial, research, and other uses	\$72	\$23.50
(iv) Group D: Electron Microscopes, Mammographic X-ray Machines, Bone Densitometers, and Airport Baggage Cabinet X-ray Systems	NA	NA

(2) X-ray shielding fees and penalties.

(a) Facilities regulated under the shielding plan requirements of WAC 246-225-030 or 246-227-150 are subject to a \$90 X-ray shielding review fee for each X-ray room.

(b) If a facility regulated under WAC 246-225-030 or 246-227-150 operates without X-ray shielding calculations or a floor plan review it will be subject to a \$46 penalty.

(3) **Radiation safety fee.** If a facility or group of facilities under one administrative control employs two or more full-time individuals whose positions are entirely devoted to in-house radiation safety, the facility shall pay a flat, annual fee of \$2,980.

(4) **Consolidation of registration.** Facilities may consolidate X-ray machine registrations into a single registration after notifying the department in writing and documenting that a single business license applies.

[Statutory Authority: RCW 43.70.110. 01-14-048, § 246-254-053, filed 6/29/01, effective 7/30/01; 99-13-085, § 246-254-053, filed 6/14/99, effective 7/15/99; 98-11-066, § 246-254-053, filed 5/19/98, effective 7/1/98. Statutory Authority: RCW 43.70.110, 43.70.250 and chapter 70.98 RCW. 98-01-047, § 246-254-053, filed 12/8/97, effective 1/8/98; 96-11-043, § 246-254-053, filed 5/8/96, effective 6/28/96; 95-12-004, § 246-254-053, filed 5/25/95, effective 6/25/95; 94-11-010, § 246-254-053, filed 5/5/94, effective 6/5/94; 93-13-019 (Order 372), § 246-254-053, filed 6/8/93, effective 7/9/93. Statutory Authority: RCW 43.70.110. 91-22-027 (Order 208), § 246-254-053, filed 10/29/91, effective 11/29/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-254-053, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20B.110. 89-16-064 (Order 2839), § 440-44-050, filed 7/31/89, effective 8/31/89. Statutory Authority: RCW 43.20A.055. 86-08-054 (Order 2359), § 440-44-050, filed 3/28/86. Statutory Authority: Chapter 70.98 RCW and 1985 c 383. 85-20-021 (Order 2283), § 440-44-050, filed 9/23/85. Statutory Authority: RCW 43.20A.055. 85-13-007 (Order 2238), § 440-44-050, filed 6/7/85; 83-12-058 (Order 1965), § 440-44-050, filed 6/1/83. Statutory Authority: 1982 c 201. 82-13-011 (Order 1825), § 440-44-050, filed 6/4/82.]

WAC 246-254-070 Fees for specialized radioactive material licenses. (1) Persons licensed or authorized to possess or use radioactive material in the following special categories shall forward annual fees to the department as follows:

(a) Four thousand nine hundred eighty-four dollars for operation of a single nuclear pharmacy.

(b) Eight thousand five hundred two dollars for operation of a single nuclear laundry.

(c) Eight thousand five hundred two dollars for a license authorizing a single facility to use more than one curie of unsealed radioactive material in the manufacture and distribution of radioactive products or devices containing radioactive material.

(d) Two thousand nine hundred eighty-three dollars for a license authorizing a single facility to use less than or equal to one curie of unsealed radioactive material or any quantity of previously sealed sources in the manufacture and distribution of products or devices containing radioactive material.

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

(f) Five thousand seven hundred four dollars for a license authorizing decontamination services operating from a single facility.

(g) Two thousand seven hundred dollars for a license authorizing waste brokerage including the possession, tem-

porary storage at a single facility, and over-packing only of radioactive waste.

(h) One thousand two hundred three dollars for a license authorizing equipment servicing involving:

(i) Incidental use of calibration sources;

(ii) Maintenance of equipment containing radioactive material; or

(iii) Possession of sealed sources for purpose of sales demonstration only.

(i) Two thousand two hundred fifty-two dollars for a license authorizing health physics services, leak testing, or calibration services.

(j) One thousand four hundred nine dollars for a civil defense license.

(k) Four hundred twenty-four dollars for a license authorizing possession of special nuclear material as pacemakers or depleted uranium as shielding.

(2) Persons licensed or authorized to possess and use radioactive material in the following broad scope categories shall forward annual fees to the department as follows:

(a) Sixteen thousand eight hundred seventy-five dollars for a license authorizing possession of atomic numbers three through eighty-three with maximum authorized possession of any single isotope greater than one curie.

(b) Seven thousand seven hundred ninety-seven dollars for a license authorizing possession of atomic numbers three through eighty-three with maximum authorized possession of any single isotope greater than 0.1 curie but less than or equal to one curie.

(c) Six thousand two hundred sixty-nine dollars for a license authorizing possession of atomic numbers three through eighty-three with maximum authorized possession less than or equal to 0.1 curie.

(3) Persons licensed or authorized to possess or use radioactive material which are not covered by any of the annual license fees described in WAC 246-254-070 through 246-254-100, shall pay fees as follows:

(a) An initial application fee of one thousand dollars;

(b) Billing at the rate of ninety-two dollars fifty cents for each hour of direct staff time associated with issuing and maintaining the license and for the inspection of the license; and

(c) Any fees for additional services as described in WAC 246-254-120.

(d) The initial application fee will be considered a credit against billings for direct staff charges but is otherwise non-refundable.

(4) Persons licensed or authorized to possess or use radioactive material in a facility for radioactive waste processing, including resource recovery, volume reduction, decontamination activities, or other waste treatment, but not permitting commercial on-site disposal, shall pay fees as follows:

(a) A nonrefundable initial application fee for a new license of sixteen thousand dollars which shall be credited to the applicant's quarterly billing described in (b) of this subsection; and

(b) Quarterly billings for actual direct and indirect costs incurred by the department including, but not limited to, license renewal, license amendments, compliance inspec-

tions, a resident inspector for time spent on the licensee's premises as deemed necessary by the department, laboratory and other support services, and travel costs associated with staff involved in the foregoing.

[Statutory Authority: RCW 70.98.080. 01-14-046, § 246-254-070, filed 6/29/01, effective 7/30/01. Statutory Authority: RCW 43.70.250. 00-02-016, § 246-254-070, filed 12/27/99, effective 1/27/00; 99-12-022, § 246-254-070, filed 5/24/99, effective 6/24/99. Statutory Authority: RCW 43.70.110. 98-11-067, § 246-254-070, filed 5/19/98, effective 6/19/98. Statutory Authority: RCW 43.70.110, [43.70.]250 and chapter 70.98 RCW. 96-11-043, § 246-254-070, filed 5/8/96, effective 6/28/96; 95-12-004, § 246-254-070, filed 5/25/95, effective 6/25/95; 94-11-011 § 246-254-070, filed 5/5/94, effective 6/5/94; 93-13-019 (Order 372), § 246-254-070, filed 6/8/93, effective 7/9/93. Statutory Authority: RCW 43.70.110. 91-22-027 (Order 208), § 246-254-070, filed 10/29/91, effective 11/29/91.]

WAC 246-254-080 Fees for medical and veterinary radioactive material licenses. (1) Persons licensed or authorized to possess or use radioactive material in the following medical or veterinary categories shall forward annual fees to the department as follows:

(a) Four thousand two hundred seventeen dollars for operation of a mobile nuclear medicine program from a single base of operation.

(b) Three thousand seventy-five dollars for a license authorizing groups II and III of WAC 246-235-120 for diagnostic nuclear medicine at a single facility.

(c) Two thousand six hundred sixty-four dollars for a license authorizing groups IV and V of WAC 246-235-120 for medical therapy at a single facility.

(d) Four thousand two hundred thirty-eight dollars for a license authorizing groups II or III and groups IV or V of WAC 246-235-120 for full diagnostic and therapy services at a single facility.

(e) Two thousand two hundred seventy-eight dollars for a license authorizing group VI of WAC 246-235-120 for brachytherapy at a single facility.

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

(g) Two thousand one hundred forty-four dollars for a license authorizing medical or veterinary possession of greater than two hundred millicuries total possession of radioactive material at a single facility.

(h) One thousand seven hundred seven dollars for a license authorizing medical or veterinary possession of greater than thirty millicuries but less than or equal to two hundred millicuries total possession of radioactive material at a single facility.

(i) One thousand two hundred fifty-five dollars for a license authorizing medical or veterinary possession of less than or equal to thirty millicuries total possession of radioactive material at a single facility.

(j) One thousand one hundred five dollars for a license authorizing group I as defined in WAC 246-235-120 or in vitro uses of radioactive material at a single facility.

(k) Six hundred ninety dollars for a license authorizing medical or veterinary possession of a sealed source for diagnostic use at a single facility.

(2) Persons with licenses authorizing multiple locations of use shall increase the annual fee by fifty percent for each additional location or base of operation.

[Statutory Authority: RCW 70.98.080. 01-14-046, § 246-254-080, filed 6/29/01, effective 7/30/01. Statutory Authority: RCW 43.70.250. 00-02-016, § 246-254-080, filed 12/27/99, effective 1/27/00; 99-12-022, § 246-254-080, filed 5/24/99, effective 6/24/99. Statutory Authority: RCW 43.70.110. 98-11-067, § 246-254-080, filed 5/19/98, effective 6/19/98. Statutory Authority: RCW 43.70.110, [43.70.]250 and chapter 70.98 RCW. 96-11-043, § 246-254-080, filed 5/8/96, effective 6/28/96; 95-12-004, § 246-254-080, filed 5/25/95, effective 6/25/95; 94-11-011 § 246-254-080, filed 5/5/94, effective 6/5/94; 93-13-019 (Order 372), § 246-254-080, filed 6/8/93, effective 7/9/93. Statutory Authority: RCW 43.70.110. 91-22-027 (Order 208), § 246-254-080, filed 10/29/91, effective 11/29/91.]

WAC 246-254-090 Fees for industrial radioactive material licenses. (1) Persons licensed or authorized to possess or use radioactive material in the following industrial categories shall forward annual fees to the department as follows:

(a) Four thousand nine hundred sixty-eight dollars for a license authorizing the use of radiographic exposure devices in one or more permanent radiographic vaults in a single facility.

(b) Six thousand six hundred fifty-five dollars for a license authorizing the use of radiographic exposure devices at temporary job sites but operating from a single storage facility.

(c) Three thousand two hundred sixty dollars for a license authorizing well-logging activities including the use of radioactive tracers operating from a single storage facility.

(d) Seven hundred six dollars for a license authorizing possession of portable sealed sources including moisture/density gauges and excluding radiographic exposure devices operating from a single storage facility.

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

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

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

(h) Seven thousand one hundred eighteen dollars for a license authorizing possession of sealed sources for a walk-in type irradiator at a single facility.

(i) Six thousand one hundred ninety-seven dollars for a license authorizing possession of greater than one gram of unsealed special nuclear material or greater than five hundred kilograms of source material at a single facility.

(j) One thousand nine hundred eighty-five dollars for a license authorizing possession of less than or equal to one gram of unsealed special nuclear material or five hundred kilograms of source material at a single facility.

(k) Three hundred seventeen dollars for a license authorizing possession of static elimination devices not covered by a general license.

(2) Persons with licenses authorizing multiple locations of permanent storage shall increase the annual fee by fifty percent for each additional location.

(3) Depleted uranium registrants required to file Form RHF-20 shall forward an annual fee of sixty-three dollars fifty cents to the department.

[Statutory Authority: RCW 70.98.080. 01-14-046, § 246-254-090, filed 6/29/01, effective 7/30/01. Statutory Authority: RCW 43.70.250. 00-02-016, § 246-254-090, filed 12/27/99, effective 1/27/00; 99-12-022, § 246-254-090, filed 5/24/99, effective 6/24/99. Statutory Authority: RCW 43.70.110. 98-11-067, § 246-254-090, filed 5/19/98, effective 6/19/98. Statutory Authority: RCW 43.70.110, [43.70.]250 and chapter 70.98 RCW. 96-11-043, § 246-254-090, filed 5/8/96, effective 6/28/96; 95-12-004, § 246-254-090, filed 5/25/95, effective 6/25/95; 94-11-011 § 246-254-090, filed 5/5/94, effective 6/5/94; 93-13-019 (Order 372), § 246-254-090, filed 6/8/93, effective 7/9/93. Statutory Authority: RCW 43.70.110. 91-22-027 (Order 208), § 246-254-090, filed 10/29/91, effective 11/29/91.]

WAC 246-254-100 Fees for laboratory radioactive material licenses. (1) Persons licensed or authorized to possess or use unsealed radioactive material in the following laboratory categories shall forward annual fees to the department as follows:

(a) Three thousand three hundred ninety-four dollars for a license authorizing possession at a single facility of unsealed sources in amounts greater than:

- (i) One millicurie of I-125 or I-131; or
- (ii) One hundred millicuries of H-3 or C-14; or
- (iii) Ten millicuries of any single isotope.

(b) One thousand six hundred eighty-one dollars for a license authorizing possession at a single facility of unsealed sources in amounts:

- (i) Greater than 0.1 millicurie and less than or equal to one millicurie of I-125 or I-131; or
- (ii) Greater than ten millicuries and less than or equal to one hundred millicuries of H-3 or C-14; or
- (iii) Greater than one millicurie and less than or equal to ten millicuries of any single isotope.

(c) One thousand four hundred nine dollars for a license authorizing possession at a single facility of unsealed sources in amounts:

- (i) Greater than 0.01 millicurie and less than or equal to 0.1 millicurie of I-125 or I-131; or
- (ii) Greater than one millicurie and less than or equal to ten millicuries of H-3 or C-14; or
- (iii) Greater than 0.1 millicurie and less than or equal to one millicurie of any other single isotope.

(d) Four hundred eighty-eight dollars for a license authorizing possession at a single facility of unsealed or sealed sources in amounts:

- (i) Less than or equal to 0.01 millicurie of I-125 or I-131; or
- (ii) Less than or equal to one millicurie of H-3 or C-14; or
- (iii) Less than or equal to 0.1 millicurie of any other single isotope.

(e) Six hundred fifty-three dollars for a license authorizing possession at a single facility of large quantities of naturally occurring radioactive material in total concentration not exceeding 0.002 microcurie per gram.

(2) Persons with licenses authorizing multiple locations of use shall increase the annual fee by fifty percent for each additional location.

(3) Persons registered to perform in vitro testing pursuant to Form RHF-15 shall forward an annual fee of sixty-three dollars fifty cents to the department.

[Statutory Authority: RCW 70.98.080. 01-14-046, § 246-254-100, filed 6/29/01, effective 7/30/01. Statutory Authority: RCW 43.70.250. 00-02-016, § 246-254-100, filed 12/27/99, effective 1/27/00; 99-12-022, § 246-254-100, filed 5/24/99, effective 6/24/99. Statutory Authority: RCW 43.70.110. 98-11-067, § 246-254-100, filed 5/19/98, effective 6/19/98. Statutory Authority: RCW 43.70.110, [43.70.]250 and chapter 70.98 RCW. 96-11-043, § 246-254-100, filed 5/8/96, effective 6/28/96; 95-12-004, § 246-254-100, filed 5/25/95, effective 6/25/95; 94-11-011 § 246-254-100, filed 5/5/94, effective 6/5/94; 93-13-019 (Order 372), § 246-254-100, filed 6/8/93, effective 7/9/93. Statutory Authority: RCW 43.70.110. 91-22-027 (Order 208), § 246-254-100, filed 10/29/91, effective 11/29/91.]

WAC 246-254-120 Fees for licensing and compliance actions. (1) In addition to the fee for each radioactive material license as described under WAC 246-254-070, 246-254-080, 246-254-090, and 246-254-100, a licensee shall pay a service fee for each additional licensing and compliance action as follows:

(a) For a second follow-up inspection, and each follow-up inspection thereafter, a fee of ninety-two dollars fifty cents per hour of direct staff time associated with the follow-up inspection, not to exceed nine hundred twenty-five dollars per follow-up inspection. Hours are calculated in half-hour increments.

(b) For each environmental cleanup monitoring visit, a fee of ninety-two dollars fifty cents per hour of direct staff time associated with the environmental cleanup monitoring visit, not to exceed two thousand three hundred fourteen dollars per visit. Hours are calculated in half-hour increments.

(c) For each new license application, the fee of one hundred fifty dollars in addition to the required annual fee.

(d) For each sealed source and device evaluation, a fee of ninety-two dollars fifty cents per hour of direct staff time associated with each sealed source and device evaluation, not to exceed two thousand seven hundred seventy-seven dollars per evaluation.

(e) For review of air emission and environmental programs and data collection and analysis of samples, and review of decommissioning activities by qualified staff in those work units, a fee of ninety-two dollars fifty cents per hour of direct staff time associated with the review. The fee does not apply to reviews conducted by the radioactive materials section staff and does not apply unless the review time would result in a special service charge exceeding ten percent of the licensee's annual fee.

(f) For expedited licensing review, a fee of ninety-two dollars fifty cents per hour of direct staff time associated with the review. This fee only applies when, by the mutual consent of licensee and affected staff, a licensing request is taken out of date order and processed by staff during nonwork hours and for which staff is paid overtime.

(2) The licensee or applicant shall pay any additional service fees at the time of application for a new license or within thirty days of the date of the billing for all other licensing and compliance actions.

(3) The department shall process an application only upon receipt of the new application fee and the annual fee.

(4) The department may take action to modify, suspend, or terminate the license or sealed source and device registra-

tion if the licensee fails to pay the fee for additional licensing and compliance actions billed by the department.

[Statutory Authority: RCW 70.98.080. 01-14-046, § 246-254-120, filed 6/29/01, effective 7/30/01. Statutory Authority: RCW 43.70.110, 43.70.250 and chapter 70.98 RCW. 95-12-004, § 246-254-120, filed 5/25/95, effective 6/25/95; 94-11-011, § 246-254-120, filed 5/5/94, effective 6/5/94; 93-13-019 (Order 372), § 246-254-120, filed 6/8/93, effective 7/9/93. Statutory Authority: RCW 43.70.110. 91-22-027 (Order 208), § 246-254-120, filed 10/29/91, effective 11/29/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-254-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-70-070, filed 12/11/86; 79-12-073 (Order 1459), § 402-70-070, filed 11/30/79, effective 1/1/80.]

Chapter 246-260 WAC WATER RECREATION FACILITIES

WAC

246-260-9901 Fees.

WAC 246-260-9901 Fees. (1) CONSTRUCTION PERMIT FEES. The department establishes the fees listed in Table 990.1 for construction permits for carrying out its duties under WAC 246-260-030.

**TABLE 990.1
CONSTRUCTION PERMIT FEES**

TYPE OF FACILITY	CONSTRUCTION PERMIT PLAN REVIEW FEES
I. Swimming Pools	
(a) 125,000 gallons or more in volume	\$550.00
(b) Greater than 75,000 gallons and less than 125,000 gallons	\$329.00
(c) Greater than 40,000 gallons and less than 75,000 gallons	\$216.00
(d) Less than 40,000 gallons	\$165.00
II. Spa Pools	\$165.00
III. Wading Pools	\$108.00
IV. Spray Pools	\$82.00
V. Alterations, renovations, or modifications to existing swimming, spa, wading or spray pools, not to exceed two-thirds of new construction permit fees, or \$66/hour (which ever is less).	
VI. The fees for multiple pools at the same location will be based upon the highest fee for one facility and two thirds of the fee for each additional facility. For example: The fee for a 100,000 gallon swimming pool, a 60,000 gallon swimming pool, and a spa pool will be: \$329 + \$144 + \$110 = \$583. The fees for a small 30,000 gallon swimming pool and a spa pool will be \$165 + \$110 = \$275.	

(2) OPERATING PERMIT FEES The department establishes the fees listed in Table 990.2 for operating permits for carrying out its duties under WAC 246-260-040.

TABLE 990.2

FEE SCHEDULE OPERATING PERMITS Type + Number of Facilities

	Single Swim Pool	Single Spa Pool	Single Wading Pool	Spray Pool or Pools	Each Additional Swim, Spa, or Wading Pool
Operating Permit 0-6 month	\$282.00	\$247.00	\$205.00	\$102.00	\$61.00
Operating Permit 6-12 months	\$462.00	\$411.00	\$360.00	\$154.00	\$82.00

Other Terms and Conditions:

- (1) The department may charge an additional fee of \$85 plus associated laboratory costs for any inspections beyond those provided under the annual operating permit when necessary due to violations of such items as (a) noncompliance with water quality standards, and (b) failure to comply with operational requirements for health and safety.
- (2) The department may charge an alternate annual fee for an operating permit based on direct and indirect costs associated with issuance of the permit when arrangements are made with local health jurisdictions to administer all or portions of the duties associated with the operating permit. Except, that the fee for this operating permit cannot exceed the cost established by the previous portions of this regulation, but the fee may be less.
- (3) During the first year of development of the operating permit and for new pool facilities built hereafter, or pools temporarily closed (significant period of several months) and reopened, there are provisions for prorating the costs for the operating permits.
- (4) A reduction in fees, up to but not exceeding thirty percent, may be granted by the department when a facility operator can demonstrate a satisfactory level of training in pool safety, water quality, maintenance and operations. The department will develop criteria for such fee reductions within six months of the adoption of this regulation.

- (5) For limited use facilities requiring operating permits which are serving less than fifteen living units, the operating permit shall be fifty percent of the fee. However, reinspection fees when necessary, will be charged as noted in condition (1).
- (6) Fees for multiple facilities at the same physical location shall have a maximum FEE CAP as follows: Seasonal (0-6 months) WRF's: \$750 NOTE: The third and subsequent pool/spa at the same location will be charged \$50 for each such additional pool/spa.
Year around (>6 months) WRF's \$1000 NOTE: The third and subsequent pool/spa at the same physical location will be charged \$65 for each such additional pool/spa.

Examples of Fees Charged:

- (1) If more than one pool at a facility and one is a year-round pool and another is a seasonal pool—year-round pool is base cost, seasonal pool is charged at additional fee charge. For example: Year-round spa = \$411 plus seasonal swimming pool is \$61 = \$472 total operating permits.
- (2) If a single swimming pool and a single spa pool is used at the facility, the fee schedule will include fees as noted. For a 0-6 month permit, the primary fee for the single swimming would be \$282 and the spa pool would be viewed as the second pool at the facility and would have a fee of \$61, total operating permit fees would be \$343.

- (3) If there are 12 pools/spas at a single year-around pool facility, the FEE CAP would apply and the maximum fee of \$1000 would be charged. (\$462 base fee, \$82 for first additional pool/spa, \$65 for the remaining ten year-around pools/spas (10 x \$65 = \$650)) Total fee before fee cap = \$462 + \$82 + \$650 = \$1194. After FEE CAP the total fee = \$1000. If approved training were credited to this facility for the maximum 30% discount, the 30% would be applied to the FEE CAP fee of \$1000; \$1000 - 30% = \$700.

[Statutory Authority: RCW 43.70.250, 70.90.150, and 43.20B.250. 01-14-047, § 246-260-9901, filed 6/29/01, effective 7/30/01. Statutory Authority: RCW 70.90.150 and 43.20B.020. 94-11-056, § 246-260-9901, filed 5/11/94, effective 6/11/94.]

Chapter 246-282 WAC SANITARY CONTROL OF SHELLFISH

WAC

246-282-001	Scope and purpose.
246-282-005	Minimum performance standards.
246-282-010	Definitions.
246-282-012	Certificates of approval—Operation licenses, harvest site certificates.
246-282-014	Operating provisions.
246-282-016	Aquaculture.
246-282-020	Growing areas.
246-282-030	Repealed.
246-282-032	Relay permit.
246-282-034	Wild seed permit.
246-282-036	Bait permit.
246-282-040	Repealed.
246-282-042	Wet storage permit.
246-282-050	Packing, handling, and storing of shucked shellfish.
246-282-060	Personal health and cleanliness.
246-282-070	Construction and maintenance.
246-282-080	Identification and records.
246-282-082	Export certificate.
246-282-090	Repealed.
246-282-092	Inspection by department.
246-282-100	Notice of decision—Adjudicative proceeding.
246-282-102	Denial, revocation, suspension of license, certificate, or permit—Civil penalties.
246-282-104	Penalty assignment—Calculation of penalty and proportionate adjustment—Aggravating and mitigating factors.
246-282-110	Administrative provisions.
246-282-120	Penalty clause.
246-282-130	Separability clause.
246-282-990	Fees.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-282-030	Storage, cleansing and washing and shipping of shellstock. [Statutory Authority: RCW 69.30.030. 92-02-019 (Order 225B), § 246-282-030, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-282-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 69.30.030. 78-08-059 (Order 163), § 248-58-020, filed 7/24/78; Regulation 58.020, effective 3/11/60.] Repealed by 01-04-054, filed 2/5/01, effective 3/8/01. Statutory Authority: RCW 69.30.030 and 43.20.030.]
246-282-040	Shucking of shellfish. [Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-282-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 69.30.030. 78-08-059 (Order 163), § 248-58-030, filed 7/24/78; Regulation 58.030, effective 3/11/60.] Repealed by 01-04-054, filed 2/5/01, effective 3/8/01. Statutory Authority: RCW 69.30.030 and 43.20.030.]
246-282-090	Certificate of compliance—Certificate of approval—Suspension for revocation of certificate of approval—Licensure—Revocation of license. [Statutory Authority: RCW 69.30.030. 92-02-019 (Order 225B), § 246-282-090, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-282-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 69.30.030. 78-08-059 (Order 163), § 248-58-080, filed 7/24/78; Regulation 58.080, effective 3/11/60.] Repealed by 01-04-054, filed 2/5/01, effective 3/8/01. Statutory Authority: RCW 69.30.030 and 43.20.030.]

filed as § 246-282-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 69.30.030 and 43.20.050. 85-21-048 (Order 296), § 248-58-080, filed 10/14/85. Statutory Authority: RCW 69.30.030. 78-08-059 (Order 163), § 248-58-080, filed 7/24/78; Regulation 58.080, effective 3/11/60.] Repealed by 01-04-054, filed 2/5/01, effective 3/8/01. Statutory Authority: RCW 69.30.030 and 43.20.030.]

WAC 246-282-001 Scope and purpose. These requirements, as authorized under chapter 69.30 RCW, establish minimum performance standards for the growing, harvesting, processing, packing, storage, transporting, and selling of shellfish for human consumption. These requirements do not apply to persons who conduct activities limited to:

(1) Retail food service, in compliance with the requirements of chapter 246-215 WAC, Food service;

(2) Personal use, in compliance with requirements of chapters 77.32 RCW, Licenses, and 77.15 RCW, Fish and wildlife enforcement code; and

(3) Transporting as a common carrier of freight.

[Statutory Authority: RCW 69.30.030 and 43.20.030. 01-04-054, § 246-282-001, filed 2/5/01, effective 3/8/01. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-282-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 69.30.030. 78-08-059 (Order 163), § 248-58-001, filed 7/24/78; Regulation 58.001, effective 3/11/60.]

WAC 246-282-005 Minimum performance standards. (1) Any person engaged in a shellfish operation or possessing a commercial quantity of shellfish or any quantity of shellfish for sale for human consumption must comply with and is subject to:

(a) The requirements of the 1999 National Shellfish Sanitation Program (NSSP) Model Ordinance, published by the United States Department of Health and Human Services, Public Health Service, Food and Drug Administration (copies available through the U.S. Food and Drug Administration, Shellfish Sanitation Branch, and the Washington state department of health, office of food safety and shellfish programs);

(b) The provisions of 21 Code of Federal Regulations (CFR), Part 123 - Fish and Fishery Products, adopted December 18, 1995, by the United States Food and Drug Administration, regarding Hazard Analysis Critical Control Point (HACCP) plans (copies available through the U.S. Food and Drug Administration, Office of Seafood, and the Washington state department of health, office of food safety and shellfish programs); and

(c) All other provisions of this chapter.

(2) If a requirement of the NSSP Model Ordinance or a provision of 21 CFR, Part 123, is inconsistent with a provision otherwise established under this chapter or other state law or rule, then the more stringent provision, as determined by the department, will apply.

[Statutory Authority: RCW 69.30.030 and 43.20.030. 01-04-054, § 246-282-005, filed 2/5/01, effective 3/8/01. Statutory Authority: RCW 69.30.030. 98-18-066, § 246-282-005, filed 8/31/98, effective 10/1/98; 98-03-096, § 246-282-005, filed 1/21/98, effective 2/21/98; 96-18-096, § 246-282-005, filed 9/4/96, effective 10/5/96; 94-23-026, § 246-282-005, filed 11/8/94, effective 12/9/94.]

WAC 246-282-010 Definitions. The following definitions, as well as those in the NSSP Model Ordinance, apply in

the interpretation and the implementation of these rules and regulations.

(1) "Abatement" means an action or series of actions to eliminate a public health hazard or reduce it to a level acceptable to the secretary.

(2) "Approved" means acceptable to the secretary based on the department's determination as to conformance with appropriate standards and good public health practice.

(3) "Approved laboratory" means a laboratory that is in conformance with requirements of the NSSP Model Ordinance.

(4) "Certificate of approval" means a license issued by the department.

(5) "Civil penalty" means a monetary penalty administratively issued by the secretary. It does not include any criminal penalty; damage assessment; wages, premiums, or taxes owed; or interest or late fees on any existing obligation.

(6) "Commercial quantity" means any quantity exceeding:

- (a) Forty pounds of mussels;
- (b) One hundred oysters;
- (c) Fourteen horse clams;
- (d) Six geoducks; or
- (e) Fifty pounds of other hard or soft shell clams; or
- (f) Fifty pounds of scallops.

(7) "Cultch" means any material, other than live shellfish, used for the attachment of seed shellfish.

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

(9) "Export certificate" means a certificate issued by the department to a licensed shucker-packer or shellstock shipper for use in the foreign export of a lot or shipment of shellfish.

(10) "Harvest" means the act of removing shellstock from a harvest site and its placement on or in a container for transport.

(11) "Harvester" means a shellfish operation with activities limited to growing shellstock, placing shellstock in a container, harvesting shellstock, transporting shellstock within Washington state, and delivering shellstock to a shellfish dealer licensed by the department within four hours of landing it. A harvester does not process shellfish, ship shellfish outside of Washington state, sell shellfish outside of Washington state, sell shellfish to retail outlets, shuck shellfish, repack shellfish, or store shellfish in any location outside of the approved growing area from where the shellfish is harvested.

(12) "Harvest site" means an area of intertidal or subtidal property within a commercial shellfish growing area, that is described by a unique county parcel number, department of fish and wildlife tract number, department of fish and wildlife catch area number, tribal identification number, or other government identification.

(13) "Harvest site certificate" means a type of certificate of approval that designates one or more harvest sites approved for the harvesting of shellfish.

(14) "Hatchery" means an operation where shellfish larvae are produced and grown to the first sessile stage of life.

(15) "Notice of correction" means a document issued by the department that describes a condition or conduct that is not in compliance with chapter 69.30 RCW, this chapter, or the NSSP Model Ordinance and is not subject to civil penalties as provided for in RCW 43.05.110. It is not a formal enforcement action and is not subject to appeal. It is a public record.

ties as provided for in RCW 43.05.110. It is not a formal enforcement action and is not subject to appeal. It is a public record.

(16) "Nursery" means an operation where shellfish are grown from an early sessile stage of life up to a maximum size meeting the definition of shellfish seed.

(17) "Number of previous violations" means the number of prior violations of the same or a similar nature for which the department has taken a license action or assessed a civil penalty.

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

(19) "Person in charge" means an individual responsible for the supervision of employees and the management of any shellfish operation.

(20) "Public health threat" is either:

(a) "Low," which means a violation that poses a minor possibility of direct or indirect hazard to public health;

(b) "Intermediate," which means a violation that poses a moderate possibility of direct or indirect hazard to public health; or

(c) "High," which means a violation that poses a known significant hazard or possibility of significant direct or indirect hazard to public health.

(21) "Sale" means to sell; offer for sale; barter; trade; deliver; consign; hold for sale, consignment, barter, trade, or delivery; and/or possess with intent to sell or dispose of in a commercial manner.

(22) "Secretary" means the secretary of the department of health or the secretary's authorized representative.

(23) "Seed" means shellfish that are less than market size for human consumption and have a maximum shell length of:

- (a) Thirteen millimeters (1/2 inch) for mussels;
- (b) Twenty-five millimeters (1 inch) for scallops;
- (c) Nineteen millimeters (3/4 inch) for Olympia oysters;
- (d) Nineteen millimeters (3/4 inch) for Kumamoto oysters;

(e) Fifty-one millimeters (2 inches) for other oyster species;

(f) Thirty-eight millimeters (1 and 1/2 inch) for geoducks; and

(g) Thirteen millimeters (1/2 inch) for other clam species.

(24) "Shellfish" means all varieties of fresh or fresh-frozen oysters, clams, scallops or mussels, either shucked or in the shell, and all fresh or fresh-frozen edible products thereof.

(25) "Shellfish dealer" means a person with a shellstock shipper or shucker-packer license.

(26) "Shellfish growing area" means the lands and waters in and upon which shellfish are grown for harvesting in commercial quantities or for sale for human consumption.

(27) "Shellfish operation" means growing, placing in a container, harvesting, transporting, processing, culling, shucking, packing, and repacking, storing, shipping, or reshipping of shellfish in commercial quantities or for sale for human consumption.

(28) "Shellfish operation license" means a type of certificate of approval applying to the overall activities of a shellfish operation.

(29) "Shellstock shipper" means a shellfish operation that does not shuck shellfish or repack shucked shellfish.

(30) "Shucker-packer" means a shellfish operation that may shuck and pack shellfish.

(31) "Technical assistance" means information provided by the department to a person regarding chapter 69.30 RCW; this chapter; technologies or other methods to achieve compliance with these rules; assistance in applying for a departmental license or permit required by these rules; or the goals and objectives of these rules. This is not intended to modify the definition of "technical assistance" as provided in RCW 43.05.010(3).

(32) "Violation" means the commission of an act or acts prohibited by the provisions of chapter 69.30 RCW, these rules, or the NSSP Model Ordinance.

(33) "Wet storage" means the temporary storage of shellstock in containers or floats in natural bodies of water or in tanks containing natural or synthetic seawater.

(34) "Wild seed" means naturally set seed shellfish.

[Statutory Authority: RCW 69.30.030 and 43.20.030. 01-04-054, § 246-282-010, filed 2/5/01, effective 3/8/01. Statutory Authority: RCW 69.30.030. 92-02-019 (Order 225B), § 246-282-010, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-282-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 69.30.030 and 43.20.050. 85-21-048 (Order 296), § 248-58-005, filed 10/14/85. Statutory Authority: RCW 69.30.030. 78-08-059 (Order 163), § 248-58-005, filed 7/24/78.]

WAC 246-282-012 Certificates of approval—Operation licenses, harvest site certificates. (1) The department issues two types of certificates of approval to persons who conduct shellfish operations. They are shellfish operation licenses and harvest site certificates.

(2) Any person who possesses a commercial quantity of shellfish or any quantity of shellfish for sale for human consumption must possess, or act on behalf of a person who possesses, a valid shellfish operation license. To obtain a shellfish operation license, a person must:

(a) Submit to the department a completed application on a form developed by the department;

(b) Submit to the department an acceptable written plan of operations that completely describes the shellfish operation;

(c) Pass a preoperational inspection demonstrating compliance with chapter 69.30 RCW, this chapter, and the NSSP Model Ordinance; and

(d) Pay the department any shellfish operation license fee required by this chapter.

(3) Any person who harvests a commercial quantity of shellfish or any quantity of shellfish for sale for human consumption must possess, or act on behalf of a person who possesses, a valid harvest site certificate. In order for a person to obtain a harvest site certificate, all of the following requirements must be met.

(a) The person possesses a valid shellfish operation license.

(b) The person submits to the department a completed application that describes the following characteristics of the site:

(i) Geographic location;

(ii) Map showing legal boundaries;

(iii) Unique government identification number, such as county parcel number, department of fish and wildlife tract number, department of fish and wildlife catch area number, or tribal identification number; and

(iv) Documentation of legal ownership or lease for shellfish harvesting.

(c) The harvest site is in a growing area that meets the requirements of chapter 69.30 RCW, this chapter, and the NSSP Model Ordinance for a commercial shellfish growing area.

(d) The harvest site is not impacted by any actual or potential sources of pollution.

(e) The harvest site passes a pollution assessment inspection conducted by the department if necessary to determine if the site is impacted by any actual or potential sources of pollution.

(f) The person signs the current conditionally approved area management plan, if applicable.

(g) The person pays the department any harvest site application fee required by this chapter.

(4) All shellfish operation licenses and harvest site certificates for shellfish dealers expire on the thirtieth day of September each year. All shellfish operation licenses and harvest site certificates for harvesters expire on the thirty-first day of March each year, beginning in 2002.

[Statutory Authority: RCW 69.30.030 and 43.20.030. 01-04-054, § 246-282-012, filed 2/5/01, effective 3/8/01.]

WAC 246-282-014 Operating provisions. (1) Any person who possesses a commercial quantity of shellfish or any quantity of shellfish for sale for human consumption must display a photocopy or original of a valid shellfish operation license, upon request, to any authorized representative of the department, a fish and wildlife patrol officer, or an ex officio patrol officer. Failure to do so subjects the person to the penalty provisions of this chapter, as well as immediate seizure of the shellfish by the representative or officer.

(2) Any person who harvests a commercial quantity of shellfish or any quantity of shellfish for sale for human consumption must display a photocopy or original of a valid harvest site certificate, upon request, to any authorized representative of the department, a fish and wildlife patrol officer, or an ex officio patrol officer. Failure to do so subjects the person to the penalty provisions of this chapter, as well as immediate seizure of the shellfish by the representative or officer.

(3) Any person who places a commercial quantity of shellfish or any quantity of shellfish for sale for human consumption in containers at a harvest site must do so only at a site for which the person possesses a valid harvest site certificate.

(4) The owner(s) of a shellfish operation must designate an individual as the person in charge of the operation. The owner(s) of a shellfish operation that includes one or more harvest sites may designate a different individual as the person in charge of the operation's harvest site(s) than the individual designated as the person in charge of all other phases of the shellfish operation.

(5) The owner(s) and the designated person in charge of a shellfish operation must:

(a) Ensure that at least one individual harvesting shellfish on behalf of the operation at each harvest site carry a copy of both the operation license and the harvest site certificate designating that the site is approved by the department for harvesting by that operation;

(b) Furnish shellfish tags meeting the requirements of chapter 69.30 RCW, these rules, and the NSSP Model Ordinance to those individuals harvesting on behalf of the operation;

(c) Ensure, by supervision at harvest sites or other adequate means, that those individuals working on behalf of the operation harvest only from harvest sites approved by the department for the operation; and

(d) Notify the department if an owner or person in charge has reason to believe that any individual is using the operation's tags, shellfish operation license, or harvest site certificate for any purpose other than one approved by the department.

(6) The designated person in charge of a shellfish operation must have a functioning telephone message device or service issued by a telephone service provider to the owner(s) or person in charge. The person in charge must:

(a) Monitor the device or service each day that the shellfish operation is active, regarding messages from the department about emergency closure of harvest areas or recall of shellfish products; and

(b) Notify the department whenever the telephone number used for this purpose changes; or

(c) Maintain another equivalent method of contact with the department approved in the plan of operations.

[Statutory Authority: RCW 69.30.030 and 43.20.030. 01-04-054, § 246-282-014, filed 2/5/01, effective 3/8/01.]

WAC 246-282-016 Aquaculture. Any person who conducts an aquaculture operation and is in possession of a commercial quantity of shellfish or any quantity of shellfish for sale for human consumption must meet all requirements of this chapter, except such person is exempt from all requirements of this chapter for the purpose of conducting aquaculture activities limited to the following:

(1) A hatchery operation; or

(2) A nursery operation handling only seed that is obtained from a hatchery.

[Statutory Authority: RCW 69.30.030 and 43.20.030. 01-04-054, § 246-282-016, filed 2/5/01, effective 3/8/01.]

WAC 246-282-020 Growing areas. (1) Any person who harvests a commercial quantity of shellfish or any quantity of shellfish for sale for human consumption must do so only from a harvest site that meets one or more of the following conditions:

(a) The department has classified the growing area as "approved" or "conditionally approved," according to provisions of the NSSP Model Ordinance and the harvest site is in open status at the time of harvest;

(b) The department has approved the harvest site according to provisions of a permit for relay, wild seed, or bait;

(c) The harvest site is used for shellfish activities limited to a hatchery or a nursery operation handling only seed obtained from a hatchery; or

(d) The harvest site is used for shellfish activities limited to the initial harvest of seed attached to containerized empty shellfish shells or other cultch material.

(2) The department classifies a shellfish growing area as "restricted" or "prohibited" according to provisions of the NSSP Model Ordinance. However, the department considers classifying a harvest site as "restricted" only when the department has received a valid application for a permit for relay or wild seed harvest from the site.

(3) While a harvest site is in closed status, no person may move shellfish from it to a location outside of the harvest site or above the mean low tide line of the harvest site, unless the department has approved:

(a) Harvesting shellfish by that person from the site according to provisions of a permit for relay, wild seed harvest, or bait harvest; or

(b) Moving shellfish by that person from the site to another site in a natural body of water within the same "conditionally approved" growing area under a written plan of operations.

(4) Harvesting is prohibited from all growing areas unclassified by the department.

[Statutory Authority: RCW 69.30.030 and 43.20.030. 01-04-054, § 246-282-020, filed 2/5/01, effective 3/8/01. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-282-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 69.30.030 and 43.20.050. 85-21-048 (Order 296), § 248-58-010, filed 10/14/85. Statutory Authority: RCW 69.30.030. 78-08-059 (Order 163), § 248-58-010, filed 7/24/78; Regulation 58.010, effective 3/11/60.]

WAC 246-282-030 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-282-032 Relay permit. (1) The department will issue a relay permit to a person to move shellfish from a harvest site in a growing area classified as "restricted" or "conditionally approved" in closed status meeting the criteria for "restricted" classification, if all of the following conditions are met.

(a) The person possesses a valid shellfish operation license.

(b) The person possesses a valid harvest site certificate listing both the initial harvest site and the grow-out site.

(c) The initial harvest site and grow-out site meet the requirements for relay specified in this chapter and the NSSP Model Ordinance.

(d) The person submits a completed written application and plan of operations approved by the department completely describing the procedures and conditions of the relay operation.

(e) The person conducts and documents a separate validation study approved by the department for each of the following periods of time when shellfish will be relayed:

(i) May 1 through October 31; and

(ii) November 1 through April 30.

(f) The person pays the department a relay permit application fee or renewal fee as required by this chapter.

(2) Each validation study for a relay permit must demonstrate that shellfish harvested from a specified initial site do not contain excessive levels of fecal coliform bacteria and when relayed to a specified grow-out site for a specified time

period consistently purge themselves of bacteria to approved levels. Each validation study must meet all of the following conditions.

(a) It must document that the geometric mean fecal coliform bacteria level in a minimum of five 100-gram tissue samples, representative of shellfish of the same species in the entire initial harvest site, is equal to or less than 1300, with no sample having more than 2300.

(b) It must document that specified relay procedures, times, and environmental conditions reduce fecal coliform bacteria in a minimum of five 100-gram tissue samples, representative of the entire lot of shellfish relayed, to levels that are equal to or less than:

(i) 330, with no more than two samples having greater than 230; or

(ii) Ten percent greater than the geometric mean of a minimum of five 100-gram tissue samples representative of the same shellfish species grown continuously for a minimum of six months at the grow-out site.

(c) It must be repeated a minimum of once every twelve years for a continuing operation and whenever relay conditions change.

(d) All samples must be analyzed by an approved laboratory.

(3) A person operating under a relay permit must follow all procedures in the plan of operations approved by the department, including:

(a) Staking or marking the grow-out site to be easily identified by the person until the minimum relay period of time is passed;

(b) Considering the beginning of the minimum relay time period for a lot to be the moment that the last part of the lot is added to the grow-out site;

(c) Relaying shellfish to a designated grow-out site for a minimum of seven days, or longer period of time as approved by the department; and

(d) Keeping records for each relayed lot of shellfish that show a lot identification number; the species, location, date, and quantity moved from the initial harvest site; the grow-out location; and the date of first harvest of any of those shellfish from the grow-out site.

(4) For each lot of shellfish relayed to a site for a grow-out period of less than fourteen days, a person must:

(i) Collect at least one sample from the shellfish lot at the initial harvest site and have it analyzed by an approved laboratory to demonstrate that the lot contains no more than 2300 fecal coliform bacteria per 100 grams of shellfish tissue; and

(ii) Collect at least one sample from the shellfish lot at the grow-out site at the end of the relay period and have it analyzed by an approved laboratory to demonstrate that the lot contains fecal coliform bacteria within the maximum limits determined by a validation study, as described in subsection (2)(b) of this section, before releasing control of the shellfish lot.

(5) A person is exempt from any fees for an initial application and a validation study conducted by the department for a relay permit for the purpose of relaying shellfish from a growing area that the department downgraded from a classification of "approved" or "conditionally approved" to "restricted" within the previous twenty-four months.

(6) A person's relay permit expires on the same date as the person's shellfish operation license.

(7) A person is exempt from the provisions of subsection (1) (e) of this section for the purpose of relaying shellfish to an approved grow-out site for a minimum of six months.

(8) A person possessing a valid shellfish operation license may act as an agent for another person possessing a valid shellfish relay permit for the purpose of harvesting shellfish from the initial harvest site specified in the permit, provided that the agent conducting the harvest is:

(a) Documented in the permit;

(b) In possession of a copy of the permit at the time of harvest; and

(c) Conducting activities described in the written plan of operations approved by the department for the agent's shellfish operation.

[Statutory Authority: RCW 69.30.030 and 43.20.030. 01-04-054, § 246-282-032, filed 2/5/01, effective 3/8/01.]

WAC 246-282-034 Wild seed permit. (1) The department will issue a wild seed permit to a person to move shellfish from a harvest site in a growing area classified by the department as "conditionally approved" in closed status, "restricted," or "prohibited," if all of the following conditions are met.

(a) The person possesses a valid shellfish operation license.

(b) The person possesses a harvest site certificate listing both the initial harvest site for the seed and the grow-out site.

(c) The original harvest site has acceptable levels of poisonous chemicals, is not in an area known to be a hazardous chemical disposal site, and is not in a closure zone of a wastewater treatment plant or marina.

(d) The grow-out site is in a natural body of water classified by the department as "approved" or "conditionally approved."

(e) The person submits a completed written application and plan of operations approved by the department completely describing the procedures of the wild seed operation, including the size distribution of the seed.

(f) The person pays the department a wild seed permit application fee or renewal fee as required by this chapter.

(2) A person operating under a wild seed permit must:

(a) Follow all procedures in the plan of operations approved by the department;

(b) Harvest seed from an area classified as "prohibited" only during daylight hours;

(c) Harvest seed from an area classified as "prohibited" only under direct monitoring by a person approved by the department;

(d) Leave seed in a grow-out site for a minimum of six months before final harvest;

(e) Limit harvest of live shellfish larger than seed size attached to, or commingled with, the seed to less than five percent of the total number of the shellfish harvested from the site;

(f) Place any live shellfish larger than seed size attached to, or commingled with, the seed in the grow-out site for a minimum of six months after initial harvest;

(g) Stake or mark the grow-out site to be easily identified by the person for a minimum of six months from the time of moving to the site any seed attached to, or commingled with, shellfish larger than seed size; and

(h) Keep records for each lot of seed harvested that show a lot identification number; the species, location, date, and quantity moved from the initial harvest site; the grow-out location; and the date of first harvest of any of those shellfish from the grow-out site.

(3) A person's wild seed permit expires on the same date as the person's shellfish operation license.

(4) A person is exempt from the requirements of this section for the activity of harvesting seed attached to containerized empty shellfish shells or other cultch material, provided that the person:

(a) Meets the conditions of subsection (1)(a) through (d) of this section;

(b) Leaves the seed in the grow-out site for a minimum of six months before final harvest; and

(c) Fully describes the seed harvest and grow-out activities in a written plan of operations approved by the department for the person's shellfish operation license.

[Statutory Authority: RCW 69.30.030 and 43.20.030. 01-04-054, § 246-282-034, filed 2/5/01, effective 3/8/01.]

WAC 246-282-036 Bait permit. (1) The department will approve and issue a bait permit to a person to harvest shellfish from a harvest site in a growing area classified by the department as "prohibited," "restricted," or "conditionally approved" in closed status if all of the following conditions are met.

(a) The person possesses a valid shellfish operation license.

(b) The person possesses a valid harvest site certificate for the site.

(c) The harvest site is not impacted by biotoxin levels that would cause the department to close it for harvest for human consumption.

(d) The person submits a completed written application and plan of operations approved by the department completely describing the procedures of the bait operation.

(e) The person pays the department a bait permit application fee or renewal fee as required by this chapter.

(2) A person operating under a bait permit must:

(a) Follow all procedures in the plan of operations approved by the department;

(b) Harvest bait from an area classified as "prohibited" only during daylight hours;

(c) Harvest bait from an area classified as "prohibited" only under direct monitoring by a person approved by the department;

(d) Completely immerse the shellfish in an approved dye that imparts an easily noticeable permanent color to the tissue immediately upon landing the shellfish;

(e) Label each container of shellfish "NOT FOR HUMAN CONSUMPTION - BAIT USE ONLY" prior to removal from the harvest site;

(f) Store the shellfish physically separated from any shellfish intended for human consumption; and

(g) Keep records for each lot of shellfish harvested for use as bait showing a lot identification number, the species, the harvest site, the harvest date, the quantity harvested, the names of all buyers, and the quantity sold to each buyer.

(3) A person's bait permit expires on the same date as the person's shellfish operation license.

(4) Any person possessing a commercial quantity of bait shellfish is exempt from the requirement to obtain a bait permit provided that the person:

(a) Obtains the shellfish from a person with a valid bait permit;

(b) Possesses a sales invoice for the shellfish from a person with a valid bait permit; and

(c) Maintains each container of shellfish prominently labeled "NOT FOR HUMAN CONSUMPTION - BAIT USE ONLY."

[Statutory Authority: RCW 69.30.030 and 43.20.030. 01-04-054, § 246-282-036, filed 2/5/01, effective 3/8/01.]

WAC 246-282-040 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-282-042 Wet storage permit. (1) Any person who wet stores a commercial quantity of shellfish or any quantity of shellfish for sale for human consumption must have a written plan of operations, approved by the department, completely describing the activity.

(2) A person licensed as a harvester may wet store only in a natural body of water that is part of the same growing area as the harvest site of the shellfish.

(3) Any person who operates a recirculating or flow-through wet storage system must possess a wet storage permit issued by the department. A wet storage permit will be issued to a person for a recirculating or flow-through wet storage system if the person:

(a) Possesses a valid shellfish operation license;

(b) Submits a completed written application and plan of operations to the department completely describing the procedures of the wet storage operation;

(c) Documents that the water used for the operation meets the requirements of the NSSP Model Ordinance;

(d) Passes an inspection by the department; and

(e) Pays the department a wet storage application fee or renewal fee as required by this chapter.

(4) If a person uses a natural body of water for a wet storage operation, the person must possess a valid harvest site certificate listing the body of water.

(5) If a person uses artificial seawater for a wet storage operation, the chemicals used to make the seawater must be approved food grade.

(6) A person operating under a wet storage permit must follow all procedures in the plan of operations approved by the department.

(7) A person's wet storage permit expires on the same date as the person's shellfish operation license.

[Statutory Authority: RCW 69.30.030 and 43.20.030. 01-04-054, § 246-282-042, filed 2/5/01, effective 3/8/01.]

WAC 246-282-050 Packing, handling, and storing of shucked shellfish. (1) Any person who packs, handles, or

stores shucked shellfish must maintain it at an internal product temperature of forty-five degrees Fahrenheit or less beginning within three hours after it is shucked.

(2) Any person who operates a shucked shellfish repacking plant must meet all the requirements specified in this chapter and the NSSP Model Ordinance for packing plants.

[Statutory Authority: RCW 69.30.030 and 43.20.030. 01-04-054, § 246-282-050, filed 2/5/01, effective 3/8/01. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-282-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 69.30.030. 78-08-059 (Order 163), § 248-58-040, filed 7/24/78; Regulation 58.040, effective 3/11/60.]

WAC 246-282-060 Personal health and cleanliness.

(1) Any person ill with or the carrier of a communicable disease which is transmissible through food and is in the infectious stage may not work in any growing area, shucking, packing or repacking plant in any capacity where that person might contaminate the shellfish or food contact surfaces with pathogenic organisms. The owner, the person in charge, and the employee are all responsible for compliance with the requirements of this section.

(2) Any person who is an owner, a person in charge, or an employee of a shellfish operation must practice good personal cleanliness while handling shellfish. These persons must wash their hands thoroughly with soap and water before starting to handle shellfish and as often as is necessary to remove filth and soil that might contaminate shellfish.

(3) If the department determines by investigation that an owner or employee of a shellfish operation might be the source of a foodborne illness transmitted through shellfish, then the secretary may require medical examination of that person and laboratory examination of clinical specimens from that person to determine presence of infection. Any person failing to obtain an examination required by the secretary may not work for a shellfish operation, for a period of time the department determines that person could be infectious, in any capacity that could result in contamination of shellfish with pathogenic organisms.

[Statutory Authority: RCW 69.30.030 and 43.20.030. 01-04-054, § 246-282-060, filed 2/5/01, effective 3/8/01. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-282-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 69.30.030. 78-08-059 (Order 163), § 248-58-050, filed 7/24/78; Regulation 58.050, effective 3/11/60.]

WAC 246-282-070 Construction and maintenance.

(1) All owners and persons in charge of shellfish operations must arrange their physical facilities to aid in the flow of shellfish products through all handling, processing, and storage areas in a manner that will minimize contamination of the shellfish.

(2) Any owner of a shellfish operation must submit to the department for consultation properly prepared plans and specifications of physical facilities for shellfish processing or sanitation activities at least thirty days before the facilities are:

- (a) Originally constructed;
- (b) Converted from another use; or

(c) Extensively remodeled to the extent that a plan for a building permit is required by the city or county where located.

(3) The department will review properly prepared plans and specifications of physical facilities for shellfish processing or sanitation activities required by subsection (2) of this section within thirty days of receipt and provide technical assistance to the owner of the shellfish operation regarding whether the proposed physical facilities would meet the requirements of this chapter.

[Statutory Authority: RCW 69.30.030 and 43.20.030. 01-04-054, § 246-282-070, filed 2/5/01, effective 3/8/01. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-282-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 69.30.030. 78-08-059 (Order 163), § 248-58-060, filed 7/24/78; Regulation 58.060, effective 3/11/60.]

WAC 246-282-080 Identification and records. (1)

Any person who possesses a commercial quantity of shellfish or any quantity of shellfish for sale for human consumption must possess a written record documenting that the shellfish came from one or more of the following sources:

(a) Harvest site(s) for which the person possesses a valid harvest site certificate;

(b) Another shellfish operation licensed by the department; or

(c) A shellfish dealer located outside of the state who is in compliance with the requirements of the NSSP Model Ordinance and is eligible for inclusion on the current Interstate Certified Shellfish Shippers List, published by the U.S. Food and Drug Administration.

(2) Any person who possesses a commercial quantity of shellstock or any quantity of shellstock for sale for human consumption must identify the shellstock by an approved tag with permanent marking, according to requirements of the NSSP Model Ordinance, upon removal from the harvest site.

(3) Any person who packs a commercial quantity of shucked shellfish or any quantity of shucked shellfish for sale for human consumption must do so in approved containers that are legibly labeled by permanent marking, in accordance with the requirements of the NSSP Model Ordinance and with:

(a) Wording equivalent to "keep refrigerated" on containers of fresh shellfish; and

(b) Wording equivalent to "keep frozen" on containers of frozen shellfish.

(4) The owner or person in charge of a shellfish operation must keep accurate records of all lots of shellfish harvested, received, wet stored, shucked, packed, shipped, or sold by the shellfish operation for a minimum of three years.

(5) Information recorded by the harvester-shipper shall include: (a) Location of harvesting area(s) by name or code, (b) name and quantity of shellfish, (c) date of harvest, (d) date shipped.

(6) All tags for shellstock and labels for containers of shucked shellfish required by this section must be used only for the original lot of shellfish for which they were intended and must not be reused.

[Statutory Authority: RCW 69.30.030 and 43.20.030. 01-04-054, § 246-282-080, filed 2/5/01, effective 3/8/01. Statutory Authority: RCW 69.30.030. 92-02-019 (Order 225B), § 246-282-080, filed 12/23/91, effective 3/11/60.]

tive 1/23/92. Statutory Authority: RCW 43.20.050, 91-02-051 (Order 124B), recodified as § 246-282-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 69.30.030, 78-08-059 (Order 163), § 248-58-070, filed 7/24/78; Regulation 58.070, effective 3/11/60.]

WAC 246-282-082 Export certificate. The department will issue an export certificate to a shellfish dealer for a specific lot of shellfish if the dealer:

- (1) Is exporting the lot to an Asian country that requires a production certificate from a governmental health authority;
- (2) Possesses a shellfish operation license issued by the secretary;
- (3) Is in compliance with the requirements of chapter 69.30 RCW, this chapter, and the NSSP Model Ordinance;
- (4) Completes an application specified by the department;
- (5) Documents use of each export certificate as specified by the department; and
- (6) Pays the department any fee for each export certificate required by this chapter.

[Statutory Authority: RCW 69.30.030 and 43.20.030, 01-04-054, § 246-282-082, filed 2/5/01, effective 3/8/01.]

WAC 246-282-090 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-282-092 Inspection by department. (1) The department enters and inspects any harvest site, physical facility, vehicle or vessel used by a shellfish operation as often as necessary to determine compliance with chapter 69.30 RCW, this chapter, and the NSSP Model Ordinance.

- (2) The department inspects each shellfish operation:
 - (a) A minimum of once per year;
 - (b) Before issuing a new shellfish operation license to a person;
 - (c) Before a shellfish operation uses any physical facility for the first time; and
 - (d) Before the shellfish operation uses any extensively remodeled physical facility.
- (3) If the department determines by inspection that an owner, person in charge, or any person working on behalf of the shellfish operation is in violation of any of the requirements of chapter 69.30 RCW, this chapter, or the NSSP Model Ordinance, then the department may conduct a reinspection of the shellfish operation. If the same violation is identified by the department during the reinspection, then another reinspection may be conducted by the department within one month. The department may charge the owner of a shellfish operation a fee for a second or subsequent reinspection.

(4) If necessary to conduct an inspection, then the department may apply to a court of competent jurisdiction for an administrative warrant in accordance with RCW 69.30.120.

(5) During inspections, the department has free and unimpeded access to any of the following in order to determine whether the operation is in compliance with chapter 69.30 RCW, this chapter, and the NSSP Model Ordinance:

- (a) Buildings, yards, warehouses, storage facilities, transportation facilities, vehicles, vessels and other places

reasonably considered to be or to have been used in connection with the shellfish operation;

(b) Ledgers, books, accounts, memorandums, or records reasonably believed to be or to have been used in connection with the shellfish operation;

(c) Shellfish, shellfish products, components, or other materials reasonably believed to be or to have been used, processed or produced by or in connection with the shellfish operation;

(d) Copies of any documents reasonably believed to be or to have been used in connection with the shellfish operation; and

(e) Samples of shellfish to determine whether they are safe for human consumption.

(6) The department may inspect shellfish growing areas at any time of day and will inspect any other aspect of a shellfish operation:

(a) Between 8:00 a.m. and 5:00 p.m. on any weekday that is not a legal holiday;

(b) During any time the shellfish operation has established as its business hours;

(c) During any time the shellfish operation is open for business or is otherwise in operation; and

(d) During any other time with the consent of the owner or the person in charge of the shellfish operation.

[Statutory Authority: RCW 69.30.030 and 43.20.030, 01-04-054, § 246-282-092, filed 2/5/01, effective 3/8/01.]

WAC 246-282-100 Notice of decision—Adjudicative proceeding. (1) The department's notice of a denial, suspension, modification, or revocation of a license is consistent with RCW 43.70.115. An applicant or license holder has the right to an adjudicative proceeding to contest the decision.

(2) The department's notice of imposition of a civil penalty is consistent with RCW 43.70.095. A person upon whom the department imposes a civil fine has the right to an adjudicative proceeding to contest the decision.

(3) A license applicant or holder or a person upon whom the department imposes a civil penalty, may contest a department decision, within twenty-eight days of receipt of the decision by filing a written application for an adjudicative proceeding by a method showing proof of receipt with the administrative hearings unit, department of health. The person must include the following 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.

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

[Statutory Authority: RCW 69.30.030 and 43.20.030, 01-04-054, § 246-282-100, filed 2/5/01, effective 3/8/01. Statutory Authority: RCW 69.30.030, 92-02-019 (Order 225B), § 246-282-100, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050, 91-02-051 (Order 124B), recodified as § 246-282-100, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW and RCW 69.30.030, 90-06-049 (Order 040), § 248-58-085, filed 3/2/90, effective 3/2/90.]

WAC 246-282-102 Denial, revocation, suspension of license, certificate, or permit—Civil penalties. (1) The department may deny, revoke, or suspend a shellfish operation license, harvest site certificate, or permit and may assess a civil penalty if a person:

(a) Fails to comply with any of the provisions of chapter 69.30 RCW, these rules, and the NSSP Model Ordinance;

(b) Refuses an inspection by the department;

(c) Harvests shellfish from any harvest site for which the secretary has not issued a harvest site certificate to the person;

(d) Knowingly obtains shellfish from a person who is not in compliance with any requirements of chapter 69.30 RCW, this chapter, or the NSSP Model Ordinance;

(e) Makes false statements or misrepresentations to the department during any investigation, inspection, or application for a shellfish operation license or any permit required by these rules;

(f) Makes false statements or misrepresentations to the department during any investigation, inspection, or application for a shellfish harvest site certificate;

(g) Fails to cooperate with the department or the department of fish and wildlife during an investigation;

(h) Aids another person in violating any requirement of chapter 69.30 RCW, these rules, or the NSSP Model Ordinance;

(i) Provides the department with false or fraudulent records of the shellfish operation;

(j) Transfers or reassigns a shellfish operation license to another person without the written approval of the department; or

(k) Fails to comply with the terms of a conditional area management plan, shellfish operation license, harvest site certificate, or any permit required by this chapter.

(2) Violations of chapter 69.30 RCW, these rules, or the NSSP Model Ordinance committed by a person in charge, employee, or agent of a person issued a shellfish operation license may be treated by the department as a violation committed by the licensee.

[Statutory Authority: RCW 69.30.030 and 43.20.030. 01-04-054, § 246-282-102, filed 2/5/01, effective 3/8/01.]

WAC 246-282-104 Penalty assignment—Calculation of penalty and proportionate adjustment—Aggravating and mitigating factors. (1) The department calculates an appropriate penalty based on the following factors:

(a) The level of threat to public health;

(b) The number of previous violations attributed to the violator; and

(c) The presence of aggravating or mitigating factors.

(2) The department determines administrative penalties from the range in the following penalty schedule. The standard penalty is assessed unless a proportionate adjustment is warranted and/or there are aggravating or mitigating factors present.

Penalty Schedule

NUMBER OF PREVIOUS VIOLATIONS	ADJUSTMENT FACTORS	PUBLIC HEALTH THREAT		
		LOW License Action/ Civil Penalty	INTERMEDIATE License Action/ Civil Penalty	HIGH License Action/ Civil Penalty
0	Mitigated	0 Months/\$150	0 Months/\$300	3 Months/\$350
	Standard	0 Months/\$200	1 Month/\$350	6 Months/\$400
	Aggravated	1 Month/\$250	3 Months/\$400	9 Months/\$450
1	Mitigated	0 Months/\$200	1 Month/\$350	6 Months/\$400
	Standard	0 Months/\$250	3 Months/\$400	9 Months/\$450
	Aggravated	3 Months/\$300	6 Months/\$450	12 Months/\$500
2	Mitigated	0 Months/\$250	3 Months/\$400	12 Months/\$500
	Standard	3 Months/\$300	6 Months/\$450	18 Months/\$500
	Aggravated	6 Months/\$350	9 Months/\$500	24 Months/\$500
3 or More	Mitigated	3 Months/\$300	6 Months/\$450	18 Months/\$500
	Standard	6 Months/\$350	9 Months/\$500	24 Months/\$500
	Aggravated	9 Months/\$400	12 Months/\$500	36 Months/\$500

(3) The department reserves the right to proportionately increase the civil penalty and decrease the license action under certain circumstances. These circumstances include situations where license actions as a deterrent are ineffective and include, but are not limited to, violations by persons who are not licensed.

(4) The department reserves the right to proportionately decrease the civil penalty and increase the license action when circumstances in a particular case demonstrate the ineffectiveness of a civil penalty as a deterrent.

(5)(a) When assessing a civil penalty or license action, the department considers any previous violation(s) for the

following period of time, depending on the severity of the previous violation(s):

(i) Three years for low public health threat;

(ii) Five years for intermediate public health threat; or

(iii) No limit for high public health threat.

(b) The time period will begin on the date of adjudication or settlement of the previous violation(s), rather than the date on which the incident or conduct occurred.

(6) The department considers circumstances that increase the seriousness of a violation, including, but not limited to, the following aggravating factors:

(a) The extent to which the violation is part of a pattern of the same or substantially similar conduct;

(b) The extent to which previous education, technical assistance, or notice of correction has been provided for the same or substantially similar conduct; and

(c) The extent to which the violation caused serious and actual injury or death to a person or persons.

(7) If the department determines that one or more aggravating factors are present, then the department may assess the aggravated penalty or may increase the penalty to a level greater than listed in the penalty schedule, including, but not limited to, revocation of the license.

(8) The department will consider circumstances that decrease the seriousness of a violation, including, but not limited to, the following mitigating factors:

(a) Voluntary disclosure of the violation;

(b) Complete cooperation and voluntary disclosure during the investigation of the violation; and

(c) Voluntary taking of remedial measures that will result in increased public health protection and that will result in a decreased likelihood that the violation will be repeated and that other violations will occur.

(9) If the department determines that one or more mitigating factors are present, then the department may assess the mitigated penalty or may decrease the penalty to a level less than listed in the penalty schedule.

(10) The maximum civil penalty that may be imposed by the department is five hundred dollars per day for each violation.

(11) The department considers each violation to be a separate and distinct event. Each day a violation is continued is a separate and distinct violation. When a person has committed multiple violations, the violations are cumulative for purposes of calculating the appropriate penalty. Penalties are added together, rather than served concurrently.

(12) Nothing in this section prevents the department from responding to a violation by:

(a) Declining to pursue an administrative penalty;

(b) Issuing a notice of correction instead of pursuing an administrative penalty; or

(c) Negotiating settlement of a case on such terms and for such reason as the department deems appropriate. Violations covered by a prior settlement agreement may be used for the purpose of determining the appropriate penalty for the current alleged violation(s), unless prohibited by the prior settlement agreement.

[Statutory Authority: RCW 69.30.030 and 43.20.030. 01-04-054, § 246-282-104, filed 2/5/01, effective 3/8/01.]

WAC 246-282-110 Administrative provisions. (1) If the department finds during an inspection that any owner or person working on behalf of a shellfish operation fails to comply with any requirements of chapter 69.30 RCW, this chapter, or the NSSP Model Ordinance, then the department may issue a written statement of deficiencies or notice of correction to the owner, person in charge, or other employee of the operation who is present.

(a) The statement of deficiencies or notice of correction specifies the manner in which the operation fails to comply with chapter 69.30 RCW and these rules. It specifies a reasonable period of time for the owner or person in charge to correct the violation(s).

(b) In the event the owner or person in charge fails to correct the violation(s) specified in the statement of deficiencies, the department may revoke the license and certificate of compliance for that shellfish operation or may initiate any other enforcement proceeding authorized by law.

(2) Any authorized representative of the department, fish and wildlife patrol officer or ex officio patrol officer may, without previously providing a statement of deficiencies, immediately seize shellfish or issue written hold orders prohibiting the disposition or sale of shellfish whenever a commercial quantity of shellfish or any amount of shellfish for sale for human consumption is on the premises of, or in the possession of, any person who:

(a) Fails to display an original or photocopy of a valid shellfish operation license;

(b) Is reasonably expected to have harvested the shellfish and fails to display an original or photocopy of a valid shellfish operation license and a valid harvest site certificate; or

(c) Fails to maintain each container of shellfish properly tagged or labeled as required by chapter 69.30 RCW, these rules, and the NSSP Model Ordinance.

(3) If the department determines during an inspection or investigation that there is reasonable cause to believe that shellfish is potentially unsafe for human consumption, then the department may issue a hold order prohibiting the disposition or sale of the shellfish pending further investigation by the department of the safety of the shellfish.

(a) The department must complete its further investigation within ten days.

(b) At the conclusion of the investigation, the department may release the shellfish for sale or issue a written abatement order regarding the shellfish.

(c) Any person in possession of shellfish for which the department has issued a hold order must store the shellfish in a suitable place prescribed by the department and prevent the shellfish from being offered for human consumption or other use until:

(i) The hold order is lifted by the department or by a court of competent jurisdiction; or

(ii) The person disposes of the shellfish in accordance with an abatement order issued by the department.

(4) Shellfish that the department seizes or places under a hold order and determines are unsafe for human consumption are subject to such abatement as the department considers appropriate. The department may require any one or more of the following measures be taken by a person in possession of shellfish that are the subject of an abatement order:

(a) Permanent prohibition on the disposition of the shellfish for human consumption;

(b) Immediate destruction of the shellfish by measures such as denaturing and placing in a sanitary landfill, witnessed by an authorized representative of the department who provides a record of destruction to the person; or

(c) Temporary prohibition on the disposition of the shellfish for human consumption pending relay to an approved growing area for a sufficient period of time to assure natural purification of the shellfish.

(5) The secretary may issue an abatement order to the owner or person in charge of a shellfish operation whenever the department, after conducting an appropriate investiga-

tion, determines that a shellfish operation, or person working on behalf of a shellfish operation, presents a potential risk for transmitting an infectious disease to consumers of shellfish.

(a) The secretary may require any or all of the following measures be taken by the owner or person in charge of a shellfish operation who is issued the abatement order:

(i) Immediate closure of the shellfish operation until, in the opinion of the secretary, no further danger of a disease outbreak exists;

(ii) Immediate exclusion of any person suspected to be infected with a disease agent transmissible through food from all activities with the shellfish operation; and

(iii) Restriction of the activities of any person who is suspected to be infected with a disease agent transmissible through food to some area of the shellfish operation where there would be no danger of the person transmitting disease agents to shellfish consumers.

(b) As an alternative to the abatement order described in this section, the secretary may require the owner, or any person working on behalf of the shellfish operation to submit to adequate medical and laboratory examinations, including examination of their bodily discharges as needed to determine if the person is infected with a microbial agent transmissible through food.

(6) No person may remove or alter a notice or tag constituting a hold order or abatement order placed on shellfish by the department.

(7) No person may relabel, repack, reprocess, alter, dispose of, destroy, or release shellfish or containers of shellfish for which the department has issued a hold order or abatement order without:

(a) Permission of the department; or

(b) An order by a court of competent jurisdiction.

(8) If the owner or person in charge of a shellfish operation fails to comply with a hold order or an abatement order issued according to this section, then the department may revoke the license of the shellfish operation or initiate other legal enforcement proceedings authorized by law.

[Statutory Authority: RCW 69.30.030 and 43.20.030. 01-04-054, § 246-282-110, filed 2/5/01, effective 3/8/01. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-282-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 69.30.030 and 43.20.050. 85-21-048 (Order 296), § 248-58-090, filed 10/14/85. Statutory Authority: RCW 69.30.030. 78-08-059 (Order 163), § 248-58-090, filed 7/24/78; Regulation 58.090, effective 3/11/60.]

WAC 246-282-120 Penalty clause. Any person found violating any of the provisions of these regulations or chapter 69.30 RCW is guilty of a gross misdemeanor, and upon conviction will be subject to:

(1) A fine; or

(2) Imprisonment in the county jail of the county in which the offense was committed; or

(3) Both fine and imprisonment.

[Statutory Authority: RCW 69.30.030 and 43.20.030. 01-04-054, § 246-282-120, filed 2/5/01, effective 3/8/01. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-282-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 69.30.030 and 43.20.050. 85-21-048 (Order 296), § 248-58-500, filed 10/14/85. Statutory Authority: RCW 69.30.030. 78-08-059 (Order 163), § 248-58-500, filed 7/24/78.]

WAC 246-282-130 Separability clause. Should any section, paragraph, clause or phrase of these rules and regulations be declared unconstitutional or invalid for any reason, the remainder of these rules and regulations are not affected.

[Statutory Authority: RCW 69.30.030 and 43.20.030. 01-04-054, § 246-282-130, filed 2/5/01, effective 3/8/01. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-282-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 69.30.030. 78-08-059 (Order 163), § 248-58-900, filed 7/24/78.]

WAC 246-282-990 Fees. (1) Annual shellfish operation license fees are:

Type of Operation	Annual Fee
Harvester	\$250.
Shellstock Shipper	
0 - 49 Acres	\$282.
50 or greater Acres	\$452.
Scallop Shellstock Shipper	\$282
Shucker-Packer	
Plants with floor space < 2000 sq. ft.	\$514.
Plants with floor space 2000 sq. ft. to 5000 sq. ft.	\$622.
Plants with floor space > 5000 sq. ft.	\$1,147.

(2) The fee for each export certificate is \$10.

(3) The fee for a harvester shellfish operation license is \$125 for the period of time between October 1, 2001, and March 31, 2002. This subsection expires on April 1, 2002.

[Statutory Authority: RCW 43.70.250, 70.90.150, and 43.20B.250. 01-14-047, § 246-282-990, filed 6/29/01, effective 7/30/01. Statutory Authority: RCW 69.30.030 and 43.20.030. 01-04-054, § 246-282-990, filed 2/5/01, effective 3/8/01. Statutory Authority: RCW 43.70.250. 00-02-016, § 246-282-990, filed 12/27/99, effective 1/27/00; 99-12-022, § 246-282-990, filed 5/24/99, effective 6/24/99. Statutory Authority: RCW 43.20B.020 and 69.30.030. 98-12-068, § 246-282-990, filed 6/1/98, effective 7/2/98. Statutory Authority: RCW 43.203.020 [43.20B.020], 97-12-031, § 246-282-990, filed 5/30/97, effective 6/30/97. Statutory Authority: RCW 43.20B.020 and 69.30.030. 96-16-073, § 246-282-990, filed 8/6/96, effective 10/1/96. Statutory Authority: RCW 43.70.040. 93-17-096 (Order 389), § 246-282-990, filed 8/17/93, effective 9/17/93; 91-02-049 (Order 121), recodified as § 246-282-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20A.055. 85-12-029 (Order 2236), § 440-44-065, filed 5/31/85; 84-13-006 (Order 2109), § 440-44-065, filed 6/7/84; 83-15-021 (Order 1991), § 440-44-065, filed 7/14/83. Statutory Authority: 1982 c 201. 82-13-011 (Order 1825), § 440-44-065, filed 6/4/82.]

Chapter 246-290 WAC PUBLIC WATER SUPPLIES

WAC

246-290-990

Water system evaluation and project review and approval fees.

WAC 246-290-990 Water system evaluation and project review and approval fees. (1) The fees for the review and approval of water system plans, project reports, construction documents, existing systems, and related evaluations required under chapters 246-290, 246-291, 246-293, 246-294, and 246-295 WAC shall be as follows:

(a) Water system plans required under WAC 246-290-100, 246-290-105, 246-291-140, 246-293-220, 246-293-230, and 246-294-060.

Project Type	Group A					
	Group B	<100 Services	100 to 500 Services	501 to 999 Services	1,000 to 9,999 Services	10,000 or more Services
Water system plan (New and Updated)	\$126	\$447	\$1,095	\$2,070	\$3,363	\$4,978
Minor water system plan alteration	\$30	\$106	\$268	\$515	\$835	\$1,225

(b) Satellite management agency (SMA) plans for Group A and Group B water systems required under WAC 246-295-040.

Project Type	Total Active or Approved Services				
	<100 Services	100 to 500 Services	501 to 999 Services	1,000 to 9,999 Services	10,000 or more Services
SMA plan for ownership (New and Updated)	\$447	\$1,095	\$2,070	\$3,363	\$4,978
SMA approval amendment	\$93 per hour or appropriate fee from category above, whichever is less				
SMA plan for operation only (New and Updated)	\$1,095	\$1,095	\$1,095	\$1,095	\$1,095

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

(c) New plan elements required under WAC 246-290-100, 246-290-105, 246-290-125, 246-290-132, 246-290-135, 246-290-691, and 246-291-140 including:

- (i) Conservation; and
- (ii) Wellhead protection, shall be reviewed separately by the department and the fee assessed shall reflect the time spent for this review and shall be calculated based on ninety-

three dollars per hour. After the initial submittal, updated information shall be reviewed as part of the updated water system plan and the review fee shall be included in the applicable updated plan review fee listed under (a) or (b) of this subsection.

(d) Project reports required under WAC 246-290-110 and design reports required under WAC 246-291-120.

Project Type	Group A					
	Group B	<100 Services	100 to 500 Services	501 to 999 Services	1,000 to 9,999 Services	10,000 or more Services
All types of filtration or other complex treatment processes	\$317	\$645	\$1,002	\$1,452	\$2,001	\$2,653
Chemical addition only, such as ion exchange, hypochlorination, or fluoridation	\$93	\$187	\$317	\$478	\$675	\$904
Complete water system (an additional fee shall be assessed for review of treatment facility, if any)	\$187	\$447	\$707	\$1,033	\$1,421	\$1,872
System modifications requiring a detailed evaluation to determine whether the system, as modified, will comply with regulations (an additional fee shall be assessed for review of treatment facility, if any)	\$126	\$317	\$515	\$774	\$1,095	\$1,477

Note: In accordance with WAC 246-290-125, project reports are not required for minor projects that are described in sufficient detail in an approved water system plan, and have been reviewed as part of the process for approving the water system plan.

(e) Special reports or plans required under WAC 246-290-230, 246-290-235, 246-290-250, 246-290-470, 246-290-636, 246-290-640, 246-290-654, 246-290-676, 246-291-230 including:

- (i) Corrosion control recommendation report;
- (ii) Corrosion control study;
- (iii) Plan to cover uncovered reservoirs;
- (iv) Predesign study;
- (v) Uncovered reservoir plan of operation;
- (vi) Tracer study plan;

(vii) Surface water or GWI treatment facility operations plan;

(viii) Filtration pilot study; or

(ix) GWI determination reports, shall be reviewed by the department and the fee assessed shall reflect the time spent for this review and shall be calculated based on ninety-three dollars per hour.

(f) Construction documents required under WAC 246-290-120 and design reports required under WAC 246-291-120.

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Project Type	Group B	Group A				
		<100 Services	100 to 500 Services	501 to 999 Services	1,000 to 9,999 Services	10,000 or more Services
All types of filtration or other complex treatment processes	\$317	\$645	\$1,002	\$1,452	\$2,001	\$2,653
Chemical addition only, such as ion exchange, hypochlorination, or fluoridation	\$93	\$187	\$317	\$478	\$675	\$904
Complete new water system except treatment (an additional fee shall be assessed for review of treatment facility, if any)	\$256	\$576	\$835	\$1,162	\$1,552	\$2,001
New source only (an additional fee shall be assessed for review of treatment facility, if any)	\$187	\$348	\$478	\$645	\$835	\$1,064
One or more of the following submitted as a package and not requiring a detailed evaluation as determined by the department: Water line installation, booster pump station, modifications to source pumping, piping-valving, controls or storage reservoir (an additional fee shall be assessed for review of treatment facility, if any)	\$126	\$220	\$348	\$515	\$707	\$934
Documents submitted for projects such as water line installation, booster pump stations, modifications to source pumping, piping-valving, controls or storage reservoirs as determined by the department where such projects:						
Comply with design standards established by the department;						
Are prepared by a professional engineer in accordance with WAC 246-290-040; and						
Do not require a detailed evaluation by the department.	\$60	\$109	\$182	\$256	\$355	\$466

(g) Existing system approval required under WAC 246-290-140 and 246-291-130. For the purpose of this subsection the department shall determine whether a system is expanding or nonexpanding.

Project Type	Group B	Group A				
		<100 Services	100 to 500 Services	501 to 999 Services	1,000 to 9,999 Services	10,000 or more Services
NONEXPANDING system not requiring a detailed evaluation by the department	\$244	\$490	\$737	\$984	\$1,231	\$1,477
NONEXPANDING system requiring a detailed evaluation as determined by the department	\$367	\$737	\$1,117	\$1,477	\$1,847	\$2,217
EXPANDING system not requiring a detailed evaluation by the department	\$490	\$984	\$1,477	\$1,970	\$2,464	\$2,956
EXPANDING system requiring a detailed evaluation as determined by the department	\$614	\$1,231	\$1,847	\$2,464	\$3,079	\$3,696

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

Project Type	Group B	Group A				
		<100 Services	100 to 500 Services	501 to 999 Services	1,000 to 9,999 Services	10,000 or more Services
Inorganic chemical monitoring waiver	Not applicable	\$82 per source	\$113 per source	\$142 per source	\$172 per source	\$202 per source
Organic chemical monitoring waiver	Not applicable	\$148 per source	\$207 per source	\$269 per source	\$328 per source	\$388 per source
Use waiver	Not applicable	\$177 per source	\$238 per source	\$304 per source	\$358 per source	\$418 per source
Area wide waiver renewal	Not applicable	\$177 per source	\$219 per source	\$262 per source	\$304 per source	\$335 per source
Inorganic chemical monitoring waiver renewal	Not applicable	\$45 per source	\$58 per source	\$69 per source	\$82 per source	\$93 per source
Organic chemical monitoring waiver renewal	Not applicable	\$88 per source	\$123 per source	\$161 per source	\$196 per source	\$232 per source
Use waiver renewal	Not applicable	\$123 per source	\$166 per source	\$207 per source	\$249 per source	\$292 per source
Coliform monitoring waiver including departmental inspection requested by purveyor	Not applicable	\$377	\$466	\$593	\$755	Not applicable
Coliform monitoring waiver with third-party inspection report	Not applicable	\$118	\$118	\$118	\$118	Not applicable

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

Project Type	Group B	Group A				
		<100 Services	100 to 500 Services	501 to 999 Services	1,000 to 9,999 Services	10,000 or more Services
Well-site evaluation and approval including the site inspection and hydrogeologic information review.	\$187	\$281	\$332	\$411	\$515	\$645
Regulatory monitoring plan ¹	No plan required	\$182	\$244	\$306	\$367	\$428
Unfiltered system annual comprehensive report	Not applicable	\$367	\$614	\$861	\$1,107	\$1,353

¹A comprehensive document containing coliform, inorganic chemical and organic chemical monitoring plans in accordance with WAC 246-290-300.

Water system compliance report	\$106	\$106	\$106	\$106	\$106	\$106
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(2) To determine the appropriate fee for a noncommunity system, calculate the service equivalent by taking the average population served each day of operation and dividing by twenty-five for a transient noncommunity (TNC) system and two and one-half for nontransient noncommunity (NTNC) system. Use the number of service equivalents to find out what Group A size category to look under and submit the appropriate fee. (All noncommunity systems are Group A systems as described in WAC 246-290-020.)

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

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

to charge additional fees at the rate of ninety-three dollars per hour;

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

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

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

- (i) Review and inspection of water reuse projects;
- (ii) Collection of water quality samples requested by purveyor;
- (iii) Review of alternate technologies requested by purveyor, manufacturer or authorized representative;
- (iv) Sanitary surveys, including the time spent as part of the annual on-site inspections for systems under WAC 246-290-690(3) that is in addition to the time necessary to assess watershed control and disinfection treatment;
- (v) Well field designations; or

(vi) Transfers of ownership under WAC 246-290-035 or 246-294-060.

(d) Additional fees assessed by the department shall be billed to the purveyor using an itemized invoice.

(4) If the legislature revises the water system operating permit fee under RCW 70.119A.110 to incorporate into it one or more fees for service currently assessed separately under this section, and the purveyor has paid that consolidated fee, the department shall not assess or collect a separate fee under this section for any such service.

(5) All fees required under this section except as noted in subsection (3) of this section, shall be submitted prior to the department's approval. Payment of fees shall be in the form of a check or money order made payable to: The Department of Health, P.O. Box 1099, Olympia, Washington 98507-1099, or such successor organization or address as designated by the department. Payment of a fee shall not guarantee approval of the submitted document or evaluation request.

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

[Statutory Authority: RCW 43.70.250 and 70.119.160. 02-01-065, § 246-290-990, filed 12/14/01, effective 1/14/02. Statutory Authority: RCW 43.70.250. 00-02-015, § 246-290-990, filed 12/27/99, effective 1/27/00; 99-12-022, § 246-290-990, filed 5/24/99, effective 6/24/99. Statutory Authority: RCW 43.20B.020. 98-11-068, § 246-290-990, filed 5/19/98, effective 6/19/98; 97-12-032, § 246-290-990, filed 5/30/97, effective 6/30/97; 95-20-079, § 246-290-990, filed 10/4/95, effective 11/4/95; 93-01-006 (Order 315), § 246-290-990, filed 12/3/92, effective 1/3/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-290-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20A.055. 87-14-066 (Order 2493), § 440-44-048, filed 7/1/87; 83-14-038 (Order 1980), § 440-44-048, filed 6/30/83.]

Chapter 246-292 WAC

WATER WORKS OPERATOR CERTIFICATION

WAC

246-292-160 Water works certification fees.

WAC 246-292-160 Water works certification fees. (1)

Operator fees:

(a) Applicable fees are listed in Table 2 of this section;

Table 2
WATER WORKS OPERATOR FEES

OPERATOR CLASSIFICATION	APPLICATION FEE	REAPPLICATION FEE	ANNUAL RENEWAL FEE	LATE FEE
WTPO	\$64.00	\$31.00	\$31.00*	\$27.00**
WDM	\$64.00	\$31.00	\$31.00*	\$27.00**
WDS	\$64.00	\$31.00	\$31.00*	\$27.00**
CCS	\$38.00	\$31.00	\$31.00*	\$27.00**
BAT	\$38.00	\$31.00	\$31.00	\$27.00
BTO	\$38.00	\$31.00	\$31.00	\$27.00

* The annual renewal fee for a WTPO, WDM, WDS and CCS certification shall be thirty-one dollars regardless of the number of classifications held.

** The annual late fee for a WTPO, WDM, WDS, and CCS certification shall be twenty-seven dollars regardless of the number of classifications held.

(b) A late fee shall be assessed to operators failing to submit the required fee within the time period specified on the renewal form; and

(c) The fee for application for reciprocity is one hundred thirty dollars per classification.

(2) Group A system fees:

(a) Applicable fees are listed as indicated in Table 3 of this section.

Table 3
ANNUAL SYSTEM CERTIFICATION FEES

SYSTEM SIZE* (Number of Equivalent Services)	SYSTEM FEE
Less than 601 Services	\$ 97.00
601 through 6,000 Services	\$ 295.00
6,001 through 20,000 Services	\$ 393.00
More than 20,000 Services	\$ 591.00

* Systems designated by the department as approved satellite management agencies (SMAS) shall pay a fee based on total services in all systems owned by the SMA.

(b) Group A system fees shall be paid in conjunction with the system's annual operating permit fee required in chapter 246-294 WAC.

(c) A late fee shall be assessed against any system for failing to submit the applicable fee to the department within the designated time period. The late fee shall be based on the water system's classification and shall be an additional ten percent of the applicable system fee or twenty-seven dollars, whichever is greater.

(d) The system fee for issuance of a temporary certification shall be sixty-four dollars for each temporary position.

(3) Fees are nonrefundable and transfers of fees are not allowable.

(4) Payment of fees required under this chapter shall be in the form of a check or money order made payable to the department of health and shall be mailed to Department of Health, P.O. Box 1099, Olympia, Washington 98507-1099, or such successor organization or address as designated by the department.

[Statutory Authority: RCW 43.70.250 and 70.119.160. 02-01-065, § 246-292-160, filed 12/14/01, effective 1/14/02. Statutory Authority: Chapter 70.119 RCW and Safe Drinking Water Act, Public Law 104-182; 64 F.R. 5916 - 5921. 01-02-070, § 246-292-160, filed 12/29/00, effective 1/29/01. Statutory Authority: RCW 43.70.250. 00-02-015, § 246-292-160, filed 12/27/99, effective 1/27/00; 99-12-022, § 246-292-160, filed 5/24/99, effective 6/24/99. Statutory Authority: RCW 43.20B.020. 98-12-015, § 246-292-160, filed 5/22/98, effective 6/22/98. Statutory Authority: Chapter 70.119 RCW. 94-04-004, § 246-292-160, filed 1/20/94, effective 2/20/94.]

Chapter 246-296 WAC

DRINKING WATER STATE REVOLVING FUND LOAN PROGRAM

WAC

246-296-010

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WAC 246-296-010 Purpose and scope. The purpose of this chapter is to:

- (1) Define regulatory requirements for the provision of financial assistance to public water systems provided by the drinking water state revolving fund (DWSRF);
- (2) Ensure the state's public drinking water supplies are safe and reliable;
- (3) Ensure funding is available to eligible public water systems to finance infrastructure costs associated with providing safe and reliable drinking water;
- (4) Ensure the department of health utilizes a portion of the capitalization grant for set-aside activities in accordance with the federal rule;
- (5) Ensure public water systems receiving funding are properly operated, managed, and maintained consistent with DWSRF capacity requirements;
- (6) Ensure permanent institutions exist to manage funds for public water system needs; and
- (7) Define the responsibilities of the department of health (DOH); the public works board (board); and the board's agent, the department of community, trade and economic development (CTED) for administering the DWSRF loan program.

[Statutory Authority: RCW 70.119A.170. 01-21-137, § 246-296-010, filed 10/24/01, effective 11/24/01.]

WAC 246-296-020 Definitions. "Act" means the Federal Safe Drinking Water Act (SDWA).

"Application" means a DWSRF loan application submitted to DOH for DWSRF assistance.

"Application package" means DWSRF loan application form(s), requirements, terms of assistance, and related information jointly developed and published by DOH, the board, and the board's agent, CTED.

"Binding commitment" means a legal obligation by the state to an assistance recipient that defines the terms and the timing for assistance under this chapter.

"Board" means the state of Washington public works board.

"Borrower" means the entity or individual that has the legal and financial responsibility for the loan.

"Certification/certify" means documentation signed by the loan recipient that specific requirements or standards have been or will be met.

"Change orders" means a formal document that alters specific conditions of the original construction contract document including a change in the scope of work, contract price, construction methods, construction schedule, change in location, size, capacity, or quality of major equipment.

"Community water system" means any Group A public water system that regularly serves fifteen or more year-round residential connections, or twenty-five or more year-round residents for one hundred eighty or more days per year.

"Construction documents" means construction documents developed and approved under WAC 246-290-120.

"Construction completion report" means a form provided by DOH to the applicant required to be completed for each specific construction project to document project construction in accordance with chapter 246-290 WAC and general standards of engineering practice. The completed form must be stamped with an engineer's seal, signed, and dated by a professional engineer.

"Cross-cutting authorities" means federal or state laws and authorities that apply to projects or activities receiving federal or state assistance.

"CTED" means the department of community, trade and economic development.

"Debt obligation" means a legal obligation or liability to pay something to someone else.

"Default" means failure to meet a financial obligation such as a loan payment.

"Disadvantaged community" means the service area of a public water system where at least fifty-one percent of the customers are at or below eighty percent of the county median household income as defined annually by the Federal Department of Housing and Urban Development.

"Distressed county" means a county that is designated by the Washington state employment security department as distressed.

"DOH" means the department of health.

"Drinking water state revolving fund (DWSRF)" means the program established to administer the federal funds and other funds deposited in the account authorized to finance water system infrastructure, drinking water program activities, and to meet the applicable requirements of RCW 70.119A.170.

"Eligible system" means Group A community water systems, both privately and publicly owned, and nonprofit Group A noncommunity water systems.

"EPA" means the United States Environmental Protection Agency.

"Group A system" means a public water system that regularly serves fifteen or more residential connections, or twenty-five or more people per day for sixty or more days per year.

"Group B system" means a public water system that serves less than fifteen residential connections and less than twenty-five people per day, or serves twenty-five or more people per day for sixty or fewer days per year.

"Individual water supply system" means any water system that is not subject to the state board of health drinking water regulations, chapter 246-290 WAC; or chapter 246-291 WAC, providing water to one single-family residence, or four or fewer connections all of which serve residences on the same farm.

"Intended use plan (IUP)" means the federally required document prepared each year by the state which identifies the intended uses of the funds in the DWSRF and describes how those uses support the goals of the DWSRF.

"HUD" means the United States Department of Housing and Urban Development.

"Loan" means an agreement between the DWSRF and the assistance recipient through which the DWSRF provides funds for eligible assistance and the recipient agrees to repay the principle sum to the DWSRF.

"Multiple benefit" means project improvements that address more than one type of health risk.

"Noncommunity water system" means a Group A public water system that is not a community water system.

"Nonprofit organization" means a system that has a federal tax exempt status identification number.

"Nontransient noncommunity system" means a Group A noncommunity water system that serves twenty-five or more of the same people per day for one hundred eighty or more days per year.

"Owner" means any agency, subdivision of the state, municipal corporation, firm, company, mutual or cooperative association, institution, partnership, person, or any other entity that holds as property a public water system.

"Project report" means a project report developed and approved under chapter 246-290 WAC.

"Public water system" means any system, providing water for human consumption through pipes or other constructed conveyances excluding systems serving only one single-family residence and systems with four or fewer connections all of which serve residences on the same farm.

"Purveyor" means an agency, subdivision of the state, municipal corporation, firm, company, mutual or cooperative association, institution, partnership, or person, or other entity owning or operating a public water system. Purveyor also means the authorized agents of such entities.

"Regional benefit" means project improvements that affect more than one public water system.

"Restructuring" means changing system operation, management and/or ownership, including, but not limited to:

- (1) Mergers;
- (2) Voluntary transfer of ownership; or
- (3) Receivership (involuntary transfer of operation and/or ownership).

"Safe Drinking Water Act (SDWA)" means the Federal Safe Drinking Water Act, including all amendments.

"Satellite management agency (SMA)" means a person or entity that is approved by the department of health to own or operate public water systems on a regional or county-wide basis, without the necessity for a physical connection between such systems. SMA's are regulated under chapter 246-295 WAC.

"Set-aside" means the use of a portion of DWSRF funds allotted to the state for a range of specific SDWA-related activities as authorized in Section 1452 of the SDWA, to fund new programs, and other drinking water program activities.

"Significant noncomplier (SNC)" means a water system that is violating or has violated department rules and the violations may create or have created an imminent or a significant risk to human health.

"Small water system management program (SWSMP)" means a small water system management program developed and approved under WAC 246-290-105.

"State environmental review process (SERP)" means the environmental review process conducted on all DWSRF projects that ensures compliance with state and federal environmental review through a National Environmental Policy Act (NEPA)-like process.

"State match" means funds equaling at least twenty percent of the amount of the federal capitalization grants the state must deposit into the DWSRF loan fund including the necessary match for set-asides.

"Surface water" means a body of water open to the atmosphere and subject to surface runoff.

"System capacity" means the system's operational, technical, managerial and financial capability to achieve and maintain compliance with all relevant local, state, and federal plans and regulations.

"Transfer of ownership" means to convey ownership of a water system from one person or entity to another.

"Transient noncommunity system" means a Group A noncommunity water system that serves:

- (1) Twenty-five or more different people per day during sixty or more days per year;
- (2) Twenty-five or more of the same people per day for less than one hundred eighty days per year and during more than fifty-nine days per year; or
- (3) One thousand or more people for two or more consecutive days.

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

"Water right" means a permit, claim, or other authorization, on record with or accepted by the department of ecology, authorizing the beneficial use of water in accordance with all applicable state laws.

"Water system plan (WSP)" means a water system plan developed and approved under WAC 246-290-100.

[Statutory Authority: RCW 70.119A.170. 01-21-137, § 246-296-020, filed 10/24/01, effective 11/24/01.]

WAC 246-296-030 Administration. (1) DOH, the board, and CTED jointly administer the DWSRF.

(2) DOH is responsible for:

- (a) Administering the federal DWSRF;
- (b) Determining and managing use of DWSRF set-aside funds for drinking water program regulatory and technical assistance purposes as authorized under the SDWA; and
- (c) Developing prioritized lists of projects for DWSRF financial assistance.

(3) The board is responsible for the final selection of projects to receive DWSRF financial assistance.

(4) CTED, the board's administrative agent, is responsible for managing DWSRF project loans.

[Statutory Authority: RCW 70.119A.170. 01-21-137, § 246-296-030, filed 10/24/01, effective 11/24/01.]

WAC 246-296-040 Use of funds. The DWSRF may be used for the following purposes:

- (1) To accept and retain funds from capitalization grants provided by the federal government, state matching funds appropriated in accordance with RCW 70.119A.170, pay-

ments of principal and interest, fees, and any other funds earned and deposited;

(2) To finance loans for the planning, design, and/or construction costs of water system infrastructure needed to facilitate compliance with the federal, state, and local drinking water standards;

(3) To finance the reasonable costs incurred by DOH, the board and CTED in the administration of the program; or

(4) To fund set-aside activities authorized in categories (b) through (e) of Section 35.3535 of the SDWA including (b) program administration and technical assistance, (c) small systems technical assistance, (d) state program management, and (e) local assistance and other state programs.

[Statutory Authority: RCW 70.119A.170. 01-21-137, § 246-296-040, filed 10/24/01, effective 11/24/01.]

WAC 246-296-050 Establishing terms of assistance. DWSRF loans shall be provided at or below market rate interest levels. Loans may be made for the useful life of the improvement or for a maximum of twenty years. The assistance recipient shall begin repayment of the principal and interest no later than one year after project completion. A project is complete when operations are initiated or are capable of being initiated. Disadvantaged communities may receive a loan for up to thirty years at an interest rate established at or below market interest rates as long as the loan does not exceed the useful life of the project. The board is responsible for establishing terms that secure the debt and maintain a financially sound revolving loan fund in perpetuity. Specific rates and contract terms shall be published in the annual application package.

[Statutory Authority: RCW 70.119A.170. 01-21-137, § 246-296-050, filed 10/24/01, effective 11/24/01.]

WAC 246-296-060 Establishing loan fee, loan fee account, and loan fee uses. The board shall establish the terms of a loan fee and assess the fee to each project loan. The loan fee amount is to be established on an annual basis to ensure adequate funding is available to maintain administration of the DWSRF in perpetuity. The loan fee is eligible to be covered by the loan. The amount of the loan fee shall be published in the annual application package. Loan fees shall be deposited into and retained in a dedicated loan fee account and shall only be used for program administration activities unless the board and DOH jointly determine that the loan fee account balance exceeds program administration needs, then a portion of or all of the funds may be transferred to the project loan account to be used for project loans. Information on the loan fee account, including the current fee and account balance, shall be included in the intended use plan. The board and DOH are responsible for jointly determining the amount of the loan fee account funds to be used for current and future program administration.

[Statutory Authority: RCW 70.119A.170. 01-21-137, § 246-296-060, filed 10/24/01, effective 11/24/01.]

WAC 246-296-070 Projects and project-related costs eligible for assistance from the fund. (1) Projects and

project-related costs eligible for assistance from the DWSRF program include those that:

(a) Address violation of applicable federal, state, and local drinking water standards;

(b) Prevent future violations of applicable federal, state, and local drinking water standards; or

(c) Replace aging infrastructure if needed to maintain compliance or further public health protection goals of applicable federal, state, and local drinking water standards;

(2) Specific projects and project-related costs eligible for assistance include those that:

(a) Are treatment, transmission, distribution, source, or storage projects;

(b) Consolidate water supplies;

(c) Retroactively finance municipal projects that are for treatment of surface water, GWI (ground water under the influence of surface water), volatile organic chemicals, inorganic chemicals, or are projects that are required by department or EPA order;

(d) Acquire real property if it is integral to a project to meet or maintain compliance or further public health protection and the property is being acquired from a willing seller;

(e) Finance planning or design costs directly related to DWSRF eligible projects;

(f) Finance costs incurred by publicly owned systems associated with restructuring of systems;

(g) Acquire, build, or rehabilitate reservoirs, including clear wells, that are part of the treatment process and located on the property where the treatment facility is located; or

(h) Acquire, build, or rehabilitate distribution reservoirs.

[Statutory Authority: RCW 70.119A.170. 01-21-137, § 246-296-070, filed 10/24/01, effective 11/24/01.]

WAC 246-296-080 Projects and costs not eligible for assistance from the fund. Projects and project-related costs that are not eligible for assistance from the DWSRF program include:

(1) Acquisition, construction, or rehabilitation of dams or raw water reservoirs;

(2) Acquisition of water rights, except if the water rights are owned by a system that is being acquired through consolidation;

(3) Laboratory fees for monitoring;

(4) Operation and maintenance expenses;

(5) Projects needed primarily for fire protection;

(6) Projects needed primarily to serve future population growth;

(7) Costs incurred by privately owned systems associated with restructuring systems;

(8) Projects that have received assistance from the national set-aside for Indian tribes and Alaska native villages under Section 1452(i) of the SDWA;

(9) Projects for an individual water supply system or a Group B system unless the system is being consolidated into a Group A system. Consolidation may be accomplished by extending a water line from an existing Group A system or by creating a new Group A system under WAC 246-296-120; or

(10) Projects that are solely for the purpose of installing service meters.

[Statutory Authority: RCW 70.119A.170. 01-21-137, § 246-296-080, filed 10/24/01, effective 11/24/01.]

WAC 246-296-090 Water system eligibility requirements. (1) Systems eligible for assistance from the fund include:

(a) Publicly and privately owned community water systems, excluding those systems not eligible for assistance from the fund under WAC 246-296-100; and

(b) Noncommunity public water systems owned by a nonprofit organization.

(2) Systems not eligible for assistance from the fund include:

(a) Noncommunity public water systems owned by a for-profit organization;

(b) State-owned water systems;

(c) Federally owned water systems; or

(d) Systems lacking the technical, financial, and managerial capability to ensure compliance with all applicable federal, state, and local drinking water standards, unless the assistance will ensure compliance and the owners and operators of the system(s) agree to undertake feasible and appropriate changes in operation and management to ensure compliance in the future.

[Statutory Authority: RCW 70.119A.170. 01-21-137, § 246-296-090, filed 10/24/01, effective 11/24/01.]

WAC 246-296-100 Minimum requirements to be eligible for assistance from the fund. To be eligible for assistance from the fund, applicants are responsible for:

(1) Demonstrating that the water system has the technical, financial, and managerial capability to ensure compliance with applicable federal, state, and local drinking water standards, unless the assistance will ensure compliance and the owners, managers, and operators of the systems agree to undertake feasible changes to ensure compliance over the long term;

(2) Having a DOH-approved WSP or SWSMP containing the proposed project and addressing any capacity-related deficiencies prior to execution of a loan contract;

(3) Being in compliance with applicable federal, state, and local drinking water standards or variance unless the use of the DWSRF assistance will ensure compliance;

(4) Being in compliance with DOH orders;

(5) Having a source meter on each source or installing source meters as a part of the project;

(6) Having meters on all services or installing meters on all services as part of the project unless one of the following exceptions apply:

(a) The project is for a transient noncommunity water system;

(b) The project is for a mobile home park with a master meter;

(c) The project is for an apartment building or complex with a master meter; or

(d) The department determines that the cost of the meters is prohibitive for the DWSRF project as a whole and waiving the meter requirement is necessary to move the project forward and promote priority public health issues;

(7) Ensuring no outstanding penalties are owed to DOH unless an appeal of the imposition of those penalties is pending;

(8) Demonstrating that the project conforms to state water rights laws; and

(9) Assuring that the project is consistent with local land use plans and policies.

[Statutory Authority: RCW 70.119A.170. 01-21-137, § 246-296-100, filed 10/24/01, effective 11/24/01.]

WAC 246-296-110 Requirements for using DWSRF to create a new Group A water system. Projects that create a new water system are eligible for assistance from the fund if:

(1) Upon completion of the project, the system conforms to the rules regarding Group A community water systems promulgated under chapter 246-290 WAC;

(2) The project addresses existing public health problems with serious risks caused by unsafe drinking water;

(3) The project is limited in scope to the specific geographic area affected by contamination and the project is for the purpose of resolving existing public health problems associated with individual wells or surface water sources, or the project is limited in scope to the service area of the systems being consolidated and the project is for the purpose of creating a new regional system by consolidating existing water systems;

(4) The applicant gives at least sixty days notice to the public and potentially affected parties. At a minimum, notice must include posting of a legal notice in the local newspaper;

(5) The applicant has considered alternative solutions to address the problem;

(6) The project is a cost-effective solution to the public health problem; and

(7) The project is to protect public health and not solely to accommodate growth.

[Statutory Authority: RCW 70.119A.170. 01-21-137, § 246-296-110, filed 10/24/01, effective 11/24/01.]

WAC 246-296-120 Annual loan application responsibilities. Annual loan application responsibilities are established as follows:

(1) Applicants shall develop and submit a DWSRF assistance application to DOH on or before the due date defined in the application package.

(2) DOH responsibilities are to:

(a) Determine the eligibility of the project;

(b) Rank the project using the ranking criteria established under WAC 246-296-130;

(c) Develop a prioritized list of projects eligible for assistance;

(d) Develop an intended use plan by:

(i) Publishing a draft intended use plan for public review and comment for a period of thirty days; and

(ii) Amending the plan, if necessary, after considering the comments received;

(e) Submit a capitalization grant application, including the final intended use plan, to EPA for review and approval;

(f) Revise the intended use plan if EPA requests changes; and

(g) If necessary, provide for administrative review and dispute resolution in accordance with WAC 246-296-160.

(3) The board's responsibilities are to:

(a) Determine the financial capability and readiness to proceed of each applicant with a project on the prioritized list using the risk assessment criteria established under WAC 246-296-140;

(b) Make the final selection of projects to receive assistance from the fund in accordance with the criteria established under WAC 246-296-140; and

(c) If necessary, provide for administrative review and dispute resolution in accordance with WAC 246-296-160.

[Statutory Authority: RCW 70.119A.170. 01-21-137, § 246-296-120, filed 10/24/01, effective 11/24/01.]

WAC 246-296-130 Project priority ranking criteria.

(1) The following criteria are considered when prioritizing projects for DWSRF financial assistance:

(a) Priority criteria:

(i) Type and significance of public health risk to be addressed;

(ii) Compliance status and need to bring the system into compliance with federal, state, and local drinking water standards; and

(iii) Affordability on a per household basis for community water systems.

(b) Supporting criteria:

(i) Type of project;

(ii) Restructuring;

(iii) Regional benefit;

(iv) Multiple benefit;

(v) Consistency with the Growth Management Act;

(vi) Installation of service meters on existing services not currently metered; and

(vii) Size of population affected by the project.

(2) Values for these criteria shall be developed annually by DOH to ensure projects that resolve the most significant health risks receive the highest values. The values shall be made available to the public in advance of the application cycle and shall be published in the DWSRF application package.

[Statutory Authority: RCW 70.119A.170. 01-21-137, § 246-296-130, filed 10/24/01, effective 11/24/01.]

WAC 246-296-140 Final project selection criteria.

The board shall, at a minimum, consider the following in assessing the risk associated with the application:

(1) Ability to repay;

(2) Ability to provide adequate security in case of default; and

(3) Readiness to proceed or the ability of the applicant to promptly commence the project.

[Statutory Authority: RCW 70.119A.170. 01-21-137, § 246-296-140, filed 10/24/01, effective 11/24/01.]

WAC 246-296-150 Loan conditions. (1) Borrowers must comply with applicable laws, regulations, and requirements.

(2) Loans shall include conditions to ensure compliance with the following:

(a) All applicable federal, state, and local laws, orders, regulations, and permits; including, but not limited to, procurement, discrimination, labor, job safety, and drug-free environments, state and federal and women-owned business regulations. A current list of cross-cutting authorities shall be contained in the application package;

(b) Maintenance of accounting records in accordance with "generally accepted government accounting standards." These standards are defined as, but not limited to, those contained in the United States General Accounting Office (GAO) publication *"Standards for Audit of Governmental Organizations, Programs, Activities, and Functions"*;

(c) Demonstration of applicant's legal ability to provide a dedicated source of revenue and guarantee the repayment of their obligations to the fund from that dedicated source. Dedicated sources of revenue could be special assessments, general taxes, or general obligation bonds, revenue bonds, user charges, rates, fees, or other sources; and

(d) Submission of construction completion report(s) for all project components and other documentation required under chapter 246-290 WAC.

(3) Amendments to the loan agreement must be approved by DOH, the board, and the loan recipient.

(a) Amendments to the loan agreement are required when there is a:

(i) Significant change to the project's original ranked application and project scope of work; or

(ii) Need for a time extension beyond the time cited in the original loan agreement to complete project activities.

(b) Amendments to the loan agreement are not required when adjustments are made to reconcile minor differences between the contract and the final project for project close out.

(4) CTED, or another authorized auditor at CTED's discretion, shall audit the financial assistance agreement and records.

(5) If the borrower fails to comply with the terms of the loan under WAC 246-296-150, or fails to use the loan proceeds only for those activities identified in the loan, CTED may terminate the agreement in whole or in part at any time. CTED shall promptly notify the borrower in writing of its determination to terminate, the reason for such termination, and the effective date of the termination. Upon termination of the loan agreement, CTED shall request that the entire remaining balance of the loan together with any interest accrued, be paid immediately.

[Statutory Authority: RCW 70.119A.170. 01-21-137, § 246-296-150, filed 10/24/01, effective 11/24/01.]

WAC 246-296-160 Dispute resolution. (1) If an applicant does not agree with the DOH decision regarding application eligibility, the applicant may request reconsideration of the decision to the director of the DOH division of drinking water. Requests for reconsideration must be in writing and received within ten working days of the date DOH notifies the applicant of the decision.

(2) If an applicant does not agree with the DOH decision regarding priority ranking of the application, the applicant may submit comments to DOH as part of the public review of the draft intended use plan.

(3) If an applicant does not agree with board staff recommendations regarding the loan application section submitted, the applicant may request a review of the decision by the board. Requests for review must be in writing and received by the board fourteen calendar days in advance of the board meeting.

[Statutory Authority: RCW 70.119A.170. 01-21-137, § 246-296-160, filed 10/24/01, effective 11/24/01.]

WAC 246-296-170 State environmental review process. (1) Federal law requires that Washington state follow a state environmental review process (SERP) for projects receiving DWSRF assistance. The purpose of the SERP is to identify any significant impact to the environment that may be caused by the implementation of a DWSRF project. This review must be done in compliance with the National Environmental Policy Act (NEPA) or the State Environmental Policy Act (SEPA) and any other applicable environmental statutes and regulations.

(2) CTED is designated as the lead agency for SERP. CTED shall provide basic guidance to the loan recipient to meet the requirements of this process. Details regarding SERP shall be included in the application package.

[Statutory Authority: RCW 70.119A.170. 01-21-137, § 246-296-170, filed 10/24/01, effective 11/24/01.]

WAC 246-296-180 Obligation for systems to comply if assistance is not obtained. The inability or failure of any public water system to receive assistance from the DWSRF program, or any delay in obtaining assistance, does not alter the obligation of the water system to comply in a timely manner with all applicable federal, state, and local drinking water standards.

[Statutory Authority: RCW 70.119A.170. 01-21-137, § 246-290-180, filed 10/24/01, effective 11/24/01.]

WAC 246-296-190 Severability. If any provision of this chapter or its application to any person or circumstance is held invalid, the remainder of this chapter, or the application of the provision to other persons or circumstances, shall not be affected.

[Statutory Authority: RCW 70.119A.170. 01-21-137, § 246-296-190, filed 10/24/01, effective 11/24/01.]

Chapter 246-305 WAC

CERTIFICATION OF INDEPENDENT REVIEW ORGANIZATIONS

WAC

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Grounds for action against an applicant or a certified IRO.

WAC 246-305-001 Purpose and scope. (1) Purpose. These rules are adopted by the Washington state department of health to implement the provisions of RCW 43.70.235 regarding the certification of independent review organizations. Certified independent review organizations are qualified to receive referrals from the insurance commissioner under RCW 48.43.535 to make binding determinations related to health care coverage and payment disputes between health insurance carriers and their enrollees.

(2) Other applicable rules. Independent review also is subject to rules of the insurance commissioner implementing RCW 48.43.535.

(3) Applicability. These rules apply to independent review cases originating in Washington state under RCW 48.43.535, and to independent review organizations conducting these reviews.

[Statutory Authority: RCW 43.70.235 and 48.43.535. 01-08-023, § 246-305-001, filed 3/28/01, effective 4/28/01.]

WAC 246-305-010 Definitions. For the purpose of this chapter, the following words and phrases shall have the following meanings unless the context clearly indicates otherwise.

(1) "Adverse determination" means a decision by a health carrier to deny, modify, reduce, or terminate coverage of or payment for a health care service for an enrollee.

(2) "Applicant" means a person or entity seeking to become a Washington certified IRO (independent review organization).

(3) "Attending provider" includes "treating provider" or "ordering provider" as used in WAC 284-43-620 and 284-43-630.

(4) "Carrier" or "health carrier" has the same meaning in this chapter as in WAC 284-43-130.

(5) "Case" means a dispute relating to a carrier's decision to deny, modify, reduce, or terminate coverage of or payment for health care service for an enrollee, which has been referred to a specific IRO by the insurance commissioner under RCW 48.43.535.

(6) "Clinical peer" means a physician or other health professional who holds an unrestricted license or certification and is in the same or similar specialty as typically manages the medical condition, procedures, or treatment under review. Generally, as a peer in a similar specialty, the individual must be in the same profession, i.e., the same licensure category, as the attending provider. In a profession that has organized, board-certified specialties, a clinical peer generally will be in the same formal specialty.

(7) "Clinical reviewer" means a medical reviewer, as defined in this section.

(8) "Conflict of interest" means violation of any provision of WAC 246-305-030, including, but not limited to, material familial, professional and financial affiliations.

(9) "Contract specialist" means a reviewer who deals with interpretation of health plan coverage provisions. If a clinical reviewer is also interpreting health plan coverage

provisions, that reviewer must have the qualifications required of a contract specialist.

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

(11) "Enrollee" means a "covered person" as defined in WAC 284-43-130. "Enrollee" also means a person lawfully acting on behalf of the enrollee, including, but not limited to, a parent or guardian.

(12) "Health care provider" or "provider" means a person practicing health care services consistent with Washington state law, or a person with valid credentials from another state for a similar scope of practice.

(13) "Independent review" means the process of review and determination of a case referred to an IRO under RCW 48.43.535.

(14) "Independent review organization" or "IRO" means an entity certified by the department under this chapter.

(15) "IRO," see independent review organization.

(16) "Material familial affiliation" means any relationship as a spouse, child, parent, sibling, spouse's parent, or child's spouse.

(17) "Material professional affiliation" includes, but is not limited to, any provider-patient relationship, any partnership or employment relationship, or a shareholder or similar ownership interest in a professional corporation.

(18) "Material financial affiliation" means any financial interest including employment, contract or consultation which generates more than five percent of total annual revenue or total annual income of an IRO or an individual director, officer, executive or reviewer of the IRO. This includes a consulting relationship with a manufacturer regarding technology or research support for a specific product.

(19) "Medical reviewer" means a physician or other health care provider who is assigned to an external review case by a certified IRO, consistent with this chapter.

(20) "Medical, scientific, and cost-effectiveness evidence" means published evidence on results of clinical practice of any health profession which complies with one or more of the following requirements:

(a) Peer-reviewed scientific studies published in or accepted for publication by medical journals that meet nationally recognized requirements for scientific manuscripts and that submit most of their published articles for review by experts who are not part of the editorial staff;

(b) Peer-reviewed literature, biomedical compendia, and other medical literature that meet the criteria of the National Institute of Health's National Library of Medicine for indexing in Index Medicus, Excerpta Medicus (EMBASE), Medline, and MEDLARS data base Health Services Technology Assessment Research (HSTAR);

(c) Medical journals recognized by the Secretary of Health and Human Services, under Section 1861 (t)(2) of the Social Security Act;

(d) The American Hospital Formulary Service-Drug Information, the American Medical Association Drug Evaluation, the American Dental Association Accepted Dental Therapeutics, and the United States Pharmacopoeia-Drug Information;

(e) Findings, studies, or research conducted by or under the auspices of federal government agencies and nationally

recognized federal research institutes including the Federal Agency for Healthcare Research and Quality, National Institutes of Health, National Cancer Institute, National Academy of Sciences, Health Care Financing Administration, Congressional Office of Technology Assessment, and any national board recognized by the National Institutes of Health for the purpose of evaluating the medical value of health services;

(f) Clinical practice guidelines that meet institute of medicine criteria; or

(g) In conjunction with other evidence, peer-reviewed abstracts accepted for presentation at major scientific or clinical meetings.

(21) "Referral" means receipt by an IRO of notification from the insurance commissioner that a case has been assigned to that IRO under provisions of RCW 48.43.535.

(22) "Reviewer" or "expert reviewer" means a clinical reviewer or a contract specialist, as defined in this section.

[Statutory Authority: RCW 43.70.235 and 48.43.535. 01-08-023, § 246-305-010, filed 3/28/01, effective 4/28/01.]

WAC 246-305-020 General requirements for certification. In order to qualify for certification, an IRO must:

(1) Demonstrate expertise and a history of reviewing health care in terms of medical necessity, appropriateness, and the application of other health plan coverage provisions.

(2) Demonstrate the ability to handle a full range of review cases occurring in Washington. Certified IROs may contract with more specialized review organizations; however, the certified IRO must ensure that each review conducted meets all the requirements of this chapter.

(3) Demonstrate capability to review administrative and contractual coverage issues, as well as medical necessity and effectiveness and the appropriateness of experimental and investigational treatments.

(4) Comply with all conflict of interest provisions in WAC 246-305-030.

(5) Maintain and assign qualified expert reviewers in compliance with WAC 246-305-040.

(6) Conduct reviews, reach determinations and document determinations consistent with WAC 246-305-050 and 246-305-060.

(7) Maintain administrative processes and capabilities in compliance with WAC 246-305-070.

(8) File an application for certification meeting the requirements of WAC 246-305-080.

[Statutory Authority: RCW 43.70.235 and 48.43.535. 01-08-023, § 246-305-020, filed 3/28/01, effective 4/28/01.]

WAC 246-305-030 Conflict of interest. (1) An IRO:

(a) Must not be a subsidiary of, or in any way owned or controlled by, a carrier or an association of health care providers or carriers;

(b) Must provide information to the department on its own organizational affiliations and potential conflicts of interest at the time of application and when material changes occur;

(c) Must immediately turn down a case referred by the insurance commissioner if accepting it would constitute an organizational conflict of interest; and

(d) Must ensure that reviewers are free from any actual or potential conflict of interest in assigned cases.

(2) An IRO, as well as its reviewers, must not have any material professional, familial, or financial affiliation, as defined in WAC 246-305-010, with the health carrier, enrollee, enrollee's provider, that provider's medical or practice group, the facility at which the service would be provided, or the developer or manufacturer of a drug or device under review. An affiliation with any director, officer or executive of an IRO shall be considered to be an affiliation with the IRO.

(3) The following do not constitute violations of this section:

(a) Staff affiliation with an academic medical center or National Cancer Institute-designated clinical cancer research center;

(b) Staff privileges at a health facility;

(c) Maintaining a provider contract with a carrier which provides no more than five percent of the provider's or clinical group's annual revenue; or

(d) An IRO's receipt of a carrier's payment for independent reviews assigned by the insurance commissioner under RCW 48.43.535.

(4) Notwithstanding the provisions of subsection (3) of this section, a potential reviewer shall be considered to have a conflict of interest with regard to a facility or health plan, regardless of revenue from that source, if the potential reviewer is a member of a standing committee of: The facility, the health plan or a provider network that contracts with the health plan.

(5) A conflict of interest may be waived only if both the enrollee and the health plan agree in writing after receiving full disclosure of the conflict, and only if:

(a) The conflict involves a reviewer, and no alternate reviewer with necessary special expertise is available; or

(b) The conflict involves an IRO and the insurance commissioner determines that seeking a waiver of conflict is preferable to reassigning the review to a different IRO.

[Statutory Authority: RCW 43.70.235 and 48.43.535. 01-08-023, § 246-305-030, filed 3/28/01, effective 4/28/01.]

WAC 246-305-040 Expert reviewers. (1) Each IRO must maintain an adequate number and range of qualified expert reviewers in order to:

(a) Make determinations regarding the full range of independent review cases occurring in Washington under RCW 48.43.535; and

(b) Meet timelines specified in WAC 246-305-050(3) including those for expedited review.

(2) All reviewers shall be health care providers with the exception of contract specialists.

(3) IROs must maintain policies and practices that assure that all clinical reviewers:

(a) Hold a current, unrestricted license, certification, or registration in Washington, or current, unrestricted credentials from another state with substantially comparable requirements, as determined by the department and outlined in the November 2000 edition of the department of health publication, *Health Care Professional Credentialing Requirements*;

(b) Have at least five years of recent clinical experience;

(c) Are board-certified in the case of a medical doctor, a doctor of osteopathy, a podiatrist, or a member of another profession in which board certification exists as determined by the department of health; and

(d) Have the ability to apply scientific standards of evidence in judging research literature pertinent to review issues, as demonstrated through relevant training or professional experience.

(4) Contract specialists must be knowledgeable in health insurance contract law, as evidenced by training and experience, but do not need to be an attorney or have any state credential.

(5) Assignment of appropriate reviewers to a case.

(a) An IRO shall assign one or more expert reviewer to each case, as necessary to meet requirements of this subsection.

(b) Any reviewer assigned to a case must comply with the conflict of interest provisions in WAC 246-305-030.

(c) The IRO shall assign one or more clinical reviewers to each case. At least one clinical reviewer assigned to each case must meet each of the following requirements:

(i) Have expertise to address each of the issues that are the source of the dispute;

(ii) Be a clinical peer as defined in WAC 246-305-010(6);

(iii) Have the ability to evaluate alternatives to the proposed treatment.

(d) All clinical reviewers assigned must have at least five years of recent clinical experience dealing with the same health conditions under review or similar conditions. Exceptions may be made to this requirement in unusual situations when the only experts available for a highly specialized review are in academic or research life and do not meet the clinical experience requirement.

(e) If contract interpretation issues must be addressed, a contract specialist must be assigned to the review.

(f) Each IRO must have a policy specifying the number and qualifications of reviewers to be assigned to each case. The number of expert reviewers should be dictated by what it takes to meet the requirements of this subsection.

(i) The number of expert reviewers should reflect the complexity of the case, the goal of avoiding unnecessary cost, and the need to avoid tie votes.

(ii) The IRO may consider, but shall not be bound by, recommendations regarding complexity from the carrier or attending provider.

(iii) Special attention should be given to situations such as review of experimental and investigational treatments that may benefit from an expanded panel.

[Statutory Authority: RCW 43.70.235 and 48.43.535. 01-08-023, § 246-305-040, filed 3/28/01, effective 4/28/01.]

WAC 246-305-050 Independent review process. (1) Information for review.

(a) IROs must request as necessary, accept and consider the following information as relevant to a case referred:

(i) Information that the carrier is required to submit to the IRO under WAC 284-43-630, including information

identified in that section that is initially missing or incomplete as submitted by the carrier.

(ii) Other medical, scientific, and cost-effectiveness evidence which is relevant to the case. For the purposes of this section, medical, scientific, and cost-effectiveness evidence has the meaning assigned in WAC 246-305-010.

(b) After referral of a case, an IRO must accept additional information from the enrollee, the carrier, or a provider acting on behalf of the enrollee or at the enrollee's request, provided the information is submitted within seven calendar days of the referral or, in the case of an expedited referral, within twenty-four hours. The additional information must be related to the case and relevant to statutory criteria.

(2) Completion of reviews: Once the insurance commissioner refers a review, the IRO must proceed to final determination unless requested otherwise by both the carrier and the enrollee.

(3) Time frames for reviews.

(a) An IRO must make its determination within the following time limits:

(i) If the review is not expedited, within fifteen days after receiving necessary information, or within twenty days after receiving the referral, whichever is earlier. In exceptional circumstances where information is incomplete, the determination may be delayed until no later than twenty-five days after receiving the referral.

(ii) If the review is expedited, within seventy-two hours after receiving all necessary information, or within eight days after receiving the referral, whichever is earlier. Expedited time frames apply when a condition could seriously jeopardize the enrollee's health or ability to regain maximum function, as determined consistent with WAC 284-43-620. If information on whether a referral is expedited is not provided to the IRO, the IRO may presume that it is not an expedited review, but the IRO has the option to seek clarification from the insurance commissioner.

(b) An IRO must provide notice to enrollees and the carrier of the result and basis for the determination, consistent with subsection (5) of this section, within two business days of making a determination in regular cases and immediately in expedited cases.

(c) As used in this subsection, a day is a calendar day, except that if the period ends on a weekend or an official Washington state holiday, the time limit is extended to the next business day. A business day is any day other than Saturday, Sunday or an official Washington state holiday.

(4) Decision-making procedures.

(a) The independent review process is intended to be neutral and independent of influence by any affected party or by state government. The department may conduct investigations under the provisions of this chapter but the department has no involvement in the disposition of specific cases.

(b) Independent review is a paper review process. These rules do not establish a right to in-person participation or attendance by the enrollee, the health plan, or the attending provider nor to reconsideration of IRO determinations.

(c) An IRO shall present cases to reviewers in a way that maximizes the likelihood of a clear, unambiguous determination. This may involve stating or restating the questions for

review in a clear and precise manner that encourages yes or no answers.

(d) If more than one reviewer is used, the IRO shall:

(i) Provide an opportunity for the reviewers to exchange ideas and opinions about the case with one another, if requested by a reviewer. This shall be done in a manner that avoids pressure on reviewers to take a position with which they do not agree and preserves a dissenting reviewer's opportunity to document the rationale for dissent in the case file.

(ii) Accept the majority decision of the clinical reviewers in determining clinical issues.

(e) When a case requires an interpretation regarding the application of health plan coverage provisions, that determination shall be made by a reviewer or reviewers who are qualified as contract specialists.

(f) An IRO may uphold an adverse determination if the patient or any provider refuses to provide relevant medical records that are available and have been requested with reasonable opportunity to respond. An IRO may overturn an adverse determination if the carrier refuses to provide relevant medical records that are available and have been requested with reasonable opportunity to respond.

(g) If reviewers are deadlocked, the IRO may add another reviewer if time allows.

(h) If all pertinent information has been disclosed and reviewers are unable to make a determination, the IRO shall decide in favor of the enrollee.

(5) Notification and documentation of determinations. An IRO must notify the enrollee and the carrier of the result and rationale for the determination, including its clinical basis unless the decision is wholly based on application of coverage provisions, within the time frame in subsection (3)(b) of this section.

(a) Documentation of the basis for the determination shall include references to support evidence, and if applicable, the rationale for any interpretation regarding the application of health plan coverage provisions.

(b) If the determination overrides the health plan's medical necessity or appropriateness standards, the rationale shall document why the health plan's standards are unreasonable or inconsistent with sound, evidence-based medical practice.

(c) The written report shall include the qualifications of reviewers but shall not disclose the identity of the reviewers.

(d) Notification of the determination shall be provided initially by phone, e-mail or fax, followed by a written report by mail. In the case of expedited reviews the initial notification shall be immediate and by phone.

[Statutory Authority: RCW 43.70.235 and 48.43.535. 01-08-023, § 246-305-050, filed 3/28/01, effective 4/28/01.]

WAC 246-305-060 Criteria and considerations for independent review determinations. (1) General criteria and considerations.

(a) An IRO's determination must use fair procedures and be consistent with the standards in RCW 43.70.235, 48.43.535, and this chapter.

(b) The expert reviewers from a certified IRO will make determinations regarding the medical necessity or appropri-

ateness of, and the application of health plan coverage provisions to, health care services for an enrollee.

(c) The IRO must ensure that determinations are consistent with the scope of covered benefits as outlined in the medical coverage agreement.

(i) Clinical reviewers may override the health plan's medical necessity or appropriateness standards only if the standards are determined upon review to be unreasonable or inconsistent with sound, evidence-based medical practice.

(ii) Reviewers may make determinations about the application of general health plan coverage provisions to specific issues concerning health care services for an enrollee. For example, whether a specific service is excluded by more general benefit exclusion language may require independent interpretation.

(2) Medical necessity and appropriateness—Criteria and considerations. Only clinical reviewers may determine whether a service, which is the subject of an adverse decision, is medically necessary and appropriate. These determinations must be based upon their expert clinical judgment, after consideration of relevant medical, scientific, and cost-effectiveness evidence, and medical standards of practice in the state of Washington.

(a) Medical standards of practice include the standards appropriately applied to physicians or other health care providers, as pertinent to the case.

(b) In considering medical standards of practice within the state of Washington:

(i) Clinical reviewers may use national standards of care, absent evidence presented by the health plan or enrollee that the Washington standard of care is different.

(ii) A health care service or treatment should be considered part of the Washington standard of practice if reviewers believe that failure to provide it would be inconsistent with that degree of care, skill and learning expected of a reasonably prudent health care provider acting in the same or similar circumstances.

(c) Medical necessity will be a factor in most cases referred to an IRO, but not necessarily in all. See WAC 246-305-060(3).

(3) Health plan coverage provisions—Criteria and considerations. The following requirements shall be observed when a review requires making determinations about the application of health plan coverage provisions to issues concerning health care services for an enrollee.

(a) These determinations shall be made by one or more contract specialists meeting the requirements of WAC 246-305-040(4), except that a clinical determination of medical necessity or appropriateness, by itself, is not an interpretation of the scope of covered benefits and does not require a contract specialist.

(b) If the full health plan coverage agreement has not already been provided by the carrier pursuant to WAC 284-43-630 (2)(f) of the insurance commissioner, the IRO shall request additional provisions from the health plan coverage agreement in effect during the relevant period of the enrollee's coverage, as necessary to have an adequate context for determinations.

(c) In general, the IRO and its contract specialists may assume that the contractual health plan coverage provisions

themselves are consistent with the Washington Insurance Code (Title 48 RCW), absent information to the contrary. Primary responsibility for determining consistency with the insurance code, when at issue, rests with the insurance commissioner.

(4) No provision of this chapter should be interpreted to establish a standard of medical care, or to create or eliminate any cause of action.

[Statutory Authority: RCW 43.70.235 and 48.43.535. 01-08-023, § 246-305-060, filed 3/28/01, effective 4/28/01.]

WAC 246-305-070 Administrative processes and capabilities of independent review organizations. (1) An IRO must maintain written policies and procedures covering all aspects of review.

(2) An IRO must ensure the confidentiality of medical records and other personal health information received for use in independent reviews, in accordance with applicable federal and state laws.

(3) An IRO must have a quality assurance mechanism that ensures the timeliness, quality of review and communication of determinations to enrollees and carriers. The mechanism must also ensure the qualifications, impartiality, and freedom from conflict of interest of the organization, its staff, and expert reviewers.

(a) The quality assurance program must include a written plan addressing scope and objectives, program organization, monitoring and oversight mechanisms, and evaluation and organizational improvement of IRO activities.

(b) Quality of reviews includes use of appropriate methods to match the case, confidentiality, and systematic evaluation of complaints for patterns or trends. Complaints must be recorded on a log, including nature of complaint and how resolved. The department reserves the right to examine both the complaints and the log.

(c) Organizational improvement efforts must include the implementation of action plans to improve or correct identified problems, and communication of the results of action plans to staff and reviewers.

(4) An IRO must maintain case logs and case files with full documentation of referrals, reviewers, questions posed, information considered (including sources of the information and citations of studies or criteria), determinations and their rationale, communication with parties in the dispute including notices given, and key dates in the process, for at least two years following the review.

(5) An IRO must maintain a training program for staff and expert reviewers, addressing at least:

(a) Confidentiality;

(b) Neutrality and conflict of interest;

(c) Appropriate conduct of reviews;

(d) Documentation of evidence for determination; and

(e) In the case of contract specialists, principles of health contract law and any provisions of Washington law determined to be essential.

(6) An IRO must maintain business hours, methods of contact (including by telephone), procedures for after-hours requests, and other relevant procedures to ensure timely availability to conduct expedited as well as regular reviews.

(7) An IRO shall not disclose reviewers' identities. The department will not require reviewers' identities as part of the certification application process but may examine identified information about reviewers as part of enforcement activities.

(8) An IRO shall promptly report any attempt at interference by any party, including a state agency, to the department.

(9) An IRO shall have a medical director who holds a current unrestricted license as a medical doctor or osteopathic physician and has had experience in direct patient care. The medical director shall provide guidance for clinical aspects of the independent review process and oversee the IRO's quality assurance and credentialing programs.

[Statutory Authority: RCW 43.70.235 and 48.43.535. 01-08-023, § 246-305-070, filed 3/28/01, effective 4/28/01.]

WAC 246-305-080 Application for certification as an independent review organization. (1) To be certified as an independent review organization under this chapter, an organization must submit to the department an application in the form required by the department. The application must include:

(a) For an applicant that is publicly held, the name of each stockholder or owner of more than five percent of any stock or options;

(b) The name of any holder of bonds or notes of the applicant that exceed one hundred thousand dollars;

(c) The name and type of business of each corporation or other organization that the applicant controls or is affiliated with and the nature and extent of the affiliation or control;

(d) The name and a biographical sketch of each director, officer, and executive of the applicant and any entity listed under (c) of this subsection and a description of any relationship the named individual has with:

(i) A carrier;

(ii) A utilization review agent;

(iii) A nonprofit or for-profit health corporation;

(iv) A health care provider;

(v) A drug or device manufacturer; or

(vi) A group representing any of the entities described by (d)(i) through (v) of this subsection;

(e) The percentage of the applicant's revenues that the applicant anticipates will be derived from reviews conducted under RCW 48.43.535;

(f) A description of the areas of expertise of the health care professionals and contract specialists making review determinations for the applicant, as well as the IRO's policies and standards addressing qualifications, training, and assignment of all types of reviewers;

(g) The procedures that the independent review organization will use in making review determinations regarding reviews conducted under RCW 48.43.535;

(h) Attestations that all requirements will be met;

(i) Evidence of accreditations, certifications, and government IRO contracts that the applicant believes demonstrate compliance with certain requirements of this chapter.

(i) Applicants must authorize release of information from primary sources, including full reports of site visits, inspections and audits;

(ii) The department may require the applicant to indicate which documents demonstrate compliance with specific Washington state certification requirements under this chapter.

(j) Other documentation, including, but not limited to, legal and financial information, policies and procedures, and data that are pertinent to requirements of this chapter; and

(k) Any other reasonable application requirements demonstrating ability to meet all requirements for certification in Washington.

(2) Department investigation and verification activities regarding the applicant may include, but are not limited to:

(a) Review of application and filings for completeness and compliance with standards;

(b) On-site survey or examination;

(c) Primary-source verification with accreditation or regulatory bodies of compliance with requirements which are used to demonstrate compliance with certain standards in this chapter;

(d) Other means of determining regulatory and accreditation histories; and

(e) Exercising any power of the department under WAC 246-305-100.

[Statutory Authority: RCW 43.70.235 and 48.43.535. 01-08-023, § 246-305-080, filed 3/28/01, effective 4/28/01.]

WAC 246-305-090 Ongoing requirements for independent review organizations. A certified IRO shall:

(1) Comply with the provisions of RCW 43.70.235, 48.43.535(5), and this chapter;

(2) Cooperate with the department during investigations;

(3) Provide the department with information requested in a prompt manner;

(4) Conduct annual self-assessments of compliance with Washington certification requirements;

(5) File an annual statistical report with the department on a form specified by the department summarizing reviews conducted. The report shall include, but may not be limited to, volumes, types of cases, compliance with timelines for expedited and nonexpedited cases, determinations, number and nature of complaints, and compliance with conflict of interests rules.

(6) Submit updated information to the department if at any time there is a material change in the information included in the application.

[Statutory Authority: RCW 43.70.235 and 48.43.535. 01-08-023, § 246-305-090, filed 3/28/01, effective 4/28/01.]

WAC 246-305-100 Powers of department. (1) The department may deny, suspend, revoke or modify certification of an IRO if the department has reason to believe the applicant, certified IRO, its agents, officers, directors, or any person with any interest therein has failed or refused to comply with the requirements established under this chapter.

(2) The department may conduct an on-site review, audit, and examine records to investigate complaints alleging that an applicant, certified IRO or reviewer committed conduct described in WAC 246-305-110.

[Statutory Authority: RCW 43.70.235 and 48.43.535. 01-08-023, § 246-305-100, filed 3/28/01, effective 4/28/01.]

WAC 246-305-110 Grounds for action against an applicant or a certified IRO. (1) The department may deny an application for certification or suspend, revoke or modify certification if the applicant, certified IRO, 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. This applies to any data attached to any record requested or required by the department or matter under investigation or in a self-inspection;

(b) Obtains or attempts to obtain certification by fraudulent means or misrepresentation;

(c) Fails or refuses to comply with the requirements of RCW 43.70.235, 48.43.535(5), or this chapter;

(d) Conducts business or advertising in a misleading or fraudulent manner;

(e) Refuses to allow the department access to records, or fails to promptly produce for inspection any book, record, document or item requested by the department, or willfully interferes with an investigation;

(f) Accepts referral of cases from the insurance commissioner under RCW 48.43.535 without certification or with certification which has been terminated or is subject to sanction;

(g) Was the holder of a license, certification or contract issued by the department or by any competent authority in any state, federal, or foreign jurisdiction that was terminated for cause and never reissued, or sanctioned for cause and the terms of the sanction have not been fulfilled;

(h) Had accreditation from a recognized national or state IRO accrediting body that was terminated for cause and never reissued, or sanctioned for cause and the terms of the sanction have not been fulfilled;

(i) Willfully prevents, interferes with, or attempts to impede in any way the work of any representative of the department and the lawful enforcement of any provision of this chapter. This includes, but is not limited to: Willful misrepresentation of facts during an investigation, or administrative proceeding or any other legal action; or use of threats or harassment against any patient, client, customer, or witness, or use of financial inducements to any patient, client, customer, or witness to prevent or attempt to prevent him or her from providing evidence during an investigation, in an administrative proceeding, or any other legal action involving the department;

(j) Willfully prevents or interferes with any department representative in the preservation of evidence;

(k) Misrepresented or was fraudulent in any aspect of the conduct of business;

(l) Within the last five years, has been found in a civil or criminal proceeding to have committed any act that reasonably relates to the person's fitness to establish, maintain, or administer an IRO;

(m) Violates any state or federal statute, or administrative rule regulating the IRO;

(n) Fails to comply with an order issued by the secretary or designee;

(o) Uses interference, coercion, discrimination, reprisal, or retaliation against a patient, client, or customer exercising his or her rights;

(p) Offers, gives, or promises anything of value or benefit to any federal, state, or local employee or official for the purpose of influencing that employee or official to circumvent federal, state, or local laws, regulations, or ordinances governing the certification holder or applicant;

(2) A person, including, but not limited to, enrollees, carriers, and providers, may submit a written complaint to the department alleging that a certified IRO committed conduct described in this section.

(3) An applicant or certified IRO 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.

[Statutory Authority: RCW 43.70.235 and 48.43.535. 01-08-023, § 246-305-110, filed 3/28/01, effective 4/28/01.]

Chapter 246-310 WAC CERTIFICATE OF NEED

WAC

246-310-990

Certificate of need review fees.

WAC 246-310-990 Certificate of need review fees. (1) An application for a certificate of need under chapter 246-310 WAC shall include payment of a fee consisting of the following:

(a) A review fee based on the facility/project type;

(b) When more than one facility/project type applies to an application, the review fee for each type of facility/project must be included.

Facility/Project Type	Review Fee
Ambulatory Surgical Centers/Facilities	\$10,894
Amendments to Issued Certificates of Need	\$6,866
Emergency Review	\$4,419
Exemption Requests	
• Continuing Care Retirement Communities (CCRCs)/Health Maintenance Organization (HMOs)	\$4,419
• Bed Banking/Conversions	\$719
• Determinations of Nonreviewability	\$1,027
• Hospice Care Center	\$925
• Nursing Home Replacement/Renovation Authorizations	\$925
• Nursing Home Capital Threshold under RCW 70.38.105 (4)(e) (Excluding Replacement/Renovation Authorizations)	\$925
• Rural Hospital/Rural Health Care Facility	\$925
Extensions	
• Bed Banking	\$411
• Certificate of Need/Replacement Renovation Authorization Validity Period	\$411
Home Health Agency	\$13,155
Hospice Agency	\$11,716

Hospital (Excluding Transitional Care Units-TCUs, Ambulatory Surgical Center/Facilities, Home Health, Hospice, and Kidney Disease Treatment Centers)	\$21,583
Kidney Disease Treatment Centers	\$13,361
Nursing Homes (Including CCRCs and TCUs)	\$24,667

(2) The fee for amending a pending certificate of need application shall be as follows:

(a) When an amendment to a pending certificate of need application results in the addition of one or more facility/project types, the review fee for each additional facility/project type must accompany the amendment application;

(b) When an amendment to a pending certificate of need application results in the removal of one or more facility/project types, the department shall refund to the applicant the difference between the review fee previously paid and the review fee applicable to the new facility/project type; or

(c) When an amendment to a pending certificate of need application results in any other change as identified in WAC 246-310-100, a fee of one thousand one hundred dollars must accompany the amendment application.

(3) When a certificate of need application is returned by the department in accordance with the provisions of WAC 246-310-090 (2)(b) or (e), the department shall refund seventy-five percent of the review fees paid.

(4) When an applicant submits a written request to withdraw a certificate of need application before the beginning of review, the department shall refund seventy-five percent of the review fees paid by the applicant.

(5) When an applicant submits a written request to withdraw a certificate of need application after the beginning of review, but before the beginning of the ex parte period, the department shall refund one-half of all review fees paid.

(6) When an applicant submits a written request to withdraw a certificate of need application after the beginning of the ex parte period the department shall not refund any of the review fees paid.

(7) Review fees for exemptions and extensions shall be nonrefundable.

[Statutory Authority: RCW 70.38.105(5) and 43.70.110. 01-15-094, § 246-310-990, filed 7/18/01, effective 8/18/01. Statutory Authority: RCW 70.38.105(5). 99-23-089, § 246-310-990, filed 11/16/99, effective 12/17/99. Statutory Authority: Chapter 70.38 RCW. 96-24-052, § 246-310-990, filed 11/27/96, effective 12/28/96. Statutory Authority: RCW 70.38.135, 43.70.250 and 70.38.919. 92-02-018 (Order 224), § 246-310-990, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-990, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.38 RCW. 90-15-001 (Order 070), § 440-44-030, filed 7/6/90, effective 8/6/90. Statutory Authority: RCW 43.20A.055. 89-21-042 (Order 2), § 440-44-030, filed 10/13/89, effective 11/13/89; 87-16-084 (Order 2519), § 440-44-030, filed 8/5/87; 87-12-049 (Order 2494), § 440-44-030, filed 6/1/87; 84-13-006 (Order 2109), § 440-44-030, filed 6/7/84; 83-21-015 (Order 2037), § 440-44-030, filed 10/6/83. Statutory Authority: 1982 c 201. 82-13-011 (Order 1825), § 440-44-030, filed 6/4/82.]

Chapter 246-320 WAC

HOSPITAL LICENSING REGULATIONS

WAC

246-320-990 Fees.

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WAC 246-320-990 Fees. Hospitals licensed under chapter 70.41 RCW shall:

(1) Submit an annual license fee of eighty-one dollars and sixty-five cents for each bed space within the licensed bed capacity of the hospital to the department;

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

(3) Include neonatal intensive care bassinets;

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

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

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

(5) Exclude all normal infant bassinets;

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

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

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

[Statutory Authority: RCW 70.41.100, 43.20B.110, and 43.70.250. 01-20-119, § 246-320-990, filed 10/3/01, effective 11/3/01; 99-24-096, § 246-320-990, filed 11/30/99, effective 12/31/99. Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-990, filed 1/28/99, effective 3/10/99.]

Chapter 246-322 WAC

PRIVATE PSYCHIATRIC AND ALCOHOLISM HOSPITALS

WAC

246-322-990 Private psychiatric hospital fees.

WAC 246-322-990 Private psychiatric hospital fees.

Private psychiatric hospitals licensed under chapter 71.12 RCW shall:

(1) Submit an annual fee of fifty dollars and twenty 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 71.12.470, 43.70.110 and 43.70.250. 01-15-092, § 246-322-990, filed 7/18/01, effective 8/18/01. Statutory Authority: RCW 43.70.250 and 43.20B.020. 99-24-060, § 246-322-990, filed 11/29/99, effective 12/30/99. 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

246-323-990 Fees.

WAC 246-323-990 Fees. Residential treatment facilities for psychiatrically impaired children and youth (RTF-CY) licensed under chapter 71.12 RCW shall:

(1) Submit an annual fee of eighty-two dollars and seventy 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 71.12.470, 43.70.110 and 43.70.250. 01-15-091, § 246-323-990, filed 7/18/01, effective 8/18/01. Statutory Authority: RCW 71.12.470, 43.70.110, 43.70.250 and 43.20B.020. 99-24-094, § 246-323-990, filed 11/30/99, effective 12/31/99. 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

246-324-990 Fees.

WAC 246-324-990 Fees. The licensee shall submit:

(1) An initial fee of fifty dollars and twenty cents for each bed space within the proposed licensed bed capacity; and

(2) An annual renewal fee of fifty dollars and twenty cents for each licensed bed space.

[Statutory Authority: RCW 71.12.470, 43.70.110 and 43.70.250. 01-15-092, § 246-324-990, filed 7/18/01, effective 8/18/01. Statutory Authority: RCW 43.70.250 and 43.20B.020. 99-24-060, § 246-324-990, filed 11/29/99, effective 12/30/99. Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-990, filed 10/20/95, effective 11/20/95.]

Chapter 246-325 WAC

ADULT RESIDENTIAL REHABILITATION CENTERS AND PRIVATE ADULT TREATMENT HOMES

WAC

246-325-990 Fees.

WAC 246-325-990 Fees. Adult residential rehabilitation centers (ARRC) licensed under chapter 71.12 RCW shall:

(1) Submit an annual fee of eighty-two dollars and seventy 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 71.12.470, 43.70.110 and 43.70.250. 01-15-091, § 246-325-990, filed 7/18/01, effective 8/18/01. Statutory Authority: RCW 71.12.470, 43.70.110, 43.70.250 and 43.20B.020. 99-24-094, § 246-325-990, filed 11/30/99, effective 12/31/99. Statutory Authority: RCW 43.70.250, 43.70.110 and 43.20B.020. 95-12-097, § 246-325-990, filed 6/7/95, effective 7/8/95. Statutory Authority: RCW 43.70.250. 92-15-048 (Order 287), § 246-325-990, filed 7/10/92, effective 8/10/92. Statutory Authority: RCW 43.70.040. 91-02-050 (Order 122), § 246-325-990, filed 12/27/90, effective 1/31/91.]

Chapter 246-326 WAC

ALCOHOLISM TREATMENT FACILITIES

WAC

246-326-990 Fees.

WAC 246-326-990 Fees. Alcoholism treatment facilities licensed under chapter 71.12 RCW shall:

(1) Submit an annual fee of eighty-two dollars and seventy 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 71.12.470, 43.70.110 and 43.70.250. 01-15-091, § 246-326-990, filed 7/18/01, effective 8/18/01. Statutory Authority: RCW 71.12.470, 43.70.110, 43.70.250 and 43.20B.020. 99-24-094, § 246-326-990, filed 11/30/99, effective 12/31/99. Statutory Authority: RCW 43.70.250, 43.70.110 and 43.20B.020. 95-12-097, § 246-326-990, filed 6/7/95, effective 7/8/95. Statutory Authority: RCW 43.70.250. 92-12-028 (Order 273), § 246-326-990, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 43.70.040. 91-02-050 (Order 122), § 246-326-990, filed 12/27/90, effective 1/31/91.]

Chapter 246-327 WAC

HOME HEALTH AGENCIES

WAC

246-327-990 Fees.

WAC 246-327-990 Fees. (1) A licensee or applicant shall submit to the department:

(a) A twenty-four month 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) For five or less FTEs, one thousand five hundred dollars;

(ii) For six to fifteen FTEs, two thousand one hundred ten dollars;

(iii) For sixteen to fifty FTEs, two thousand four hundred dollars;

(iv) For fifty-one to one hundred FTEs, three thousand twenty-five dollars; and

(v) For one hundred one or more FTEs, three thousand one hundred fifteen dollars;

(b) An initial twelve-month license fee of one thousand five hundred dollars for new firms, businesses not currently licensed to provide home health care in Washington state, or currently licensed businesses which have had statement of charges filed against them; and

(c) A transfer of ownership fee of one hundred fifty dollars. A transferred license will be valid for the remainder of the current license period.

(2) A licensee shall pay seventy-five percent of the appropriate fee for each additional hospice and/or home care license.

(3) The department may charge and collect from a licensee a fee of seven hundred fifty dollars for:

(a) A second on-site visit resulting from failure of the licensee 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 twenty-five dollars per day, not to exceed five hundred dollars, from the renewal date (which is thirty days before the current license expiration date) until the date of mailing the fee, as evidenced by the postmark.

[Statutory Authority: RCW 70.127.090, 43.20B.110, 43.70.250. 01-22-062, § 246-327-990, filed 11/1/01, effective 12/2/01. Statutory Authority: RCW 70.127.090, 43.02B.020 [43.20B.020], 43.70.110 and 43.70.250. 98-13-036, § 246-327-990, filed 6/8/98, effective 7/9/98. Statutory Authority: RCW 43.70.110, 43.70.250 and 70.127.090. 97-15-096, § 246-327-990, filed 7/21/97, effective 8/21/97. 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 246-329 WAC CHILDBIRTH CENTERS

WAC

246-329-990 Fees.

WAC 246-329-990 Fees. Childbirth centers licensed under chapter 18.46 RCW shall submit an annual fee of five

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hundred thirteen dollars and ninety cents to the department unless a center is a charitable, nonprofit, or government-operated institution under RCW 18.46.030.

[Statutory Authority: RCW 18.46.030, 43.70.110 and 43.70.250. 01-15-090, § 246-329-990, filed 7/18/01, effective 8/18/01. 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

246-331-990 Fees.

WAC 246-331-990 Fees. (1) A licensee or applicant shall submit to the department:

(a) A twenty-four month 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) For five or less FTEs, seven hundred fifty dollars;

(ii) For six to fifteen FTEs, seven hundred ninety dollars;

(iii) For sixteen to fifty FTEs, one thousand one hundred seventy-four dollars and ninety-nine cents;

(iv) For fifty-one to one hundred FTEs, one thousand eight hundred eighty-two dollars and twenty-nine cents;

(v) For one hundred one or more FTEs, one thousand nine hundred eighty dollars;

(b) An initial twelve-month license fee of one thousand five hundred dollars for new firms, businesses not currently licensed to provide hospice care in Washington state, or currently licensed businesses which have had statement of charges filed against them; and

(c) A transfer of ownership fee of one hundred fifty dollars. A transferred license will be valid for the remainder of the current license period.

(2) A licensee that has a home health license, shall pay seventy-five percent of the renewal fee listed in subsection (1)(a) of this section.

(3) A licensee that does not have a home health license shall pay seventy-five percent of the appropriate fee for each additional home care license.

(4) The department may charge and collect from a licensee a fee of seven hundred fifty 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.

(5) A licensee with deemed status shall pay fees according to this section.

(6) A licensee shall submit an additional late fee in the amount of twenty-five dollars per day, not to exceed five hundred dollars, from the renewal date (which is thirty days before the current license expiration date) until the date of mailing the fee, as evidenced by the postmark.

[Statutory Authority: RCW 70.127.090, 43.20B.110, 43.70.250. 01-22-062, § 246-331-990, filed 11/1/01, effective 12/2/01. Statutory Authority: RCW 70.127.090, 43.02B.020 [43.20B.020], 43.70.110 and 43.70.250. 98-13-036, § 246-331-990, filed 6/8/98, effective 7/9/98. Statutory Authority: RCW

43.70.110, 43.70.250 and 70.127.090. 97-15-096, § 246-331-990, filed 7/21/97, effective 8/21/97. 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 246-336 WAC HOME CARE AGENCY RULES

WAC
246-336-990 Fees.

WAC 246-336-990 Fees. (1) A licensee or applicant shall submit to the department:

(a) A twenty-four month 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) For five or less FTEs, four hundred fifty dollars;
(ii) For six to fifteen FTEs, eight hundred fifteen dollars;
(iii) For sixteen to fifty FTEs, eight hundred seventy-five dollars;

(iv) For fifty-one to one hundred FTEs, one thousand twenty-five dollars; and

(v) For one hundred one or more FTEs, one thousand one hundred dollars;

(b) An initial twelve-month license fee of one thousand five hundred dollars 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; and

(c) A transfer of ownership fee of one hundred fifty dollars. A transferred license will be valid for the remainder of the current license period.

(2) A licensee that has a home health and/or hospice license shall pay seventy-five percent of the renewal fee listed in subsection (1)(a) of this section.

(3) The department may charge and collect from a licensee a fee of seven hundred fifty 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 twenty-five dollars per day, not to exceed three hundred dollars, from the renewal date (which is thirty days before the current license expiration date) until the date of mailing the fee, as evidenced by the postmark.

[Statutory Authority: RCW 70.127.090, 43.20B.110, 43.70.250. 01-22-062, § 246-336-990, filed 11/1/01, effective 12/2/01. Statutory Authority: RCW 70.127.090, 43.02B.020 [43.20B.020], 43.70.110 and 43.70.250. 98-13-036, § 246-336-990, filed 6/8/98, effective 7/9/98. Statutory Authority: RCW 43.70.110, 43.70.250 and 70.127.090. 97-15-096, § 246-336-990, filed

7/21/97, effective 8/21/97. 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 246-360 WAC TRANSIENT ACCOMMODATIONS

WAC
246-360-990 Fees.

WAC 246-360-990 Fees. (1) The licensee or applicant must submit:

(a) An annual fee according to the following schedule:

NUMBER OF LODGING UNITS	FEE
3 - 10	\$ 102.50
11 - 49	\$ 205.50
50 - over	\$ 411.00

(b) A late fee of fifty dollars, in addition to the full license renewal fee, if the full license renewal fee is not delivered or mailed to the department at least thirty days prior to the license expiration date;

(c) 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.

(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 70.62.220, 43.70.110 and 43.70.250. 01-15-093, § 246-360-990, filed 7/18/01, effective 8/18/01; 99-23-015, § 246-360-990, filed 11/5/99, effective 12/6/99. 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 246-430 WAC CANCER REPORTING

WAC
246-430-001 through 246-430-060 Repealed.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-430-001 Purpose. [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.] Repealed by 01-04-086,

	filed 2/7/01, effective 3/10/01. Statutory Authority: RCW 70.54.270, 43.20.050, 43.70.130.
246-430-010	Definitions. [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.] Repealed by 01-04-086, filed 2/7/01, effective 3/10/01. Statutory Authority: RCW 70.54.270, 43.20.050, 43.70.130.
246-430-020	Cancer case identification. [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.] Repealed by 01-04-086, filed 2/7/01, effective 3/10/01. Statutory Authority: RCW 70.54.270, 43.20.050, 43.70.130.
246-430-030	Data collection requirements. [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.] Repealed by 01-04-086, filed 2/7/01, effective 3/10/01. Statutory Authority: RCW 70.54.270, 43.20.050, 43.70.130.
246-430-040	Form, frequency, and format for reporting. [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.] Repealed by 01-04-086, filed 2/7/01, effective 3/10/01. Statutory Authority: RCW 70.54.270, 43.20.050, 43.70.130.
246-430-050	Data quality assurance. [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.] Repealed by 01-04-086, filed 2/7/01, effective 3/10/01. Statutory Authority: RCW 70.54.270, 43.20.050, 43.70.130.
246-430-060	Access and release of information. [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.] Repealed by 01-04-086, filed 2/7/01, effective 3/10/01. Statutory Authority: RCW 70.54.270, 43.20.050, 43.70.130.

WAC 246-430-001 through 246-430-060 Repealed.
See Disposition Table at beginning of this chapter.

Chapter 246-809 WAC

LICENSURE FOR MENTAL HEALTH COUNSELORS, MARRIAGE AND FAMILY THERAPISTS, AND SOCIAL WORKERS

WAC

246-809-080	AIDS prevention and information education requirements.
246-809-120	Education requirements—Degree equivalents.
246-809-121	Program equivalency.
246-809-130	Supervised postgraduate experience.
246-809-140	Examination.
246-809-220	Education requirements.
246-809-221	Behavioral sciences—Program equivalency.
246-809-230	Supervised postgraduate experience.
246-809-240	Examination for licensed mental health counselors.
246-809-320	Education requirements and supervised postgraduate experience.
246-809-321	Education and experience equivalency.
246-809-340	Examination required.
246-809-990	Fees and renewal cycle.

WAC 246-809-080 AIDS prevention and information education requirements. Applicants must complete four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: 2001 c 251, RCW 43.70.250, 01-17-113, § 246-809-080, filed 8/22/01, effective 9/22/01.]

WAC 246-809-120 Education requirements—Degree equivalents. (1) To meet the education requirement of chapter 251, Laws of 2001, an applicant must possess a master's or

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doctoral degree in marriage and family therapy or a behavioral science master's or doctoral degree with equivalent coursework from an approved school. An official transcript must be provided as evidence of fulfillment of the coursework required.

(2) The following are considered to be equivalent to a master's or doctoral degree in marriage and family therapy from an approved school:

(a) A doctoral or master's degree from an approved school in any of the behavioral sciences that shows evidence of fulfillment of the coursework requirements set out in WAC 246-809-121; or

(b) A doctoral or master's degree in any of the behavioral sciences from an approved school that shows evidence of partial fulfillment of the equivalent coursework requirements set out in WAC 246-809-121, plus supplemental coursework from an approved school to satisfy the remaining equivalent coursework requirements set out in WAC 246-809-121.

(3) Applicants who held a behavioral science master's or doctoral degree and are completing supplemental coursework through an approved school to satisfy any missing program equivalencies may count any postgraduate experience hours acquired concurrently with the additional coursework.

(4) Anyone who has obtained American Association for Marriage and Family Therapy (AAMFT) clinical membership status is considered to have met the education requirements of this chapter. Verification must be sent directly to the department from the AAMFT.

[Statutory Authority: 2001 c 251, RCW 43.70.250, 01-17-113, § 246-809-120, filed 8/22/01, effective 9/22/01.]

WAC 246-809-121 Program equivalency. Coursework equivalent to a master's or doctoral degree in marriage and family therapy shall include graduate level courses in marital and family systems, marital and family therapy, individual development psychopathology, human sexuality, research, professional ethics and law, and supervised clinical practice and electives.

A total of forty-five semester credits and sixty quarter credits are required in all nine areas of study. A minimum of twenty-seven semester credits or thirty-six quarter credits 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 of the coursework is as follows:

(1) Marital and family systems.

(a) An applicant must have taken at least two courses in marital and family systems. Coursework required is a minimum of six semester credits or eight quarter credits.

(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 pro-

vides 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 have taken at least two courses in marital and family therapy. Coursework required is a minimum of six semester credits or eight quarter credits.

(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 have taken at least one course in individual development. Coursework required is a minimum of two semester credits or three quarter credits.

(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 have taken at least one course in psychopathology. Coursework required is a minimum of two semester credits or three quarter credits.

(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 have taken at least one course in human sexuality. Coursework required is a minimum of two semester credits or three quarter credits.

(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 have taken at least one course in research methods. Coursework required is a minimum of three semester credits or four quarter credits.

(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 have taken at least one course in professional ethics and law. Coursework required is a minimum of three semester credits or four quarter credits.

(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) Electives.

(a) An individual must take one course in an elective area. Coursework required is a minimum of three semester credits and four quarter credits.

(b) This area will vary with different institutions but is intended to provide supplemental and/or specialized supporting areas.

(9) Supervised clinical practice.

(a) An applicant may acquire up to nine semester credits or twelve quarter credits through supervised clinical practice in marriage and family therapy under the supervision of a qualified marriage and family therapist as determined by the school;

(b) If an applicant completed a master's or doctoral degree program in marriage and family therapy, or a behavioral science master's or doctoral degree with equivalent coursework, prior to January 1, 1997; and if that degree did not include a supervised clinical practice component, the applicant may substitute the clinical practice component with proof of a minimum of three years postgraduate experience in marriage and family therapy, in addition to the two years supervised postgraduate experience required under section 9(1), chapter 251, Laws of 2001.

[Statutory Authority: 2001 c 251, RCW 43.70.250. 01-17-113, § 246-809-121, filed 8/22/01, effective 9/22/01.]

WAC 246-809-130 Supervised postgraduate experience. The following are experience requirements for the applicant's practice area:

(1) Successful completion of a supervised experience requirement. The experience requirement consists of a minimum of two calendar years of full-time marriage and family therapy. Of the total supervision, one hundred hours must be with a licensed marriage and family therapist with at least five years' clinical experience; the other one hundred hours may be with an equally qualified licensed mental health practitioner. Total experience requirements include:

(a) A minimum of three thousand hours of experience, one thousand hours of which must be direct client contact; at least five hundred hours must be gained in diagnosing and treating couples and families; plus

(b) At least two hundred hours of qualified supervision with a supervisor. At least one hundred of the two hundred hours must be one-on-one supervision, and the remaining hours may be in one-on-one or group supervision.

(2) Applicants who have completed a master's program accredited by the commission on accreditation for marriage and family therapy education of the American Association for Marriage and Family Therapy may be credited with five

hundred hours of direct client contact and one hundred hours of formal meetings with an approved supervisor.

[Statutory Authority: 2001 c 251, RCW 43.70.250. 01-17-113, § 246-809-130, filed 8/22/01, effective 9/22/01.]

WAC 246-809-140 Examination. Examination required. Applicant must take and pass the Association of Marital and Family Therapy Regulatory Boards (AMFTRB) examination. The passing score on the examination shall be that established by the testing company in conjunction with the AMFTRB.

[Statutory Authority: 2001 c 251, RCW 43.70.250. 01-17-113, § 246-809-140, filed 8/22/01, effective 9/22/01.]

WAC 246-809-220 Education requirements. (1) To meet the education requirement imposed by section 9 (1)(b)(i), chapter 251, Laws of 2001, an applicant must possess a master's or doctoral degree in mental health counseling or a behavioral science master's or doctoral degree in a field relating to mental health counseling from an approved school. Fields recognized as relating to mental health counseling may include counseling, psychology, social work, nursing, education, pastoral counseling, rehabilitation counseling, or social sciences. Any field of study qualifying as related to mental health counseling must satisfy coursework equivalency requirements included in WAC 246-809-221. An official transcript must be provided as evidence of fulfillment of the coursework required.

(2) Any supplemental coursework required must be from an approved school.

(3) Applicants who held a behavioral science master's or doctoral degree and are completing supplemental coursework through an approved school to satisfy any missing program equivalencies may count any postgraduate experience hours acquired concurrently with the additional coursework.

(4) A person who is a Nationally Certified Counselor (NCC) or a Certified Clinical Mental Health Counselor (CCMHC) through the National Board of Certified Counselors (NBCC) is considered to have met the education requirements of this chapter. Verification must be sent directly to the department from NBCC.

[Statutory Authority: 2001 c 251, RCW 43.70.250. 01-17-113, § 246-809-220, filed 8/22/01, effective 9/22/01.]

WAC 246-809-221 Behavioral sciences—Program equivalency. Behavioral science in a field relating to mental health counseling includes a core of study relating to counseling theory and counseling philosophy. Either a counseling practicum, or a counseling internship, or both, must be included in the core of study. Exclusive use of an internship or practicum used for qualification must have incorporated supervised direct client contact. This core of study must include seven content areas from the entire list in subsections (1) through (17) of this section, five of which must be from content areas in subsections (1) through (8) of this subsection:

- (1) Assessment/diagnosis.
- (2) Ethics/law.
- (3) Counseling individuals.

(4) Counseling groups.

(5) Counseling couples and families.

(6) Developmental psychology (may be child, adolescent, adult or life span).

(7) Psychopathology/abnormal psychology.

(8) Research and evaluation.

(9) Career development counseling.

(10) Multicultural concerns.

(11) Substance/chemical abuse.

(12) Physiological psychology.

(13) Organizational psychology.

(14) Mental health consultation.

(15) Developmentally disabled persons.

(16) Abusive relationships.

(17) Chronically mentally ill.

[Statutory Authority: 2001 c 251, RCW 43.70.250. 01-17-113, § 246-809-221, filed 8/22/01, effective 9/22/01.]

WAC 246-809-230 Supervised postgraduate experience. The following are experience requirements for the applicant's practice area:

Successful completion of a supervised experience requirement. The experience requirement consists of a minimum of thirty-six months full-time counseling or three thousand hours of postgraduate mental health counseling under the supervision of a qualified licensed mental health counselor in an approved setting. The three thousand hours of required experience includes a minimum of one hundred hours spent in immediate supervision with the qualified licensed mental health counselor, and includes a minimum of one thousand two hundred hours of direct counseling with individuals, couples, families, or groups.

[Statutory Authority: 2001 c 251, RCW 43.70.250. 01-17-113, § 246-809-230, filed 8/22/01, effective 9/22/01.]

WAC 246-809-240 Examination for licensed mental health counselors. (1) Testing companies must administer a written licensure examination on knowledge and application of mental health counseling at least once a year. The applicant must submit a completed application and application fee to the department at least ninety days prior to the scheduled examination date. All other supporting documents, including verification of supervised postgraduate experience, must be submitted sixty days prior to the examination date.

(2) Applicants who take and pass the National Board of Certified Counselors (NBCC), National Certification Examination (NCE) or the National Clinical Mental Health Counselor Examination (NCMHCE) have met the examination requirement of chapter 251, Laws of 2001. Verification of successful completion and passage of the NBCC examination is to be provided directly to the department of health by NBCC at the request of the applicant for Washington state mental health counselor.

(3) The passing score established by the testing company is the passing score accepted by the department of health.

[Statutory Authority: 2001 c 251, RCW 43.70.250. 01-17-113, § 246-809-240, filed 8/22/01, effective 9/22/01.]

WAC 246-809-320 Education requirements and supervised postgraduate experience. The following are education and experience requirements for the applicant's practice area:

(1) Licensed advanced social worker.

(a) Graduation from a master's or doctoral social work educational program accredited by the council on social work education and approved by the secretary based upon nationally recognized standards; and

(b) Successful completion of a supervised experience requirement. The experience requirement consists of a minimum of three thousand two hundred hours with ninety hours of supervision by a licensed independent clinical social worker or a licensed advanced social worker who has been licensed or certified for at least two years. Of those hours, fifty hours must include direct supervision by a licensed advanced social worker or licensed independent clinical social worker; the other forty hours may be with an equally qualified licensed mental health practitioner. Forty hours must be in one-to-one supervision and fifty hours may be in one-to-one supervision or group supervision. Distance supervision is limited to forty supervision hours. Eight hundred hours must be in direct client contact.

(2) Licensed independent clinical social worker.

(a) Graduation from a master's or doctorate level social work educational program accredited by the council on social work education and approved by the secretary based upon nationally recognized standards; and

(b) Successful completion of a supervised experience requirement. The experience requirement consists of a minimum of four thousand hours of experience, of which one thousand hours must be direct client contact, over a three-year period supervised by a licensed independent clinical social worker, with supervision of at least one hundred thirty hours by a licensed mental health practitioner. Of the total supervision, seventy hours must be with an independent clinical social worker; the other sixty hours may be with an equally qualified licensed mental health practitioner. Sixty hours must be in one-to-one supervision and seventy hours may be in one-to-one supervision or group supervision. Distance supervision is limited to sixty supervision hours.

[Statutory Authority: 2001 c 251, RCW 43.70.250. 01-17-113, § 246-809-320, filed 8/22/01, effective 9/22/01.]

WAC 246-809-321 Education and experience equivalency. (1)(a) Persons who obtained the Board Certified Diplomate in Clinical Social Work from the American Board of Examiners in Clinical Social Work (ABECSW) shall be considered to have met the education and postgraduate experience requirements to be eligible for Washington state licensure examination.

(b) Documentation of ABECSW Board Certified Diplomate in Clinical Social Work must be sent directly to the department from the ABECSW.

(2)(a) Persons who obtained the Diplomate in Clinical Social Work (DCSW) or Qualified Clinical Social Work (QCSW) from the National Association of Social Workers (NASW) shall be considered to have met the education and postgraduate experience requirements to be eligible for Washington state licensure examination.

(b) Documentation of DCSW or QCSW must be sent directly to the department from NASW.

[Statutory Authority: 2001 c 251, RCW 43.70.250. 01-17-113, § 246-809-321, filed 8/22/01, effective 9/22/01.]

WAC 246-809-340 Examination required. (1) Either the American Association of State Social Work Board's advanced or clinical examination is approved for use as the state examination for licensure of social workers.

(2) The passing score established by the testing company is the passing score accepted by the department of health.

[Statutory Authority: 2001 c 251, RCW 43.70.250. 01-17-113, § 246-809-340, filed 8/22/01, effective 9/22/01.]

WAC 246-809-990 Fees and renewal cycle. (1) Licenses must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2.

Title	Fee
(2) The following nonrefundable fees will be charged for licensed marriage and family therapist:	
Application	\$50.00
Initial license	25.00
Renewal	83.00
Late renewal penalty	50.00
Expired license reissuance	50.00
Duplicate license	10.00
Certification of license	10.00
(3) The following nonrefundable fees will be charged for licensed mental health counselor:	
Application	25.00
Initial license	25.00
Renewal	29.00
Late renewal penalty	29.00
Expired license reissuance	29.00
Duplicate license	10.00
Certification of license	10.00
(4) The following nonrefundable fees will be charged for licensed advanced social worker and licensed independent clinical social worker:	
Application	25.00
Initial license	25.00
Renewal	42.00
Late renewal penalty	42.00
Expired license reissuance	42.00
Duplicate license	10.00
Certification of license	10.00

[Statutory Authority: 2001 c 251, RCW 43.70.250. 01-17-113, § 246-809-990, filed 8/22/01, effective 9/22/01.]

Chapter 246-817 WAC

DENTAL QUALITY ASSURANCE COMMISSION

(Formerly chapters 246-816 and 246-818 WAC)

WAC

246-817-440
246-817-990

Continuing education requirements.
Dentist fees and renewal cycle.

WAC 246-817-440 Continuing education requirements. (1) **Purpose.** The dental quality assurance commission (DQAC) has determined that the public health, safety and welfare of the citizens of the state will be served by requiring all dentists, licensed under chapter 18.32 RCW, to continue their professional development via continuing education after receiving such licenses.

(2) **Effective date.** The effective date for the continuing education requirement for dentists is July 1, 2001. The first reporting cycle for verifying completion of continuing education hours will begin with renewals due July 1, 2002, and each renewal date thereafter. Every licensed dentist will be required to sign an affidavit attesting to the completion of the required number of hours as a part of their annual renewal requirement.

(3) **Requirements.** Licensed dentists must complete twenty-one clock hours of continuing education, each year, in conjunction with their annual renewal date. DQAC may randomly audit up to twenty-five percent of practitioners for compliance after the credential is renewed as allowed by chapter 246-12 WAC, Part 7.

(4) **Acceptable continuing education - Qualification of courses for continuing education credit.** DQAC will not authorize or approve specific continuing education courses. Continuing education course work must contribute to the professional knowledge and development of the practitioner, or enhance services provided to patients.

For the purposes of this chapter, acceptable continuing education shall be defined as courses offered or authorized by industry recognized state, private, national and international organizations, agencies or institutions of higher learning. Examples of sponsors, or types of continuing education courses may include, but are not limited to:

(a) The American Dental Association, Academy of General Dentistry, National Dental Association, American Dental Hygienists' Association, National Dental Hygienists' Association, American Dental Association specialty organizations, including the constituent and component/branch societies.

(b) Basic first aid, CPR, BLS, ACLS, OSHA/WISHA, or emergency related training; such as courses offered or authorized by the American Heart Association or the American Cancer Society; or any other organizations or agencies.

(c) Educational audio or videotapes, films, slides, Internet, or independent reading, where an assessment tool is required upon completion are acceptable but may not exceed three hours per year.

(d) Teaching a seminar or clinical course for the first time is acceptable but may not exceed ten hours per year.

(e) Nonclinical courses relating to dental practice organization and management, patient management, or methods of health delivery may not exceed seven hours per year. Estate planning, financial planning, investments, and personal health courses are not acceptable.

(f) Dental examination standardization and calibration workshops.

(g) Provision of clinical dental services in a formal volunteer capacity may be considered for continuing education credits when preceded by an educational/instructional training

prior to provision of services. Continuing education credits in this area shall not exceed seven hours per renewal cycle.

(5) Refer to chapter 246-12 WAC, Part 7, administrative procedures and requirements for credentialed health care providers for further information regarding compliance with the continuing education requirements for health care providers including:

- (a) When is continuing education required?
- (b) How to prove compliance.
- (c) Auditing for compliance.
- (d) What is acceptable audit documentation?
- (e) When is a practitioner exempt from continuing education?
- (f) How credit hours for continuing education courses are determined.
- (g) Carrying over continuing education credits.
- (h) Taking the same course more than once during a reporting cycle.

[Statutory Authority: RCW 18.32.0365, 01-16-007, § 246-817-440, filed 7/19/01, effective 8/19/01.]

WAC 246-817-990 Dentist fees and renewal cycle. (1) Licenses must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2, except faculty and resident licenses.

(2) Faculty and resident licenses must be renewed every year on July 1 as provided in chapter 246-12 WAC, Part 2.

(3) The following nonrefundable fees will be charged:

Title of Fee	Fee
Original application by examination*	
Initial application	\$ 325.00
Original application - Without examination	
Initial application	350.00
Initial license	350.00
Faculty license application	325.00
Resident license application	60.00
License renewal:	
Renewal	205.00
Surcharge - impaired dentist	25.00
Late renewal penalty	102.50
Expired license reissuance	102.50
Duplicate license	15.00
Certification of license	25.00
Anesthesia permit	
Initial application	50.00
Renewal - (three-year renewal cycle)	50.00
Late renewal penalty	50.00
Expired permit reissuance	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.

[Statutory Authority: RCW 18.32.0365 and 43.70.250, 01-11-166, § 246-817-990, filed 5/23/01, effective 7/1/01. Statutory Authority: RCW 43.70.250, 99-08-101, § 246-817-990, filed 4/6/99, effective 7/1/99. Statutory Authority: RCW 43.70.280, 98-05-060, § 246-817-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.040, 95-16-122, § 246-817-990, filed 8/2/95, effective 9/1/95.]

Chapter 246-834 WAC**MIDWIVES****WAC**

246-834-990 Midwifery fees and renewal cycle.

WAC 246-834-990 Midwifery fees and renewal cycle.

(1) Licenses must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2.

(2) The following fees are nonrefundable:

Title of Fee	Fee
Initial application	\$500.00
National examination administration (initial/retake)	100.00
State examination (initial/retake)	150.00
Renewal	950.00
Late renewal penalty	300.00
Duplicate license	25.00
Certification of license	25.00
Application fee—Midwife-in-training program	950.00
Expired license reissuance	300.00

[Statutory Authority: RCW 43.70.250, 2001 2nd sp.s. c 7 and RCW 18.50.102, 01-23-101, § 246-834-990, filed 11/21/01, effective 1/21/02. Statutory Authority: RCW 18.50.102 and 43.70.250, 98-11-069, § 246-834-990, filed 5/19/98, effective 7/13/98. 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**

246-836-060 Repealed.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-836-060 Examination appeals. [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.] Repealed by 01-14-091, filed 7/5/01, effective 8/5/01. Statutory Authority: RCW 18.36A.060.

WAC 246-836-060 Repealed. See Disposition Table at beginning of this chapter.

Chapter 246-840 WAC**PRACTICAL AND REGISTERED NURSING****WAC**

246-840-421 How do advanced registered nurse practitioners qualify for prescriptive authority for Schedule II - IV drugs?

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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-840-980 Evaluation of nurse delegation. [Statutory Authority: Chapter 18.79 RCW, 96-05-060, § 246-840-980, filed 2/19/96, effective 3/21/96.] Repealed by 02-02-047, filed 12/27/01, effective 1/27/02. Statutory Authority: Chapters 18.79 and 18.88A RCW.

WAC 246-840-421 How do advanced registered nurse practitioners qualify for prescriptive authority for Schedule II - IV drugs? Applicants must:

- (1) Hold a valid and unrestricted registered nurse license.
- (2) Hold or be eligible for an advanced registered nurse practitioner license with authority for legend drugs and Schedule V drugs. (See also WAC 246-840-410.) As noted in RCW 18.79.250, each advanced registered nurse practitioner prescribes within his or her scope of practice for a particular license specialty.
- (3) Have a joint practice arrangement that meets requirements of WAC 246-840-422 with a physician or physicians licensed under chapter 18.71 or 18.57 RCW who holds a license without restrictions related to prescribing scheduled drugs.
- (4) Submit a completed application form for Schedule II - IV endorsement on a form provided by the department of health, nursing care quality assurance commission accompanied by a fee as specified in WAC 246-840-990.

[Statutory Authority: RCW 18.79.240, 2000 c 64, and RCW 18.79.320, 01-16-011, § 246-840-421, filed 7/19/01, effective 8/19/01.]

WAC 246-840-422 Criteria for joint practice arrangement. The joint practice arrangement shall include:

- (1) The names of both the licensed advanced registered nurse practitioner and the licensed physician, both license numbers and both practice addresses;
- (2) A written agreement that describes how collaboration will occur between the practitioners; and
- (3) The description of the collaboration will vary according to the relationship between the advanced registered nurse practitioner and physician, but must include a description of:
 - (a) When the advanced registered nurse practitioner will consult with a physician;
 - (b) How consultation will occur (e.g., face-to-face, phone, fax, e-mail, etc.);
 - (c) How consultation will be documented.
- (4) Joint practice arrangements may be made with more than one physician.

[Statutory Authority: RCW 18.79.240, 2000 c 64, and RCW 18.79.320, 01-16-011, § 246-840-422, filed 7/19/01, effective 8/19/01.]

WAC 246-840-423 Endorsement of joint practice arrangements for ARNP licensure. (1) The joint practice arrangement shall be submitted by the advanced registered nurse practitioner to the department of health, nursing care quality assurance commission at the time of initial licensure or endorsement and biennially with renewal.

(2) A notice of the joint practice arrangement shall be forwarded by the nursing care quality assurance commission to either the medical quality assurance commission or to the board of osteopathic medicine and surgery for review to assure the physician's license is unrestricted. The medical quality assurance commission or the board of osteopathic medicine and surgery will notify the nursing care quality assurance commission in the event a physician who has signed a joint practice arrangement, has a license with restrictions related to prescribing scheduled drugs.

(3) The advanced registered nurse practitioner can only begin prescribing Schedule II - IV drugs after his or her license endorsement has been issued and he or she has obtained the appropriate Drug Enforcement Administration registration.

[Statutory Authority: RCW 18.79.240, 2000 c 64, and RCW 18.79.320. 01-16-011, § 246-840-423, filed 7/19/01, effective 8/19/01.]

WAC 246-840-424 Process for joint practice arrangement termination. (1) The joint practice arrangement between the advanced registered nurse practitioner and the physician shall provide for written notice of termination of the arrangement. The nursing care quality assurance commission shall be notified of the termination. Once the joint practice arrangement is terminated, the advanced registered nurse practitioner must submit a new joint practice arrangement before resuming prescribing Schedule II - IV drugs.

(2) The nursing care quality assurance commission will notify either the medical quality assurance commission or the board of osteopathic medicine and surgery that the joint practice arrangement has been terminated.

(3) A joint practice arrangement may be terminated as a result of disciplining action taken by a disciplining authority.

(4) In the event either the advanced registered nurse practitioner or the physician is disciplined, the disciplining authority for the other party will be notified that the joint practice arrangement no longer exists due to disciplinary action.

(5) If an advanced registered nurse practitioner has multiple approved joint practice arrangements and one is terminated, he or she may continue to prescribe Schedule II - IV drugs under the other joint practice arrangement(s).

[Statutory Authority: RCW 18.79.240, 2000 c 64, and RCW 18.79.320. 01-16-011, § 246-840-424, filed 7/19/01, effective 8/19/01.]

WAC 246-840-425 Seventy-two-hour limit. (1) Advanced registered nurse practitioners can dispense up to a seventy-two-hour supply of Schedule II - IV drugs.

(2) The seventy-two-hour limit on dispensing does not apply to prescribing Schedule II - IV drugs.

[Statutory Authority: RCW 18.79.240, 2000 c 64, and RCW 18.79.320. 01-16-011, § 246-840-425, filed 7/19/01, effective 8/19/01.]

[2002 WAC Supp—page 876]

WAC 246-840-426 Education for prescribing Schedule II - IV drugs. Special education for advanced registered nurse practitioners is strongly recommended in the areas of pain management and drug seeking behaviors and/or addiction. Continuing education credit in these subjects may be applied to the biennial pharmacotherapeutics requirement found in WAC 246-840-450.

[Statutory Authority: RCW 18.79.240, 2000 c 64, and RCW 18.79.320. 01-16-011, § 246-840-426, filed 7/19/01, effective 8/19/01.]

WAC 246-840-427 Jurisdiction. Nothing in WAC 246-840-421 through 246-840-466 shall be interpreted as giving a disciplining authority jurisdiction over a practitioner not licensed by that commission or board.

[Statutory Authority: RCW 18.79.240, 2000 c 64, and RCW 18.79.320. 01-16-011, § 246-840-427, filed 7/19/01, effective 8/19/01.]

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 registered nurse delegator to make independent professional decisions regarding the delegation of a nursing task. A licensed registered nurse may delegate specific nursing care tasks to nursing assistants who meet certain requirements and provide care to individuals served by certified community residential programs for the developmentally disabled, to residents in licensed adult family homes, and to residents of licensed boarding homes. Before delegating a task, the registered nurse delegator must determine that specific criteria described in the protocol are met and ensure that the patient is in a stable and predictable condition. Registered nurses delegating tasks are accountable to the Washington state nursing care quality assurance commission. The registered nurse delegator and nursing assistant are accountable for their own individual actions in the delegation process. No person may coerce a registered nurse into compromising patient safety by requiring the registered nurse to delegate if the registered nurse delegator determines it is inappropriate to do so. Registered nurse delegators cannot delegate the following care tasks under any circumstances:

(1) Administration of medications by injection (intramuscular, intradermal, subcutaneous, intraosseous and intravenous).

(2) Sterile procedures.

(3) Central line maintenance.

[Statutory Authority: Chapters 18.79 and 18.88A RCW. 02-02-047, § 246-840-910, filed 12/27/01, effective 1/27/02. 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) "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.

(2) "Coercion" means to force or compel another, by authority, to do something that he/she would not otherwise choose to do.

(3) "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 registered nurse delegator must identify and facilitate additional training of the nursing assistant prior to delegation in these situations. The registered nurse delegator may decide the task is not delegable. In no case, may administration of medications by injection, sterile procedures and central line maintenance be delegated.

(4) "Medication assistance" as defined in chapter 246-888 WAC does not require delegation by a licensed nurse.

(5) "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 served by certified community residential programs for the developmentally disabled, to individuals residing in licensed adult family homes, and to individuals residing in licensed boarding homes.

(6) "Outcome" means the end result or consequence of an action after following an established plan of care.

(7) "Patient" means the individual recipient of nursing actions. In the community residential settings, the patient may also be referred to as client, consumer, or resident.

(8) "Personal care services" as defined in WAC 388-15-202 do not require delegation by a licensed nurse.

(9) "Procedure" means a series of steps by which a desired result is obtained; a particular course of action or way of doing something.

(10) "Protocol" means an explicit, detailed written plan specifying the procedures to be followed in providing care for a particular condition.

(11) "Registered nurse delegation" means the registered nurse transfers the performance of selected nursing tasks to competent nursing assistants in selected situations. The registered nurse delegating the task retains the responsibility and accountability for the nursing care of the patient.

(12) "Supervision" means the provision of guidance and evaluation by a registered nurse delegator 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 ninety days of the actual act of accomplishing the task or activity; and the authority to require corrective action.

(13) "Immediate supervision" means the registered nurse delegator is on the premises and is within audible and visual range of the patient and the patient has been assessed by the registered nurse delegator prior to the delegation of duties to any care giver.

(14) "Direct supervision" means the registered nurse delegator is on the premises, is quickly and easily available and the patient has been assessed by the registered nurse delegator prior to the delegation of the duties to any care giver.

(15) "Indirect supervision" means the registered nurse delegator 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 registered nurse delegator prior to the delegation of duties to any care giver. If oral clarification of the written instructions is required, it must be documented.

(16) "Stable and predictable condition" means a situation in which the patient's clinical and behavioral status is known through the registered nurse delegator's assessment to be non-fluctuating and consistent, including a terminally ill patient whose deteriorating condition is predictable. The registered nurse delegator determines that the patient does not require their frequent presence and evaluation.

[Statutory Authority: Chapters 18.79 and 18.88A RCW. 02-02-047, § 246-840-920, filed 12/27/01, effective 1/27/02. 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. (1) Before delegating a nursing task, the registered nurse delegator must determine that it is appropriate to delegate based on the elements of the nursing process: ASSESS, PLAN, IMPLEMENT, EVALUATE:

ASSESS

(2) 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.

(3) Assess the patient's nursing care needs and determine that the patient is in a stable and predictable condition.

(4) Determine that the task to be delegated is within the delegating nurse's area of responsibility.

(5) Determine that the task to be delegated can be properly and safely performed by the nursing assistant. The registered nurse delegator 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.

(6) 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 delegator 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 registered nurse delegator must identify and facilitate any additional training of the nursing assistant that is needed prior to delegation. The registered nurse delegator must ensure that the task to be delegated can be properly and safely performed by the nursing assistant.

(7) 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.

(8) 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) As required in WAC 246-841-405 (2)(a), nursing assistants registered must complete both the basic caregiver training and core delegation training before performing any delegated task;

(c) Has a certificate of completion issued by the department of social and health services indicating completion of nurse delegation for nursing assistants; and

(d) Is willing to perform the task in the absence of direct or immediate nurse supervision and accept responsibility for their actions.

(9) 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.

(10) If the registered nurse delegator determines delegation is appropriate, the nurse must:

(a) Discuss the delegation process with the patient or authorized representative, including the level of training of the nursing assistant delivering care.

(b) Obtain patient consent. The patient, or authorized representative, must give written, informed consent to the delegation process under chapter 7.70 RCW. Documented verbal consent of patient or authorized representative may be acceptable if written consent is obtained within thirty days; electronic consent is an acceptable format.

(c) Written consent is only necessary at the initial use of the nurse delegation process for each patient and is not necessary for task additions or changes or if a different nurse or nursing assistant will be participating in the process.

PLAN

(11) Document in the patient's record the rationale for delegating or not delegating nursing tasks.

(12) 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 delegator, health care provider, or emergency services;

(j) The action to take in situations where medications and/or treatments and/or procedures are altered by health care provider orders, including:

(i) How to notify the registered nurse delegator of the change;

(ii) The process the registered nurse delegator will use to obtain verification from the health care provider of the change in the medical order; and

(iii) The process to notify the nursing assistant of whether administration of the medication or performance of the procedure and/or treatment 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, or other method for verification of competency, 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 ninety days.

(13) The administration of medications may be delegated at the discretion of the registered nurse delegator. The registered nurse delegator 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 a medication and the procedure to follow for such administration.

IMPLEMENT

(14) Delegation requires the registered nurse delegator teach the nursing assistant how to perform the task, including return demonstration or other method of verification of competency as determined by the registered nurse delegator.

(15) The registered nurse delegator is accountable and responsible for the delegated nursing task. The registered nurse delegator must monitor the performance of the task(s) to assure compliance to established standards of practice, policies and procedures and to ensure appropriate documentation of the task(s).

EVALUATE

(16) The registered nurse delegator must evaluate the patient's responses to the delegated nursing care and to any modification of the nursing components of the patient's plan of care.

(17) The registered nurse delegator must supervise and evaluate the performance of the nursing assistant, including direct observation or other method of verification of competency of the nursing assistant to perform the delegated nursing task. The registered nurse delegator 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.

(18) The registered nurse delegator must ensure safe and effective services are provided. Reevaluation and documentation must occur at least every ninety days. Frequency of supervision is at the discretion of the registered nurse delegator.

[Statutory Authority: Chapters 18.79 and 18.88A RCW. 02-02-047, § 246-840-930, filed 12/27/01, effective 1/27/02. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-930, filed 6/18/97, effective 7/19/97; 96-05-060, § 246-840-930, filed 2/19/96, effective 3/21/96.]

WAC 246-840-940 Washington state nursing care quality assurance commission community care setting delegation decision tree.

(1)	Does the patient reside in one of the following settings? A certified community residential program for the developmentally disabled, a licensed adult family home, a licensed boarding home	No →	Do not delegate
	Yes ↓		
(2)	Has the patient or authorized representative given consent to the delegation?	No →	Obtain the written, informed consent
	Yes ↓		
(3)	Is RN assessment of patient's nursing care needs completed?	No →	Do assessment, then proceed with a consideration of delegation
	Yes ↓		
(4)	Is the task within the registered nurse's scope of practice?	No →	Do not delegate
	Yes ↓		
(5)	Is the nursing assistant registered or certified and properly trained in the nurse delegation for nursing assistants?	No →	Do not delegate
	Yes ↓		
(6)	Can the task be performed without requiring judgment based on nursing knowledge?	No →	Do not delegate
	Yes ↓		
(7)	Are the results of the task reasonably predictable?	No →	Do not delegate
	Yes ↓		
(8)	Can the task be safely performed according to exact, unchanging directions?	No →	Do not delegate
	Yes ↓		
(9)	Can the task be performed without a need for complex observations or critical decisions?	No →	Do not delegate
	Yes ↓		
(10)	Can the task be performed without repeated nursing assessments?	No →	Do not delegate
	Yes ↓		
(11)	Can the task be performed improperly without life-threatening consequences?	No →	Do not delegate
	Yes ↓		
(12)	Is appropriate supervision available?	No →	Do not delegate
	Yes ↓		
(13)	There are no specific laws or rules prohibiting the delegation?	No →	Do not delegate
	Yes ↓		
(14)	Task is delegable		

[Statutory Authority: Chapters 18.79 and 18.88A RCW. 02-02-047, § 246-840-940, filed 12/27/01, effective 1/27/02. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-940, filed 6/18/97, effective 7/19/97; 96-05-060, § 246-840-940, filed 2/19/96, effective 3/21/96.]

WAC 246-840-950 How to make changes to the delegated tasks. (1) **Medication.** The registered nurse delegator will discuss with the nursing assistant the process for continuing, rescinding, or adding medications to the delegation list when the health care provider changes medication orders:

(a) The registered nurse delegator must verify the change in medication or a new medication order with the health care provider;

(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 health care provider and another is substituted) and the patient remains in a stable and predictable condition, delegation may continue at the registered nurse delegator's discretion; and

(c) If a new medication is added, the registered nurse delegator must review the criteria and process for delegation prior to delegating the administration of the new medication to the nursing assistant. The registered nurse delegator maintains the authority to decide if the new medication can be delegated immediately, if a site visit is warranted prior to delegation, or if delegation is no longer appropriate. If delegation is to be rescinded, the registered nurse delegator must initiate and participate in developing an alternative plan to assure the needs of the patient are met.

(2) Treatments and/or procedures.

(a) The registered nurse delegator must verify the change in the medical order with the health care provider.

(b) The registered nurse delegator maintains the authority to decide if the new treatment or procedure can be delegated immediately, if a site visit is warranted prior to delegation, or if delegation is no longer appropriate. If delegation is to be rescinded, the registered nurse delegator must initiate and participate in developing an alternative plan to assure the needs of the patient are met.

Transferring delegation to another registered nurse.

(3) A registered nurse may assume delegating responsibilities from the registered nurse delegator 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 registered nurse assuming the responsibility for delegation from another registered nurse delegator is accountable and responsible for the delegated task. The registered nurse delegator must document the following in the patient's record.

(a) The reason and justification for another registered nurse assuming responsibility for the delegation;

(b) The registered 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: Chapters 18.79 and 18.88A RCW. 02-02-047, § 246-840-950, filed 12/27/01, effective 1/27/02. Statutory Authority: Chapter 18.79 RCW. 96-05-060, § 246-840-950, filed 2/19/96, effective 3/21/96.]

WAC 246-840-960 Rescinding delegation. (1) The registered nurse delegator may rescind delegation of the nursing task based on the following circumstances which may include, but are not limited to:

(a) When the registered nurse delegator believes patient safety is being compromised;

(b) When the patient's condition is no longer stable and predictable as determined by the registered nurse delegator;

(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 registered nurse delegator initiates and participates in developing an alternative plan to ensure the continuity for the provision of the task or assumes responsibility for performing the task.

(3) The registered nurse delegator must document the reason for rescinding delegation of the task and the plan for ensuring continuity of the task.

[Statutory Authority: Chapters 18.79 and 18.88A RCW. 02-02-047, § 246-840-960, filed 12/27/01, effective 1/27/02. Statutory Authority: Chapter 18.79 RCW. 96-05-060, § 246-840-960, filed 2/19/96, effective 3/21/96.]

WAC 246-840-970 Accountability, liability, and coercion. (1) The registered nurse delegator 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 delegator retains overall accountability for the nursing care of the patient, including nursing assessment, evaluation, and assuring documentation is completed.

(2) Under RCW 18.79.260 (3)(d)(iv), delegating 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) Under RCW 18.88A.230(1), nursing assistants following written delegation instructions from registered nurse delegators for delegated tasks shall be immune from liability.

(4) Complaints regarding delegation of 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.

(5) All complaints related to nurse delegation shall be referred to the nursing care quality assurance commission.

(6) Under RCW 18.79.260 (3)(c), no person may coerce the registered nurse delegator into compromising patient safety by requiring the nurse to delegate if the registered nurse delegator determines it is inappropriate to do so. Registered nurse delegators 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.

(7) Under RCW 18.88A.230(2), nursing assistants shall not be subject to any employer reprisal or disciplinary action by the secretary for refusing to accept delegation of a nursing task based on patient safety issues.

[Statutory Authority: Chapters 18.79 and 18.88A RCW. 02-02-047, § 246-840-970, filed 12/27/01, effective 1/27/02. Statutory Authority: Chapter 18.79 RCW. 96-05-060, § 246-840-970, filed 2/19/96, effective 3/21/96.]

WAC 246-840-980 Repealed. See Disposition Table at beginning of this chapter.

[2002 WAC Supp—page 880]

Chapter 246-843 WAC NURSING HOME ADMINISTRATORS

WAC

246-843-072

Repealed.

246-843-074

Repealed.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-843-072

Examination candidate procedures. [Statutory Authority: Chapters 18.52, 34.05 RCW and RCW 18.130.075. 00-01-072, § 246-843-072, filed 12/13/99, effective 1/13/00.] Repealed by 01-03-114, filed 1/22/01, effective 2/22/01. Statutory Authority: RCW 18.52.061.

246-843-074

Examination review and appeal. [Statutory Authority: Chapters 18.52, 34.05 RCW and RCW 18.130.075. 00-01-072, § 246-843-074, filed 12/13/99, effective 1/13/00.] Repealed by 01-03-114, filed 1/22/01, effective 2/22/01. Statutory Authority: RCW 18.52.061.

WAC 246-843-072 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-843-074 Repealed. See Disposition Table at beginning of this chapter.

Chapter 246-853 WAC OSTEOPATHIC PHYSICIANS AND SURGEONS

WAC

246-853-221

How do advanced registered nurse practitioners qualify for prescriptive authority for Schedule II - IV drugs?

246-853-222

Criteria for joint practice arrangement.

246-853-223

Endorsement of joint practice arrangements for ARNP licensure.

246-853-224

Process for joint practice arrangement termination.

246-853-225

Seventy-two-hour limit.

246-853-226

Education for prescribing Schedule II - IV drugs.

246-853-227

Jurisdiction.

WAC 246-853-221 How do advanced registered nurse practitioners qualify for prescriptive authority for Schedule II - IV drugs? Applicants must:

(1) Hold a valid and unrestricted registered nurse license.

(2) Hold or be eligible for an advanced registered nurse practitioner license with authority for legend drugs and Schedule V drugs. (See also WAC 246-840-410.) As noted in RCW 18.79.250, each advanced registered nurse practitioner prescribes within his or her scope of practice for a particular license specialty.

(3) Have a joint practice arrangement that meets requirements of WAC 246-853-222 with a physician or physicians licensed under chapter 18.71 or 18.57 RCW who holds a license without restrictions related to prescribing scheduled drugs.

(4) Submit a completed application form for Schedule II - IV endorsement on a form provided by the department of health, nursing care quality assurance commission accompanied by a fee as specified in WAC 246-840-990.

[Statutory Authority: RCW 18.57.005 and 18.57.280. 01-16-008, § 246-853-221, filed 7/19/01, effective 8/19/01.]

WAC 246-853-222 Criteria for joint practice arrangement. The joint practice arrangement shall include:

(1) The names of both the licensed advanced registered nurse practitioner and the licensed physician, both license numbers and both practice addresses;

(2) A written agreement that describes how collaboration will occur between the practitioners; and

(3) The description of the collaboration will vary according to the relationship between the advanced registered nurse practitioner and physician, but must include a description of:

(a) When the advanced registered nurse practitioner will consult with a physician;

(b) How consultation will occur (e.g., face-to-face, phone, fax, e-mail, etc.);

(c) How consultation will be documented.

(4) Joint practice arrangements may be made with more than one physician.

[Statutory Authority: RCW 18.57.005 and 18.57.280. 01-16-008, § 246-853-222, filed 7/19/01, effective 8/19/01.]

WAC 246-853-223 Endorsement of joint practice arrangements for ARNP licensure. (1) The joint practice arrangement shall be submitted by the advanced registered nurse practitioner to the department of health, nursing care quality assurance commission at the time of initial licensure or endorsement and biennially with renewal.

(2) A notice of the joint practice arrangement shall be forwarded by the nursing care quality assurance commission to either the medical quality assurance commission or to the board of osteopathic medicine and surgery for review to assure the physician's license is unrestricted. The medical quality assurance commission or the board of osteopathic medicine and surgery will notify the nursing care quality assurance commission in the event a physician who has signed a joint practice arrangement, has a license with restrictions related to prescribing scheduled drugs.

(3) The advanced registered nurse practitioner can only begin prescribing Schedule II - IV drugs after his or her license endorsement has been issued and he or she has obtained the appropriate Drug Enforcement Administration registration.

[Statutory Authority: RCW 18.57.005 and 18.57.280. 01-16-008, § 246-853-223, filed 7/19/01, effective 8/19/01.]

WAC 246-853-224 Process for joint practice arrangement termination. (1) The joint practice arrangement between the advanced registered nurse practitioner and the physician shall provide for written notice of termination of the arrangement. The nursing care quality assurance commission shall be notified of the termination. Once the joint practice arrangement is terminated, the advanced registered nurse practitioner must submit a new joint practice arrangement before resuming prescribing Schedule II - IV drugs.

(2) The nursing care quality assurance commission will notify either the medical quality assurance commission or the board of osteopathic medicine and surgery that the joint practice arrangement has been terminated.

(3) A joint practice arrangement may be terminated as a result of disciplining action taken by a disciplining authority.

(4) In the event either the advanced registered nurse practitioner or the physician is disciplined, the disciplining authority for the other party will be notified that the joint

practice arrangement no longer exists due to disciplinary action.

(5) If an advanced registered nurse practitioner has multiple approved joint practice arrangements and one is terminated, he or she may continue to prescribe Schedule II - IV drugs under the other joint practice arrangement(s).

[Statutory Authority: RCW 18.57.005 and 18.57.280. 01-16-008, § 246-853-224, filed 7/19/01, effective 8/19/01.]

WAC 246-853-225 Seventy-two-hour limit. (1) Advanced registered nurse practitioners can dispense up to a seventy-two-hour supply of Schedule II - IV drugs.

(2) The seventy-two-hour limit on dispensing does not apply to prescribing Schedule II - IV drugs.

[Statutory Authority: RCW 18.57.005 and 18.57.280. 01-16-008, § 246-853-225, filed 7/19/01, effective 8/19/01.]

WAC 246-853-226 Education for prescribing Schedule II - IV drugs. Special education for advanced registered nurse practitioners is strongly recommended in the areas of pain management and drug seeking behaviors and/or addiction. Continuing education credit in these subjects may be applied to the biennial pharmacotherapeutics requirement found in WAC 246-840-450.

[Statutory Authority: RCW 18.57.005 and 18.57.280. 01-16-008, § 246-853-226, filed 7/19/01, effective 8/19/01.]

WAC 246-853-227 Jurisdiction. Nothing in WAC 246-853-221 through 246-853-226 shall be interpreted as giving a disciplining authority jurisdiction over a practitioner not licensed by that commission or board.

[Statutory Authority: RCW 18.57.005 and 18.57.280. 01-16-008, § 246-853-227, filed 7/19/01, effective 8/19/01.]

Chapter 246-869 WAC PHARMACY LICENSING

WAC

246-869-220

Patient counseling required.

WAC 246-869-220 Patient counseling required. The purpose of this counseling requirement is to educate the public in the use of drugs and devices dispensed upon a prescription.

(1) The pharmacist shall directly counsel the patient or patient's agent on the use of drugs or devices.

(2) For prescriptions delivered outside of the pharmacy, the pharmacist shall offer in writing, to provide direct counseling and information about the drug, including information on how to contact the pharmacist.

(3) For each patient, the pharmacist shall determine the amount of counseling that is reasonable and necessary under the circumstance to promote safe and effective administration of the medication and to facilitate an appropriate therapeutic outcome for that patient from the prescription.

(4) This rule applies to all prescriptions except where a medication is to be administered by a licensed health professional authorized to administer medications.

[Statutory Authority: RCW 18.64.005(7), 01-04-055, § 246-869-220, filed 2/5/01, effective 3/8/01. 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.]

Chapter 246-887 WAC

PHARMACY—REGULATIONS IMPLEMENTING THE UNIFORM CONTROLLED SUBSTANCES ACT

WAC

246-887-100

Schedule I.

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-alphacetylmethadol - 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) Difenoxin;
- (18) Dimenoxadol;
- (19) Dimepheptanol;
- (20) Dimethylthiambutene;
- (21) Dioxaphetyl butyrate;
- (22) Dipipanone;
- (23) Ethylmethylthiambutene;
- (24) Etonitazene;
- (25) Etoxadine;
- (26) Furethidine;

- (27) Gamma-hydroxybutyric Acid (other names include: GHB);
- (28) Hydroxypethidine;
- (29) Ketobemidone;
- (30) Levomoramide;
- (31) Levophenacymorphan;
- (32) 3-Methylfentanyl (N-[3-Methyl-1-(2-phenylethyl)-4-piperidyl]-N-phenylpropanamide);
- (33) Morpheridine;
- (34) MPPP (1-Methyl-4-phenyl-4-propionoxypiperidine);
- (35) Noracymethadol;
- (36) Norlevorphanol;
- (37) Normethadone;
- (38) Norpipanone;
- (39) PEPAP (1-(2-phenethyl)-4-phenyl-4-acetoxypiperidine);
- (40) Phenadoxone;
- (41) Phenampromide;
- (42) Phenomorphan;
- (43) Phenoperidine;
- (44) Piritramide;
- (45) Proheptazine;
- (46) Properidine;
- (47) Propiram;
- (48) Racemoramide;
- (49) Tilidine;
- (50) Trimeperidine.

(c) Opium derivatives. Unless specifically excepted or unless listed in another schedule, any of the following opium derivatives, their salts, isomers, and salts of isomers, whenever the existence of these salts, isomers, and salts of isomers is possible within the specific chemical designation:

- (1) Acetorphine;
- (2) Acetyldihydrocodeine;
- (3) Benzylmorphine;
- (4) Codeine methylbromide;
- (5) Codeine-N-Oxide;
- (6) Cyprenorphine;
- (7) Desomorphine;
- (8) Dihydromorphine;
- (9) Drotebanol;
- (10) Etorphine (except hydrochloride salt);
- (11) Heroin;
- (12) Hydromorphenol;
- (13) Methyl-desorphine;
- (14) Methyl-dihydromorphine;
- (15) Morphine methylbromide;
- (16) Morphine methylsulfonate;
- (17) Morphine-N-Oxide;
- (18) Myorphine;
- (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; paramethoxy-amphetamine, 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 extracts 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 prod-

uct 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; TCP; 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.

[01-03-108, § 246-887-100, filed 1/22/01, effective 1/22/01. 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: The brackets and enclosed material in the text of the above section occurred in the copy filed by the agency.

Reviser's note: RCW 34.05.395 requires the use of underlining and deletion marks to indicate amendments to existing rules, and deems ineffactual 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.

Reviser's note: Under RCW 34.05.030 (1)(c), as amended by section 103, chapter 288, Laws of 1988, the above section was not adopted under the Administrative Procedure Act, chapter 34.05 RCW, but was published in the Washington State Register and codified into the Washington Administrative Code exactly as shown by the agency filing with history notes added by the code reviser's office.

Chapter 246-907 WAC

PHARMACEUTICAL LICENSING PERIODS AND FEES

WAC

246-907-030

Fees and renewal cycle.

WAC 246-907-030 Fees and renewal cycle. (1) Pharmacist, pharmacy technician, and pharmacy intern licenses must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2.

(2) Pharmacy location, controlled substance registration (pharmacy), pharmacy technician utilization, and shopkeepers differential hours licenses will expire on June 1 of each year.

(3) All other licenses, including health care entity licenses, registrations, permits, or certifications will expire on October 1 of each year.

(4) The following nonrefundable fees will be charged for pharmacy location:

Title of fee	Fee
Original pharmacy fee	\$365.00
Original pharmacy technician utilization fee	65.00
Renewal pharmacy fee	265.00
Renewal pharmacy technician utilization fee	75.00
Penalty pharmacy fee	132.50

(5) The following nonrefundable fees will be charged for vendor:

Original fee	75.00
Renewal fee	75.00
Penalty fee	50.00

(6) The following nonrefundable fees will be charged for pharmacist:

Original license fee	130.00
Renewal fee, active and inactive license	135.00
Renewal fee, retired license	20.00
Penalty fee	67.50
Expired license reissuance (active and inactive)	67.50
Reciprocity fee	330.00
Certification of license status to other states	20.00
Retired license	20.00
Temporary permit	65.00

(7) The following nonrefundable fees will be charged for shopkeeper:

Original fee	35.00
Renewal fee	35.00
Penalty fee	35.00

Shopkeeper - with differential hours:

Original fee	35.00
Renewal fee	35.00
Penalty fee	35.00

(8) The following nonrefundable fees will be charged for drug manufacturer:

Original fee	590.00
Renewal fee	590.00
Penalty fee	295.00

(9) The following nonrefundable fees will be charged for drug wholesaler - full line:

Original fee	590.00
Renewal fee	590.00
Penalty fee	295.00

(10) The following nonrefundable fees will be charged for drug wholesaler - OTC only:

Original fee	330.00
Renewal fee	330.00
Penalty fee	165.00

(11) The following nonrefundable fees will be charged for drug wholesaler - export:

Original fee	590.00
Renewal fee	590.00
Penalty	295.00

(12) The following nonrefundable fees will be charged for drug wholesaler - export nonprofit humanitarian organization.

Original fee	25.00
Renewal fee	25.00
Penalty	25.00

(13) The following nonrefundable fees will be charged for pharmacy technician:

Original fee	50.00
Renewal fee	40.00
Penalty fee	40.00
Expired license reissuance	40.00

(14) The following nonrefundable fees will be charged for pharmacy intern:

Original registration fee	20.00
Renewal registration fee	20.00

(15) The following nonrefundable fees will be charged for Controlled Substances Act (CSA):

Registrations	
Dispensing registration fee (i.e. pharmacies and health care entities)	80.00
Dispensing renewal fee (i.e. pharmacies and health care entities)	65.00
Distributors registration fee (i.e. wholesalers)	115.00
Distributors renewal fee (i.e. wholesalers)	115.00
Manufacturers registration fee	115.00
Manufacturers renewal fee	115.00
Sodium pentobarbital for animal euthanasia registration fee	40.00
Sodium pentobarbital for animal euthanasia renewal fee	40.00
Other CSA registrations	40.00

(16) The following nonrefundable fees will be charged for legend drug sample - distributor:

Registration fees	
Original fee	365.00
Renewal fee	265.00
Penalty fee	132.50

(17) The following nonrefundable fees will be charged for poison manufacturer/seller - license fees:

Original fee	40.00
Renewal fee	40.00

(18) The following nonrefundable fees will be charged for facility inspection fee:

200.00

(19) The following nonrefundable fees will be charged for precursor control permit:

Original fee	65.00
Renewal fee	65.00

(20) The following nonrefundable fees will be charged for license reissue:

Reissue fee	15.00
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(21) The following nonrefundable fees will be charged for health care entity:

Original fee	365.00
Renewal	265.00
Penalty	132.50

[Statutory Authority: RCW 43.70.250, 2001 2nd sp.s. c 7 and RCW 18.64.310, 18.64A.010, 01-23-101, § 246-907-030, filed 11/21/01, effective 1/21/02. Statutory Authority: RCW 43.70.040, 42.70.250, and 18.64.310, 01-12-052, § 246-907-030, filed 6/1/01, effective 7/2/01. Statutory Authority: RCW 43.70.250, 98-10-052, § 246-907-030, filed 4/29/98, effective 5/30/98. Statutory Authority: RCW 43.70.280, 98-05-060, § 246-907-030, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.040, 97-06-019, § 246-907-030, filed 2/25/97, effective 3/28/97. 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.]

Chapter 246-918 WAC

PHYSICIAN ASSISTANTS—MEDICAL QUALITY ASSURANCE COMMISSION

WAC

246-918-005	Definitions.
246-918-007	Application withdrawals.
246-918-050	Physician assistant qualifications effective July 1, 1999.
246-918-080	Physician assistant—Licensure.

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 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 either:

(a) Successfully completed an accredited and commission approved physician assistant program, is eligible for the NCCPA examination and was licensed in Washington state prior to July 1, 1999;

(b) Qualified based on work experience and education and was licensed prior to July 1, 1989;

(c) Graduated from an international medical school and was licensed prior to July 1, 1989; or

(d) Holds an interim permit issued pursuant to RCW 18.71A.020(1).

(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 credentialed as a certified physician assistant, physician assistant, or physician assistant-surgical assistant.

(5) "Commission approved program" means a physician assistant program accredited by the Committee on Allied Health Education and Accreditation (CAHEA); the Commission on Accreditation of Allied Health Education Programs (CAAHEP); the Accreditation Review Committee on Education for the Physician Assistant (ARC-PA); or any successive accrediting organizations.

(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, 18.71.050 and chapter 18.71 RCW, 01-18-085, § 246-918-005, filed 9/5/01, effective 10/6/01. 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 246-918-007 Application withdrawals. An application for a license or interim permit may not be withdrawn if grounds for denial exist.

[Statutory Authority: RCW 18.71.017, 18.71.050 and chapter 18.71 RCW, 01-18-085, § 246-918-007, filed 9/5/01, effective 10/6/01. 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 246-918-050 Physician assistant qualifications effective July 1, 1999. Individuals applying to the commission under chapter 18.71A RCW after July 1, 1999, must have graduated from an accredited physician assistant program approved by the commission and be certified by successful completion of the NCCPA examination: EXCEPT those applying for an interim permit under RCW

18.71A.020(1) who will have one year from issuance of the interim permit to successfully complete the examination.

[Statutory Authority: RCW 18.71.017, 18.71.050 and chapter 18.71 RCW. 01-18-085, § 246-918-050, filed 9/5/01, effective 10/6/01. 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 246-918-080 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 a license or interim permit.

(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.

(3) Changes or additions in supervision. In the event that a physician assistant or physician assistant-surgical assistant who is currently credentialed desires to become associated with another physician, he or she must submit a new practice plan. See WAC 246-918-110 regarding termination of working relationship.

[Statutory Authority: RCW 18.71.017, 18.71.050 and chapter 18.71 RCW. 01-18-085, § 246-918-080, filed 9/5/01, effective 10/6/01. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-918-080, filed 2/13/98, effective 3/16/98. 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.]

Chapter 246-919 WAC

MEDICAL QUALITY ASSURANCE COMMISSION

WAC

246-919-330	Postgraduate medical training defined.
246-919-340	Additional requirements for international medical school graduates.
246-919-475	Expired license.
246-919-840	How do advanced registered nurse practitioners qualify for prescriptive authority for Schedule II - IV drugs?
246-919-841	Criteria for joint practice arrangement.
246-919-842	Endorsement of joint practice arrangements for ARNP licensure.
246-919-843	Process for joint practice arrangement termination.
246-919-844	Seventy-two-hour limit.
246-919-845	Education for prescribing Schedule II - IV drugs.
246-919-846	Jurisdiction.

WAC 246-919-330 Postgraduate medical training defined. (1) For the purposes of this chapter, postgraduate medical training means 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. Only satisfactory clinical performance evaluations will be accepted. This definition includes, but is not limited to, internships, residencies and fellowships in medical or surgical subjects.

(2) The commission approves only the following postgraduate clinical training courses:

(a) Programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) which are listed in the 1984-85 directory of residency programs, or programs approved by the Accreditation Council at the time of residency.

(b) Programs accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC) or the College of Family Physicians of Canada (CFPC), or programs accredited by the RCPSC or CFPC at the time of residency.

[Statutory Authority: RCW 18.71.017, 18.71.050 and chapter 18.71 RCW. 01-18-087, § 246-919-330, filed 9/5/01, effective 10/6/01. 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 Additional requirements for international medical school graduates. All graduates of medical schools outside the United States, Canada, or Puerto Rico must have either:

(1) Been licensed in another state prior to 1958;

(2) Obtained a certificate with an indefinite status granted by the Educational Commission for Foreign Medical Graduates (ECFMG); or

(3) Successfully completed one year of supervised academic clinical training in the United States, commonly referred to as a Fifth Pathway program.

[Statutory Authority: RCW 18.71.017, 18.71.050 and chapter 18.71 RCW. 01-18-086, § 246-919-340, filed 9/5/01, effective 10/6/01. 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 246-919-475 Expired license. (1) If the license has expired for three years or less the practitioner must meet the requirements of chapter 246-12 WAC, Part 2.

(2) If the license has expired for over three years, the practitioner must:

(a) Reapply for licensing under current requirements as stipulated in RCW 18.71.050 (1)(b) and WAC 246-919-330; and

(b) Meet the requirements of chapter 246-12 WAC, Part 2.

[Statutory Authority: RCW 18.71.017. 01-03-115, § 246-919-475, filed 1/22/01, effective 2/22/01.]

WAC 246-919-840 How do advanced registered nurse practitioners qualify for prescriptive authority for Schedule II - IV drugs? Applicants must:

(1) Hold a valid and unrestricted registered nurse license.

(2) Hold or be eligible for an advanced registered nurse practitioner license with authority for legend drugs and Schedule V drugs. (See also WAC 246-840-410.) As noted in RCW 18.79.250, each advanced registered nurse practitioner prescribes within his or her scope of practice for a particular license specialty.

(3) Have a joint practice arrangement that meets requirements of WAC 246-919-841 with a physician or physicians licensed under chapter 18.71 or 18.57 RCW who holds a license without restrictions related to prescribing scheduled drugs.

(4) Submit a completed application form for Schedule II - IV endorsement on a form provided by the department of health, nursing care quality assurance commission accompanied by a fee as specified in WAC 246-840-990.

[Statutory Authority: RCW 18.71.017 and 18.71.370. 01-16-010, § 246-919-840, filed 7/19/01, effective 8/19/01.]

WAC 246-919-841 Criteria for joint practice arrangement. The joint practice arrangement shall include:

(1) The names of both the licensed advanced registered nurse practitioner and the licensed physician, both license numbers and both practice addresses;

(2) A written agreement that describes how collaboration will occur between the practitioners; and

(3) The description of the collaboration will vary according to the relationship between the advanced registered nurse practitioner and physician, but must include a description of:

(a) When the advanced registered nurse practitioner will consult with a physician;

(b) How consultation will occur (e.g., face-to-face, phone, fax, e-mail, etc.);

(c) How consultation will be documented.

(4) Joint practice arrangements may be made with more than one physician.

[Statutory Authority: RCW 18.71.017 and 18.71.370. 01-16-010, § 246-919-841, filed 7/19/01, effective 8/19/01.]

WAC 246-919-842 Endorsement of joint practice arrangements for ARNP licensure. (1) The joint practice arrangement shall be submitted by the advanced registered nurse practitioner to the department of health, nursing care quality assurance commission at the time of initial licensure or endorsement and biennially with renewal.

(2) A notice of the joint practice arrangement shall be forwarded by the nursing care quality assurance commission to either the medical quality assurance commission or to the board of osteopathic medicine and surgery for review to assure the physician's license is unrestricted. The medical quality assurance commission or the board of osteopathic medicine and surgery will notify the nursing care quality assurance commission in the event a physician who has signed a joint practice arrangement, has a license with restrictions related to prescribing scheduled drugs.

(3) The advanced registered nurse practitioner can only begin prescribing Schedule II - IV drugs after his or her license endorsement has been issued and he or she has obtained the appropriate Drug Enforcement Administration registration.

[Statutory Authority: RCW 18.71.017 and 18.71.370. 01-16-010, § 246-919-842, filed 7/19/01, effective 8/19/01.]

WAC 246-919-843 Process for joint practice arrangement termination. (1) The joint practice arrangement between the advanced registered nurse practitioner and

the physician shall provide for written notice of termination of the arrangement. The nursing care quality assurance commission shall be notified of the termination. Once the joint practice arrangement is terminated, the advanced registered nurse practitioner must submit a new joint practice arrangement before resuming prescribing Schedule II - IV drugs.

(2) The nursing care quality assurance commission will notify either the medical quality assurance commission or the board of osteopathic medicine and surgery that the joint practice arrangement has been terminated.

(3) A joint practice arrangement may be terminated as a result of disciplining action taken by a disciplining authority.

(4) In the event either the advanced registered nurse practitioner or the physician is disciplined, the disciplining authority for the other party will be notified that the joint practice arrangement no longer exists due to disciplinary action.

(5) If an advanced registered nurse practitioner has multiple approved joint practice arrangements and one is terminated, he or she may continue to prescribe Schedule II - IV drugs under the other joint practice arrangement(s).

[Statutory Authority: RCW 18.71.017 and 18.71.370. 01-16-010, § 246-919-843, filed 7/19/01, effective 8/19/01.]

WAC 246-919-844 Seventy-two-hour limit. (1) Advanced registered nurse practitioners can dispense up to a seventy-two-hour supply of Schedule II - IV drugs.

(2) The seventy-two-hour limit on dispensing does not apply to prescribing Schedule II - IV drugs.

[Statutory Authority: RCW 18.71.017 and 18.71.370. 01-16-010, § 246-919-844, filed 7/19/01, effective 8/19/01.]

WAC 246-919-845 Education for prescribing Schedule II - IV drugs. Special education for advanced registered nurse practitioners is strongly recommended in the areas of pain management and drug seeking behaviors and/or addiction. Continuing education credit in these subjects may be applied to the biennial pharmacotherapeutics requirement found in WAC 246-840-450.

[Statutory Authority: RCW 18.71.017 and 18.71.370. 01-16-010, § 246-919-845, filed 7/19/01, effective 8/19/01.]

WAC 246-919-846 Jurisdiction. Nothing in WAC 246-919-840 through 246-919-845 shall be interpreted as giving a disciplining authority jurisdiction over a practitioner not licensed by that commission or board.

[Statutory Authority: RCW 18.71.017 and 18.71.370. 01-16-010, § 246-919-846, filed 7/19/01, effective 8/19/01.]

Chapter 246-922 WAC

PODIATRIC PHYSICIANS AND SURGEONS

WAC

246-922-990

Podiatry fees and renewal cycle.

WAC 246-922-990 Podiatry fees and renewal cycle.

(1) Licenses must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2, except for postgraduate training limited licenses.

(2) Postgraduate training limited licenses must be renewed every year to correspond to program dates.

(3) The following nonrefundable fees will be charged:

Title of Fee	Fee
Application (examination and reexamination)	\$825.00
Reciprocity application	825.00
License renewal	825.00
Inactive license renewal	135.00
Inactive late renewal penalty	67.50
Active late renewal penalty	300.00
Active expired license reissuance	300.00
Expired inactive license reissuance	67.50
Duplicate license	30.00
Certification of license	50.00
Retired active status	150.00
Temporary practice permit	50.00
Limited license application	400.00
Limited license renewal	480.00
Substance abuse monitoring surcharge	25.00

[Statutory Authority: RCW 43.70.250, 2001 2nd sp.s. c 7 and RCW 18.22.120, 01-23-101, § 246-922-990, filed 11/21/01, effective 1/21/02. Statutory Authority: RCW 43.70.250, 99-24-064, § 246-922-990, filed 11/29/99, effective 12/30/99. Statutory Authority: RCW 43.70.280, 98-05-060, § 246-922-990, filed 2/13/98, effective 3/16/98. 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

246-924-990 Psychology fees and renewal cycle.

WAC 246-924-990 Psychology fees and renewal cycle. (1) Licenses must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2.

(2) The following nonrefundable fees will be charged:

Title of Fee	Fee
Application	\$260.00
Renewal	285.00
Renewal retired active	100.00
Late renewal penalty	142.50
Expired license reissuance	142.50
Duplicate license	25.00
Oral examination	350.00
Certification of license	25.00
Amendment of certificate of qualification	30.00

[Statutory Authority: RCW 43.70.250, 2001 2nd sp.s. c 7 and RCW 18.83.020, 01-23-101, § 246-924-990, filed 11/21/01, effective 1/21/02.]

[2002 WAC Supp—page 888]

Statutory Authority: RCW 43.70.250, 99-08-101, § 246-924-990, filed 4/6/99, effective 7/1/99. Statutory Authority: RCW 43.70.280, 98-05-060, § 246-924-990, filed 2/13/98, effective 3/16/98. 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 246-928 WAC RESPIRATORY CARE PRACTITIONERS

WAC

246-928-015	Repealed.
246-928-020	Repealed.
246-928-030	Repealed.
246-928-040	Repealed.
246-928-050	Repealed.
246-928-060	Repealed.
246-928-080	Repealed.
246-928-085	Repealed.
246-928-110	Repealed.
246-928-120	Repealed.
246-928-130	Repealed.
246-928-140	Repealed.
246-928-150	Repealed.
246-928-160	Repealed.
246-928-170	Repealed.
246-928-180	Repealed.
246-928-190	Repealed.
246-928-200	Repealed.
246-928-210	Repealed.
246-928-220	Repealed.
246-928-310	Introduction.
246-928-320	General definitions.
246-928-410	Who must be licensed as a respiratory care practitioner with the department.
246-928-420	How to become licensed as a respiratory care practitioner.
246-928-430	How and when to renew a respiratory care practitioner license.
246-928-440	Continuing education requirements.
246-928-441	Implementation.
246-928-442	Acceptable continuing education.
246-928-443	Verification of continuing education.
246-928-450	How to reinstate an expired respiratory care practitioner license.
246-928-510	Overview of the qualifications required for licensure as a respiratory care practitioner.
246-928-520	Minimum educational qualifications for licensure as a respiratory care practitioner.
246-928-530	How new graduates may qualify for temporary practice and what is required.
246-928-540	Examination requirements for licensure as a respiratory care practitioner.
246-928-550	Education and training in AIDS prevention is required for licensure as a respiratory care practitioner.
246-928-560	How to apply for licensure for persons credentialed out-of-state.
246-928-570	How to apply for temporary practice permit for persons credentialed out-of-state.
246-928-710	Mandatory reporting.
246-928-720	Health care institutions.
246-928-730	Respiratory care practitioner associations or societies.
246-928-740	Professional liability carriers.
246-928-750	Courts.
246-928-760	State and federal agencies.
246-928-990	Respiratory care fees and renewal cycle.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-928-015	Scope of practice—Allowed procedures. [Statutory Authority: Chapter 18.89 RCW and RCW 43.70.040, 95-18-019, § 246-928-015, filed 8/24/95, effective
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- 9/24/95.] Repealed by 01-11-165, filed 5/23/01, effective 6/23/01. Statutory Authority: RCW 18.89.050(1).
- 246-928-020 Recognized educational programs—Respiratory care practitioners. [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.] Repealed by 01-11-165, filed 5/23/01, effective 6/23/01. Statutory Authority: RCW 18.89.050(1).
- 246-928-030 State examination—Examination waiver—Examination application deadline. [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.] Repealed by 01-11-165, filed 5/23/01, effective 6/23/01. Statutory Authority: RCW 18.89.050(1).
- 246-928-040 Examination eligibility. [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.] Repealed by 01-11-165, filed 5/23/01, effective 6/23/01. Statutory Authority: RCW 18.89.050(1).
- 246-928-050 Definition of "commonly accepted standards for the profession." [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.] Repealed by 01-11-165, filed 5/23/01, effective 6/23/01. Statutory Authority: RCW 18.89.050(1).
- 246-928-060 Grandfather—Verification of practice. [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.] Repealed by 01-11-165, filed 5/23/01, effective 6/23/01. Statutory Authority: RCW 18.89.050(1).
- 246-928-080 Reciprocity—Requirements 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.] Repealed by 01-11-165, filed 5/23/01, effective 6/23/01. Statutory Authority: RCW 18.89.050(1).
- 246-928-085 Temporary permits—Issuance and duration. [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.] Repealed by 01-11-165, filed 5/23/01, effective 6/23/01. Statutory Authority: RCW 18.89.050(1).
- 246-928-110 General provisions. [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.] Repealed by 01-11-165, filed 5/23/01, effective 6/23/01. Statutory Authority: RCW 18.89.050(1).
- 246-928-120 Mandatory reporting. [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.] Repealed by 01-11-165, filed 5/23/01, effective 6/23/01. Statutory Authority: RCW 18.89.050(1).
- 246-928-130 Health care institutions. [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.] Repealed by 01-11-165, filed 5/23/01, effective 6/23/01. Statutory Authority: RCW 18.89.050(1).
- 246-928-140 Respiratory care practitioner associations or societies. [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.] Repealed by 01-11-165, filed 5/23/01, effective 6/23/01. Statutory Authority: RCW 18.89.050(1).
- 246-928-150 Professional liability carriers. [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.] Repealed by 01-11-165, filed 5/23/01, effective 6/23/01. Statutory Authority: RCW 18.89.050(1).
- 246-928-160 Courts. [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.] Repealed by 01-11-165, filed 5/23/01, effective 6/23/01. Statutory Authority: RCW 18.89.050(1).
- 246-928-170 State and federal agencies. [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.] Repealed by 01-11-165, filed 5/23/01, effective 6/23/01. Statutory Authority: RCW 18.89.050(1).
- 246-928-180 Cooperation with investigation. [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.] Repealed by 01-11-165, filed 5/23/01, effective 6/23/01. Statutory Authority: RCW 18.89.050(1).
- 246-928-190 AIDS prevention and information education requirements. [Statutory Authority: RCW 43.70.280. 98-05-060, § 246-928-190, filed 2/13/98, effective 3/16/98. 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.] Repealed by 01-11-165, filed 5/23/01, effective 6/23/01. Statutory Authority: RCW 18.89.050(1).
- 246-928-200 Temporary practice. [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.] Repealed by 01-11-165, filed 5/23/01, effective 6/23/01. Statutory Authority: RCW 18.89.050(1).
- 246-928-210 Definitions—Alternative training respiratory care practitioners. [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.] Repealed by 01-11-165, filed 5/23/01, effective 6/23/01. Statutory Authority: RCW 18.89.050(1).
- 246-928-220 Alternative training requirements. [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.] Repealed by 01-11-165, filed 5/23/01, effective 6/23/01. Statutory Authority: RCW 18.89.050(1).

WAC 246-928-015 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-928-020 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-928-030 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-928-040 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-928-050 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-928-060 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-928-080 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-928-085 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-928-110 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-928-120 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-928-130 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-928-140 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-928-150 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-928-160 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-928-170 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-928-180 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-928-190 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-928-200 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-928-210 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-928-220 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-928-310 Introduction. This chapter explains the requirements for respiratory care practitioner licensure. These rules, which implement the provisions of chapter 18.89 RCW, are divided into four parts:

Part I explains the definitions for and the process to become licensed as a respiratory care practitioner;

Part II specifies the requirements for licensure including educational and examination criteria;

Part III explains the requirements for reporting unprofessional conduct;

Part IV lists the fees for licensure and renewal cycle for respiratory care practitioners.

[Statutory Authority: RCW 18.89.050(1). 01-11-165, § 246-928-310, filed 5/23/01, effective 6/23/01.]

WAC 246-928-320 General definitions. This section defines terms used in the rules contained in this chapter.

(1) "Respiratory care practitioner" means a person licensed by the department of health, who is authorized under chapter 18.89 RCW and these rules to practice respiratory therapy. WAC 246-928-410 explains who must be licensed as a respiratory care practitioner.

(2) "Applicant" means a person whose application for licensure as a respiratory care practitioner is being submitted to the department of health.

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

[Statutory Authority: RCW 18.89.050(1). 01-11-165, § 246-928-320, filed 5/23/01, effective 6/23/01.]

WAC 246-928-410 Who must be licensed as a respiratory care practitioner with the department. This section identifies who must be licensed as a respiratory care practitioner with the department and who is exempt from licensure.

(1) Any person performing or offering to perform the functions authorized in RCW 18.89.040 must be licensed as a respiratory care practitioner. A certification, registration or other credential issued by a professional organization does not substitute for licensure as a respiratory care practitioner in Washington state.

(2) The following individuals are exempt from licensure as a respiratory care practitioner with the department:

(a) Any person performing or offering to perform the functions authorized in RCW 18.89.040, if that person already holds a current licensure, certification or registration that authorizes these functions;

(b) Any person employed by the United States government who is practicing respiratory care as a performance of the duties prescribed for him or her by the laws of and rules of the United States;

(c) Any person who is pursuing a supervised course of study leading to a degree or certificate in respiratory care, if the person is designated by a title that clearly indicates his or her status as a student or trainee and limited to the extent of demonstrated proficiency of completed curriculum, and under direct supervision;

(d) Any person who is licensed as a registered nurse under chapter 18.79 RCW;

(e) Any person who is practicing respiratory care without compensation for a family member.

[Statutory Authority: RCW 18.89.050(1). 01-11-165, § 246-928-410, filed 5/23/01, effective 6/23/01.]

WAC 246-928-420 How to become licensed as a respiratory care practitioner. This section explains how a per-

son may become licensed as a respiratory care practitioner with the department.

(1) The department shall provide forms for use by an applicant for licensure as a respiratory care practitioner. All applications for licensure must be submitted on these forms, with the appropriate fee required in WAC 246-928-990. The specific requirements and process for licensure is set forth in WAC 246-12-020.

(2) The applicant shall certify that all information on the application forms is accurate. The applicant is subject to investigation and discipline by the department for any apparent violation of chapters 18.130 and 18.89 RCW, or this chapter.

[Statutory Authority: RCW 18.89.050(1). 01-11-165, § 246-928-420, filed 5/23/01, effective 6/23/01.]

WAC 246-928-430 How and when to renew a respiratory care practitioner license. This section explains how and when to renew a respiratory care practitioner license.

(1) Applications for renewal of the license for respiratory care practitioner shall be submitted on forms provided by the department, with the appropriate fee required in WAC 246-928-990. The specific requirements and process for renewal of a license are set forth in WAC 246-12-030.

(2) Renewal fees must be postmarked on or before the renewal date or the department will charge a late renewal penalty fee and licensure reissuance fee.

[Statutory Authority: RCW 18.89.050(1). 01-11-165, § 246-928-430, filed 5/23/01, effective 6/23/01.]

WAC 246-928-440 Continuing education requirements. Purposes. The ultimate aim of continuing education is to ensure the highest quality of professional work. Continuing education consists of educational activities designed to review existing concepts and techniques and to convey information and knowledge about advances in respiratory care as applied to the work settings. The objectives are to improve and increase the ability of the respiratory care practitioner to deliver the highest possible quality of respiratory care work and to keep the professional respiratory care practitioner abreast of current developments in a rapidly changing field. All respiratory care practitioners licensed under chapter 18.89 RCW will be required to meet the continuing education requirements set forth in these rules as a prerequisite to license renewal.

[Statutory Authority: RCW 18.89.050(1) and 18.89.140. 01-21-136, § 246-928-440, filed 10/24/01, effective 11/24/01.]

WAC 246-928-441 Implementation. (1) This rule explains implementation process, the number of hours that are required, the type of continuing education approved by the secretary, how to demonstrate compliance of continuing education to the department, and the auditing of continuing education requirements.

(2) Effective October 2003, renewal of any current license or reinstatement of any license lapsed or on disciplinary status shall require evidence of completion of continuing education which meets the requirements of subsection (3) of this section.

(3) Requirements. RCW 18.89.140 requires that all licensed respiratory care practitioners seeking to renew their license shall acquire thirty credit hours of continuing respiratory care education every two years as required in chapter 246-12 WAC, Part 7.

[Statutory Authority: RCW 18.89.050(1) and 18.89.140. 01-21-136, § 246-928-441, filed 10/24/01, effective 11/24/01.]

WAC 246-928-442 Acceptable continuing education.

(1) Continuing respiratory care education must be a minimum of ten hours of continuing respiratory care education approved by the American Association for Respiratory Care. The remaining twenty hours of continuing respiratory care education may be in any of the following:

(a) Additional courses approved by the American Association for Respiratory Care.

(b) Category I level formal in-service approved by the American Association for Respiratory Care.

(c) Courses in respiratory care approved by the American Medical Association, the American Osteopathic Association and the American Nurses Association.

(d) Initial and renewal certification courses in Advanced Cardiac Life Support, Pediatric Advanced Life Support and Neonatal Resuscitation Program.

(e) Courses in respiratory care at any accredited college.

(f) Self-study courses in respiratory care.

(g) Passing the National Board for Respiratory Care's self-assessment competency examination with a minimum score of 75. Three hours of continuing education may be applied for successful completion of this examination.

(h) Educational offerings in respiratory care which include learning objectives provided by hospitals or health organizations.

(i) Educational offerings in respiratory care which include learning objectives, where the licensee serves as the instructor subject to the limitation described in subsection (3) of this section.

(2) Documentation. Licensees are responsible for acquiring and maintaining all acceptable documentation of their continuing education activities. Acceptable documentation shall include transcripts, letters from course instructors, or certificates of completion or other formal certifications provided by hospitals, course instructors, and health organizations, as required in chapter 246-12 WAC, Part 7. In all cases other than transcripts, the documentation must show the participant's name, activity title, number of continuing education credit hours, date(s) of activity, instructor's name(s) and degree and the signature of the verifying individual program sponsor.

(3) The licensee who prepares and presents lectures or education courses that contributes to the professional competence of a licensed respiratory care practitioner may accumulate the same number of hours obtained for continuing education purposes by attendees as determined in WAC 246-12-220. The hours for presenting a specific topic lecture or education may only be used for continuing education credit once during each renewal period.

[Statutory Authority: RCW 18.89.050(1) and 18.89.140. 01-21-136, § 246-928-442, filed 10/24/01, effective 11/24/01.]

WAC 246-928-443 Verification of continuing education. (1) The licensee shall:

(a) Verify on renewal forms provided by the department, that the minimum continuing education has been completed within the two-year renewal cycle prior to the licensee's renewal date; and

(b) Keep records for four years as required in chapter 246-12 WAC, Part 7.

(2) Audits. The department may conduct random compliance audits of continuing education records, as described in chapter 246-12 WAC, Part 7.

(3) Exemptions. In certain emergency situations, the department may excuse all or part of the continuing education requirement as described in chapter 246-12 WAC, Part 7. The department may require verification of the emergency.

[Statutory Authority: RCW 18.89.050(1) and 18.89.140. 01-21-136, § 246-928-443, filed 10/24/01, effective 11/24/01.]

WAC 246-928-450 How to reinstate an expired respiratory care practitioner license. This section explains the process for reinstatement of an expired respiratory care practitioner license. Applications for reinstatement of an expired license may be submitted on forms provided by the department, with the appropriate fee required in WAC 246-928-990. The specific requirements and process for reinstatement of an expired license is set forth in WAC 246-12-040.

[Statutory Authority: RCW 18.89.050(1). 01-11-165, § 246-928-450, filed 5/23/01, effective 6/23/01.]

WAC 246-928-510 Overview of the qualifications required for licensure as a respiratory care practitioner. This section provides an overview of the qualifications required for licensure as a respiratory care practitioner.

The requirements for licensure are intended to ensure the minimum level of knowledge, skill and experience necessary to practice safely as a respiratory care practitioner. Licensure requires applicants to submit proof to the department that they have satisfied educational and examination requirements in this chapter.

[Statutory Authority: RCW 18.89.050(1). 01-11-165, § 246-928-510, filed 5/23/01, effective 6/23/01.]

WAC 246-928-520 Minimum educational qualifications for licensure as a respiratory care practitioner. This section provides the minimum educational qualifications for licensure as a respiratory care practitioner.

(1) To meet the educational requirements required by RCW 18.89.090, an applicant must be a graduate of a two-year respiratory therapy educational program. Programs must be:

Accredited by the Committee On Accreditation for Respiratory Care (COARC) or accredited by the American Medical Association's (AMA) Committee on Allied Health Education and Accreditation (CAHEA), or its successor, the Commission on Accreditation of Allied Health Education Program (CAAHEP).

(2) An official transcript indicating completion of a two-year program must be provided as evidence of fulfillment of the required education.

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[Statutory Authority: RCW 18.89.050(1). 01-11-165, § 246-928-520, filed 5/23/01, effective 6/23/01.]

WAC 246-928-530 How new graduates may qualify for temporary practice and what is required. (1) An individual who has completed an approved program under WAC 246-928-520 is eligible for temporary practice. To meet the requirements for temporary practice under this rule, an individual is required to:

(a) Submit the application and fee as required in WAC 246-928-990;

(b) Sit for the examination within ninety days of graduation as required in WAC 246-928-560; and

(c) Be under the supervision of a licensed respiratory care practitioner.

Temporary practice may begin from the time the application and fee is submitted to the department.

(2) An applicant shall request examination results be submitted directly to the department from National Board for Respiratory Care.

(3) An applicant who receives notification that he or she successfully passed the examination may continue to practice under the supervision of a licensed respiratory care practitioner until the department has issued a license to the applicant.

(4) An applicant who receives notification of failure to pass the examination shall cease practice immediately. Resumption of practice may occur only after successfully passing the examination and becoming licensed as a respiratory care practitioner by the department.

[Statutory Authority: RCW 18.89.050(1). 01-11-165, § 246-928-530, filed 5/23/01, effective 6/23/01.]

WAC 246-928-540 Examination requirements for licensure as a respiratory care practitioner. This section provides the minimum examination requirements for licensure as a respiratory care practitioner.

An applicant who has taken and passed the National Board for Respiratory Care (NBRC) entry level examination, has met the minimum examination requirements of RCW 18.89.090 (1)(b). Applicants shall request the NBRC to verify to the department that the applicant has successfully passed the NBRC examination.

[Statutory Authority: RCW 18.89.050(1). 01-11-165, § 246-928-540, filed 5/23/01, effective 6/23/01.]

WAC 246-928-550 Education and training in AIDS prevention is required for licensure as a respiratory care practitioner. This section explains the required education and training in AIDS prevention.

Applicants must complete seven hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 18.89.050(1). 01-11-165, § 246-928-550, filed 5/23/01, effective 6/23/01.]

WAC 246-928-560 How to apply for licensure for persons credentialed out-of-state. This section explains how a person holding a license in another state or jurisdiction may apply for licensure.

(1) An applicant who is currently or was previously credentialed in another state or jurisdiction may qualify for licensure in Washington state. Applicants must submit the following documentation to be considered for licensure:

(a) An application fee and forms as specified in WAC 246-928-420 and 246-928-990; and

(b) Written verification directly from all states in which the applicant is or was credentialed, 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; and

(c) Verification of completion of the required education and examination as specified in WAC 246-928-520.

(2) Applicants who have completed a two-year program recognized by the Canadian Society of Respiratory Therapists (CSRT) in their current list, or any previous lists, and are eligible to sit for the CSRT registry examination; or have been issued a registration by the CSRT are considered to have met the educational and examination requirements in this chapter. Canadian applicants are required to submit verification directly from CSRT, as well as all of the information listed above for applicants licensed in another jurisdiction.

[Statutory Authority: RCW 18.89.050(1). 01-11-165, § 246-928-560, filed 5/23/01, effective 6/23/01.]

WAC 246-928-570 How to apply for temporary practice permit for persons credentialed out-of-state. This section explains how a person holding a license in another state or jurisdiction may apply for a temporary practice permit.

(1) An applicant who is currently or was previously credentialed in another state or jurisdiction may qualify for licensure in Washington state. Applicants must submit the following documentation to be considered for a temporary practice permit:

(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;

(c) Written verification directly from all states or jurisdictions 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; and

(d) Verification of completion of the required education and examination as specified in WAC 246-928-520.

(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 license by the department, or within three months, whichever occurs first. The permit shall not be extended beyond the expiration date.

(4) Issuance of a temporary practice permit does not ensure that the department will grant a full license. Temporary permit holders are subject to the same education and examination requirements as set forth in WAC 246-928-520 and 246-928-550.

(5) The following situations are not considered substantially equal for Washington state licensure:

(a) Certification of persons credentialed out-of-state through a state-constructed examination; or

(b) Grandfathering provisions where proof of education and examination was not required.

[Statutory Authority: RCW 18.89.050(1). 01-11-165, § 246-928-570, filed 5/23/01, effective 6/23/01.]

WAC 246-928-710 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, 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 prompted 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 18.89.050(1). 01-11-165, § 246-928-710, filed 5/23/01, effective 6/23/01.]

WAC 246-928-720 Health care institutions. The chief administrator, executive officer, or any health care institution 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 18.89.050(1). 01-11-165, § 246-928-720, filed 5/23/01, effective 6/23/01.]

WAC 246-928-730 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 conditions. 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 18.89.050(1). 01-11-165, § 246-928-730, filed 5/23/01, effective 6/23/01.]

WAC 246-928-740 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 18.89.050(1). 01-11-165, § 246-928-740, filed 5/23/01, effective 6/23/01.]

WAC 246-928-750 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 respiratory care practitioners, other than minor traffic violations.

[Statutory Authority: RCW 18.89.050(1). 01-11-165, § 246-928-750, filed 5/23/01, effective 6/23/01.]

WAC 246-928-760 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 has a mental or physical disability that prevents them from practicing competently and professionally. These requirements do not supersede any state or federal law.

[Statutory Authority: RCW 18.89.050(1). 01-11-165, § 246-928-760, filed 5/23/01, effective 6/23/01.]

WAC 246-928-990 Respiratory care fees and renewal cycle. (1) Licenses must be renewed every two years on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2.

(2) The following nonrefundable fees will be charged:

Title of Fee	Fee
Application	\$ 70.00
Temporary practice permit	35.00
Duplicate license	15.00
Verification of licensure	15.00
Renewal	50.00
Late renewal penalty	50.00
Expired license reissuance	50.00

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[Statutory Authority: RCW 18.89.050(1). 01-11-165, § 246-928-990, filed 5/23/01, effective 6/23/01. Statutory Authority: RCW 43.70.250. 99-08-101, § 246-928-990, filed 4/6/99, effective 7/1/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-928-990, filed 2/13/98, effective 3/16/98. 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 246-933 WAC

VETERINARIANS—VETERINARY BOARD

WAC

246-933-990 Veterinarian fees and renewal cycle.

WAC 246-933-990 Veterinarian fees and renewal cycle. (1) Licenses must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2.
(2) The following nonrefundable fees will be charged:

Title of Fee	Fee
State examination (initial/retake)	\$125.00
Initial state license	115.00
Specialty licensure	115.00
Impaired veterinarian assessment	10.00
Temporary permit	200.00
State or specialty license renewal	120.00
Retired active license and renewal	55.00
Late renewal penalty (state and specialty license)	60.00
Expired license reissuance	60.00
Late renewal penalty (retired active license)	50.00
Duplicate license	15.00
Certification of license	15.00

[Statutory Authority: RCW 43.70.250, 2001 2nd sp.s. c 7 and RCW 18.92.120. 01-23-101, § 246-933-990, filed 11/21/01, effective 1/21/02. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-933-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.250. 93-14-011, § 246-933-990, filed 6/24/93, effective 7/25/93; 93-08-028 (Order 351), § 246-933-990, filed 3/30/93, effective 4/30/93; 92-07-036 (Order 252), § 246-933-990, filed 3/10/92, effective 4/10/92. Statutory Authority: RCW 43.70.040. 91-02-050 (Order 122), § 246-933-990, filed 12/27/90, effective 1/31/91.]

Chapter 246-935 WAC

VETERINARY ANIMAL TECHNICIANS

WAC

246-935-040 Responsibilities of veterinarian supervising a veterinary technician or an unregistered assistant.
246-935-050 Animal health care tasks.
246-935-060 Eligibility for examination as veterinary technician.
246-935-990 Veterinary technician fees and renewal cycle.

WAC 246-935-040 Responsibilities of veterinarian supervising a veterinary technician or an unregistered assistant. (1) A veterinarian must not:

(a) Permit any veterinary 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) The supervising veterinarian shall:

(a) Have legal responsibility for the health, safety and welfare of the animal patient which the veterinary technician or unregistered assistant serves.

(b) Delegate animal health care tasks only if the veterinary technician or unregistered assistant is qualified to perform the task.

(c) Use the level of supervision required for a specific task.

(d) Make all decisions relating to the diagnosis, treatment, management, and future disposition of an animal patient.

(e) Limit the number of unregistered assistants under indirect supervision to two at any single time.

(f) Allow veterinary technicians and unregistered assistants the right and responsibility to refuse to perform duties they are not legally or technically able to perform.

(3) A supervising veterinarian shall examine the animal patient prior to the delegation of any animal health care task to either a veterinary technician or unregistered assistant. The examination of the animal patient must be conducted at the times and in the manner consistent with veterinary medicine practice, and the particular delegated animal health care task.

(4) If a veterinary technician is authorized, to provide supervision for an unregistered assistant performing a specified health care task, the veterinary technician shall be under the same degree of supervision by the veterinarian, as if the veterinary technician were performing the task.

(5) Unless specifically allowed by regulation, a veterinarian shall not authorize a veterinary technician or an unregistered assistant to perform the following functions:

(a) Surgery, other than outlined in WAC 246-935-050 (1)(a);

(b) Diagnosis and prognosis of animal disease;

(c) Prescribing of drugs, medicines and appliances.

[Statutory Authority: RCW 18.92.030, 02-02-046, § 246-935-040, filed 12/27/01, effective 1/27/02; 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) Veterinary technicians.

No individual, other than a registered veterinary technician, may advertise or offer her/his services in a manner calculated to lead others to believe that she/he is a trained or registered veterinary technician.

Veterinary technicians are prohibited from performing the following activities: Surgery except as outlined below; diagnosis and prognosis; prescribing drugs, medication or appliances; initiation of treatment without prior instruction by a veterinarian except as outlined under emergency animal care.

(a) Immediate supervision. A veterinary 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;

(iii) Dental extractions.

(b) Direct supervision. A veterinary technician may perform the following tasks under the direct supervision of a veterinarian:

(i) Endotracheal intubation;

(ii) Blood administration;

(iii) Fluid aspiration, including cystocentesis;

(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) Administration of immunological agents including rabies vaccination;

(ix) Catheterization of the unobstructed bladder;

(x) Ophthalmological procedure including:

(A) Tear production testing

(B) Topical anesthetic application

(C) Fluorescein staining of the cornea

(D) Tonometry;

(xi) Teeth cleaning, provided an oral examination of the anesthetized patient has been conducted by the veterinarian;

(xii) Microchip implantation;

(xiii) Floating teeth;

(xiv) Removal of partially exposed foxtails and porcupine quills;

(xv) Provide massage.

(c) Indirect supervision. A veterinary technician may perform the following tasks under the indirect supervision of a veterinarian. If the animal is anesthetized, these tasks require the direct supervision of a veterinarian.:

(i) Enema;

(ii) Electrocardiography;

(iii) Application of bandages;

(iv) Gavage;

(v) Ear flush;

(vi) Radiology;

(A) Patient positioning;

(B) Operation of radiograph machines;

(C) Oral and rectal administration of radio-opaque materials;

(vii) Placement and securing of an intravenous catheter;

(viii) Injections of medications not otherwise prohibited:

(A) Intramuscular, excluding immunological agents

(B) Subcutaneous, excluding immunological agents

(C) Intravenous, including giving medication through an established intravenous catheter;

(ix) Oral medications;

(x) Topical medications;

(xi) Laboratory (specimen collections):

(A) Collection of tissue during or after a veterinarian has performed a necropsy

(B) Urine, except cystocentesis

(C) Blood

(D) Parasitology

(E) Exfoliative cytology

(F) Microbiology

(G) Fecal material

- (xii) Laboratory (specimen testing):
 - (A) Urinalysis
 - (B) Hematology
 - (C) Serology
 - (D) Chemistries
 - (E) Endocrinology
 - (F) Parasitology
 - (G) Exfoliative cytology
 - (H) Microbiology
 - (I) Fecal analysis;
- (xiii) Administration of preanesthetic drugs;
- (xiv) Oxygen therapy;
- (xv) Euthanasia in all circumstances as otherwise allowed by law;
- (xvi) Removal of sutures;
- (xvii) Indirect blood pressure measurement;
- (xviii) Obtaining a general history from a client of a patient and the client's concerns regarding that patient;
- (xix) Preliminary physical examination including temperature, pulse and respiration;
- (xx) Behavioral consultation with clients;
- (xxi) Dietary consultation with clients.
- (2) Unregistered assistants.**
- Induction of anesthesia by any method is prohibited.
- (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.
- (b) Immediate supervision by veterinarian or veterinary technician. An unregistered assistant may perform the following tasks only under the immediate supervision of either a veterinarian or veterinary technician:
 - (i) Blood administration;
 - (ii) Laboratory (specimen collections):
 - (A) Hematology
 - (B) Exfoliative cytology, including skin scraping
 - (C) Microbiology
 - (D) Serology;
 - (iii) Placement and securing of an intravenous catheter.
- (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) Euthanasia in all circumstances as otherwise allowed by law;
 - (iii) Removal of sutures;
 - (iv) Teeth cleaning, provided an oral examination of the anesthetized patient has been conducted by the veterinarian;
 - (v) Provide massage;
 - (vi) Administration of immunological agents including rabies vaccination;
 - (vii) Microchip implantation;
 - (viii) Enema;
 - (ix) Removal of partially exposed foxtails and porcupine quills from skin and feet.
- (d) Direct supervision by veterinarian or veterinary technician. An unregistered assistant may perform the following tasks under direct supervision of either a veterinarian or vet-

erinary technician. If the animal is anesthetized, these tasks require immediate supervision of a veterinarian or a veterinary technician:

- (i) Application of bandages;
- (ii) Ear flush;
- (iii) Electrocardiography;
- (iv) Intramuscular or subcutaneous injections of medications not otherwise prohibited;
- (v) Laboratory (test preparation, not evaluation):
 - (A) Parasitology
 - (B) Serology
 - (C) Urinalysis;
- (vi) Preliminary physical examination including temperature, pulse and respiration;
- (vii) Radiology:
 - (A) Patient positioning
 - (B) Operation of radiograph machines
 - (C) Rectal and oral administration of radio-opaque materials.

(e) Indirect supervision. An unregistered assistant may perform the following tasks under the indirect supervision of a veterinarian. If the animal is anesthetized, these tasks require the direct supervision of a veterinarian:

- (i) Oral medications;
- (ii) Topical medications;
- (iii) Laboratory (specimen collection):
 - Collecting of voided urine and fecal material;
- (iv) Oxygen therapy;
- (v) Obtaining a general history from a client of a patient and the client's concerns;
- (vi) Behavioral consultation with clients;
- (vii) Dietary consultation with clients.

(3) Emergency animal care.

(a) Under conditions of an emergency, a veterinary technician and unregistered assistant may render certain life saving aid to an animal. A veterinary technician may:

- (i) Apply tourniquets and/or pressure bandages to control hemorrhage;
- (ii) Administer pharmacologic agents to prevent or control shock. Placement of an intravenous catheter and administering parenteral fluids, must only be performed after direct communication with a veterinarian, and only if the veterinarian is either present or immediately enroute to the location of the distressed animal;
- (iii) Administer resuscitative oxygen procedures;
- (iv) Establish open airways including the use of intubation appliances, but excluding surgery;
- (v) Administer external cardiac resuscitation;
- (vi) Apply temporary splints or bandages to prevent further injury to bones or soft tissues;
- (vii) Apply appropriate wound dressings and external supportive treatment in severe burn cases;
- (viii) Apply external supportive treatment to stabilize body temperature.

(b) An unregistered assistant may:

- (i) Apply tourniquets and/or pressure bandages to control hemorrhage;
- (ii) Administer resuscitative oxygen procedures;
- (iii) Establish open airways including intubation appliances, but excluding surgery;

(iv) Apply external supportive treatment to stabilize body temperature.

[Statutory Authority: RCW 18.92.030. 02-02-046, § 246-935-050, filed 12/27/01, effective 1/27/02; 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 veterinary technician. Applicants must meet one of the following criteria to be eligible for the examination.

(1) Completion of a post secondary educational program 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 institutions accredited by, and in good standing with, the AVMA. AVMA-accredited programs in veterinary technology means any postsecondary educational program of two or more academic years that has fulfilled the essential criteria established by the Committee on Veterinary Technician Education and Activities and approved by the AVMA House of Delegates (AVMA/NAVTA Liaison Committee Model Practice Act adopted 1992). Other institutions applying for board approval must meet the accreditation standards of the CVTEA. It is the responsibility of the 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 six 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 must 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) Registration, certification, or licensure as an animal health or veterinary technician in one or more states and 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 technician or specialist.

(6) Five years full-time experience as an unregistered assistant under the supervision of a licensed veterinarian(s) who must attest to the completion of that experience.

[Statutory Authority: RCW 18.92.030. 02-02-046, § 246-935-060, filed 12/27/01, effective 1/27/02; 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 246-935-990 Veterinary technician fees and renewal cycle. (1) Registrations must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2.

(2) The following nonrefundable fees will be charged:

Title of Fee	Fee
State examination (initial/retake)	\$100.00
Initial registration	75.00
Renewal	65.00
Late renewal penalty	50.00
Expired registration reissuance	50.00
Duplicate registration	15.00
Certification of registration	15.00

[Statutory Authority: RCW 43.70.250, 2001 2nd sp.s. c 7 and RCW 18.92.125. 01-23-101, § 246-935-990, filed 11/21/01, effective 1/21/02. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-935-990, filed 2/13/98, effective 3/16/98. 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

246-937-990 Veterinary medication clerk fees and renewal cycle.

WAC 246-937-990 Veterinary medication clerk fees and renewal cycle. (1) Registrations must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2.

(2) The following nonrefundable fees will be charged:

Title of Fee	Fee
Initial registration	\$30.00
Renewal	30.00
Late renewal penalty	30.00
Expired registration reissuance	30.00
Duplicate registration	15.00

[Statutory Authority: RCW 43.70.250, 2001 2nd sp.s. c 7 and RCW 18.92.125. 01-23-101, § 246-937-990, filed 11/21/01, effective 1/21/02. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-937-990, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 34.05 RCW. 94-19-098, § 246-937-990, filed 9/21/94, effective 10/22/94.]

Chapter 246-939 WAC

SURGICAL TECHNOLOGIST PROGRAM

WAC

246-939-005	What is the purpose of these rules?
246-939-020	How do I register as a surgical technologist?
246-939-040	How do I renew my surgical technologist registration if it has expired?

WAC 246-939-005 What is the purpose of these rules? These rules:

(1) Implement the law passed by the legislature to register surgical technologists and place them under chapter 18.130 RCW, the Uniform Disciplinary Act.

(2) Inform the public of who must register under this law.

(3) Inform applicants and registrants of the type of actions that can lead to discipline against their credential.

(4) Inform applicants of their recourse in the event their application is denied.

[Statutory Authority: Chapter 18.215 RCW and RCW 18.130.050 and 18.215.040. 01-14-044, § 246-939-005, filed 6/29/01, effective 7/30/01.]

WAC 246-939-020 How do I register as a surgical technologist? (1) How do I obtain a registration application?

(a) Applicant may obtain an application by contacting the department. Applicants must return the completed application to be registered.

(b) Completed original applications shall be sent to the department of health.

(c) All applicants shall refer to chapter 246-12 WAC, Parts 1, 2, 10, and 11.

(2) Is there a requirement for education?

(a) Applicants must complete seven clock hours of AIDS education as required by RCW 70.24.270 and chapter 246-12 WAC, Part 8.

(b) Registration does not require additional education.

[Statutory Authority: Chapter 18.215 RCW and RCW 18.130.050 and 18.215.040. 01-14-044, § 246-939-020, filed 6/29/01, effective 7/30/01.]

WAC 246-939-040 How do I renew my surgical technologist registration if it has expired? (1) If the credential has expired for three years or less, the practitioner must meet the requirements of chapter 246-12 WAC, Part 2.

(2) If the credential has expired for more than three years, the practitioner must reapply for registration under the requirements of this chapter and the requirements of chapter 246-12 WAC, Part 2.

[Statutory Authority: Chapter 18.215 RCW and RCW 18.130.050 and 18.215.040. 01-14-044, § 246-939-040, filed 6/29/01, effective 7/30/01.]

Chapter 246-976 WAC**EMERGENCY MEDICAL SERVICES AND TRAUMA CARE SYSTEMS****WAC**

246-976-330	Ambulance and aid services—Record requirements.
246-976-420	Trauma registry—Department responsibilities.
246-976-430	Trauma registry—Provider responsibilities.

WAC 246-976-330 Ambulance and aid services—Record requirements. (1) Each ambulance and aid service must 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) For trauma patients, other data points identified in WAC 246-976-430 for the trauma registry.

(2) Transporting agencies must provide an initial written report of patient care to the receiving facility at the time the patient is delivered. For patients meeting the state of Washington prehospital trauma triage (destination) procedures, as described in WAC 246-976-930(3), the transporting agency

must provide additional trauma data elements described in WAC 246-976-430 to the receiving facility within ten days.

(3) Licensed services must make all records available for inspection and duplication upon request of the department.

[Statutory Authority: RCW 70.168.060 and 70.168.090. 02-02-077, § 246-976-330, filed 12/31/01, effective 1/31/02. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-330, filed 4/5/00, effective 5/6/00. 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 246-976-420 Trauma registry—Department responsibilities. (1) **Purpose:** The department maintains a trauma registry, as required by RCW 70.168.060 and 70.168.090. The purpose of this registry is to:

(a) Provide data for injury surveillance, analysis, and prevention programs;

(b) Monitor and evaluate the outcome of care of major trauma patients, in support of statewide and regional quality assurance and system evaluation activities;

(c) Assess compliance with state standards for trauma care;

(d) Provide information for resource planning, system design and management;

(e) Provide a resource for research and education.

(2) **Confidentiality:** It is essential for the department to protect information regarding specific patients and providers. 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.

(a) The department may release confidential information from the trauma registry in compliance with applicable laws and regulations. No other person may release confidential information from the trauma registry without express written permission from the department.

(b) The department may approve requests for trauma registry data from qualified agencies or individuals, consistent with applicable statutes and rules. The department may charge reasonable costs associated with such requests.

(c) The data elements indicated as confidential in Tables E, F and G below are considered confidential.

(d) The department will establish criteria defining situations in which additional registry information is confidential, in order to protect confidentiality for patients, providers, and facilities.

(e) This paragraph does not limit access to confidential data by approved regional quality assurance programs established under chapter 70.168 RCW and described in WAC 246-976-910.

(3) Inclusion criteria:

(a) The department will establish inclusion criteria to identify those injured patients that designated trauma services must report to the trauma registry.

These criteria will include:

(i) All patients who were discharged with ICD diagnosis codes of 800.0 - 904.99, 910 - 959.9 (injuries), 994.1 (drowning), 994.7 (asphyxiation), or 994.8 (electrocution) and:

(A) For whom the hospital trauma resuscitation team was activated; or

(B) Who were dead on arrival at your facility; or

(C) Who were dead at discharge from your facility; or

(D) Who were transferred by ambulance into your facility from another facility; or

(E) Who were transferred by ambulance out of your facility to another acute care facility; or

(F) Adult patients (age fifteen or greater) who were admitted as inpatients to your facility and have a length of stay greater than two days or forty-eight hours; or

(G) Pediatric patients (ages under fifteen years) who were admitted as inpatients to your facility, regardless of length of stay; or

(ii) All patients who meet the requirements of the state of Washington prehospital trauma triage procedures described in WAC 246-976-930(3);

(b) For all licensed rehabilitation services, these criteria will include all patients who were included in the trauma registry for acute care.

(4) **Other data:** The department and regional quality assurance programs may request data from medical examiners and coroners in support of the registry.

(5) **Data linking:** To link data from different sources, the department will establish procedures to assign a unique identifying number (trauma band number) to each trauma patient. All providers reporting to the trauma registry must include this trauma number.

(6) **Data submission:** The department will establish procedures and format for providers to submit data electronically. These will include a mechanism for the reporting agency to check data for validity and completeness before data is sent to the registry.

(7) **Data quality:** The department will establish mechanisms to evaluate the quality of trauma registry data. These mechanisms will include at least:

(a) Detailed protocols for quality control, consistent with the department's most current data quality guidelines.

(b) Validity studies to assess the timeliness, completeness and accuracy of case identification and data collection. The department will report quarterly on the timeliness, accuracy and completeness of data.

(8) Registry reports:

(a) Annually, the department will report:

(i) Summary statistics and trends for demographic and related information about trauma care, for the state and for each EMS/TC region;

(ii) Outcome measures, for evaluation of clinical care and system-wide quality assurance and quality improvement programs.

(b) Semiannually, the department will report:

(i) Trends, patient care outcomes, and other data, for each EMS/TC region and for the state, for the purpose of regional evaluation;

(ii) On all patient data entered into the trauma registry during the reporting period;

(iii) Aggregate regional data to the regional EMS/TC council, excluding any confidential or identifying data.

(c) The department will provide:

(i) Provider-specific raw data to the provider that originally submitted it;

(ii) Periodic reports on financial data;

(iii) Registry reports to all providers that have submitted data;

(iv) For the generation of quarterly reports to all providers submitting data to the registry, for the purpose of planning, management, and quality assurance.

[Statutory Authority: RCW 70.168.060 and 70.168.090. 02-02-077, § 246-976-420, filed 12/31/01, effective 1/31/02. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-420, filed 4/5/00, effective 5/6/00. 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) Trauma care providers, prehospital and hospital, must place a trauma ID band on trauma patients, if not already in place from another agency.

(2) All trauma care providers must protect the confidentiality of data in their possession and as it is transferred to the department.

(3) All trauma care providers must correct and resubmit records which fail the department's validity tests described in WAC 246-976-420(6). You must send corrected records to the department within three months of notification.

(4) Licensed prehospital services that transport trauma patients must:

(a) Assure personnel use the trauma ID band.

(b) Report data as shown in Table E for trauma patients defined in WAC 246-976-420. Data is to be reported to the receiving facility in an approved format within ten days.

(5) Designated trauma services must:

(a) Assure personnel use the trauma ID band.

(b) Report data elements shown in Table F for all patients defined in WAC 246-976-420.

(c) Report patients discharged in a calendar quarter in an approved format by the end of the following quarter. The department encourages more frequent data reporting.

(6) Designated trauma rehabilitation services must:

(a) Report data on all patients who were included in the trauma registry for acute care.

(b) Report either:

(i) Data elements shown in Table G; or

(ii) If the service submits data to the uniform data set for medical rehabilitation, provide a copy of the data to the department.

TABLE E: Prehospital Data Elements for the Washington Trauma Registry			
Data Element	Type of patient	Pre-Hosp Transport	Inter-Facility
Note: (C) identifies elements that are confidential. See WAC 246-976-420 (2)(c).			
Incident Information			
Agency identification number (C)		X	X
Date of response (C - day only)		X	X
Run sheet number (C)		X	X
First agency on scene identification number (C)		X	
Level of personnel		X	X
Mode of transport		X	X
Incident county code		X	
Incident location (type)		X	
Incident response area type		X	
Patient Information			
Patient's trauma identification band number (C)		X	X
Name (C)		X	X
Date of birth (C), or Age		X	X
Sex		X	X
Mechanism of injury		X	
Safety restraint or device used		X	
Transportation			
Transported from (code) (C - if hospital ID)		X	X
Reason for destination decision		X	X
Times			
Transporting agency dispatched		X	X
Transporting agency arrived at scene		X	X
Transporting agency departed from scene		X	X
Vital Signs			
Time		X	X
Systolic blood pressure		X	X
Respiratory rate		X	X
Pulse		X	X
Glasgow coma score (three components)		X	X
Pupils		X	X
Vitals from 1st agency on scene?		X	
Trauma Triage Criteria			
Vital signs, consciousness level		X	
Anatomy of injury		X	
Biomechanics of injury		X	
Other risk factors		X	
Gut feeling of medic		X	
Prehospital trauma system activation?		X	
Other Severity Measures			
Respiratory quality		X	
Consciousness		X	
Time (interval) for extrication		X	
Treatment: EMS interventions		X	X

TABLE F: Hospital Data Elements for the Washington Trauma Registry

All licensed hospitals must submit the following data for patients identified in WAC 246-976-420(3):

Note: (C) identifies elements that are confidential.

See WAC 246-976-420(2).

Record Identification

Identification of reporting facility (C);
Date and time of arrival at reporting facility (C - day only);
Unique patient identification number assigned to the patient by the reporting facility (C);
Patient's trauma identification band number (C);

Patient Identification

Name (C);
Date of birth (C - day only);
Sex;
Race;
Social Security number (C);
Home zip code;

Prehospital Incident Information

Date and time of incident (C - day only);
Prehospital trauma system activated?;
First agency on-scene ID number;
Arrival via EMS system?;
Transporting (reporting) agency ID number;
Transporting agency run number (C);
Mechanism of injury;
Respiratory quality;
Consciousness;
Incident county code;
Incident location type;
Response area type;
Occupational injury?;
Safety restraint/device used;

Earliest Available Prehospital Vital Signs

Time;
Systolic blood pressure;
Respiratory rate;
Pulse rate;
Glasgow coma score (three components);
Pupils;
Vitals from 1st on-scene agency?;
Extrication time over twenty minutes?;
Prehospital procedures performed;
Prehospital Triage

Vital signs/consciousness;
Anatomy of injury;
Biomechanics of injury;
Other risk factors;
Gut feeling of medic;

Transportation Information

Time transporting agency dispatched;
Time transporting agency arrived at scene;
Time transporting agency left scene;
Transportation mode;
Personnel level;
Transported from;

Reason for destination;

ED or Admitting Information

Time ED physician called;
ED physician called "code"?;
Time ED physician available for patient care;
Time trauma team activated;
Level of trauma team activation;
Time trauma surgeon called;
Time trauma surgeon available for patient care;
Vital Signs in ED
Patient dead on arrival at your facility?;
First and last systolic blood pressure;
First and last temperature;
First and last pulse rate;
First and last spontaneous respiration rate;
Lowest systolic blood pressure;
Glasgow coma scores (eye, verbal, motor);
Injury Severity scores
Prehospital Index (PHI) score;
Revised Trauma Score (RTS) on admission;
For pediatric patients:
Pediatric Trauma Score (PTS) on admission;
Pediatric Risk of Mortality (PRISM) score on admission;
Pediatric Risk of Mortality - Probability of Survival (PRISM P(s));
Pediatric Overall Performance Category (POPC);
Pediatric Cerebral Performance Category (PCPC);

ED procedures performed;
ED complications;
Time of ED discharge;
ED discharge disposition, including
If admitted, the admitting service;
If transferred out, ID of receiving hospital

Diagnostic and Consultative Information

Date and time of head CT scan;
Date of physical therapy consult;
Date of rehabilitation consult;
Blood alcohol content;
Toxicology screen results;
Drugs found;
Co-morbid factors/Preexisting conditions;

Surgical Information

For the first operation:
Date and time patient arrived in operating room;
Date and time operation started;
OR procedure codes;
For later operations:
Date of operation
OR Procedure Codes

Critical Care Unit Information

Date and time of admission for primary stay in critical care unit;
Date and time of discharge from primary stay in critical care unit;
Length of readmission stay(s) in critical care unit;

Other procedures performed (not in OR)

Discharge Status

Date and time of facility discharge (C - day only);

Most recent ICD diagnosis codes/discharge codes,
including nontrauma codes;
E-codes, primary and secondary;
Glasgow Score at discharge;
Disability at discharge (Feeding/Locomotion/Expres-
sion)

Discharge disposition

If transferred out, ID of facility patient was transferred to
(C)
If patient died in your facility
Date and time of death (C - day only);
Was an autopsy done?;
Was case referred to coroner or medical examiner?
Did coroner or medical examiner accept jurisdiction?
Was patient evaluated for organ donation?

Financial Information (All Confidential)

For each patient
Total billed charges;
Payer sources (by category);
Reimbursement received (by payer category);
Annually, submit ratio-of-costs-to-charges, by depart-
ment.

**TABLE G: Data Elements for
Designated Rehabilitation Services**

Designated trauma rehabilitation services must submit the
following data for patients identified in
WAC 246-976-420(3).

Note: (C) identifies elements that are confidential.
WAC 246-976-420(2)

Rehabilitation services, Levels I and II**Patient Information**

Facility ID (C)
Facility Code
Patient Code
Trauma tag/identification Number (C)
Date of Birth (C - day only)
Social Security Number (C)
Patient Name (C)
Patient Sex

Care Information

Date of Admission (C - day only)
Admission Class
Date of Discharge (C - day only)
Impairment Group Code
ASIA Impairment Scale

Diagnosis (ICD-9) Codes

Etiologic Diagnosis
Other significant diagnoses
Complications/comorbidities
Diagnosis for transfer or death

Other Information

Date of onset
Admit from (Type of facility)
Admit from (ID of facility)
Acute trauma care by (ID of facility)
Prehospital living setting
Prehospital vocational category

Discharge-to-living setting

Functional Independence Measure (FIM) - One set on admission and one on discharge

Self Care
Eating
Grooming
Bathing
Dressing - Upper
Dressing - Lower
Toileting
Sphincter control
Bladder
Bowel
Transfers
Bed/chair/wheelchair
Toilet
Tub/shower
Locomotion
Walk/wheelchair
Stairs
Communication
Comprehension
Expression
Social cognition
Social interaction
Problem solving
Memory

Payment Information (all confidential)

Payer source - primary and secondary
Total Charges
Remitted reimbursement by category

Rehabilitation, Level III**Patient Information**

Facility ID (C)
Patient number (C)
Trauma tag/identification Number (C)
Social Security Number (C)
Patient Name (C)

Care Information

Date of Admission (C - day only)

Impairment Group Code**Diagnosis (ICD-9) Codes**

Etiologic Diagnosis
Other significant diagnoses
Complications/comorbidities

Other Information

Admit from (Type of facility)
Admit from (ID of facility) (C)
Acute trauma care given by (ID of facility) (C)
Inpatient trauma rehabilitation given by (ID of facility)
(C)

Discharge-to-living setting

Payment Information (all confidential)

Payer source - primary and secondary
Total Charges
Remitted reimbursement by category

[Statutory Authority: RCW 70.168.060 and 70.168.090. 02-02-077, § 246-976-430, filed 12/31/01, effective 1/31/02. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-430, filed 4/5/00, effective 5/6/00. 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.]

RCW. 80-01-068 (Order 1467), § 248-554-030, filed 12/21/79.] Repealed by 01-07-053, filed 3/16/01, effective 4/16/01. Statutory Authority: Chapter 70.123 RCW.

WAC 248-554-001 through 248-554-030 Repealed.
See Disposition Table at beginning of this chapter.

Title 248 WAC

HEALTH, BOARD AND DIVISION OF SOCIAL AND HEALTH SERVICES, DEPARTMENT OF

Chapters 248-554

Shelters for victims of domestic violence.

Chapter 248-554 WAC

SHELTERS FOR VICTIMS OF DOMESTIC VIOLENCE

WAC

248-554-001 through 248-554-030 Repealed.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-554-001	Purpose. [Statutory Authority: RCW 70.123.030. 86-22-039 (Order 2435), § 248-554-001, filed 11/3/86. Statutory Authority: Chapter 70.123 RCW. 80-01-068 (Order 1467), § 248-554-001, filed 12/21/79.] Repealed by 01-07-053, filed 3/16/01, effective 4/16/01. Statutory Authority: Chapter 70.123 RCW.
248-554-005	Definitions. [Statutory Authority: RCW 70.123.030. 86-22-039 (Order 2435), § 248-554-005, filed 11/3/86. Statutory Authority: Chapter 70.123 RCW. 80-01-068 (Order 1467), § 248-554-005, filed 12/21/79.] Repealed by 01-07-053, filed 3/16/01, effective 4/16/01. Statutory Authority: Chapter 70.123 RCW.
248-554-010	Shelter homes. [Statutory Authority: RCW 70.123.030. 86-22-039 (Order 2435), § 248-554-010, filed 11/3/86. Statutory Authority: Chapter 70.123 RCW. 80-01-068 (Order 1467), § 248-554-010, filed 12/21/79.] Repealed by 01-07-053, filed 3/16/01, effective 4/16/01. Statutory Authority: Chapter 70.123 RCW.
248-554-015	Safe homes. [Statutory Authority: RCW 70.123.030. 86-22-039 (Order 2435), § 248-554-015, filed 11/3/86. Statutory Authority: Chapter 70.123 RCW. 80-01-068 (Order 1467), § 248-554-015, filed 12/21/79.] Repealed by 01-07-053, filed 3/16/01, effective 4/16/01. Statutory Authority: Chapter 70.123 RCW.
248-554-018	Shelter homes and safe homes—General. [Statutory Authority: RCW 70.123.030. 86-22-039 (Order 2435), § 248-554-018, filed 11/3/86.] Repealed by 01-07-053, filed 3/16/01, effective 4/16/01. Statutory Authority: Chapter 70.123 RCW.
248-554-020	Domestic violence services—General. [Statutory Authority: RCW 70.123.030. 86-22-039 (Order 2435), § 248-554-020, filed 11/3/86. Statutory Authority: Chapter 70.123 RCW. 80-01-068 (Order 1467), § 248-554-020, filed 12/21/79.] Repealed by 01-07-053, filed 3/16/01, effective 4/16/01. Statutory Authority: Chapter 70.123 RCW.
248-554-030	Exemptions, separability, and notice and appeal. [Statutory Authority: RCW 34.05.220 (1)(a) and 70.123.030. 90-04-072 (Order 2995), § 248-554-030, filed 2/5/90, effective 3/1/90. Statutory Authority: RCW 70.123.030. 86-22-039 (Order 2435), § 248-554-030, filed 11/3/86. Statutory Authority: Chapter 70.123

Title 250 WAC

HIGHER EDUCATION COORDINATING BOARD (Formerly: Postsecondary Education, Council for)

Chapters

250-44

Regulations for the administration of the displaced homemaker program.

250-63

Future teachers conditional scholarship for public school classified K-12 employees.

Chapter 250-44 WAC

REGULATIONS FOR THE ADMINISTRATION OF THE DISPLACED HOMEMAKER PROGRAM

WAC

250-44-100

Required assurances.

250-44-110

Criteria for selection of contracts to be awarded.

250-44-120

Procedure for selection of contracts to be awarded.

WAC 250-44-100 Required assurances. No contract shall be awarded unless the sponsoring organization includes in its application the following assurances:

(1) No person in this state, on the grounds of sex, age, race, color, religion, national origin, or the presence of any sensory, mental, or physical handicap, shall be excluded from participating in, be denied the benefits of, or be subjected to discrimination under, any program or activity funded in whole or in part with funds made available under the act;

(2) The sponsoring organization shall actively seek to employ for all staff positions supported by funds provided under the act, and for all staff positions supported by matching funds under any contract, including supervisory, technical and administrative positions, persons who qualify as displaced homemakers;

(3) Services provided to displaced homemakers under the contract shall be provided without payment of any fees for the services: Provided, That the executive director may approve exceptions to this requirement upon determining that such exceptions would be in the best interest of displaced homemaker program objectives;

(4) First priority for all services provided under the contract shall be given to persons who qualify in all regards as displaced homemakers. Other persons in need of the services due to similar circumstances may be assisted if provision of such assistance shall not in any way interfere with the provision of services to displaced homemakers as defined in the act. The sponsoring organization shall include in its reports