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 246-293 WAC
WATER SYSTEM COORDINATION ACT

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-293-310 Severability. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-293-310, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.116 RCW. 78-07-048 (Order 1309), § 248-56-900, filed 6/28/78.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.

246-293-440 Adjudicative proceeding. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-293-440, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and 70.116.050. 90-06-019 (Order 039), § 248-59-030, filed 2/28/90, effective 3/1/90. Statutory Authority: RCW 74.116.070 [70.116.070]. 83-01-015 (Order 1919), § 248-59-030, filed 12/6/82.] Repealed by 93-13-005 (Order 369), filed 6/3/93, effective 7/4/93. Statutory Authority: RCW 43.70.040.

WAC 246-293-001 Purpose. This chapter is promulgated pursuant to the authority granted in the Public Water System Coordination Act of 1977, chapter 70.116 RCW, for the purpose of implementing a program relating to public water system coordination within the state of Washington, for

evaluation and determination of critical water supply service areas, and assistance for orderly and efficient public water system planning.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodifed as § 246-293-001, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.116 RCW. 78-07-048 (Order 1309), § 248-56-100, filed 6/28/78.]

PART I. PROCEDURAL REGULATIONS

WAC 246-293-110 Definitions. (1) "Public water system" - Any system or water supply intended or used for human consumption or other domestic uses including, but not limited to, source, treatment, storage, transmission and distribution facilities where water is furnished to any community, number of individuals or is made available to the public for human consumption or domestic use. This definition shall exclude any water system serving one single family residence, water systems existing prior to September 21, 1977 which are owner operated and serve less than ten single family residences, and water systems serving no more than one industrial plant.

(2) "Purveyor" - Any agency or subdivision of the state or any municipality, firm, company, mutual or cooperative association, institution, partnership, person, or any other entity that owns or operates a public water system for wholesale or retail service (or their authorized agent).

(3) "Municipality" - Any county, city, town, or any other entity having its own incorporated government for local affairs including, but not limited to, metropolitan municipal corporation, public utility district, water district, irrigation district, sewer district, and/or port district.

(4) "Inadequate water quality" - An excess of maximum contaminant levels established by the state board of health (chapter 248-54 WAC).

(5) "Unreliable service" - Low pressure or quantity problems, and/or frequent service interruption inconsistent with state board of health requirements (chapter 248-54 WAC).

(6) "Lack of coordinated planning" - Failure to resolve existing or potential areawide problems related to:

(a) Insufficient control over development of new public water systems.

(b) Adjacent or nearby public water systems constructed according to incompatible design standards.

(c) No future service area agreements, or conflicts in existing or future service areas.

(d) Adjacent public water systems which could benefit from emergency interties or joint-use facilities.

(e) Water system plans which have not been updated in accordance with chapter 248-54 WAC.

(f) Inconsistencies between neighboring water system plans, or failure to consider adopted county or city land use plans or policies.

(7) "Critical water supply service area" - A geographical area designated by the department or county legislative authority characterized by public water system problems related to inadequate water quality, unreliable service, and/or lack of coordinated water system planning. It may be further characterized by a proliferation of small, inadequate public water systems, or by water supply problems which threaten the present or future water quality or reliability of service in such a manner that efficient and orderly development may best be achieved through coordinated planning by public water systems in the area.

(8) "County legislative authority" - The board of county commissioners or that body assigned such duties by a county charter as enacting ordinances, passing resolutions, and appropriating public funds for expenditure.

(9) "Local planning agency" - The division of city or county government responsible for land use planning functions.

(10) "Coordinated water system plan" - A plan for public water systems within a critical water supply service area which identifies the present and future water system concerns and sets forth a means for meeting those concerns in the most efficient manner possible.

(11) "Existing service area" - A specific area within which direct service or retail service connections to customers of a public water system are currently available.

(12) "Future service area" - A specific area for which water service is planned by a public water system, as determined by written agreement between purveyors provided for in WAC 248-56-730.

(13) "Department" - The Washington state department of social and health services.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-293-110, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.116 RCW. 78-07-048 (Order 1309), § 248-56-200, filed 6/28/78.]

WAC 246-293-120 Preliminary assessment—Requirement. In areas where public water systems are suspected of having problems related to inadequate water quality, unreliable service, or lack of coordinated planning, a preliminary assessment shall be undertaken to determine if the geographical area should be designated a critical water supply service area. (See WAC 248-56-200 for definitions.)

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-293-120, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.116 RCW. 78-07-048 (Order 1309), § 248-56-300, filed 6/28/78.]

WAC 246-293-130 Preliminary assessment—Procedures. (1) The preliminary assessment shall be conducted under the authority of the county legislative authority(ies) and the department with assistance from affected state and local agencies and water purveyors.

(2) Notice that a preliminary assessment is being undertaken shall be made to all affected parties, those who have demonstrated an interest, and the local news media.

(3) The preliminary assessment shall be presented in report form, as short and factual as possible, and shall consider at least the following topics as they relate to public water systems in the potential critical water supply service area:

(a) Existing water systems, including:

(i) History of water quality, reliability and service,

(ii) General fire fighting capability of the utilities, and

(iii) Identification of major facilities which need to be expanded, altered, or replaced.

(b) Availability and adequacy of future water source(s).

(c) Service area boundaries, including a map of established boundaries and identification of systems without established boundaries.

(d) Present growth rate.

(e) Status of water system planning, land use planning, and coordination, including a list of land use plans and policies adopted by local general purpose governments.

(4) Upon completion, the preliminary assessment shall be submitted to the county legislative authority(ies) and the department for review. A copy shall also be transmitted to all potentially affected water purveyors and appropriate news media.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-293-130, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.116 RCW. 78-07-048 (Order 1309), § 248-56-310, filed 6/28/78.]

WAC 246-293-140 Declaration of critical water supply service area. (1) Based upon review of the preliminary assessment, if findings indicate that a geographical area does have problems related to inadequate water quality, unreliable service, or lack of coordinated planning, the county legislative authority(ies) or the department shall declare that area a critical water supply service area.

(2) The declaration shall be in the format of a legislative enactment signed by the county legislative authority(ies), or administrative declaration signed by the secretary of the department or his designee.

(3) The declaring agency shall file its declaration with the other agency(ies) and notify in writing the appropriate local planning agencies, affected water purveyors, and the local news media within ten days.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-293-140, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.116 RCW. 78-07-048 (Order 1309), § 248-56-400, filed 6/28/78.]

WAC 246-293-150 Water utility coordinating committee—Establishment. (1) Within thirty days following the declaration of a critical water supply service area, a water utility coordinating committee composed of not less than three voting members shall be appointed by the declaring authority.

(2) The water utility coordinating committee shall consist of one representative from each of the following:

(a) County legislative authority within the declared area;

(b) County planning agency having jurisdiction within the declared area;

(c) Health agency having jurisdiction within the declared area under chapters 70.08, 70.05, 43.20 RCW; and

(d) Water purveyor with over fifty services within the declared area.

(Other interested persons may be appointed as nonvoting members of the committee by the authority declaring the critical water supply service area if determined appropriate.)

(3) At the first meeting of the water utility coordinating committee, the following shall be determined:

(a) Chairperson; and

(b) Rules for conducting business, including voting procedure.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-293-150, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.116 RCW. 89-16-065 (Order 2840), § 248-56-500, filed 7/31/89, effective 8/31/89; 78-07-048 (Order 1309), § 248-56-500, filed 6/28/78.]

WAC 246-293-160 Water utility coordinating committee—Purpose. (1) The initial purpose of the water utility coordinating committee shall be to recommend external critical water supply service area boundaries to the county legislative authority(ies) within six months of appointment of the committee. (See WAC 248-56-600.)

(2) Following establishment of external critical water supply service area boundaries, the water utility coordinating committee shall be responsible for development of the coordinated water system plan. (See WAC 248-56-740.)

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-293-160, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.116 RCW. 78-07-048 (Order 1309), § 248-56-510, filed 6/28/78.]

WAC 246-293-170 Establishment of external critical water supply service area boundaries—Procedures. (1) Proposed boundaries shall be documented by a written report which includes:

(a) A map and narrative description of the recommended boundary.

(b) A narrative statement outlining the reasons for the recommended boundary location, the criteria used and relative importance of each.

(2) Prior to submittal of recommended external boundaries to the county legislative authority(ies), the water utility coordinating committee shall conduct at least one informational meeting for the purpose of soliciting public input.

(3) The water utility coordinating committee shall make a formal report of its recommended external critical water supply service area boundaries to the county legislative authority(ies).

(4) The county legislative authority(ies) shall conduct at least two public hearings on the proposed boundaries within six months from the date the boundaries were submitted by the water utility coordinating committee, for the purpose of soliciting responses to the proposed boundaries.

(5) Within six months from the date proposed boundaries are submitted to the county legislative authority(ies), one of the following actions may be taken by the county legislative authority(ies):

(a) Ratify the proposed boundaries based on findings at the public hearings, or

(b) Modify the proposed boundaries in accordance with findings of the public hearings, and then ratify the revised boundaries.

If neither of the above actions are taken by the county legislative authority(ies) within six months, the boundaries as stated in the proposal submitted by the water utility coordinating committee to said county legislative authority(ies) shall be automatically ratified.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-293-170, filed 12/27/90, effective 1/31/91. Statutory Authority:

Chapter 70.116 RCW. 78-07-048 (Order 1309), § 248-56-600, filed 6/28/78.]

WAC 246-293-180 Establishment of external critical water supply service area boundaries—Criteria. (1) The water utility coordinating committee, in recommending, and county legislative authority(ies), in determining the location of external critical water supply service area boundaries shall consider factors including, but not limited to:

(a) Existing land use,

(b) Projected land use and permitted densities as documented in adopted county or city plans, ordinances and/or growth policies for at least 10 years into the future,

(c) Other planning activities or boundaries which may affect land use or water system planning,

(d) Physical factors limiting provision of water service,

(e) Existing political boundaries, including boundary agreements in effect and attitudes towards expanding those boundaries,

(f) Future service areas of existing utilities,

(g) Hydraulic factors, including potential pressure zones or elevations,

(h) Economic ability of the public water systems to meet minimum service requirements.

(2) External critical water supply service area boundaries shall not divide any purveyor's existing, contiguous service area. Areas served by a wholesale purveyor may be divided into as many existing service areas as may be justified by geography, engineering or other factors discussed in the preliminary assessment.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-293-180, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.116 RCW. 78-07-048 (Order 1309), § 248-56-610, filed 6/28/78.]

WAC 246-293-190 Establishment of critical water supply service area boundaries—Effect. (1) No new public water system shall be approved within a critical water supply service area subsequent to establishment of external boundaries unless specifically authorized by the department. Authorization shall be based upon compliance with the following:

(a) If unanticipated demand for water supply occurs within a purveyor's future service area, the following shall apply in the listed sequence:

(i) The existing purveyor shall provide service in a timely and reasonable manner consistent with state board of health regulations; or

(ii) A new public water system may be developed on a temporary basis. Before authorization, a legal agreement will be required which includes a schedule for the existing purveyor to assume management and/or connect the new public water system to the existing system; or

(iii) A new public water system may be developed. Before authorization, a revised service area agreement establishing the new purveyor's future service area will be required.

(b) If a demand for water supply occurs outside any purveyor's future service area, the following shall apply in the listed sequence:

(i) Those persons anticipating the need for water service shall contact existing nearby purveyors within the critical water supply service area to determine whether any will be interested in expanding their system to provide water service in a timely and reasonable manner consistent with state board of health regulations.

(ii) A new public water system may be developed on a temporary basis. Before authorization, a legal agreement will be required which includes a schedule for an existing system to assume management and/or connect the new public water system to an existing system; or

(iii) A new public water system may be developed.

Any of the options listed in subdivisions (b)(i), (b)(ii), or (b)(iii) will require establishment of new or revised service area agreements.

(2) If a new public water system is developed, it shall have an approved water system plan pursuant to WAC 248-54-580 and the provisions of this chapter. The plan shall include a section addressing the outcome of subsections (1)(a), or (1)(b) along with documented confirmation by the appropriate existing purveyors(s).

(3) Any proposed new public water system shall not be inconsistent with local adopted land use plans, shoreline management programs, and/or development policies as determined by the appropriate county or city legislative authority(ies).

(4) If a coordinated water system plan has been approved for the affected area, all proposed new public water systems shall be consistent with the provisions of that plan.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-293-190, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.116 RCW. 78-07-048 (Order 1309), § 248-56-620, filed 6/28/78.]

WAC 246-293-200 Alteration of external critical water supply service area boundaries. (1) After establishment of external critical water supply service area boundaries, those boundaries may not be altered until the coordinated water system plan is completed.

(2) Alteration of external critical water supply service area boundaries may be initiated by the department or county legislative authority(ies) in accordance with the procedures and criteria identified in WAC 248-56-600 and 248-56-610. In addition:

(a) The department or county legislative authority(ies), whichever initiates alteration of external boundaries, shall prepare a brief report documenting the need for such alteration, and

(b) The department or county legislative authority(ies), whichever initiates preparation of the report, shall reconvene the water utility coordinating committee and present the report to the committee, together with instructions for committee action.

(3) The coordinated water system plan shall be revised as necessary, due to alteration of external critical water supply service area boundaries, within six months of the date of such action taken by the county legislative authority(ies), unless an extended schedule is approved by the department.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-293-200, filed 12/27/90, effective 1/31/91. Statutory Authority:

Chapter 70.116 RCW. 78-07-048 (Order 1309), § 248-56-630, filed 6/28/78.]

WAC 246-293-210 Update of external critical water supply service area boundaries. External critical water supply service area boundaries shall be reviewed by the water utility coordinating committee and the county legislative authority(ies) at least once every five years, as part of the update of the coordinated water system plan. (See WAC 248-56-760.)

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-293-210, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.116 RCW. 78-07-048 (Order 1309), § 248-56-640, filed 6/28/78.]

WAC 246-293-220 Coordinated water system plan—Requirement. (1) A coordinated water system plan shall be required for the entire area within the external critical water supply service area boundaries.

(2) In critical water supply service areas where more than one water system exists, a coordinated water system plan shall consist of either:

(a) A compilation of water system plans approved pursuant to WAC 248-54-580, together with supplementary provisions addressing water purveyor concerns relating to the entire critical water supply service area (fulfilling requirements of WAC 248-56-710 and 248-56-720 respectively), or

(b) A single plan covering all affected public water systems and areawide concerns within the external critical water supply service area boundaries (fulfilling requirements of both WAC 248-56-710 and 248-56-720).

(3) The coordinated water system plan shall provide for maximum integration and coordination of public water system facilities consistent with the protection and enhancement of the public health and well-being.

(4) The coordinated water system plan shall not be inconsistent with adopted county and city land use plans, ordinances, and/or growth policies addressing development within the critical water supply service area for at least five years beyond the date of establishment of external boundaries.

(5) If no land use plans, ordinances, or growth policies are in effect for all or a portion of the area within the critical water supply service area at the time the coordinated water system plan is being prepared, the coordinated water system plan shall be based upon the best planning data available from the appropriate local planning agency(ies).

(6) In critical water supply service areas where only one public water system exists, the coordinated water system plan shall consist of the water system plan for the water system. (See WAC 248-54-580 and 248-56-710.)

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-293-220, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.116 RCW. 78-07-048 (Order 1309), § 248-56-700, filed 6/28/78.]

WAC 246-293-230 Coordinated water system plan—Water system plan. (1) Each purveyor within the external critical water supply service area boundaries shall be responsible for completion of a water system plan for the purveyor's future service area, including provisions of WAC 248-56-730, if such a plan has not already been approved, with the following exception:

(a) Nonmunicipally owned public water systems shall be exempt from the planning requirements (except for the establishment of service area boundaries pursuant to WAC 248-56-730) if they:

(i) Were in existence as of September 21, 1977; and

(ii) Have no plans for water service beyond their existing service area; and

(iii) Meet minimum state board of health requirements (chapter 248-54 WAC).

Note: If the county legislative authority permits a change in development that will increase the demand for water service of such a system beyond the existing system's ability to provide minimum water service, the purveyor shall develop a water system plan in accordance with this section.

(2) Each purveyors' water system plan shall be updated at the time the coordinated water system plan is prepared, which will eliminate the necessity of updating the water system plan prior to the mandatory five year update of the coordinated water system plan.

(3) The content of a water system plan shall be consistent with WAC 248-54-580 and shall comply with guidelines* which may be obtained from the department. These guidelines have been compiled to further assist in meeting the purpose of this chapter, and address three levels of planning requirements varying in detail, based upon the size of the public water system.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-293-230, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.116 RCW. 78-07-048 (Order 1309), § 248-56-710, filed 6/28/78.]

WAC 246-293-240 Coordinated water system plan—Supplementary provisions. (1) All water purveyors within the external critical water supply service area boundaries (with the exception of the systems specifically exempted in WAC 248-56-710(1)) shall be notified and asked to participate in the development of the supplementary provisions.

(2) The supplementary provisions shall address areawide water system concerns relating to the entire critical water supply service area. The content of the supplementary provisions shall comply with guidelines* which may be obtained from the department.

The supplementary provisions shall include, but not be limited to:

(a) Assessment of related, adopted plans,

(b) Identification of future service areas and service area agreements (WAC 248-56-730),

(c) Minimum areawide water system design standards, including fireflow performance standards,

(d) Procedures for authorizing new water systems in the critical water supply service area,

(e) Assessment of potential joint-use or shared water system facilities and/or management programs.

*Copies of DSHS guidelines entitled, "Plan contents guidelines" may be obtained without charge from the Department of Social and Health Services, Water Supply and Waste Section, Mail Stop LD-11, Olympia, Washington 98504.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-293-240, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.116 RCW. 78-07-048 (Order 1309), § 248-56-720, filed 6/28/78.]

WAC 246-293-250 Service area agreements—Requirement. (1) The service area boundaries of public water systems within the critical water supply service area shall be determined by written agreement among the respective existing purveyors and approved by the appropriate legislative authority(ies).

(2) Future service area agreements shall be incorporated into the coordinated water system plan as provided for in the guidelines identified in WAC 248-56-720.

(3) Future service area boundaries of public water systems shall be determined by existing purveyors. Criteria used in the establishment of future service areas should include, but not be limited to: Topography, readiness and ability to provide water, local franchise areas, legal water system boundaries, city limits, future population, land use projections, and sewer service areas.

(4) All future service areas shall not be inconsistent with adopted land use plans, ordinances, and growth policies of cities, towns, and counties, located within the future service area boundaries.

(5) Failure of the legislative authority(ies) to file with the department objections to service area agreements within 60 days of receipt of the agreement shall indicate automatic approval.

(6) If no service area boundary agreement has been established after a conscientious effort by the purveyors within one year of establishment of the external critical water supply service area boundaries, or if the legislative authority(ies) has filed with the department objections in writing, the department shall hold a public hearing.

(7) If a public hearing is required for the establishment of service areas the following procedures shall apply:

(a) The department shall provide notice of the hearing by certified mail to:

(i) Each purveyor providing service in the critical water supply service area,

(ii) Each county legislative authority having jurisdiction in the area, and

(iii) The public pursuant to chapter 65.16 RCW.

(b) The hearing may be continued from time to time.

(c) At the termination of the public hearing, the department may restrict the expansion of service of any purveyor within the external critical water supply service area boundaries if the department finds such restriction necessary to provide the greatest protection of the public health and well-being. (Individual retail or direct service connections shall not be considered an expansion.)

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-293-250, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.116 RCW. 78-07-048 (Order 1309), § 248-56-730, filed 6/28/78.]

WAC 246-293-260 Coordinated water system plan—Procedures (water utility coordinating committee). (1) Following establishment of external critical water supply service area boundaries, the water utility coordinating committee shall be responsible for the development of a coordinated water system plan.

(2) No later than two months after establishment of the external critical water supply service area boundary the water utility coordinating committee shall meet for the purpose of formulating arrangements for:

(a) Preparation of the coordinated water system plan, and

(b) Public involvement.

(3) The water utility coordinating committee shall meet as necessary in order to:

(a) Collect and assemble water system plans,

(b) Provide input and direction for the preparation of the supplementary provisions,

(c) Serve as a forum for developing and/or negotiating future service area agreements (WAC 248-56-730),

(d) Accomplish other related business as determined by the committee.

(4) Prior to submittal of the coordinated water system plan to the county legislative authority(ies) for review, the water utility coordinating committee shall:

(a) Prepare written comments on the plan for the benefit of the reviewing authority(ies),

(b) Conduct at least one public informational meeting for the purpose of soliciting public input,

(c) Evaluate and respond to comments received at the hearing(s).

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-293-260, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.116 RCW. 78-07-048 (Order 1309), § 248-56-740, filed 6/28/78.]

WAC 246-293-270 Coordinated water system plan—Effect. (1) All purveyors constructing or proposing to construct public water system facilities within the area covered by the coordinated water system plan shall comply with the plan.

(2) At any time after two years of establishment of the external critical water supply service area boundaries, the department may deny proposals to establish or to expand any public water system within a critical water supply service area for which there is not an approved coordinated water system plan. (Individual retail or direct service connections shall not be considered an expansion.) (See WAC 248-56-620 for provisions pertaining to new public water systems in the interim two years.)

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-293-270, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.116 RCW. 78-07-048 (Order 1309), § 248-56-750, filed 6/28/78.]

WAC 246-293-280 Coordinated water system plan—Update. (1) The coordinated water system plan shall be reviewed and updated by the water utility coordinating committee at a minimum of every five years or sooner, if the water utility coordinating committee feels it is necessary, in accordance with both the provisions of WAC 248-54-580 and this section.

(2) Changes in the coordinated water system plan shall be accomplished in accordance with procedures for developing a coordinated water system plan (WAC 248-56-740). If

no changes are necessary, the water utility coordinating committee shall submit to the department a statement verifying that the coordinated water system plan is still current.

(3) If the external critical water supply service area boundaries are altered by the county legislative authority(ies) pursuant to WAC 248-54-630, the coordinated water system plan shall be updated as provided for in WAC 248-56-630.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-293-280, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.116 RCW. 78-07-048 (Order 1309), § 248-56-760, filed 6/28/78.]

WAC 246-293-290 Coordinated water system plan—Local review. (1) Prior to submission of a coordinated water system plan to the department for approval, the plan shall be reviewed by the county legislative authority(ies) in the county(ies) in which the critical water supply service area is located. County review of the coordinated water system plan shall include at least one public hearing.

(2) If no comments have been received from the county legislative authority(ies) within 60 days of receipt of the coordinated water system plan, the department may consider the plan for approval.

(3) If within 60 days of receipt of the coordinated water system plan, the county legislative authority(ies) find any segment of the plan to be inconsistent with adopted land use plans, shorelines master programs, the following shall occur:

(a) The county legislative authority(ies) shall submit written description of their determination and justification supporting their determination prior to the end of the 60 day period to the department and all affected parties.

(b) The county legislative authority(ies) shall make every effort to resolve any inconsistencies within 60 days of submittal of written justification.

(c) The department may approve those portions of the coordinated water system plan found not to be inconsistent with adopted plans and policies at any time after the initial determination by the county legislative authority(ies).

(d) If after the 60 day period established for resolution of inconsistencies an inconsistency still exists, the affected parties shall each present their final recommended alternative solution to the department. The department shall then review all alternative solutions and discuss its recommendations with the county(ies) and the water utility coordinating committee. If after two years of the declaration of the critical water supply service area the inconsistencies persist, the department may deny proposals to establish or to expand any public water system facilities which affect that portion of the critical water supply service area being contested.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-293-290, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.116 RCW. 78-07-048 (Order 1309), § 248-56-800, filed 6/28/78.]

WAC 246-293-300 Coordinated water system plan—Department approval. (1) A coordinated water system plan shall be submitted to the department for design approval within two years of the establishment of external critical water supply service area boundaries.

(a) In its review of the coordinated water system plan, the department shall ensure that every topic in the guidelines identified in WAC 248-56-720 has been covered to the extent necessary based on the size and nature of the water system(s) and characteristics of the critical water supply service area.

(b) The department shall not approve those portions of a coordinated water system plan which fail to meet the requirements for future service area boundaries pursuant to WAC 248-56-730.

(2) The department shall either approve the coordinated water system plan, or respond within 60 days from the date the plan is received.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-293-300, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.116 RCW. 78-07-048 (Order 1309), § 248-56-810, filed 6/28/78.]

PART II. RESOLUTION OF SERVICE AREA CONFLICTS

WAC 246-293-401 Purpose. The purpose of this chapter is to provide a process for resolving service area conflicts which arise from implementation of the Public Water System Coordination Act, chapter 70.116 RCW, and its procedural regulations, chapter 248-56 WAC.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-293-401, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 74.116.070 [70.116.070]. 83-01-015 (Order 1919), § 248-59-005, filed 12/6/82.]

WAC 246-293-420 Public hearing. (1) If no service area boundary agreement has been established after a conscientious effort by existing water purveyors within one year of establishment of external critical water supply service area boundaries, or if the legislative authority or authorities have filed written objections with the department, the water supply and waste section of the department of social and health services (DSHS) shall work with the affected parties in an informal manner in order to reach an agreement.

(2) If, in the judgment of the water supply and waste section of DSHS, informal negotiations with the affected parties fail to make progress toward reaching an agreement, the water supply and waste section of DSHS shall hold a public hearing to determine its course of action.

(3) The water supply and waste section of DSHS shall provide at least thirty days' notice of the public hearing; thus, giving the affected parties a final opportunity to agree upon service area boundaries prior to the public hearing.

(4) Notice of the public hearing shall be mailed by certified mail to:

(a) Each purveyor providing service in the area of conflict;

(b) Each legislative authority having jurisdiction in the area; and

(c) The public pursuant to chapter 65.16 RCW.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-293-420, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 74.116.070 [70.116.070]. 83-01-015 (Order 1919), § 248-59-010, filed 12/6/82.]

WAC 246-293-430 Initial decision. (1) The public hearing may be continued from time to time if good cause can be shown for such a continuance.

(2) After conclusion of the hearing, the water supply and waste section of DSHS may decide to take no action or restrict any or all purveyors from carrying out improvements within the conflicting area. Affected parties shall be notified of the decision by certified mail. The decision shall be issued as a written report and include justification based upon:

(a) Compliance with DSHS regulations;

(b) A record of the hearing; and

(c) Criteria established in WAC 248-56-730.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-293-430, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 74.116.070 [70.116.070]. 83-01-015 (Order 1919), § 248-59-020, filed 12/6/82.]

PART III. FIRE FLOW

WAC 246-293-601 Purpose. This chapter is promulgated pursuant to the authority granted in the Public Water System Coordination Act of 1977, chapter 70.116 RCW, for the purpose of establishing minimum performance standards related to fire protection, including provisions for their application and enforcement, and incorporating them into the design and construction of new and expanding public water systems.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-293-601, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.116.080. 79-04-007 (Order 1378), § 248-57-010, filed 3/12/79.]

WAC 246-293-602 Scope. These standards and regulations shall apply to the following new and expanding public water systems:

(1) Those having more than 1,000 services. (See WAC 248-54-580.)

(2) Those with less than 1,000 services located within the boundaries of a critical water supply service area and subject to the requirement for a coordinated water system plan. (See WAC 248-54-580 and 248-56-700.)

Note: Public water systems in existence prior to September 21, 1977, which are owner operated and serve less than ten single family residences; serving no more than one industrial plant; or are nonmunicipally owned with no plans for water service beyond their existing service area are exempt from the planning requirement.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-293-602, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.116.080. 79-04-007 (Order 1378), § 248-57-200, filed 3/12/79.]

WAC 246-293-610 Definitions. (1) "Public water system" - Any system or water supply intended or used for human consumption or other domestic uses including, but not limited to, source, treatment, storage, transmission and distribution facilities where water is furnished to any community, number of individuals, or is made available to the public for human consumption or domestic use. This definition shall exclude any water system serving one single family residence, water systems existing prior to September 21, 1977, which are owner operated and serve less than ten single family residences, and water systems serving no more than one industrial plant.

(2) "Expanding public water systems" - Those public water systems installing additions, extensions, changes, or alterations to their existing source, transmission, storage, or distribution facilities which will enable the system to increase in size its existing service area. New individual retail or direct service connections onto an existing distribution system shall not be considered an expansion of the public water system.

(3) "Department" - The Washington state department of social and health services.

(4) "Critical water supply service area" - A geographical area designated by the department or county legislative authority characterized by public water system problems related to inadequate water quality, unreliable service, and/or lack of coordinated water system planning. It may be further characterized by a proliferation of small, inadequate water systems, or by water supply problems which threaten the present or future water quality or reliability of service in such a manner that efficient and orderly development may best be achieved through coordinated planning by public water systems in the area in accordance with chapter 248-56 WAC.

(5) "Fire flow" - The rate of water delivery needed for the purpose of fighting fires in addition to requirements for normal domestic maximum instantaneous demand as referenced in guidelines published by the department entitled "Design standards for public water supplies."

(6) "Local fire protection authority" - The fire district, city, town, or county directly responsible for the fire protection within a specified geographical area.

(7) "Water system plan" - A document identifying present and future water system needs and establishing a program for meeting those needs in the most efficient manner possible, and consistent with other relevant plans and policies affecting the area in which the system is located. (See WAC 248-54-580, 248-56-710 and 248-56-720, and the plan content guidelines for a detailed description of water system plans.)

(8) "Existing service area" - A specific area within which direct service or retail service connections to customers of a public water system are currently available.

(9) "Future service area" - A specific area for which water service is planned by a public water system as determined by written agreement between purveyors. (See WAC 248-56-730.)

(10) "Planning jurisdiction" - The city, town, county or other entity acting as the responsible agency for preparation and adoption of land use plans, policies or standards affecting development.

(11) "Development classifications" - Specific geographical areas within the existing and future service area of a public water system, identified for the purpose of determining the appropriate level of fire protection.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-293-610, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.116.080. 79-04-007 (Order 1378), § 248-57-100, filed 3/12/79.]

WAC 246-293-620 Administration. (1) The department shall administer these regulations through its ongoing review and approval of water system plans and engineering

reports as provided for in WAC 248-54-580, 248-54-590, and 248-56-810.

(2) In the event that plans and specifications for water system improvements are submitted to the department for approval under WAC 248-54-600 and the design of the proposed improvements is inconsistent with development classifications identified in the water system plan, (see WAC 248-57-400) the department shall not approve the plans and specifications.

(3) Plans and specifications for water system improvements (see WAC 248-54-600) proposed within those cities, towns, or counties which operate under local fire flow standards shall include written confirmation that they meet the requirements of adopted local standards from the authority administrating those standards. (See WAC 248-57-900.)

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-293-620, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.116.080. 79-04-007 (Order 1378), § 248-57-300, filed 3/12/79.]

WAC 246-293-630 Application. (1) Water system plans prepared by those public water systems identified in WAC 248-57-200 shall include a section in their plans addressing fire flow, hydrant and system reliability standards in accordance with WAC 248-57-500, 248-57-600, and 248-57-700 respectively. The section shall include a map entitled development classifications consistent with the following:

(a) The map shall delineate the existing and future service area of the water system into the following categories:

(i) Rural - lot sizes greater than one acre (including parks, open space, agricultural lands, etc.)

(ii) Residential - lot sizes one acre or less, (including all single and multi-family structures less than 4000 square feet, and mobile home and recreational vehicle parks)

(iii) Commercial and multi-family residential structures with a floor area 4000 square feet or greater.

(iv) Industrial

(b) Assignment of the above categories shall be based upon:

(i) Existing development, and

(ii) Future development for a minimum of ten years as identified in proposed or adopted land use plans and policies applicable within the existing and future service area.

(c) The development classifications outlined in (a) above shall be determined by any method acceptable to the planning jurisdiction(s), provided that the criteria used is consistent within a given critical water supply service area.

(2) The water system plan shall identify and schedule improvements needed in order for the water system to be capable of supplying required fire flow for new and expanding public water systems consistent with these regulations.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-293-630, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.116.080. 79-04-007 (Order 1378), § 248-57-400, filed 3/12/79.]

WAC 246-293-640 Minimum standards for fire flow. (1) City, town, or county legislative authority shall set minimum fire flows where local standards are adopted under WAC 248-57-900.

(2) Where local standards are not adopted under WAC 248-57-900, Table 1 shall identify minimum fire flows. Contact with the county and local fire protection authority shall be made before applying these standards in a water system plan or to design of individual development.

TABLE 1
MINIMUM FIRE FLOWS*

Development Classification (as described under WAC 248-57-400)	Minimum Fire Flow Requirement
Rural	None
Residential	500 gallons per minute for 30 minutes
Commercial and multifamily structures greater than 4000 sq. ft.	750 gallons per minute for 60 minutes**
Industrial	1000 gallons per minute for 60 minutes**

* Minium flows are in addition to requirements for normal domestic maximum use.

** Commercial and industrial buildings may be subject to higher flow requirements when evaluated on an individual basis by the local fire protection authority.

Note: Minimum standards in most cases require less flow than categories in the guidelines published by the Insurance Services Office (Municipal Survey Service, 160 Water Street, New York, New York 10038) and therefore may not result in lower insurance rates.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-293-640, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.116 RCW. 89-16-065 (Order 2840), § 248-57-500, filed 7/31/89, effective 8/31/89. Statutory Authority: RCW 70.116.080. 79-04-007 (Order 1378), § 248-57-500, filed 3/12/79.]

WAC 246-293-650 Minimum standards for fire hydrants. (1) In those areas where minimum fire flow requirements must be met, fire hydrants shall be provided in accordance with WAC 248-57-600. If phased installation of water facilities are approved by the department, fire hydrants do not need to be installed until source, storage, and transmission capacity needed to meet the minimum flow requirements are operational: Provided, That in such instances a "T" shall be installed every 900 feet where fire hydrants will be located.

(2) Fire hydrants shall be located at roadway intersections wherever possible and the distance between them shall be no further than 900 feet.

(3) All fire hydrants shall conform to American Water Works Association specifications for dry barrel fire hydrants. Each hydrant shall have at least two hose connections of 2 1/2" diameter each and one pumper connection. All connections must have national standard threads or other connection devices consistent with local fire protection authority requirements.

(4) Fire hydrants shall be installed plumb and be set to the finished grade. The bottom of the lowest outlet of the hydrant shall be no less than eighteen inches above the grade. There shall be thirty-six inches of clear area about the hydrant for operation of a hydrant wrench on the outlets and on the control valve. The pumper port shall face the most likely route of approach of the fire truck as determined by the local fire protection authority.

(5) Fire hydrants shall be located so as to be accessible by fire engines and not be obstructed by any structure or vegetation or have the visibility impaired for a distance of fifty

feet in the direction of vehicular approach to the hydrant. Fire hydrants subject to vehicle damage (e.g., such as those located in parking lots) shall be adequately protected.

(6) Provisions shall be made to drain fire hydrant barrels to below the depth of maximum frost penetration.

(7) Out of service fire hydrants shall be repaired as soon as possible.

(8) Public water systems are encouraged to enter into contracts with local fire protection authorities to insure proper maintenance of fire hydrants.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-293-650, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.116.080. 79-04-007 (Order 1378), § 248-57-600, filed 3/12/79.]

WAC 246-293-660 Minimum standards for system reliability. (1) The public water system shall be capable of supplying minimum fire flows either by gravity, or under the following conditions where fire flows are supplied by pumping:

(a) The largest pump out of service at any pumping level,

(b) The highest capacity treatment unit out of service, while maintaining minimum acceptable standards of water quality.

(c) A power outage in effect, unless the appropriate power utility(ies) records indicate a low incidence of electrical outage, defined as follows:

(i) Outages shall average three or less per year based on data for the three previous years with no more than six outages in a single year. Power must be lost for a minimum of 30 minutes in order to qualify as an "outage."

(ii) Outage duration shall average less than four hours based on data for the three previous years. Not more than one outage during the three previous year period shall have exceeded eight hours.

(2) In assessing system reliability, the department shall also give consideration to potential reliability hazards such as reservoir repair or cleaning and/or lack of parallel water transmission lines.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-293-660, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.116.080. 79-04-007 (Order 1378), § 248-57-700, filed 3/12/79.]

WAC 246-293-670 Alternate methods. Fire protection may be provided by means other than those discussed in these regulations, provided that such alternate methods are fully documented in the water system plan and approved by both the local fire protection authority and the department.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-293-670, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.116.080. 79-04-007 (Order 1378), § 248-57-800, filed 3/12/79.]

WAC 246-293-680 Local standards. (1) Where standards in these regulations do not fully meet the fire protection needs of a city, town or county, the appropriate city, town or county legislative authority may promulgate fire flow and system reliability performance standards applicable within their respective jurisdiction. Such standards shall be fully documented and provide at least equal performance and protection as the minimum requirements contained in these regulations.

(2) Standards established by local jurisdictions shall be submitted to the department for review, and approval if they at least meet the minimum level of protection required by these regulations.

(3) The city, town, or county which adopts local fire flow or system reliability standards shall be responsible for administering those standards.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-293-680, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.116.080. 79-04-007 (Order 1378), § 248-57-900, filed 3/12/79.]

WAC 246-293-690 Severability. If any provision of the 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 43.70.040. 91-02-049 (Order 121), recodified as § 246-293-690, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.116.080. 79-04-007 (Order 1378), § 248-57-990, filed 3/12/79.]

Chapter 246-294 WAC
DRINKING WATER OPERATING PERMITS

WAC

WAC 246-294-001 Purpose. The rules set forth in this chapter are adopted for the purpose of implementing the provisions of chapter 70.119A RCW and to assure that Group A water systems provide safe and reliable drinking water to the public in accordance with chapter 246-290 WAC, state board of health drinking water regulations.

[Statutory Authority: Chapter 70.119A RCW. 93-03-047 (Order 325), § 246-294-001, filed 1/14/93, effective 2/14/93.]

WAC 246-294-010 Definitions. Abbreviations:

EPA - Environmental Protection Agency
MCL - maximum contaminant level
NTNC - nontransient noncommunity
SMA - satellite system management agency
SNC - significant noncomplier
TNC - transient noncommunity
VOC - volatile organic chemical
WFI - water facilities inventory

"Community water system" means any Group A water system:

With fifteen or more services used by residents for one hundred eighty or more days within a calendar year, regardless of the number of people; or

Regularly serving twenty-five or more residents for one hundred eighty or more days within the calendar year, regardless of the number of services.

"Department" means the Washington state department of health.

"Group A water system" and "system" means a public water system:

With fifteen or more service connections, regardless of the number of people; or

Serving an average of twenty-five or more people per day for sixty or more days within a calendar year, regardless of the number of service connections.

"Maximum contaminant level (MCL)" means the maximum permissible level of a contaminant in water the purveyor delivers to any public water system user, measured at the locations identified under WAC 246-290-300, Table 4.

"New Group A water system" means a system designed for fifteen or more services or to serve twenty-five or more people which:

The department has not acknowledged receipt of the form titled *Construction Report for Public Water System Projects* before the effective date of this chapter; or

Has been in existence but has not received department as-built approval or does not have a WFI on record with the department.

"Nonresident" means a person without a permanent home or without a home served by the system, such as travelers, transients, employees, students, etc.

"Nontransient noncommunity water system (NTNC)" means a Group A water system regularly serving twenty-five or more of the same nonresidents for one hundred eighty or more days within a calendar year.

"Owner" means any agency, subdivision of the state, municipal corporation, firm, company, mutual or cooperative association, institution, partnership, or person or any other entity, that holds as property, a public water system.

"Public water system" means any system, excluding a system serving only one single-family residence and a system with four or fewer connections all of which serve residences on the same farm, providing piped water for human consumption, including any collection, treatment, storage, or distribution facilities under control of the purveyor and used primarily in connection with the system; and collection or pretreatment storage facilities not under control of the purveyor but primarily used in connection with the system, including:

Any collection, treatment, storage, and distribution facilities under control of the purveyor and used primarily in connection with such system; and

Any collection or pretreatment storage facilities not under control of the purveyor which are primarily used in connection with such system.

"Resident" means an individual living in a dwelling unit served by a public water system.

"Satellite system management agency (SMA)" means a person or entity that is certified by the department to own and/or operate more than one public water system on a regional or county-wide basis, without the necessity for a physical connection between such systems.

"Service" means a connection to a public water system designed to serve a single-family residence, dwelling unit, or equivalent use. When the connection is a group home or barracks-type accommodation, two and one-half persons shall be equivalent to one service.

"Significant noncomplier (SNC)" means a Group A water system that is in violation of state drinking water rules and such violation or violations may present an immediate risk to the health of consumers.

"Transient noncommunity (TNC)" means a Group A water system:

Having fifteen or more services used less than one hundred eighty days within a calendar year; or

Serving twenty-five or more different nonresidents for sixty or more days within a calendar year; or

Serving twenty-five or more of the same nonresidents for sixty or more days, but less than one hundred eighty days within a calendar year; or

Serving twenty-five or more residents for sixty or more days, but less than one hundred eighty days within a calendar year.

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

[Statutory Authority: Chapter 70.119A RCW. 93-03-047 (Order 325), § 246-294-010, filed 1/14/93, effective 2/14/93.]

WAC 246-294-020 Applicability. Owners of all Group A water systems and owners of satellite system management agencies (SMAs) shall obtain an annual operating permit from the department for each system owned. The operating permit shall be valid until the next renewal date in accordance with WAC 246-294-050. Any change in ownership of the permitted system shall require a new permit in accordance with WAC 246-294-060.

[Statutory Authority: Chapter 70.119A RCW. 93-03-047 (Order 325), § 246-294-020, filed 1/14/93, effective 2/14/93.]

WAC 246-294-030 Application process. (1) No person may operate and no owner shall permit the operation of a Group A water system unless the owner annually submits an application along with the required fee to the department and the department has issued an operating permit to the system owner. Any owner operating a system or SMA may continue to operate until the department takes final action on granting or denying the operating permit, in accordance with WAC 246-294-050.

(2) The department shall begin the operating permit application process for the initial and succeeding years based on size and type of system as follows:

(a) During the first calendar quarter of each year - community water systems greater than or equal to five hundred services and SMAs shall be sent operating permit applications;

(b) During the second calendar quarter of each year - community water systems less than five hundred services shall be sent operating permit applications;

(c) During the third calendar quarter of each year - nontransient noncommunity (NTNC) and transient noncommunity (TNC) water systems shall be sent operating permit applications; and

(d) During the fourth calendar quarter of each year - all remaining Group A water systems.

(3) In addition to the schedule outlined in subsection (2) of this section, new or revised operating permits shall be required when:

(a) The owner of a new Group A system receives all required department approvals relating to water system operation (see WAC 246-294-030(4)); or

(b) Ownership of a Group A system changes (see WAC 246-294-060).

(4) New Group A systems shall be sent operating permit applications at the time construction documents are submitted to the department for approval. The deadline for submitting the completed application and full payment to the department shall be the same date as:

(a) The *Construction Report for Public Water System Projects* required by WAC 246-290-040(2); or

(b) The as-built approval required by WAC 246-290-140(4).

(5) Initial and renewal applications shall be based on information from the most recent WFIs on file with the department, and sent to owners according to the phase-in schedule in subsection (2) of this section. In the case of a SMA, a complete list of systems owned, along with the corresponding system identification numbers, shall also be included with the application.

(6) Upon receipt of the application, the owner shall:

(a) Complete portions of the form which need completing;

(b) Ensure that information on the form is accurate; and

(c) Return the application to the department within seventy days of the department's mailing date, accompanied by the applicable fee.

(7) The application shall be signed by the owner or other legally authorized person:

(a) In the case of a corporation, by an authorized corporate officer;

(b) In the case of a partnership, by a general partner;

(c) In the case of a sole proprietorship, by the proprietor;

(d) In the case of a municipal or other public facility, by a legally authorized officer; or

(e) In the case of an association, by the head of the association or a person responsible for operation of the system.

(8) The applicable fee shall be in the form of a check or money order made payable to the "Department of Health" and mailed to Department of Health, Revenue Unit, P.O. Box 1099, Olympia, Washington 98507-1099, or such successor organization or address as designated by the department.

(9) Systems which do not return operating permit applications along with the required fee by the deadline specified shall:

(a) Not be issued an operating permit;

(b) Be subject to the enforcement provisions in WAC 246-294-090.

(10) An additional charge of ten percent or twenty-five dollars, whichever is greater, shall be added to the applicable fee listed in WAC 246-294-070 if the owner fails to return the completed application with applicable fee to the department within seventy days.

(11) The department shall review each submitted application to verify the information contained in the application. Any changes made on the application by the applicant shall result in updating the system's WFI and shall be reflected on the next renewal application.

(12) If after issuing an operating permit, the department determines that the permit holder has made false statements, the department may, in addition to taking other actions provided by law, revise both current and previously granted permit fee determinations and charge the owner accordingly.

(13) If the department discovers that an owner has been operating a system without an operating permit and such system is covered by the requirements of this chapter, the department may charge the owner an operating permit fee that is the total of the one-time five-dollar per service fee for new Group A water systems plus permit fees owed for each year, including late fees, since the effective date of this chapter.

[Statutory Authority: Chapter 70.119A RCW. 93-03-047 (Order 325), § 246-294-030, filed 1/14/93, effective 2/14/93.]

WAC 246-294-040 Operating permit categories. (1) The department shall evaluate each system for placement into one of the categories listed in Table 1, except as noted in subsection (3)(d) of this section. Each permit issued shall clearly identify the category into which the system is placed. The department shall provide a determination of system adequacy and the reasons for this determination, to any person on request.

(2) The criteria used for evaluation may include, but not be limited to the following:

(a) Whether the system is subject to an order under WAC 246-290-050, for one or more of the following:

(i) Failure to have approved construction documents; or

(ii) Stopping work on system improvements; or

(iii) Failure to meet pressure requirements; or

(iv) Failure to meet water treatment requirements; or

(v) Failure to have a certified water treatment plant operator; or

(vi) Failure to meet water quality maximum contaminant levels; or

(vii) Placement of a moratorium on the system.

(b) Whether the system is in violation of any departmental order issued under WAC 246-290-050 or federal administrative order issued under §1414(g) of the Safe Drinking Water Act, 42 U.S.C. §300g-3(g);

(c) Whether the system is confirmed by the department as an unresolved significant noncomplier (SNC). Unresolved shall mean any system which:

(i) The department determines has not returned to compliance;

(ii) Does not have a signed compliance agreement with the department; or

(iii) Has not been issued a departmental order under WAC 246-290-050.

(d) Whether the system has reached the maximum number of services allowed in the distribution system by department approval;

(e) Whether the system has complied with water system plan provisions of WAC 246-290-100;

(f) Whether the system has complied with the water system financial viability provisions of RCW 70.119A.100 and WAC 246-290-100 (4)(d);

(g) Whether the system has complied with operator certification provisions of chapter 246-292 WAC;

(h) Whether the system has complied with coliform and inorganic chemical monitoring provisions of WAC 246-290-300; and

(i) Whether the system has complied with inorganic chemical and volatile organic chemical MCLs in accordance with WAC 246-290-310.

(3) Operating permit categories shall be as follows:

(a) Category green. This category shall identify systems which are substantially in compliance with all the applicable criteria in subsection (2) of this section. Placement in this category shall result in:

(i) Permit issuance without conditions; and

(ii) Determination that the system is adequate.

(b) Category yellow. This category shall represent systems which are substantially in compliance with the applicable criteria in subsection (2)(a), (b), (c), and (d) of this section, but which do not satisfy one or more of the criteria in subsection (2)(e) through (i) of this section and any additional criteria as determined by the department. Placement in this category shall result in:

(i) Permit issuance with conditions; and

(ii) Determination that the system is adequate or inadequate, depending on the nature of noncompliance.

(c) Category red. This category shall represent systems which do not satisfy one or more of the criteria in subsection (2)(a), (b), (c), or (d) of this section. Such systems shall also be evaluated against subsection (2)(e) through (i) of this section and any additional criteria as determined by the department. Placement in this category shall mean that the system is inadequate and result in:

(i) Permit issuance with conditions; or

(ii) Permit denial with appropriate enforcement.

(d) Category blue. This category shall identify systems which the department has elected to evaluate at a later date. Placement in this category shall result in no conditions and no determination that the system is adequate until the system is evaluated.

TABLE 1
OPERATING PERMIT CATEGORIES

Category	Basic Description	Response to Adequacy Requests	Conditions
Green	Substantial Compliance	Yes	No
Yellow	Conditional Compliance	Yes or No[1]	Yes
Red	Substantial Noncompliance	No	Yes
Blue	Undetermined	(Will be evaluated at a later date)	

[1] Response will be determined on a case-by-case basis for each system and shall depend on the nature of noncompliance.

[Statutory Authority: Chapter 70.119A RCW. 93-03-047 (Order 325), § 246-294-040, filed 1/14/93, effective 2/14/93.]

WAC 246-294-050 Permit issuance. (1) The department shall grant or deny the operating permit within one hundred twenty days of receipt of the completed application and full payment.

(2) Issuance of an operating permit shall mean that the owner may operate the permitted system until the date specified on the permit unless protection of the public health, safety, and welfare requires immediate response or the imposition of conditions.

(3) At the time of permit issuance, the department may impose such permit conditions and compliance schedules as the department determines are reasonable and necessary to ensure that the system will provide safe and reliable drinking water, including, but not limited to, conditions necessary to ensure that the system is brought into compliance with the provisions of chapter 246-290 WAC.

(4) The department may modify an operating permit at any time based on review of the evaluation criteria in WAC 246-294-040(2). When modification occurs, a revised permit with the same expiration date will be sent to the owner. The appropriate local jurisdiction shall also be notified of the change in status.

(5) The department may revoke an operating permit or deny an operating permit application if the department determines that the system operation constitutes or would constitute a public health hazard to consumers.

(6) The department shall follow the steps outlined in RCW 43.70.115 when taking action to deny, condition, modify, or revoke an operating permit.

(7) An applicant for an operating permit shall be entitled to file an appeal in accordance with chapter 34.05 RCW if the department denies, conditions, modifies, or revokes the operating permit. To appeal, the owner shall file in writing with the department in a manner that shows proof of receipt within twenty-eight days of the applicant's receipt of the adverse notice.

The appeal shall state:

(a) The issue or issues and law involved; and

(b) The grounds for contesting the department decision.

(8) Any owner that requests a hearing under chapter 34.05 RCW may continue to operate the system until a final departmental decision is issued, unless protection of the public health, safety, and welfare requires summary action.

[Statutory Authority: Chapter 70.119A RCW. 93-03-047 (Order 325), § 246-294-050, filed 1/14/93, effective 2/14/93.]

WAC 246-294-060 Transfer of ownership. (1) A prospective new owner of a Group A water system shall not take possession of the system without first obtaining a new operating permit.

(2) The prospective new owner shall secure department approval of a new, updated, or altered water system plan as required by WAC 246-290-100 (2)(e) before the new permit is issued. The water system plan required under WAC 246-290-100 shall be prepared with special emphasis on sections dealing with implications of the change of ownership.

(3) The department shall send an application to the prospective new owner at the time the department is notified of transfer of ownership in accordance with WAC 246-290-430(1). The new owner shall proceed with the permit process in accordance with WAC 246-294-030, except the deadline for submitting the completed application to the department shall be the same date the water system plan is submitted for department approval.

(4) The department shall not charge a fee for a new permit resulting from a change in ownership. The permit shall be effective from the date of issuance by the department until the

next scheduled permit renewal date, at which time a fee shall be charged.

(5) Change of ownership operating permit requirements of this section affect the prospective owner, and shall be in addition to the continuity of service requirements of WAC 246-290-430 affecting the owner transferring the system.

[Statutory Authority: Chapter 70.119A RCW. 93-03-047 (Order 325), § 246-294-060, filed 1/14/93, effective 2/14/93.]

WAC 246-294-070 Fees. (1) The fees for Group A water system operating permits shall be as indicated in Table 2.

TABLE 2
OPERATING PERMIT FEES

Classification	Fee
0 - 14 services	None
15 - 49 services	$25.00 per year
50 - 3,333 services	$1.50 per service per year
3,334 - 53,333 services	$4,999.50+ .10 per service over 3,333 services per year
53,334 or more services	$10,000.00 per year
Satellite System Management Agency (based on total services in all systems owned by SMA)	$1.00 per service per year or the fee from the appropriate category above, whichever is less
New Group A water system	One-time charge of $5.00 per service
Late charge	Additional 10% of applicable charge stated above or $25.00, whichever is greater

(2) For NTNC and TNC systems, owners shall pay the applicable fee from Table 2 based on equivalent number of services. Population information used in calculating equivalent number of services shall come from the WFI. The following formulas shall be used in determining equivalent number of services:

(a) For NTNC divide the average population served each day by two and one-half; and

(b) For TNC divide the average population served each day by twenty-five.

(3) Where systems serve both resident and nonresident populations, the permit fee category shall be determined by adding the number of services and an equivalent for the nonresident population served.

(4) In addition to submitting an annual fee, all new Group A water systems shall be charged a one-time fee of five dollars for each service or equivalent, based on the department approved design or as-built approval (see WAC 246-294-030(4)).

(5) Any county or SMA assuming ownership of a Group A water system, or court appointed receiver of a Group A water system shall be exempt from the operating permit fee for a period of one year after the next renewal date.

[Statutory Authority: Chapter 70.119A RCW. 93-03-047 (Order 325), § 246-294-070, filed 1/14/93, effective 2/14/93.]

WAC 246-294-080 Public notification. An owner issued a category red operating permit shall notify the water system users in accordance with WAC 246-290-330 and shall include mandatory language contained in the department publication titled *Mandatory Language For Drinking Water Public Notification*. The mandatory language will be included with issuance of a category red operating permit, or may be obtained from the department on request by contacting the Division of Drinking Water, Airdustrial Center #3, P.O. Box 47822, Olympia, Washington 98504-7822.

[Statutory Authority: Chapter 70.119A RCW. 93-03-047 (Order 325), § 246-294-080, filed 1/14/93, effective 2/14/93.]

WAC 246-294-090 Enforcement. When any owner is out of compliance with these rules or any conditions identified on the operating permit, the department may initiate appropriate enforcement actions. These actions may include any one or combination of the following:

(1) Issuance of informal letters instructing or requiring appropriate corrective measures; or

(2) Issuance of a compliance schedule; or

(3) Issuance of departmental orders requiring any person to apply for an operating permit as required by these rules and RCW 70.119A.110 or to comply with any conditions or requirements imposed as part of an operating permit; or

(4) Issuance of civil penalties for up to five thousand dollars per day per violation for failure to comply with departmental orders issued in accordance with subsection (3) of this section; or

(5) Legal action by the attorney general or local prosecutor.

[Statutory Authority: Chapter 70.119A RCW. 93-03-047 (Order 325), § 246-294-090, filed 1/14/93, effective 2/14/93.]

WAC 246-294-100 Severability. If any provision of this chapter or its application to any person or circumstances is held invalid, the remainder of this chapter, or the application of the provision to other persons or circumstances, shall not be affected.

[Statutory Authority: Chapter 70.119A RCW. 93-03-047 (Order 325), § 246-294-100, filed 1/14/93, effective 2/14/93.]

Chapter 246-295 WAC
SATELLITE SYSTEM MANAGEMENT AGENCIES

WAC

WAC 246-295-001 Purpose. (1) The purpose of these rules is to:

(a) Establish criteria for approving satellite system management agencies hereafter referred to as satellite management agencies (SMAs) pursuant to RCW 70.116.134;

(b) Delineate the process organizations and/or individuals must follow to be considered an approved SMA; and

(c) Outline procedures for coordination between water users, purveyors, SMAs, local government and the department.

(2) This chapter is specifically designed to ensure:

(a) The enhancement of public health through the use of SMAs;

(b) SMAs are capable of providing high quality drinking water in a reliable manner and in a quantity suitable for intended use;

(c) SMAs are capable of meeting the requirements of the federal Safe Drinking Water Act, P.L. 93-523 and P.L. 99-339; and

(d) Uniformity in the SMAs determination and compliance processes.

(3) Other statutes relating to this chapter are:

(a) Chapter 43.20 RCW, State board of health;

(b) RCW 43.20B.020 Fees for services—Department of health and department of social and health services;

(c) Chapter 43.70 RCW, Department of health;

(d) Chapter 70.116 RCW, Public Water System Coordination Act of 1977;

(e) Chapter 70.119 RCW, Public water supply systems—Certification and regulation of operators; and

(f) Chapter 70.119A, Public water systems—Penalties and compliance.

[Statutory Authority: RCW 70.116.134. 94-18-108, § 246-295-001, filed 9/6/94, effective 10/7/94.]

WAC 246-295-010 Definitions. Abbreviations:

"IOU" - Investor owned utility;

"SMA" - Satellite management agency;

"UTC" - Utilities and transportation commission; and

"WSP" - Water system plan.

"Certified operator" means a person certified in accordance with chapter 246-292 WAC.

"Contract" means a written agreement between a SMA and a public water system identifying the responsibilities of system operation and management.

"Department" means the Washington state department of health.

"Investor owned utility" means a corporation, company, association, joint stock association, partnership and person, their lessees, trustees or receivers appointed by any court whatsoever, owning, controlling, operating or managing any public water system for hire.

"Public water system" means any system, excluding a system serving only one single-family residence and a system with four or fewer connections all of which serve residences on the same farm, providing piped water for human consumption, including any:

Collection, treatment, storage, or distribution facilities under control of the purveyor and used primarily in connection with such system; and

Collection or pretreatment storage facilities not under control of the purveyor primarily used in connection with such system.

"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.

"Satellite management agency (SMA)" means an individual, purveyor, or entity that is approved by the secretary to own or operate more than one public water system on a regional or county-wide basis, without the necessity for a physical connection between such systems.

"Satellite management and operation services" means all day-to-day responsibilities of a water system. Management responsibilities shall include planning and policy decision making. Operational responsibilities shall include normal day-to-day operations, preventative maintenance, water quality monitoring, troubleshooting, emergency response, response to complaints, public/press contact, and recordkeeping.

"Secretary" means the secretary of the department of health or their designee.

"Service area" means a specific area for which satellite management and operation services may be provided by a SMA.

"Service area policies" means pertinent policies that impact the provision of water and water system growth.

[Statutory Authority: RCW 70.116.134. 94-18-108, § 246-295-010, filed 9/6/94, effective 10/7/94.]

WAC 246-295-020 Applicability. The rules of this chapter shall apply to SMAs and all counties, and to public water system purveyors, individuals, or other entities requesting SMA approval.

[Statutory Authority: RCW 70.116.134. 94-18-108, § 246-295-020, filed 9/6/94, effective 10/7/94.]

WAC 246-295-030 Potential satellite management agencies (SMAs). (1) Pursuant to RCW 70.116.134(2), each county shall identify and submit a list of potential SMAs to the department by January 1, 1995, for areas within the county:

(a) Which are not within a designated future service area of any utility pursuant to the Water System Coordination Act; or

(b) Where an existing purveyor has agreed or where a legal determination has been made that an existing purveyor is unable or unwilling to provide service.

(2) After January 1, 1995, counties may submit names of additional potential SMAs to the department on an ongoing basis.

[Statutory Authority: RCW 70.116.134. 94-18-108, § 246-295-030, filed 9/6/94, effective 10/7/94.]

WAC 246-295-040 SMA submittal and approval process. (1) An individual, purveyor or other entity seeking approval as a SMA, shall:

(a) Submit a notice of intent to become an approved SMA to the department on a form provided by the department;

(b) Participate in a "presubmittal conference" to discuss the SMA plan content, and, if applicable, the water system plan;

(c) Submit a SMA application and plan which shall include all information required under WAC 246-295-050 or 246-295-060 at the level of detail agreed upon at the presubmittal conference.

(2) The department shall forward the SMA plan to affected counties for review and comment. To ensure consideration, the county must submit its comments to the department within sixty days.

(3) When all conditions listed in subsection (1) of this section have been completed, the secretary shall either approve or deny the proposed SMA based on the secretary's review and evaluation of information presented and comments received from the county.

(4) The secretary shall maintain a list of approved SMAs and make it available to counties, purveyors, individuals or other entities on request. A listing shall be distributed to each county at least annually and on approval of new SMAs by the secretary. The approved listing shall include a service area for each SMA and designate which SMAs are approved for:

(a) Ownership; and

(b) Management and operation only.

[Statutory Authority: RCW 70.116.134. 94-18-108, § 246-295-040, filed 9/6/94, effective 10/7/94.]

WAC 246-295-050 SMA plan content for ownership. The SMA plan shall address the following elements at a minimum in a manner acceptable to the department. A department guideline titled *Satellite Management Planning Handbook* is available to assist the potential SMA in adequately addressing these elements:

(1) SMA ownership, including at a minimum:

(a) A statement of intent to own public water systems;

(b) Current organizational structure of the SMA, legal authority, mailing address, responsible party, and contact person;

(c) Identification of existing public water systems the applicant currently owns, and/or manages and operates. The identification shall include the number of connections in each system, the department identification number and the system location.

(d) Documentation showing that at least one staff person has, at a minimum, three years of water utility ownership and/or management experience.

(2) SMA service area information, including at a minimum:

(a) A map of the SMA service area;

(b) A general written description of the SMA service area; and

(c) Future service area agreement(s) of systems owned by SMA if applicable.

(3) Service area policies/conditions of service where applicable, including at a minimum:

(a) Annexation policies consistent with local comprehensive plans;

(b) Ownership versus management and operation decision criteria;

(c) Policies related to new and existing public water systems, including the method of determining financial feasibility of adding new or existing systems to the SMA;

(d) Ordinances, resolutions and agreements related to the provision of drinking water;

(e) Service request process overview flowchart, including time frames; and

(f) A list of available services.

(4) System design standards for new and existing systems;

(5) Financial viability, including at a minimum:

(a) A written description of available revenue sources;

(b) A budget; and

(c) General financial policies.

(6) Operation and maintenance program, including at a minimum:

(a) Documentation that at least one staff person will, at a minimum, be certified at a water distribution manager 2 level or above and meet any additional department required certified operator requirements;

(b) Overall SMA routine and preventive maintenance program, including an emergency response plan;

(c) A copy of model contract for operation and maintenance services, if applicable; and

(d) Two copies of all applicable operations contracts in effect.

(7) Documentation from affected counties that the SMA plan is consistent with their plans and policies;

(8) Documentation that all Group A systems owned by the potential SMA on the date of request have obtained their operating permit and are not classified in the red operating permit category pursuant to chapter 246-294 WAC. If Group B systems are also owned by the potential SMA, provide documentation that such systems are in compliance with chapter 246-291 WAC. A special provision pursuant to WAC 246-295-110 may be utilized in the determination of compliance.

(9) Current water system plan(s) or department approved plan development schedule, if applicable.

[Statutory Authority: RCW 70.116.134. 94-18-108, § 246-295-050, filed 9/6/94, effective 10/7/94.]

WAC 246-295-060 SMA plan content for management and operation only. The SMA plan shall address the following elements at a minimum in a manner acceptable to the department. A department guideline titled *Satellite Management Planning Handbook* is available to assist purveyors, individuals or other entities in adequately addressing these elements:

(1) SMA ownership, including at a minimum:

(a) A statement of intent to manage and operate public water systems;

(b) Current organizational structure of SMA, legal authority, mailing address, responsible party, and contact person;

(c) Documentation showing that at least one staff person has, at a minimum, three years of water utility ownership and/or management experience; and

(d) Identification of existing public water systems the applicant currently operates. The identification must include the number of connections in each system, the department identification number and the system location.

(2) SMA service area information, including at a minimum:

(a) A map of the SMA service area; and

(b) A general written description of the SMA service area.

(3) Conditions of service, including at a minimum:

(a) Operation decision criteria;

(b) Service request process overview flowchart including time frames; and

(c) A list of available services.

(4) Operation and maintenance program, including at a minimum:

(a) Documentation that at least one staff person will, at a minimum, be certified at a water distribution manager 2 level or above and meet any additional department required certified operator requirements;

(b) Overall SMA routine and preventive maintenance program, including an emergency response plan;

(c) A copy of the model contract for operation and maintenance services; and

(d) Two copies of all applicable operations contracts in effect.

(5) Documentation that all Group A systems managed and operated by the potential SMA on the date of request have obtained their operating permit and are not classified in the red operating permit category pursuant to chapter 246-294 WAC. If Group B systems are also managed and operated by the potential SMA, provide documentation that such systems are in compliance with chapter 246-291 WAC. A special provision pursuant to WAC 246-295-110 may be utilized in the determination of compliance.

[Statutory Authority: RCW 70.116.134. 94-18-108, § 246-295-060, filed 9/6/94, effective 10/7/94.]

WAC 246-295-070 Requests for water service. The county or city agency responsible for determining water availability shall direct an individual or other entity proposing a new system or requesting water service to contact one or more approved SMAs designated for the service area where the new system is proposed. Such contact shall take place prior to construction of a new public water system and shall be documented in writing to the appropriate county or city.

[Statutory Authority: RCW 70.116.134. 94-18-108, § 246-295-070, filed 9/6/94, effective 10/7/94.]

WAC 246-295-080 Management and operations agreements. (1) An SMA providing satellite management and operation services only shall have a written agreement with each public water system being served, which shall, at a minimum, address the necessary requirements to comply with applicable regulations regarding management and operation of a public water system; and

(2) The SMA shall submit two copies of all new and renewed agreements to the department within thirty days of the effective date of the contract.

[Statutory Authority: RCW 70.116.134. 94-18-108, § 246-295-080, filed 9/6/94, effective 10/7/94.]

WAC 246-295-090 Periodic review. The SMA shall ensure that a SMA plan is submitted to the department for review and approval every five years or more frequently as required by the secretary. The secretary shall review each approved SMA for compliance with the elements identified in WAC 246-295-050 and 246-295-060. The secretary may request that additional information be submitted to assist in the evaluation of the SMA.

[Statutory Authority: RCW 70.116.134. 94-18-108, § 246-295-090, filed 9/6/94, effective 10/7/94.]

WAC 246-295-100 SMA compliance. (1) A SMA:

(a) Shall comply with all statutes and regulations governing public water systems including but not limited to chapters 70.116, 70.119 and 70.119A RCW and chapters 246-290, 246-291, 246-292, 246-293 and 246-294 WAC and the requirements of this chapter; and

(b) Shall adhere to its SMA plan.

(2) The department may revoke, suspend, modify or deny the certification or application of any SMA or applicant which:

(a) Fails to timely submit required information;

(b) Has been subject to departmental enforcement action for violation of statutes or regulations governing public water systems;

(c) Violates or has violated statues or regulations governing public water systems;

(d) Fails to comply with its SMA plan;

(e) Fails to have or maintain required staff;

(f) Fails to comply with all applicable local ordinances, regulations, plans and policies;

(g) Fails to demonstrate financial viability whether at the time of application or subsequently;

(h) Fails to bring a noncomplying system into regulatory compliance within the time frame established under WAC 246-295-110; or

(i) Operates in a manner that threatens public health.

(3) Any SMA or applicant aggrieved by the department's decision to revoke, suspend, modify or deny their approval or application may appeal such decision in accordance with chapter 246-10 WAC and chapter 34.05 RCW.

(4) An approved SMA that files a timely appeal of a decision to revoke, suspend or modify its approval under chapter 246-10 WAC and/or chapter 34.05 RCW may continue to operate until a final departmental decision is issued, unless protection of the public health, safety and welfare requires summary action.

(5) If a SMA is removed from the approved list and desires reinstatement, the SMA must submit a new notice of intent to become an approved SMA and follow the process outlined in WAC 246-295-040, provided that the reapplication shall be subject to any limitations imposed by final departmental order or if applicable, order on judicial review.

[Statutory Authority: RCW 70.116.134. 94-18-108, § 246-295-100, filed 9/6/94, effective 10/7/94.]

WAC 246-295-110 Special provisions. (1) SMAs willing to take ownership of systems which have not obtained their operating permit or are classified in the red operating permit category pursuant to chapter 246-294 WAC, may be allowed a "special provision" whereby they are given time to bring the system into regulatory compliance. This "special

provision" is subject to an agreement among the SMA, the department and, if applicable, the public water system that documents how and within what time frame the SMA will bring the noncomplying system into compliance.

(2) Extensions to the time frame may be granted if agreed upon between the SMA and the secretary. If the agreed upon time frame passes and no extension has been granted, the system at issue shall remain out of compliance and the SMA shall be removed from the approved SMA list.

[Statutory Authority: RCW 70.116.134. 94-18-108, § 246-295-110, filed 9/6/94, effective 10/7/94.]

WAC 246-295-120 Fees. The secretary is authorized to assess reasonable fees to process applications for initial approval and for periodic review of SMAs.

[Statutory Authority: RCW 70.116.134. 94-18-108, § 246-295-120, filed 9/6/94, effective 10/7/94.]

WAC 246-295-130 Severability. If any provision of this chapter or its application to any person or circumstance is held invalid, the remainder of the chapter, or the application of the provision to other persons or circumstances, shall not be affected.

[Statutory Authority: RCW 70.116.134. 94-18-108, § 246-295-130, filed 9/6/94, effective 10/7/94.]

Chapter 246-296 WAC
DRINKING WATER STATE REVOLVING FUND LOAN PROGRAM

WAC

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 countywide 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, payments 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, inor-

ganic 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. Ded-

icated 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

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 appropriateness 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

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-310-002 Purpose of chapter 248-156 WAC. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-002, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.025. 81-09-060 (Order 1641), § 248-156-010, filed 4/20/81.] Repealed by 92-02-018 (Order 224), filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 70.38.135 and 70.38.919.

246-310-030 Index and procedures for adjustment. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.025. 81-09-060 (Order 1641), § 248-156-030, filed 4/20/81.] Repealed by 92-02-018 (Order 224), filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 70.38.135 and 70.38.919.

246-310-030A Tertiary services identification. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-030A, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.38 RCW. 90-21-028 (Order 082), § 248-19-235, filed 10/9/90, effective 10/9/90.] Repealed by 92-02-018 (Order 224), filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 70.38.135 and 70.38.919.

246-310-060 Sanctions for violations. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135. 81-09-012 (Order 210), § 248-19-250, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-250, filed 11/30/79.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.

246-310-070 Periodic reports on development of proposals. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-260, filed 2/28/86; 81-09-012 (Order 210), § 248-19-260, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-260, filed 11/30/79.] Repealed by 96-24-052, filed 11/27/96, effective 12/28/96. Statutory Authority: Chapter 70.38 RCW.

246-310-135 Ethnic minority nursing home bed pool—Procedures. [Statutory Authority: Chapter 70.38 RCW. 96-24-052, § 246-310-135, filed 11/27/96, effective 12/28/96. Statutory Authority: RCW 70.38.135 (3)(c). 92-05-057 (Order 244), § 246-310-135, filed 2/14/92, effective 3/16/92.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.

246-310-250 Open heart surgery. [Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-250, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-250, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.38 RCW. 90-13-116 (Order 67), § 248-19-600, filed 6/21/90, effective 7/1/90.] Repealed by 92-12-015 (Order 274), filed 5/26/92, effective 6/26/92. Statutory Authority: RCW 70.38.135(3).

246-310-350 Nursing home and continuing care retirement community definitions. [Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-350, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-350, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.919. 90-12-071 (Order 062), § 248-19-800, filed 6/1/90, effective 7/1/90.] Repealed by 96-24-052, filed 11/27/96, effective 12/28/96. Statutory Authority: Chapter 70.38 RCW.

246-310-400 AIDS long-term care pilot facility review standards. [Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-400, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-400, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.919. 90-12-072 (Order 063), § 248-19-840, filed 6/1/90, effective 7/1/90.] Repealed by 96-24-052, filed 11/27/96, effective 12/28/96. Statutory Authority: Chapter 70.38 RCW.

246-310-620 Certificate of need program reports. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-620, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135. 81-09-012 (Order 210), § 248-19-490, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-490, filed 11/30/79.]

Repealed by 98-21-084, filed 10/21/98, effective 11/21/98. Statutory Authority: Chapter 70.38 RCW.

246-310-630 Public access to records. [Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-630, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-630, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135. 81-09-012 (Order 210), § 248-19-500, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-500, filed 11/30/79.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.

WAC 246-310-001 Purpose of certificate of need program. The purpose of the certificate of need program has been established by the legislature in RCW 70.38.015.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-210, filed 2/28/86; 81-09-012 (Order 210), § 248-19-210, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-210, filed 11/30/79.]

WAC 246-310-010 Definitions. For the purposes of chapter 246-310 WAC, the following words and phrases shall have the following meanings unless the context clearly indicates otherwise.

"Acute care facilities" means hospitals and ambulatory surgical facilities.

"Affected person" means an interested person meeting the following criteria:

- Is located or resides in the applicant's health service area;
- Testified at a public hearing or submitted written evidence; and
- Requested in writing to be informed of the department's decision.

"Alterations," see "construction, renovation, or alteration."

"Ambulatory care facility" means any place, building, institution, or distinct part thereof not a health care facility as defined in this section and operated for the purpose of providing health services to individuals without providing such services with board and room on a continuous twenty-four-hour basis. The term "ambulatory care facility" includes the offices of private physicians, whether for individual or group practice.

"Ambulatory surgical facility" means any free-standing entity, including an ambulatory surgery center, that operates primarily for the purpose of performing surgical procedures to treat patients not requiring hospitalization. This term does not include a facility in the offices of private physicians or dentists, whether for individual or group practice, if the privilege of using such facility is not extended to physicians or dentists outside the individual or group practice.

"Applicant," means:

• Any person proposing to engage in any undertaking subject to review under the provisions of chapter 70.38 RCW.

• Any person or individual with a ten percent or greater financial interest in a partnership or corporation or other comparable legal entity engaging in any undertaking subject to review under the provisions of chapter 70.38 RCW.

"Base year" as used in the kidney dialysis station methodology means the last full calendar year preceding the first year of dialysis station need projections.

"Bed banking" means the process of retaining the rights to nursing home bed allocations which are not licensed as outlined in WAC 246-310-395.

"Bed supply" means within a geographic area the total number of:

• Nursing home beds which are licensed or certificate of need approved but not yet licensed or beds banked under the provisions of RCW 70.38.111 (8)(a) or where the need is deemed met under the provisions of RCW 70.38.115 (13)(b), excluding:

• Those nursing home beds certified as intermediate care facility for the mentally retarded (ICF-MR) the operators of which have not signed an agreement on or before July 1, 1990, with the department of social and health services department of social and health services to give appropriate notice prior to termination of the ICF-MR service;

• New or existing nursing home beds within a CCRC which are approved under the provisions of WAC 246-310-380(5); or

• Nursing home beds within a CCRC which is excluded from the definition of a health care facility per RCW 70.38.025(6); and

• Beds banked under the provisions of RCW 70.38.115 (13)(b) where the need is not deemed met.

• Licensed hospital beds used for long-term care or certificate of need approved hospital beds to be used for long-term care not yet in use, excluding swing-beds.

"Bed-to-population ratio" means the nursing home bed supply per one thousand persons of the estimated or forecasted resident population age sixty-five and older.

"Capital expenditure" means an expenditure, including a force account expenditure (i.e., an expenditure for a construction project undertaken by a nursing home facility as its own contractor), which, under generally accepted accounting principles, is not properly chargeable as an expense of operation or maintenance. The costs of any studies, surveys, designs, plans, working drawings, specifications, and other activities (including staff effort, consulting and other services which, under generally accepted accounting principles, are not properly chargeable as an expense of operation and maintenance) shall be considered capital expenditures. Where a person makes an acquisition under lease or comparable arrangement, or through donation, which would have required certificate of need review if the acquisition had been made by purchase, such acquisition shall be deemed a capital expenditure. Capital expenditures include donations of equipment or facilities to a nursing home facility, which if acquired directly by such facility, would be subject to review under the provisions of this chapter and transfer of equipment or facilities for less than fair market value if a transfer of the equipment or facilities at fair market value would be subject to such review.

"Certificate of need" means a written authorization by the secretary's designee for a person to implement a proposal for one or more undertakings.

"Certificate of need program" means that organizational program of the department responsible for the management of the certificate of need program.

"Commencement of the project" means whichever of the following occurs first: In the case of a construction project, giving notice to proceed with construction to a contractor for a construction project provided applicable permits have been applied for or obtained within sixty days of such notice; beginning site preparation or development; excavating or starting the foundation for a construction project; or beginning alterations, modification, improvement, extension, or expansion of an existing building. In the case of other projects, initiating a health service.

"Construction, renovation, or alteration" means the erection, building, remodeling, modernization, improvement, extension, or expansion of a physical plant of a health care facility, or the conversion of a building or portion thereof to a health care facility.

"Continuing care contract" means a contract providing a person, for the duration of that person's life or for a term in excess of one year, shelter along with nursing, medical, health-related, or personal care services. The contract is conditioned on the transfer of property, the payment of an entrance fee to the provider of such services, or the payment of periodic charges for the care and services involved. A continuing care contract is not excluded from this definition because the contract is mutually terminable or because shelter and services are not provided at the same location.

"Continuing care retirement community (CCRC)" means any of a variety of entities, unless excluded from the definition of health care facility under RCW 70.38.025(6), which provides shelter and services based on continuing care contracts with its residents which:

- Maintains for a period in excess of one year a CCRC contract with a resident which provides or arranges for at least the following specific services:
- Independent living units;
- Nursing home care with no limit on the number of medically needed days;
- Assistance with activities of daily living;
- Services equivalent in scope to either state chore services or Medicaid home health services;
- Continues a contract, if a resident is no longer able to pay for services;
- Offers services only to contractual residents with limited exception during a transition period; and
- Holds the Medicaid program harmless from liability for costs of care, even if the resident depletes his or her personal resources.

"Days" means calendar days. Days are counted starting the day after the date of the event from which the designated period of time begins to run. If the last day of the period falls on a Saturday, Sunday, or legal holiday observed by the state of Washington, a designated period runs until the end of the first working day following the Saturday, Sunday, or legal holiday.

"Department" means the Washington state department of health.

"Effective date of facility closure" means:

- The date on which the facility's license was relinquished, revoked or expired; or
- The date the last resident leaves the facility, whichever comes first.

"End-of-the-year incenter patients" means the number of patients receiving incenter kidney dialysis at the end of the calendar year.

"End-stage renal dialysis (ESRD) service areas" means each individual county, designated by the department as the smallest geographic area for which kidney dialysis station need projections are calculated, or other service area documented by patient origin.

"Enhance the quality of life for residents" means, for the purposes of voluntary bed banking, those services or facility modifications which have a direct and immediate benefit to the residents. These shall include, but not be limited to: Resident activity and therapy facilities; family visiting rooms; spiritual rooms and dining areas. These services or facility modifications shall not include those that do not have direct and immediate benefit to the residents, such as: Modifications to staff offices; meeting rooms; and other staff facilities.

"Established ratio" means a bed-to-population ratio of forty-five beds per one thousand persons of the estimated or forecast resident population age sixty-five and older established for planning and policy-making purposes. The department may revise this established ratio using the process outlined in WAC 246-310-370.

"Estimated bed need" means the number of nursing home beds calculated by multiplying the planning area's forecasted resident population by the established ratio for the projection year.

"Estimated bed projection" means the number of nursing home beds calculated by the department statewide or within a planning area, by the end of the projection period.

"Ex parte contact" means any oral or written communication between any person in the certificate of need program or any other person involved in the decision regarding an application for, or the withdrawal of, a certificate of need and the applicant for, or holder of, a certificate of need, any person acting on behalf of the applicant or holder, or any person with an interest regarding issuance or withdrawal of a certificate of need.

"Expenditure minimum" means one million dollars for the twelve-month period beginning with July 24, 1983, adjusted annually by the department according to the provisions of WAC 246-310-900.

"Health care facility" means hospitals, psychiatric hospitals, nursing homes, kidney disease treatment centers including freestanding dialysis units, ambulatory surgical facilities, continuing care retirement communities, hospices and home health agencies, and includes such facilities when owned and operated by a political subdivision or instrumentality of the state and such other facilities as required by federal law and implementing regulations, but does not include any health facility or institution conducted by and for those who rely exclusively upon treatment by prayer or spiritual means in accordance with the creed or tenets of any well-recognized church or religious denomination, or any health facility or institution operated for the exclusive care of members of a convent as defined in RCW 84.36.800 or rectory, monastery,

or other institution operated for the care of members of the clergy. In addition, the term "health care facility" does not include any nonprofit hospital:

• Operated exclusively to provide health care services for children;

• Which does not charge fees for such services; and

• If not contrary to federal law as necessary to the receipt of federal funds by the state.

• In addition, the term "health care facility" does not include a continuing care retirement community which:

• Offers services only to contractual residents;

• Provides its residents a contractually guaranteed range of services from independent living through skilled nursing, including some form of assistance with activities of daily living;

• Contractually assumes responsibility for costs of services exceeding the resident's financial responsibility as stated in contract, so that, with the exception of insurance purchased by the retirement community or its residents, no third party, including the Medicaid program, is liable for costs of care even if the resident depletes personal resources;

• Offers continuing care contracts and operates a nursing home continuously since January 1, 1988, or obtained a certificate of need to establish a nursing home;

• Maintains a binding agreement with the department of social and health services assuring financial liability for services to residents, including nursing home services, shall not fall upon the department of social and health services;

• Does not operate, and has not undertaken, a project resulting in a number of nursing home beds in excess of one for every four living units operated by the continuing care retirement community, exclusive of nursing home beds; and

• Has undertaken no increase in the total number of nursing home beds after January 1, 1988, unless a professional review of pricing and long-term solvency was obtained by the retirement community within the prior five years and fully disclosed to residents.

"Health maintenance organization" means a public or private organization, organized under the laws of the state, which:

• Is a qualified health maintenance organization under Title XIII, Section 1310(d) of the Public Health Service Act; or

• Provides or otherwise makes available to enrolled participants health care services, including at least the following basic health care services: Usual physician services, hospitalization, laboratory, x-ray, emergency and preventive services, and out-of-area coverage;

• Is compensated (except for copayments) for the provision of the basic health care services listed in this subsection to enrolled participants by a payment made on a periodic basis without regard to the date the health care services are provided and fixed without regard to the frequency, extent, or kind of health service actually provided; and

• Provides physicians' services primarily:

• Directly through physicians who are either employees or partners of such organization, or

• Through arrangements with individual physicians or one or more groups of physicians (organized on a group practice or individual practice basis).

"Health service area" means a geographic region appropriate for effective health planning including a broad range of health services.

"Health services" means clinically related (i.e., preventive, diagnostic, curative, rehabilitative, or palliative) services and includes alcoholism, drug abuse, and mental health services.

"Home health agency" means an entity which is, or has declared an intent to become, certified as a provider of home health services in the Medicaid or Medicare program.

"Hospice" means an entity which is, or has declared an intent to become, certified as a provider of hospice services in the Medicaid or Medicare program.

"Hospital" means any institution, place, building or agency or distinct part thereof which qualifies or is required to qualify for a license under chapter 70.41 RCW, or as a psychiatric hospital licensed under chapter 71.12 RCW.

"Inpatient" means a person receiving health care services with board and room in a health care facility on a continuous twenty-four-hour-a-day basis.

"Interested persons" means:

• The applicant;

• Health care facilities and health maintenance organizations providing services similar to the services under review and located in the health service area;

• Third-party payers reimbursing health care facilities in the health service area;

• Any agency establishing rates for health care facilities and health maintenance organizations in the health service area where the proposed project is to be located;

• Health care facilities and health maintenance organizations which, in the twelve months prior to receipt of the application, have submitted a letter of intent to provide similar services in the same planning area;

• Any person residing within the geographic area to be served by the applicant; and

• Any person regularly using health care facilities within the geographic area to be served by the applicant.

"Justified home training station" means a kidney dialysis station designated for home hemodialysis and/or peritoneal dialysis training. When no dialysis stations have been designated for home training at a given dialysis treatment center, one station for every six patients trained for home hemodialysis, and one station for every twenty patients for peritoneal dialysis, will be considered a justified home training station. In no case shall all stations at a given dialysis treatment center be designated as justified home training stations. To request justified home training stations at a new dialysis treatment center, the applicant must document that at least six patients are projected to be trained for home hemodialysis or twenty patients for peritoneal dialysis for each such station requested for each of the first five years of projected operations.

"Kidney disease treatment center" means any place, institution, building or agency or a distinct part thereof equipped and operated to provide services, including outpatient dialysis and/or kidney transplantation, to persons who have end-stage renal disease (ESRD).

"Licensee" means an entity or individual licensed by the department of health or the department of social and health

services. For the purposes of nursing home projects, licensee refers to the operating entity and those persons specifically named in the license application as defined under chapter 388-97 WAC.

"Net estimated bed need" means estimated bed need of a planning area changed by any redistribution as follows:

- Adding nursing home beds being redistributed from another nursing home planning area or areas; or
- Subtracting nursing home beds being redistributed to another nursing home planning area or areas.

"New nursing home bed" means a nursing home bed never licensed by the state or beds banked under the provisions of RCW 70.38.115(13), where the applicant must demonstrate need for the previously licensed nursing home beds. This term does not include beds banked under the provisions of RCW 70.38.111(8).

"Nursing home" means any entity licensed or required to be licensed under the provisions of chapter 18.51 RCW or distinct part long-term care units located in a hospital and licensed under chapter 70.41 RCW.

"Obligation," when used in relation to a capital expenditure, means the following has been incurred by or on behalf of a health care facility:

- An enforceable contract has been entered into by a health care facility or by a person on behalf of the health care facility for the construction, acquisition, lease, or financing of a capital asset; or
- A formal internal commitment of funds by a health care facility for a force account expenditure constituting a capital expenditure; or
- In the case of donated property, the date on which the gift is completed in accordance with state law.

"Offer," when used in connection with health services, means the health facility provides one or more specific health services.

"Over the established ratio" means the bed-to-population ratio is greater than the statewide current established ratio.

"Person" means an individual, a trust or estate, a partnership, a corporation (including associations, joint stock companies, and insurance companies), the state, or a political subdivision or instrumentality of the state, including a municipal corporation or a hospital district.

"Planning area" means each individual county designated by the department as the smallest geographic area for which nursing home bed need projections are developed, except as follows:

- Clark and Skamania counties shall be one planning area.
- Chelan and Douglas counties shall be one planning area.

"Predevelopment expenditures" means capital expenditures, the total of which exceeds the expenditure minimum, made for architectural designs, plans, drawings, or specifications in preparation for the acquisition or construction of physical plant facilities. "Predevelopment expenditures" exclude any obligation of a capital expenditure for the acquisition or construction of physical plant facilities and any activity which the department may consider the "commencement of the project" as this term is defined in this section.

"Professional review of continuing care retirement community pricing and long-term solvency" means prospective financial statements, supported by professional analysis and documentation, which:

- Conform to Principles and Practices Board Statement Number 9 of the Healthcare Financial Management Association, "Accounting and Reporting Issues Related to Continuing Care Retirement Communities"; and
- Project the financial operations of the continuing care retirement community over a period of ten years or more into the future; and
- Are prepared and signed by a qualified actuary as defined under WAC 284-05-060 or an independent certified public accountant, or are prepared by management of the continuing care retirement community and reviewed by a qualified actuary or independent certified public accountant who issues a signed examination or compilation report on the prospective financial statements; and
- Include a finding by management that the intended expansion project of the continuing care retirement project is financially feasible.

"Project" means all undertakings proposed in a single certificate of need application or for which a single certificate of need is issued.

"Project completion" for projects requiring construction, means the date the facility is licensed. For projects not requiring construction, project completion means initiating the health service.

"Projection period" means the three-year time interval following the projection year.

"Projection year" for nursing home purposes, means the one-year time interval preceding the projection period. For kidney dialysis station projection purposes, means the base year plus three years.

"Public comment period" means the time interval during which the department shall accept comments regarding a certificate of need application.

"Redistribution" means the shift of nursing home bed allocations between two or more planning areas or the shift of nursing home beds between two or more nursing homes.

"Replacement authorization" means a written authorization by the secretary's designee for a person to implement a proposal to replace existing nursing home beds in accordance with the eligibility requirements in WAC 246-310-044 and notice requirements in WAC 246-310-396.

"Resident population" for purposes of nursing home projects, means the number of residents sixty-five years of age and older living within the same geographic area which:

- Excludes contract holders living within a recognized CCRC:
- With approval for new nursing home beds under the provisions of WAC 246-310-380(5); or
- Excluded from the definition of a health care facility per RCW 70.38.025(6);
- Is calculated using demographic data obtained from:
- The office of financial management; and
- Certificate of need applications and exemption requests previously submitted by a CCRC.

"Secretary" means the secretary of the Washington state department of health or the secretary's designee.

"State Health Planning and Resources Development Act" means chapter 70.38 RCW.

"Statewide current ratio" means a bed-to-population ratio computed from the most recent statewide nursing home bed supply and the most recent estimate of the statewide resident population.

"Swing beds" means up to the first five hospital beds designated by an eligible rural hospital which are available to provide either acute care or nursing home services.

"Tertiary health service" means a specialized service meeting complicated medical needs of people and requires sufficient patient volume to optimize provider effectiveness, quality of service, and improved outcomes of care.

"Transition period" means the period of time, not exceeding five years, between the date a CCRC is inhabited by a member, and the date it fully meets the requirements of a CCRC.

"Under the established ratio" means the bed-to-population ratio is less than the statewide current established ratio.

"Undertaking" means any action subject to the provisions of chapter 246-310 WAC.

"Working days" excludes Saturdays, Sundays, and legal holidays observed by the state of Washington. Working days are counted in the same way as calendar days.

[Statutory Authority: Chapter 70.38 RCW. 98-10-053, § 246-310-010, filed 4/29/98, effective 5/30/98; 96-24-052, § 246-310-010, filed 11/27/96, effective 12/28/96. Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-010, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-010, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.38 RCW. 90-17-086 (Order 081), § 248-19-220, filed 8/17/90, effective 9/17/90; 90-02-093 (Order 023), § 248-19-220, filed 1/3/90, effective 2/3/90. Statutory Authority: RCW 70.38.135. 88-15-021 (Order 2639), § 248-19-220, filed 7/11/88; 86-06-030 (Order 2344), § 248-19-220, filed 2/28/86; 84-07-014 (Order 2082), § 248-19-220, filed 3/14/84; 81-09-012 (Order 210), § 248-19-220, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-220, filed 11/30/79.]

WAC 246-310-020 Applicability of chapter 246-310 WAC. (1) The following undertakings shall be subject to the provisions of chapter 246-310 WAC, with the exceptions provided for in this section.

(a) The construction, development, or other establishment of a new health care facility:

(i) No new health care facility may be initiated as a health service of an existing health care facility without certificate of need approval as a new health care facility;

(ii) The provision of services by a home health agency or hospice to a county, on a regular and ongoing basis, that was not previously included in the home health agency or hospice service area shall be considered the development of a new home health agency or hospice.

(b) The sale, purchase, or lease of part or all of any existing hospital licensed under chapter 70.41 RCW or a psychiatric hospital licensed under chapter 71.12 RCW;

(c) A change in bed capacity of a health care facility increasing the total number of licensed beds or redistributing beds among acute care, nursing home care, and boarding home care, as defined under RCW 18.20.020, if the bed redistribution is effective for a period in excess of six months;

(d) Any new tertiary health services offered in or through a health care facility, and not offered on a regular basis by, in, or through such health care facility within the twelve-month period prior to the time the facility will offer such services:

(i) Tertiary services include the following:

(A) Specialty burn services. This is a service designed, staffed, and equipped to care for any burn patient regardless of the severity or extent of the burn. All staff and equipment necessary for any level of burn care are available;

(B) Intermediate care nursery and/or obstetric services level II. Intermediate care nursery is defined in chapter 246-318 WAC. A level II obstetric service is in an area designed, organized, equipped, and staffed to provide a full range of maternal and neonatal services for uncomplicated patients and for the majority of complicated obstetrical problems;

(C) Neonatal intensive care nursery and/or obstetric services level III. Neonatal intensive care nursery is defined in chapter 246-318 WAC. A level III obstetric service is in an area designed, organized, equipped, and staffed to provide services to the few women and infants requiring full intensive care services for the most serious type of maternal-fetal and neonatal illnesses and abnormalities. Such a service provides the coordination of care, communications, transfer, and transportation for a given region. Level III services provide leadership in preparatory and continuing education in prenatal and perinatal care and may be involved in clinical and basic research;

(D) Transplantation of specific solid organs, including, but not limited to, heart, liver, pancreas, lung, small bowel and kidney and including bone marrow. A transplantation service for each solid organ is considered a separate tertiary service;

(E) Open heart surgery and/or elective therapeutic cardiac catheterization including elective percutaneous translumenal coronary angioplasty (PTCA). Open heart surgery includes the care of patients who have surgery requiring the use of a heart lung bypass machine. Therapeutic cardiac catheterization means passage of a tube or other device into the coronary arteries or the heart chambers to improve blood flow. PTCA means the treatment of a narrowing of a coronary artery by means of inflating a balloon catheter at the site of the narrowing to dilate the artery;

(F) Inpatient physical rehabilitation services level I. Level I rehabilitation services are services for persons with usually nonreversible, multiple function impairments of a moderate-to-severe complexity resulting in major changes in the patient's lifestyle and requiring intervention by several rehabilitation disciplines. Services are multidisciplinary, including such specialists as a rehabilitation nurse; and physical, occupational, and speech therapists; and vocational counseling; and a physiatrist. The service is provided in a dedicated unit with a separate nurses station staffed by nurses with specialized training and/or experience in rehabilitation nursing. While the service may specialize (i.e., spinal cord injury, severe head trauma, etc.), the service is able to treat all persons within the designated diagnostic specialization regardless of the level of severity or complexity of the impairments and include the requirements as identified in chapter 246-976 WAC relating to level I trauma rehabilitation services;

(G) Specialized inpatient pediatric services. The service is designed, staffed, and equipped to treat complex pediatric

cases for more than twenty-four hours. The service has a staff of pediatric specialists and subspecialists.

(ii) The department shall review, periodically revise, and update the list of tertiary services. The department shall change the tertiary services list following the procedures identified in WAC 246-310-035;

(iii) The offering of an inpatient tertiary health service by a health maintenance organization or combination of health maintenance organizations is subject to the provisions under chapter 246-310 WAC unless the offering is exempt under the provisions of RCW 70.38.111.

(e) Any increase in the number of dialysis stations in a kidney disease center;

(f) Any capital expenditure in excess of the expenditure minimum for the construction, renovation, or alteration of a nursing home. However, a capital expenditure, solely for any one or more of the following, which does not substantially affect patient charges, is not subject to certificate of need review:

(i) Communications and parking facilities;

(ii) Mechanical, electrical, ventilation, heating, and air conditioning systems;

(iii) Energy conservation systems;

(iv) Repairs to, or the correction of, deficiencies in existing physical plant facilities necessary to maintain state licensure, however, other additional repairs, remodeling, or replacement projects that are not related to one or more deficiency citations and are not necessary to maintain state licensure are not exempt from certificate of need review except as otherwise permitted by (f)(vi) of this subsection or RCW 70.38.115(13);

(v) Acquisition of equipment, including data processing equipment, not for use in the direct provision of health services;

(vi) Construction or renovation at an existing nursing home involving physical plant facilities, including administrative, dining, kitchen, laundry, and therapy areas, or support facilities, by an existing licensee who has operated the beds for at least one year;

(vii) Acquisition of land;

(viii) Refinancing of existing debt; and

(ix) Nursing home project granted a replacement authorization under WAC 246-310-044.

(g) Any expenditure for the construction, renovation, or alteration of a nursing home or change in nursing home services in excess of the expenditure minimum made in preparation for any undertaking subject to the provisions under chapter 246-310 WAC and any arrangement or commitment made for financing such undertaking;

(h) No person may divide a project in order to avoid review requirements under any of the thresholds specified under this section; and

(i) The department may issue certificates of need authorizing only predevelopment expenditures, without authorizing any subsequent undertaking for which the predevelopment expenditures are made.

(2) No person shall engage in any undertaking subject to certificate of need review unless:

(a) A certificate of need authorizing such undertaking is issued and remains valid; or

(b) An exemption is granted in accordance with the provisions of this chapter.

(3) If a nursing home or portion of a nursing home constructed or established under the authority of a certificate of need granted from the pool of nursing home beds for ethnic minorities according to the provisions of WAC 246-310-135 is sold or leased within ten years to a party not eligible for an award of such beds under the provisions of WAC 246-310-136(2):

(a) The purchaser or lessee may not operate those beds as nursing home beds without first obtaining a certificate of need for new beds; and

(b) The beds that were awarded from the special pool shall be returned to that pool.

[Statutory Authority: Chapter 70.38 RCW. 96-24-052, § 246-310-020, filed 11/27/96, effective 12/28/96. Statutory Authority: RCW 70.38.135 (3)(c). 92-05-057 (Order 244), § 246-310-020, filed 2/14/92, effective 3/16/92. Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-020, filed 12/23/92, effective 1/23/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.38 RCW. 90-21-028 (Order 082), § 248-19-231, filed 10/9/90, effective 10/9/90; 89-23-098 (Order 019), § 248-19-231, filed 11/21/89, effective 12/22/89.]

WAC 246-310-035 Tertiary services identification. (1) The criteria in this section shall be used as guidelines when examining services to determine whether the service is considered a tertiary service.

(2) In determining whether a service is a tertiary service the department shall consider the degree to which the service meets the following criteria:

(a) Whether the service is dependent on the skills and coordination of specialties and subspecialties. Including, but not limited to, physicians, nurses, therapists, social workers;

(b) Whether the service requires immediate access to an acute care hospital;

(c) Whether the service is characterized by relatively few providers;

(d) Whether the service is broader than a procedure;

(e) Whether the service has a low use rate;

(f) Whether consensus supports or published research shows that sufficient volume is required to impact structure, process, and outcomes of care; and

(g) Whether the service carries a significant risk or consequence.

(3) Periodically the department shall request review of proposed changes to the list of tertiary services identified in WAC 246-310-020. The periodic review shall be conducted as follows:

(a) The department shall send notice to all persons who have sent the certificate of need program a written request to be notified of the annual review of tertiary services.

(b) The notice shall contain the following:

(i) Identification of the thirty-day period during which written comments may be received. This thirty-day period shall be called the comment period;

(ii) The criteria listed in this section; and

(iii) The name and address of the person in the department to whom written comments are to be addressed.

(c) The written comments must address whether a service meets or partially meets the criteria in this section.

(d) Within sixty days after the close of the comment period the department shall determine whether to propose any changes to the list of tertiary services in chapter 246-310 WAC. This sixty-day period shall be called the consideration period.

(e) During the consideration period information may be exchanged between the department and persons proposing changes to the list of tertiary services in chapter 246-310 WAC.

(4) The department shall convene a technical work group at least every three years to do the following:

(a) Review the criteria listed in this section to determine whether the criteria appropriately define a tertiary service; and

(b) Propose any necessary changes to the list of tertiary services in WAC 246-310-020.

[Statutory Authority: Chapter 70.38 RCW. 96-24-052, § 246-310-035, filed 11/27/96, effective 12/28/96. Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-035, filed 12/23/91, effective 1/23/92.]

WAC 246-310-040 Exemptions from requirements for a certificate of need for health maintenance organizations. (1) Provisions for exemptions.

The secretary's designee shall grant an exemption from the requirements for a certificate of need for the offering of an inpatient institutional health service, the acquisition of major medical equipment for the provision of an institutional health service, or the obligation of a capital expenditure in excess of the expenditure minimum for the provision of an inpatient institutional health service to any entity meeting the eligibility requirements set forth in subsection (1)(a) of this section for such an exemption and submitting an application for an exemption meeting the requirements of subsection (1)(b) of this section.

(a) Eligibility requirements.

To be eligible for an exemption from the requirements for a certificate of need for the offering of an inpatient institutional health service, the acquisition of major medical equipment for the provision of an inpatient institutional health service, or the obligation of a capital expenditure in excess of the expenditure minimum for the provision of an institutional health service, an applicant entity shall be one of the following:

(i) A health maintenance organization or a combination of health maintenance organizations if:

(A) The organization or combination of organizations has, in the service area of the organization or the service areas of the organizations in the combination, an enrollment of at least fifty thousand individuals;

(B) The facility in which the service will be provided is or will be geographically located so the service will be reasonably accessible to such enrolled individuals; and

(C) At least seventy-five percent of the patients reasonably expected to receive the institutional health service will be individuals enrolled in such organization or organizations in the combination;

(ii) A health care facility if:

(A) The facility primarily provides or will provide inpatient health services;

(B) The facility is or will be controlled, directly or indirectly, by a health maintenance organization or a combination of health maintenance organizations which has, in the service area of the organization or service areas of the organizations in the combination, an enrollment of at least fifty thousand individuals;

(C) The facility is or will be geographically located so the service will be reasonably accessible to such enrolled individuals; and

(D) At least seventy-five percent of the patients reasonably expected to receive the institutional health service will be individuals enrolled with such organization or organizations in the combination; or

(iii) A health care facility (or portion thereof) if:

(A) The facility is or will be leased by a health maintenance organization or combination of health maintenance organizations which has, in the service area of the organization or the service areas of the organizations in the combination, an enrollment of at least fifty thousand individuals and, on the date the application for an exemption is submitted, at least fifteen years remain in the term of the lease;

(B) The facility is or will be geographically located so the service will be reasonably accessible to such enrolled individuals; and

(C) At least seventy-five percent of the patients reasonably expected to receive the institutional health service will be individuals enrolled with such organization;

(b) Requirements for an application for exemption.

An application for an exemption from a certificate of need shall meet the following requirements:

(i) The application for an exemption shall have been submitted at least thirty days prior to the offering of the institutional health service, acquisition of major medical equipment, or obligation of the capital expenditure to which the application pertains. A copy of the application for the exemption shall be sent simultaneously to the appropriate advisory review agencies.

(ii) A complete application shall be submitted in such form and manner as has been prescribed by the department. The information which the department prescribes shall include:

(A) All of the information required to make a determination that the applicant entity qualifies in accordance with subsection (1)(a) of this section; and

(B) A complete description of the offering, acquisition, or obligation to which the application pertains.

(2) Action on an application for exemption.

(a) Within thirty days after receipt of a complete application for exemption from certificate of need requirements, the department shall send the applicant a written notice the exemption has been granted or denied. A copy of such written notice shall be sent simultaneously to the appropriate advisory review agencies.

(b) The secretary's designee shall deny an exemption if he or she finds the applicant has not met the requirements of subsections (1)(a) and (b) of this section. Written notice of the denial shall include the specific reasons for the denial.

(c) In the case of an application for a proposed health care facility (or portion thereof) which has not begun to provide institutional health services on the date the application

for an exemption is submitted, the secretary's designee shall grant the exemption if he or she determines the facility (or portion thereof) will meet the applicable requirements of subsection (1)(a) of this section when the facility first provides health services.

(d) If the secretary's designee fails to grant or deny an exemption in accordance with the provisions of this section within thirty days after receipt of a complete application for such exemption, the applicant for the exemption may seek a writ of mandamus from superior court pursuant to chapter 7.16 RCW.

(3) Subsequent sale, lease, or acquisition of exempt facilities or equipment.

Subsequent sale, lease, or acquisition of exempt health care facilities (or portions thereof) or medical equipment for which an exemption was granted under the provisions of subsection (2) of this section, any acquisition of a controlling interest in such facility or equipment, and any use of such facility or equipment by a person other than the one to whom the exemption was granted, shall meet one of the following conditions:

(a) A certificate of need for the purchase, lease, acquisition of controlling interest in, or use of such facility or equipment, shall have been applied for and issued by the department; or

(b) The department shall have determined, after receipt of an application for an exemption, submitted in accordance with subsection (1) of this section, that the requirements of either subsection (1)(a)(i) or subsection (1)(a)(ii)(A) and (B) are met.

(4) The method of payment for services (i.e., prepaid or fee for service) shall not be considered relevant in determining whether an undertaking of a health maintenance organization qualifies for an exemption under this section.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-405, filed 2/28/86; 81-09-012 (Order 210), § 248-19-405, filed 4/9/81, effective 5/20/81.]

WAC 246-310-041 Exemption from requirements for a certificate of need for continuing care retirement communities' nursing home projects. (1) Provisions for exemptions.

The secretary's designee shall grant an exemption from the requirements for a certificate of need for the construction, development, or other establishment of a nursing home, or the addition of beds to an existing nursing home, that is owned and operated by a continuing care retirement community meeting the eligibility requirements of (a) of this subsection and submitting an application for an exemption meeting the requirements of (b) of this subsection.

(a) Eligibility requirements. To be eligible for an exemption under this section, an applicant entity shall demonstrate that:

(i) Nursing home services will be offered only to contractual residents;

(ii) Residents will be provided a contractually guaranteed range of services from independent living through skilled nursing, including some assistance with daily living activities;

(iii) The facility contractually assumes responsibility for the cost of services exceeding the residents financial responsibility under the contract, so that no third party, including the Medicaid program, is liable for the costs of care, even if the resident depletes his or her personal resources. This exclusion does not pertain to insurance purchased by the retirement community or its residents;

(iv) The entity has offered continuing care contracts and has operated a nursing home continuously since January 1, 1988, or has obtained a certificate of need to establish a nursing home;

(v) A binding agreement is maintained with the state assuring that financial liability for services to residents, including nursing home services, will not fall upon the state;

(vi) It does not operate, and has not undertaken a project that would result in the ratio of nursing home beds to independent living units exceeding one nursing home bed for every four independent living units, exclusive of nursing home beds; and

(vii) It has obtained a professional review of pricing and long-term solvency of the applicant entity within the prior five years which was fully disclosed to residents.

(b) Requirements for an application for exemption. An application for an exemption from a certificate of need shall meet the following requirements:

(i) The application for an exemption shall be submitted at least thirty days prior to the commencement of construction, submitting an application for nursing home licensure, or commencing operation of a nursing home, whichever occurs first;

(ii) A complete application shall be submitted in such form and manner as has been prescribed by the department. The information which the department prescribes shall include:

(A) All of the information required to make a determination that the applicant entity qualifies in accordance with (a) of this subsection; and

(B) A complete description of the construction, development or other establishment of a nursing home, or the addition of nursing home beds to which the exemption application pertains.

(2) Action on an application for exemption.

(a) Within thirty days after receipt of a complete application for exemption from certificate of need requirements, the department shall send the applicant a written notice whether the exemption has been granted or denied.

(b) The secretary's designee shall deny an exemption if it is determined the applicant has not met the requirements of subsection (1)(a) and (b) of this section. Written notice of the denial shall include the specific reasons for the denial.

(3) Subsequent sale, lease, acquisition, or use of, part or all, of an exempt continuing care retirement community.

Subsequent sale, lease, acquisition or use of exempt continuing care retirement communities shall require prior certificate of need approval to qualify for licensure as a nursing home unless the department determines such sale, lease, acquisition, or use is by a continuing care retirement community that meets the conditions identified in subsection (1)(a) and (b) of this section.

[Statutory Authority: Chapter 70.38 RCW. 96-24-052, § 246-310-041, filed 11/27/96, effective 12/28/96.]

WAC 246-310-042 Rural hospital and rural health care facility exemptions from certificate of need review. (1) Provisions for exemptions of qualified rural hospitals and rural health care facilities.

The secretary's designee shall grant an exemption from the requirement for a certificate of need for an increase in licensed bed capacity to a rural hospital meeting the eligibility requirements of (a) of this subsection and submitting an application for an exemption meeting the requirements of (c) of this subsection. The secretary's designee shall grant an exemption from the requirement for a certificate of need for the construction, development, or other establishment of a new hospital to a rural health care facility meeting the eligibility requirements of (b) of this subsection and submitting an application for an exemption meeting the requirements of (c) of this subsection.

(a) Eligibility requirements for a rural hospital exemption. To be eligible for an exemption from the requirements under this section, a rural hospital, shall demonstrate that:

(i) The applicant hospital meets the definition of a rural hospital as defined by the department;

(ii) The request is being made within three years of the date the beds licensed under chapter 70.41 RCW were reduced;

(iii) The increase in licensed beds will result in no more than had previously been licensed; and

(iv) The rural hospital became a rural primary care hospital under the provisions of Part A Title XVIII of the Social Security Act Section 1820, 42 U.S.C., 1395c et seq. after its licensure reduction.

(b) Eligibility requirements for a rural health care facility exemption. To be eligible for an exemption from the requirements under this section, a rural health care facility, shall demonstrate that:

(i) The applicant facility meets the definition of a rural health care facility under RCW 70.175.100;

(ii) The applicant facility was previously licensed as a hospital under chapter 70.41 RCW;

(iii) The request is being made within three years of the effective date of the rural health care facility license;

(iv) There will be no increase in the number of beds previously licensed under chapter 70.41 RCW and there is no redistribution in the number of beds used for acute care or long-term care;

(v) The rural health care facility has been in continuous operation; and

(vi) The rural health care facility has not been purchased or leased.

(c) Requirements for an application for exemption by a rural hospital or rural health care facility. An application for an exemption from a certificate of need shall meet the following requirements:

(i) The application for a rural hospital exemption shall be submitted at least thirty days prior to the effective date of the hospital license that increases the number of beds at the rural hospital or at the time an application is made to the department to increase the number of licensed beds at the rural hospital, whichever occurs first.

(ii) The application for a rural health care facility exemption shall be submitted at least thirty days prior to the effective date of the hospital license that converts the rural health care facility back to a hospital or at the time an application is made to the department to convert back to a hospital, whichever occurs first;

(iii) A complete application shall be submitted in such form and manner as has been prescribed by the department. The information which the department prescribes shall include:

All of the information required to make a determination that the rural hospital qualifies in accordance with (a) of this subsection or that the rural health care facility qualifies with (b) of this subsection.

(2) Action on an application for exemption by a rural hospital or rural health care facility.

(a) Within thirty days after receipt of a complete application for exemption from certificate of need requirements, the department shall send the applicant a written notice whether the exemption request has been granted or denied.

(b) The secretary's designee shall deny an exemption if it is determined the applicant entity has not met the requirements of subsection (1)(a), (b), or (c) of this section. Written notice of the denial shall include the specific reasons for the denial.

[Statutory Authority: Chapter 70.38 RCW. 96-24-052, § 246-310-042, filed 11/27/96, effective 12/28/96.]

WAC 246-310-043 Exemption from requirements for a certificate of need for nursing home bed conversions to alternative use. Provisions for exemptions.

The secretary's designee shall grant an exemption from the requirements for a certificate of need for the conversion of nursing home beds banked under the provisions of RCW 70.38.111(8) by a nursing home meeting the eligibility requirements of this section and submitting an application for an exemption which demonstrates the eligibility requirements have been met.

(1) Eligibility requirements. To be eligible for an exemption under this section, an applicant shall demonstrate that:

(a) The nursing home voluntarily reduced its licensed capacity to provide one or more alternative services, as identified in RCW 70.38.111(8), to reduce the number of beds per room to one or two in the nursing home, or otherwise enhance the quality of life for residents, as defined in WAC 246-310-010;

(b) The beds to be converted back to nursing home beds are to be licensed in the original facility;

(c) The nursing home has remained in continuous operation and has not been sold or leased during the bed banking time interval;

(d) Notice of intent to bank the nursing home beds was given as required by WAC 246-310-395; and

(e) The bed conversion occurs within four years of the bed banking, unless the department has granted a four year extension under WAC 246-310-580 in which case the bed conversion must occur within eight years of the original bed banking.

(2) Nursing homes proposing to establish, construct, or otherwise develop alternative services subject to certificate of need review under the provisions of RCW 70.38.105 shall obtain certificate of need approval prior to providing such services.

[Statutory Authority: Chapter 70.38 RCW. 96-24-052, § 246-310-043, filed 11/27/96, effective 12/28/96.]

WAC 246-310-044 Exemption from requirements for a certificate of need for nursing home bed replacements. (1) Provisions for exemptions.

The secretary's designee shall grant a replacement authorization exempting a facility from the requirements for a certificate of need for the replacement of existing nursing home beds under the provisions of RCW 70.38.115 (13)(a) by a nursing home meeting the eligibility requirements of this section and submitting an application, following the notice requirements in WAC 246-310-397, which demonstrates the eligibility requirements have been met.

(2) Nursing home construction or renovation projects for the purpose of replacing nursing home beds within the same planning area, and which meet the eligibility requirements in subsection (3) of this section and the notification requirements in WAC 246-310-397, shall not be subject to certificate of need review. Projects meeting the above requirements would include, but are not limited to:

(a) Replacement of an existing facility at the same location;

(b) Construction of a new nursing home or facilities for the purpose of replacing beds in the same planning area;

(c) Renovation of an existing facility for the purpose of replacing beds; and

(d) Redistribution of all or a portion of existing beds to an existing or new nursing home or facilities in the same planning area.

(3) Eligibility requirements. To be eligible for an exemption under this section, an applicant shall demonstrate that:

(a) The applicant is the existing licensee (as defined in WAC 246-310-010) of all affected facilities and has operated the beds at all affected facilities for at least one year immediately preceding the replacement exemption request fulfilling the requirements as specified in WAC 246-310-397;

(b) The applicant will be the licensee at all affected facilities at the completion of the project except as allowed under the provisions of RCW 70.38.115(14);

(c) The project will not increase the total bed capacity of a planning area; and

(d) The nursing home beds being replaced will not provide nursing home services once the replacement beds are licensed.

(4) Projects must be commenced within two years following replacement authorization with a possibility of one six-month extension provided that substantial and continuing progress had been made toward commencement of the project as referenced in WAC 246-310-580.

[Statutory Authority: Chapter 70.38 RCW. 98-10-053, § 246-310-044, filed 4/29/98, effective 5/30/98; 96-24-052, § 246-310-044, filed 11/27/96, effective 12/28/96.]

WAC 246-310-045 Exemption from certificate of need requirements for a change in bed capacity at a residential hospice care center. (1) A change in bed capacity at a residential hospice care center shall not be subject to certificate of need review under this chapter if the department determined prior to June 1994 that the construction, development, or other establishment of the residential hospice care center was not subject to certificate of need review under this chapter.

(2) For purposes of this section, a "residential hospice care center" means any building, facility, place, or equivalent that opened in December 1996 and is organized, maintained, and operated specifically to provide beds, accommodations, facilities, and services over a continuous period of twenty-four hours or more for palliative care to two or more individuals, not related to the operator, who are diagnosed as being in the latter stages of an advanced disease that is expected to lead to death.

[Statutory Authority: Chapter 70.38 RCW. 98-17-099, § 246-310-045, filed 8/19/98, effective 9/19/98.]

WAC 246-310-050 Applicability determination. (1) Any person wanting to know whether an action the person is considering is subject to certificate of need requirements (chapter 246-310 WAC) may submit a written request to the certificate of need program requesting a formal determination of applicability of the certificate of need requirements to the action.

(a) The written request shall include the nature and extent of any construction, changes in services, and the estimated total costs of the action.

(2) The department may request any additional written information that is reasonably necessary to make an applicability determination on the action.

(3) The department shall respond in writing to a request for an applicability determination within thirty days of receipt of the complete information needed for such determination. In the written response, the department shall state the reasons for its determination that the action is or is not subject to certificate of need requirements.

(4) Information or advice given by the department as to whether an action is subject to certificate of need requirements shall not be considered an applicability determination unless it is in written form in response to a written request submitted in accordance with provisions of this section.

(5) A written applicability determination on an action in response to a written request and based on written information shall be binding upon the department: Provided, The nature, extent, or cost of the action does not significantly change.

[Statutory Authority: Chapter 70.38 RCW. 98-10-053, § 246-310-050, filed 4/29/98, effective 5/30/98; 96-24-052, § 246-310-050, filed 11/27/96, effective 12/28/96. Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-050, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-240, filed 2/28/86; 81-09-012 (Order 210), § 248-19-240, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-240, filed 11/30/79.]

WAC 246-310-080 Letter of intent. Any person planning to propose an undertaking subject to certificate of need review shall submit a letter of intent as follows:

(1) The letter of intent shall include the following information:

(a) A description of the services proposed;

(b) The estimated cost of the proposed project;

(c) An identification of the service area.

(2) A letter of intent shall be valid for six months after the receipt of the letter by the department. If the applicant does not submit an application for the project as described in the letter within this time frame, a new letter of intent shall be required before the department accepts an application.

(3) In the event that the application proposes a project that is significantly different than that proposed in the letter of intent, the department shall consider the application the letter of intent and no further action shall be taken until the end of the thirty-day letter of intent period.

(4) Expedited or regular review. Any person proposing an undertaking subject to an expedited or regular review shall submit a letter of intent at least thirty days prior to the submission of the application.

(5) Concurrent review.

(a) Any person proposing undertakings subject to concurrent review shall submit a letter of intent according to the applicable schedule.

(b) Within thirty days following the last day of the letter of intent submittal period, the department shall determine which of the proposed undertakings compete with other proposed undertakings. Two or more undertakings within the same concurrent review cycle may be competing when the proposed undertaking would be located in the same county or planning area and/or the undertakings propose nursing home beds to be allocated from the same statewide continuing care retirement community (CCRC) bed pool as defined in WAC 246-310-380. The department shall notify applicants of competing undertakings.

(c) In the event the department determines an application submitted under concurrent review is not competing, the department may convert the review to a regular review.

[Statutory Authority: Chapter 70.38 RCW. 98-10-053, § 246-310-080, filed 4/29/98, effective 5/30/98; 96-24-052, § 246-310-080, filed 11/27/96, effective 12/28/96. Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-080, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.115. 87-10-023 (Order 2487), § 248-19-270, filed 5/1/87. Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-270, filed 2/28/86; 81-09-012 (Order 210), § 248-19-270, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-270, filed 11/30/79.]

WAC 246-310-090 Submission and withdrawal of applications. (1) General.

(a) A person proposing an undertaking subject to review shall submit a certificate of need application in such form and manner and containing such information as the department has prescribed and published as necessary to such a certificate of need application.

(i) The information, which the department prescribes and publishes as required for a certificate of need application, shall be limited to the information necessary for the department to perform a certificate of need review and shall vary in accordance with and be appropriate to the category of review or the type of proposed project: Provided however, That the required information shall include what is necessary to determine whether the proposed project meets applicable criteria and standards.

(ii) Information regarding a certificate of need application submitted by an applicant after the department has given "notification of the beginning of review" in the manner prescribed by WAC 246-310-170 shall be submitted in writing to the department.

(iii) Except as provided in WAC 246-310-190, no information regarding a certificate of need application submitted by an applicant after the conclusion of the public comment period shall be considered by the department in reviewing and taking action on a certificate of need application. An exception to this rule shall be made when, during its final review period, the department finds an unresolved pivotal issue requires submission of further information by an applicant and the applicant agrees to an extension of the review period in order to resolve this issue as provided for in WAC 246-310-160 (2)(b), 246-310-150 (2)(c), and 246-310-140(4). The department shall give public notice of such request for additional information through the same newspaper in which the "notification of beginning of review" for the project was published. The notice shall identify the project, the nature of the unresolved issue and the information requested of the applicant, and shall state the period of time allowed for receipt of written comments from interested persons.

(b) A person submitting a certificate of need application shall submit one original and one copy of the application to the certificate of need program of the department.

(c) On or before the last day of the applicable screening period for a certificate of need application, as prescribed in subsections (2) and (3) of this section, the department shall send a written notice to the person submitting the application stating whether or not the application has been declared complete. If an application has been found to be incomplete, the notice from the department shall specifically identify the portions of the application where the information provided has been found to be insufficient or indefinite and request supplemental information needed to complete the application.

(d) The department shall not request any supplemental information of a type not prescribed and published as being necessary to a certificate of need application for the type of project being proposed. The department may request clarification of information provided in the application.

(e) A response to the department's request for information to supplement an incomplete application shall be written.

(2) Screening and prereview activities.

(a) The department shall, within a fifteen working-day period for emergency, expedited, and regular reviews, screen the application to determine whether the information provided in the application is complete and as explicit as is necessary for a certificate of need review. This screening period shall begin on the first day after the department has received the application. In the event that the application is lacking significant information relating to the review criteria, the department may, upon notification, reserve the right to screen

the application again upon receipt of the applicant's original response unless the applicant exercises option (c)(iii) of this subsection.

(b) The department shall return an incomplete certificate of need application to the person submitting the application if the department has not received a response to a request for the supplemental information sent in accordance with subsection (1)(c) of this section within forty-five days for emergency, expedited, and regular reviews unless extended by mutual agreement, and within one month for concurrent review after such request was sent.

(c) For emergency, expedited, and regular reviews, a person submitting a response to the department's request for supplemental information to complete a certificate of need application within forty-five days after the request was sent by the department, in accordance with subsection (1)(c) of this section, shall have the right to exercise one of the following options:

(i) Submission of written supplemental information and a written request that the information be screened and the applicant be given opportunity to submit further supplemental information if the department determines that the application is still incomplete;

(ii) Submission of written supplemental information with a written request that review of the certificate of need application begin without the department notifying the applicant as to whether the supplemental information is adequate to complete the application; or

(iii) Submission of a written request that the application be reviewed without supplemental information.

(d) The department shall not accept responses to the department's screening letters later than ten days after the department has given "notification of beginning of review."

(e) For concurrent review a person submitting a response to the department's request for supplemental information to complete a certificate of need application within one month after the request was sent by the department, in accordance with subsection (1)(c) of this section, shall submit written supplemental information or a written request that the incomplete application be reviewed. The review shall begin in accordance with the published schedule.

(f) After receipt of a request for review of a certificate of need application, submitted in accordance with subsection (2)(c)(ii) or (iii) of this section, the department shall give notification of the beginning of review in the manner prescribed for a complete application in WAC 246-310-170.

(g) If a person requests the screening of supplemental information in accordance with subsection (2)(c)(i) of this section, such screening shall be carried out in the same number of days and in the same manner as required for an application in accordance with the provisions of subsection (1)(c) and (2)(a) of this section. The process of submitting and screening supplemental information may be repeated until the department declares the certificate of need application complete, the applicant requests that review of the incomplete application begin, or the one hundred twentieth day after the beginning of the first screening period for the application, whichever occurs first. The department shall return an application to the applicant if it is still incomplete on the one hundred twentieth day after the beginning of the first screening period and the applicant has not requested review of such incomplete application.

(3) Withdrawal of applications.

A certificate of need application shall be withdrawn from the certificate of need process if the department receives a written request for withdrawal of the application from the person submitting the application at any time before final action on such application has been taken by the secretary's designee.

(4) Resubmission of applications withdrawn or returned as incomplete.

A submission of a new certificate of need application shall be required for a certificate of need review of any undertaking for which the department has returned an incomplete application in accordance with subsection (2)(b) of this section, or for which a certificate of need application has been withdrawn in accordance with subsection (3) of this section. The content of the application should be updated as necessary before resubmission.

[Statutory Authority: Chapter 70.38 RCW. 98-10-053, § 246-310-090, filed 4/29/98, effective 5/30/98; 96-24-052, § 246-310-090, filed 11/27/96, effective 12/28/96. Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-090, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-280, filed 2/28/86; 81-09-012 (Order 210), § 248-19-280, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-280, filed 11/30/79.]

WAC 246-310-100 Amendment of certificate of need applications. (1) The following changes to an application may be considered by the department an amendment of an application:

(a) The addition of a new service or elimination of a service included in the original application.

(b) The expansion or reduction of a service included in the original application.

(c) An increase in the bed capacity.

(d) A change in the capital cost of the project or the method of financing the project.

(e) A significant change in the rationale used to justify the project.

(f) A change in the applicant.

(2) Direct responses to screening questions will not be considered amendments.

(3) Amendments to certificate of need applications shall include information and documentation consistent with the requirements of WAC 246-310-090 (1)(a)(i) and (b).

(4) Application for emergency review. If an applicant changes an application during the screening period, the department shall determine whether the changed application constitutes a new application. An application changed during the review period shall be considered a new application.

(5) An application for expedited or regular review may be changed during the screening period or the public comment period.

(a) If an application is changed during the screening period or within the ten-day grace period following the beginning of review, the department shall determine whether the changed application constitutes an amended application.

The applicant may submit written information to the department within five working days of receiving the department's determination indicating why the change should not be considered an amendment.

(b) The department shall respond within five working days of receiving the applicant's written information concerning whether the application changes constitute an amendment.

(c) When an application has been amended, the review period may be extended for a period not to exceed forty-five days.

(6) An application for concurrent review may be amended according to the following provisions:

(a) The department shall determine when an application has been amended.

(b) An amendment may be made through the first forty-five days of the concurrent review process. When the department determines an applicant has amended an application, the review period for all applications reviewed concurrently shall be extended by a single thirty-day period. The forty-five days for amendments shall be divided as follows:

(i) During the first thirty days an applicant or applicants may amend an application one or more times.

(ii) When an amendment has been made to an application in the first thirty days, all applicants may make one final amendment during the remaining fifteen days of the forty-five day period.

(iii) The department shall send written notice to all applicants when an amendment to an application is submitted.

(iv) If no amendment has been made to any application through the thirty-day period, no amendments may be made during the subsequent fifteen-day period.

(c) Any information submitted after the amendment period which has not been requested in writing by the department shall be returned to the person submitting the information and shall not be considered in the review of the application.

[Statutory Authority: Chapter 70.38 RCW. 96-24-052, § 246-310-100, filed 11/27/96, effective 12/28/96. Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-100, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-295, filed 2/28/86.]

WAC 246-310-110 Categories of review. (1) In the review of any certificate of need application, one of the following review processes shall be used: Regular review, concurrent review, emergency review, or expedited review.

(2) Determination of review process.

The department shall determine which review process will be used in the review of a given certificate of need application.

(a) Emergency review.

(i) An emergency review may, with the written consent of the appropriate advisory review agencies, be conducted when an immediate capital expenditure is required in order for a health care facility to maintain or restore basic and essential patient services.

(ii) The department may determine an application submitted for emergency review does not qualify for such review. Such a determination and notification to the applicant shall be made within five days after receipt of the application. When the department makes a determination that an application is not subject to emergency review procedures, the application will be reviewed under another review process appropriate for the type of undertaking proposed. The department will notify the applicant of the other process under which the application will be reviewed.

(b) Expedited review.

An expedited review shall be conducted on a certificate of need application for the following:

(i) Projects proposed for the correction of deficiencies as described in WAC 246-310-480, except projects for the repair to or correction of deficiencies in the physical plant necessary to maintain state licensure, which are exempt from review by the provisions of WAC 246-310-020, if they do not substantially affect patient charges.

(ii) Demonstration or research projects: Provided, That such projects do not involve a change in bed capacity or the provision of a new tertiary health service.

(iii) Acquisition of an existing health care facility.

(iv) Projects limited to predevelopment expenditures.

(c) Regular review process.

The regular review process shall be used for any application unless the department has determined the emergency, expedited, or concurrent review process will be used in the review of such application. The regular review process will also be used to review applications for projects solely for the purposes listed in WAC 246-310-020 determined by the department to substantially affect patient charges, unless the project qualifies for an expedited review under subsection (2)(a)(i) of this section.

(d) Concurrent review process.

The concurrent review process shall be used for all applications determined to be competing in accordance with WAC 246-310-120.

[Statutory Authority: Chapter 70.38 RCW. 96-24-052, § 246-310-110, filed 11/27/96, effective 12/28/96. Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-110, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-300, filed 2/28/86; 81-09-012 (Order 210), § 248-19-300, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-300, filed 11/30/79.]

WAC 246-310-120 Concurrent review process. (1) Projects for which the department may establish concurrent review schedules are identified in RCW 70.38.115(7). An annual concurrent review has been scheduled for competing projects proposing:

(a) New nursing homes, not using bed allocations banked under the provisions of RCW 70.38.115(13);

(b) Nursing home bed additions, not using bed allocations banked under the provisions of RCW 70.38.115(13);

(c) The redistribution of beds from the following facility and service categories to nursing home beds:

(i) Acute care,

(ii) Boarding home, or

(iii) Intermediate care for the mentally retarded.

(2) Procedures for the concurrent review process shall be as follows:

(a) Submittal of initial applications.

(i) Each applicant shall submit one original and one copy of the application to the department.

(ii) Each applicant if requested in writing shall provide a copy of his or her application to the applicant of each other competing application.

(b) Screening of the initial applications.

(i) The department shall screen each initial application during the screening period of the applicable concurrent review cycle schedule.

(ii) The screening period shall begin on the first working day following the last day of the initial application submittal period for the applicable concurrent review cycle schedule.

(iii) The department by, the end of the screening period of the applicable concurrent review cycle schedule, shall send a written request for supplemental information to each applicant.

(iv) Each applicant, by the end of the final application submittal period, shall respond to the department's written request for supplemental information in one of the following ways:

(A) Submitting the requested written supplemental information, or

(B) Submitting a written request that the incomplete application be reviewed without supplemental information.

(c) Reviewing of final applications.

(i) The department shall commence the review of competing applications on the date prescribed for the applicable concurrent review cycle schedule.

(ii) The total number of days in the public comment and final review periods shall not exceed one hundred and thirty-five, unless extended in accordance with subsection (2)(d) of this section.

(iii) The public comment period shall be a maximum of ninety days from the beginning of the review period, unless the public comment period is extended in accordance with subsection (2)(d) of this section. The first sixty days of the public comment period is reserved for receiving public comment and conducting a public hearing, if requested. The remaining thirty days shall be reserved for the applicant or applicants to provide rebuttal statements to written or oral statements submitted during the first sixty-day period. Any affected person shall also be provided the opportunity to provide rebuttal statements to written or oral statements submitted during the first sixty-day period.

(iv) The department shall conclude its final review and the secretary's designee shall take action on a certificate of need application within forty-five days after the end of the public comment period, unless extended in accordance with subsection (2)(d) of this section.

(d) Extending review of final applications.

(i) The public comment period shall be extended in accordance with the provisions of WAC 246-310-100.

(ii) The final review period may be extended by the department under the following provisions:

(A) The department informs each applicant of the competing applications of the existence of an unresolved pivotal issue.

(B) The department may make a written request for additional information from one or more of the applicants of the competing applications.

(C) The department shall specify in the written request a deadline for receipt of written responses.

(D) Each applicant receiving such written request may provide a written response within the specified deadline.

(E) The department may extend the final review period for all competing applications up to thirty days after the receipt of the last response to the department's request for additional information or after the specified deadline, whichever occurs first.

[Statutory Authority: Chapter 70.38 RCW. 98-10-053, § 246-310-120, filed 4/29/98, effective 5/30/98; 96-24-052, § 246-310-120, filed 11/27/96, effective 12/28/96. Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-120, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.115. 87-10-023 (Order 2487), § 248-19-327, filed 5/1/87. Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-327, filed 2/28/86.]

WAC 246-310-130 Nursing home concurrent review cycles. (1) The department shall review concurrently during review cycles established under subsection (5) of this section the following:

(a) New nursing homes beds not using bed allocations banked under the provisions of RCW 70.38.115(13);

(b) Redistribution of beds from the following facility or service categories to skilled nursing care beds:

(i) Acute care,

(ii) Boarding home care.

(2) Undertakings by continuing care retirement communities (CCRCs), as defined in this section which do not propose or are not operating within a transition period as defined in this section during development, and which meet the following conditions, shall be reviewed under the regular review process per WAC 246-310-160:

(a) The number of nursing home beds requested in a single undertaking shall not exceed sixty; and

(b) After project completion, the number of nursing home beds, including those with which the CCRC contracts, shall not exceed one bed for each four independent living units within the CCRC. In computing this ratio, only independent living units of the CCRC already existing, and/or scheduled for completion at the same time as the proposed nursing home beds under the same financial feasibility plan, shall be counted.

(3) The annual nursing home concurrent review consists of the following cycles:

(a) One of the annual cycles is reserved for the review of competing applications submitted by or on behalf of:

(i) CCRCs applying for nursing home beds available from the statewide CCRC allotment as described in WAC 246-310-380(5); and

(ii) CCRCs which propose or are operating within a transition period during development and are not applying for nursing home beds available from any nursing home planning area.

(b) Two other cycles are established for review of competing applications for nursing home beds needed. The nurs-

ing home planning areas are divided into two separate groups.

(4) The department shall use the following nursing home concurrent review application filing procedures:

(a) Each applicant shall:

(i) File the required number of copies of each application as specified in the application information requirements, and

(ii) Mail or deliver the application so that the department receives it no later than the last day for initial application receipt as prescribed in the schedule for that concurrent review cycle.

(b) The department shall:

(i) Only review applications for which a letter of intent, as described in WAC 246-310-080, was mailed or delivered to the department before the last day for receipt of letters of intent as indicated below;

(ii) Begin screening all applications received during the initial application period on the first working day following the close of that period; and

(iii) Return to the applicant any application received after the last day of the initial application receipt period.

(5) The schedules for the annual nursing home bed concurrent review cycles shall be as follows:

(a) For those applications described in subsection (3)(a) of this section, the concurrent review cycle schedule shall be as follows:

(i) Period for receipt of letters of intent shall begin on the first working day of June and end on the first working day of July,

(ii) Period for receipt of initial applications shall begin on the first working day of July and end on the first working day of August,

(iii) End of initial application completeness screening period is the first working day of September,

(iv) End of final application receipt period is the first working day of October, and

(v) Beginning of concurrent review period is October 16 or first working day after that date.

(b) For competing applications submitted for nursing home beds available for the Chelan/Douglas, Clallam, Clark/Skamania, Cowlitz, Grant, Grays Harbor, Island, Jefferson, King, Kittitas, Klickitat, Okanogan, Pacific, San Juan, Skagit, Spokane, and Yakima nursing home planning areas, the concurrent review cycle schedule shall be as follows:

(i) Period for receipt of letters of intent shall begin on the first working day of July and end on the first working day of August,

(ii) Period for receipt of initial applications shall begin on the first working day of August and end on the first working day of September,

(iii) End of initial application completeness screening period is the first working day of October,

(iv) End of final application receipt period is the first working day of November, and

(v) Beginning of concurrent review period is November 16 or first working day after that date.

(c) For competing applications submitted for nursing home beds available for the Adams, Asotin, Benton, Columbia, Ferry, Franklin, Garfield, Kitsap, Lewis, Lincoln, Mason, Pend Oreille, Pierce, Snohomish, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, and Whitman nursing home planning areas, the concurrent review cycle schedule shall be as follows:

(i) Period for receipt of letters of intent shall begin on the first working day of August and end on the first working day of September,

(ii) Period for receipt of initial applications shall begin on the first working day of September and end on the first working day of October,

(iii) End of initial application completeness screening period is the first working day of November,

(iv) End of final application receipt period is the first working day of December, and

(v) Beginning of concurrent review period is December 16 or first working day after that date.

[Statutory Authority: Chapter 70.38 RCW. 96-24-052, § 246-310-130, filed 11/27/96, effective 12/28/96. Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-130, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.115. 88-24-026 (Order 2736), § 248-19-328, filed 12/2/88. Statutory Authority: RCW 70.38.115 and 70.38.135. 88-04-047 (Order 2591), § 248-19-328, filed 1/29/88. Statutory Authority: RCW 70.38.115. 87-10-023 (Order 2487), § 248-19-328, filed 5/1/87.]

WAC 246-310-132 Open heart surgery concurrent review cycle. (1) The department shall review new open heart surgery services using the concurrent review cycle in this section.

(2) Certificate of need applications shall be submitted and reviewed according to the following schedule and procedures.

(a) Letters of intent shall be submitted between the first working day and last working day of July of each year.

(b) Initial applications shall be submitted between the first working day and last working day of August of each year.

(c) The department shall screen initial applications for completeness by the last working day of September of each year.

(d) Responses to screening questions shall be submitted by the last working day of October of each year.

(e) The public review and comment period for applications shall begin on November 16 of each year. In the event that November 16 is not a working day in any year, then the public review and comment period shall begin on the first working day after November 16.

(f) The public comment period shall be limited to ninety days, unless extended according to the provisions of WAC 246-310-120 (2)(d). The first sixty days of the public comment period shall be reserved for receiving public comments and conducting a public hearing, if requested. The remaining thirty days shall be for the applicant or applicants to provide rebuttal statements to written or oral statements submitted during the first sixty-day period. Any affected person shall also be provided the opportunity to provide rebuttal statements to written or oral statements submitted during the first sixty-day period.

(g) The final review period shall be limited to sixty days, unless extended according to the provisions of WAC 246-310-120 (2)(d).

(3) Any letter of intent or certificate of need application submitted for review in advance of this schedule, or certificate of need application under review as of the effective date of this section, shall be held by the department for review according to the schedule in this section.

[Statutory Authority: Chapter 70.38 RCW. 98-10-053, § 246-310-132, filed 4/29/98, effective 5/30/98; 96-24-052, § 246-310-132, filed 11/27/96, effective 12/28/96. Statutory Authority: RCW 70.38.135. 92-16-081 (Order 293) § 246-310-132, filed 8/4/92 effective 9/4/92; 91-17-011 (Order 188), § 246-310-132, filed 8/12/91, effective 8/28/91.]

WAC 246-310-136 Ethnic minority nursing home bed pool—Considerations for review of applications. (1) The department shall consider the following factors in the course of reviewing and making decisions on applications for construction or establishment of nursing home beds for ethnic minorities.

(a) Conformance with applicable review criteria in WAC 246-310-210, 246-310-220, 246-310-230, and 246-310-240;

(b) Which competing applications best meet identified needs, consistent with the purpose of concurrent review as stated in RCW 70.38.115(7).

(c) The relative degree to which the long-term care needs of an ethnic minority among Washington residents are not otherwise being met. This includes consideration of the legislature's finding that certain ethnic minorities have special cultural, language, dietary, and other needs not generally met by existing nursing homes which are intended to serve the general population;

(d) The percentage of low-income persons who would be served by the proposed project; and

(e) The impact of the proposal on the area's total need for nursing home beds.

(2) To be eligible to apply for and receive an award of beds from the ethnic nursing home bed pool, an application must be to construct, develop, or establish a new nursing home or add beds to an existing nursing home that:

(a) Shall be owned and operated by a nonprofit corporation. At least fifty percent of the board of directors of the corporation are members of the ethnic minority the nursing home is intended to serve;

(b) Shall be designed, managed, and administered to serve the special cultural, language, dietary, and other needs of the ethnic minority; and

(c) Shall not discriminate in admissions against persons who are not members of the ethnic minority whose special needs the nursing home is designed to serve.

(3) An applicant not awarded beds in a concurrent review shall not be given preference over other applicants in any subsequent concurrent review on the basis of the prior review and decision when that applicant submits a new application for another review.

[Statutory Authority: Chapter 70.38 RCW. 96-24-052, § 246-310-136, filed 11/27/96, effective 12/28/96. Statutory Authority: RCW 70.38.135 (3)(c). 92-05-057 (Order 244), § 246-310-136, filed 2/14/92, effective 3/16/92.]

WAC 246-310-140 Emergency review process. (1) The emergency review process shall not exceed fifteen working days from the beginning of the review period.

(2) The department shall complete its final review and the secretary's designee shall make his or her decision on an emergency certificate of need application within fifteen working days after the beginning of the review period unless the department extends its final review period in accordance with the provisions of subsection (3) of this section.

(3) If an issue, which is pivotal to the decision of the secretary's designee remains unresolved, the department may make one request for additional information from the person submitting the application. The department may extend its final emergency review period up to but not exceeding ten days after receipt of the applicant's written response to the department's request for information.

[Statutory Authority: Chapter 70.38 RCW. 96-24-052, § 246-310-140, filed 11/27/96, effective 12/28/96. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-350, filed 2/28/86; 82-19-055 (Order 244), § 248-19-350, filed 9/15/82; 81-09-012 (Order 210), § 248-19-350, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-350, filed 11/30/79.]

WAC 246-310-150 Expedited review process. (1) The expedited review process shall not exceed fifty days from the beginning of the review period unless extended in accordance with the provisions of subsection (2) of this section.

(a) The public comment period shall be limited to thirty days. The first twenty days of the public comment period shall be reserved for receiving public comments. The remaining ten days shall be for the applicant or applicants to provide rebuttal statements to written or oral statements submitted during the first twenty-day period. Any affected person shall also be provided the opportunity to provide rebuttal statements to written or oral statements submitted during the first twenty-day period.

(b) The department shall complete its final review and the secretary's designee shall make his or her decision on a certificate of need application under an expedited review within twenty days of the end of the public comment period.

(2) The review period for an expedited review may be extended according to the following provisions:

(a) The review period may be extended an additional forty-five days in accordance with WAC 246-310-100. The department may grant further extensions to this review period: Provided, The person submitting the certificate of need application gives written consent to further extension.

(b) If an issue, which is pivotal to the decision of the secretary's designee remains unresolved, the department may make one request for additional information from the person submitting the application. The department may extend its final expedited review period up to but not exceeding thirty days after receipt of the applicant's written response to the department's request for information.

(c) The department may extend its final review period upon receipt of a written request of the person submitting the application: Provided however, That such an extension shall not exceed sixty days.

[Statutory Authority: Chapter 70.38 RCW. 98-10-053, § 246-310-150, filed 4/29/98, effective 5/30/98; 96-24-052, § 246-310-150, filed 11/27/96, effective 12/28/96. Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-150, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-

310-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-340, filed 2/28/86; 82-19-055 (Order 244), § 248-19-340, filed 9/15/82; 81-09-012 (Order 210), § 248-19-340, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-340, filed 11/30/79.]

WAC 246-310-160 Regular review process. (1) The regular review process shall not exceed ninety days from the beginning of the review period and shall be conducted in accordance with this section unless the review period is extended in accordance with the provisions of subsection (2) of this section.

(a) The public comment period shall be limited to forty-five days. The first thirty-five days of the public comment period shall be reserved for receiving public comments and conducting a public hearing, if requested. The remaining ten days shall be reserved for the applicant to provide rebuttal statements to written or oral statements submitted during the first thirty-five day period. Any affected person shall also be provided the opportunity to provide rebuttal statements to written or oral statements submitted during the first thirty-five day period.

(b) The department shall complete its final review and the secretary's designee shall make a decision on a certificate of need application within forty-five days of the end of the public comment period.

(2) The review period for a regular review may be extended according to the following provisions:

(a) The public comment period may be extended for up to an additional forty-five days in accordance with WAC 246-310-100. The department may grant further extensions to this review period: Provided, The person submitting the certificate of need application gives written consent to such further extensions.

(b) If an issue, which is pivotal to the decision of the secretary's designee remains unresolved, the department may make one request for additional information from the person submitting the application. The department may extend its final review period up to but not exceeding thirty days after receipt of the applicant's written response to the department's request for information.

(c) The department may extend either the public comment period or the department's final review period upon receipt of a written request of the person submitting the application: Provided however, That such an extension shall not exceed ninety days.

[Statutory Authority: Chapter 70.38 RCW. 98-10-053, § 246-310-160, filed 4/29/98, effective 5/30/98; 96-24-052, § 246-310-160, filed 11/27/96, effective 12/28/96. Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-160, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-330, filed 2/28/86; 82-19-055 (Order 244), § 248-19-330, filed 9/15/82; 81-09-012 (Order 210), § 248-19-330, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-330, filed 11/30/79.]

WAC 246-310-170 Notification of beginning of review. (1) Notice required.

The department shall provide written notification of the beginning of the review of a certificate of need application and notification of the beginning of the review of a proposed withdrawal of a certificate of need to interested persons and any other person submitting a written request that the person's name be on the mailing list for such notice. Notification of the beginning of the review of a certificate of need application shall be provided through a newspaper of general circulation in the health service area of the project.

(2) Specific notice requirements.

(a) The department shall give "notification of the beginning of review" of an application after the department has received an application or the applicant's request, submitted in accordance with WAC 246-310-090 (2)(c), that review of the application begin. Such notice shall be given according to the following requirements:

(i) Emergency review.

When an application is being reviewed under the emergency review process, required notices shall be given within five working days following the receipt of a complete application or the applicant's written request that review of the application begin.

(ii) Expedited and regular review.

When an application is being reviewed under the expedited or regular review process, required notices shall be given within five working days of a declaration that the application is complete or the applicant's request that review of the application begin.

(b) The department shall give notification of the beginning of the review of a proposed withdrawal of a certificate of need when the department determines there may be good cause to withdraw a certificate of need.

(c) The notices shall include:

(i) The procedures for receiving copies of applications, supplemental information and department decisions;

(ii) A general description of the project;

(iii) In the case of a proposed withdrawal of a certificate of need, the reasons for the proposed withdrawal;

(iv) The proposed review schedule;

(v) The period within which one or more interested persons may request a public hearing;

(vi) The name and address of the agency to which a request for a public hearing should be sent;

(vii) The manner in which notification will be provided of the time and place of any hearing so requested;

(viii) Notice that any interested person wishing to receive notification of a meeting on the application called by the department after the end of the public comment period shall submit a written request to the department to receive notification of such meetings; and

(ix) The period within which any interested person may request notification of the meetings referenced in subsection (2)(c)(viii) of this section.

(d) The notices to other interested persons shall be mailed on the same date the notice to the public is mailed to the newspaper for publication.

(3) Beginning of review.

(a) Review of a certificate of need application under the expedited or regular review process shall begin on the day the department sends notification of the beginning of review to the general public and other interested persons unless the department has received a written request from the applicant

pursuant to WAC 246-310-090 (2)(c)(iii), in which case review shall begin upon receipt of such request.

(b) Review of certificate of need applications under the concurrent review process shall begin fifteen days after the conclusion of the published time period for the submission of final applications subject to concurrent review.

(c) Review of a certificate of need application under emergency review shall begin on the first day after the date on which the department has determined the application is complete, or has received a written request to begin review submitted by the applicant in accordance with WAC 246-310-090 (2)(c).

(d) Review of a proposed withdrawal of a certificate of need shall begin on the day the department sends notification of the beginning of review to the general public and to other interested persons.

[Statutory Authority: Chapter 70.38 RCW. 98-10-053, § 246-310-170, filed 4/29/98, effective 5/30/98; 96-24-052, § 246-310-170, filed 11/27/96, effective 12/28/96. Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-170, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-310, filed 2/28/86; 81-09-012 (Order 210), § 248-19-310, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-310, filed 11/30/79.]

WAC 246-310-180 Public hearings. (1) "Opportunity for a public hearing," as used in this section, shall mean a public hearing will be conducted if a valid request for such a hearing has been submitted by one or more interested persons.

(2) The department shall provide opportunity to interested persons for a public hearing on:

(a) A certificate of need application under review, unless the application is being reviewed according to the emergency or expedited review processes; and

(b) The proposed withdrawal of a certificate of need.

(3) To be valid, a request for a public hearing on a certificate of need application or on the proposed withdrawal of a certificate of need shall:

(a) Be submitted in writing;

(b) Be received by the department within fifteen days after the date on which the department's "notification of beginning of review" for the particular certificate of need application or proposed withdrawal of a certificate of need was published in a newspaper of general circulation; and

(c) Include identification of the particular certificate of need application or proposed certificate of need withdrawal for which the public hearing is requested and the full name, complete address, and signature of the person making the request.

(4) The department shall give written notice of a public hearing conducted pursuant to this section.

(a) Written notice shall be given to interested persons and the public at least fifteen days prior to the beginning of the public hearing.

(b) The notices shall include: Identification of the certificate of need application or certificate of need on which the public hearing is to be conducted and the date, time, and location of the public hearing.

(c) Notice to the general public to be served by the proposed project to which the certificate of need application or certificate of need pertains shall be through a newspaper of general circulation in the health service area of the proposed project. The notices to other interested persons shall be mailed on the same date the notice to the public is mailed to the newspaper for publication.

(5) In a public hearing on a certificate of need application or on a proposed withdrawal of a certificate of need, any person shall have the right to be represented by counsel and to present oral or written arguments and evidence relevant to the subject matter of the hearing. Any person affected by the matter may conduct reasonable questioning of persons who make relevant factual allegations.

(6) The department shall maintain a verbatim record of a public hearing and shall not impose fees for the hearing.

(7) The department shall not be required to conduct a public hearing on a certificate of need application being reviewed according to the emergency or expedited review procedures.

(8) The department may conduct a public hearing in the absence of a request as identified in subsection (3) of this section, if the department determines it is in the best interest of the public.

[Statutory Authority: Chapter 70.38 RCW. 98-10-053, § 246-310-180, filed 4/29/98, effective 5/30/98; 96-24-052, § 246-310-180, filed 11/27/96, effective 12/28/96. Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-180, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-180, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-320, filed 2/28/86; 81-09-012 (Order 210), § 248-19-320, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-320, filed 11/30/79.]

WAC 246-310-190 Ex parte contacts. (1) There shall be no ex parte contacts as defined in WAC 246-310-010 after whichever of the following occurs last:

(a) The conclusion of a public hearing held in accordance with WAC 246-310-180, or

(b) The end of the public comment period.

(2) Any of the following communications shall not be considered ex parte contacts:

(a) A communication regarding the procedure or process of the review.

(b) A communication made in a meeting open to the public requested by the department and reasonable notice of the meeting has been given to the applicant, all applicants in a concurrent review, and all persons having previously requested in writing to be notified of all such meetings or written requests for information concerning a specific application for certificate of need or a specific proposed withdrawal of a certificate of need.

(c) A written request for information made by the department and provided to all persons specified in subsection (2)(b) of this section.

(d) A response to a request made by the department in a meeting held in accordance with subsection (2)(b) of this section or in response to subsection (2)(c) of this section, and submitted to the department and to all persons specified in subsection (2)(b) of this section.

[Statutory Authority: Chapter 70.38 RCW. 96-24-052, § 246-310-190, filed 11/27/96, effective 12/28/96. Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-190, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-190, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-326, filed 2/28/86.]

WAC 246-310-200 Bases for findings and action on applications. (1) The findings of the department's review of certificate of need applications and the action of the secretary's designee on such applications shall, with the exceptions provided for in WAC 246-310-470 and 246-310-480 be based on determinations as to:

(a) Whether the proposed project is needed;

(b) Whether the proposed project will foster containment of the costs of health care;

(c) Whether the proposed project is financially feasible; and

(d) Whether the proposed project will meet the criteria for structure and process of care identified in WAC 246-310-230.

(2) Criteria contained in this section and in WAC 246-310-210, 246-310-220, 246-310-230, and 246-310-240 shall be used by the department in making the required determinations.

(a) In the use of criteria for making the required determinations, the department shall consider:

(i) The consistency of the proposed project with service or facility standards contained in this chapter;

(ii) In the event the standards contained in this chapter do not address in sufficient detail for a required determination the services or facilities for health services proposed, the department may consider standards not in conflict with those standards in accordance with subsection (2)(b) of this section; and

(iii) The relationship of the proposed project to the long-range plan (if any) of the person proposing the project.

(b) The department may consider any of the following in its use of criteria for making the required determinations:

(i) Nationally recognized standards from professional organizations;

(ii) Standards developed by professional organizations in Washington state;

(iii) Federal Medicare and Medicaid certification requirements;

(iv) State licensing requirements;

(v) Applicable standards developed by other individuals, groups, or organizations with recognized expertise related to a proposed undertaking; and

(vi) The written findings and recommendations of individuals, groups, or organizations with recognized expertise related to a proposed undertaking, with whom the department consults during the review of an application.

(c) At the request of an applicant, the department shall identify the criteria and standards it will use prior to the submission and screening of a certificate of need application: Provided however, That when a person requests identification of criteria and standards prior to the submission of an application, the person shall submit such descriptive information on a project as is determined by the department to be reasonably necessary in order to identify the applicable criteria and standards. The department shall respond to such request within fifteen working days of its receipt. In the absence of an applicant's request under this subsection, the department shall identify the criteria and standards it will use during the screening of a certificate of need application. The department shall inform the applicant about any consultation services it will use in the review of a certificate of need application prior to the use of such consultation services.

(d) Representatives of the department or consultants whose services are engaged by the department may make an on-site visit to a health care facility, or other place for which a certificate of need application is under review, or for which a proposal to withdraw a certificate of need is under review when the department deems such an on-site visit is necessary and appropriate to the department's review of a proposed project.

[Statutory Authority: Chapter 70.38 RCW. 96-24-052, § 246-310-200, filed 11/27/96, effective 12/28/96. Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-200, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-200, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135. 85-05-032 (Order 2208), § 248-19-360, filed 2/15/85; 81-09-012 (Order 210), § 248-19-360, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-360, filed 11/30/79.]

WAC 246-310-210 Determination of need. The determination of need for any project shall be based on the following criteria, except these criteria will not justify exceeding the limitation on increases of nursing home beds provided in WAC 246-310-810.

(1) The population served or to be served has need for the project and other services and facilities of the type proposed are not or will not be sufficiently available or accessible to meet that need. The assessment of the conformance of a project with this criterion shall include, but need not be limited to, consideration of the following:

(a) In the case of a reduction, relocation, or elimination of a service, the need the population presently served has for the service, the extent to which the need will be met adequately by the proposed relocation or by alternative arrangements, and the effect of the reduction, elimination, or relocation of the service on the ability of low-income persons, racial and ethnic minorities, women, handicapped persons, and other underserved groups and the elderly to obtain needed health care;

(b) In the case of health services or facilities proposed to be provided, the efficiency and appropriateness of the use of existing services and facilities similar to those proposed;

(c) In the case of an application by an osteopathic or allopathic facility the need for and the availability in the community of services and facilities for osteopathic and allopathic physicians and their patients, and the impact on existing and proposed institutional training programs for doctors of osteopathy and medicine at the student, internship, and residency training levels; and

(d) In the case of a project not involving health services, the contribution of the project toward overall management and support of such services.

(2) All residents of the service area, including low-income persons, racial and ethnic minorities, women, handicapped persons, and other underserved groups and the elderly are likely to have adequate access to the proposed health service or services. The assessment of the conformance of a project with this criterion shall include, but not be limited to, consideration as to whether the proposed services makes a contribution toward meeting the health-related needs of members of medically underserved groups which have traditionally experienced difficulties in obtaining equal access to health services, particularly those needs identified in the applicable regional health plan, annual implementation plan, and state health plan as deserving of priority. Such consideration shall include an assessment of the following:

(a) The extent to which medically underserved populations currently use the applicant's services in comparison to the percentage of the population in the applicant's service area which is medically underserved, and the extent to which medically underserved populations are expected to use the proposed services if approved;

(b) The past performance of the applicant in meeting obligations, if any, under any applicable federal regulations requiring provision of uncompensated care, community service, or access by minorities and handicapped persons to programs receiving federal financial assistance (including the existence of any unresolved civil rights access complaints against the applicant);

(c) The extent to which Medicare, Medicaid, and medically indigent patients are served by the applicant; and

(d) The extent to which the applicant offers a range of means by which a person will have access to its services (e.g., outpatient services, admission by house staff, admission by personal physician).

(3) The applicant has substantiated any of the following special needs and circumstances the proposed project is to serve.

(a) The special needs and circumstances of entities such as medical and other health professions schools, multidisciplinary clinics and specialty centers providing a substantial portion of their services or resources, or both, to individuals not residing in the health service areas in which the entities are located or in adjacent health service areas.

(b) The special needs and circumstances of biomedical and behavioral research projects designed to meet a national need and for which local conditions offer special advantages.

(c) The special needs and circumstances of osteopathic hospitals and nonallopathic services.

(4) The project will not have an adverse effect on health professional schools and training programs. The assessment of the conformance of a project with this criterion shall include consideration of:

(a) The effect of the means proposed for the delivery of health services on the clinical needs of health professional training programs in the area in which the services are to be provided; and

(b) If proposed health services are to be available in a limited number of facilities, the extent to which the health professions schools serving the area will have access to the services for training purposes.

(5) The project is needed to meet the special needs and circumstances of enrolled members or reasonably anticipated new members of a health maintenance organization or proposed health maintenance organization and the services proposed are not available from nonhealth maintenance organization providers or other health maintenance organizations in a reasonable and cost-effective manner consistent with the basic method of operation of the health maintenance organization or proposed health maintenance organization. In assessing the availability of health services from these providers, the department shall consider only whether the services from these providers:

(a) Would be available under a contract of at least five years' duration;

(b) Would be available and conveniently accessible through physicians and other health professionals associated with the health maintenance organization or proposed health maintenance organization (for example - whether physicians associated with the health maintenance organization have or will have full staff privileges at a nonhealth maintenance organization hospital);

(c) Would cost no more than if the services were provided by the health maintenance organization or proposed health maintenance organization; and

(d) Would be available in a manner administratively feasible to the health maintenance organization or proposed health maintenance organization.

(6) For nursing home projects including distinct part long-term care units located in a hospital and licensed under chapter 70.41 RCW, the following criterion shall apply in addition to those found in WAC 246-310-380.

(a) In the case of an application for new nursing home beds, the department shall find no need if the state is at or above the statewide estimated bed need, except as referenced in WAC 246-310-380(5). However, the department may put under review and subsequently approve or deny applications that propose to redistribute nursing home beds to a planning area under the established ratio. The department may also consider applications that propose to add beds in planning areas under the established ratio using beds banked and for which the need for the beds is not deemed met, under the provisions of RCW 70.38.115(13). For the above projects, the need for such projects, shall, in part, be determined using individual planning area estimated bed need numbers.

(b) If the state is below the statewide estimated bed need or for those projects referenced above, the department shall determine the need for nursing home beds, including distinct part long-term care units located in a hospital licensed under chapter 70.41 RCW, based on:

(i) The availability of other nursing home beds in the planning area to be served; and

(ii) The availability of other services in the planning area to be served. Other services to be considered include, but are not limited to: Assisted living (as defined in chapter 74.39A RCW); boarding home (as defined in chapter 18.20 RCW); enhanced adult residential care (as defined in chapter 74.39A RCW); adult residential care (as defined in chapter 74.39A RCW); adult family homes (as defined in chapter 70.128 RCW); hospice, home health and home care (as defined in chapter 70.127 RCW); personal care services (as defined in

chapter 74.09 RCW); and home and community services provided under the community options program entry system waiver (as referenced in chapter 74.39A RCW). The availability of other services shall be based on data which demonstrates that the other services are capable of adequately meeting the needs of the population proposed to be served by the applicant. The following variables should be evaluated in this analysis when available:

(A) The current capacity of nursing homes and other long-term care services;

(B) The occupancy rates of nursing homes and other long-term care services over the previous two-year period;

(C) Proposed residential care projects scheduled to be completed within the same period of time indicated on the nursing home certificate of need application; and

(D) The ability of the other long-term care services to serve all people regardless of payor source.

[Statutory Authority: Chapter 70.38 RCW. 96-24-052, § 246-310-210, filed 11/27/96, effective 12/28/96. Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-210, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-210, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135. 85-05-032 (Order 2208), § 248-19-370, filed 2/15/85; 81-09-012 (Order 210), § 248-19-370, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-370, filed 11/30/79.]

WAC 246-310-220 Determination of financial feasibility. The determination of financial feasibility of a project shall be based on the following criteria.

(1) The immediate and long-range capital and operating costs of the project can be met.

(2) The costs of the project, including any construction costs, will probably not result in an unreasonable impact on the costs and charges for health services.

(3) The project can be appropriately financed.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-220, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-380, filed 11/30/79.]

WAC 246-310-230 Criteria for structure and process of care. A determination that a project fosters an acceptable or improved quality of health care shall be based on the following criteria.

(1) A sufficient supply of qualified staff for the project, including both health personnel and management personnel, are available or can be recruited.

(2) The proposed service(s) will have an appropriate relationship, including organizational relationship, to ancillary and support services, and ancillary and support services will be sufficient to support any health services included in the proposed project.

(3) There is reasonable assurance that the project will be in conformance with applicable state licensing requirements and, if the applicant is or plans to be certified under the Medicaid or Medicare program, with the applicable conditions of participation related to those programs.

(4) The proposed project will promote continuity in the provision of health care, not result in an unwarranted fragmentation of services, and have an appropriate relationship to the service area's existing health care system.

(5) There is reasonable assurance that the services to be provided through the proposed project will be provided in a manner that ensures safe and adequate care to the public to be served and in accord with applicable federal and state laws, rules, and regulations. The assessment of the conformance of a project to this criterion shall include but not be limited to consideration as to whether:

(a) The applicant or licensee has no history, in this state or elsewhere, of a criminal conviction which is reasonably related to the applicant's competency to exercise responsibility for the ownership or operation of a health care facility, a denial or revocation of a license to operate a health care facility, a revocation of a license to practice a health profession, or a decertification as a provider of services in the Medicare or Medicaid program because of failure to comply with applicable federal conditions of participation; or

(b) If the applicant or licensee has such a history, whether the applicant has affirmatively established to the department's satisfaction by clear, cogent and convincing evidence that the applicant can and will operate the proposed project for which the certificate of need is sought in a manner that ensures safe and adequate care to the public to be served and conforms to applicable federal and state requirements.

[Statutory Authority: Chapter 70.38 RCW. 96-24-052, § 246-310-230, filed 11/27/96, effective 12/28/96. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-230, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135. 81-09-012 (Order 210), § 248-19-390, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-390, filed 11/30/79.]

WAC 246-310-240 Determination of cost containment. A determination that a proposed project will foster cost containment shall be based on the following criteria:

(1) Superior alternatives, in terms of cost, efficiency, or effectiveness, are not available or practicable.

(2) In the case of a project involving construction:

(a) The costs, scope, and methods of construction and energy conservation are reasonable; and

(b) The project will not have an unreasonable impact on the costs and charges to the public of providing health services by other persons.

(3) The project will involve appropriate improvements or innovations in the financing and delivery of health services which foster cost containment and which promote quality assurance and cost effectiveness.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-240, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-400, filed 2/28/86; 81-09-012 (Order 210), § 248-19-400, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-400, filed 11/30/79.]

WAC 246-310-260 Kidney transplantation. (1) Kidney transplantation is a tertiary service as listed in WAC 246-310-020.

(2) To receive approval a kidney transplant center must meet the following standards in addition to applicable review criteria in WAC 246-310-210, 246-310-220, 246-310-230, and 246-310-240.

(a) A center shall perform at least fifteen transplants annually by the fourth year of operation.

(b) A center shall document that it will meet the requirements of membership to the United Network for Organ Sharing (UNOS) or its successor organization.

[Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-260, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-260, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.919. 90-16-058 (Order 073), § 248-19-601, filed 7/27/90, effective 8/27/90.]

WAC 246-310-261 Open heart surgery standards and need forecasting method. (1) Open heart surgery means a specialized surgical procedure (excluding organ transplantation) which utilizes a heart-lung bypass machine and is intended to correct congenital and acquired cardiac and coronary artery disease.

(2) Open heart surgery is a tertiary service as listed in WAC 246-310-020. To be granted a certificate of need, an open heart surgery program shall meet the standards in this section in addition to applicable review criteria in WAC 246-310-210, 246-310-220, 246-310-230, and 246-310-240.

(3) Standards.

(a) A minimum of two hundred fifty open heart surgery procedures per year shall be performed at institutions with an open heart surgery program.

(b) Hospitals applying for a certificate of need shall demonstrate that they can meet one hundred ten percent of the minimum volume standard. To do so, the applicant hospital must provide written documentation, which is verifiable, of open heart surgeries performed on patients referred by active medical staff of the hospital. The volume of surgeries counted must be appropriate for the proposed program (i.e., pediatric and recognized complicated cases would be excluded).

(c) No new program shall be established which will reduce an existing program below the minimum volume standard.

(d) Open heart surgery programs shall have at least two board certified cardiac surgeons, one of whom shall be available for emergency surgery twenty-four hours a day. The practice of these surgeons shall be concentrated in a single institution and arranged so that each surgeon performs a minimum of one hundred twenty-five open heart surgery procedures per year at that institution.

(e) Institutions with open heart surgery programs shall have plans for facilitating emergency access to open heart surgery services at all times for the population they serve. These plans should, at minimum, include arrangements for addressing peak volume periods (such as joint agreements with other programs, the capacity to temporarily increase staffing, etc.), and the maintenance of or affiliation with emergency transportation services (including contingency plans for poor weather and known traffic congestion problems).

(f) In the event two or more hospitals are competing to meet the same forecasted net need, the department shall consider the following factors when determining which proposal best meets forecasted need:

(i) The most appropriate improvement in geographic access;

(ii) The most cost efficient service;

(iii) Minimizing impact on existing programs;

(iv) Providing the greatest breadth and depth of cardiovascular and support services; and

(v) Facilitating emergency access to care.

(g) Hospitals granted a certificate of need have three years from the date the program is initiated to establish the program and meet these standards.

(h) These standards should be reevaluated in at least three years.

(4) Steps in the need forecasting method. The department will develop a forecast of need for open heart surgery every year using the following procedures.

(a) Step 1. Based upon the most recent three years volumes reported for the hospitals within each planning area, compute the planning area's current capacity and the percent of out-of-state use of the area's hospitals. In those planning areas where a new program is being established, the assumed volume of that institution will be the greater of either the minimum volume standard or the estimated volume described in the approved application and adjusted by the department in the course of review and approval.

(b) Step 2. Patient origin adjust the three years of open heart surgery data, and compute each planning area's age-specific use rates and market shares.

(c) Step 3. Multiply the planning area's age-specific use rates by the area's corresponding forecast year population. The sum of these figures equals the forecasted number of surgeries expected to be performed on the residents of each planning area.

(d) Step 4. Apportion the forecasted surgeries among the planning areas in accordance with each area's average market share for the last three years of the four planning areas. This figure equals the forecasted number of state residents' surgeries expected to occur within the hospitals in each planning area. In those areas where a newly approved program is being established, an adjustment will be made to reflect anticipated market share shifts consistent with the approved application.

(e) Step 5. Increase the number of surgeries expected to occur within the hospitals in each planning area in accordance with the percent of surgeries calculated as occurring in those hospitals on out-of-state residents, based on the average of the last three years. This figure equals the total forecasted number of surgeries expected to occur within the hospitals in each planning area.

(f) Step 6. Calculate the net need for additional open heart surgery services by subtracting the current capacity from the total forecasted surgeries.

(g) Step 7. If the net need is less than the minimum volume standard, no new programs shall be assumed to be needed in the planning area. However, hospitals may be granted certificate of need approval even if the forecasted need is less than the minimum volume standard, provided:

(i) The applying hospital can meet all the other certificate of need criteria for an open heart surgery program (including documented evidence of capability of achieving the minimum volume standard); and

(ii) There is documented evidence that at least eighty percent of the patients referred for open heart surgery by the medical staff of the applying hospital are referred to institutions more than seventy-five miles away.

(5) For the purposes of the forecasting method in this section, the following terms have the following specific meanings:

(a) Age-specific categories. The categories used in computing age-specific values will be fifteen to forty-four year olds, forty-five to sixty-four year olds, sixty-five to seventy-four year olds, and seventy-five and older.

(b) Current capacity. A planning area's current capacity for open heart surgeries equals the sum of the highest reported annual volume for each hospital within the planning area during the most recent available three years data.

(c) Forecast year. Open heart surgery service needs shall be based on forecasts for the fourth year after the certificate of need open heart surgery concurrent review process. The 1992 reviews will be based on forecasts for 1996.

(d) Market share. The market share of a planning area represents the percent of a planning area's total patient origin adjusted surgeries that were performed in hospitals located in that planning area. The most recent available three years data will be used to compute the age-specific market shares for each planning area.

(e) Open heart surgeries. Open heart surgeries are defined as DRGs 104 through 108, inclusive. All pediatric surgeries (ages fourteen and under) are excluded.

(f) Out-of-state use of planning area hospitals. The percent of out-of-state use of hospitals within a planning area will equal the percent of total surgeries occurring within the planning area's hospitals that were performed on patients from out-of-state (or on patients whose reported zip codes are invalid). The most recent available three years data will be used to compute out-of-state use of planning area hospitals.

(g) Patient origin adjustment. A patient origin adjustment of open heart surgeries provides a count of surgeries performed on the residents of a planning area regardless of which planning area the surgeries were performed in. (Surgeries can be patient origin adjusted by using the patient's zip code reported in the CHARS data base.)

(h) Planning areas. Four regional health service areas will be used as planning areas for forecasting open heart surgery service needs.

(i) Health service area "one" includes the following counties: Clallam, Island, Jefferson, King, Kitsap, Pierce, San Juan, Snohomish, Skagit, and Whatcom.

(ii) Health service area "two" includes the following counties: Cowlitz, Clark, Grays Harbor, Klickitat, Lewis, Mason, Pacific, Skamania, Thurston, and Wahkiakum.

(iii) Health service area "three" includes the following counties: Benton, Chelan, Douglas, Franklin, Grant, Kittitas, Okanogan, and Yakima.

(iv) Health service area "four" includes Adams, Asotin, Columbia, Ferry, Garfield, Lincoln, Pend Oreille, Stevens, Spokane, Walla Walla, and Whitman.

(v) Use rate. The open heart surgery use rate equals the number of surgeries performed on the residents of a planning area divided by the population of that planning area. The most recent available three years data is used to compute an averaged annual age-specific use rate for the residents of each of the four planning areas.

(6) The data source for open heart surgeries is the comprehensive hospital abstract reporting system (CHARS), office of hospital and patient data, department of health.

(7) The data source for population estimates and forecasts is the office of financial management population trends reports.

[Statutory Authority: RCW 70.38.135(3). 92-12-015 (Order 274), § 246-310-261, filed 5/26/92, effective 6/26/92.]

WAC 246-310-262 Nonemergent interventional cardiology standard. All nonemergent percutaneous transluminal coronary angioplasty (PTCA) procedures and all other nonemergent interventional cardiology procedures are tertiary services as defined in WAC 246-310-010 and shall be performed in institutions which have an established on-site open heart surgery program capable of performing emergency open heart surgery.

[Statutory Authority: Chapter 70.38 RCW. 96-24-052, § 246-310-262, filed 11/27/96, effective 12/28/96. Statutory Authority: RCW 70.38.135(3). 92-12-015 (Order 274), § 246-310-262, filed 5/26/92, effective 6/26/92.]

WAC 246-310-270 Ambulatory surgery. (1) To receive approval, an ambulatory surgical facility must meet the following standards in addition to applicable review criteria in WAC 246-310-210, 246-310-220, 246-310-230, and 246-310-240.

(2) The area to be used to plan for operating rooms and ambulatory surgical facilities is the secondary health services planning area.

(3) Secondary health services planning areas are: San Juan, Whatcom, East Skagit, Whidbey-Fidalgo, Western North Olympic, East Clallam, East Jefferson, North Snohomish, Central Snohomish, East Snohomish, Southwest Snohomish, Kitsap, North King, East King, Central King, Southwest King, Southeast King, Central Pierce, West Pierce, East Pierce, Mason, West Grays Harbor, Southeast Grays Harbor, Thurston, North Pacific, South Pacific, West Lewis, East Lewis, Cowlitz-Wahkiakum-Skamania, Clark, West Klickitat, East Klickitat, Okanogan, Chelan-Douglas, Grant, Kittitas, Yakima, Benton-Franklin, Ferry, North Stevens, North Pend Oreille, South Stevens, South Pend Oreille, Southwest Lincoln, Central Lincoln, Spokane, Southwest Adams, Central Adams, Central Whitman, East Whitman, Walla Walla, Columbia, Garfield, and Asotin.

(4) Outpatient operating rooms should ordinarily not be approved in planning areas where the total number of operating rooms available for both inpatient and outpatient surgery exceeds the area need.

(5) When a need exists in planning areas for additional outpatient operating room capacity, preference shall be given to dedicated outpatient operating rooms.

(6) An ambulatory surgical facility shall have a minimum of two operating rooms.

(7) Ambulatory surgical facilities shall document and provide assurances of implementation of policies to provide access to individuals unable to pay consistent with charity care levels provided by hospitals affected by the proposed ambulatory surgical facility. The amount of an ambulatory surgical facility's annual revenue utilized to finance charity care shall be at least equal to or greater than the average per-

centage of total patient revenue, other than medicare or medicaid, that affected hospitals in the planning area utilized to provide charity care in the last available reporting year.

(8) The need for operating rooms will be determined using the method identified in subsection (9) of this section.

(9) Operating room need in a planning area shall be determined using the following method:

(a) Existing capacity.

(i) Assume the annual capacity of one operating room located in a hospital and not dedicated to outpatient surgery is ninety-four thousand two hundred fifty minutes. This is derived from scheduling forty-four hours per week, fifty-one weeks per year (allowing for five weekday holidays), a fifteen percent loss for preparation and clean-up time, and fifteen percent time loss to allow schedule flexibility. The resulting seventy percent productive time is comparable to the previously operating hospital commission's last definition of "billing minutes" which is the time lapse from administration of anesthesia until surgery is completed.

(ii) Assume the annual capacity of one operating room dedicated to ambulatory surgery is sixty-eight thousand eight hundred fifty minutes. The derivation is the same as (a)(i) of this subsection except for twenty-five percent loss for prep/clean-up time and scheduling is for a thirty-seven and one-half hour week. Divide the capacity minutes by the average minutes per outpatient surgery (see (a)(vii) of this subsection). Where survey data are unavailable, assume fifty minutes per outpatient surgery, resulting in a capacity for one thousand three hundred seventy-seven outpatient surgeries per room per year.

(iii) Calculate the total annual capacity (in number of surgeries) of all dedicated outpatient operating rooms in the area.

(iv) Calculate the total annual capacity (in number of minutes) of the remaining inpatient and outpatient operating rooms in the area, including dedicated specialized rooms except for twenty-four hour dedicated emergency rooms. When dedicated emergency operating rooms are excluded, emergency or minutes should also be excluded when calculating the need in an area. Exclude cystoscopic and other special purpose rooms (e.g., open heart surgery) and delivery rooms.

(b) Future need.

(i) Project number of inpatient and outpatient surgeries performed within the hospital planning area for the third year of operation. This shall be based on the current number of surgeries adjusted for forecasted growth in the population served and may be adjusted for trends in surgeries per capita.

(ii) Subtract the capacity of dedicated outpatient operating rooms from the forecasted number of outpatient surgeries. The difference continues into the calculation of (b)(iv) of this subsection.

(iii) Determine the average time per inpatient and outpatient surgery in the planning area. Where data are unavailable, assume one hundred minutes per inpatient and fifty minutes per outpatient surgery. This excludes preparation and cleanup time and is comparable to "billing minutes."

(iv) Calculate the sum of inpatient and remaining outpatient (from (b)(ii) of this subsection) operating room time needed in the third year of operation.

(c) Net need.

(i) If (b)(iv) of this subsection is less than (a)(iv) of this subsection, divide their difference by ninety-four thousand two hundred fifty minutes to obtain the area's surplus of operating rooms used for both inpatient and outpatient surgery.

(ii) If (b)(iv) of this subsection is greater than (a)(iv) of this subsection, subtract (a)(iv) of this subsection from the inpatient component of (b)(iv) of this subsection and divide by ninety-four thousand two hundred fifty minutes to obtain the area's shortage of inpatient operating rooms. Divide the outpatient component of (b)(iv) of this subsection by sixty-eight thousand eight hundred fifty to obtain the area's shortage of dedicated outpatient operating rooms.

[Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-270, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-270, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.919. 90-16-058 (Order 073), § 248-19-700, filed 7/27/90, effective 8/27/90.]

WAC 246-310-280 Kidney disease treatment centers. (1) To receive approval, a kidney disease treatment center providing hemo or peritoneal dialysis, training, or backup must meet the following standards in addition to applicable review criteria in WAC 246-310-210, 246-310-220, 246-310-230, and 246-310-240.

(2) The number of dialysis stations needed in an ESRD service area shall be determined using the following data of the Northwest Renal Network:

(a) The ESRD service area's total number of in center dialyses provided for the previous five years.

(b) The number of end of year incenter patients for the ESRD service area for the previous five years.

(c) The number of patients trained for home hemo and peritoneal dialysis for the ESRD service area for the previous five years.

(3) The number of dialysis stations projected as needed in an ESRD service area shall be determined using the following methodology:

(a) Project the number of incenter dialyses needed in the ESRD service area through a three-year future regression analysis of the previous five years' data.

(b) Project the number of incenter dialyses needed to serve residents of the ESRD service area by projecting the number of end of year incenter patients through a three-year future regression analysis of patient origin adjusted data for the previous five years. Multiply this result by one hundred fifty-six dialyses per year.

(c) Project the number of patients to be trained for home hemo and peritoneal dialysis in the service area through a three-year regression analysis of the previous five years' data.

(d) Determine the number of dialysis stations needed for incenter dialysis by dividing the result of (a) of this subsection by 748.8 (equivalent to eighty percent of a three-patient shift schedule).

(e) Determine the number of dialysis stations needed for incenter dialysis to serve residents of the service area by dividing the result of (b) of this subsection by 748.8 (equivalent to eighty percent of a three-patient shift schedule).

(f) Determine the number of stations needed for home hemo and peritoneal training in the service area by dividing

the projected number of home hemo patients to be trained by six and peritoneal patients to be trained by twenty.

(g) Determine the number of dialysis stations needed in a service area by the projection year as the total of:

(i) The result of (e) of this subsection, designated as the number of resident stations;

(ii) The result of (d) of this subsection, minus the result of (e) of this subsection, designated as visitor stations;

(iii) The result of (f) of this subsection, designated as the number of training stations.

(h) To determine the net station need for an ESRD service area, subtract the number calculated in (g) of this subsection from the total number of certificate of need approved stations.

(4) All kidney disease treatment centers that would stand to lose market share by approval of the applicant's facility, must be operating at 748.8 dialyses per nontraining station per year before additional nontraining stations are approved.

(5) New incenter kidney disease treatment stations must reasonably project to be operating at 748.8 dialyses per nontraining station per year by the third year of operation.

(6) The department shall not issue certificates of need approving more than the number of stations identified as being needed in a given ESRD service area unless:

(a) The department finds such additional stations are needed to be located reasonably close to the people they serve; or

(b) Existing nontraining dialysis stations in the treatment facility are operating at nine hundred thirty-six dialyses per year (three-patient shifts); or

(c) The applicant can document a significant change in ESRD treatment practice has occurred, affecting dialysis station utilization in the service area; and

The department finds that an exceptional need exists and explains such approval in writing.

[Statutory Authority: Chapter 70.38 RCW. 96-24-052, § 246-310-280, filed 11/27/96, effective 12/28/96. Statutory Authority: RCW 70.38.135 (3)(c). 93-13-015 (Order 367), § 246-310-280, filed 6/7/93, effective 7/8/93. Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-280, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-280, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.919. 90-16-058 (Order 073), § 248-19-701, filed 7/27/90, effective 8/27/90.]

WAC 246-310-360 Nursing home bed need method. For all applications where the need for nursing home beds is not deemed met as identified in RCW 70.38.115(13), the following mathematical calculation will be used as a guideline and represent only one component of evaluating need:

(1) The department shall calculate the statewide and planning area specific estimated bed need for the projection year by multiplying the estimated statewide and planning area specific resident population for the projection year by the established ratio;

(2) The department shall then calculate the projected current supply ratio statewide and for each planning area. The current supply ratio shall be computed from the most recent bed supply and the projection year estimate of resident population.

(3) The department shall next determine the areas of the state that will be under the established ratio, or over the established ratio in the projection year by comparing each planning area's projected current supply ratio to the established ratio.

(4) The department shall compare the most recent statewide bed supply with the statewide estimated bed need.

(a) If the current statewide bed supply is greater than or equal to the statewide estimated bed need, then calculation of statewide need for new beds ends.

(b) If the current statewide bed supply is less than the statewide estimated bed need, the department shall determine the difference between the statewide estimated bed need and the statewide current bed supply, which shall be called statewide available beds.

(i) If the number of statewide available beds is large enough, the department shall assign to each planning area under the established ratio the number of beds necessary to bring it up to the established ratio in the projection year.

(ii) If the number of statewide available beds is insufficient to assign each planning area under the established ratio the number of new beds necessary to bring it up to the established ratio, the department shall assign to each planning area under the established ratio a proportion of statewide available beds equal to the ratio of that planning area's bed need to reach the established ratio to the total beds required for all planning areas under the established ratio to reach the established ratio in the projection year.

(iii) The department shall not assign more new beds to a planning area than the number which, when added to the planning area's bed supply, will raise the planning area's bed-to-population ratio to the greater of the established ratio and the statewide current ratio.

[Statutory Authority: Chapter 70.38 RCW. 96-24-052, § 246-310-360, filed 11/27/96, effective 12/28/96. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-360, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.919. 90-12-071 (Order 062), § 248-19-805, filed 6/1/90, effective 7/1/90.]

WAC 246-310-370 Nursing home bed need method revision. (1) The department shall review the projection method and may make changes in accordance with the following process:

(a) The appropriate consumer and provider representatives and the department of social and health services shall be notified of the department's plan to evaluate the projection method and be provided information on the process for participating in the evaluation;

(b) Proposed revisions to the projection method shall be developed in consultation with the responding representatives. An opportunity for public comment on the proposed revisions to the projection method will be provided prior to filing the proposed rules.

(2) When reviewing the projection method the department shall consider the following:

(a) The national bed-to-population ratio and the bed-to-population ratios of other states judged by the aging and adult services administration of the department of social and health services to have reasonable and progressive long-term care policies;

(b) Data and information provided by provider and consumer representatives;

(c) State governmental policy goals for distributing scarce resources between nursing homes and other institutional or community based services;

(d) The effects of developments in the delivery or financing of long-term care services on nursing home bed need; and

(e) Progress in developing other long-term care services for the statewide resident population.

[Statutory Authority: Chapter 70.38 RCW. 96-24-052, § 246-310-370, filed 11/27/96, effective 12/28/96. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-370, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.919. 90-12-071 (Order 062), § 248-19-806, filed 6/1/90, effective 7/1/90.]

WAC 246-310-380 Nursing home bed need standards. (1) The department shall use the following rules in conjunction with the certificate of need review criteria contained in WAC 246-310-210(1) for applications proposing the following:

(a) Construction, development, or other establishment of a new nursing home;

(b) Increase in the licensed bed capacity of a nursing home or a hospital long-term care unit;

(c) Change in license category of beds from the following to nursing home or hospital long-term care unit beds:

(i) Acute care, or

(ii) Boarding home care;

(2) The department shall comply with the following time schedule for developing bed need projections:

(a) By the last working day in January of each year, the department shall recalculate the estimated bed projection for each planning-area.

(b) By the last working day in January of each year, the department shall provide the aging and adult services administration of the department of social and health services with the estimated bed need for each planning-area, pending the department's decisions on applications submitted during the previous year's nursing home concurrent review cycles.

(c) By the last working day in January of each year, the department shall rank order planning-areas from lowest to highest by the projected current supply ratio.

(d) By the first working day of June of each year, the department shall calculate the net estimated bed need for each planning-area.

(3) The estimated bed projections for the projection period, listed by planning area will be updated annually and distributed to interested parties. When a planning-area's estimated bed projection is less than the planning-area's bed supply as defined by WAC 246-310-350(4), no beds can be added until the statewide established ratio is reached, except as allowed in this section.

(4) The department shall limit to three hundred the total number of nursing home beds approved for all CCRCs which propose or are operating within a transition period.

(a) These three hundred beds available for CCRCs during transition periods shall be in addition to the net nursing home beds needed in all of the planning-areas.

(b) All nursing home beds approved for CCRCs which propose or are operating within a transition period shall be counted as beds within this three hundred bed limitation unless and until the CCRC fully complies with all provisions of the CCRCs performance standards.

(5) The department shall not issue certificates of need approving more than the net estimated bed need indicated for a given planning-area, unless:

(a) The department finds such additional beds are needed to be located reasonably close to the people they serve; and

(b) The department explains such approval in writing.

[Statutory Authority: Chapter 70.38 RCW. 96-24-052, § 246-310-380, filed 11/27/96, effective 12/28/96. Statutory Authority: RCW 70.38.135. 91-15-018 (Order 179), § 246-310-380, filed 7/10/91, effective 8/10/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-380, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.919. 90-12-072 (Order 063), § 248-19-810, filed 6/1/90, effective 7/1/90.]

WAC 246-310-390 Nursing home bed need adjustments. (1) The department shall use the procedures described in this section to make adjustments to planning area net estimated bed need.

(2) For planning areas for which a nursing home review is scheduled or is ongoing, the department shall use the following procedures to adjust a planning area's net estimated bed need between April tenth or the first working day thereafter and the last working day in January of the following year.

(a) Where an increase in the bed supply of a planning area results in a reduction in net estimated bed need, the department shall use the following procedures:

(i) When a reduction in net estimated bed need occurs prior to the date of beginning of review for the applicable concurrent review cycle, the department shall:

(A) Inform, in writing, all persons from whom the department has received an application and/or a valid letter of intent of the reduction; and

(B) Explain the procedures for withdrawing or amending a certificate of need application.

(ii) When a reduction in net estimated bed need occurs after the date of beginning of review for the applicable concurrent review cycle, the department shall use the need projected at the time the review began in reaching a decision on each affected application.

(b) Where a decrease in the bed supply of a planning area results in the increase in net estimated bed need, the department shall:

(i) Use the following policies:

(A) If such a decrease in the bed supply would result in a planning area being under the established ratio, the department shall:

(I) Assign to the planning area only enough beds for the planning area to reach the established ratio in the projection year, but not to exceed the number of beds which closed; and

(II) Redistribute any remaining beds to planning areas statewide through the next scheduled recalculation of estimated projections for all planning areas.

(B) If such decrease in the bed supply would not make a planning area under the established ratio, the department shall redistribute any remaining beds to planning areas statewide through the next scheduled recalculation of baseline projections for all planning areas.

(ii) Subject to the provisions of (b)(i) of this subsection, use the following procedures:

(A) When an increase in net estimated bed need can be made prior to the last day on which the department can accept amendments to applications under review, the department shall:

(I) Notify all affected applicants in writing; and

(II) Explain to each affected applicant the procedures for amending a certificate of need application.

(B) When an increase cannot be made prior to the last day on which the department can accept amendments to applications under review, the department shall include the increased net estimated bed need in any subsequent decisions on each affected application or the next applicable concurrent review cycle, whichever occurs first.

(3) For planning areas for which a nursing home review is not scheduled or ongoing, the department shall use the following procedures to adjust a planning area's net estimated bed need between April tenth or the first working day thereafter and the last working day in January of the following year:

(a) If a decrease in the bed supply would make a planning area under the established ratio, the department shall:

(i) Assign to the planning area only enough beds for the planning area to reach the established ratio in the projection year; and

(ii) Redistribute any remaining beds to planning areas statewide through the next scheduled recalculation of baseline projections for all planning areas.

(b) If such decrease in the bed supply would not result in a planning area being under the established ratio, the department shall redistribute any remaining beds to planning areas statewide through the next scheduled recalculation of baseline projections for all planning areas.

[Statutory Authority: Chapter 70.38 RCW. 96-24-052, § 246-310-390, filed 11/27/96, effective 12/28/96. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-390, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.919. 90-12-072 (Order 063), § 248-19-811, filed 6/1/90, effective 7/1/90.]

WAC 246-310-395 Nursing home bed banking for alternative use notice requirements. In the case of a nursing home licensee, requesting to convert some of the nursing home beds to an alternative use, as defined in RCW 70.38.-111(8), or reduce the number of beds per room to two or one, or otherwise enhance the quality of life for residents and preserve the right to later convert the original portion of the facility back to skilled nursing care, the nursing home shall give notice of intent to preserve its conversion options to the department of health.

(1) Notice of the nursing homes intent to preserve conversion options shall be given to the department of health no later than thirty days after the effective date of the license modification made by the nursing home licensing authority. Such notices shall be signed by the licensee and include the following:

(a) A description of the alternative service to be provided or a description of how the proposed bed banking will have a direct and immediate benefit to the quality of life of the residents and a listing of the number of beds, by room number;

(b) A projected timeline for implementation; and

(c) In the event the nursing home licensee, as defined by WAC 246-310-010, is not the nursing home owner, the licensee shall document whether the building owner has a secured interest in the beds.

- If the building owner does have a secured interest in the beds, the licensee shall provide a written statement, signed by the building owner, indicating approval of the bed reduction.
- If the building owner does not have a secured interest in the beds, the licensee shall provide documentation showing that the building owner has been notified of the bed reduction.

(2) The department shall notify the nursing home, as to whether the proposal meets the requirements of RCW 70.38.111 (8)(a) and if conversion rights are recognized. The nursing home does not forfeit its right to bank beds under this section if the department does not respond within this thirty-day time frame, nor does the nursing home obtain rights that it otherwise would not have under applicable statutes or rules if the department does not respond within the thirty-day time frame.

(3) The licensee shall notify the department of health at the time the alternative service or services commences.

(4) In the event the facility decides to modify the room numbers or alternative uses for the beds that have been banked, notification to the department is necessary to assure continued compliance with RCW 70.38.111 (8)(a) and WAC 246-310-395.

(5) Notice of intent to convert beds back to nursing home bed use shall be given to the department of health and the department of social and health services a minimum of ninety days prior to the effective date of the licensure modification made by the nursing home licensing authority reflecting the restored beds unless construction is required to convert the beds back. In the event the beds are not converted back to nursing home beds within sixty days of the date stated in the notice of intent, a notice of intent will need to be resubmitted a minimum of ninety days prior to the effective date of the licensure modification.

(6) In the event construction is required to convert beds back to nursing home bed use, notice shall be given to the department of health and department of social and health services a minimum of one year prior to the effective date of licensure modification made by the nursing home licensing authority reflecting the restored beds. The same life and safety code requirements as existed at the time the nursing home voluntarily reduced its licensed beds shall be complied with unless waivers from such requirements were issued, in which case the converted beds shall reflect the conditions or standards that then existed pursuant to the approved waivers. In the event the beds are not converted back to nursing home beds within sixty days of the date stated in the notice of intent, a notice of intent will need to be resubmitted a minimum of one year prior to the effective date of the licensure modification. The term "construction," as used in this section, is limited to those projects that are expected to equal or exceed the expenditure minimum amount, as determined under chapter 70.38 RCW.

(7) Prior to any license modification to convert beds back to nursing home beds under this section, the licensee must demonstrate that the nursing home meets the certificate of need exemption requirements under WAC 246-310-043.

[Statutory Authority: Chapter 70.38 RCW. 98-17-099, § 246-310-395, filed 8/19/98, effective 9/19/98; 98-10-053, § 246-310-395, filed 4/29/98, effective 5/30/98; 96-24-052, § 246-310-395, filed 11/27/96, effective 12/28/96.]

WAC 246-310-396 Nursing home bed banking requirements for full facility closure. In the case of a nursing home licensee, as defined in WAC 246-310-010 ceasing operation as a nursing home or any other party who has secured an interest in the beds and requesting to retain the nursing home bed allocation, pursuant to RCW 70.38.115 (13)(b), the licensee or other party who has secured an interest in the beds shall give notice to the department of health.

(1) Notice of the nursing homes intent to retain the nursing home bed allocation shall be given to the department of health no later than thirty days after the effective date of the homes closure. Such notices shall be signed by the licensee and include the following:

(a) The name of the facility ceasing operation;

(b) The number of beds in the bed allocation to be retained;

(c) Documentation of the effective date of the facility closure;

(d) The name, address, and telephone number of a contact person;

(e) Documentation as to whether the applicant is the licensee who has operated the beds for at least one year immediately preceding the reservation of the beds; and

(f) In the event the nursing home licensee, as defined by WAC 246-310-010, is not the nursing home owner, the licensee shall document whether the building owner or other party has a secured interest in the beds.

- If the building owner or other party does have a secured interest in the beds, the licensee shall provide a written statement, signed by the building owner or other party, indicating approval of the facility's closure.
- If the building owner or other party does not have a secured interest in the beds, the licensee shall provide documentation showing that the building owner or other party has been notified of the facility's closure.

(2) Notice shall be in written form addressed to the certificate of need program and signed by an authorized representative of the nursing home or other party who has secured an interest in the beds.

(3) The department shall respond within thirty days of the notice confirming that the rights to the bed allocation have been retained and the date the retained bed right will expire, provided no certificate of need is issued to replace the beds. The nursing home does not forfeit its right to bank beds under this section if the department does not respond within the thirty-day time frame, nor does the nursing home obtain rights that it otherwise would not have under applicable statutes or rules if the department does not respond within the given time frame.

(4) Certificate of need review shall be required for any party who has reserved the nursing home beds except that the need criteria shall be deemed met when the applicant is the licensee who has operated the beds for at least one year immediately preceding the reservation of the beds, and who is replacing the beds in the same planning area.

[Statutory Authority: Chapter 70.38 RCW. 98-10-053, § 246-310-396, filed 4/29/98, effective 5/30/98; 96-24-052, § 246-310-396, filed 11/27/96, effective 12/28/96.]

WAC 246-310-397 Nursing home bed replacement notice requirements. In the case of a nursing home licensee wanting to replace nursing home beds pursuant to WAC 246-310-044, the nursing home shall give notice of intent to replace the beds to the department of health.

Notice of the nursing home licensees intent to replace the nursing home beds shall be given to the department a minimum of thirty days prior to initiating the replacement project. Such notices shall be signed by the licensee and include the following:

(1) Documentation that the applicant is the existing licensee at all affected facilities and has operated the beds at all affected facilities for at least one year immediately preceding the replacement exemption request fulfilling the notice requirements of this section;

(2) An affidavit from the applicant that the applicant intends to be the licensee at all affected facilities at the time of project completion. This affidavit shall include a statement that the applicant acknowledges the project can not be completed if the applicant is not the licensee at the time of project completion except as allowed for under the provisions of RCW 70.38.115(14);

(3) In the event the nursing home licensee, as defined by WAC 246-310-010, is not the nursing home owner, the licensee shall document whether the building owner has a secured interest in the beds.

(a) If the building owner does have a secured interest in the beds, the licensee shall provide a written statement, signed by the building owner, indicating approval of the bed replacement. In the event that the licensee is unable to complete the replacement project, as referenced in RCW 70.38.-115(14), the building owner shall be permitted to complete the project.

(b) If the building owner does not have a secured interest in the beds, the licensee shall provide documentation showing that the building owner has been notified of the proposed project. In the event that the licensee is unable to complete the replacement project, as referenced in RCW 70.38.115(14), the building owner shall not be permitted to complete the project.

(4) The number of beds currently licensed at each affected facility and the number of licensed beds to be replaced at each affected facility;

(5) Geographic location of both the existing nursing home beds and the proposed replacement beds;

(6) Documentation that the nursing home beds being replaced will not be used for nursing home services once the replacement beds are licensed;

(7) A projected timeline for completion of the project; and

(8) Estimated capital expenditure. (This figure will be used by department of social and health services as part of the rate calculation.)

[Statutory Authority: Chapter 70.38 RCW. 98-17-099, § 246-310-397, filed 8/19/98, effective 9/19/98; 96-24-052, § 246-310-397, filed 11/27/96, effective 12/28/96.]

WAC 246-310-410 Swing bed review standards. (1) The department shall use the following rules, in addition to those under WAC 246-310-380 to interpret the certificate of need review criteria contained in WAC 246-310-210, 246-310-220, 246-310-230, and 246-310-240 for applications by hospitals proposing an increase in the number of designated swing beds.

(2) Swing beds are defined as up to the first five hospital beds, so designated by an eligible rural hospital, which are available to provide either acute care or long-term care nursing services as required.

(3) Hospitals proposing swing bed projects shall:

(a) Be located in geographic areas of the state defined by the United States Bureau of the Census as a nonstandardized metropolitan statistical area; and

(b) Have total licensed bed capacity not exceeding one hundred.

(4) Hospitals shall demonstrate ability to meet minimum Medicare standards of care for rural hospital swing beds.

[Statutory Authority: Chapter 70.38 RCW. 96-24-052, § 246-310-410, filed 11/27/96, effective 12/28/96. Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-410, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-410, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.919. 90-12-072 (Order 063), § 248-19-860, filed 6/1/90, effective 7/1/90.]

WAC 246-310-470 Review and action on health maintenance organization projects. (1) Undertakings requiring a certificate of need.

A certificate of need shall be required for any undertaking which, in accordance with WAC 246-310-020, is subject to the provisions of chapter 246-310 WAC, unless an exemption has been granted for such undertaking under the provisions of WAC 246-310-040.

(2) Required approval.

The secretary's designee shall issue a certificate of need for a proposed project if the certificate of need applicant for the proposed project is a health maintenance organization or a health care facility controlled (directly or indirectly) by a health maintenance organization and the department finds the proposed project meets the criteria set forth in WAC 246-310-210(5).

(3) Sale, acquisition, or lease of facilities or equipment for which a certificate of need has been issued.

A health care facility (or portion thereof) for which a certificate of need has been issued under the provisions of this section shall not be sold or leased and a controlling interest in such facility or in a lease of the facility shall not be acquired unless an exemption or a certificate of need for such sale, lease, or acquisition has been granted by the secretary's designee.

[Statutory Authority: Chapter 70.38 RCW. 96-24-052, § 246-310-470, filed 11/27/96, effective 12/28/96. Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-470, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-470, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-410, filed 2/28/86; 81-09-012 (Order 210), § 248-19-410, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-410, filed 11/30/79.]

WAC 246-310-480 Projects proposed for the correction of deficiencies. (1) For the purposes of this section, "correction of deficiencies" shall mean one or more of the following:

(a) Eliminating or preventing imminent safety hazards as defined by federal, state, or local fire, building, or life safety codes or regulations; or

(b) Complying with state licensing standards; or

(c) Complying with accreditation or certification standards which must be met to receive reimbursement under Titles XVIII or XIX of the Social Security Act.

(2) An application submitted for a project limited to the correction of deficiencies, as defined in subsection (1) of this section, shall be approved unless the department finds that:

(a) The applicant was provided sufficient advanced notification of such deficiencies to allow for ongoing correction; or

(b) The project would result in the substantial modification or replacement of an existing health care facility and the licensee would not be exempt under WAC 246-310-044.

(3) An application submitted for the correction of deficiencies shall be reviewed under the expedited review process, in accordance with WAC 246-310-150, unless it qualifies for emergency review in accordance with WAC 246-310-140.

(4) An application reviewed under the provisions of this section shall be approved only to the extent the capital expenditure is needed for the correction of the deficiency.

(5) If the department finds any portion of the project or the project as a whole is not needed for the correction of deficiencies, such portion or entire project shall be reviewed in accordance with WAC 246-310-200, 246-310-210, 246-310-220, 246-310-230, and 246-310-240.

(6) If the department finds a proposed capital expenditure is needed to correct deficiencies, as defined in subsection (1) of this section, the criteria in WAC 246-310-210 shall not be applied to the consideration of the project.

[Statutory Authority: Chapter 70.38 RCW. 96-24-052, § 246-310-480, filed 11/27/96, effective 12/28/96. Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-480, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-480, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-415, filed 2/28/86; 81-09-012 (Order 210), § 248-19-415, filed 4/9/81, effective 5/20/81.]

WAC 246-310-490 Written findings and actions on certificate of need applications. (1) Written findings.

(a) The findings of the department's review of a certificate of need application shall be stated in writing and include the basis for the decision of the secretary's designee as to whether a certificate of need is to be issued or denied for the proposed project.

(b) In making its findings and taking action on a certificate of need application, the department shall use all criteria contained in chapter 246-310 WAC applicable to the proposed project.

(i) The written findings shall identify any criterion the department has decided is not applicable to the particular project and give the reason for such decision.

(ii) The secretary's designee may deny a certificate of need if the applicant has not provided the information which is necessary to a determination that the project meets all applicable criteria and which the department has prescribed and published as necessary to a certificate of need review of the type proposed: Provided however, That the department has requested such information in a screening letter sent in accordance with WAC 246-310-090 (1)(c).

(c) The department shall make written findings on the extent to which the project meets the criteria set forth in WAC 246-310-210 (1) and (2) when the secretary's designee issues a certificate of need directly related to the provision of health services, or beds: Provided however, That no such written finding shall be necessary for projects for the correction of deficiencies of the types described in WAC 246-310-480 and for projects proposed by or on behalf of a health maintenance organization or a health care facility controlled, directly or indirectly, by a health maintenance organization.

(d) When, as a part of concurrent review proceedings, the secretary's designee makes a decision to approve an application or applications and to disapprove other competing applications, he or she shall provide a specific written statement of reasons for determining the approved application or applications to be superior.

(2) Separability of application and action.

When a certificate of need application is for multiple services or multiple components or the proposed project is to be multiphased, the secretary's designee may take individual and different action on separable portions of the proposed project.

(3) Conditional certificate of need.

(a) The secretary's designee in making his or her decision on a certificate of need application may decide to issue a conditional certificate of need if the department finds the project is justified only under specific circumstances: Provided however, That conditions shall relate directly to the project being reviewed and to review criteria.

(b) When the department finds a project for which a certificate of need is to be issued does not satisfy the review criteria set forth in WAC 246-310-210 (1) and (2), the secretary's designee may impose a condition or conditions that the applicant take affirmative steps so as to satisfy those review criteria. In evaluating the accessibility of the project, the current accessibility of the facility as a whole shall be taken into consideration.

(c) The conditions attached to a certificate of need may be released by the secretary's designee upon the request of the health care facility or health maintenance organization for which the certificate of need was issued.

(i) The request must include information needed by the department demonstrating the conditions are no longer valid and the release of such conditions would be consistent with the purpose of chapter 70.38 RCW.

(ii) A request for the removal of a condition must be submitted in accordance with WAC 246-310-090 and will be reviewed in accordance with the regular or expedited review procedures described in WAC 246-310-160 or 246-310-150.

(4) Distribution of written findings and statement of decision.

(a) A copy of the department's written findings and statement of the decision of the secretary's designee on a certificate of need application shall be sent to:

(i) The person submitting the certificate of need application;

(ii) In the case of a project proposed by a health maintenance organization, the appropriate regional office of the United States Department of Health and Human Services; and

(iii) When the secretary's designee issues a certificate of need for a project which does not satisfy the review criteria set forth in WAC 246-310-210 (1) and (2), the appropriate regional office of the Department of Health and Human Services.

(b) The written findings and statement of the decision of the secretary's designee on a certificate of need application shall be available to others requesting the certificate of need unit to provide access to a copy of such findings and statement.

[Statutory Authority: Chapter 70.38 RCW. 96-24-052, § 246-310-490, filed 11/27/96, effective 12/28/96. Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-490, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-490, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-420, filed 2/28/86; 81-09-012 (Order 210), § 248-19-420, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-420, filed 11/30/79.]

WAC 246-310-500 Issuance, suspension, denial, revocation, and transfer of a certificate of need. (1) The secretary's designee shall issue a certificate of need to the applicant.

(a) The secretary's designee shall issue a certificate of need for:

(i) The proposed project, or

(ii) A separable portion of the proposed project.

(b) When the certificate of need is issued for a separable portion of the proposed project, the secretary's designee shall provide written notice to the applicant stating the reasons for the department's action.

(c) The secretary's designee shall issue a certificate of need only when the department finds that the project or the separable portion of the proposed project is consistent with the applicable criteria contained in chapter 246-310 WAC.

(d) In issuing a certificate of need, the secretary's designee shall:

(i) Specify the maximum capital expenditure which may be obligated under the certificate, and

(ii) Prescribe the cost components to be included in determining the capital expenditure which may be obligated under such certificate.

(2) The secretary's designee may issue a conditional certificate of need for a proposed project or a separable portion of the proposed project.

(a) The conditions attached to a certificate of need must directly relate to the project being reviewed.

(b) The conditions must directly relate to criteria contained in chapter 246-310 WAC.

(3) The department shall apply the following provisions when suspending a certificate of need.

(a) The secretary's designee may suspend a certificate of need for cause which shall include, but not be limited to:

(i) Suspicion of fraud,

(ii) Misrepresentation,

(iii) False statements,

(iv) Misleading statements,

(v) Evasion or suppression of material fact in the application for a certificate of need or any of its supporting materials.

(b) The secretary's designee shall issue an order which states the reason for any suspension of a certificate of need to the person to whom the certificate of need had been issued.

(c) A suspension of a certificate of need shall not exceed one hundred twenty calendar days.

(i) Prior to the expiration of the suspension the department shall:

(A) Review the facts and circumstances relevant to the suspension;

(B) Reinstate, amend, or revoke the certificate of need; and,

(ii) Send written notice of its decision on a suspended certificate of need to the person to whom the certificate of need had been issued.

(4) The secretary's designee shall send written notification of denial of a certificate of need to the applicant submitting the certificate of need application stating the reasons for the denial.

(5) When a proposed project or separable portion of the proposed project is denied a certificate of need, the department shall not accept another certificate of need application for the same project or separable portion unless the department determines:

(a) There is a substantial change in existing or proposed health facilities or services in the area to be served by the project; or

(b) There is a substantial change in the need for the facilities or services of the type proposed in the area to be served by the project; or

(c) One year has lapsed since the submission of the application for the certificate of need subject to regular review which was denied or the next scheduled concurrent review cycle permits the submission of applications.

(6) The department shall apply the following provisions in the revocation of a certificate of need.

(a) The secretary's designee may revoke a certificate of need for cause which shall include the following:

(i) Fraud,

(ii) Misrepresentation,

(iii) False statements,

(iv) Misleading statements, and

(v) Evasion or suppression of material facts in the application of a certificate of need, or in any of its supporting materials.

(b) When the secretary's designee revokes a certificate of need, the secretary's designee shall provide written notice of revocation to the person to whom the certificate of need was issued, including a statement of the reasons for such revocation.

(7) The department shall apply the following procedures in transferring or assigning a certificate of need.

(a) The department shall consider a request to transfer or assign a certificate of need valid only when:

(i) The person to whom the certificate of need was originally issued, or personal representative, where the holder is deceased, submits to the department a written request that the certificate of need be transferred to another person and gives the full name and complete address of the other person; and

(ii) The person to whom the current holder of the certificate of need wishes to transfer the certificate sends an application for such transfer on a form and in such a manner as prescribed and published by the department.

(b) The department shall review applications for transfer or assignment of a certificate of need according to the:

(i) Expedited review procedures in WAC 246-310-150; or

(ii) Regular review procedures in WAC 246-310-160.

(c) The secretary's designee shall base his or her decision to approve or deny an application to transfer or assign a certificate of need on:

(i) The demonstrated ability of the person wishing to acquire the certificate of need to undertake, complete, and operate the project in accordance with the following review criteria:

(A) WAC 246-310-220 (1) and (3), and

(B) WAC 246-310-230 (1), (3), and (5).

(ii) The continuing conformance of the project with all other applicable review criteria.

(d) When the person submitting an application to transfer or assign a certificate of need proposes to modify the project description or the maximum capital expenditure, the department shall inform in writing such person that a new or amended certificate of need is required.

(e) When the department denies an application for transfer or assignment of a certificate of need, the department shall inform in writing the person who submitted the application of the reasons for such denial.

(f) The department shall not transfer or assign any certificate of need issued after February 1, 1988, except when:

(i) Prior to completion of the project, death or divorce of one or more persons holding a certificate renders it impossible or impractical to complete the project in the absence of a transfer or assignment; or

(ii) After commencement, a substantial portion of the project has been completed by the original holder of the certificate.

(g) The department shall not transfer or assign a certificate of need under subsection (7)(f)(i) and (ii) of this section when the authorized project is to be relocated.

(h) When the department transfers a certificate of need for a project which has not been commenced, the transferred certificate of need shall have a validity period of two years from the date of issue with the provision for one six-month extension if the holder can demonstrate to the satisfaction of

the secretary's designee that substantial and continuing progress towards commencement has been made.

[Statutory Authority: Chapter 70.38 RCW. 96-24-052, § 246-310-500, filed 11/27/96, effective 12/28/96. Statutory Authority: RCW 70.38.135. 91-05-093 (Order 143), § 246-310-500, filed 2/20/91, effective 3/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-500, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.115. 89-02-040 (Order 2745), § 248-19-440, filed 12/30/88. Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-440, filed 2/28/86; 81-09-012 (Order 210), § 248-19-440, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-440, filed 11/30/79.]

WAC 246-310-560 Provision for reconsideration decision. (1) Any interested or affected person may, for good cause shown, request a public hearing for the purpose of reconsideration of the decision of the secretary's designee on a certificate of need application or withdrawal of a certificate of need.[1]

(2) The department shall conduct a reconsideration hearing if it finds the request is in accord with the following requirements:

(a) The request for a reconsideration hearing shall be written, be received by the department within twenty-eight days of the department's decision on the certificate of need application or withdrawal of the certificate of need, state in detail the grounds which the person requesting the hearing believes to show good cause, and be signed by the person making the request.

(b) Grounds which the department may deem to show good cause for a reconsideration hearing shall include but not be limited to the following:

(i) Significant relevant information not previously considered by the department which, with reasonable diligence, could not have been presented before the department made its decision;

(ii) Information on significant changes in factors or circumstances relied upon by the department in making its findings and decision; or

(iii) Evidence the department materially failed to follow adopted procedures in reaching a decision.

(3) Scheduling of a reconsideration hearing shall occur within thirty days after receipt of an approved request for a hearing.

(4) Notification of a public reconsideration hearing on a certificate of need application or withdrawal of a certificate of need shall be sent prior to the date of such hearing by the department to the following:

(a) The person requesting the reconsideration hearing;

(b) The person submitting the certificate of need application which is under reconsideration or the holder of the certificate of need;

(c) Health care facilities and health maintenance organizations located in the health service area where the project is proposed to be located providing services similar to the services under review;

(d) In the case of a concurrent review, other applicants competing as described in WAC 246-310-080; and to

(e) Other persons requesting the department to send them such notification.

(5) The department shall, within forty-five days after the conclusion of a reconsideration hearing, make written findings stating the basis of the decision made after such hearing.

(6) The secretary's designee may, upon the basis of the department's findings on a reconsideration hearing, issue or reissue, amend, revoke, or withdraw a certificate of need or impose or modify conditions on a certificate of need for the project about which the reconsideration hearing was conducted.

(7) An applicant requesting a reconsideration hearing under the provisions of this section does not forfeit his or her rights to an adjudicative appeal under the provisions of WAC 246-310-610.

Note: [1]No fee will be charged for a reconsideration hearing.

[Statutory Authority: Chapter 70.38 RCW. 98-10-053, § 246-310-560, filed 4/29/98, effective 5/30/98; 96-24-052, § 246-310-560, filed 11/27/96, effective 12/28/96. Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-560, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-560, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-430, filed 2/28/86; 81-09-012 (Order 210), § 248-19-430, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-430, filed 11/30/79.]

WAC 246-310-570 Circumstances for which an amended certificate of need is required. (1) An amended certificate of need shall be required for any of the following modifications of a project for which a certificate of need was issued and has been submitted in accordance with subsection (2) of this section:

(a) An addition of a new service;

(b) An expansion of a service beyond that which was included in the certificate of need application on which the issuance of the certificate of need was based;

(c) An increase in the inpatient bed capacity;

(d) The modification or release of a condition placed on a certificate of need;

(e) A significant reduction in the scope of a project for which a certificate of need has been issued without a commensurate reduction in the cost of the project, or the project cost increases (as represented in bids on a construction project or final cost estimate or estimates acceptable to the person to whom the certificate of need was issued) when the total of such increases exceeds twelve percent or fifty thousand dollars, whichever is greater, over the maximum capital expenditure specified by the secretary's designee in issuing the certificate of need: Provided however, That the review of such reductions or cost increases shall be restricted to the continued conformance of the project with the criteria contained in WAC 246-310-220 and 246-310-240; or

(f) A change in the approved site.

(2) An application to amend a certificate of need shall be submitted and the certificate of need will be issued or denied prior to project completion except for projects involving construction. For projects involving construction, an amendment application may be submitted up to ninety days after project completion provided the applicant meets the following eligibility requirements:

(a) Eligibility requirements for a ninety-day extension to submit an application to amend a certificate of need.

(i) The applicant has submitted quarterly reports and updated the capital expenditures as required in WAC 246-310-590;

(ii) The quarterly progress reports identified that the actual construction costs had exceeded twelve percent or fifty thousand dollars (whichever is greater) of the approved capital expenditure; and

(iii) The department did not notify the applicant in writing that an amended certificate of need was needed.

(b) In the event the applicant has submitted quarterly progress reports as identified in (a)(i) of this subsection and the reports did not reflect that the actual construction costs had exceeded the approved capital expenditure, the applicant would only be eligible for a ninety-day extension if the applicant can document:

(i) All costs in excess of twelve percent or fifty thousand dollars (whichever is greater) of the approved capital expenditure were totally unforeseen as documented by a signed affidavit from the contractor; and

(ii) That all the excess costs were incurred after the submission of the last quarterly progress report preceding the projects' completion.

(3) An application for an amended certificate of need shall be submitted in accordance with the provisions of WAC 246-310-090.

(4) An application for an amended certificate of need may be reviewed under the expedited review process set forth in WAC 246-310-150.

(5) The department shall provide a written determination as to the requirement for an amended certificate of need within twenty-one days after receipt of a request for such determination.

[Statutory Authority: Chapter 70.38 RCW. 96-24-052, § 246-310-570, filed 11/27/96, effective 12/28/96. Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-570, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-570, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-450, filed 2/28/86; 81-09-012 (Order 210), § 248-19-450, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-450, filed 11/30/79.]

WAC 246-310-580 Validity and extensions. (1) A certificate of need shall be valid for two years: Provided, That one six-month extension may be made if the certificate holder can demonstrate that substantial and continuing progress toward commencement of the project has been made.

(2) In the case of a project involving construction, substantial and continuing progress shall include one of the following:

(a) When review and approval by the department of the final plans for construction is required, the submission of working drawings;

(b) When plan approval is not required by the department, receipt of copies of the working drawings for construction; or

(c) In the event working drawings have not been submitted, the applicant must demonstrate that he or she has made continuous progress toward commencement of the project.

(3) A project for which a certificate of need has been issued shall be commenced during the validity period for the certificate of need.

(4) Applications for extensions of the validity period of certificates of need shall be submitted to the department at least one hundred twenty calendar days before the expiration of the certificate of need, and shall contain such information as may be required by the department to determine the extent of progress toward commencement of construction or other action necessary to a project.

(5) An application for an extension of a certificate of need submitted less than one hundred twenty calendar days before the expiration of the certificate of need shall not be reviewed, unless the applicant can demonstrate to the satisfaction of the department unforeseen occurrences during the last one hundred twenty days of the validity period of the certificate of need prevented commencement of construction as previously anticipated by the applicant.

(6) Commencement of the project shall not be undertaken after the expiration of the certificate of need unless a new certificate of need application has been reviewed and a new certificate of need has been issued by the secretary's designee.

(7)(a) In the case of a request by a nursing home to extend its conversion rights to beds banked under the provisions of RCW 70.38.111(8) for an additional four years, the nursing home must meet the following requirements:

(i) The request shall be made a minimum ninety days prior to the end of the four-year validity period of the original bed banking request.

(ii) The nursing home shall demonstrate it has complied with the applicable notification requirements under WAC 246-310-395;

(iii) The nursing home has and is currently meeting the exemption requirements in WAC 246-310-043; and

(iv) The nursing home has implemented the alternative service or services identified in the bed banking request. If the service or services have not been implemented, an explanation of why such services have not been implemented and rationale for why the department should grant its extension request.

(b) The department shall notify the nursing home within thirty days of the extension request as to whether an extension of the nursing home's conversion rights is recognized. The nursing home does not forfeit its right to extend its conversion rights under this section if the department does not respond within this time frame, nor does the nursing home obtain rights that it otherwise would not have under applicable statutes or rules if the department does not respond within the time frame.

[Statutory Authority: Chapter 70.38 RCW. 96-24-052, § 246-310-580, filed 11/27/96, effective 12/28/96. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-580, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-460, filed 2/28/86. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-460, filed 11/30/79.]

WAC 246-310-590 Monitoring of approved projects. (1) The department shall monitor the costs and components of approved projects to assure conformance with certificates of need that have been issued.

(2) The department shall require periodic progress reports from those applicants to whom certificates of need have been issued.

(a) Progress reports shall be required quarterly.

(b) Progress reports shall be submitted in the form and manner prescribed and published by the department.

(3) Information required on approved projects may include:

(a) Actual project costs;

(b) Changes in the project;

(c) Financing arrangements, different than approved under the certificate of need;

(d) Project commencement date;

(e) Progress toward completion of construction; and

(f) Project completion date.

(4) The information required on approved projects may vary according to the nature of the projects.

(5) Progress reports on a project for which a particular certificate of need has been issued shall terminate when the project has been completed and the department finds it has received all the information necessary to determine the project has been completed in accordance with the certificate of need which had been issued and the provisions of chapter 246-310 WAC.

[Statutory Authority: Chapter 70.38 RCW. 96-24-052, § 246-310-590, filed 11/27/96, effective 12/28/96. Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-590, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-590, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-470, filed 2/28/86. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-470, filed 11/30/79.]

WAC 246-310-600 Withdrawal of a certificate of need. (1) The secretary's designee may withdraw a certificate of need if the department determines that the holder of a certificate is not meeting the timetable specified in the certificate of need application for completing the project and is not making a good-faith effort to meet such timetable.

(2) In reviewing a proposed withdrawal of a certificate of need, the department shall adhere to the provisions of WAC 246-310-170, 246-310-180, 246-310-190, and 246-310-560.

(3) The review period for a proposed withdrawal of a certificate of need shall not exceed ninety days unless extended by the department to allow sufficient time for the conduct of a public hearing pursuant to the provisions of WAC 246-310-180. Such extension shall not exceed thirty days.

(4) The findings of the department's review of a proposed withdrawal of a certificate of need shall be stated in writing and include the basis for the decision of the secretary's designee as to whether the certificate of need is to be withdrawn for a proposed project. A copy of the department's written findings and statement of the decision of the secretary's designee on the proposed withdrawal of a certificate of need shall be sent to:

(a) The holder of the certificate of need;

(b) In the case of a project proposed by a health maintenance organization, the appropriate regional office of the United States Department of Health and Human Services.

(5) The written findings and statement of the decision of the secretary's designee on the proposed withdrawal of a certificate of need shall be available to others requesting the certificate of need unit to provide access to a copy of such findings and statement.

(6) When a certificate of need is for multiple services or multiple components or the proposed project is to be multiphased, the secretary's designee may take individual and different action regarding withdrawal of the certificate of need on separable portions of the certificate of need.

[Statutory Authority: Chapter 70.38 RCW. 96-24-052, § 246-310-600, filed 11/27/96, effective 12/28/96. Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-600, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-600, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-475, filed 2/28/86; 81-09-012 (Order 210), § 248-19-475, filed 4/9/81, effective 5/20/81.]

WAC 246-310-610 Adjudicative proceeding. (1) An applicant denied a certificate of need or a certificate holder whose certificate was suspended or revoked has the right to an adjudicative proceeding.

(2) A certificate applicant or holder contesting a department certificate decision shall within twenty-eight days of receipt of the department's decision or reconsidered decision:

(a) File a written application for an adjudicative proceeding by a method showing proof of receipt with the Adjudicative Clerk Office, Department of Health, 2413 Pacific Avenue, P.O. Box 47879, Olympia, WA 98504-7879; and

(b) Include in or with the application:

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

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

(iii) A copy of the contested department decision.

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

(4) Any health care facility or health maintenance organization that:

(a) Provides services similar to the services provided by the applicant and under review pursuant to this subsection;

(b) Is located within the applicant's health service area; and

(c) Testified or submitted evidence at a public hearing held pursuant to RCW 70.38.115(9), shall be provided an opportunity to present oral or written testimony and argument in a proceeding under RCW 70.38.115 (10)(a) provided that the health care facility or health maintenance organization had, in writing, requested to be informed of the department's decision. If the department desires to settle with the applicant prior to the conclusion of the adjudicative proceeding, the department shall so inform the health care facility or health maintenance organization and afford them the opportunity to comment, in advance, on the proposed settlement.

[Statutory Authority: Chapter 70.38 RCW. 98-10-053, § 246-310-610, filed 4/29/98, effective 5/30/98; 96-24-052, § 246-310-610, filed 11/27/96, effective 12/28/96. Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-610, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-

310-610, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a), 70.38.135 and 1989 1st ex.s. c 9 § 607. 90-06-019 (Order 039), § 248-19-480, filed 2/28/90, effective 3/1/90. Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-480, filed 2/28/86; 82-19-055 (Order 244), § 248-19-480, filed 9/15/82; 81-09-012 (Order 210), § 248-19-480, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-480, filed 11/30/79.]

WAC 246-310-900 Capital expenditure minimum adjustment procedures. These rules and regulations are adopted pursuant to RCW 70.38.025 (6) and (12) for the purpose of establishing the index to be used and procedures for making adjustments to the "expenditure minimum" for capital expenditures which are subject to the requirements of the certificate of need program established under the provisions of chapter 70.38 RCW.

(1) Index to be used. For the purposes of the certificate of need program, the United States Department of Commerce Composite Construction Cost Index shall be used in the annual adjustments of the following:

The "expenditure minimum" as this term is defined in RCW 70.38.025 and WAC 246-310-010.

(2) Procedure for adjustment.

(a) On or before the first day of each January, the department shall adjust and publish the adjusted expenditure minimum for capital expenditures. Such adjusted minimums shall be in effect during the entire calendar year for which they are established.

(b) The adjustments in the minimums shall be based on the changes which occurred in the Department of Commerce Composite Construction Cost Index during the twelve month period ending the preceding October.

(c) The adjusted minimums shall be published by the department by public notice in one or more newspapers of general circulation within the state and through a written notice sent to each health care facility subject to the requirements of the certificate of need program, and each statewide organization of such health care facilities.

[Statutory Authority: Chapter 70.38 RCW. 96-24-052, § 246-310-900, filed 11/27/96, effective 12/28/96. Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-900, filed 12/23/91, effective 1/23/92.]

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	$12,964
Amendments to Issued Certificates of Need	$8,171
Emergency Review	$5,259
Exemption Requests	
• Continuing Care Retirement Communities (CCRCs)/Health Maintenance Organization (HMOs)	$5,259
• Bed Banking/Conversions	$856
• Determinations of Nonreviewability	$1,222
• Hospice Care Center	$1,101
• Nursing Home Replacement/Renovation Authorizations	$1,101
• Nursing Home Capital Threshold under RCW 70.38.105 (4)(e) (Excluding Replacement/Renovation Authorizations)	$1,101
• Rural Hospital/Rural Health Care Facility	$1,101
Extensions	
• Bed Banking	$489
• Certificate of Need/Replacement Renovation Authorization Validity Period	$489
Home Health Agency	$15,654
Hospice Agency	$13,942
Hospital (Excluding Transitional Care Units-TCUs, Ambulatory Surgical Center/Facilities, Home Health, Hospice, and Kidney Disease Treatment Centers)	$25,684
Kidney Disease Treatment Centers	$15,900
Nursing Homes (Including CCRCs and TCUs)	$29,354

(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 three hundred nine 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 and 2002 c 371. 02-14-051, § 246-310-990, filed 6/27/02, effective 7/28/02. 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 246-312 WAC
ACQUISITION OF NONPROFIT HOSPITALS

WAC

PART I - GENERAL PROVISIONS

WAC 246-312-010 Purpose. The purpose of this chapter is to implement chapter 332, Laws of 1997, the nonprofit hospital sales review program. The legislature has determined that the state has an interest to assure the continued existence of accessible, affordable health care facilities. To achieve this goal the department of health is responsible for reviewing and approving the acquisition of nonprofit hospitals by for-profit entities. The department may approve an acquisition of a nonprofit hospital only if it determines that the nonprofit hospital has taken appropriate steps to safeguard charitable assets and any proceeds of the acquisition are used for appropriate charitable health and health care purposes.

[Statutory Authority: 1997 c 332 § 14. 97-21-052, § 246-312-010, filed 10/13/97, effective 11/13/97.]

WAC 246-312-020 Definitions. "Acquisition of a nonprofit hospital" means an acquisition by a person of an interest in a nonprofit hospital, whether by a purchase, merger, lease, gift, joint venture, or otherwise, that results in a change of ownership or control of twenty percent or more of the assets of the hospital, or that results in the acquiring person holding or controlling fifty percent or more of the assets of the hospital.

This type of acquisition does not include a transaction where the acquiring person:

- Is a nonprofit corporation having a substantially similar charitable health care purpose as the nonprofit corporation from whom the hospital is being acquired, or is a government entity;
- Is exempt from federal income tax under section 501 (c)(3) of the Internal Revenue Code or as a government entity; and
- Will maintain representation from the affected community on the local board of the hospital.

"Acquisition of a hospital owned by a public hospital district" means an acquisition by a person of any interest in that hospital, whether by a purchase, merger, lease, or otherwise, that results in a change of ownership or control of twenty percent or more of the assets of a hospital currently licensed and operating under RCW 70.41.090.

Acquisition of a public hospital district hospital does not include a transaction where the other party or parties are:

- Nonprofit corporations having a substantially similar charitable health care purpose;
- Organizations exempt from federal income tax under section 501 (c)(3) of the Internal Revenue Code; or
- Governmental entities.

This type of acquisition also does not include a transaction where the other party:

- Is an organization that is a limited liability corporation, a partnership, or any other legal entity and the members, partners, or otherwise designated controlling parties of the organization are all nonprofit corporations having a charitable health care purpose;
- Are organizations exempt from federal income tax under section 501 (c)(3) of the Internal Revenue Code; or
- Are governmental entities.

"Agreement" means a contract, arrangement, or understanding, whether formal or informal, oral or written.

"Applicant" means the acquiring party.

"Attorney general" means the Washington state attorney general.

"Department" means the Washington state department of health.

"Document" means all computer files and any written, recorded, or graphic material of every kind, that is in a person's possession, custody, or control, regardless of the form of the media in which it is preserved or by whom it was prepared. It includes electronic correspondence and drafts of documents, copies of documents that are not identical duplicates of the originals, and copies of documents the originals of which are not in one's possession, custody or control.

"Hospital" means any entity that is: Defined as a hospital in RCW 70.41.020 and is required to obtain a license under RCW 70.41.090; or a psychiatric hospital required to obtain a license under chapter 71.12 RCW.

"Identify" means to provide a statement of: In the case of a person other than a natural person, the names, address (including ZIP code) of the principal place of business, telephone number, and name of chief executive officer; in the case of a natural person, his or her name, business address (including ZIP code) and business telephone number, employer and title or position; in the case of a document, the title of the document, the author, the title or position of the addressee, the type of document, the date it was prepared, the number of pages it comprises, and, if applicable, its production number; in the case of a communication, the date of the communication, the type of communication (telephone conversation, number etc.), the place where the communication took place, the identity of the person who made the communication, the identity of each person who received the communication and each person present when it was made, and the subject matter discussed.

"Nonprofit hospital" means a hospital owned by a nonprofit corporation organized under Title 24 RCW.

"Person" means an individual, a trust or estate, a partnership, a corporation including associations, limited liability companies, joint stock companies, and insurance companies.

"Plans" means tentative and preliminary proposals, recommendations, or considerations, whether or not finalized or authorized, as well as those that have been adopted.

"Relating to" means in whole or in part, constituting, containing, concerning, embodying, reflecting, describing, analyzing, identifying, stating, referring or dealing with, or in any way pertaining to.

[Statutory Authority: Chapter 70.45 RCW and RCW 70.44.007. 98-14-056, § 246-312-020, filed 6/26/98, effective 7/27/98.]

PART II - APPLICATION REQUIREMENTS

WAC 246-312-030 Application information. (1) Acquiring persons may obtain an application from the department.

(2) An application is determined to be complete when the acquiring person submits a completed application, the documents required in WAC 246-312-040 and required fee(s).

(3) The department may subpoena additional information or witnesses, require and administer oaths, require sworn statements, take depositions, and use related discovery procedures at any time prior to making a decision on the application.

(4) The application and supporting documents are subject to the Public Disclosure Act and any exemptions (chapter 42.17 RCW).

[Statutory Authority: Chapter 70.45 RCW and RCW 70.44.007. 98-14-056, § 246-312-030, filed 6/26/98, effective 7/27/98.]

WAC 246-312-035 Amendments to the application. The applicant may submit amendments to its application at any time. Timelines will begin again from the application stage of the review process. A processing and review fee is required for each amendment.

[Statutory Authority: Chapter 70.45 RCW and RCW 70.44.007. 98-14-056, § 246-312-035, filed 6/26/98, effective 7/27/98.]

WAC 246-312-040 Documents required. (1) The acquiring person shall submit as part of the application for approval three copies of the required documents to the Department of Health, Office of Health Systems Development, P.O. Box 47851, Olympia, Washington 98504-7851 and one copy to the Attorney General's Office, Antitrust Section, 900 4th Avenue, Suite 2000, Seattle, Washington 98164-1012. The official date of receipt shall be the date the application is received at the department of health.

(2) Each document submitted shall identify which request the document is responsive to, using the list below. If the requested document does not exist the acquiring party shall note "does not exist" on a page for that document.

(3) The acquiring party shall submit, or, as appropriate, obtain from the nonprofit hospital and then submit:

(a) The articles of incorporation of the nonprofit hospital, including all amendments thereto from inception to the present.

(b) The bylaws of the nonprofit hospital, including all amendments thereto from inception to the present.

(c) All documents reflecting the terms and conditions of any restricted gifts or bequests to the nonprofit hospital in excess of ten thousand dollars.

(d) A list identifying all trustees, officers and directors of the nonprofit hospital who have served at any time during the seven years prior to the application.

(e) A list identifying each and every officer, trustee or director of the nonprofit hospital (or any immediate family member of such persons) or any affiliate of the nonprofit who has any personal financial interest (other than salary and directors/trustees' fees) in any company, firm, partnership, or other business entity that is currently doing business, or has previously done business, with the nonprofit hospital or any affiliate of the nonprofit hospital or the acquiring person or any affiliate of the acquiring person.

(f) A statement summarizing the procedure which the nonprofit hospital's board of directors used to evaluate the proposed acquisition.

(g) All documents reflecting a decision by the board of directors of the nonprofit hospital to delegate to any committee, or group smaller than the entire board, the responsibility for reviewing or considering any potential change of ownership or control of the nonprofit's assets.

(h) All documents relating to discussions, deliberations or consideration by the nonprofit hospital's board of directors or any committee or individual members thereof of any possible change of ownership or control of the hospital's assets including the proposed acquisition and specific alternatives to the proposed acquisition.

(i) An affidavit from each member of the board of directors of the nonprofit hospital which contains a statement that the individual has no conflict of interest in the proposed acquisition or otherwise shall disclose any and all actual or potential individual conflicts of interest.

(j) Copies of the two most recent "community needs assessment" or similar evaluations or assessments prepared by or for the nonprofit hospital. Identify all individuals or entities which assisted or contributed to any such evaluations or assessments.

(k) All documents relating to communications between the nonprofit hospital and any consultants retained to assist in the process of considering or deciding whether to enter into the proposed acquisition including any valuation of the assets involved in the proposed acquisition, retention letters or contracts, and any and all materials relied upon to support any conclusions as to valuation.

(l) All documents relating to any relationship between the nonprofit hospital and valuation consultant.

(m) The financial and economic analysis and report from an independent consultant relating to the proposed acquisition and the supporting documents which form the basis for this report, and any other documentation reflecting valuation determinations of any of the nonprofit hospital's assets that are subject to the proposed acquisition.

(n) Copies of all requests for proposal sent to any potential acquiring person and all responses received thereto by the nonprofit hospital.

(o) All documents relating to the reasons why any potential acquiring person was excluded by the nonprofit hospital from further consideration as a potential acquiring person of the assets involved in the proposed acquisition.

(p) All documents reflecting the deliberative process used by the nonprofit hospital in selecting the acquiring person.

(q) Copies of each proposal received by the nonprofit hospital and documents which reflect any analysis thereof. Identify all analysts involved.

(r) All documents relating to the nonprofit hospital's board of directors' evaluation of the option of continuing as a nonprofit entity or pursuing the proposed acquisition or similar transaction with another nonprofit entity.

(s) All documents relating to the nonprofit hospital's plan for use of any proceeds after close of the proposed acquisition together with a statement explaining how the proposed plan complies with all applicable charitable trusts that govern use of the nonprofit hospital's assets. The plan must include any proposed amendments to the nonprofit hospital's articles of incorporation and bylaws or any articles of incorporation and bylaws of any entity that will control any of the proceeds from the proposed transfer. Attach any Internal Revenue Service opinions related to the above.

(t) A statement from the nonprofit hospital's board of directors which contains all the reasons for the board's conclusion that the proposed acquisition is necessary or desirable and is appropriate under the circumstances, and which contains the board's conclusions regarding the effects which the proposed acquisition will likely have on delivery of health related services to the community served by each facility involved in the proposed acquisition, and the basis for this opinion. The statement shall also describe all dissenting viewpoints presented.

(u) Copies of the prior five annual audited financial statements and the most current unaudited financial statement for the nonprofit hospital.

(v) A detailed statement of any actual or contingent liabilities retained by the nonprofit hospital posttransaction.

(w) All requests for opinions to the Internal Revenue Service for rulings related to the proposed acquisition and any Internal Revenue Service responses thereto.

(x) A pro forma balance sheet for the surviving or successor nonprofit entity posttransaction.

(y) A statement describing how the survivor or the successor nonprofit entity plans to deal with the right of first refusal to repurchase the assets involved in this transaction, along with a copy of any proposed contract, agreement or understanding regarding the same.

(z) A detailed statement describing how representatives of the community will be involved in the governance of the successor nonprofit entity.

(aa) A statement containing any other information the nonprofit hospital believes the attorney general should consider in deciding whether the proposed acquisition is in the public interest.

(bb) All proposed written agreements or contracts between the nonprofit hospital and the acquiring person relating to the proposed acquisition.

(cc) All documents relating to any personal financial benefit that the proposed acquisition may confer on any officer, director, trustee, employee, doctor, medical group, consultant, or any other entity affiliated with the nonprofit hospital or any immediate family member of any such person.

(dd) All documents relating to any relationship between the acquiring person and valuation consultant.

(ee) Copies of any proposed contract, agreement or understanding relating to the proposed acquisition between the acquiring person and any officer, director, trustee, consultant, or committee member of the nonprofit hospital, or consultants thereto, or any other party to the acquisition.

(ff) A detailed statement and all documents relating to the parties' plans to ensure the community's continued access to affordable health care posttransaction and plans regarding any anticipated reduction or elimination of any health services posttransaction and the availability of alternative services should such elimination or reduction occur.

(gg) A detailed statement and all documents relating to the parties' plans for assuring the continuance of existing hospital privileges posttransaction.

(hh) A detailed statement and all documents relating to the parties' plans for ensuring the maintenance of appropriate health science research and health care provider education posttransaction.

(ii) A detailed statement and all documents relating the parties' plans for ensuring safeguards to avoid conflict of interest in posttransaction patient referral.

(jj) A detailed statement and all documents relating to the parties' commitment and plans to provide health care to the disadvantaged, the uninsured, and the underinsured and how benefits to promote improved health in the affected community will be provided posttransaction.

(4) The attorney general and the department of health reserve the right to request additional information and documents as deemed reasonably necessary to determine compliance with chapter 70.45 RCW, the Nonprofit Hospital Sales Act.

[Statutory Authority: Chapter 70.45 RCW and RCW 70.44.007. 98-14-056, § 246-312-040, filed 6/26/98, effective 7/27/98.]

PART III - REVIEW PROCESS

WAC 246-312-050 Criteria the department will use for review. (1) Chapter 70.45 RCW states that the department may not approve an application unless, at a minimum, it determines that:

(a) The acquisition is permitted under chapter 24.03 RCW, the Washington Nonprofit Corporation Act, and other laws governing nonprofit entities, trusts, or charities;

(b) The nonprofit corporation that owns the hospital being acquired has exercised due diligence in authorizing the acquisition, selecting the acquiring person, and negotiating the terms and conditions of the acquisition;

(c) The procedures used by the nonprofit corporation's board of trustees and officers in making its decision fulfilled their fiduciary duties, that the board and officers were sufficiently informed about the proposed acquisition and possible alternatives, and that they used appropriate expert assistance;

(d) There is no conflict of interest related to the acquisition, including, but not limited to, board members and executives of, and experts retained by, the nonprofit corporation, acquiring person, or other parties to the acquisition;

(e) The nonprofit corporation will receive fair market value for its assets. The attorney general or the department may employ reasonably necessary expert assistance in making this determination. The acquiring person is responsible for any cost of this expert assistance, in addition to the fees charged under WAC 246-312-990;

(f) If the acquisition is financed in part by the nonprofit corporation, that charitable funds will not be placed at unreasonable risk;

(g) Any management contract under the acquisition is for fair market value;

(h) The proceeds from the acquisition will be controlled as charitable funds independently of the acquiring person or parties to the acquisition, and will be used for charitable health purposes consistent with the nonprofit corporation's original purpose. Charitable health purposes include providing health care to the disadvantaged, the uninsured, and the underinsured, and providing benefits to promote improved health in the affected community;

(i) The charitable entity established to hold the proceeds of the acquisition will be broadly based in, and representative of, the community where the hospital to be acquired is located, taking into consideration the structure and governance of such entity; and

(j) If the hospital is subsequently sold to, acquired by, or merged with another entity that a right of first refusal to repurchase the assets by a successor nonprofit corporation or foundation has been retained.

(2) Based on chapter 70.45 RCW, the department shall not approve an application unless, at a minimum, it determines that:

(a) If the acquisition results in a reduction or elimination of particular health services, that sufficient safeguards are included to assure the affected community has continued access to affordable care, and that alternative sources of care are available in the community;

(b) Hospital privileges will not be revoked;

(c) Sufficient safeguards are included to maintain appropriate capacity for health science research and health care provider education;

(d) The parties to the acquisition are committed to providing health care to the disadvantaged, the uninsured, and the underinsured and to providing benefits to promote improved health in the affected community; and

(e) Sufficient safeguards are included to avoid conflict of interest in patient referral.

(3) The department may only approve an acquisition if it also determines that the acquisition will not detrimentally affect the continued existence of accessible, affordable health care that is responsive to the needs of the community where the hospital being acquired is located.

[Statutory Authority: Chapter 70.45 RCW and RCW 70.44.007. 98-14-056, § 246-312-050, filed 6/26/98, effective 7/27/98.]

WAC 246-312-060 Timelines for review. (1) For good cause, the department of health or the attorney general may request a one-time, thirty-day extension to each timeline.

(2) The department, in consultation with the attorney general, will determine if an application is complete within fifteen working days of the receipt of the application package, documents and required fee(s). If a determination is made that the application is incomplete, the applicant will be notified of the reasons the application is incomplete, with reference to the particular deficiencies.

(3) The department will publish a notice of the application in the newspaper(s) in the county or counties where the hospital is located within five working days of receiving a completed application. The department will notify any person who has requested to receive such notices. The notice shall contain:

(a) Information about the parties to the acquisition;

(b) Where and when to send comments to the department; and

(c) Other information required for adequate public notice of the transaction and the department's review.

(4) Within forty-five days of the first public hearing, the attorney general will provide a written opinion to the department as to whether the acquisition meets the requirements for approval as required by chapter 70.45 RCW.

(5) Within thirty days of receiving the written opinion from the attorney general, the department will:

(a) Approve the acquisition, with or without any specific modification or conditions; or

(b) Disapprove the acquisition.

[Statutory Authority: Chapter 70.45 RCW and RCW 70.44.007. 98-14-056, § 246-312-060, filed 6/26/98, effective 7/27/98.]

WAC 246-312-070 Public hearing. (1) The department will hold at least one public hearing in the county where the hospital being acquired is located. Any person may provide written or oral testimony. The department reserves the right to limit the time each presenter may have to make an oral statement.

(2) The department may subpoena witnesses or information, administer oaths, take depositions, and use related discovery procedures.

[Statutory Authority: Chapter 70.45 RCW and RCW 70.44.007. 98-14-056, § 246-312-070, filed 6/26/98, effective 7/27/98.]

PART IV - ACQUISITION APPROVAL OR DISAPPROVAL

WAC 246-312-080 Grounds for approval, disapproval or modification of an acquisition. (1) The department's decision must be based on the requirements of chapter 70.45 RCW. Any condition or modification must have a direct and rational relationship to the application under review.

(2) The written opinion of the attorney general may not constitute a final decision for purposes of review.

(3) The department will only approve an application if the parties to the acquisition have taken the proper steps to safeguard the value of charitable assets and to ensure that any proceeds from the acquisition are used for appropriate charitable health purposes.

[Statutory Authority: Chapter 70.45 RCW and RCW 70.44.007. 98-14-056, § 246-312-080, filed 6/26/98, effective 7/27/98.]

WAC 246-312-090 Appeals. The acquiring person or nonprofit hospital may appeal a decision made by the department of health under the Administrative Procedure Act (chapter 34.05 RCW).

[Statutory Authority: Chapter 70.45 RCW and RCW 70.44.007. 98-14-056, § 246-312-090, filed 6/26/98, effective 7/27/98.]

PART V - COMPLIANCE WITH DEPARTMENT'S DECISION

WAC 246-312-100 Compliance with the terms of the acquisition and the department's decision. (1) At the time of the final decision, the department will notify the parties to the acquisition whether the nonprofit hospital, the acquiring party, or both, must submit periodic reports detailing how commitments made are being adhered to. The frequency of the reports will also be determined at that time, and will not be more frequent than semiannually but no less frequent than every three years.

(2) Any person, whether a party of the initial acquisition or not, may submit information concerning whether the acquiring person is fulfilling the terms of the acquisition and the department's approval or conditions. If the department determines there is reasonable cause to believe that the information indicates failure to comply, a public hearing will be held. The department must give at least ten days' written notice to the affected parties, including the local community affected.

(3) The cost of the public hearing and any on-site reviews related to determining the validity of the allegations will be borne by the acquiring parties.

(4) If the department finds that the parties to the acquisition have failed to adhere to their commitments or the conditions of the department's approval, the department may:

(a) Revoke or suspend the hospital license pursuant to RCW 70.41.130;

(b) Refer the matter to the attorney general for appropriate action; or

(c) Both.

(5) The attorney general may seek a court order compelling the acquiring person to fulfill its commitments under chapter 70.45 RCW.

(6) The attorney general has the authority to ensure compliance with commitments that inure to the public interest. No provision of chapter 70.45 RCW, derogates from the common law or statutory authority of the attorney general.

[Statutory Authority: Chapter 70.45 RCW and RCW 70.44.007.. 98-14-056, § 246-312-100, filed 6/26/98, effective 7/27/98.]

WAC 246-312-200 Public health care service district (also known as public hospital district). (1) Prior to approving the acquisition of a public health care service district hospital, the district board of commissioners must obtain a written opinion from a qualified independent expert or the department of health as to whether or not the acquisition meets the review criteria in RCW 70.45.080.

(2) If requested by the district to conduct a review, the department will charge the district for the review costs as provided in the fee schedule (WAC 246-312-990).

(3) The department will deliver its opinion within ninety days of the district's request.

[Statutory Authority: Chapter 70.45 RCW and RCW 70.44.007. 98-14-056, § 246-312-200, filed 6/26/98, effective 7/27/98.]

WAC 246-312-990 Fees. (1) The department will assess on the acquiring party a nonrefundable application processing fee, a review fee and other charges as authorized in chapter 332, Laws of 1997. The fees shall consist of the following:

Processing Fees	**Nonrefundable Processing Fee**
Each New Application will be subject to a	$1,000
Each Amendment to an application undergoing review will be subject to a	$ 500
Type of Acquisition Description	**Review Fee**
Acquisition of 20% or more of the assets of the hospital	$40,000
Change in current ownership position that results in acquiring party holding or controlling 50% or more of the hospital assets	$50,000
Any Other Change in Ownership	$60,000
Amendment to an approved Change of Ownership	$15,000
Other Fees (When Applicable)	**Fee Amount**
Exemption Determinations	$ 250
Fair Market Value Determination-**Nonrefundable**	$ Based on Contracted Amount
Public Health Services District-Voluntary Review	$ To be billed at Cost
On-Site Compliance Visit-**Nonrefundable**	$ To be billed at Cost

Attorney General Opinion-**Nonrefundable**	$ As billed to the department by the attorney general's office

(2) When an applicant submits a written request to withdraw an application, the department shall refund the review fee using the following schedule:

Time Period For Requesting Withdrawal of Application	**Amount of Review Fee to be Refunded**
Within 10 working days after receipt of the completed application	100%
Between the 11th working day and the 45th working day after receipt of the completed application	50%
After the 45th working day	0%

(3) Fees for the fair market value determination shall be paid in addition to the applicable processing and application review fees. These fees shall be based on the contracted amount for consultants with the expertise to make such an evaluation. The acquiring party is responsible for this payment. If payment of this fee is not made within ten working days following being billed, the review of the application shall be suspended until payment is made.

(4) Fees for the public health services district voluntary review shall be paid by the public health services district. These fees shall be billed at cost and must be paid within ten working days of being billed.

(5) Fees for the attorney general's opinion shall be paid in addition to the applicable processing and application review fees. These fees shall be based on the charges billed to the department and then billed to the acquiring party. Fees must be paid within ten working days of being billed or the review of the application shall be suspended until payment is made.

[Statutory Authority: 1997 c 332 § 14. 97-21-052, § 246-312-990, filed 10/13/97, effective 11/13/97.]

Chapter 246-314 WAC
FACILITY CONSTRUCTION REVIEW

WAC

WAC 246-314-001 Purpose. The purpose of this chapter is to establish fees for reviewing and approving health and residential care facility construction projects.

[Statutory Authority: RCW 43.70.110. 91-16-107 (Order 185), § 246-314-001, filed 8/7/91, effective 9/7/91. Statutory Authority: RCW 43.70.040. 91-02-050 (Order 122), § 246-314-001, filed 12/27/90, effective 1/31/91.]

WAC 246-314-010 Definitions. (1) "Department" means the Washington state department of health.

(2) "Project" means a construction endeavor including new construction, replacement, alterations, additions, expansions, conversions, improvements, remodeling, renovating, and upgrading of the following types of facilities:

(a) "Adult residential rehabilitation center" as defined under chapters 71.12 RCW and 246-325 WAC;

(b) "Boarding homes" as defined under chapters 18.20 RCW and 246-316 WAC;

(c) "Maternity homes" and "childbirth centers" as defined under chapters 18.46 RCW and 246-329 WAC;

(d) "Nursing homes" as defined under chapters 18.51 RCW and 248-14 WAC;

(e) "Private psychiatric hospitals" as defined under chapters 71.12 RCW and 246-322 WAC;

(f) "Private alcoholism hospitals" as defined under chapters 71.12 RCW and 246-324 WAC;

(g) "Private alcoholism treatment facilities" as defined under chapters 71.12 RCW and 246-326 WAC;

(h) "Residential treatment facilities for psychiatrically impaired children and youth" as defined under chapters 71.12 RCW and 246-323 WAC;

(i) "Hospitals" as defined under chapters 70.41 RCW and 246-318 WAC; and

(j) "Hospice care center" as defined under chapters 70.126 RCW and 246-321 WAC.

(3) "Project sponsor" means the person, persons or organization, planning and contracting for the design and construction of facilities, generally the owner or the owner's representative.

(4) "Project cost" means all costs, except taxes, directly associated with the project, initially estimated and corrected by certification to the date of completion of the project and including:

(a) All architectural-engineering designs, plans, drawings, and specifications;

(b) All fixed and installed equipment in the project; and

(c) Contractor supervision, inspection, and overhead.

[Statutory Authority: RCW 43.70.110. 91-16-107 (Order 185), § 246-314-010, filed 8/7/91, effective 9/7/91. Statutory Authority: RCW 43.70.040. 91-02-050 (Order 122), § 246-314-010, filed 12/27/90, effective 1/31/91.]

WAC 246-314-990 Construction review fees. (1) The project sponsor shall submit to the department:

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

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

CONSTRUCTION FEE TABLE

Project Cost			Project Review Fee
$ 0	to	$ 999	$ 120
1,000	to	1,999	250
2,000	to	2,999	325
3,000	to	4,999	410
5,000	to	9,999	530
10,000	to	19,999	665
20,000	to	29,999	820
30,000	to	39,999	975
40,000	to	49,999	1,125
50,000	to	64,999	1,325
65,000	to	79,999	1,535
80,000	to	99,999	1,845

CONSTRUCTION FEE TABLE

Project Cost			Project Review Fee
100,000	to	124,999	2,200
125,000	to	149,999	2,550
150,000	to	199,999	2,970
200,000	to	249,999	3,325
250,000	to	324,999	3,650
325,000	to	449,999	4,100
450,000	to	574,999	4,600
575,000	to	699,999	5,200
700,000	to	849,999	5,825
850,000	to	999,999	6,550
1,000,000	to	1,249,999	7,150
1,250,000	to	2,499,999	7,850
2,500,000	to	2,999,999	8,550
3,000,000	to	3,499,999	9,300
3,500,000	to	4,999,999	10,750
5,000,000	to	6,999,999	12,200
7,000,000	to	9,999,999	13,800
10,000,000	to	14,999,999	15,850
15,000,000	to	19,999,999	17,850
20,000,000	to	29,999,999	19,900
30,000,000	to	39,999,999	23,000
40,000,000	to	59,999,999	25,600
60,000,000	and over		28,700

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

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

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

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

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

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

Chapter 246-320 WAC
HOSPITAL LICENSING REGULATIONS

WAC

WAC 246-320-001 Purpose and applicability of chapter. This chapter is adopted by the Washington state department of health to implement the provisions of chapter 70.41 RCW and establish minimum health and safety requirements for the operation, maintenance, and construction of acute care hospitals.

(1) Compliance with the regulations in this chapter does not constitute release from the requirements of applicable state and local codes and ordinances. Where regulations in this chapter exceed other codes and ordinances, the regulations in this chapter will apply:

(2) The department will review references to codes and regulations in this chapter, and:

(a) Update as necessary; and

(b) Adopt a revised list of referenced standards, if required.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-001, filed 1/28/99, effective 3/10/99.]

WAC 246-320-010 Definitions. For the purposes of this chapter and chapter 70.41 RCW, the following words and phrases will have the following meanings unless the context clearly indicates otherwise:

(1) "Abuse" means injury or sexual abuse of a patient under circumstances indicating the health, welfare, and safety of the patient is harmed. Person "legally responsible" will include a parent, guardian, or an individual to whom parental or guardian responsibility is delegated (e.g., teachers, providers of residential care and treatment, and providers of day care):

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

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

(2) "Accredited" means approved by the joint commission on accreditation of healthcare organizations (JCAHO).

(3) "Administrative business day" means Monday, Tuesday, Wednesday, Thursday, or Friday, 8:00 a.m. to 5:00 p.m., exclusive of recognized state of Washington holidays.

(4) "Agent," when used in a reference to a medical order or a procedure for a treatment, means any power, principle, or substance, whether physical, chemical, or biological, capable of producing an effect upon the human body.

(5) "Airborne precaution room" means a room that is designed and equipped to care for patients known or suspected to be infected with microorganisms transmitted by airborne droplet nuclei (small-particle residue [five microns or smaller in size] of evaporated droplets containing microorganisms that remain suspended in the air and can be widely dispersed by air currents within a room or over a long distance).

(6) "Alcoholism" means an illness characterized by lack of control as to the consumption of alcoholic beverages, or the consumption of alcoholic beverages to the extent an individual's health is substantially impaired or endangered, or his or her social or economic function is substantially disrupted.

(7) "Alteration":

(a) "Alteration" means any change, addition, remodel or modification in construction, or occupancy to an existing hospital or a portion of an existing hospital.

(b) "Major alteration" means any physical change within an existing hospital that changes the occupancy (as defined in state building code) and scope of service within a room or area, results in reconstruction to major portions of a floor or department, or requires revisions to building systems or services.

(c) "Minor alteration" means any physical change to an existing hospital which does not affect the structural integrity of the hospital building, which does not affect fire and life safety, and which does not add beds or facilities over those for which the hospital is licensed.

(8) "Ambulatory" means an individual physically and mentally capable of walking or traversing a normal path to safety, including the ascent and descent of stairs, without the physical assistance of another person.

(9) "Area" means a portion of a room or building that is separated from other functions in the room or portions of the building by a physical barrier or adequate space.

(10) "Assessment" means the: (a) Systematic collection and review of patient-specific data; (b) process established by a hospital for obtaining appropriate and necessary information about each individual seeking entry into a health care setting or service; and (c) information to match an individual's need with the appropriate setting and intervention.

(11) "Authentication" means the process used to verify that an entry is complete, accurate, and final.

(12) "Bathing facility" means a bathtub or shower, but does not include sitz bath or other fixtures designated primarily for therapy.

(13) "Birthing room" or "labor-delivery-recovery (LDR) room" or "labor-delivery-recovery-postpartum (LDRP) room" means a room designed and equipped for the care of a woman, fetus, and newborn, and to accommodate her support people during the complete process of vaginal childbirth.

(14) "Child" means an individual under the age of eighteen years.

(15) "Clean" when used in reference to a room, area, or facility means space or spaces and/or equipment for storage and handling of supplies and/or equipment which are in a sanitary or sterile condition.

(16) "Communication system" means telephone, intercom, nurse call or wireless devices used by patients and staff to communicate.

(17) "Critical care unit or service" means the specialized medical and nursing care provided to patients facing an immediate life-threatening illness or injury. The care is provided by multidisciplinary teams of highly experienced and skilled physicians, nurses, pharmacists or other allied health professionals who have the ability to interpret complex therapeutic and diagnostic information and access to highly sophisticated equipment.

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

(19) "Detoxification" means the process of ridding the body of the transitory effects of intoxication and any associated physiological withdrawal reaction.

(20) "Dialysis facility" means a separate physical and functional nursing unit of the hospital serving patients receiving renal dialysis.

(21) "Dialysis station" means an area designed, equipped, and staffed to provide dialysis services for one patient.

(22) "Dietitian" means an individual meeting the eligibility requirements for active membership in the American Dietetic Association described in Directory of Dietetic Programs Accredited and Approved, American Dietetic Association, edition 100, 1980.

(23) "Direct access" means access to one room from another room or area without going through an intervening room or into a corridor.

(24) "Double-checking" means verification of patient identity, agent to be administered, route, quantity, rate, time, and interval of administration by two persons legally qualified to administer such agent prior to administration of the agent.

(25) "Drugs" as defined in RCW 18.64.011(3) means:

(a) Articles recognized in the official U.S. pharmacopoeia or the official homeopathic pharmacopoeia of the United States;

(b) Substances intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or other animals;

(c) Substances (other than food) intended to affect the structure or any function of the body of man or other animals; or

(d) Substances intended for use as a component of any substances specified in (a), (b), or (c) of this subsection but not including devices or component parts or accessories.

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

(27) "Easily cleanable" means readily accessible and made with materials and finishes fabricated to permit complete removal of residue or dirt by accepted cleaning methods.

(28) "Electrical receptacle outlet" means an outlet where one or more electrical receptacles are installed.

(29) "Emergency triage" means the immediate patient assessment by a registered nurse, physician, or physician assistant to determine the nature and urgency of the person's medical need and the time and place care and treatment is to be given.

(30) "Facilities" means a room or area and equipment serving a specific function.

(31) "Failure or major malfunction" means an essential environmental, life safety or patient care function, equipment or process ceasing operation or capability of working as intended and any back up, reserve or replacement to the function, equipment or process has not occurred or is nonexistent. Such as, but not limited to, the:

(a) Normal electrical power ceases and the emergency generator(s) do not function;

(b) Ventilation system ceases to operate or reverses air flow and causes contaminated air to circulate into areas where it was not designated or intended to flow; or

(c) Potable water in the hospital becomes contaminated so it cannot be used.

(32) "Family" means individuals important to and designated by a patient who need not be relatives.

(33) "Faucet controls" means wrist, knee, or foot control of the water supply:

(a) "Wrist control" means water supply is controlled by handles not less than four and one-half inches overall horizontal length designed and installed to be operated by the wrists;

(b) "Knee control" means the water supply is controlled through a mixing valve designed and installed to be operated by the knee;

(c) "Foot control" means the water supply is controlled through a mixing valve designed and installed to be operated by the foot.

(34) "Governing authority/body" means the person or persons responsible for establishing the purposes and policies of the hospital.

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

(36) "He, him, his, or himself" means an individual of either sex, male or female, and does not mean preference for nor exclude reference to either sex.

(37) "High-risk infant" means an infant, regardless of gestational age or birth weight, whose extrauterine existence is compromised by a number of factors, prenatal, natal, or postnatal needing special medical or nursing care.

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

(a) Hotels, or similar places furnishing only food and lodging, or simply domiciliary care;

(b) Clinics, or physicians' offices where patients are not regularly kept as bed patients for twenty-four hours or more;

(c) Nursing homes, as defined and which come within the scope of chapter 18.51 RCW;

(d) Maternity homes, which come within the scope of chapter 18.46 RCW;

(e) Psychiatric or alcoholism hospitals, which come within the scope of chapter 71.12 RCW; nor

(f) Any other hospital or institution specifically intended for use in the diagnosis and care of those suffering from mental illness, mental retardation, convulsive disorders, or other abnormal mental conditions.

(g) Furthermore, nothing in this chapter will be construed as authorizing the supervision, regulation, or control of the remedial care or treatment of residents or patients in any hospital conducted for those who rely primarily upon treatment by prayer or spiritual means in accordance with the creed or tenets of any well-recognized church or religious denominations.

(39) "Individualized treatment plan" means a written statement of care planned for a patient based upon assessment of the patient's developmental, biological, psychological, and social strengths and problems, and including:

(a) Treatment goals, with stipulated time frames;

(b) Specific services to be utilized;

(c) Designation of individuals responsible for specific service to be provided;

(d) Discharge criteria with estimated time frames; and

(e) Participation of the patient and the patient's designee as appropriate.

(40) "Infant" means a baby or very young child up to one year of age.

(41) "Infant station" means a space for a bassinet, incubator, or equivalent, including support equipment used for the care of an individual infant.

(42) "Inpatient" means a patient receiving services that require admission to a hospital for twenty-four hours or more.

(43) "Intermediate care nursery" means an area designed, organized, staffed, and equipped to provide con-

stant care and treatment for mild to moderately ill infants not requiring neonatal intensive care, but requiring physical support and treatment beyond support required for a normal neonate and may include the following:

(a) Electronic cardiorespiratory monitoring;

(b) Gavage feedings;

(c) Parenteral therapy for administration of drugs; and

(d) Respiratory therapy with intermittent mechanical ventilation not to exceed a continuous period of twenty-four hours for stabilization when trained staff are available.

(44) "Interventional service facility" means a facility other than operating room (OR) where invasive procedures are performed.

(45) "Invasive procedure" means a procedure involving puncture or incision of the skin or insertion of an instrument or foreign material into the body including, but not limited to, percutaneous aspirations, biopsies, cardiac and vascular catheterizations, endoscopies, angioplasties, and implantations. Excluded are venipuncture and intravenous therapy.

(46) "JCAHO" means joint commission on accreditation of healthcare organizations.

(47) "Labor room" means a room in which an obstetric patient is placed during the first stage of labor, prior to being taken to the delivery room.

(48) "Labor-delivery-recovery (LDR) room," "birthing room," or "labor-delivery-recovery-postpartum (LDRP) room" means a room designed and equipped for the care of a woman, fetus, and newborn and to accommodate her support people during the complete process of vaginal childbirth.

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

(50) "Long-term care unit" means a group of beds for the accommodation of patients who, because of chronic illness or physical infirmities, require skilled nursing care and related medical services but are not acutely ill and not in need of the highly technical or specialized services ordinarily a part of hospital care.

(51) "Maintainable" means able to preserve or keep in an existing condition.

(52) "Maintenance" means the work of keeping something in suitable condition.

(53) "Major permanent loss of function" means sensory, motor, physiological, or intellectual impairment not present on admission requiring continued treatment or lifestyle change. When this condition cannot be immediately determined, the designation will be made when the patient is discharged with continued major loss of function, or two weeks have elapsed with persistent major loss of function, whichever occurs first.

(54) "Medical staff" means physicians and may include other practitioners appointed by the governing authority to practice within the parameters of the governing authority and medical staff bylaws.

(55) "Medication" means any substance, other than food or devices, intended for use in diagnosing, curing, mitigating, treating, or preventing disease.

(56) "Movable equipment" means equipment not built-in, fixed, or attached to the building.

(57) "Must" means compliance is mandatory.

(58) "Multidisciplinary treatment team" means a group of individuals from the various disciplines and clinical services who assess, plan, implement, and evaluate treatment for patients.

(59) "Neglect" means mistreatment or maltreatment; an act or omission evincing; a serious disregard of consequences of a magnitude constituting a clear and present danger to an individual patient's health, welfare, and safety.

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

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

(60) "Neonate" or "newborn" means a newly born infant under twenty-eight days of age.

(61) "Neonatal intensive care nursery" means an area designed, organized, equipped, and staffed for constant nursing, medical care, and treatment of high-risk infants who may require:

(a) Continuous ventilatory support, twenty-four hours per day;

(b) Intravenous fluids or parenteral nutrition;

(c) Preoperative and postoperative monitoring when anesthetic other than local is administered;

(d) Cardiopulmonary or other life support on a continuing basis.

(62) "Neonatologist" means a pediatrician who is board certified in neonatal-perinatal medicine or board eligible in neonatal-perinatal medicine, provided the period of eligibility does not exceed three years, as defined and described in *Directory of Residency Training Programs* by the Accreditation Council for Graduate Medical Education, American Medical Association, 1998 or the *American Osteopathic Association Yearbook and Directory,* 1998.

(63) "Newborn nursery care" means the provision of nursing and medical services described by the hospital and appropriate for well and convalescing infants including supportive care, ongoing physical assessment, and resuscitation.

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

(a) New buildings to be licensed as a hospital;

(b) Additions to an existing hospital;

(c) Conversion of an existing building or portions thereof for use as a hospital;

(d) Alterations to an existing hospital.

(65) "Nonambulatory" means an individual physically or mentally unable to walk or traverse a normal path to safety without the physical assistance of another.

(66) "Notify" means to provide notice of required information to the department by the following methods, unless specifically stated otherwise in this chapter:

(a) Telephone;

(b) Facsimile;

(c) Written correspondence; or

(d) In person.

(67) "Nursing unit" means a separate physical and functional unit of the hospital including a group of patient rooms,

with ancillary, administrative, and service facilities necessary for nursing service to the occupants of these patient rooms.

(68) "Nutritional assessment" means an assessment of a patient's nutritional status conducted by a registered dietitian.

(69) "Nutritional risk screen" means a part of the initial assessment that can be conducted by any trained member of the multidisciplinary treatment team.

(70) "Observation room" means a room for close nursing observation and care of one or more outpatients for a period of less than twenty-four consecutive hours.

(71) "Obstetrical area" means the portions or units of the hospital designated or designed for care and treatment of women during the antepartum, intrapartum, and postpartum periods, and/or areas designed as nurseries for care of newborns.

(72) "Operating room (OR)" means a room within the surgical department intended for invasive and noninvasive procedures requiring anesthesia.

(73) "Outpatient" means a patient receiving services that generally do not require admission to a hospital bed for twenty-four hours or more.

(74) "Outpatient services" means services that do not require admission to a hospital for twenty-four hours or more.

(75) "Patient" means an individual receiving (or having received) preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative health services at the hospital.

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

(77) "Patient related technology" means equipment used in a patient care environment to support patient treatment and diagnosis, such as electrical, battery and pneumatic powered technology as well as support equipment and disposables.

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

(79) "Pharmacist" means an individual licensed by the state board of pharmacy to engage in the practice of pharmacy under the provisions of chapter 18.64 RCW as now or hereafter amended.

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

(81) "Physician" means an individual licensed under provisions of chapter 18.71 RCW, Physicians, chapter 18.22 RCW, Podiatric medicine and surgery, or chapter 18.57 RCW, Osteopathy—Osteopathic medicine and surgery.

(82) "Prescription" means an order for drugs or devices issued by a practitioner duly authorized by law or rule in the state of Washington to prescribe drugs or devices in the course of his or her professional practice for a legitimate medical purpose.

(83) "Pressure relationships" of air to adjacent areas means:

(a) Positive (P) pressure is present in a room when the:

(i) Room sustains a minimum of 0.001 inches of H_20 pressure differential with the adjacent area, the room doors are closed, and air is flowing out of the room; or

(ii) Sum of the air flow at the supply air outlets (in CFM) exceeds the sum of the air flow at the exhaust/return air outlets by at least 70 CFM with the room doors and windows closed;

(b) Negative (N) pressure is present in a room when the:

(i) Room sustains a minimum of 0.001 inches of H_20 pressure differential with the adjacent area, the room doors are closed, and air is flowing into the room; or

(ii) Sum of the air flow at the exhaust/return air outlets (in CFM) exceeds the sum of the air flow at the supply air outlets by at least 70 CFM with the room doors and windows closed;

(c) Equal (E) pressure is present in a room when the:

(i) Room sustains a pressure differential range of plus or minus 0.0002 inches of H_20 with the adjacent area, and the room doors are closed; or

(ii) Sum of the air flow at the supply air outlets (in CFM) is within ten percent of the sum of the air flow at the exhaust/return air outlets with the room doors and windows closed.

(84) "Procedure" means a particular course of action to relieve pain, diagnose, cure, improve, or treat a patient's condition usually requiring specialized equipment.

(85) "Protective precaution room" means a room designed and equipped for care of patients with a high risk for contracting infections, such as bone marrow and organ transplant patients.

(86) "Protocols" and "standing order" mean written descriptions of actions and interventions for implementation by designated hospital personnel under defined circumstances and authenticated by a legally authorized person under hospital policy and procedure.

(87) "Psychiatric service" means the treatment of patients pertinent to the psychiatric diagnosis whether or not the hospital maintains a psychiatric unit.

(88) "Psychiatric unit" means a separate area of the hospital specifically reserved for the care of psychiatric patients (a part of which may be unlocked and a part locked), as distinguished from "seclusion rooms" or "security rooms" as defined in this section.

(89) "Reassessment" means ongoing data collection comparing the most recent data with the data collected on the previous assessment(s).

(90) "Recovery unit" means a special physical and functional area for the segregation, concentration, and close or continuous nursing observation and care of patients for a period of less than twenty-four hours immediately following anesthesia, obstetrical delivery, surgery, or other diagnostic or treatment procedures which may produce shock, respiratory obstruction or depression, or other serious states.

(91) "Registered nurse" means an individual licensed under the provisions of chapter 18.79 RCW and practicing in accordance with the rules and regulations promulgated thereunder.

(92) "Remodel" means the reshaping or reconstruction of a part or area of the hospital.

(93) "Restraint" means any method used to prevent or limit free body movement including, but not limited to, involuntary confinement, an apparatus, or a drug given not required to treat a patient's medical symptoms.

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

(95) "Seclusion room" means a small, secure room specifically designed and organized for temporary placement, care, and observation of one patient and for an environment with minimal sensory stimuli, maximum security and protection, and visual observation of the patient by authorized personnel and staff. Doors of seclusion rooms are provided with staff-controlled locks.

(96) "Self-administration of drugs" means a patient administering or taking his or her own drugs from properly labeled containers: Provided, That the facility maintains the responsibility for seeing the drugs are used correctly and the patient is responding appropriately.

(97) "Sensitive area" means a room used for surgery, transplant, obstetrical delivery, nursery, post-anesthesia recovery, special procedures where invasive techniques are used, emergency or critical care including, but not limited to, intensive and cardiac care or areas where immunosuppressed inpatients are located and central supply room.

(98) "Sexual assault" or "rape" mean consistent with applicable law and regulation and based on the hospital's definition.

(99) "Sinks":

(a) "Clinic service sink (siphon jet)" means a plumbing fixture of adequate size and proper design for waste disposal with siphon jet or similar action sufficient to flush solid matter of at least two and one-eighth inch diameter.

(b) "Scrub sink" means a plumbing fixture of adequate size and proper design for thorough washing of hands and arms, equipped with knee, foot, electronic, or equivalent control, and gooseneck spout without aerators including brush and handsfree soap dispenser.

(c) "Service sink" means a plumbing fixture of adequate size and proper design for filling and emptying mop buckets.

(d) "Handsfree handwash sink" means a plumbing fixture of adequate size and proper design to minimize splash and splatter and permit hand washing without touching fixtures, with adjacent soap dispenser with foot control or equivalent and single service hand drying device.

(e) "Handwash sink" means a plumbing fixture of adequate size and proper design for washing hands, with adjacent soap dispenser and single service hand drying device.

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

(101) "Special procedure" means a distinct and/or special diagnostic exam or treatment, such as, but not limited to, endoscopy, angiography, and cardiac catheterization.

(102) "Staff" means paid employees, leased or contracted persons, students, and volunteers.

(103) "Stretcher" means a four-wheeled cart designed to serve as a litter for the transport of an ill or injured individual in a horizontal or recumbent position.

(104) "Surgical procedure" means any manual or operative procedure performed upon the body of a living human being for the purpose of preserving health, diagnosing or curing disease, repairing injury, correcting deformity or defect, prolonging life or relieving suffering, and involving any of the following:

(a) Incision, excision, or curettage of tissue or an organ;

(b) Suture or other repair of tissue or an organ including a closed as well as an open reduction of a fracture;

(c) Extraction of tissue including the premature extraction of the products of conception from the uterus; or

(d) An endoscopic examination with use of anesthetizing agents.

(105) "Surrogate decision-maker" means an individual appointed to act on behalf of another. Surrogates make decisions only when an individual is without capacity or has given permission to involve others.

(106) "Through traffic" means traffic for which the origin and destination are outside the room or area serving as a passageway.

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

(108) "Treatment" means the care and management of a patient to combat, improve, or prevent a disease, disorder, or injury, and may be:

(a) Pharmacologic, surgical, or supportive;

(b) Specific for a disorder; or

(c) Symptomatic to relieve symptoms without effecting a cure.

(109) "Treatment room" means a hospital room for medical, surgical, dental, or psychiatric management of a patient.

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

(111) "Will" means compliance is mandatory.

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

(a) "Maximum security window" means a window that can only be opened by keys or tools under the control of personnel. The operation will be restricted to prohibit escape or suicide. Where glass fragments may create a hazard, safety glazing and other appropriate security features will be incorporated. Approved transparent materials other than glass may be used.

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

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

(113) "Work surface" means a flat hard horizontal surface such as a table, desk, counter, or cart surface.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-010, filed 1/28/99, effective 3/10/99.]

Reviser's note: The brackets and enclosed material in the text of the above section occurred in the copy filed by the agency.

WAC 246-320-025 On-site licensing survey. The purpose of this section is to provide annual on-site survey requirements in accordance with chapter 70.41 RCW.

(1) The department will:

(a) Conduct at least one on-site licensing survey each calendar year to determine compliance with the provisions in chapter 70.41 RCW and this chapter;

(b) Notify the hospital in writing of state survey findings;

(c) Contact the hospital to discuss the findings of an on-site licensing or joint commission on accreditation of health-care organizations (JCAHO) survey when appropriate; and

(d) Not conduct the annual on-site licensing survey when requested by a hospital accredited by JCAHO in accordance with subsections (2) and (3) of this section.

(2) A hospital accredited by the JCAHO may request exclusion from an annual on-site licensing survey during the year of the JCAHO survey. To request exclusion, a hospital must submit to the department:

(a) A written request asking to be excluded from the annual on-site licensing survey during the calendar year in which the hospital will be surveyed by the JCAHO;

(b) The written request at least thirty days prior to the beginning of the calendar year for which the exclusion from an annual on-site licensing survey will be made;

(c) Verification of current JCAHO accreditation; and

(d) A copy of the decisions and findings of the JCAHO survey within thirty days of receipt of the final JCAHO survey report.

(3) The department will grant an exclusion from the annual on-site licensing survey when:

(a) The hospital:

(i) Meets the requirements in subsection (2) of this section; and

(ii) Verifies current JCAHO accreditation;

(b) The department determines the JCAHO survey standards used at the time of the JCAHO survey exceed or are substantially equivalent to chapter 70.41 RCW and this chapter.

(4) A hospital excluded from an annual on-site licensing survey in accordance with this section:

(a) Is not subject to an annual on-site licensing survey during the calendar year the hospital is surveyed by the JCAHO and for twelve months after the date of the JCAHO survey; and

(b) Must notify the department in writing of any changes in JCAHO accreditation status within ten days of receipt of the accreditation report from the JCAHO.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-025, filed 1/28/99, effective 3/10/99.]

WAC 246-320-045 Application for license—License expiration dates—Notice of decision—Adjudicative proceeding. The purpose of this section is to ensure hospitals are licensed in accordance with chapter 70.41 RCW.

(1) An applicant not currently licensed must submit to the department an application for licensure and applicable fee in accordance with RCW 70.41.100.

(2) The department will, prior to issuing an initial license, verify compliance with the provisions of chapter 70.41 RCW and this chapter which include, but are not limited to:

(a) Approval of construction documents;

(b) Receipt of a certificate of need as provided in chapter 70.38 RCW;

(c) Compliance with local codes and ordinances, including approval to occupy; and

(d) Conducting an on-site licensing survey in accordance with WAC 246-320-025.

(3) The licensed hospital must submit to the department:

(a) No later than November 30 of each calendar year, an application for licensure or verification of license information and applicable fee in accordance with RCW 70.41.100; and

(b) An application addendum indicating any changes to the information previously provided.

(4) The department will issue hospital licenses initially and reissue hospital licenses as often thereafter as necessary each calendar year so as to cause approximately one-third of the total number of hospital licenses to expire on the last day of the calendar year. Licenses issued pursuant to this chapter may be valid for any period not to exceed thirty-six months.

(5) The department may issue a provisional license to permit the operation of the hospital for a period of time to be determined by the department if there is failure to comply with the provisions of chapter 70.41 RCW or this chapter.

(6) The department may deny, suspend, modify, or revoke a license in any case in which it finds that there has been a failure or refusal to comply with the requirements of chapter 70.41 RCW or this chapter.

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

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

(i) File a written application for an adjudicative proceeding by a method showing proof of receipt with the office of the Adjudicative Clerk, Department of Health, PO Box 47879, Olympia, WA 98504-7879; and

(ii) Include in or with the application:

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

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

(C) A copy of the contested department decision.

(c) The proceeding is governed by the Administrative Procedure Act chapter 34.05 RCW, this chapter, and chapters 246-08 and 246-10 WAC. If a provision in this chapter conflicts with chapter 246-08 or 246-10 WAC, the provision in this chapter governs.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-045, filed 1/28/99, effective 3/10/99.]

WAC 246-320-065 Exemptions, alternative methods, and interpretations. The purpose of this section is to provide hospitals a mechanism to request an interpretation, exemption, or approval to use an alternative method. The provisions of this chapter are not intended to prevent use of any systems, materials, alternate design, or methods of construction as alternatives to those prescribed by these rules.

(1) A hospital requesting exemption from the provisions of this chapter must submit a written request to the department asking for an exemption. The request must specify the section or sections, explain the reason for the exemption and, when appropriate, include supporting documentation.

(2) A hospital requesting approval for use of alternative materials, design, and methods must submit a written request to the department asking for approval to use an alternative. The request must explain the reason(s) for the use of an alternative and must be supported by technical documentation.

(3) The department may:

(a) Exempt a hospital from complying with portions of this chapter when:

(i) The hospital complies with subsection (1) of this section.

(ii) After review and consideration, such exemption will not:

(A) Negate the purpose and intent of these rules;

(B) Place the safety or health of the patients in the hospital in jeopardy;

(C) Lessen any fire and life safety or infection control provision of other codes or regulations; and

(D) Effect any structural integrity of the building;

(b) Approve the use of alternative materials, designs, and methods when:

(i) The hospital complies with subsection (2) of this section; and

(ii) After review and consideration, such alternative:

(A) Meets the intent and purpose of these rules; and

(B) Is at least equivalent to the methods prescribed in these rules.

(4) A hospital requesting an interpretation of a rule or regulation contained in this chapter must submit a written request to the department. The request must specify the section or sections for which an interpretation is needed and details of the circumstances to which the rule is being applied. The hospital must provide any other information the department deems necessary.

(5) The department will, in response to a written request, send a written interpretation of a rule or regulation within thirty calendar days after the department has received complete information relevant to the requested interpretation.

(6) The department and hospital will keep a copy of each exemption or alternative granted or interpretation issued pursuant to the provisions of this section on file and available at all times.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-065, filed 1/28/99, effective 3/10/99.]

WAC 246-320-085 Single license to cover two or more buildings—When permissible. The purpose of this section is to allow a single hospital license to cover more than one building.

The department may issue a single hospital license to include two or more buildings, provided:

(1) The applicant or hospital:

(a) Meets the licensure requirements of chapter 70.41 RCW and this chapter; and

(b) Operates the multiple buildings as a single integrated system with:

(i) Governance by a single authority or body over all buildings or portions of buildings under the single license; and

(ii) A single medical staff for all hospital facilities under the single license;

(2) The hospital arranges for safe, appropriate, and adequate transport of patients between buildings.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-085, filed 1/28/99, effective 3/10/99.]

WAC 246-320-105 Criminal history, disclosure, and background inquiries. The purpose of this section is to ensure criminal history background inquiries are conducted for any employee or prospective employee who has or will have unsupervised access to children, vulnerable adults, and developmentally disabled adults.

(1) Hospitals will:

(a) Require a disclosure statement as specified under RCW 43.43.834 for each prospective employee, volunteer, contractor, student, and any other person associated with the licensed hospital having unsupervised access to:

(i) Children under sixteen years of age;

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

(iii) Developmentally disabled individuals;

(b) Require a Washington state patrol background inquiry as specified in RCW 43.43.834 for each prospective employee, volunteer, contractor, student, and any other person applying for association with the licensed hospital prior to allowing the person unsupervised access to:

(i) Children under sixteen years of age;

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

(iii) Developmentally disabled individuals.

(2) The department will:

(a) Review records required under this section;

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

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

(3) The department may require the hospital to complete additional disclosure statements or background inquiries, if the department has reason to believe that offenses specified under RCW 43.43.830 have occurred since completion of the previous disclosure statement or background inquiry, for any person associated with the licensed facility having unsupervised access to:

(a) Children under sixteen years of age;

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

(c) Developmentally disabled individuals.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-105, filed 1/28/99, effective 3/10/99.]

WAC 246-320-125 Governance. The purpose of the governance section is to provide organizational guidance and oversight and to ensure resources and staff to support safe and adequate patient care.

The governing authority will:

(1) Adopt and periodically review bylaws which address legal accountabilities and responsibilities. Bylaws will provide for medical staff communication and conflict resolution with the governing authority;

(2) Establish and review governing authority policies, promote performance improvement, and provide for organizational management and planning;

(3) Establish a process for selecting and periodically evaluating a chief executive officer;

(4) Establish and appoint a medical staff; and

(5) Approve bylaws, rules, and regulations as adopted by the medical staff before they can become effective.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-125, filed 1/28/99, effective 3/10/99.]

WAC 246-320-145 Leadership. The purpose of the leadership section is to ensure care is provided consistently throughout the hospital and in accordance with patient and community needs.

The hospital leaders will:

(1) Design hospital-wide patient care services and define department specific scope of services appropriate to the scope and level of care required by the patients served and resources available; and

(a) Approve the scope of service of each department;

(b) Integrate and coordinate patient care services; and

(c) Provide for the uniform performance of patient care processes;

(2) Ensure all patients have access to safe and appropriate care;

(3) Establish and implement processes for:

(a) Gathering, assessing and acting on information regarding patient and family satisfaction with the services provided; and

(b) Complaint resolution for patients, families, employees, providers and others;

(4) Plan, promote, and conduct organization-wide performance-improvement activities to provide effective leadership and coordinated delivery of patient care;

(5) Ensure clinical services are provided in a timely manner;

(6) Ensure nursing policies and procedures, nursing standards of patient care, and standards of nursing practices are established and approved by the nurse executive or a designee(s), and nursing services are directed by:

(a) A nurse executive; or

(b) An identified registered nurse leader on a team to function at the executive level;

(7) Determine who has the authority to establish and approve hospital policies;

(8) Ensure individuals conducting business in the hospital comply with hospital policies and procedures;

(9) Adopt and implement policies and procedures in accordance with chapter 26.44 RCW to ensure suspected abuse to a child, adult dependent or developmentally disabled person is reported within one administrative day to:

(a) Local police or appropriate law enforcement agency;

(b) The department of health; or

(c) Other state agencies as appropriate;

(10) Notify the department whenever any of the following events have been confirmed to have occurred:

(a) An unanticipated death or major permanent loss of function, not related to the natural course of a patient's illness or underlying condition;

(b) A patient suicide while the patient was under care in the hospital;

(c) An infant abduction or discharge to the wrong family;

(d) Sexual assault or rape of a patient or staff member while in the hospital;

(e) A hemolytic transfusion reaction involving administration of blood or blood products having major blood group incompatibilities;

(f) Surgery performed on the wrong patient or wrong body part;

(g) A failure or major malfunction of a facility system such as the heating, ventilation, fire alarm, fire sprinkler, electrical, electronic information management, or water supply which affects any patient diagnosis, treatment, or care service within the facility; or

(h) A fire which affects any patient diagnosis, treatment, or care area of the facility.

(11) Provide notification to the department as required in subsection (10) of this section within two administrative business days of hospital leaders learning of the confirmed event. The hospital is encouraged to confirm these events through a review or assessment by the hospital quality improvement or risk management processes. Each notice to the department:

(a) Must include:

(i) The hospital's name;

(ii) The type of event which is being reported from subsection (10) of this section; and

(iii) The date the event occurred;

(b) Will allow the department to be informed of events which in the interest of the public will be reviewed to determine if the department must either conduct an investigation or review the event during the next regularly scheduled onsite licensing survey;

(c) Will be confidentially maintained by the department, in accordance with the protections of the Public Disclosure Act, chapter 42.17 RCW, and other applicable laws and reporting requirements provided in RCW 70.41.150, 70.41.200, and 70.41.210; and

(d) Does not relieve a hospital from complying with any other applicable reporting or notification requirements, such as those relating to law enforcement or professional regulatory agencies.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-145, filed 1/28/99, effective 3/10/99.]

WAC 246-320-165 Management of human resources. The purpose of the management of human resources section is to ensure the hospital provides competent staff consistent with scope of services.

Hospitals will:

(1) Establish, review, and update written job descriptions for each job classification;

(2) Conduct periodic staff performance reviews;

(3) Ensure qualified and competent staff are available to operate each department;

(4) Ensure supervision of staff;

(5) Document verification of current staff licensure, certification, or registration;

(6) Complete tuberculosis screening for new and current employees consistent with the current guidelines of the Centers for Disease Control and Prevention (CDC) as defined by WAC 246-320-99902(15);

(7) Provide orientation to the work environment;

(8) Provide information on infection control to staff upon hire and annually which includes:

(a) Education on general infection control in accordance with WAC 296-62-08001 bloodborne pathogens exposure control; and

(b) General and department specific infection control measures related to the work of each department in which the staff works; and

(9) Establish and implement an education plan that verifies or arranges for the appropriate education and training of staff on prevention, transmission, and treatment of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) consistent with RCW 70.24.310.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-165, filed 1/28/99, effective 3/10/99.]

WAC 246-320-185 Medical staff. The purpose of the medical staff section is to contribute to a safe and adequate patient care environment through the development of a medical staff structure and mechanisms to assure consistent clinical competence.

The hospital medical staff will:

(1) Adopt medical staff bylaws, rules, and regulations that define the medical staff, the organizational structure of the medical staff and address:

(a) Qualifications for membership;

(b) Verification of application data;

(c) Appointment process;

(d) Reappointment process;

(e) The length of appointment and reappointment;

(f) Process for granting of delineated clinical privileges;

(g) Provision for continuous care of patients;

(h) Assessment of credentialed practitioner's performance; and

(i) Due process;

(2) Include licensed physicians and may include other individuals granted privileges by the governing authority to provide patient care services; and

(3) Forward recommendations for membership, initial, renewed, or revised clinical privileges, in accordance with the bylaws, rules and regulations, and policies of the medical staff to the governing authority for action.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-185, filed 1/28/99, effective 3/10/99.]

WAC 246-320-205 Management of information. The purpose of the management of information section is to obtain, manage, and use information to improve patient outcomes and the performance of the hospital in patient care, governance, management, and support services.

Hospitals will:

(1) Facilitate patient care by providing medical staff and other practitioners timely access to information systems, resources, and services;

(2) Maintain confidentiality, security, and integrity of data and information;

(3) Initiate and maintain a medical record for every individual assessed or treated including a process to review records for completeness, accuracy, and timeliness. Medical records must:

(a) Contain information to identify the patient, the patient's clinical data to support the diagnosis, course and results of treatment, author identification, consent documents, and promote continuity of care;

(b) Be accurately written, dated, timed, promptly filed, retained in accordance with RCW 70.41.190 and chapter 5.46 RCW, and accessible;

(c) Indicate:

(i) The legally authorized practitioner authenticated the medical record after the record was transcribed; and

(ii) Entries are dated and authenticated in a timely manner;

(d) Include verbal orders by authorized individuals which are accepted and transcribed by qualified personnel;

(4) Establish a systematic method for identifying each medical record(s) to allow ready identification of area of service, filing, and retrieval of all the patient's record(s); and

(5) Adopt and implement policies and procedures that address:

(a) Access to and release of confidential data in medical records in accordance with chapter 70.02 RCW; and

(b) Transmittal of pertinent medical data to ensure continuity of care.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-205, filed 1/28/99, effective 3/10/99.]

WAC 246-320-225 Improving organizational performance. The purpose of the improving organizational performance section is to ensure that performance improvement activities of staff, medical staff, and outside contractors result in continuous improvement of patient health outcomes.

Hospitals will:

(1) Have a hospital-wide approach to process design and performance measurement, assessment, and improvement of patient care services in accordance with RCW 70.41.200 and including, but not limited to:

(a) A written performance improvement plan that is periodically evaluated and approved by the governing authority;

(b) Performance improvement activities which are collaborative and interdisciplinary and include at least one member of the governing authority; and

(c) Review of serious or undesirable patient outcomes in a timely manner;

(2) Systematically collect and assess data on important processes or outcomes related to patient care and organization functions. The hospital must prioritize and take appropriate action to improve and/or continue measurement in response to data assessment. The hospital will collect and assess data including, but not limited to:

(a) Processes or outcomes related to:

(i) Operative, other invasive, and noninvasive procedures that place patients at risk;

(ii) Infection rates;

(iii) Mortality;

(iv) Medication use;

(v) Hospital incurred injuries, such as, but not limited to, falls and restraint use;

(vi) Events listed in WAC 246-320-145 (10)(a) through (f);

(vii) Discrepancies or patterns of discrepancies between preoperative and postoperative (including pathologic) diagnosis, including those identified during the pathologic review of specimens removed during surgical or invasive procedures;

(viii) Significant adverse drug reactions (as defined by the hospital);

(ix) Confirmed transfusion reactions;

(x) Adverse events or patterns of adverse events during anesthesia use; and

(xi) Other hospital specific measurements;

(b) The needs, expectations, and satisfaction of patients; and

(c) Quality control and risk management activities.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-225, filed 1/28/99, effective 3/10/99.]

WAC 246-320-245 Patient rights and organizational ethics. The purpose of the patient rights and organizational ethics section is to help improve patient outcomes by respecting each patient and conducting all relationships with patients and the public in an ethical manner.

Hospitals will:

(1) Provide patients with a written statement of patients rights;

(2) Respect, inform, and support a patient's right to treatment and service by adopting and implementing policies and procedures that:

(a) Ensure the patient's right to:

(i) Confidentiality, privacy, security, complaint resolution, spiritual care, and communication. If communication restrictions are necessary for patient care and safety, they are documented and explained to the patient and family;

(ii) Access protective services; and

(iii) Be involved in all aspects of their care including:

(A) Their right to refuse care and treatment; and

(B) Resolving dilemmas about care decisions;

(b) Result in:

(i) Obtaining informed consent;

(ii) Participation of family in care decisions when appropriate;

(c) Address ethical issues in patient care, including:

(i) Obtaining and honoring advance directives;

(ii) Withholding resuscitative services and forgoing or withdrawing life-sustaining treatment; and

(iii) Providing care at the end of life;

(d) Ensure procurement and donation of organs and other tissues, if done, is in accordance with RCW 68.50.500 and 68.50.560, medical staff input and family/surrogate decision-makers direction;

(e) Address research, investigation, and clinical trials including:

(i) Internal procedures to authorize the research;

(ii) Assurance that practitioners follow informed consent laws; and

(iii) Assurance that if the patient refuses to participate, their refusal will not compromise their access to services.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-245, filed 1/28/99, effective 3/10/99.]

WAC 246-320-265 Infection control program. The purpose of the infection control program section is to identify and reduce the risk of acquiring and transmitting nosocomial infections and communicable diseases between patients, employees, medical staff, volunteers, and visitors.

Hospitals must develop and implement an infection control program and will:

(1) Designate a member or members of the staff to:

(a) Oversee, review, evaluate, and approve the activities of the infection control program and the infection control aspects of appropriate hospital policies and procedures; and

(b) Provide consultation;

(2) Assure staff managing the infection control program have:

(a) Documented evidence of a minimum of two years experience in a health related field; and

(b) Training in the principles and practices of infection control;

(3) Adopt and implement written policies and procedures consistent with the published guidelines of the centers for disease control and prevention (CDC) regarding infection control in hospitals, to guide the staff. Where appropriate, policies and procedures are specific to the service area and address:

(a) Receipt, use, disposal, processing, or reuse of hospital and nonhospital equipment to assure prevention of disease transmission;

(b) Prevention of cross contamination between soiled and clean items during sorting, processing, transporting, and storage;

(c) Environmental management and housekeeping functions, including:

(i) The process for approval of disinfectants, sanitation procedures, and equipment;

(ii) Cleaning areas used for surgical procedures as appropriate, before, between, and after cases;

(iii) General hospital-wide daily and periodic cleaning; and

(iv) A laundry and linen system that will ensure:

(A) The supply of linen/laundry is adequate to meet the needs of the hospital and patients;

(B) Standards used for processing linens assure that clean linen/laundry is free of toxic residues and within industry standard pH range(s); and

(C) Processing and storage in accordance with WAC 246-320-595 (3);

(d) Occupational health consistent with current practice;

(e) Attire;

(f) Traffic patterns;

(g) Antisepsis and hand washing;

(h) Scrub technique and surgical preparation;

(i) Biohazardous waste management in accordance with applicable federal, state, and local regulations;

(j) Barrier and transmission precautions; and

(k) Pharmacy and therapeutics; and

(4) Establish and implement a plan for:

(a) Public health coordination, including a system for reporting communicable diseases in accordance with chapter 246-100 WAC Communicable and certain other diseases; and

(b) Surveillance and investigation consistent with WAC 246-320-225 Improving organizational performance.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-265, filed 1/28/99, effective 3/10/99.]

WAC 246-320-285 Pharmacy services. The purpose of the pharmacy services section is to assure that patient pharmaceutical needs are met in a planned and organized manner.

Hospitals must meet the requirements in chapter 246-873 WAC board of pharmacy, and will:

(1) Prepare, dispense, and administer medications in accordance with current law, regulation, licensure, and professional standards of practice;

(2) Assure medication use processes are organized and systematic throughout the hospital under direction of a pharmacist and coordinated with the medical staff;

(3) Have a process for selection of medications based on objective evaluation of their relative therapeutic merits, safety, and cost; and

(4) Adopt and implement policies and procedures that support safe storing, handling, managing, controlling, prescribing, dispensing, and administering medications in accordance with chapter 246-873 WAC board of pharmacy and address:

(a) Prescribing and procuring medications not available on-site;

(b) Ensuring prescriptions or orders are verified and patients are identified before medication is administered; and

(c) Ensuring medication effects on patients are monitored and documented.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-285, filed 1/28/99, effective 3/10/99.]

WAC 246-320-305 Food and nutrition services. The purpose of the food and nutrition services section is to assure that patients nutritional needs are met in a planned and organized manner.

Hospitals will:

(1) Designate an individual who is qualified by experience, education, or training to be responsible for management of food and nutrition services;

(2) Designate a registered dietitian to be responsible for policies and procedures which address providing adequate nutritional care for patients;

(3) Have a registered dietitian who is available to assess nutritional status and plan, when indicated by a patient's individual nutritional risk screen;

(4) Develop and regularly update an interdisciplinary plan for medical nutritional therapy based on current standards for patients at nutritional risk. Monitor and document each patient's response to the medical nutritional therapy plan in the medical record;

(5) Provide meals and document, implement, and monitor a system to assure meals are nutritionally balanced, planned in advance, and respect patient's cultural diversity; and

(6) Adopt and implement policies and procedures to assure that food service complies with chapter 246-215 WAC Food service.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-305, filed 1/28/99, effective 3/10/99.]

WAC 246-320-325 Laboratory, imaging, and other diagnostic, treatment or therapeutic services. Hospitals will:

(1) If providing laboratory services, adopt and implement policies and procedures which require availability of pathology and clinical laboratory services on a timely basis and reflect accepted standards of care for those services;

(2) If providing imaging services, adopt and implement policies and procedures which reflect accepted standards of care for that service; and

(3) If providing other diagnostic, treatment or therapeutic services, adopt and implement policies and procedures which reflect accepted standards of care for those services.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-325, filed 1/28/99, effective 3/10/99.]

WAC 246-320-345 Inpatient care services. The purpose of the inpatient care services section is to guide the development of the plan for patient care. This is accomplished by ensuring availability of materials and resources and through establishing, monitoring, and enforcing policies and procedures that promote the delivery of quality health care.

Hospitals will:

(1) Provide sufficient and appropriate personnel, space, equipment, reference materials, and supplies for the care and treatment of patients;

(2) Have a registered nurse in the hospital at all times and available for consultation;

(3) Have a mechanism to plan and document care that is provided in an interdisciplinary and collaborative manner, including:

(a) Development of an individualized patient plan of care, when appropriate; and

(b) Periodic review and revision based on reassessment of patient condition;

(4) Adopt and implement patient care policies and procedures that are designed to guide personnel, and review periodically, and revise as necessary to reflect current practice;

(5) Have patient care policies and procedures which address:

(a) Criteria for admission of patients to general and specialized patient care service areas;

(b) Reliable method for personal identification of each patient;

(c) Conditions that require transfer of patients within the facility to specialized patient care areas and to outside facilities;

(d) Identifying potential patients who are organ and/or tissue donors;

(e) Patient safety measures;

(f) Staff access to patient areas;

(g) Use of restraints;

(h) Patient care orders, including:

(i) Who can give and receive orders as defined by the hospital and consistent with professional licensing laws;

(ii) Written orders authenticated by a legally authorized practitioner for all drugs, intravenous solutions, blood, medical treatments, and nutrition; and

(iii) Authentication of orders in a timely manner;

(i) Use of preestablished patient care guidelines or protocols. When used, they must be documented in the medical record and preapproved or authenticated by an authorized practitioner;

(j) Care and handling of persons whose conditions require special medical or medical-legal consideration;

(k) Medications meeting requirements in chapter 246-873 WAC board of pharmacy and WAC 246-320-285 Pharmacy services;

(l) A hospital-approved procedure for double checking certain drugs, biologicals, and agents by appropriately licensed personnel;

(m) Emergency drugs, including:

(i) Immediate access; and

(ii) Dosages appropriate to the patient population;

(n) Preparation and administration of intravenous solutions, medications, and admixtures developed under the direction of a pharmacist;

(o) Preparation and administration of blood and blood products;

(p) Anesthesia services; and

(q) Discharge planning;

(6) Complete and document:

(a) An initial assessment of each patient's physical condition, emotional, and social needs. The assessment is based upon the patient's diagnosis, care setting, desire for care, response to any previous treatment, consent to treatment, and education needs. Initial assessment includes:

(i) Patient history and physical assessment;

(ii) Current needs;

(iii) Need for discharge planning; and

(iv) Immunization status for pediatric patients;

(b) Current physical examination, within thirty days prior to admission, with update as needed by an authorized practitioner on a timely basis if patient status has changed;

(c) Additional specialized assessments when warranted by the patient's condition or needs, including:

(i) Nutritional status;

(ii) Functional status; and

(iii) Social, psychological, and/or physiological status;

(d) Reassessments in accordance with plan of care and patient's condition; and

(e) Discharge plans when appropriate, coordinated with:

(i) Inpatient and family or caregiver as appropriate; and

(ii) Receiving agency or agencies, when necessary.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-345, filed 1/28/99, effective 3/10/99.]

WAC 246-320-365 Specialized patient care services. The purpose of the specialized patient care services section is to guide the development of the plan for patient care. This is accomplished by ensuring availability of materials and resources and through establishing, monitoring, and enforcing policies and procedures that promote the delivery of quality health care in specialized patient care areas.

Hospitals will:

(1) Meet the requirements in Inpatient care services, WAC 246-320-345;

(2) Adopt and implement policies and procedures which address accepted standards of care for each specialty service;

(3) Assure physician oversight for each specialty service by a physician with experience in those specialized services;

(4) Assure staff for each nursing service area are supervised by a registered nurse who provides a leadership role to plan, provide, and coordinate care;

(5) If providing surgery and interventional services:

(a) Adopt and implement policies and procedures that address appropriate access:

(i) To areas where invasive procedures are performed; and

(ii) To information regarding practitioner's delineated privileges for operating room staff;

(b) Provide:

(i) Emergency equipment, supplies, and services available in a timely manner and appropriate for the scope of service; and

(ii) Separate refrigerated storage equipment with temperature alarms, when blood is stored in the surgical department;

(6) If providing a post anesthesia recovery unit (PACU), adopt and implement written policies and procedures requiring:

(a) The availability of an authorized practitioner in the facility capable of managing complications and providing cardiopulmonary resuscitation for patients when patients are in the PACU; and

(b) The immediate availability to the PACU of a registered nurse trained and current in advanced cardiac life support measures;

(7) If providing obstetrical services:

(a) Have capability to perform cesarean sections twenty-four hours per day; or

(b) Meet the following criteria when the hospital does not have twenty-four hour cesarean capability:

(i) Limit planned obstetrical admissions to "low risk" obstetrical patients as defined in WAC 246-329-010(13) childbirth centers;

(ii) Inform each obstetrical patient in writing, prior to the planned admission, of the hospital's limited obstetrical services as well as the transportation and transfer agreements;

(iii) Maintain current written agreements for adequately staffed ambulance and/or air transport services to be available twenty-four hours per day; and

(iv) Maintain current written agreements with another hospital to admit the transferred obstetrical patients;

(c) Ensure one licensed nurse trained in neonatal resuscitation is in the hospital when infants are present;

(8) If providing an intermediate care nursery, have nursing, laboratory, pharmacy, radiology, and respiratory care services appropriate for infants:

(a) Available in a timely manner; and

(b) In the hospital during assisted ventilation;

(c) Ensure one licensed nurse trained in neonatal resuscitation is in the hospital when infants are present;

(9) If providing a neonatal intensive care nursery, have:

(a) Nursing, laboratory, pharmacy, radiology, and respiratory care services appropriate for neonates available in the hospital at all times;

(b) An anesthesia practitioner, neonatologist, and a pharmacist on call and available in a timely manner twenty-four hours a day; and

(c) One licensed nurse trained in neonatal resuscitation in the hospital when infants are present;

(10) If providing a critical care unit or services, have:

(a) At least two licensed nursing personnel skilled and trained in care of critical care patients on duty in the hospital at all times when patients are present, and:

(i) Immediately available to provide care to patients admitted to the critical care area; and

(ii) Trained and current in cardiopulmonary resuscitation including at least one registered nurse with:

(A) Training in the safe and effective use of the specialized equipment and procedures employed in the particular area; and

(B) Successful completion of an advanced cardiac life support training program; and

(b) Laboratory, radiology, and respiratory care services available in a timely manner;

(11) If providing an alcoholism and/or chemical dependency unit or services:

(a) Adopt and implement policies and procedures that address development, implementation, and review of the individualized treatment plan, including the participation of the multidisciplinary treatment team, the patient, and the family, as appropriate;

(b) Ensure provision of patient privacy for interviewing, group and individual counseling, physical examinations, and social activities of patients; and

(c) Provide staff in accordance with WAC 246-324-170(3);

(12) If providing a psychiatric unit or services:

(a) Adopt and implement policies and procedures that address development, implementation, and review of the individualized treatment plan, including the participation of the multidisciplinary treatment team, the patient, and the family, as appropriate;

(b) Ensure provision of patient privacy for interviewing, group and individual counseling, physical examinations, and social activities of patients;

(c) Provide staff in accordance with WAC 246-322-170(3); and

(d) Provide:

(i) Separate patient sleeping rooms for children and adults;

(ii) Access to at least one seclusion room;

(iii) For close observation of patients;

(13) If providing a long-term care unit or services, provide an activities program designed to encourage each long-term care patient to maintain or attain normal activity and achieve an optimal level of independence;

(14) If providing an emergency care unit or services, provide basic, outpatient emergency care including:

(a) Capability to perform emergency triage and medical screening exam twenty-four hours per day;

(b) At least one registered nurse skilled and trained in care of emergency department patients on duty in the hospital at all times, and:

(i) Immediately available to provide care; and

(ii) Trained and current in advanced cardiac life support;

(c) Names and telephone numbers of medical and other staff on call must be posted; and

(d) Communication with agencies as indicated by patient condition;

(15) If providing renal dialysis service:

(a) Meet WAC 246-320-99902(2) for:

(i) The cleaning and sterilization procedures if dialyzers are reused;

(ii) Water treatment, if necessary to ensure water quality; and

(iii) Water testing for bacterial contamination and chemical purity;

(b) Test dialysis machine for bacterial contamination monthly or demonstrate a quality assurance program establishing effectiveness of disinfection methods and intervals;

(c) Take appropriate measures to prevent contamination, including backflow prevention in accordance with WAC 246-320-525 (4)(a);

(d) Provide for the availability of any special dialyzing solutions required by a patient; and

(e) Through a contract provider, that provider must meet the requirements in this section.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-365, filed 1/28/99, effective 3/10/99.]

WAC 246-320-385 Outpatient care services. The purpose of the outpatient care services section is to guide the development of the plan for patient care. This is accomplished by ensuring availability of materials and resources and through establishing, monitoring, and enforcing policies and procedures that promote the delivery of quality health care.

Hospitals will:

(1) Meet requirements in WAC 246-320-345 (1), (3), and (4) inpatient care services;

(2) Assure appropriate physician oversight for outpatient services;

(3) Provide patient services in accordance with a written order or protocol by an authorized practitioner; and

(4) Explain a patient's plan of care, when needed, to the patient, their family, and as appropriate, social network and support system.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-385, filed 1/28/99, effective 3/10/99.]

WAC 246-320-405 Management of environment for care. The purpose of the management of environment for care section is to reduce and control environmental hazards and risks, prevent accidents and injuries, and maintain safe conditions for patients, visitors, and staff.

(1) The hospital will designate a person or persons responsible to develop, implement, monitor, and follow-up on safety, security, hazardous materials, emergency pre-

paredness, life safety, patient related technology, utility system, and physical plant elements of the management plan.

(2) Safety. The hospital will:

(a) Establish and implement a plan to:

(i) Maintain a physical environment free of hazards; and

(ii) Reduce the risk of injury to patients, staff, and visitors;

(b) Report and investigate safety related incidents and when appropriate correct and/or take steps to avoid reoccurrence in the future; and

(c) Educate and review periodically with staff, policies and procedures relating to safety and job-related hazards.

(3) Security. The hospital will:

(a) Establish and implement a plan to maintain a secure environment for patients, visitors, and staff, including a plan to prevent abduction of patients;

(b) Educate staff on security procedures; and

(c) If they have a designated security staff, assure security staff have a minimum level of training and competency commensurate with their assigned responsibility, as defined by the hospital.

(4) Hazardous materials and waste. The hospital will:

(a) Establish and maintain a program to safely control hazardous materials and waste in accordance with applicable federal, state, and local regulations;

(b) Provide space and equipment for safe handling and storage of hazardous materials and waste;

(c) Investigate all hazardous materials or waste spills, exposures, and other incidents, and report to appropriate agency(s);

(d) Educate staff on policies and procedures relating to safe control of hazardous materials and waste.

(5) Emergency preparedness. The hospital will:

(a) Establish and implement a disaster plan designed to meet both internal and external disasters. The plan is:

(i) Specific to the hospital;

(ii) Relevant to the area;

(iii) Internally implementable, twenty-four hours a day, seven days a week; and

(iv) Reviewed and revised periodically;

(b) Ensure the disaster plan identifies:

(i) Who is responsible for each aspect of the plan; and

(ii) Essential and key personnel who would respond to a disaster;

(c) Include in the plan:

(i) Provision for staff education and training; and

(ii) A debriefing and evaluation after each disaster incident or drill.

(6) Life safety. The hospital will:

(a) Establish and implement a plan to maintain a fire-safe environment of care that meets fire protection requirements established by the Washington state patrol, fire protection bureau;

(b) Investigate fire protection deficiencies, failures, and user errors; and

(c) Orient, educate, and drill staff on policies and procedures relating to life safety management and emergencies.

(7) Patient related technologies. The hospital will:

(a) Establish and implement a plan to:

(i) Complete a technical and an engineering review to ensure that patient related technology will function safely and with appropriate building support systems;

(ii) Inventory all patient related technologies that require preventive maintenance;

(iii) Address and document preventive maintenance (PM); and

(iv) Assure quality delivery of service, independent of service vendor or methodology;

(b) Investigate, report, and evaluate procedures in response to system failures; and

(c) Educate staff regarding relevant patient related medical technology.

(8) Utility systems. The hospital will:

(a) Establish and implement a plan to:

(i) Maintain a safe, controlled, comfortable environment;

(ii) Assess and minimize risks of utility system failures, and ensure operational reliability of utility systems;

(iii) Investigate utility systems management problems, failures, or user errors and report incidents and corrective actions; and

(iv) Address and document preventive maintenance (PM);

(b) Educate staff on utility management policies and procedures.

(9) Physical plant. The hospital will provide:

(a) Storage;

(b) Plumbing with:

(i) A water supply providing hot and cold water under pressure which conforms to the quality standards of the department;

(ii) Hot water supplied for bathing and handwashing purposes not exceeding 120°F;

(iii) The cross connection controls meeting requirements in WAC 246-320-525 (4)(a); and

(iv) Medical gas piping meeting requirements in WAC 246-320-99902 (6) and (10);

(c) Ventilation:

(i) To prevent objectionable odors and/or excessive condensation; and

(ii) With air pressure relationships meeting the requirements in WAC 246-320-525 (Table 525-3);

(d) Interior finishes suitable to the function in accordance with WAC 246-320-525(6);

(e) Electrical with:

(i) Patient call systems in accordance with WAC 246-320-525 (Table 525-1); and

(ii) Tamper resistant receptacles in waiting areas and where noted in Table 525-5 and WAC 246-320-99902(3).

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-405, filed 1/28/99, effective 3/10/99.]

WAC 246-320-500 Applicability of WAC 246-320-500 through 246-320-99902. The purpose of the new construction regulations is to provide minimum standards for a safe and effective patient care environment consistent with other applicable rules and regulations without redundancy and contradictory requirements. Rules allow flexibility in achieving desired outcomes and enable hospitals to respond to changes in technologies and health care innovations.

(1) These regulations apply to a hospital as defined in RCW 70.41.020:

(a) Including:

(i) New buildings to be licensed as a hospital;

(ii) Conversion of an existing building or portion thereof for use as a hospital;

(iii) Additions to an existing hospital;

(iv) Alterations to an existing hospital; and

(v) Buildings or portions of buildings licensed as a hospital and used for outpatient care facilities;

(b) Excluding nonpatient care areas used exclusively for administration functions.

(2) The requirements of chapter 246-320 WAC in effect at the time the application, fee, and construction documents are submitted to the department for review will apply for the duration of the construction project.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-500, filed 1/28/99, effective 3/10/99.]

WAC 246-320-505 Design, construction review, and approval of plans. (1) Drawings and specifications for new construction, excluding minor alterations, must be prepared by, or under the direction of, an architect registered under chapter 18.08 RCW. The services of a consulting engineer registered under chapter 18.43 RCW must be used for the various branches of the work where appropriate. The services of a registered professional engineer may be used in lieu of the services of an architect if work involves engineering only.

(2) A hospital must submit construction documents for proposed new construction to the department for review and approval prior to occupying the new construction, as specified in this subsection, with the exception of administration areas that do not affect fire and life safety, mechanical and electrical for patient care areas. Compliance with these standards and regulations does not relieve the hospital of the need to comply with applicable state and local building and zoning codes. The construction documents must include:

(a) A written program containing, at a minimum:

(i) Information concerning services to be provided and operational methods to be used; and

(ii) A plan to show how they will ensure the health and safety of occupants during construction and installation of finishes. This includes taking appropriate infection control measures, keeping the surrounding area free of dust and fumes, and assuring rooms or areas are well-ventilated, unoccupied, and unavailable for use until free of volatile fumes and odors;

(b) Drawings and specifications to include coordinated architectural, mechanical, and electrical work. Each room, area, and item of fixed equipment and major movable equipment must be identified on all drawings to demonstrate that the required facilities for each function are provided; and

(c) Floor plan of the existing building showing the alterations and additions, and indicating:

(i) Location of any service or support areas; and

(ii) Required paths of exit serving the alterations or additions.

(3) A hospital will:

(a) Respond in writing when the department requests additional or corrected construction documents;

(b) Notify the department in writing when construction has commenced;

(c) Submit to the department for review any addenda or modifications to the construction documents;

(d) Assure construction is completed in compliance with the final "department approved" documents; and

(e) Notify the department in writing when construction is completed and include a copy of the local jurisdiction's approval for occupancy.

(4) A hospital will not use any new or remodeled areas until:

(a) The construction documents are approved by the department; and

(b) The local jurisdictions have issued an approval to occupy.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-505, filed 1/28/99, effective 3/10/99.]

WAC 246-320-515 Site and site development. Hospitals will:

(1) Provide a site with:

(a) Adequate utilities meeting requirements in WAC 246-320-525 (6)(a),(i), and (k);

(b) Potable water supply meeting requirements in WAC 246-320-99902(14) and chapter 246-290 WAC Class "A" public water systems or chapter 246-291 WAC Class "B" public water systems;

(c) Natural drainage or properly designed/engineered drainage system;

(d) Public or on-site sanitary sewage utilities meeting requirements in chapter 246-271 WAC Public sewage or chapter 246-272 WAC On-site sewage systems;

(e) Access to community emergency services; and

(f) Convenient access to public transportation where available;

(2) Provide parking area, drives, and walkways:

(a) Convenient for patients, staff, and visitors, while avoiding interference with patient privacy and comfort;

(b) Arranged to prevent conflicting traffic between service, patient, staff, and emergency access vehicles;

(c) With surfaces useable in all weather and traffic conditions; and

(d) Illuminated at night;

(3) Provide service roads and parking for service and emergency vehicles;

(4) Plan sufficient space and location for:

(a) Loading dock that is not adjacent to mechanical air intakes;

(b) Garbage storage and disposal;

(c) Service entrance close to storage and elevators;

(d) Access for emergency vehicles;

(e) Heliport service, if planned; and

(f) Oxygen tank or other bulk gas or liquid storage if planned.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-515, filed 1/28/99, effective 3/10/99.]

WAC 246-320-525 General design. Hospitals will:

(1) Meet all the general design elements in this section for patient care and support areas as described in WAC 246-320-535 through 246-320-99902;

(2) Assure architectural components meet WAC 246-320-99902(9), including:

(a) Aisles between fixed elements having sufficient clear width to allow unimpeded movement of equipment and personnel within rooms or suites;

(b) Ceiling heights in occupied areas or areas intended for patient use must be sufficiently high to meet the functional needs and equipment requirements of the space. Suspended tracks, rails, lights, or other obstructions located in path of travel can not be less than seven feet above finished floor to lowest point of obstruction;

(c) A corridor system throughout the hospital designed for traffic circulation providing patient privacy and preventing through traffic in examination, observation, treatment, and diagnostic areas, with:

(i) Width of eight feet and restrictions of no more than seven inches for nonambulatory patient areas;

(ii) Minimum existing width of seven feet permitted in alteration projects; and

(iii) Five feet width for corridors serving ambulatory patient traffic;

(d) Handrails on both sides of corridors on long-term care units and inpatient orthopedic and rehabilitation units;

(e) Doors:

(i) With minimum clear opening of three feet ten inches for patient care areas and two feet ten inches elsewhere. Existing clear opening of three feet eight inches for patient care areas and two feet six inches elsewhere are permitted during an alteration;

(ii) Designed to prevent swinging into corridor widths, except for small unoccupied spaces less than twenty square feet in area, telephone, electrical closets or barrier-free accessible toilets;

(iii) With provision for staff to gain immediate emergency access to patient occupied rooms or areas;

(iv) Swing outward from toilet rooms, showers, and other small rooms; and

(v) With vision panels in all pairs of opposite swinging doors;

(f) At least one elevator in a multistory hospital designed for patient transport;

(g) Stairways with skid-resistant floor surfaces and ramps with skid-resistant or carpeted floor surfaces;

(h) Design and construction to control the entrance and infestation by pests;

(i) Allowance for satisfactory amount of unobstructed light in twenty-four hour stay patient rooms (except in nurseries) with a clear glass area of at least one-tenth of the floor space meeting the following criteria:

(i) Windows located in an outside wall complying with one of the following:

(A) Twenty feet or more from another building or opposite wall or court; or

(B) Ten feet or more from the property line except when facing on street or public right of way greater than twenty feet in width; or

(ii) Relites into an interior atrium or court where the wall opposite is twenty or more feet from the relite;

(iii) Sills located:

(A) No higher than three feet above the finished floor; and

(B) No higher than four feet above the finished floor in critical care patient rooms;

(iv) Exterior grade a minimum of six inches below the window sill; and

(v) If any operable portions or vents are provided, use sixteen mesh screens to cover the opening;

(3) Provide heating, ventilation, and cooling including:

(a) A heating and cooling system with capacity to maintain a temperature range in accordance with Table 525-3;

(b) Insulated piping and duct systems;

(c) Air balancing of distribution systems to maintain air changes, ventilation requirements, and pressure relationships meeting requirements in Table 525-3;

(d) An air handling duct system meeting requirements in WAC 246-320-99902(5) with:

(i) Fiberglass-lined ducts, if installed, serving sensitive areas with ninety percent efficiency filters installed downstream of the duct lining;

(ii) Fiberglass-lined ducts, if installed, meeting the erosion test method described in UL Publication #181; and

(iii) Fiberglass-lined ducts, if installed, will not be located downstream of humidification units;

(e) Use of space above ceilings for return plenums only in nonsensitive areas where exhaust and return plenums are allowed with:

(i) Exposed insulation on pipes and ducts meeting requirements of American Society for Testing and Materials C107; and

(ii) Cementitious fire proofing used on structure;

(f) Air supply and exhaust locations meeting requirements in WAC 246-320-99902(13), including:

(i) Outdoor air intakes:

(A) Located as far as practical, on directionally different exposures whenever possible, and not less than thirty feet from:

(I) Combustion equipment exhaust stacks or outlets;

(II) Ventilation exhaust outlets from the hospital or adjoining buildings, including fume hoods and ethylene oxide systems, except plumbing vent stacks which may be ten feet away horizontally;

(III) Medical-surgical vacuum and exhaust systems outlets;

(IV) Areas that may collect vehicular exhaust and other noxious fumes; and

(V) Cooling towers;

(B) Which may be close to outlets that exhaust air suitable for recirculation, however, exhaust air must not short-circuit into the intakes of outdoor air units or fan systems used for smoke control; and

(C) Serving central systems must have the bottom of the intakes located:

(I) As high as practical, but not less than six feet above ground level; or

(II) If installed above the roof, not less than three feet above the roof level;

(ii) Required exhausts:

(A) Located a minimum of ten feet above ground level; and

(B) Located away from doors, occupied areas, and operable windows;

(g) Filters installed in central ventilation or air conditioning systems as follows:

(i) Filter beds and filter efficiencies meeting requirements in Table 525-4;

(ii) Filter bed number two located downstream of the last component of any central air handling unit except:

(A) Steam injection-type humidifier permitted fifteen feet or more downstream of filter bed number two;

(B) Terminal reheat coils permitted downstream of filter bed number two; and

(C) Terminal cooling coils permitted downstream of filter bed number two with additional filtration downstream of coil meeting requirements of filter bed number two;

(iii) Filter frames airtight to the enclosing duct work and provided with gaskets or seals to provide positive seal against air leakage; and

(iv) A manometer or equivalent installed across each filter bed serving sensitive areas of central air systems;

(h) Exhaust hoods or other approved exhaust devices provided over equipment likely to produce excessive heat, moisture, odors, or contaminants, and properly designed for intended use;

(i) Exhaust hoods provided in food preparation in compliance with WAC 246-320-99902(10);

(j) Laboratory hoods or biological safety cabinets constructed for handling infectious materials with:

(i) A minimum face velocity of seventy-five feet per minute at maximum operating level of sash;

(ii) An independent exhaust system with the exhaust fan located at the discharge end of the system;

(iii) Ducts with welded joints or equivalent from the hood to filter enclosure;

(iv) Filters in the exhaust stream rated at 99.97% efficiency by the dioctyl-phthalate (DOP) test method;

(v) Features designed and equipped to permit the safe removal of contaminated filters; and

(vi) Ventilation alarm system;

(k) Laboratory hoods or biological safety cabinets constructed for venting radioactive particulate aerosols in accordance with the Bureau of Radiological Health with:

(i) A minimum face velocity of one hundred feet per minute at maximum operating level of sash;

(ii) An independent exhaust system with exhaust fan at discharge end of system;

(iii) Ducts with welded joints or equivalent from the hood to the filter enclosure;

(iv) Exhaust stream filters with 99.97% efficiency using the DOP test method;

(v) Features designed and equipped to permit the safe removal of contaminated filters; and

(vi) Provisions for washdown;

(l) Laboratory hoods or biological safety cabinets constructed for processing strong oxidizing agents with:

(i) A minimum face velocity of one hundred feet per minute at maximum operating level of sash;

(ii) An independent exhaust system and explosion-proof exhaust fan at discharge end of the system;

(iii) Ducts of welded stainless steel or equivalent throughout the exhaust system; and

(iv) Hood and exhaust duct system equipped with complete coverage washdown facilities;

(m) Exhaust systems for ETO sterilizers with ventilation and monitoring in accordance with manufacturer's recommendations and chapter 296-62 WAC;

(4) Design and install plumbing components meeting requirements in WAC 246-320-99902(14), including:

(a) Backflow prevention:

(i) Devices on plumbing fixtures, equipment, facilities, buildings, premises, or areas which may cause actual or potential cross-connections of systems in order to prevent the backflow of water or other liquids, gases, mixtures, or substances into a water distribution system or other fixtures, equipment, facilities, buildings, or areas; and

(ii) Meeting requirements of WAC 246-320-99902(1) for practices, procedures, interpretations, and enforcement;

(b) Trap primers in floor drains and stand pipes subject to infrequent use;

(c) Wrist, knee, or foot faucet controls or equivalent and gooseneck spouts without aerators on:

(i) Handwash sinks in patient care areas. Handwash sinks for personnel use where intended to control cross infection must be designed to permit hand washing without touching fixtures or bowl and to minimize splash and splatter; and

(ii) Sinks in patient toilet rooms;

(d) Handsfree faucet controls and gooseneck spouts without aerators on scrub sinks;

(e) Drinking fountains or equivalent at locations accessible to the public with at least one on each floor;

(f) Insulation on:

(i) Hot water piping systems;

(ii) Cold water and drainage piping; and

(iii) Piping exposed to outside temperatures;

(g) Hot water supply meeting requirements in WAC 246-320-99902(14);

(h) Equipment to deliver hot water at point of use as follows:

(i) Handwash and bathing fixtures at 120°F or less;

(ii) Laundry:

(A) 160°F or more for laundry washers; or

(B) 120°F or more for laundry washers using chemical sanitization;

(iii) Mechanical dishwashers:

(A) 120°F or more for mechanical dishwashers using chemical sanitization;

(B) 140°F or more for mechanical dishwashers using high temperature sanitization; and

(C) 180°F or more for sanitization cycle in high temperature mechanical dishwashers;

(i) Sewage disposal systems meeting requirements in chapters 246-271 WAC Public sewage and 246-272 WAC On-site sewage systems;

(j) Vacuum and medical gas, and waste gas evacuation systems meeting requirements in WAC 246-320-99902 (6), (8), (11) and Table 525-2;

(k) If the facility is a purveyor of water supply or sewage treatment facilities, they must meet the following additional requirements:

(i) Chapter 246-290 WAC Class "A" public water systems;

(ii) Chapter 246-291 WAC Class "B" public water systems;

(iii) Chapter 246-271 WAC Public sewage; and

(iv) Chapter 246-272 WAC On-site sewage systems;

(5) Provide electrical service meeting the requirements in WAC 246-320-99902(3) including:

(a) General service as follows:

(i) Electrical receptacle outlets meeting requirements in Table 525-5. Provide outlets with ground fault circuit interrupter when installed within five feet of wet areas, bathing facilities, dialysis stations, and at a sink plane or above except when electrical outlets are located in cabinets;

(ii) All patient care areas limited to twelve single electrical receptacle outlets or six duplex electrical receptacle outlets, or equivalent, per twenty amp circuit; and

(iii) Additional electrical receptacle outlets conveniently located to accommodate nonpatient related equipment;

(b) Service to critical care units and areas as follows:

(i) Dedicated circuits to serve designated electrical receptacle outlets located at the head of each bed;

(ii) Capacity limited to six single electrical receptacle outlets or three duplex electrical receptacle outlets or equivalent per twenty amp circuit; and

(iii) Branch circuit panels serving receptacle outlets must be located within the area they serve;

(c) Emergency electrical service with:

(i) Critical emergency power electrical receptacle outlets meeting requirements in Table 525-5; and

(ii) Additional emergency power and lighting meeting requirements in WAC 246-320-99902 (3) and (6);

(d) Lighting fixtures with:

(i) Number, type, and location to provide adequate illumination for the functions of each area;

(ii) A reading light and control, conveniently located for patient use at each bed in the patient rooms;

(iii) Protective lens or diffusers on overhead light fixtures in:

(A) All patient care areas; and

(B) Areas where patient care equipment and supplies are processed;

(iv) A night light or equivalent low level illumination;

(v) Night light switches and general illumination switches located adjacent to the opening side of patient room doors, except in psychiatric patient security and seclusion rooms locate switches outside of the rooms; and

(vi) Lighting fixtures in psychiatric security and seclusion rooms of tamper-resistant design;

(e) Electrical/electronic equipment including:

(i) Communications systems meeting requirements in Table 525-1;

(ii) Nurse call annunciator at department or unit control point and additional control points; and

(iii) Film illuminators, or equivalent, accommodating at least two X-ray films in all areas where films are viewed, except in private offices;

(6) Provide interior finishes suitable to the function of an area including:

(a) Floor finishes with:

(i) Easily cleanable and/or maintainable surfaces;

(ii) Skid-resistant surfaces at entrances and other areas used while wet;

(iii) A coved base integral with floors or top set base with toe tight to the walls; and

(iv) Seamless floors with integral cove base in sensitive areas;

(b) Carpets in areas used by patients, if installed:

(i) Made from easily cleanable and/or maintainable material;

(ii) Constructed to prevent or reduce static build-up;

(iii) With an average pile density of four thousand ounces per cubic yard. Exception: Loop pile carpet with density of five thousand ounce per cubic yard or greater is required in long-term care units;

(iv) With a maximum pile height of .312 inches;

(v) With padding, if used, that is water resistant and permanently bonded to the carpet backing;

(vi) Adhered to the floor;

(vii) With edges covered and top set base with toe at all wall junctures; and

(viii) Are not permitted in any sensitive areas, toilets, bathrooms, and areas where flooding or infection control is an issue;

(c) Ceiling finishes or construction with:

(i) Monolithic or bonded construction in patient rooms of psychiatric nursing units, security and seclusion rooms;

(ii) Easily cleanable or maintainable surfaces;

(iii) Smooth surface without visible joints or crevices in areas where surgical asepsis must be maintained;

(d) Wall finishes with:

(i) Protection from impact in high traffic areas;

(ii) Easily cleanable surfaces;

(iii) Smooth surface without open joints or crevices in areas where surgical asepsis must be maintained; and

(iv) Water-resistant paint, glaze, or similar water-resistant finish extending above the splash line in all rooms or areas subject to splash or spray;

(7) Provide bathrooms and toilet rooms with:

(a) Handwash sinks in each toilet, except where provided in adjoining single patient room, or connecting dressing or locker rooms;

(b) Skid-resistant floor surfaces in tubs and showers;

(c) Backing to support mounting all accessories;

(d) Accessories at bathing facilities, toilets, dressing rooms, and examination rooms, except in psychiatric units as follows:

(i) Toilet paper holder at water closets;

(ii) Towel bar, hook, or ring at bathing facilities; and

(iii) Robe hook;

(e) A mirror and shelving or equivalent at each handwash sink in:

(i) Toilet room;

(ii) Patient room;

(iii) Birthing room;

(iv) Dressing room; and

(v) Locker room, except where located in adjoining toilet room;

(f) Dispensers at all sinks, for single-use towels or equivalent, mounted to avoid contamination from splash and splatter;

(g) Soap dispenser or equivalent at each sink and bathing facility; and

(h) Grab bars that are easily cleanable, resistant to corrosion, functionally designed, and securely mounted:

(i) In areas designed for barrier free access meeting the requirements in WAC 51-40-1106; and

(ii) In areas not designed for barrier free access:

(A) On two sides of each standard bathtub and shower; and

(B) With at least one horizontal grab bar extending eighteen inches or more in front of the water closet;

(8) Provide signage for identification:

(a) Meeting requirements in WAC 51-40-1106; and

(b) Of electric panel boards in accordance with WAC 246-320-99902(3).

Table 525-1 COMMUNICATION SYSTEM

Area/Room Name	WAC	System Type
Surgical Facilities		
Surgery Suite	246-320-635	
All Operating Rooms		MES
PACU	246-320-645	
Recovery Stage 1		MES, PNC
Recovery Stage 2		MES, PNC
Recovery Infants and Pediatrics		MES, PNC
Recovery (Electro Convulsive Therapy)		MES
Patient Holding Area		MES, PNC
Patient Induction		MES, PNC
Outpatient Preoperative		MES, PNC
Obstetrical Services		
OB Cesarean/Surgical	246-320-655	MES
Birthing (Labor Delivery Recovery)	246-320-665	MES, PNC
Infant Station		MES
Adult Station		MES, PNC
Interventional Services	246-320-675	
Cardiology/Angiography		
Cath Labs & Angio Rooms		MES
Endoscopy Recovery		MES
Bronchoscopy		MES
Lithotripsy		MES
Inpatient Services		
Nursing	246-320-685	
Medical & Surgical Beds		MES, PNC
Protective Precaution Room (Transplant)		MES, PNC
Airborne Precaution Room		MES, PNC
Specialized Patient Care Services		
Pediatrics	246-320-695	MES, PNC
Nursery		
Intermediate Care Nursery	246-320-715	MES
NICU	246-320-715	MES
Newborn	246-320-705	MES
Critical Care	246-320-725	
Coronary Care		MES, PNC
Intensive Care		MES, PNC
Alcoholism & Substance Abuse	246-320-735	MES, PNC
Psychiatric	246-320-745	
Psychiatric Activities		MES
Psychiatric Patient		MES
Psychiatric Seclusion		MES
Rehabilitation (Nursing)	246-320-755	MES, PNC
Long-Term Care	246-320-765	MES, PNC
Dialysis	246-320-775	PNC

Table 525-1 COMMUNICATION SYSTEM

Area/Room Name	WAC	System Type
General Requirements		
Nursing Support Area		Annunciator
Inpatient Treatment		MES
Inpatient Exam Rooms		MES
Patient Dressing		PNC
Patient Shower Bathroom & Toilet		PNC
Imaging Services		
General Radiology	246-320-785	
General X-ray, Fluoroscopy		MES
Mammography		MES
Needle Biopsy		MES
CT Scan		MES
MRI		MES
Nuclear Medicine	246-320-795	MES
Diagnostic & Treatment		
Emergency	246-320-805	
Trauma		MES, PNC
Treatment		MES
Exam		MES, PNC
Receiving/Triage		MES
Rehabilitation (Outpatient)	246-320-755	
Physical Therapy & Hydrotherapy		MES

NOTES:

Patient Nurse Calls installed as follows:

- Located at head of bed.
- Signals from toilet and bathing facilities to have distinctive light and distinctive audible signals.
- A properly located signal device mounted no higher than six feet above the floor and activated by a nonconductive pull cord within easy grasp by a patient slumped forward on the floors of either the toilet, bathing facility, or dressing room.
- PNC required in any area not within direct observation of staff.

Medical Emergency Signals installed as follows:

- When MES is part of a nurse call system, it must register by light at corridor door or treatment area and register by light and audible signal at a location where staff are always available.
- Call signals initiated by staff within a department by remote or other means must register at a staff control point from which assistance is always available.
- In areas where PNC are not required, a medical emergency system is a method for staff to signal for immediate assistance. The system must signal where staff are always available and indicate location of emergency.
- Signal device located within easy reach by staff.

When both Patient Nurse Call and Medical Emergency Signal are required, installed as follows:

- Register by light and outside each patient station or register by light and audible signal at the nurse's station.

Abbreviations:

PNC = Patient Nurse Call MES = Medical Emergency Signal

Washington State Hospital Regulatory Reform Tables of Information

Table 525-2 Medical Gases, Vacuum, and Waste Gas Evacuation

Area/Room Name	WAC	Number of Outlets Required: Oxygen	Medical Air	Nitrous Oxide*	Vacuum
Surgical Facilities					
Surgery Suite	246-320-635				
Cystoscopic		1	1		2
Operating Room		2	1	1	2(B)
Operating Patient Holding		1			1
PACU	246-320-645				
Recovery Stage 1		1			2
Recovery Stage 2		1(D)			1(D)
Recovery (ECT)		1			1
Recovery (Infants and Pediatrics)		1	1		1
Obstetrical Services					
OB Cesarean/Surgical	246-320-655	1(A)	1(A)	1	2(A)
Birthing (Labor Delivery Recovery)	246-320-665	1(A)	1(A)		1(A)
Interventional Services	246-320-675				
Cardiology/Angiography					
Cath Labs & Angio Rooms		1	1	(C)	2

Area/Room Name	WAC	Number of Outlets Required Oxygen	Medical Air	Nitrous Oxide*	Vacuum
Electrophysiology		1	1	(C)	2
Endoscopy		1			1
Bronchoscopy		1			1
Lithotripsy		1	1	(C)	1
Inpatient Services					
Nursing, Medical & Surgical	246-320-685	1			1
Protective Precaution Room (Transplant)		1			1
Airborne Precaution Room	246-320-685	1			1
Specialized Patient Care Services					
Pediatrics	246-320-695	1	1		1
Nursery					
Intermediate Care Nursery	246-320-715	2	2		1
NICU	246-320-715	2	2		1
Newborn	246-320-705	1	1		1
Critical Care	246-320-725				
Coronary Care		1	1		2
Intensive Care		1	1		2
Alcoholism & Substance Abuse	246-320-735	1(E)			1(E)
Psychiatric (Medical)	246-320-745	1			1
Rehabilitation (Nursing)	246-320-755	1			1
Long-Term Care	246-320-765	1(D)			1(D)
Dialysis	246-320-775	(D)			(D)
General Requirements					
Treatment & Exam Rooms		1			1
Imaging Services					
General Radiology	246-320-785				
General X-ray, Fluoroscopy		1(D)			1(D)
Mammography		NA	NA	NA	NA
Needle Biopsy		1(D)			1(D)
Ultrasound		1(D)			1(D)
CT Scan		1(D)			1(D)
MRI		1			1
Nuclear Medicine	246-320-795	(E)			(E)
Diagnostic & Treatment					
Emergency	246-320-805				
Trauma		2	1	(C)	2
Treatment		2	1		2
Exam		1			1
Rehabilitation (Outpatient)	246-320-755				
Physical Therapy & Hydrotherapy		NA	NA	NA	NA
Clinical Support Services		NA	NA	NA	NA

* Method for gas evacuation must be provided in areas where nitrous oxide is used.

NOTES

(A) Separate outlets for infants.
(B) If used for delivery, must include A.
(C) Required only when general anesthesia is used.
(D) Portable equipment may be used in a ratio of one for every five bed, stretcher, bassinet, or equivalent with a minimum of one unit.
(E) Portable equipment shall be provided on-site for emergent situations.

Table 525-3 GENERAL PRESSURE RELATIONSHIPS, VENTILATION TEMPERATURE AND HUMIDITY OF CERTAIN HOSPITAL AREAS

Area/Room Name	WAC	Pressure Relationship to Adjacent Areas	Minimum Air Changes of Outdoor Air Per Hour Supplied To Room	Minimum Total Air Changes Per Hour Supplied To Room	All Air Exhausted Directly To Outdoors	Air Recirculated Within Room Units Evacuation	Capacity (°F) to Attain Temperature [11] Cooling	Heating	Individual Room Temp Control	Interpretive Guidelines
Surgical Facilities										
Surgery Suite	246-320-635									
Operating Rooms with [10]		P	3	15	Optional	No[1]	68	76	Yes	Refer to ASHRAE Guidelines for Recommended Humidity Limits for all areas
Recirculating Air Systems										
Operating Rooms with[6]		P	15	15	Yes	No	68	76	Yes	"
(All Outdoor Air Systems)										
Sterile Supply Room		P	4	6	Optional	No	-	72	Yes	"
PACU	246-320-645									
Recovery Stage 1		E	2	6	Optional	No[1]	75	75	Yes	"
Recovery Stage 2		E	2	6	Optional	No[1]	75	75	Yes	"
Recovery (ECT)		E	2	4	Optional	No[1]	75	75	Yes	"
Recovery Infants & Pediatrics		E	2	6	Optional	No[1]	75	75	Yes	"
Obstetrical Services										
OB Cesarean/Surgical with[10]	246-320-655	P	3	15	Optional	No[1]	68	76	Yes	"
Recirculating Air Systems										
OB Cesarean/Surgical with[6]	246-320-655	P	15	15	Yes	No	68	76	Yes	"
All Outdoor Air Systems										
Birthing (Labor Delivery Recovery)	246-320-665	P	2	4	Optional	No[1]	75	75	Yes	"
Interventional Services	246-320-675									
Cardiology/Angiography										
Cath Labs & Angio Rooms		P	2	6	Optional	No	75	80	Yes	"
Electrophysiology		P	2	6	Optional	No	75	80	Yes	"
Endoscopy		N or E	2	6	Yes	No	75	80	Yes	"
Bronchoscopy/Cough Inducing Procedures		N	2	12	Yes	No	-	72	Yes	"
Lithotripsy		P	2	4	Optional	Optional	75	75	Yes	"
Inpatient Services										
Nursing	246-320-685									
Medical & Surgical Beds[9]		P	2	4	Optional	Optional	75	75	Yes	"
Protective Precaution Room (Transplant)		P	2	15	Optional	Optional	75	75	Yes	"
Airborne Precaution Room[3]		N	2	12	Yes	No	75	75	Yes	"
Ante Room (if provided)[3]		N or P	2	10	Yes	No	-	-	-	"
Specialized Patient Care Services										
Pediatrics[9]	246-320-695	P	2	4	Optional	Optional	75	75	Yes	"
Nursery										"
Intermediate Care Nursery	246-320-715	P	5	12	Optional	No	75	80	Yes	"
NICU	246-320-715	P	5	12	Optional	No	75	80	Yes	"
Newborn	246-320-705	P	2	6	Optional	No[1]	75	80	Yes	"
Critical Care	246-320-725									
Coronary Care		P	2	6	Optional	No	75	80	Yes	"
Intensive Care		P	2	6	Optional	No	75	80	Yes	"
Alcoholism & Substance Abuse[9]	246-320-735	P	2	4	Optional	Optional	75	75	Yes	"
Psychiatric (Medical)[9]	246-320-745	P	2	4	Optional	Optional	75	75	Yes	"
Rehabilitation (Nursing)[9]	246-320-755	P	2	4	Optional	Optional	75	75	Yes	"
Long-Term Care[9]	246-320-765	P	2	4	Optional	Optional	75	75	Yes	"
Dialysis	246-320-775									
Patient Area		P	2	4	Optional	Optional	75	75	Yes	"
Reuse		N	4	10	Optional	Optional	75	75	Yes	"
Reverse Osmosis		P	2	6	Optional	Optional	75	75	Yes	"
Imaging Services										
General Radiology	246-320-785									

Area/Room Name	WAC	Pressure Relationship to Adjacent Areas	Minimum Air Changes of Outdoor Air Per Hour Supplied To Room	Minimum Total Air Changes Per Hour Supplied To Room	All Air Exhausted Directly To Outdoors	Air Recirculated Within Room Units Evacuation	Capacity (°F) to Attain Temperature [11] Cooling	Heating	Individual Room Temp Control	Interpretive Guidelines
General X-ray, Fluoroscopy		NA	2	6	Optional	Optional	75	80	Yes	"
Mammography		NA	2	6	Optional	Optional	75	80	Yes	"
Needle Biopsy		NA	2	6	Optional	Optional	75	80	Yes	"
CT Scan		NA	2	6	Optional	Optional	75	80	Yes	"
MRI		NA	2	6	Optional	Optional	75	80	Yes	"
Dark Room		N	2	10	Yes	No	-	-	Yes	"
Nuclear Medicine	246-320-795	N	2	6	Yes	No				
Diagnostic & Treatment										
Emergency	246-320-805									
Trauma[2]		P	5	12	Optional	No	68	75	Yes	"
Treatment		N or P	2	6	Optional	Optional	75	75	Yes	"
Exam		N or P	2	6	Optional	Optional	-	72	Yes	"
Rehabilitation (Outpatient)	246-320-755									
Physical Therapy & Hydrotherapy		N	2	6	Optional	Optional	-	80	Yes	"
General Requirements										
Treatment Room		N or P	2	6	Optional	Optional	75	75	Yes	"
Exam Room		N or P	2	6	Optional	Optional	75	75	-	"
Patient Corridor		NA	2	4	Optional	Optional				"
Patient Toilet		N	Optional	10	Yes	No	-	72	No	"
Patient Bathing		N	Optional	10	Yes	No	-	72	No	"
Clean Utility		P	2	4	Optional	Optional	-	72	No	"
Soiled Utility		N	2	10	Yes	No	-	72	No	"
Janitor's Closet		N	Optional	10	Yes	No	-	72	No	"
Medication		P	2	4	Optional	Optional	-	-	-	"
Clinical Support Services										
Receiving Storage and Distribution	246-320-565	NA	NA	NA	NA	NA				"
Central Sterilizing	246-320-575									
Clean Workroom Sterile Storage		P	2	4	Optional	Optional	-	72	No	"
ETO Sterilizer[7]		N	2	10	Yes	No				"
Laundry (Part of CSSR)		N	2	10	Yes	No				"
Soiled Receiving/ Decontamination		N	Optional/2	10	Yes	No	-	72	No	"
Environmental Services	246-320-585	N	2	10	Yes	No	-	72	No	"
Laundry	246-320-595									
Laundry General		N	2	10	Yes	No	-	72	No	"
Soiled Linen Sorting & Storage		N	Optional	10	Yes	No	-	72	No	"
Clean Linen Storage		P	Optional/2	2	Optional	Optional	-	72	No	"
Linen & Trash Chute Room		N	Optional	10	Yes	No	-	72	No	"
Dietary	246-320-605									
Dietary Dry Storage		NA	Optional	2	Optional	No	-	72	No	"
Food Preparation Centers[5]		NA	2	10	Yes	No	-	72	No	"
Ware Washing		N	Optional	10	Yes	No	-	72	No	"
Lab General	246-320-625	N	2	6	Yes	No	-	72	Yes	"
Bacteriology		N	2	6	Yes	No	-	72	Yes	"
Biochemistry		P	2	6	Optional	No	-	72	Yes	"
Cytology		N	2	6	Yes	No	-	72	Yes	"
Glass Washing		N	2	10	Yes	Optional	-	72	Yes	"
Histology		N	2	6	Yes	No	-	72	Yes	"
Media Transfer		P	2	4	Optional	No	-	72	Yes	"
Pathology		N	2	6	Yes	No	-	72	Yes	"
Serology		P	2	6	Optional	No	-	72	Yes	"
Sterilizing		N	Optional	10	Yes	No	-	72	Yes	"
Autopsy		N	2	12	Yes	No	-	72	Yes	"
Body Holding Nonrefrigerated[4]		N	Optional	10	Yes	No	-	72	Yes	"
Pharmacy	246-320-615	P	2	4	Optional	Optional	-	72	Yes	"

Abbreviations

N=Negative
P=Positive
NA=Not applicable (Continuous Direction Control Not Required)
E=Equal

Notes:

[1] Recirculating room units meeting the filtering requirements for the space may be used.

[2] The term "trauma room" used in Table 525-3 is the operating room space, in the trauma center routinely used for emergency surgery. The first aid room and/or "emergency room" used for general initial treatment of accident victims may be ventilated as quoted for the "treatment room."

[3] The airborne precaution room described in the standards might be used in the average community hospital. The assumption is the precaution procedures will be for infectious patients and the room should also be suitable for normal private patient use when not needed for airborne precaution.

[4] The nonrefrigerated body-holding room would be applicable only for facilities not performing autopsies on-site and using the space for a short period while waiting for body transfer to be completed.

[5] Food preparation centers shall have ventilation systems with an excess of air supply for positive pressure when hoods are not in operation.

[6] The number of air changes may be reduced when areas are not occupied if provisions are made to ensure the number of air changes required is reestablished when the space is occupied.

[7] See WAC 246-320-99902(11) and 296-62-07355 general occupational health standards for ethylene oxide.

[8] Consistent with scope of service and function of room.

[9] For renovations, existing window induction units may remain.

[10] May consider increasing air changes to 5 minimum air changes of outdoor air per hour supplied to room and 25 minimum total air changes per hour supplied to room per ASHRAE Guidelines.

[11] HVAC equipment must be designed to heat or cool to at least temperature shown.

Table 525-4 VENTILATION AND AIR CONDITIONING SYSTEMS FILTER EFFICIENCIES IN HOSPITALS

Area/Room Name	WAC	Filter Bed 1 %	Filter Bed 2 %
Surgical Facilities			
Surgery Suite	246-320-635		
All Operating Rooms		25	90
Organ Transplant		25	90 (A)
PACU	246-320-645		
Recovery Stage 1		25	90
Recovery Stage 2		25	90
Recovery Infants & Pediatrics		25	90
Recovery (ECT)		25	90
Obstetrical Services			
OB Cesarean/Surgical	246-320-655	25	90
Birthing (Labor Delivery Recovery)	246-320-665	25	90 (B)
Interventional Services	246-320-675		
Cardiology/Angiography			
Cath Labs & Angio Rooms		25	90
Endoscopy		25	90
		25	90
Lithotripsy		25	90 (B)
Inpatient Services			
Nursing	246-320-685		
Medical & Surgical Beds		25	90 (B)
Protective Precaution Room (Transplant)		25	90 (A)
Airborne Precaution Room	246-320-685	25	90 (B)
Ante Room (if planned)			
Specialized Patient Care Services			
Pediatrics	246-320-695	25	90 (B)
Nursery			
Intermediate Care Nursery	246-320-715	25	90 (B)
NICU	246-320-715	25	90 (B)
Newborn	246-320-705	25	90 (B)
Critical Care	246-320-725		
Coronary Care		25	90 (B)
Intensive Care		25	90 (B)
Alcoholism & Substance Abuse	246-320-735	25	90 (B)
Psychiatric (Medical)	246-320-745	25	90 (B)
Rehabilitation (Nursing)	246-320-755	25	90 (B)
Long-Term Care	246-320-765	25	90 (B)
Dialysis	246-320-775	25	90 (B)
General Requirements			
Treatment Room		25	90 (B)
Exam Room		25	90 (B)

Area/Room Name	WAC	Filter Bed 1 %	Filter Bed 2 %
Patient Corridor		25	90 (B)
Patient Toilet		25	90 (B)
Patient Bathing		25	90 (B)
Clean Utility		25	NA
Soiled Utility		25	NA
Janitor's Closet		25	NA
Medication		25	90 (B)
Imaging Services			
General Radiology	246-320-785		
General X-ray, Fluoroscopy		25	90 (B)
Mammography		25	90 (B)
Needle Biopsy		25	90 (B)
CT Scan		25	90 (B)
MRI		25	90 (B)
Nuclear Medicine	246-320-795		
Diagnostic & Treatment			
Emergency	246-320-805		
Trauma		25	90
Treatment		25	90 (B)
Exam		25	90 (B)
Rehabilitation (Outpatient)	246-320-755		
Physical Therapy & Hydrotherapy		25	90 (B)
Clinical Support Services			
Receiving Storage & Distribution	246-320-565	NA	NA
Central Sterilizing	246-320-575	25	90 (B)
Environmental Services	246-320-585	NA	NA
Laundry	246-320-595	80	NA
Dietary	246-320-605		
Food Preparation		80	NA
Storage, Bulk		25	NA
Lab	246-320-625		
Bacteriology		25	90
Biochemistry		25	NA
Cytology		25	NA
Glass Washing		25	NA
Histology		25	NA
Media Transfer		25	90
Pathology		25	NA
Serology		25	NA
Sterilizing		25	90
Autopsy		25	NA
Body Holding Nonrefrigerated		NA	NA
Pharmacy	246-320-615	25	90
Administration		25	NA

Notes

(A) 99.9% recirculating air.
(B) 80% acceptable with total outside air.
NA Not applicable.

Filtration requirement in this table does not apply to renovated spaces where recirculation is optional, except for sensitive areas as defined in WAC 246-320-010.

Table 525-5 PATIENT CARE AREA SINGLE ELECTRICAL RECEPTACLE OUTLET REQUIREMENTS

Area/Room Name	WAC	Total	Critical Emergency Power	Special Requirements (Hospital Grade)
Surgical Facilities				
Surgery Suite	246-320-635			
All Operating Rooms		16	12	Hospital Grade

Area/Room Name	WAC	Total	Critical Emergency Power	Special Requirements (Hospital Grade)
PACU	246-320-645			
Recovery Stage 1		6	4	Hospital Grade
Recovery Stage 2		4	2	Hospital Grade
Recovery Infants and Pediatrics		6	4	Hospital Grade
Recovery (ECT)		4	2	Hospital Grade
Obstetrical Services				
OB Cesarean/Surgical	246-320-655	16	12	Hospital Grade
Birthing (Labor Delivery Recovery)	246-320-665	6	2	Hospital Grade
Infant Station		4	2	Hospital Grade
Cardiology/Angiography				
Cath Labs & Angio Rooms		8	4	Hospital Grade
Endoscopy		8	2	Hospital Grade
		8	2	Hospital Grade
Lithotripsy		2	2	Hospital Grade
Inpatient Services				
Nursing				
Medical & Surgical Beds	246-320-685	4	2	Hospital Grade
Protective Precaution Room (Transplant)		4	2	Hospital Grade
Airborne Precaution Room	246-320-685	4	2	Hospital Grade
Specialized Patient Care Services				
Pediatrics	246-320-695	4	2	Hospital Grade (C)
Pediatric Critical Care		14	12	Hospital Grade
Nursery				
Intermediate Care Nursery	246-320-715	8	6	Hospital Grade
NICU	246-320-715	14	12	Hospital Grade
Newborn	246-320-705	4(A)	2(A)	Hospital Grade
Critical Care	246-320-725			
Coronary Care		14	12	Hospital Grade
Intensive Care		14	12	Hospital Grade
Alcoholism & Substance Abuse	246-320-735	2	0	Hospital Grade (C)
Detox beds	246-320-735	4	2	Hospital Grade (C)
Psychiatric (Medical)	246-320-745	4	2	Hospital Grade (C)
Rehabilitation (Nursing)	246-320-755	2	0	Hospital Grade
Long-Term Care	246-320-765	4	2	Hospital Grade
Dialysis (inpatient)	246-320-775	4(B)	2(B)	Hospital Grade
General Nursing Room Requirements				
Treatment Rooms		4	2	Hospital Grade
Exam Rooms		2	0	Hospital Grade (C)
Patient Toilet		per written program		
Clean Utility		2	0	
Soiled Utility		2	0	
Imaging Services				
General Radiology	246-320-785	per written program		Hospital Grade
General X-ray, Fluoroscopy		4	0	
Mammography		4	0	
Needle Biopsy		4	0	
CT Scan		4	2	
MRI		4	0	
Nuclear Medicine	246-320-795	4	0	
Diagnostic & Treatment				
Emergency	246-320-805			
Trauma		8	6	Hospital Grade
Treatment		4	2	Hospital Grade
Exam		2	0	Hospital Grade (C)
Rehabilitation (Outpatient)	246-320-755			

Area/Room Name	WAC	Total	Critical Emergency Power	Special Requirements (Hospital Grade)
Physical Therapy & Hydrotherapy		2	0	Hospital Grade
Clinical Support Services				
Receiving Storage & Distribution	246-320-565	NA	NA	NA
Central Sterilizing	246-320-575	per written program		
Environmental Services	246-320-585	NA	NA	
Laundry	246-320-595	NA	NA	
Dietary	246-320-605	NA	NA	
Lab	246-320-625	per written program		
Critical Equipment		per written program		
Blood Storage		per written program		
Pharmacy	246-320-615	per written program		

Notes
(A) Between every two basinets and according to program.
(B) Each station according to program.
(C) Tamper resistant safety receptacles.
(NA) Not Applicable (no minimum outlet requirement for nonpatient care areas).

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-525, filed 1/28/99, effective 3/10/99.]

WAC 246-320-535 Support facilities. Hospitals will:

(1) Provide staff facilities with:

(a) Space for personal belongings;

(b) A toilet; and

(c) A handwash sink;

(2) Provide clean storage room or area with:

(a) Storage shelves; and/or

(b) Space for carts and equipment;

(3) Provide clean utility room with:

(a) A work counter;

(b) A handwash sink; and

(c) Storage space;

(4) Provide housekeeping supply room with:

(a) A service sink or equivalent;

(b) Soap and towel dispensers or equivalent;

(c) A mop rack;

(d) Storage area for housekeeping carts, supplies, and equipment; and

(e) At least one housekeeping room per floor;

(5) Provide medication distribution and storage in accordance with chapter 246-873 WAC, hospital pharmacy standards, and meeting at least one of the following:

(a) A separate room under visual control of nursing staff located to minimize traffic with:

(i) A handwash sink;

(ii) A working surface;

(iii) Sturdily constructed, lockable drug storage;

(iv) An enclosed cabinet or equivalent for storage;

(v) Storage space for medication cart when appropriate;

(vi) Space and electrical receptacle for refrigerator; and

(vii) Self-closing positive latching locked entry doors; or

(b) Permanently affixed nurse server storage units with:

(i) Convenient access to a refrigerator and hand washing sink;

(ii) A work surface;

(iii) Sturdy construction; and

(iv) Self-closing, positive latching, automatic locking doors and/or drawers;

(c) Medication distribution cart(s), stored in locked room or continuously attended area; or

(d) Automated dispensing unit, designed and installed in accordance with chapter 246-873 WAC;

(6) Provide nourishment facilities in a clean room with:

(a) A refrigerator;

(b) A work counter or space unless combined with a clean utility room;

(c) Storage for utensils and food stuffs;

(d) A handwash sink unless combined with a clean utility room;

(e) Space for a waste container unless combined with a clean utility room;

(f) Dishwasher with a two-compartment sink or a three-compartment sink if area will be used to wash dishes, glasses, or pitchers in accordance with WAC 246-215-100 food service, equipment and utensil cleaning and sanitizing; and

(g) Self-dispensing ice machine, if needed, consistent with scope of service;

(7) Provide soiled storage room separate and with no direct connection to clean storage or utility rooms with:

(a) A clinical service sink with bedpan flushing attachment, unless a soiled utility room is on the same nursing unit or bedpan flushing devices are furnished in all toilet rooms adjoining patient rooms;

(b) Space for waste container, linen hampers, carts, and other large equipment;

(c) A handwash sink or equivalent; and

(d) Self-closing door(s);

(8) Provide soiled utility room separate and with no direct connection to clean utility or storage room with:

(a) A double-compartment sink large enough to accommodate equipment to be cleaned;

(b) A work surface;

(c) Storage cabinets sufficient to store cleaning supplies;

(d) A clinical service sink with bedpan flushing attachment unless bedpan flushing devices are furnished in all toilet rooms adjoining patient rooms;

(e) Space for waste containers, linen hampers, and other large equipment; and

(f) Self-closing door(s).

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-535, filed 1/28/99, effective 3/10/99.]

WAC 246-320-545 Maintenance, engineering, mechanical, and electrical facilities. Hospitals will:

(1) Provide boiler and/or mechanical equipment rooms with insulation, sound deadening and mechanical ventilation to minimize transfer of heat and noise to rooms occupied by patients and employees;

(2) Provide maintenance shop, if planned, located and designed for easy delivery and removal of equipment and to minimize noise and dust to the rest of the hospital with:

(a) Storage for solvents, flammable and combustible liquids in accordance with WAC 246-320-99902(11); and

(b) Storage for supplies and equipment;

(3) Provide electrical switch gear and telecommunications room(s) with mechanical ventilation and/or cooling as required to maintain adequate operating temperature for equipment;

(4) Provide area with file space and adequate storage for facility drawings, records, and operation manuals; and

(5) Provide separate room or area specifically for storage, repair, and testing of electronic or other medical equipment according to program.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-545, filed 1/28/99, effective 3/10/99.]

WAC 246-320-555 Admitting, lobby, and medical records facilities. Hospitals will provide:

(1) Admitting, lobby, and medical records facilities with:

(a) Support facilities meeting requirements in WAC 246-320-535(4) housekeeping supply room; and

(b) Adequate storage for office equipment, forms, and supplies;

(2) An admitting area with provision for auditory privacy during interviews;

(3) A lobby area with:

(a) A waiting area;

(b) Access to public toilet(s) for each sex;

(c) A drinking fountain;

(d) A public telephone; and

(e) An information desk or directory signage;

(4) A medical records area with:

(a) Active and inactive records storage;

(b) Total space appropriate for the duration and type of storage planned; and

(c) Security.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-555, filed 1/28/99, effective 3/10/99.]

WAC 246-320-565 Receiving, storage, and distribution facilities. Hospitals will:

(1) Provide receiving, storage, and distribution facilities with support facilities meeting the requirements in WAC 246-320-535(3) clean utility;

(2) Locate bulk and general supply storage to:

(a) Avoid disturbance to the operation of the hospital; and

(b) Prevent contamination or damage of goods during movement to and from storage;

(3) Provide bulk and general supply storage constructed in accordance with WAC 246-320-525 (2)(h), and to prevent spoilage, contamination, damage, and corrosion of goods stored therein including:

(a) Protection against inclement weather during transfer of supplies;

(b) Secured spaces with appropriate environmental conditions in accordance with federal and state laws and rules on supplies and drug storage if pharmaceuticals are stored; and

(c) Off-floor storage when required to prevent contamination and water damage to stores;

(4) Provide receiving and unloading area or areas consistent with scope of service with:

(a) Administrative work space near receiving and breakout areas;

(b) Security and protection for supplies; and

(c) Location to prevent vehicle exhaust from entering the hospital;

(5) Provide clean storage rooms designed and equipped for storage of all clean and sterilized items with:

(a) Space for shelving and/or cart storage;

(b) Fixed storage units and shelving at least six inches above floor and located for easy cleaning; and

(c) Areas used for break out not restricting egress;

(6) Provide storage consistent with scope of service for:

(a) Flammable and combustible liquid storage in accordance with WAC 246-320-99902(11);

(b) Laboratory chemicals in accordance with WAC 246-320-99902(7);

(c) Medical compressed gases in accordance with WAC 246-320-99902(6); and

(d) Gaseous oxidizing materials in accordance with WAC 246-320-99902(12) for materials including, but not limited to, oxygen, nitrous oxide, fluorine, and chlorine trifluoride with segregation either by space or in a separate room or separate building.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-565, filed 1/28/99, effective 3/10/99.]

WAC 246-320-575 Central processing service facilities. Hospitals will:

(1) Provide central processing service facilities with support facilities meeting requirements in:

(a) WAC 246-320-535(1) staff facilities; and

(b) WAC 246-320-535(4) housekeeping supply room;

(2) Locate central processing service facilities to:

(a) Prevent through traffic to other hospital operations;

(b) Avoid contamination of clean and sterile supplies and equipment;

(c) Prevent objectionable heat and noise in patient care areas; and

(d) Facilitate delivery and return of supplies and equipment to and from other services;

(3) Provide central processing service facilities with:

(a) Areas within the unit to provide for proper handling of supplies and equipment;

(b) Work flow designed to maintain separation of clean or sterile items from soiled or contaminated items;

(c) Device for communication between clean and soiled functions and between administrative and clean and soiled functions; and

(d) Room or area located to permit access from public areas without entering processing areas;

(4) Locate soiled receiving and decontamination rooms to preclude transport of soiled or contaminated items through other clean areas of central processing service with:

(a) Facilities for receiving, disassembling, and cleaning of supplies and equipment physically separated from all clean areas of central processing service; and

(b) Work flow from decontamination room directly into clean preparation room;

(5) Provide soiled receiving and decontamination room or rooms with:

(a) Space for soiled collection carts;

(b) An area with a floor drain connected to a sanitary sewage system for cleaning and disinfecting carts and large equipment unless cart wash facilities are provided elsewhere;

(c) At least one double-compartment sink adequately sized to accommodate the equipment being cleaned;

(d) Additional sinks or mechanical washers as required by types and volume of items to be processed;

(e) Work counter or equivalent space adjacent to each sink or mechanical washer for collection and separation of soiled or contaminated items and washed items;

(f) Storage for cleaning supplies and equipment;

(g) Handsfree handwash sink;

(h) Clinical service sink consistent with scope of service program;

(i) Seamless floors with integral cove base; and

(j) Emergency eyewash;

(6) Provide clean workroom, preparation and repackaging areas with:

(a) Space and facilities arranged for assembling and packing supplies and equipment for sterilization;

(b) Work surfaces;

(c) Storage;

(d) Space for mobile equipment;

(e) A handwash sink located to prevent splash or spray on clean items; and

(f) A separate room to avoid accumulation and spread of lint, if preparation of linen is a function in central processing;

(7) Locate sterilizing equipment to facilitate movement of supplies/materials from assembling/packaging to storage of clean and sterile supplies with:

(a) Easy access for maintenance;

(b) Ventilation according to manufacturer;

(c) Unalterable air gap for drain and cross-connection control on all incoming water lines;

(d) Pressure sterilizers with recording thermometers and automatic controls; and

(e) If an ethylene oxide sterilizer is installed, include:

(i) Mechanical aerator;

(ii) Ventilation and monitoring in accordance with manufacturer's recommendations and chapter 296-62 WAC biological agents;

(iii) Separate room for ethylene oxide gas sterilizer and cylinder storage; and

(iv) Readily accessible emergency deluge shower with floor drain;

(8) Provide separate room or area for clean and sterile items including:

(a) Provisions for issuance without transport through areas of central processing and sterilizing service; and

(b) Enclosed cabinets, or covered carts, or equivalent if storage is in the preparation area.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-575, filed 1/28/99, effective 3/10/99.]

WAC 246-320-585 Environmental services facilities. Hospitals will:

(1) Provide a primary housekeeping area with:

(a) Storage area consistent with scope of service, including:

(i) Racks, bins, shelves, or cabinets;

(ii) Storage for pesticides, cleaning compounds, and toxic substances;

(iii) Space for mobile housekeeping equipment;

(iv) Eyewash; and

(v) Handwash sink;

(b) Cleanup area for large mobile equipment with:

(i) Service sink for cleaning small equipment and janitorial tools;

(ii) Soap dispenser and single use hand drying device; and

(iii) Area with floor drain for cleaning large mobile equipment unless equipment wash area is provided elsewhere; and

(c) Administrative area;

(2) Provide waste handling area located to prevent objectionable smoke and odors in other areas of the hospital including:

(a) Storage area in a separate, well-ventilated room or outside, enclosed space with:

(i) Emergency shower;

(ii) Eyewash;

(iii) Handwash sink; and

(iv) Floor drain connected to sanitary sewage system;

(b) Waste container wash area, if provided, with floor drain connected to a sanitary sewage system and hose bibs with hot and cold water;

(c) Waste dumpsters and compactor storage area with drain connected to a sanitary sewage system and hose bibs with hot and cold water; and

(d) Incineration facilities, if planned, located in a separate well-ventilated room or outside enclosed space with incinerator, meeting requirements in WAC 246-320-99902 (4) and other federal, state, and local rules and regulations.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-585, filed 1/28/99, effective 3/10/99.]

WAC 246-320-595 Laundry and/or linen handling facilities. Hospitals will:

(1) Provide laundry and/or linen handling facilities with support facilities meeting requirements in:

(a) WAC 246-320-535(1) staff facilities; and

(b) WAC 246-320-535(4) housekeeping supply room;

(2) Locate laundry and/or linen facilities to:

(a) Avoid through traffic to other hospital patient care areas; and

(b) Avoid excessive heat, noise and odors traveling to patient care areas and other departments;

(3) Provide laundry and linen handling facilities with:

(a) Space for movement and storage of clean and soiled carts;

(b) Separate linen processing areas or rooms with:

(i) Capacity for receiving, holding, and sorting of soiled and clean linen consistent with scope of service;

(ii) Floor drain(s) located in the soiled linen area;

(iii) Handwash sink in soiled and clean processing areas;

(iv) Negative air pressure gradient with direction of air flow from clean side of room to dirty side of room if room is shared; and

(v) A folding area on clean side;

(c) Separate clean linen storage room located to avoid sources of moist or contaminated air with:

(i) Storage for reserve supply of linens, blankets, and pillows; and

(ii) Space for carts and/or shelves;

(d) The following additional provisions if laundry is done on site:

(i) Equipment capacity for processing laundry consistent with scope of service;

(ii) Arrangement for uninterrupted work flow from soiled to clean function;

(iii) Commercial washing machine(s);

(iv) Floor drains consistent with scope of service or as required by equipment;

(v) Commercial dryer(s);

(vi) Dryer exhaust to the exterior and make-up air; and

(vii) Sewing area;

(4) If commercial laundry service is used, provide separate clean and soiled storage rooms, located for convenient dispatch to vendor.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-595, filed 1/28/99, effective 3/10/99.]

WAC 246-320-605 Food and nutrition facilities. Hospitals will:

(1) Meet the requirements in chapter 246-215 WAC Food service;

(2) Provide food and nutrition facilities with support facilities meeting requirements in:

(a) WAC 246-320-535(1) staff facilities, with door closures if opening directly into food preparation or storage areas; and

(b) WAC 246-320-535(4) housekeeping supply room;

(3) Locate dietary facility to prevent through traffic to other hospital operations with:

(a) Kitchen area located to:

(i) Prevent unnecessary traffic through dietary department;

(ii) Avoid food contamination from other hospital operations; and

(iii) Prevent objectionable heat, noise, and odors to patient care areas;

(b) Dietary facility to facilitate:

(i) Delivery of stores;

(ii) Disposal of kitchen waste; and

(iii) Transport of food to nursing units;

(c) Dining area, if planned, adjacent to employee food service area;

(4) Provide the dietary facility with:

(a) Office space;

(b) Receiving area readily accessible to the refrigeration and food storage areas;

(c) Bulk, refrigerated and frozen food storage spaces conveniently located to receiving area and to avoid through traffic in food preparation area with:

(i) At least one dry storage room located in or adjacent to the kitchen with:

(A) Access from an outside delivery entrance;

(B) Proper construction, ventilation, and temperature to minimize spoilage;

(C) Space for large containers and mobile equipment;

(D) Bottom shelves for food storage at least six inches above floor; and

(E) Storage units located and designed to allow for easy and regular cleaning of shelves, walls, and floors;

(ii) Capacity to stock a quantity of food supplies to accommodate emergencies;

(5) Provide kitchen facilities and food preparation areas including:

(a) Patient tray preparation area with:

(i) Space for mobile equipment such as food tray carts;

(ii) Serving equipment;

(iii) Closed or covered storage units for food containers, dishes, and trays;

(iv) Refrigerator and/or frozen food storage unit; and

(v) Beverage service equipment;

(b) Provision for bulk ice;

(6) Provide employee food service area, if planned, separate from, but convenient to the kitchen;

(7) Provide a dishwashing and utensil washing room or area to:

(a) Avoid traffic through other areas of the kitchen; and

(b) Permit unloading of tray carts and receiving of soiled dishes without obstructing traffic in corridors; and

(8) Provide access to cart washing or cleaning area conveniently located adjacent to service corridor or elevator.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-605, filed 1/28/99, effective 3/10/99.]

WAC 246-320-615 Pharmacy. Hospitals will:

(1) Provide each pharmacy with support facilities meeting requirements in WAC 246-320-535(4) housekeeping supply room;

(2) Locate pharmacy in a separate and secure room;

(3) Provide pharmacy with:

(a) Storage, including locked storage for Schedule II controlled substances in accordance with WAC 246-873-070 and 246-873-080;

(b) All entrance doors equipped with closers;

(c) Automatic locking mechanisms on all entrance doors to preclude entrance without a key or combination;

(d) All perimeter walls of the pharmacy and vault constructed full height from floor to underside of structure above;

(e) Security devices or alarm systems for perimeter doors, windows and relites;

(f) An emergency signal device to signal at a location where twenty-four-hour assistance is available;

(g) Space for files and clerical functions;

(h) Break-out and storage area separate from clean areas; and

(i) Electrical service including emergency power to critical pharmacy areas and equipment;

(4) Provide a general compounding and dispensing unit, room, or area with:

(a) A work counter with impermeable surface;

(b) A corrosion-resistant sink, suitable for hand washing, mounted in counter or integral with counter;

(c) Storage space;

(d) A refrigeration and freezing unit; and

(e) Space for mobile equipment;

(5) Provide manufacturing and unit dose packaging area or room, if planned, with the following:

(a) Work counter with impermeable surface;

(b) Corrosion-resistant sink suitable for hand washing, mounted in counter or integral with counter; and

(c) Storage space;

(6) Locate admixture, radiopharmaceuticals, and other sterile compounding room, if planned, in a low traffic, clean area with:

(a) A preparation area;

(b) A work counter with impermeable surface;

(c) A corrosion-resistant handsfree sink, suitable for hand washing, mounted in counter or integral with counter;

(d) Space for mobile equipment;

(e) Storage space;

(f) A laminar flow hood in admixture area; and

(g) Shielding and appropriate ventilation in accordance with WAC 246-320-525 (4)(k) and (l) for storage and preparation of radiopharmaceuticals and chemotherapeutic agents;

(7) If satellite pharmacies are planned, meet:

(a) Subsections (1) and (3)(a), (b), (c), (d), (e), and (f) of this section when drugs will be stored;

(b) Subsection (3)(g), (h), and (i) of this section, if appropriate; and

(c) Subsections (4)(a) through (e) and (6)(a) through (g) of this section if planned;

(8) Provide separate outpatient pharmacy, if planned, meeting requirements for satellite pharmacy.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-615, filed 1/28/99, effective 3/10/99.]

WAC 246-320-625 Laboratory and pathology facilities. Hospitals will:

(1) Provide laboratory and pathology facilities with support facilities meeting requirements in:

(a) WAC 246-320-535(1) staff facilities;

(b) WAC 246-320-535(4) housekeeping supply room; and

(c) WAC 246-320-535(8) soiled utility room;

(2) Locate laboratory facility to avoid outpatient traffic through inpatient areas;

(3) Provide laboratory facilities with:

(a) Electrical service including emergency power to critical laboratory areas and equipment consistent with scope of service;

(b) Noise attenuation where applicable;

(c) Piped utility valves and waste line clean-outs accessible for repair and maintenance;

(d) Work areas for technical, clerical, and administrative staff, files, and storage;

(e) Handwash sink unless other sinks in the laboratory are equipped for washing hands;

(f) Impermeable work counter or counters with sufficient height, depth, and length to accommodate equipment, procedures, and documentation;

(g) Knee hole spaces at work stations where appropriate;

(h) Corrosion resistant sinks in testing areas consistent with scope of service;

(i) Space for freestanding equipment;

(j) Storage;

(k) Clear aisle width suitable to function and to provide accessibility;

(l) Special drainage as appropriate for equipment and waste disposal;

(m) Easily accessible emergency eye washers;

(n) Blood drawing room or area separate from laboratory testing area including:

(i) Work counter;

(ii) Handwash sink;

(iii) Space to accommodate wheelchair and infants; and

(iv) Waiting area;

(o) Wheelchair accessible toilet with shelf or equivalent to accommodate specimen collection;

(p) Specimen preparation area located in or adjacent to laboratory with equipment as required in (a), (d), (f), (h), (i), (j), and (k) of this subsection;

(q) Blood bank area including:

(i) Equipment as required in (a) through (n) of this subsection; and

(ii) A blood bank refrigerator equipped with high and low temperature alarm which signals in staffed area;

(r) Chemistry area including equipment as required in (a), (b), (d), (h), (i), (j), (k), (l), and (m) of this subsection with the following additional provisions if applicable:

(i) Fume hood when any procedure produces dangerous, toxic, or noxious fumes;

(ii) Special equipment properly vented as per manufacturer's instructions; and/or

(iii) Special gases piped in or space for special gas cylinders with safety fasteners;

(s) Hematology facility located and equipped as required in (a) through (n) of this subsection;

(4) Provide the following laboratory services, if planned:

(a) Media preparation room or area meeting the ventilation requirements in WAC 246-320-525 (Table 525-3);

(b) Reagent preparation area including equipment as required in subsection (3)(f), (g), (h), (i), and (j) of this section with:

(i) Space for vibration-free balance table unless available elsewhere in laboratory; and

(ii) Equipment for preparation of reagent water or outlet for piped reagent water prepared elsewhere;

(c) Microbiology or areas where specimen may be aerosolized including:

(i) Separate enclosed room or an area located away from traffic flow; and

(ii) Equipment as required in subsection (3)(a), (d), (f), (h), (i), (j), and (k) of this section with the following additional provisions:

(A) Space for special gas cylinders with safety fasteners unless all gas is piped in; and

(B) For highly infectious materials, an additional enclosed area with counters, sink, storage, and biological safety cabinet or laminar flow hood;

(d) Cytology and/or histology in a separate area with:

(i) A staining area with forced air exhaust ventilation;

(ii) As necessary, a fume hood to exhaust tissue processing equipment;

(iii) Space for frozen section equipment as needed; and

(iv) Provisions for storing flammable materials used in the area;

(5) Locate a morgue facility, if planned, to accommodate transport of deceased via least used public corridor or corridors and provide refrigeration for body storage;

(6) Locate an autopsy room, if planned, adjacent to the morgue and provide with:

(a) An autopsy table with water supply, suction outlet, and appropriate drain;

(b) Space for dissection table or counter;

(c) A floor drain;

(d) A scrub sink;

(e) An instrument sterilizer unless provided elsewhere;

(f) A conveniently located changing room, toilet, handwash sink and shower;

(g) Space for housekeeping equipment; and

(h) Specimen holding room or area;

(7) Locate vivariums, if planned, separate from the laboratory and patient care areas and provide with:

(a) Food and supply storage;

(b) Handwash sink;

(c) Facilities for disposal of wastes and dead animals;

(d) Locked isolation of inoculated animals;

(e) Controlled access;

(f) Adequately secured areas to prevent escape; and

(g) Measures to control noise and odors.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-625, filed 1/28/99, effective 3/10/99.]

WAC 246-320-635 Surgery facilities. Hospitals will:

(1) Provide surgery facilities with support facilities meeting requirements in:

(a) WAC 246-320-535(2) clean storage room or WAC 246-320-535(3) clean utility room with adequate storage facilities consistent with scope of service;

(b) WAC 246-320-535(4) housekeeping supply room;

(c) WAC 246-320-535(5) medication distribution facility, which includes anesthesia if planned;

(d) WAC 246-320-535(8) soiled utility room with:

(i) A sink and plaster trap; and

(ii) With no direct access to operating room;

(2) Locate a separate segregated surgery suite to:

(a) Prevent traffic through surgery suite to any other area of the hospital; and

(b) Facilitate transfer of patients to recovery/post anesthesia care unit and surgical nursing units;

(3) Provide surgery suite with:

(a) A scrub-up area with direct access or close to each operating room including:

(i) At least two scrub sinks per operating room or at least three scrub sinks for every two operating rooms;

(ii) Soap dispenser at each scrub sink with foot control or equivalent;

(iii) Brush dispenser or equivalent;

(iv) Shelf;

(v) Single service towel dispenser or equivalent; and

(vi) Clock with sweep second hand or equivalent within view from scrub sinks;

(b) Sterilizing facilities located for maintenance accessibility including:

(i) Flash sterilizers consistent with scope of service;

(ii) Compliance with WAC 246-320-575 central processing, if instruments are processed in the operating room;

(iii) Sterilizers with recording thermometers and automatic controls sufficient to accommodate supplies and equipment if sterilized in suite;

(c) Patient preoperative area, if planned, including:

(i) Room or alcove out of traffic; and

(ii) Provision for toilet, handwash sink, staff work area, and privacy curtains or equivalent;

(d) A solution warmer;

(e) A blanket warmer; and

(f) Ice machines consistent with scope of service;

(4) Provide at least one major operating room with:

(a) Minimum room dimension of twenty feet;

(b) Minimum room area of four hundred eighty square feet;

(c) A ceiling mounted surgery light and general room lighting;

(d) Film illuminators or equivalent consistent with scope of service;

(e) A clock with sweep second hand or equivalent;

(f) Interval timer consistent with scope of service; and

(g) Storage for surgical supplies;

(5) Provide minor operating room, if planned, meeting the requirements in subsection (4)(c) through (g) of this section, with:

(a) Minimum dimension of fifteen feet; and

(b) Minimum room area of two hundred seventy square feet;

(6) Provide anesthesia work room, if planned, with:

(a) Space for cleaning, testing, and storing anesthesia machines, carts, supplies, and lockable storage for medications;

(b) A two-compartment sink with counter space to separate clean and soiled functions; and

(c) A writing surface;

(7) Locate control area to permit coordination of functions among operating rooms in or adjacent to surgery facilities with:

(a) Telephone;

(b) Room convenient to the surgery suite for confidential communication;

(c) File storage; and

(d) Work area;

(8) Provide clean storage facilities for equipment and supplies, including:

(a) Blood refrigeration, if blood is stored; and

(b) Mobile X-ray equipment;

(9) Provide staff facilities with:

(a) Locker rooms located within the surgery suite, including:

(i) Storage for personal effects;

(ii) Storage space for scrub clothing;

(iii) Space for collection receptacles for soiled scrub clothing; and

(iv) Separate facilities for males and females including:

(A) A clothing change area or room;

(B) A toilet and handwash sink; and

(C) Shower facilities;

(b) A lounge within the surgery suite; and

(c) Dictation and report area;

(10) Include a recovery/post anesthesia care unit in accordance with WAC 246-320-645;

(11) Provide cardiovascular, orthopedic, neurological and other special procedure areas, if planned, that require room for additional personnel and/or large equipment with:

(a) Same requirements as subsection (5) of this section except with a minimum clear floor area of six hundred square feet; and

(b) Additional equipment storage room(s) for large equipment required to support these procedures.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-635, filed 1/28/99, effective 3/10/99.]

WAC 246-320-645 Recovery/post anesthesia care unit (PACU). Hospitals will:

(1) Provide recovery/post anesthesia care unit areas or rooms with support facilities meeting requirements in:

(a) WAC 246-320-535(2) clean storage room or WAC 246-320-535(3) clean utility room;

(b) WAC 246-320-535(4) housekeeping supply room;

(c) WAC 246-320-535(5) medication distribution facility; and

(d) WAC 246-320-535(7) soiled storage room or WAC 246-320-535(8) soiled utility room;

(2) Locate recovery/post anesthesia care unit area or rooms adjacent to the surgery suite, avoiding through traffic to other patient care areas;

(3) Provide patient care area with:

(a) Multiple-bed area designed to provide:

(i) At least four feet wide space between side of each bed or stretcher and wall, other bed, or fixed equipment; and

(ii) At least four feet wide space between foot end of any bed and any wall or fixed equipment;

(b) Privacy curtains or equivalent;

(c) A handwash sink located convenient to every six patient stations or major fraction;

(d) Storage, shelves, drawers, or equivalent and charting surface at each patient station;

(e) Clock with sweep second hand or equivalent;

(f) Interval timer consistent with scope of service; and

(g) Airborne precaution room, if planned, with:

(i) One hundred twenty square feet;

(ii) A handwash sink with handsfree controls and gooseneck spouts without aerators;

(iii) A clock;

(iv) A charting surface;

(v) A clinic service sink or water closet with bedpan rinsing/flushing attachment adjoining room; and

(vi) Air changes and air pressure gradients in accordance with WAC 246-320-525 (Table 525-3);

(4) Provide storage for stretchers, supplies and equipment;

(5) Provide nursing support area meeting the requirements in WAC 246-320-685 (5)(b);

(6) Provide patient toilet with handwash sink where stage two recovery is planned; and

(7) Provide easily accessible staff toilet with handwash sink.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-645, filed 1/28/99, effective 3/10/99.]

WAC 246-320-655 Obstetrical delivery facilities. Hospitals will:

(1) Provide obstetrical delivery facilities with support facilities meeting requirements in:

(a) WAC 246-320-535(1) staff facilities with dressing room;

(b) WAC 246-320-535(2) clean storage room or WAC 246-320-535(3) clean utility room;

(c) WAC 246-320-535(4) housekeeping supply room;

(d) WAC 246-320-535(5) medication distribution facility; and(e) WAC 246-320-535(8) soiled utility room;

(2) Locate delivery rooms to prevent traffic through delivery room service areas;

(3) Provide cesarean delivery room or surgery room for obstetrical services with:

(a) Minimum area of four hundred square feet;

(b) Minimum room dimension of twenty feet;

(c) A ceiling mounted surgery light and general room lighting;

(d) Film illuminators or equivalent consistent with scope of service;

(e) Clock with sweep second hand or equivalent;

(f) Interval timer consistent with scope of service;

(4) Provide scrub area located to provide direct access to the cesarean/delivery room and in accordance with WAC 246-320-635 (3)(a);

(5) Provide flash sterilizers consistent with scope of service meeting requirements in WAC 246-320-635 (3)(b);

(6) Provide anesthesia storage or anesthesia workroom meeting requirements in WAC 246-320-635(6);

(7) Include a recovery/post anesthesia care unit, if planned, in accordance with WAC 246-320-645;

(8) Provide storage for supplies and equipment.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-655, filed 1/28/99, effective 3/10/99.]

WAC 246-320-665 Birthing/delivery rooms, labor, delivery, recovery (LDR) and labor, delivery, recovery, postpartum (LDRP). Hospitals will:

(1) Provide birthing/delivery rooms, labor, delivery, recovery (LDR) and labor, delivery, recovery, postpartum (LDRP) with:

(a) Support facilities located for convenient use by staff meeting the requirements in:

(i) WAC 246-320-535(1) staff facilities with dressing room;

(ii) WAC 246-320-535(2) clean storage room, or WAC 246-320-535(3) clean utility room;

(iii) WAC 246-320-535(4) housekeeping supply room;

(iv) WAC 246-320-535(5) medication distribution facility;

(v) WAC 246-320-535(6) nourishment facilities with provision for ice; and

(vi) WAC 246-320-535(7) soiled storage room or WAC 246-320-535(8) soiled utility room;

(b) Toilet and bathing facilities adjoining each patient room;

(c) Nursing support area or equivalent meeting requirements in WAC 246-320-685 (5)(b); and

(d) Storage for supplies and equipment;

(2) Locate birthing rooms to prevent unnecessary traffic through the obstetrical service area; and

(3) Provide single-bed birthing room with:

(a) Four feet at each side and six feet at foot of bed;

(b) Minimum room area of two hundred square feet;

(c) A handsfree handwash sink;

(d) Privacy curtains or equivalent;

(e) One full-length wardrobe, closet, or locker for storage of personal effects; and

(f) Uncarpeted floors.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-665, filed 1/28/99, effective 3/10/99.]

WAC 246-320-675 Interventional service facilities. Hospitals will:

(1) Provide interventional service facilities with convenient and easily accessible support facilities consistent with scope of service meeting requirements in:

(a) WAC 246-320-535(2) clean storage room or WAC 246-320-535(3) clean utility room;

(b) WAC 246-320-535(4) housekeeping supply room;

(c) WAC 246-320-535(5) medication distribution facility; and

(d) WAC 246-320-535(7) soiled storage room or WAC 246-320-535(8) soiled utility room;

(2) Locate procedure rooms for easy access by patients, preventing through traffic, and convenient to waiting area or patient holding area;

(3) Meet requirements in WAC 246-320-785 (3) and (5) when imaging procedures are done in procedure rooms which are not located in the radiology facilities;

(4) Provide endoscopy room(s) for routine procedures, if planned, with:

(a) Minimum room dimension of fifteen feet;

(b) Minimum room area of two hundred fifty square feet;

(c) A handwash sink;

(d) Exam light or equivalent and adequate general room lighting;

(e) Clock with sweep second hand or equivalent;

(f) Supply and equipment storage; and

(g) The following consistent with scope of service:

(i) Film illuminators or equivalent;

(ii) Interval timer;

(iii) Adjoining patient toilet with handwash sink; and

(iv) Scope cleaning room with proper ventilation and facilities for cleaning and drying;

(5) Provide procedure room for cystoscopic and other endo-urological procedures, if planned:

(a) Meeting the requirements in subsection (4) of this section, with the following exceptions:

(i) Minimum room dimension of eighteen feet;

(ii) Minimum room area of three hundred square feet;

(iii) Ceiling mounted surgery light in cystoscopy; and

(iv) Scrub sink;

(b) With adequate space for equipment transformer cabinet; and

(c) With waste evacuation drainage plumbing if required by table manufacturer;

(6) Provide cardiac, diagnostic, interventional procedure room, or other special procedure room, if planned, with:

(a) Minimum room dimension of twenty feet exclusive of control booth and fixed equipment;

(b) Minimum room area of four hundred eighty square feet;

(c) A scrub sink located immediately outside of procedure room;

(d) Work surface;

(e) Supply and equipment storage;

(f) Exam light;

(g) Clock with sweep second hand;

(h) Interval timer consistent with scope of service;

(i) Washable ceiling tile; and

(j) Control room where required for equipment operation and safety;

(7) Provide lithotripsy room, if planned, with:

(a) Minimum room dimension of fifteen feet;

(b) Minimum room area of two hundred fifty square feet;

(c) Handwash sink, unless lithotripsy device is in operating room;

(d) Work surface;

(e) Supply and equipment storage;

(f) Clock with sweep second hand; and

(g) Interval timer consistent with scope of service.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-675, filed 1/28/99, effective 3/10/99.]

WAC 246-320-685 Nursing unit. Hospitals will:

(1) Provide each nursing unit with support facilities on or adjacent to each unit meeting requirements in:

(a) WAC 246-320-535(1) staff facilities;

(b) WAC 246-320-535(2) clean storage room or WAC 246-320-535(3) clean utility room;

(c) WAC 246-320-535(4) housekeeping supply room;

(d) WAC 246-320-535(5) medication distribution;

(e) WAC 246-320-535(6) nourishment facilities; and

(f) WAC 246-320-535(7) soiled storage room or WAC 246-320-535(8) soiled utility room;

(2) Locate each nursing unit to avoid through traffic to any service, diagnostic, treatment, or administrative area;

(3) Provide each nursing unit with separate areas for each of the following clinical services:

(a) Beds for postpartum patients grouped together and located to avoid intermixing with beds for other types of patients;

(b) When a separate pediatric unit is planned or when rooms with pediatric beds are located together or in close proximity to each other, consistent with scope of service and WAC 246-320-695 (4)(a), (b), and (c);

(c) When a separate psychiatric unit is planned, or when ten or more psychiatric beds are planned, a psychiatric unit must be provided in accordance with WAC 246-320-745;

(d) Segregated critical care patient beds where five or more beds are planned in accordance with WAC 246-320-725; and

(e) A separate long-term care unit where ten or more beds are planned in accordance with WAC 246-320-765;

(4) Provide the following on each unit:

(a) Patient rooms located:

(i) To prohibit traffic through rooms;

(ii) To minimize entrance of odors, noise, and other nuisances; and

(iii) With direct access from corridor of nursing unit;

(b) Patient rooms designed with:

(i) A maximum capacity of four beds per room;

(ii) At least eighty square feet usable floor space per bed in multibed rooms;

(iii) At least one hundred square feet usable floor space in single-bed rooms;

(iv) Beds arranged in multibed rooms with at least:

(A) Two feet from wall, except at head;

(B) Three feet apart; and

(C) Three feet eight inches clearance at foot of bed;

(v) Handwash sink in each room located as near to entry as practical, optional in psychiatric patient rooms;

(vi) Cubicle curtains or equivalent to provide patient privacy in all multibed patient rooms arranged to provide patient access to toilet, handwash sink, wardrobe, and entry without interference to privacy of other patients; and

(vii) One full-length wardrobe, closet, or locker per bed;

(c) Patient bathing facilities including showers or tubs in the ratio of one bathing facility per eight beds or major fraction thereof. Beds having a bathing facility adjoining the patient room will be excluded from the ratio;

(d) Patient toilets with bedpan flushing equipment adjoining each patient room; and

(e) Toilet rooms serving patient beds in ratio of one per four beds or major fraction with one toilet room serving no more than two patient rooms;

(5) Provide the following on or adjacent to each unit:

(a) Self-dispensing ice machine;

(b) Nursing support area with:

(i) A writing surface;

(ii) Storage for patient charts;

(iii) A telephone; and

(iv) A clock;

(c) A room for confidential communication;

(d) A waiting room or area, convenient to the unit; and

(e) Storage for supplies and equipment;

(6) Provide at least one airborne precaution room as appropriate for isolation of airborne communicable diseases in the hospital with:

(a) Adjoining toilet, bedpan flushing equipment, and bathing facility;

(b) Handwash sink with handsfree faucet controls and gooseneck spout without aerators located in room near entry;

(c) Air changes and air pressure gradients in accordance with WAC 246-320-525 (Table 525-3);

(d) Uncarpeted floors; and

(e) Anteroom or vestibule.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-685, filed 1/28/99, effective 3/10/99.]

WAC 246-320-695 Pediatric nursing unit. Hospitals will:

(1) Provide each pediatric nursing unit with support facilities located for convenient use by staff and to prevent access by pediatric patients meeting requirements in:

(a) WAC 246-320-535(1) staff facilities;

(b) WAC 246-320-535(2) clean storage room or WAC 246-320-535(3) clean utility room;

(c) WAC 246-320-535(4) housekeeping supply room;

(d) WAC 246-320-535(5) medication distribution facility;

(e) WAC 246-320-535(6) nourishment facilities; and

(f) WAC 246-320-535(7) soiled storage room or WAC 246-320-535(8) soiled utility room;

(2) Locate the pediatric unit to prevent unnecessary traffic through the service area and in accordance with WAC 246-320-405(2);

(3) Provide tamper resistant electrical outlets in all patient areas, including corridors;

(4) Meet the requirements in WAC 246-320-685(4) except as follows:

(a) Patient rooms designed with at least fifty square feet usable floor space per bassinet;

(b) Adjoining patient toilets may be omitted from bassinet rooms; and

(c) At least one airborne infection precaution room must be located in the pediatric area meeting requirements in WAC 246-320-685(6);

(5) Meet the requirements in WAC 246-320-685(5) with the waiting room for parents provided on or adjacent to the unit;

(6) Treatment and examination room with minimum dimension of eight feet and at least one hundred square feet, including:

(a) Handwash sink;

(b) Work surface; and

(c) Storage;

(7) Provide multipurpose room or area, commonly known as play room.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-695, filed 1/28/99, effective 3/10/99.]

WAC 246-320-705 Newborn nursery facilities. Hospitals will:

(1) Provide newborn nursery facilities with support facilities convenient to nursery room meeting requirements in:

(a) WAC 246-320-535(1) staff facilities with dressing room;

(b) WAC 246-320-535(3) clean utility room with additional provision of refrigerator for infant feedings;

(c) WAC 246-320-535(4) housekeeping supply room;

(d) WAC 246-320-535(5) medication distribution facility; and(e) WAC 246-320-535(8) soiled utility room;

(2) Locate the nursery facilities to prevent unnecessary traffic through the service area;

(3) Provide nursery rooms with:

(a) Enough bassinets for newborn infants consistent with scope of service;

(b) An area of twenty-four square feet per bassinet, exclusive of aisle space;

(c) At least three feet between bassinets;

(d) Handsfree handwash sink(s) with:

(i) One located at every entrance to nursery;

(ii) Additional sinks located within the nursery area in a ratio of one handwash sink for every twelve bassinets or major fraction; and

(iii) A soap dispenser with foot control or equivalent at each sink;

(e) A clock with sweep second hand or equivalent visible from all nursery rooms;

(f) A writing surface; and

(g) A telephone;

(4) Provide storage area for linen, supplies, infant formula, and equipment; and

(5) Provide security for newborns consistent with scope of service.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-705, filed 1/28/99, effective 3/10/99.]

WAC 246-320-715 Intermediate care nursery and neonatal intensive care nursery. Hospitals will:

(1) Provide each intermediate care nursery and neonatal intensive care nursery with support facilities convenient to nursery room meeting requirements in:

(a) WAC 246-320-535(1) staff facilities with dressing room;

(b) WAC 246-320-535(3) clean utility room with additional provision of refrigerator for infant feedings;

(c) WAC 246-320-535(4) housekeeping supply room;

(d) WAC 246-320-535(5) medication distribution facility; and

(e) WAC 246-320-535(8) soiled utility room;

(2) Locate the nursery facilities to prevent unnecessary traffic through the service area;

(3) Provide nursery rooms with:

(a) Film illuminators or equivalent consistent with scope of service;

(b) A clock with sweep second hand or equivalent visible from all nursery rooms;

(c) A writing surface; and

(d) A telephone;

(4) Provide infant stations with:

(a) Usable floor area exclusive of aisles with:

(i) Fifty square feet in intermediate care nursery; and

(ii) Eighty square feet in neonatal intensive care nursery;

(b) Space to accommodate monitors and equipment;

(c) Work counter with provisions for a writing area; and

(d) Closed storage for supplies and equipment;

(5) Provide sinks as follows:

(a) At least one scrub sink at each entrance, including a clock with sweep second hand or equivalent within view from scrub sinks; and

(b) Handsfree handwash sinks for every eight infant stations or a major fraction thereof;

(6) Provide an airborne precaution room, if planned, meeting the requirements in subsection (4) of this section;

(7) Provide an area for breast pumping, with:

(a) Access to a:

(i) Handwash sink; and

(ii) Refrigerator;

(b) Provisions for privacy; and

(c) Storage for equipment and supplies consistent with scope of service;

(8) Provide:

(a) Conference or counseling room which allows for parent privacy convenient to intermediate care and neonatal intensive care nursery rooms;

(b) Nursing support area or equivalent meeting the requirements in WAC 246-320-685 (5)(b);

(c) Storage room for linens, supplies, infant formula, and equipment;

(d) Parent's waiting room; and

(e) Security consistent with scope of service.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-715, filed 1/28/99, effective 3/10/99.]

WAC 246-320-725 Critical care facilities. Hospitals will:

(1) Provide critical care facilities with support facilities meeting requirements in:

(a) WAC 246-320-535(1) staff facilities;

(b) WAC 246-320-535(2) clean storage room or WAC 246-320-535(3) clean utility room;

(c) WAC 246-320-535(4) housekeeping supply room;

(d) WAC 246-320-535(5) medication distribution facility;

(e) WAC 246-320-535(6) nourishment facilities with provision for bulk ice; and

(f) WAC 246-320-535(7) soiled storage room or WAC 246-320-535(8) soiled utility room;

(2) Provide a critical care facility with:

(a) Location to avoid through traffic and penetration of objectionable noise or odors from other areas of the hospital;

(b) Location of patient rooms and placement of beds in rooms to provide for direct visibility of patients from nursing support station unless there is provision for indirect viewing of patients by television;

(c) A water closet, clinical sink, or equivalent with bedpan flushing device for disposing of patient wastes, in a separate room directly accessible to each critical care patient room;

(d) Additional storage for equipment and supplies; and

(e) Airborne precaution room in accordance with WAC 246-320-685(6);

(3) Provide patient rooms with:

(a) Maximum capacity of two beds per room provided each bed has visual access to natural light;

(b) Usable floor space per bed of one hundred fifty square feet, exclusive of areas taken up by passage door

swings, closets, wardrobes, portable lockers, and toilet rooms;

(c) Spacing of at least:

(i) Four feet or more between side of bed and wall;

(ii) Six feet or more between foot of bed and wall; and

(iii) Eight feet or more between beds in multibed rooms;

(d) Equipment and furnishings as follows:

(i) Curtains or equivalent means of providing visual privacy;

(ii) Clocks with sweep second hands or equivalent;

(iii) One handwash sink;

(iv) A physiological monitor with an audio alarm system for each bed;

(v) Charting area; and

(vi) An interval timer consistent with scope of service;

(e) Uncarpeted floors;

(4) Provide nursing support area or equivalent with:

(a) Space for patient monitoring equipment including:

(i) Slave oscilloscope with audio alarm for continuous display of each patient's electrocardiogram;

(ii) Rate meter; and

(iii) Recorder;

(b) Wall-mounted clock with sweep second hand or equivalent; and

(c) A writing surface.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-725, filed 1/28/99, effective 3/10/99.]

WAC 246-320-735 Alcoholism and chemical dependency nursing unit. Hospitals will:

(1) Provide each alcoholism and chemical dependency nursing unit with support facilities equipped with door closers and locks on all housekeeping, medication, storage, and utility rooms, and meeting requirements in:

(a) WAC 246-320-535(2) clean storage room or WAC 246-320-535(3) clean utility room;

(b) WAC 246-320-535(4) housekeeping supply room;

(c) WAC 246-320-535(5) medication distribution facility;

(d) WAC 246-320-535(6) nourishment facilities; and

(e) WAC 246-320-535(7) soiled storage room or WAC 246-320-535(8) soiled utility room;

(2) Locate each nursing unit to avoid through traffic to any service, diagnostic, treatment, or administrative area and to control access;

(3) Provide the unit with:

(a) Patient rooms, toilet rooms, bathing facilities, and nursing support station or equivalent, as required in WAC 246-320-685;

(b) Examination and treatment room available including:

(i) Minimum room area of one hundred square feet;

(ii) Minimum dimension of eight feet;

(iii) Handwash sink;

(iv) Work surface; and

(v) Storage cabinet;

(c) Social facilities with at least four hundred square feet for unit of ten beds or less. Add twenty square feet per bed for each additional bed;

(d) Offices for staff;

(e) Interview and counseling rooms for patient confidentiality and privacy;

(f) Facilities for patients to launder personal belongings;

(g) Detoxification area, if planned, with patient rooms equipped with oxygen and suction outlets at each bed; and

(h) A staff toilet with handwash sink available on the unit.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-735, filed 1/28/99, effective 3/10/99.]

WAC 246-320-745 Psychiatric facilities. Hospitals will design psychiatric facilities to prevent opportunity for suicide and:

(1) Provide psychiatric facilities with support facilities equipped with door closers and locks on all housekeeping, medications, storage, and utility rooms and meeting requirements in:

(a) WAC 246-320-535(2) clean storage room or WAC 246-320-535(3) clean utility room;

(b) WAC 246-320-535(4) housekeeping supply room;

(c) WAC 246-320-535(5) medication distribution facility;

(d) WAC 246-320-535(6) nourishment facilities with provision for self-dispensing ice; and

(e) WAC 246-320-535(7) soiled storage room or WAC 246-320-535(8) soiled utility room;

(2) Locate to avoid through traffic to any service, diagnostic, treatment and/or administrative area, and penetration of objectionable noise, or odors from other areas of the hospital;

(3) Provide psychiatric treatment facilities including:

(a) Treatment and examination room, unless available in an adjacent area or unit, with minimum dimension of eight feet and at least one hundred square feet, including:

(i) A handwash sink;

(ii) A clock with sweep second hand or equivalent;

(iii) A writing surface; and

(iv) A storage cabinet;

(b) Patient toilet rooms, adjoining each patient room, with water closets in ratio of at least one water closet and handwash sink to every four beds;

(c) A staff toilet with handwash sink available on the unit;

(d) Patient bathing facilities with showers or tubs in the ratio of at least one bathing facility per eight beds or major fraction thereof. Beds having a bathing facility adjoining the patient room will be excluded from the ratio;

(e) Administrative facilities with:

(i) Storage for personal effects of staff apart from storage for patient care supplies and equipment;

(ii) Office or private area for staff and supervisory activities; and

(iii) Lockable storage for patient personal belongings;

(f) Waiting area adjacent to the unit;

(g) A wheelchair-accessible:

(i) Water fountain; and

(ii) Public telephone;

(h) Facilities for patient laundry;

(4) Provide patient rooms:

(a) Meeting requirements in WAC 246-320-685 (4)(a) and (b) with exception of maximum capacity of two beds per patient room and optional privacy curtains; and

(b) With a wardrobe, closet, or locker per bed;

(5) Provide a nursing support station or equivalent with:

(a) A writing surface;

(b) Storage for patient charts and supplies;

(c) A telephone; and

(d) A clock;

(6) Provide a seclusion room with:

(a) Design to minimize potential for stimulation, escape, hiding, injury, or suicide;

(b) Maximum capacity of one patient;

(c) Doors to open outward into a vestibule or anteroom;

(d) At least space of eighty square feet;

(e) Minimum dimension of eight feet;

(f) Staff-controlled, lockable, adjoining toilet room; and

(g) A provision for staff to see the occupant at all times;

(7) Provide suitably equipped areas for:

(a) Dining;

(b) Occupational and recreational therapies with:

(i) Handwash sink;

(ii) Work counter; and

(iii) Storage and physical/occupational therapy displays or other training features consistent with scope of service;

(c) Day room;

(d) Physical activity and patient recreation on the unit or elsewhere on the hospital premises; and

(e) Group therapy;

(8) Provide space and privacy for interviewing, group, family, and individual counseling;

(9) Provide:

(a) All windows and relites:

(i) Meeting requirements in WAC 246-320-525 (2)(i); and

(ii) Installation of security or maximum security windows or equivalent;

(b) Tamper-resistant accessories and equipment in all rooms used by patients; and

(c) Tamper-resistant electrical receptacles;

(10) If electroconvulsive therapy (ECT) rooms are planned, meet the requirements for interventional services - cardiology/angiography in WAC 246-320-525 (Tables 1 through 5), and provide:

(a) At least an area of one hundred fifty square feet;

(b) Minimum dimension of twelve feet; and

(c) The following equipment:

(i) Emergency call;

(ii) Handwash sink;

(iii) Storage for supplies and equipment;

(iv) Space and electrical receptacles for ECT machine;

(v) Oxygen and suction outlet;

(vi) Stretcher or treatment table or equivalent;

(vii) Space for emergency medical supplies and equipment;

(viii) Space for anesthesia machine or cart and equipment;

(ix) Space for electrocardiograph (EKG) monitor; and

(x) Clock with sweep second hand or equivalent;

(11) If ECT is performed, provide a recovery facility, which may be the patient room or PACU with:

(a) Location near ECT treatment room;

(b) Oxygen and suction for each bed, stretcher, or cart; and

(c) Easy access to a clean and soiled utility room.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-745, filed 1/28/99, effective 3/10/99.]

WAC 246-320-755 Rehabilitation facilities. Hospitals will:

(1) Provide rehabilitation facilities with support facilities located for convenient use by staff meeting requirements in:

(a) WAC 246-320-535(1) staff facilities; and

(b) WAC 246-320-535(4) housekeeping supply room;

(2) Locate rehabilitation facilities for easy access by patients, avoiding outpatient traffic through inpatient areas and meeting accessibility requirements in WAC 51-40-1100;

(3) Meet the requirements in WAC 246-320-765 for an inpatient rehabilitation nursing unit;

(4) Provide outpatient rehabilitation facilities, if planned, with:

(a) Patient toilet;

(b) Changing area with lockers or other suitable clothing storage;

(c) Reception and waiting area in or convenient to the facility;

(d) Office and work space with communication device for staff;

(e) Public toilets for each sex convenient to the facility; and

(f) Ready access to emergency medical equipment;

(5) Provide physical therapy facilities, if planned, meeting requirements in subsection (4) of this section with:

(a) General treatment area including:

(i) Private areas large enough for therapist to access both sides of work station;

(ii) Arrangement to permit easy access for wheelchair or stretcher patients;

(iii) Therapy area of at least thirty-six square feet usable floor area per patient in therapy at any one time; and

(iv) Provision for patient privacy;

(b) Handwash sink in or convenient to treatment areas;

(c) Storage for hot packs and equipment;

(d) Refrigeration for cold packs;

(e) Area for physical activities and equipment; and

(f) Clean linen storage;

(6) Provide occupational therapy facilities, if planned, meeting requirements in subsection (4)(a) and (c) through (f) of this section with:

(a) Therapy areas of at least thirty-six square feet useable floor area per patient in therapy at any one time, divided and equipped for diversified work;

(b) Handwash sink with plaster trap consistent with scope of service;

(c) Storage for supplies and equipment; and

(d) Provision for patient privacy;

(7) Provide pools, spas, and tubs which remain filled between patients, if planned, meeting requirements in chapter 246-260 WAC Water recreation facilities.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-755, filed 1/28/99, effective 3/10/99.]

WAC 246-320-765 Long-term care and hospice unit. Hospitals will:

(1) Provide each long-term care and hospice unit with support facilities:

(a) Meeting requirements in:

(i) WAC 246-320-535(2) clean storage room or WAC 246-320-535(3) clean utility room;

(ii) WAC 246-320-535(4) housekeeping supply room;

(iii) WAC 246-320-535(5) medication distribution facility;

(iv) WAC 246-320-535(6) nourishment facilities;

(v) WAC 246-320-535(7) soiled storage room or WAC 246-320-535(8) soiled utility room; and

(b) With locks and closers on all doors where housekeeping chemicals are stored;

(c) With additional general storage space for patient belongings in addition to closets and equipment storage provided in the long-term care service area; and

(d) With a self-dispensing ice machine;

(2) Locate long-term care unit to minimize through traffic and penetration of objectionable noise, or odors from other areas of the hospital;

(3) Patient personal laundry area with handwash sink;

(4) Provide long-term care unit with:

(a) Wheelchair accessible patient toilets including:

(i) Water closets in a ratio of at least one per four beds;

(ii) Bedpan flushing equipment;

(iii) Accessibility from each patient room;

(iv) A handwash sink in each adjoining toilet room for each multibed room; and

(v) Grab bars properly located and securely mounted on both sides of the water closet;

(b) Handwash sink in each patient room located as near to entry as practical;

(c) Handrails along both sides of all patient use corridors;

(d) Patient bathing facilities including:

(i) Showers or tubs in a ratio of at least one per fifteen beds or major fraction thereof;

(ii) At least one bathing by immersion fixture or equivalent accessible for wheelchairs and stretchers;

(iii) One roll-in shower or equivalent designed for ease of shower chair entry; and

(iv) Grab bars at patient bathing facilities in accordance with WAC 51-40-1100 with addition of one vertical bar at the faucet end;

(e) Waiting room or area near public toilet rooms;

(5) Provide patient rooms with:

(a) Maximum capacity of two beds per patient room;

(b) Meeting requirements in WAC 246-320-685 (4)(a) and (b);

(c) At least eighty-five square feet usable floor space per bed in multibed rooms;

(d) Space for wheelchair storage;

(e) The provision for patient privacy in all rooms;

(f) One wardrobe or closet for hanging of full-length garments; and

(g) A securable drawer for personal effects per patient;

(6) Provide a nursing support area meeting requirements in WAC 246-320-685 (5)(b);

(7) Provide office for confidential staff communications;

(8) Provide suitably equipped patient areas in the long-term care facility with:

(a) Day/dining room, recreation, activity room or rooms with windows totaling at least four hundred square feet and twenty additional square feet for each additional bed over twenty;

(b) Space and privacy for group, family, and individual counseling; and

(c) At least one wheel chair accessible toilet opening directly from main corridor adjacent to (a) and (b) of this subsection;

(9) Provide occupational therapy and physical therapy facilities as described in WAC 246-320-755 either in the long-term care unit or elsewhere in the hospital;

(10) Include the following features if planning to provide a protective facility for cognitively impaired patients:

(a) Floors, walls, and ceiling surfaces displaying contrasting colors for identification;

(b) Instruction labels on door release devices requiring direction for use;

(c) Secured outdoor space and walkways, when outdoor space is provided, including:

(i) Walls or fences at least six feet high and designed to prevent climbing and penetration;

(ii) Ambulation area with:

(A) Walking surfaces firm, stable, and free from abrupt changes in elevation; and

(B) Slip-resistant walking surfaces on areas subject to wet conditions;

(iii) Exits from the secured outdoor spaces and walkways releasing automatically upon activation of fire alarm signal or upon loss of power; and

(iv) Nontoxic plants for landscaping;

(d) Plants used for interior decoration must be nontoxic;

(11) If a hospice unit is planned, meet subsections (1) through (7) of this section and include:

(a) Medication storage room meeting WAC 246-320-535 (5)(a);

(b) Children's play room or area with tamper resistant electrical receptacle, if provided;

(c) Kitchen located to prevent objectionable heat, noise, and odors to patient care areas with:

(i) Refrigerator;

(ii) Two-compartment sink;

(iii) Domestic dishwasher, if provided with 155°F water supply;

(iv) Range with exhaust hood;

(v) Work surfaces; and

(vi) Storage;

(d) Day/dining room consistent with scope of service; and

(e) Space and privacy for interviewing group, family, and individual counseling consistent with scope of service.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-765, filed 1/28/99, effective 3/10/99.]

WAC 246-320-775 Dialysis facilities. Hospitals will:

(1) Provide dialysis facilities with support facilities meeting requirements in:

(a) WAC 246-320-535(2) clean storage room or WAC 246-320-535(3) clean utility room;

(b) WAC 246-320-535(4) housekeeping supply room;

(c) WAC 246-320-535(5) medication distribution facility; and

(d) WAC 246-320-535(7) soiled storage room or WAC 246-320-535(8) soiled utility room;

(2) Locate dialysis facility to minimize outpatient traffic through inpatient areas and to facilitate transport of patients to and from other hospital services areas;

(3) Provide a dialysis facility with:

(a) Uncarpeted floors in patient care and wet areas;

(b) Coat hooks or equivalent for hanging full length garments;

(c) A patient waiting area;

(d) Patient preparation areas adjacent to dialysis stations with provisions for:

(i) A handwash sink; and

(ii) Storage;

(e) A work station for staff with writing surfaces and storage for supplies;

(f) Privacy areas for interviewing and consultation;

(g) A conveniently located toilet;

(h) Patient education room with a handwash sink if home training is planned;

(i) Chemical storage room; and

(j) Reuse room with:

(i) Capture hoods, exhausting directly to outdoors, capable of maintaining formaldehyde levels less than 0.5 parts per million in the rooms;

(ii) Eyewash; and

(iii) Handwash sink;

(4) Provide dialysis stations including:

(a) Minimum square feet per dialysis station of:

(i) Fifty square feet excluding aisles when the service uses recliner chairs; and

(ii) Eighty square feet excluding aisles when the service uses beds;

(b) A handwash sink convenient to each dialysis station;

(c) Medical emergency signal for station isolated from immediate staff assistance; and

(d) Plumbing for each dialysis station providing:

(i) A water supply system or mechanism capable of meeting the flow and pressure requirements of the manufacturer for each machine;

(ii) A waste line serving dialysis equipment with an unalterable air gap or equivalent to prevent backflow;

(iii) Connections to the dialysis equipment or equivalent to prevent backflow; and

(iv) Piping and fittings used for all dialysis functions conforming to current National Sanitation Foundation Standard No. 14 entitled "Plastics Piping Components."

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-775, filed 1/28/99, effective 3/10/99.]

WAC 246-320-785 Imaging facilities. Hospitals will:

(1) Provide imaging facilities with:

(a) Support facilities meeting requirements in:

(i) WAC 246-320-535(1) staff facilities, if planned;

(ii) WAC 246-320-535(2) clean storage room;

(iii) WAC 246-320-535(4) housekeeping supply room; and

(iv) WAC 246-320-535(8) soiled utility room;

(b) A processing or dark room if planned, including:

(i) A safe light;

(ii) Developing tank with a thermostatic mixing valve, or automatic film processor with appropriate backflow protection;

(iii) Film storage, shielded from stray radiation;

(iv) Work counter;

(v) Sink; and

(vi) Lighting for clean-up and maintenance purposes;

(c) A dressing area with rooms or booths for privacy including:

(i) Provision for clean and soiled linen storage in or near dressing rooms or booths;

(ii) At least one booth or room designed to accommodate a wheelchair in or adjacent to the dressing area;

(iii) Provisions for hanging clothing and securing valuables; and

(iv) Seat or bench in each room or booth;

(d) An image viewing area with:

(i) Film illuminator or equivalent consistent with scope of service; and

(ii) Location to prevent public view of films;

(e) A waiting area with space for wheelchair patients, stretcher patients, and ambulatory patients;

(f) A toilet connected to or convenient to radiographic room or rooms;

(g) Supply and equipment storage including protected storage for unexposed film; and

(h) Administrative facilities with:

(i) Office area, with provision for consultation; and

(ii) An active film file area;

(2) Locate imaging facilities to minimize outpatient traffic through inpatient areas and facilitate transport of patients to and from other hospital services areas;

(3) Provide each radiographic room with:

(a) Access for wheeled stretcher or bed movement;

(b) Control area with view window to allow full view of patient at all times;

(c) Grounding of table, tube stand and controls, and any associated electrical apparatus in accordance with WAC 246-320-99902(3);

(d) Easily accessible handwash sink;

(e) Provision for patient privacy; and

(f) Proper shielding of room meeting requirements in chapter 246-221 WAC Radiation protection standards;

(4) Magnetic resonance imaging (MRI) room, if planned, with:

(a) A minimum floor space consistent with scope of service and equipment plan; and

(b) Patient holding area consistent with scope of service to accommodate stretcher(s);

(5) Provide additional radiographic rooms meeting the requirements in subsection (3) of this section, WAC 246-320-

675 Interventional service facilities, and WAC 246-320-795 Nuclear medicine facilities, as appropriate.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-785, filed 1/28/99, effective 3/10/99.]

WAC 246-320-795 Nuclear medicine facilities. Hospitals will:

(1) Provide nuclear medicine facilities with:

(a) Housekeeping facilities meeting requirements in WAC 246-320-535(4);

(b) Impermeable, readily decontaminated work surfaces and floors subject to spills of radioactive solutions; and

(c) A private patient clothes changing room or area including a receptacle for potentially contaminated hospital clothing;

(2) Locate the nuclear medicine facility to avoid outpatient traffic through inpatient areas with minimum exposure hazard to patients and personnel;

(3) Provide radiochemistry lab with radiation shielding and other protective devices to facilitate safe storage and handling of nuclides and waste materials including:

(a) Separate work surfaces for patient dose and clinical specimen preparation;

(b) Fume hood, if appropriate, in accordance with WAC 246-320-525 (3)(k);

(c) Lockable nuclide storage;

(d) Equipment and supply storage;

(e) Corrosion-resistant sink suitable for hand washing; and

(f) Lockable storage for all radioactive materials, equipment, and waste;

(4) Locate patient imaging room away from X-ray machines, and radioactive materials or shield the room and provide with:

(a) Administrative work surface at least ten feet away from imaging device;

(b) Space for examination bed, table, or equivalent;

(c) Work surface equipment; and

(d) Storage.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-795, filed 1/28/99, effective 3/10/99.]

WAC 246-320-805 Emergency facilities. Hospitals will:

(1) Provide emergency facilities with support facilities meeting requirements in:

(a) WAC 246-320-535(2) clean storage room or WAC 246-320-535(3) clean utility room;

(b) WAC 246-320-535(4) housekeeping supply room;

(c) WAC 246-320-535(5) medication distribution facility; and

(d) WAC 246-320-535(8) soiled utility room;

(2) Locate patient entrance to emergency facilities to provide:

(a) Ready access at grade level to pedestrian, ambulance, and other vehicular traffic;

(b) Protection of emergency patient and the interior of the emergency facility from weather when a patient is brought from an ambulance or other vehicle into the emergency facility with:

(i) Port-size to accommodate at least one vehicle twenty-two feet long, eleven feet high, and eight feet wide designed to:

(A) Permit attendants to stand on same level as entrance when removing a stretcher from vehicle; and

(B) Accommodate different levels of approach with curb cuts for pedestrian traffic;

(ii) Automatic doors;

(3) Locate an emergency facility to:

(a) Avoid traffic through emergency treatment facilities to any other area of hospital; and

(b) Facilitate transfer of patients to other hospital service areas;

(4) Provide emergency facilities with:

(a) Emergency receiving/triage area adjacent to emergency entrance, and convenient to treatment rooms;

(b) Decontamination area with shower and floor drain to sanitary sewage system adjacent to entrance;

(c) Registration area including:

(i) Office space or work space for registration, located to control access to emergency facility patient care areas; and

(ii) A communication device;

(d) Waiting area and public telephone located outside the main traffic flow;

(e) Police, press, and ambulance attendant room, if planned, located outside the main traffic flow;

(f) Work area for staff;

(g) Privacy curtains or equivalent in examination, treatment, or observation rooms;

(h) At least one patient toilet convenient to examination and treatment rooms and located so patients receiving treatment have access without entering a public corridor;

(i) Sink with plaster trap;

(j) At least one public toilet for each sex accessible to waiting area; and

(k) Storage for:

(i) Stretcher(s) and wheelchair(s) adjacent to emergency facility entrance;

(ii) Mobile cart(s) with emergency medical supplies and equipment, in a clean area, readily accessible from all rooms used for patient care or treatment;

(iii) Portable X-ray equipment, if stored in emergency facility; and

(iv) Other major portable or mobile equipment;

(5) Provide at least one major or minor treatment or exam room with negative air pressure for the management of airborne diseases. See WAC 246-320-525 (Table 525-3) for requirements for Airborne Precaution Room. This can be the same room required in subsection (7) or (8) of this section;

(6) Provide at least one major treatment or trauma room with:

(a) Dimensions and arrangement to provide:

(i) Clear space at least four feet wide at both sides and both ends of each treatment table or stretcher; and

(ii) Clear eight feet wide space between treatment tables or stretchers;

(b) Storage for clean and sterile supplies and small equipment;

(c) Work surface in each patient treatment room;

(d) A scrub sink located separate from clean and sterile supply storage, equipment, drugs, and patient treatment area;

(e) Ceiling mounted treatment light for each treatment space;

(f) Film illuminator or equivalent;

(g) Outlet for mobile X-ray machine;

(h) Clock with sweep second hand or equivalent within view of each treatment space;

(i) Storage space for major medical equipment; and

(j) Space for linen hampers and waste containers;

(7) Provide minor treatment and examination room, if planned, with:

(a) Dimensions and arrangement to provide:

(i) Clear space at least three feet at each side and end of each treatment table or stretcher; and

(ii) Clear six feet wide space between treatment tables or stretchers;

(b) Handwash sink separate from patient treatment area;

(c) Work surface separate from patient treatment area;

(d) Storage for supplies and equipment;

(e) Examination light;

(f) Readily accessible film illuminator or equivalent; and

(g) Space for linen hampers and waste containers convenient to all treatment rooms;

(8) Provide observation room, if planned, located convenient to staff work area with:

(a) At least one hundred square feet in one-bed rooms;

(b) Each multiple-bed room designed to provide:

(i) At least four feet wide space between side of each bed or stretcher and wall, other bed, or fixed equipment;

(ii) At least four feet wide space between foot end of any bed and any wall or fixed equipment; and

(iii) Six feet foot to foot;

(c) Handwash sink separate from patient treatment area; and

(9) Provide room for severely disturbed patients, if planned, for patient safety meeting the requirements in WAC 246-320-745(6).

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-805, filed 1/28/99, effective 3/10/99.]

WAC 246-320-815 Outpatient care facilities. Hospitals will:

(1) Design outpatient care facilities meeting the general design requirements in WAC 246-320-525(4) plumbing, WAC 246-320-525(6) interior finishes, and WAC 246-320-525(7) bathroom and toilet rooms;

(2) Provide outpatient care facilities with a housekeeping supply room meeting the requirements in WAC 246-320-535(4);

(3) Locate outpatient care facilities to minimize outpatient traffic through inpatient areas;

(4) Provide for the following:

(a) Easy access for outpatients;

(b) Conveniently located waiting room;

(c) Patient toilet with handwash sink;

(d) Changing area with locker or other suitable clothing storage;

(e) Administrative facilities including:

(i) Registration area or room;

(ii) Work surface or desk;

(iii) Telephone;

(iv) Clock;

(v) Storage space; and

(vi) Room for confidential communication, convenient to the unit;

(5) Provide outpatient exam or treatment facilities, if planned, with:

(a) Direct accessibility from the corridor;

(b) Support facilities meeting the requirements in:

(i) WAC 246-320-535(2) clean storage room or WAC 246-320-535(3) clean utility room;

(ii) WAC 246-320-535(5) medication distribution facility; and

(iii) WAC 246-320-535(7) soiled storage room or WAC 246-320-535(8) soiled utility room; and

(c) Single bed rooms of at least one hundred square feet or multibed rooms with at least eighty square feet per patient, including:

(i) Privacy curtains or equivalent for each patient in multibed rooms;

(ii) Closet, locker, or equivalent for each patient;

(iii) Handwash sink in the ratio of one for every six patients or major fraction thereof in multibed rooms;

(iv) Adjoining toilet with handwash sink; and

(v) A clock;

(d) Exam or treatment rooms including:

(i) Minimum eight feet dimension with eighty square feet of floor space;

(ii) Handwash sink;

(iii) Examination table or equivalent;

(iv) Examination light or equivalent;

(v) Storage for supplies and equipment;

(vi) Film illuminator or equivalent conveniently available; and

(vii) Coat hook or equivalent;

(e) Nursing support area meeting the requirements in WAC 246-320-685 (5)(b);

(6) Meet the general design requirements in WAC 246-320-525 for the following areas if planned:

(a) Surgical suites in accordance with WAC 246-320-635;

(b) Post anesthesia care unit (PACU) in accordance with WAC 246-320-645;

(c) Interventional services in accordance with WAC 246-320-675;

(d) Airborne precaution room in accordance with WAC 246-320-685(6);

(e) Central sterilizing in accordance with WAC 246-320-575; and

(f) Any area where patients are rendered nonambulatory;

(7) Provide a room or rooms for preoperative and predischarge functions, if planned, with:

(a) Access to support facilities meeting the requirements in:

(i) WAC 246-320-535(2) clean storage room or WAC 246-320-535(3) clean utility room;

(ii) WAC 246-320-535(5) medication distribution and storage; and

(iii) WAC 246-320-535(7) soiled storage room or WAC 246-320-535(8) soiled utility room;

(b) Convenient access to main hospital operating room or provide separate operating room meeting requirements in WAC 246-320-635; and

(c) Convenient access to main hospital interventional service facilities or provide separate interventional services facilities meeting the requirements in WAC 246-320-675.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-815, filed 1/28/99, effective 3/10/99.]

WAC 246-320-990 Fees. Hospitals licensed under chapter 70.41 RCW shall:

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

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

(3) Include neonatal intensive care bassinet spaces;

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

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

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

(5) Exclude all normal infant bassinets;

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

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

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

[Statutory Authority: RCW 43.70.250. 02-13-061, § 246-320-990, filed 6/14/02, effective 7/15/02. 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.]

WAC 246-320-99902 Appendix B—Dates of documents adopted by reference in chapter 246-320 WAC. (1) Accepted Procedure and Practice in Cross-contamination Control, Pacific Northwest Edition, 9th Edition, American Waterworks Association.

(2) Association for Advancement of Medical Instrumentation, (AAMI), 1997.

(3) National Fire Protection Association (NFPA) 70-1996. Required.

(4) National Fire Protection Association (NFPA) 82, Chapter 2, 1994. Required.

(5) National Fire Protection Association (NFPA) 90A and 90B, 1996. Required.

(6) National Fire Protection Association (NFPA) 99, Chapter 4, 1996. Required.

(7) National Fire Protection Association (NFPA) 99, Chapter 7, 1996. Required.

(8) National Fire Protection Association (NFPA) 101, 1997. Required.

(9) Uniform Building Code, 1997, hereafter amended by the state of Washington (chapter 51-40 WAC). Required.

(10) Uniform Fire Code, Article 74, 1997. Required.

(11) Uniform Fire Code, Article 79, 1997. Required.

(12) Uniform Fire Code, Article 80, 1997. Required.

(13) Uniform Mechanical Code, 1997, hereafter amended by the state of Washington (chapter 51-42 WAC). Required.

(14) Uniform Plumbing Code, 1997, hereafter amended by the state of Washington (chapter 51-46 WAC). Required.

(15) Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities, 1994. Morbidity and Mortality Weekly Report (MMWR), Volume 43, October 28, 1994.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-99902, filed 1/28/99, effective 3/10/99.]

Chapter 246-322 WAC

PRIVATE PSYCHIATRIC AND ALCOHOLISM HOSPITALS

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-322-001 Purpose and scope. [Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-012, § 246-322-001, filed 10/20/95, effective 11/20/95.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.

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

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

effective 11/20/95. Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040.

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

246-322-110 Clinical records. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-322-110, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-041, filed 11/4/82. Statutory Authority: RCW 43.20.050. 81-02-004 (Order 205), § 248-22-041, filed 12/30/80.] Repealed by 95-22-012, filed 10/20/95, effective 11/20/95. Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040.

246-322-130 Laboratory services. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-322-130, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-051, filed 11/4/82. Statutory Authority: RCW 43.20.050. 81-02-004 (Order 205), § 248-22-051, filed 12/30/80.] Repealed by 95-22-012, filed 10/20/95, effective 11/20/95. Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040.

246-322-991 Alcoholism hospital fees. [Statutory Authority: RCW 43.70.250, 43.70.110 and 43.20B.020. 95-12-097, § 246-322-991, filed 6/7/95, effective 7/8/95. Statutory Authority: RCW 43.70.250. 92-12-028 (Order 273), § 246-322-991, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 43.70.040. 91-02-050 (Order 122), § 246-322-991, filed 12/27/90, effective 1/31/91.] Repealed by 95-22-012, filed 10/20/95, effective 11/20/95. Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040.

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

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

(a) Physically damaging or potentially damaging nonaccidental acts;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) Treatment goals with specific time frames;

(b) Specific services to be provided;

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

(d) Behavior management; and

(e) Discharge criteria with estimated time frames.

(10) "Construction" means:

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

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

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

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

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

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

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

(15) "Drug dispensing" means interpreting a prescription and, pursuant to that prescription, selecting, measuring, labeling, packaging, and issuing the prescribed medication to a patient or service unit of the facility.

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

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

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

(b) Legally appointed to represent the patient.

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

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

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

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

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

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

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

(23) "Mental health professional" means:

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

(b) An individual with:

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

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

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

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

(a) Physical and material deprivation;

(b) Lack of medical care;

(c) Inadequate food, clothing or cleanliness;

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

(e) Lack of social interaction and physical activity;

(f) Lack of personal care; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(38) "Recreational therapist" means an individual:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) Educational and vocational training;

(b) Dentistry;

(c) Speech therapy;

(d) Physical therapy;

(e) Occupational therapy;

(f) Language translation; and

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

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

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

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

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

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

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

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

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

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

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

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

(f) The fee specified in WAC 246-322-990; and

(g) Other information as required by the department.

(3) The licensee shall apply for license renewal annually at least thirty days before the expiration date of the current license by submitting to the department:

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

(b) The fee specified in WAC 246-322-990; and

(c) Other information as required by the department.

(4) At least sixty days prior to transferring ownership of a currently licensed hospital:

(a) The licensee shall submit to the department:

(i) The full name and address of the current licensee and prospective owner;

(ii) The name and address of the currently licensed hospital and the name under which the transferred hospital will operate;

(iii) Name of the new administrator; and

(iv) Date of the proposed change of ownership; and

(b) The prospective owner shall apply for licensure according to subsection (2) of this section.

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

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

(a) Comply with the provisions of chapter 71.12 RCW and this chapter;

(b) Post the private psychiatric hospital license in a conspicuous place on the premises;

(c) Maintain the bed capacity at or below the licensed bed capacity;

(d) Cooperate with the department during on-site surveys and investigations;

(e) Respond to a statement of deficiencies by submitting to the department, according to the dates specified on the statement of deficiencies form:

(i) A written plan of correction for each deficiency stated in the report and date to be completed; and

(ii) A progress report stating the dates deficiencies were corrected.

(f) Obtain department approval before changing the bed capacity;

(g) Obtain department approval before starting any construction or making changes in department-approved plans or specifications;

(h) Notify the department immediately upon a change of administrator or governing body;

(i) When assuming ownership of an existing hospital, maintain past and current clinical records, registers, indexes, and analyses of hospital services, according to state law and regulations; and

(j) Obtain department approval of a plan for storing and retrieving patient records and reports prior to ceasing operation as a hospital.

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

(3) The department shall:

(a) Issue or renew a license when the applicant or licensee meets the requirements in chapter 71.12 RCW and this chapter;

(b) Conduct an on-site inspection of the hospital prior to granting an initial license;

(c) Conduct on-site inspections at any time to determine compliance with chapter 71.12 RCW and this chapter;

(d) Give the administrator a written statement of deficiencies of chapter 71.12 RCW and this chapter observed during on-site surveys and investigations; and

(e) Comply with RCW 43.70.115, chapter 34.05 RCW and chapter 246-10 WAC when denying, suspending, modifying, or revoking a hospital license.

(4) The department may deny, suspend, or revoke a private psychiatric hospital license if the department finds the

applicant, licensee, its agents, officers, directors, or any person with any interest therein:

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

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

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

(ii) In any matter under department investigation; or

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

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

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

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

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

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

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

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

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

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

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

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

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

(l) Misappropriates the property of a patient;

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

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

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

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

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

(2) The license applicant having direct contact with vulnerable adults shall obtain a Washington state patrol criminal history background disclosure statement and submit it to the department with the initial application for licensure.

(3) The licensee or license applicant shall:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) Maintained in a confidential and secure manner;

(b) Used for employment purposes only;

(c) Not disclosed to any individual except:

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

(ii) Authorized state and federal employees; and

(iii) The Washington state patrol auditor; and

(d) Retained and available for department review:

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

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

(7) The department shall:

(a) Review records required under this section;

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

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

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

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-012, § 246-322-030, filed 10/20/95, effective 11/20/95.]

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

(a) Criteria for admitting and retaining patients;

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

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

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

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

(f) Fire and disaster plans, including;

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

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

(g) Emergency medical care, including:

(i) Physician orders;

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

(iii) Storing and accessing emergency supplies and equipment;

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

(i) Immediate actions and conduct;

(ii) Use of seclusion and restraints consistent with WAC 246-322-180 and other applicable state standards; and

(iii) Documenting in the clinical record;

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

(j) Infection control as required by WAC 246-322-100;

(k) Staff actions upon:

(i) Patient elopement;

(ii) A serious change in a patient's condition, and immediately notifying family according to chapters 71.05 and 71.34 RCW;

(iii) Accidents or incidents potentially harmful or injurious to patients, and documentation in the clinical record; and

(iv) Patient death;

(l) Smoking on the hospital premises;

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

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

(o) Maintenance and housekeeping functions, including schedules;

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

(q) Transporting patients for:

(i) Diagnostic or treatment activities;

(ii) Hospital connected business and programs; and

(iii) Medical care services not provided by the hospital;

(r) Transferring patients to other health care facilities or agencies;

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

(t) Research involving patients;

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

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

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

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

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

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

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

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

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

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

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

(7) Appoint and periodically reappoint the professional staff;

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

(a) Organization of the professional staff;

(b) Delineation of privileges;

(c) Requirements for membership;

(d) Specific mechanisms for appointing and reappointing members;

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

(f) Self-government;

(g) Required functions;

(h) Accountability to the governing body; and

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

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

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

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

(1) Employ sufficient, qualified staff to:

(a) Provide adequate patient services;

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

(c) Implement fire and disaster plans;

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

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

(4) Verify work references prior to hiring staff;

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

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

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

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

(a) Organization of the hospital;

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

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

(d) Infection control;

(e) Specific duties and responsibilities;

(f) Policies, procedures, and equipment necessary to perform duties;

(g) Patient rights according to chapters 71.05 and 71.34 RCW and patient abuse;

(h) Managing patient behavior; and

(i) Appropriate training for expected duties;

(7) Make available an ongoing, documented, in-service education program, including but not limited to:

(a) For each staff person, training to maintain and update competencies needed to perform assigned duties and responsibilities; and

(b) For patient care staff, in addition to (a) of this subsection, the following training:

(i) Methods of patient care;

(ii) Using the least restrictive alternatives;

(iii) Managing assaultive and self-destructive behavior;

(iv) Patient rights pursuant to chapters 71.05 and 71.34 RCW;

(v) Special needs of the patient population, such as children, minorities, elderly, and individuals with disabilities;

(vi) Cardiopulmonary resuscitation; and

(vii) First-aid training;

(8) When volunteer services are used within the hospital:

(a) Designate a qualified employee to be responsible for volunteer services;

(b) Provide and document orientation and training according to subsections (6) and (7) of this section for each volunteer; and

(c) Provide supervision and periodic written evaluations of each volunteer working directly with patients;

(9) In addition to following WISHA requirements, protect patients from tuberculosis by requiring each staff person to have upon employment or starting service, and each year thereafter during the individual's association with the hospital:

(a) A tuberculin skin test by the Mantoux method, unless the staff person:

(i) Documents a previous positive Mantoux skin test, which is ten or more millimeters of induration read at forty-eight to seventy-two hours;

(ii) Documents meeting the requirements of this subsection within the six months preceding the date of employment; or

(iii) Provides a written waiver from the department or authorized local health department stating the Mantoux skin test presents a hazard to the staff person's health;

(b) A second test one to three weeks after a negative Mantoux skin test for staff thirty-five years of age or older; and

(c) A chest x-ray within seven days of any positive Mantoux skin test;

(10) Report positive chest x-rays to the appropriate public health authority, and follow precautions ordered by a physician or public health authority;

(11) Restrict a staff person's contact with patients when the staff person has a known communicable disease in the infectious stage which is likely to be spread in the hospital setting or by casual contact; and

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

(a) An employment application;

(b) Verification of required education, training and credentials;

(c) Documentation of contacting work references as required by subsection (4) of this section;

(d) Criminal history disclosure and background checks as required in WAC 246-322-030;

(e) Verification of current cardiopulmonary resuscitation, first-aid and HIV/AIDS training;

(f) Tuberculin test results, reports of x-ray findings, exceptions, physician or public health official orders, and waivers; and

(g) Annual performance evaluations.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-012, § 246-322-050, filed 10/20/95, effective 11/20/95. Statutory Authority:

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

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

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

(2) Use infection control standards and educational material consistent with:

(a) The approved curriculum manual *KNOW - HIV/AIDS Prevention Education for Health Care Facility Employees,* January 1991, or subsequent editions published by the department; and

(b) WAC 296-62-08001, Bloodborne pathogens implementing WISHA.

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

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

(1) Establish and implement an effective hospital-wide infection control program, which includes at a minimum:

(a) Written policies and procedures describing:

(i) Types of surveillance used to monitor rates of nosocomial infections;

(ii) Systems to collect and analyze data; and

(iii) Activities to prevent and control infections;

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

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

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

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

(f) Provisions for:

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

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

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

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

(A) Sewage;

(B) Solid and liquid wastes; and

(C) Infectious wastes including safe management of sharps;

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

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

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

(a) Education;

(b) Training;

(c) Certification; or

(d) Supervised experience;

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

(a) Oversee the program;

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

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

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

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

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

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

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

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

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

(3) Provide adequate lighting in all areas;

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

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

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

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

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

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

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

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

(b) Housekeeping closets:

(i) Equipped with shelving;

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

(iii) Kept locked; and

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

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

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

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

(1) Provide patient sleeping rooms with:

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

(b) A minimum of seventy square feet of useable floor space per bed in a multi-patient room;

(c) A minimum ceiling height of seven feet six inches over the required floor area;

(d) A maximum capacity of four patients;

(e) A floor elevation no lower than three feet six inches below grade, with grade extending horizontally ten or more feet from the building;

(f) A clear window area on an outside wall equal to or greater than one-tenth the floor area with a minimum of ten square feet;

(g) Only security or maximum security windows;

(h) Direct access to and from a corridor, common-use activity room, or other common-use area;

(i) Sufficient room furnishings maintained in safe and clean condition including:

(i) A bed for each patient at least thirty-six inches wide or appropriate to the special needs and size of the patient;

(ii) A cleanable, firm mattress; and

(iii) A cleanable or disposable pillow; and

(j) At least three feet between beds, and adequate space between furnishings to allow easy entrance, exit, and traffic flow within the room;

(k) A means to assure patient privacy when appropriate;

(2) Provide, in addition to the requirements in subsection (1) of this section, when security rooms are used:

(a) Security or maximum security windows appropriate to the area and program;

(b) Furnishings, equipment and design for maximum safety and security;

(c) Shielded and tamper-resistant lighting fixtures and electrical outlets;

(d) A door lockable from the outside; and

(e) Provisions for authorized staff to observe occupants;

(3) Provide an enclosed space within the patient sleeping room, or nearby, suitable for each patient to hang garments, and store clothing and personal belongings;

(4) Provide secure storage for each patient's valuables in the patient sleeping room or conveniently available elsewhere in the hospital;

(5) Provide a dining area for patients in a community setting with furnishings appropriate for dining;

(6) Provide and maintain a safe area or areas for patient recreation and physical activity equal to or greater than twenty square feet for each licensed bed space;

(7) Provide a visiting area allowing privacy for patients and visitors;

(8) Provide a readily available telephone for patients to make and receive confidential calls; and

(9) Provide a "nonpay" telephone or equivalent communication device readily accessible on each patient occupied floor for emergency use.

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

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

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

(2) One or more seclusion rooms, with or without an exterior window, intended for short-term occupancy, with:

(a) Staff-controlled locks and relites in the door, or equivalent;

(b) Provisions for authorized staff to observe the occupant at all times;

(c) A minimum of eighty square feet of floor space, exclusive of fixed equipment, with a minimum room dimension of eight feet; and

(d) Shielded, tamper-proof lighting fixtures;

(3) One or more physical examination rooms, with or without an exterior window, equipped with:

(a) An examination table;

(b) Examination light;

(c) Storage for medical supplies and equipment; and

(d) A readily accessible handwashing sink, soap dispenser, and acceptable single-use hand-drying device; and

(4) Secure areas to properly store and handle medical supplies and medications.

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

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

(1) One toilet, handwashing sink and bathing fixture for each six patients, or fraction thereof, on each patient-occupied floor of the hospital, with:

(a) Provisions for privacy during toileting, bathing, showering, and dressing;

(b) Separate toilet rooms for each sex if the toilet room contains more than one toilet;

(c) Separate bathrooms for each sex if the bathroom contains more than one bathing fixture; and

(d) One or more grab bars at each toilet and bathing fixture appropriate to the needs of patients; and

(2) Toilet rooms and bathrooms directly accessible from patient rooms or corridors, without passing through any kitchen, pantry, food preparation, food storage, or dish-washing area or from one bedroom through another bedroom.

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

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

(a) Provide an initial physical and mental health assessment by a physician, advanced registered nurse practitioner, or physician assistant. The initial mental status exam may be conducted by a mental health professional;

(b) Admit only those patients for whom the hospital is qualified by staff, services and equipment to give adequate care; and

(c) Provide appropriate transfer and acceptance of a patient needing medical care services not provided by the hospital, by:

(i) Transferring relevant data with the patient;

(ii) Obtaining written or verbal approval by the receiving facility prior to transfer; and

(iii) Immediately notifying the patient's family.

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

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

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

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

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

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

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

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

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

(iv) Implemented by persons designated in the plan;

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

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

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

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

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

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

(a) Medical services, including:

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

(ii) Provisions for emergency medical services when needed;

(b) Psychiatric services, including:

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

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

(c) Nursing services, including:

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

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

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

(i) Reviewing social work activities;

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

(iii) Coordinating discharge with community resources;

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

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

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

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

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

WAC 246-322-180 Patient safety and seclusion care. (1) The licensee shall assure seclusion and restraint are used only to the extent and duration necessary to ensure the safety of patients, staff, and property, as follows:

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

(b) Staff shall document all assaultive incidents in the clinical record and review each incident with the appropriate supervisor;

(c) Staff shall observe any patient in restraint or seclusion at least every fifteen minutes, intervening as necessary,

and recording observations and interventions in the clinical record;

(d) Staff shall notify, and receive authorization by, a physician within one hour of initiating patient restraint or seclusion;

(e) A physician shall examine each restrained or secluded patient and renew the order for every twenty-four continuous hours of restraint and seclusion; and

(f) A mental health professional or registered nurse shall evaluate the patient when secluded or restrained more than two continuous hours, and reevaluate the patient at least once every eight continuous hours of restraint and seclusion thereafter.

(2) The licensee shall provide adequate emergency supplies and equipment, including airways, bag resuscitators, intravenous fluids, oxygen, sterile supplies, and other equipment identified in the policies and procedures, easily accessible to patient-care staff.

(3) When research is proposed or conducted involving patients, the licensee shall:

(a) Document an initial and continuing review process by a multi-disciplinary treatment team;

(b) Require approval by the patient prior to participation;

(c) Allow the patient to discontinue participation at any time; and

(d) Ensure policies and procedures are in accordance with Title 42 Code of Federal Regulations, chapter 1, Part 2, 10/1/89 edition.

(4) The licensee shall prohibit the use of any patient for basic maintenance of the hospital or equipment, housekeeping, or food service in compliance with the Federal Fair Labor Standards Act, 29 USC, paragraph 203 et al., and 29 CFR, section 525 et al., except:

(a) Cleaning or maintaining the patient's private living area, or performing personal housekeeping chores; or

(b) Performing therapeutic activities:

(i) Included in and appropriate to the comprehensive treatment plan;

(ii) As agreed to with the patient;

(iii) Documented as part of the treatment program; and

(iv) Appropriate to the age, physical, and mental condition of the patient.

(5) The licensee shall assure the safety and comfort of patients when construction work occurs in or near occupied areas.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-012, § 246-322-180, filed 10/20/95, effective 11/20/95.]

WAC 246-322-190 Provisions for patients with tuberculosis. A licensee providing inpatient services for mentally ill patients with suspected or known infectious tuberculosis shall:

(1) Design patient rooms with:

(a) Ventilation to maintain a negative pressure condition in each patient room relative to adjacent spaces, except bath and toilet areas, with:

(i) Air movement or exhaust from the patient room to the out-of-doors with the exhaust grille located over the head of the bed;

(ii) Exhaust at the rate of six air changes per hour;

(iii) Make-up or supply air from adjacent ventilated spaces for four or less air changes per hour, and tempered outside air for two or more air changes per hour; and

(iv) Ultraviolet generator irradiation as follows:

(A) Use of ultraviolet fluorescent fixtures with lamps emitting wave length of 253.7 nanometers;

(B) The average reflected irradiance less than 0.2 microwatts per square centimeter in the room at the five foot level;

(C) Wall-mount type of fixture installed over the head of the bed, as close to the ceiling as possible to irradiate the area of the exhaust grille and the ceiling; and

(D) Lamps changed as recommended by the manufacturer; and

(b) An adjoining bathroom and toilet room with bedpan washer; and

(2) Provide discharge information to the health department of the patient's county of residence.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-012, § 246-322-190, filed 10/20/95, effective 11/20/95.]

WAC 246-322-200 Clinical records. (1) The licensee shall establish and maintain an organized clinical record service, consistent with recognized principles of record management, directed, staffed, and equipped to:

(a) Ensure timely, complete and accurate identification, checking, processing, indexing, filing, and retrieval of records;

(b) Facilitate compilation, maintenance, analyses, and distribution of patient care statistics; and

(c) Protect records from undue deterioration and destruction.

(2) The licensee shall develop and maintain an individual clinical record for each person receiving care, treatment, or diagnostic service at the hospital.

(3) The licensee shall ensure prompt entry and filing of the following data into the clinical record for each period a patient receives inpatient or outpatient services:

(a) Identifying information;

(b) Assessment and diagnostic data including history of findings and treatment provided for the psychiatric condition for which the patient is treated in the hospital;

(c) Psychiatric evaluation including:

(i) Medical and psychiatric history and physical examination; and

(ii) Record of mental status;

(d) Comprehensive treatment plan;

(e) Authenticated orders for:

(i) Drugs or other therapies;

(ii) Therapeutic diets; and

(iii) Care and treatment, including standing medical orders used in the care and treatment of the patient, except standing medical emergency orders;

(f) Significant observations and events in the patient's clinical treatment;

(g) Any restraint of the patient;

(h) Data bases containing patient information;

(i) Original reports or durable, legible, direct copies of original reports, of all patient tests, diagnostic procedures and examinations performed on or for the patient;

(j) Description of therapies administered, including drug therapies;

(k) Nursing services;

(l) Progress notes recorded by the professional staff responsible for the care of the patient or others significantly involved in active treatment modalities; and

(m) A discharge plan and discharge summary.

(4) The licensee shall ensure each entry includes:

(a) Date;

(b) Time of day;

(c) Authentication by the individual making the entry; and

(d) Diagnosis, abbreviations and terminology consistent with:

(i) Fourth edition revised 1994 *The American Psychiatry Association Diagnostic and Statistical Manual of Mental Disorders*; and

(ii) *International Classification of Diseases, 9th edition, 1988.*

(5) The licensee shall provide designated areas, designed to assure confidentiality, for reading, recording, and maintaining patient clinical records and for patients to review their own records.

(6) The licensee shall share and release information relating to patients and former patients only as authorized by statute and administrative code, and shall protect patient confidentiality according to confidentiality requirements in chapters 70.02, 71.05, and 71.34 RCW.

(7) The licensee shall retain and preserve:

(a) Each patient's clinical records, excluding reports on referred outpatient diagnostic services, for:

(i) Adult patients, a minimum of ten years following the most recent discharge; or

(ii) Patients who are minors at the time of care, treatment, or diagnosis, a minimum of three years following the patient's eighteenth birth date, or ten years following the most recent discharge, whichever is longer;

(b) Reports on referred outpatient diagnostic services for at least two years;

(c) A master patient index card or equivalent for at least the same period of time as the corresponding clinical records; and

(d) Patients' clinical records, registers, indexes, and analyses of hospital service in original form or in photographic form in accordance with the provisions of chapter 5.46 RCW.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-012, § 246-322-200, filed 10/20/95, effective 11/20/95.]

WAC 246-322-210 Pharmacy and medication services. The licensee shall:

(1) Maintain the pharmacy in the hospital in a safe, clean, and sanitary condition;

(2) Provide evidence of current approval of pharmacy services by the Washington state board of pharmacy under chapter 18.64 RCW;

(3) Develop and implement procedures for prescribing, storing, and administering medications according to state and federal laws and rules, including:

(a) Assuring professional staff who prescribe are authorized to prescribe under chapter 69.41 RCW;

(b) Assuring orders and prescriptions for medications administered and self-administered include:

(i) Date and time;

(ii) Type and amount of drug;

(iii) Route of administration;

(iv) Frequency of administration; and

(v) Authentication by professional staff;

(c) Administering drugs;

(d) Self-administering drugs;

(e) Receiving and recording or transcribing verbal or telephone drug orders by authorized staff;

(f) Authenticating verbal and telephone orders by prescriber in a timely manner, not to exceed forty-eight hours for inpatients;

(g) Use of medications and drugs owned by the patient but not dispensed by the hospital pharmacy, including:

(i) Specific written orders;

(ii) Identification and administration of drug;

(iii) Handling, storage and control;

(iv) Disposition; and

(v) Pharmacist and physician inspection and approval prior to patient use to ensure proper identification, lack of deterioration, and consistency with current medication profile;

(h) Maintaining drugs in patient care areas of the hospital including:

(i) Hospital pharmacist or consulting pharmacist responsibility;

(ii) Legible labeling with generic and/or trade name and strength as required by federal and state laws;

(iii) Access only by staff authorized access under hospital policy;

(iv) Storage under appropriate conditions specified by the hospital pharmacist or consulting pharmacist, including provisions for:

(A) Storing medicines, poisons, and other drugs in a specifically designated, well-illuminated, secure space;

(B) Separating internal and external stock drugs; and

(C) Storing Schedule II drugs in a separate locked drawer, compartment, cabinet, or safe;

(i) Preparing drugs in designated rooms with ample light, ventilation, sink or lavatory, and sufficient work area;

(j) Prohibiting the administration of outdated or deteriorated drugs, as indicated by label;

(k) Restricting access to pharmacy stock of drugs to:

(i) Legally authorized pharmacy staff; and

(ii) Except for Schedule II drugs, to a registered nurse designated by the hospital when all of the following conditions are met:

(A) The pharmacist is absent from the hospital;

(B) Drugs are needed in an emergency, and are not available in floor supplies; and

(C) The registered nurse, not the pharmacist, is accountable for the registered nurse's actions;

(4) The appropriate professional staff committee shall approve all policies and procedures on drugs, after documented consultation with:

(a) The pharmacist or pharmacist consultant directing hospital pharmacy services; and

(b) An advisory group comprised of representatives from the professional staff, hospital administration, and nursing services;

(5) When planning new construction of a pharmacy:

(a) Follow the general design requirements for architectural components, electrical service, lighting, call systems, hardware, interior finishes, heating, plumbing, sewerage, ventilation/air conditioning, and signage in WAC 246-318-540;

(b) Provide housekeeping facilities within or easily accessible to the pharmacy;

(c) Locate pharmacy in a clean, separate, secure room with:

(i) Storage, including locked storage for Schedule II controlled substances;

(ii) All entrances equipped with closers;

(iii) Automatic locking mechanisms on all entrance doors to preclude entrance without a key or combination;

(iv) Perimeter walls of the pharmacy and vault, if used, constructed full height from floor to ceiling;

(v) Security devices or alarm systems for perimeter windows and relites;

(vi) An emergency signal device to signal at a location where twenty-four-hour assistance is available;

(vii) Space for files and clerical functions;

(viii) Break-out area separate from clean areas; and

(ix) Electrical service including emergency power to critical pharmacy areas and equipment;

(d) Provide a general compounding and dispensing unit, room, or area with:

(i) A work counter with impermeable surface;

(ii) A corrosion-resistant sink, suitable for handwashing, mounted in counter or integral with counter;

(iii) Storage space;

(iv) A refrigeration and freezing unit; and

(v) Space for mobile equipment;

(e) If planning a manufacturing and unit dose packaging area or room, provide with:

(i) Work counter with impermeable surface;

(ii) Corrosion-resistant sink, suitable for handwashing, mounted in counter or integral with counter; and

(iii) Storage space;

(f) Locate admixture, radiopharmaceuticals, and other sterile compounding room, if planned, in a low traffic, clean area with:

(i) A preparation area;

(ii) A work counter with impermeable surface;

(iii) A corrosion-resistant sink, suitable for handwashing, mounted in counter or integral with counter;

(iv) Space for mobile equipment;

(v) Storage space;

(vi) A laminar flow hood in admixture area; and

(vii) Shielding and appropriate ventilation according to WAC 246-318-540 (3)(m) for storage and preparation of radiopharmaceuticals;

(g) If a satellite pharmacy is planned, comply with the provisions of:

(i) Subsection (5)(a), (5)(c)(i), (ii), (iii), (iv), (v), and (vi) of this section when drugs will be stored;

(ii) Subsection (5)(c)(vii), (viii), and (ix) of this section, if appropriate; and

(iii) Subsections (5)(d) and (f) of this section if planned;

(h) If a separate outpatient pharmacy is planned, comply with the requirements for a satellite pharmacy including:

(i) Easy access;

(ii) A conveniently located toilet meeting accessibility requirements in WAC 51-20-3100; and

(iii) A private counseling area.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-012, § 246-322-210, filed 10/20/95, effective 11/20/95.]

WAC 246-322-220 Laboratory services. The licensee shall:

(1) Provide access to laboratory services to meet emergency and routine needs of patients;

(2) Ensure laboratory services are provided by licensed or waivered medical test sites in accordance with chapter 70.42 RCW and chapter 246-338 WAC; and

(3) Maintain each medical test site in the hospital in a safe, clean, and sanitary condition.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-012, § 246-322-220, filed 10/20/95, effective 11/20/95.]

WAC 246-322-230 Food and dietary services. The licensee shall:

(1) Comply with chapters 246-215 and 246-217 WAC, food service;

(2) Designate an individual responsible for managing and supervising dietary/food services twenty-four hours per day, including:

(a) Incorporating ongoing recommendations of a dietitian;

(b) Serving at least three meals a day at regular intervals with fifteen or less hours between the evening meal and breakfast, unless the licensee provides a nutritious snack between the evening meal and breakfast;

(c) Providing well-balanced meals and nourishments that meet the current recommended dietary allowances of the National Research Council, 10th edition, 1989, adjusted for patient age, sex and activities unless contraindicated;

(d) Making nourishing snacks available as needed for patients, and posted as part of the menu;

(e) Preparing and serving therapeutic diets according to written medical orders;

(f) Preparing and serving meals under the supervision of food service staff;

(g) Maintaining a current diet manual, approved in writing by the dietitian and medical staff, for use in planning and preparing therapeutic diets;

(h) Ensuring all menus:

(i) Are written at least one week in advance;

(ii) Indicate the date, day of week, month and year;

(iii) Include all foods and snacks served that contribute to nutritional requirements;

(iv) Provide a variety of foods;

(v) Are approved in writing by the dietitian;

(vi) Are posted in a location easily accessible to all patients; and

(vii) Are retained for one year;

(3) Substitute foods, when necessary, of comparable nutrient value and record changes on the menu;

(4) Allow sufficient time for patients to consume meals;

(5) Ensure staff from dietary/food services are present in the hospital during all meal times;

(6) Keep policies and procedures pertaining to food storage, preparation, and storage, and cleaning food service equipment and work areas in the food service area for easy reference by dietary staff at all times.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-012, § 246-322-230, filed 10/20/95, effective 11/20/95.]

WAC 246-322-240 Laundry. The licensee shall provide:

(1) Laundry and linen services, on the premises or by commercial laundry;

(2) Storage and sorting areas for soiled laundry in well-ventilated areas, separate from clean linen handling areas;

(3) A clean area with an adequate supply of clean linen;

(4) When laundry is washed on the premises:

(a) An adequate water supply and a minimum water temperature of 140°F in washing machines; and

(b) Laundry facilities in areas separate from food preparation and dining; and

(5) Facilities for patients who wear their own clothing during hospitalization to do personal laundry.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-012, § 246-322-240, filed 10/20/95, effective 11/20/95.]

WAC 246-322-250 Construction. (1) The applicant or licensee shall comply with chapter 31 of the Washington State Building Code for all construction.

(2) Prior to starting construction, the applicant or licensee shall submit the following documentation to the department:

(a) A completed application form, a copy of which is provided in the *Submissions Guide for Health and Residential Facility Construction Projects,* which may be obtained from the department;

(b) The fee specified in chapter 246-314 WAC;

(c) A functional program which describes the services and operational methods affecting the hospital building, premises, and patients;

(d) One set of preliminary documents including, when applicable:

(i) Plot plans drawn to scale showing:

(A) Streets, driveways, parking, vehicle and pedestrian circulation;

(B) Site utilities, water service system, sewage disposal system, electrical service system, elevations; and

(C) Location of existing and new buildings and other fixed equipment;

(ii) Building plans drawn to scale showing:

(A) Floor plans designating function of each room and fixed equipment;

(B) Typical building sections and exterior elevations;

(iii) Outline specifications generally describing the construction and materials including mechanical and electrical systems; and

(e) Three sets of final construction drawings, stamped by a Washington state licensed architect or engineer, complying with the requirements of this chapter including, when applicable:

(i) Plot plans drawn to scale showing all items required in the preliminary plan in final form;

(ii) Building plans drawn to scale showing:

(A) Floor plans designating function of each room and fixed equipment;

(B) Interior and exterior elevations;

(C) Building sections and construction details;

(D) Schedules of room finishes, doors, finish hardware and windows;

(E) Mechanical, including plumbing, heating, venting and air conditioning; and

(F) Electrical, including lighting, power and communication systems; and

(iii) Specifications fully describing the workmanship and finishes;

(f) One copy of specifications and the radiant panel test report for each carpet type used in corridors and exitways;

(g) Three copies of fire sprinkler system shop drawings, hydraulic calculations and equipment specifications, stamped by the fire sprinkler contractor; and

(h) Three copies of fire alarm system shop drawings and equipment specifications.

(3) The licensee shall:

(a) Obtain department approval of final construction documents prior to starting construction;

(b) Conform with the approved plans during construction;

(c) Consult with the department prior to deviating from approved documents;

(d) Provide a written construction project completion notice to the department indicating:

(i) The expected completion date; and

(ii) Compliance with the approved construction documents, requirements of chapter 18.20 RCW and this chapter;

(e) Make adequate provisions for the health, safety, and comfort of patients during construction projects;

(f) Obtain authorization from the department prior to occupying or using new construction; and

(g) Obtain approval of the Washington state fire protection services division prior to construction, modification, and alteration consistent with RCW 18.20.130.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-012, § 246-322-250, filed 10/20/95, effective 11/20/95.]

WAC 246-322-500 Exemptions. (1) A licensee wishing to request an exemption from a requirement in this chapter shall submit a written request to the department, including:

(a) A description of the requested exemption;

(b) Reason for the exemption; and

(c) Impact of the exemption on patient or public health and safety.

(2) If the department determines the exemption will not jeopardize patient or public health or safety, and is not contrary to the intent of chapter 71.12 RCW and this chapter, the department may:

(a) Exempt the licensee from meeting a specific requirement in this chapter; or

(b) Allow the licensee to use another method of meeting the requirement.

(3) The licensee shall retain a copy of each approved exemption in the hospital.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-012, § 246-322-500, filed 10/20/95, effective 11/20/95.]

WAC 246-322-990 Private psychiatric hospital fees. Private psychiatric hospitals licensed under chapter 71.12 RCW shall:

(1) Submit an annual fee of fifty-one dollars and eighty-five cents for each bed space within the licensed bed capacity of the hospital to the department;

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

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

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

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

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

(5) Submit applications for bed additions to the department for review and approval under chapter 70.38 RCW subsequent to department establishment of the private psychiatric hospital's licensed bed capacity; and

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

[Statutory Authority: RCW 43.70.250. 02-13-061, § 246-322-990, filed 6/14/02, effective 7/15/02. 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 PSYCHIATRICALLY IMPAIRED CHILDREN AND YOUTH

WAC

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(32) "Residential treatment facility for psychiatrically impaired children and youth" means a residence, place or facility designed and organized to provide twenty-four hour

residential care and long-term individualized, active treatment for clients who have been diagnosed or evaluated as psychiatrically impaired.

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

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

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

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

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

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

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

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

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

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

(1) Application for license.

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

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

(2) Disqualified applicants.

(a) Each and every individual named in an application for a residential facility license shall be considered separately and jointly as applicants, and if anyone is deemed disqualified/unqualified by the department in accordance with the law or these rules and regulations, a license may be denied, suspended or revoked. A license may be denied, suspended or revoked for failure or refusal to comply with the requirements established by chapter 71.12 RCW or with rules and regulations promulgated pursuant thereto, and, in addition, for any of the following:

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

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

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

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

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

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

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

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

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

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

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

(ii) Include in or with the application:

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

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

(C) A copy of the contested department decision.

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

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

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

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

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

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

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

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

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

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

(7) New construction.

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

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

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

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

(i) Plot plans;

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

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

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

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

(vi) Specifications which fully describe workmanship and finishes.

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

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

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

(9) Compliance with other regulations.

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

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

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

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

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

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

residential treatment facility for psychiatrically impaired children and youth having direct contact with:

(a) Children under sixteen years of age;

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

(c) Developmentally disabled individuals.

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

(a) With the initial application for licensure; or

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

(3) A licensee or license applicant shall:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) Maintained in a confidential and secure manner;

(b) Used for employment purposes only;

(c) Not disclosed to any person except:

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

(ii) Authorized state and federal employees; and

(iii) The Washington state patrol auditor.

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

(7) The department shall:

(a) Review records required under this section;

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

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

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

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

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

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

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

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

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

(2) Personnel.

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

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

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

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

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

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

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

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

(3) Research and human subjects review committee. When research is proposed or conducted which directly involves clients, there shall be a documented multidisciplinary initial and continuing review process. The purpose of this review shall be to protect rights of the clients with acceptance or rejection and continuing review for the duration of the study.

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

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

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

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

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

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

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

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

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

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

(3) Treatment and discharge planning.

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

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

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

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

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

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

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

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

(a) Medical services.

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

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

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

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

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

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

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

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

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

(d) Social work services. There shall be a social worker with experience in working with children and youth on staff

as a full-time or part-time employee who shall be responsible for social work functions and the integration of these functions into the individualized treatment plan.

(e) Special services.

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

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

(f) Occupational therapy services. There shall be an occupational therapist available who has experience in working with psychiatrically impaired children and youth responsible for occupational therapy functions and the integration of these functions into treatment.

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

(h) Food and dietary services.

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

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

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

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

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

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

(5) Other client safety and care requirements.

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

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

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

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

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

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

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

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

(iii) When suspected or alleged abuse is reported, the clinical record shall reflect the fact that an oral or written report has been made to the child protective services of the department or to a law enforcement agency. This note shall include the date and time that the report was made, the agency to which it was made and the signature of the person making the report. Contents of the report need not be included in the clinical record.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(4) Upon employment, each person shall have or provide documented evidence of a tuberculin skin test by the Mantoux method, unless medically contraindicated. When the skin test is negative (less than ten millimeters induration read at forty-eight to seventy-two hours), no further tuberculin

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

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

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

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

[Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-323-070, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-323-070, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 83-10-079 (Order 1960), § 248-23-050, filed 5/4/83; 82-23-004 (Order 1899), § 248-23-050, filed 11/4/82. Statutory Authority: RCW 43.20.050. 80-03-079 (Order 194), § 248-23-050, filed 3/3/80.]

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

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

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

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

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

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

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

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

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

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

(9) There shall be a master client index.

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

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

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

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

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

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

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

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

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

(3) Client sleeping rooms.

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

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

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

less than seven and one-half foot ceiling height over the required floor area.

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

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

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

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

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

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

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

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

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

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

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

(6) Ventilation.

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

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

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

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

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

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

(8) Linen and laundry.

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

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

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

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

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

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

(b) When seclusion or maximum security rooms are required by program(s), at least one seclusion room intended for short-term occupancy, which provides for direct supervision by the treatment team staff shall be provided.

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

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

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

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

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

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

(13) Housekeeping facilities.

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

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

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

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

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

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

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

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

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

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

WAC 246-323-990 Fees. Residential treatment facilities for psychiatrically impaired children and youth (RTF-CY) licensed under chapter 71.12 RCW shall:

(1) Submit an annual fee of eighty-five dollars and forty cents for each bed space within the licensed bed capacity of the RTF-CY;

(2) Include all bed spaces and rooms complying with physical plant and movable equipment requirements of this chapter; and

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

[Statutory Authority: RCW 43.70.250. 02-16-068, § 246-323-990, filed 8/5/02, effective 9/5/02. 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 43.208.020. 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

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-324-001 Purpose and scope. [Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-001, filed 10/20/95, effective 11/20/95.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.

WAC 246-324-010 Definitions. For the purpose of this chapter, the following words and phrases shall have the following meanings unless the context clearly indicates otherwise.

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

(a) Physically damaging or potentially damaging nonaccidental acts;

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

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

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

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

(4) "Alcoholism" means a chronic, progressive, potentially fatal disease characterized by tolerance and physical dependency, or pathological organic changes, or both, as consequences of alcohol ingestion.

(a) "Chronic and progressive" means the physical, emotional and social changes that develop are cumulative and progress as alcohol ingestion continues;

(b) "Tolerance" means physiological adaptation to the presence of a high concentration of alcohol; and

(c) "Physical dependency" means withdrawal symptoms occur from decreasing or ceasing ingestion of alcohol.

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

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

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

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

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

(8) "Chemical dependency counselor" means an individual who:

(a) Is licensed, certified, or registered as a counselor under chapter 18.19 RCW or possesses a written statement of exemption from this requirement from the department; and

(b) Meets the minimum qualifications in WAC 275-19-145.

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

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

(a) Treatment goals with specific time frames;

(b) Specific services to be provided;

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

(d) Discharge criteria with estimated time frames.

(11) "Construction" means:

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

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

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

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

(13) "Detoxification" means the process of ridding the body of the transitory effects of intoxication and any associated physiological withdrawal reaction.

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

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

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

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

(b) Legally appointed to represent the patient.

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

(18) "Drug dispensing" means interpreting a prescription and, pursuant to that prescription, selecting, measuring, labeling, packaging, and issuing the prescribed medication to a patient or service unit of the facility.

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

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

(21) "Intoxication" means acute poisoning or temporary impairment of mental or physical functioning caused by alcohol or associated substance use.

(22) "Health care professional" means an individual who practices health or health-related services within the individual's authorized scope of practice, who is licensed, certified or registered under Title 18 RCW;

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

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

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

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

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

(a) Physical and material deprivation;

(b) Lack of medical care;

(c) Inadequate food, clothing or cleanliness;

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

(e) Lack of social interaction and physical activity;

(f) Lack of personal care; and

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

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

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

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

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

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

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

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

(a) Provides accommodations and services over a continuous period of twenty-four hours or more for two or more individuals who are not related to the licensee; and

(b) Is expressly for diagnosing, treating and caring for individuals with signs or symptoms of alcoholism and the complications of associated substance use, and other medical diseases appropriately treated and cared for in the facility.

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

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

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

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

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

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

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

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

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

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

(a) Educational and vocational training;

(b) Dentistry;

(c) Speech therapy;

(d) Physical therapy;

(e) Occupational therapy;

(f) Language translation; and

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

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

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

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

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-010, filed 10/20/95, effective 11/20/95.]

WAC 246-324-020 Licensure—Initial, renewal, modifications. (1) A person shall have a current license issued by the department before operating or advertising a private alcohol and chemical dependency hospital.

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

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

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

(c) Verification of department approval of facility plans submitted for construction review according to the provisions of WAC 246-324-250;

(d) A criminal history background check in accordance with WAC 246-324-030(2);

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

(f) The fee specified in WAC 246-324-990; and

(g) Other information as required by the department.

(3) The licensee shall apply for license renewal annually at least thirty days before the expiration date of the current license by submitting to the department:

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

(b) The fee specified in WAC 246-324-990; and

(c) Other information as required by the department.

(4) At least sixty days prior to transferring ownership of a currently licensed hospital:

(a) The licensee shall submit to the department:

(i) The full name and address of the current licensee and prospective owner;

(ii) The name and address of the currently licensed hospital and the name under which the transferred hospital will operate;

(iii) Name of the new administrator; and

(iv) Date of the proposed change of ownership; and

(b) The prospective owner shall apply for licensure according to subsection (2) of this section.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-020, filed 10/20/95, effective 11/20/95.]

WAC 246-324-025 Responsibilities and rights—Licensee and department. (1) The licensee shall:

(a) Comply with the provisions of chapter 71.12 RCW and this chapter;

(b) Post the private alcohol and chemical dependency hospital license in a conspicuous place on the premises;

(c) Maintain the bed capacity at or below the licensed bed capacity;

(d) Cooperate with the department during on-site surveys and investigations;

(e) Respond to a statement of deficiencies by submitting to the department, according to the dates specified on the statement of deficiencies form:

(i) A written plan of correction for each deficiency stated in the report and date to be completed; and

(ii) A progress report stating the dates deficiencies were corrected;

(f) Obtain department approval before changing the bed capacity;

(g) Obtain department approval before starting any construction or making changes in department-approved plans or specifications;

(h) Notify the department immediately upon a change of administrator or governing body;

(i) When assuming ownership of an existing hospital, maintain past and current clinical records, registers, indexes, and analyses of hospital services, according to state law and regulations; and

(j) Obtain department approval of a plan for storing and retrieving patient records and reports prior to ceasing operation as a hospital.

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

(3) The department shall:

(a) Issue or renew a license when the applicant or licensee meets the requirements in chapter 71.12 RCW and this chapter;

(b) Conduct an on-site inspection of the hospital prior to granting an initial license;

(c) Conduct on-site inspections at any time to determine compliance with chapter 71.12 RCW and this chapter;

(d) Give the administrator a written statement of deficiencies of chapter 71.12 RCW and this chapter observed during on-site surveys and investigations; and

(e) Comply with RCW 43.70.115, chapter 34.05 RCW and chapter 246-10 WAC when denying, suspending, modifying, or revoking a hospital license.

(4) The department may deny, suspend, or revoke a private alcohol and chemical dependency hospital license if the department finds the applicant, licensee, its agents, officers, directors, or any person with any interest therein:

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

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

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

(ii) In any matter under department investigation; or

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

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

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

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

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

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

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

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

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

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

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

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

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

(l) Misappropriates the property of a patient;

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

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

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

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-025, filed 10/20/95, effective 11/20/95.]

WAC 246-324-030 Criminal history, disclosure, and background inquiries. (1) The licensee or license applicant shall require a disclosure statement as defined in RCW 43.43.834 for each prospective employee, volunteer, contractor, student, and any other individual associated with the hospital having direct contact with vulnerable adults as defined under RCW 43.43.830.

(2) The license applicant having direct contact with vulnerable adults shall obtain a Washington state patrol criminal history background disclosure statement and submit it to the department with the initial application for licensure.

(3) The licensee or license applicant shall:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) Maintained in a confidential and secure manner;

(b) Used for employment purposes only;

(c) Not disclosed to any individual except:

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

(ii) Authorized state and federal employees; and

(iii) The Washington state patrol auditor; and

(d) Retained and available for department review:

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

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

(7) The department shall:

(a) Review records required under this section;

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

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

(8) The department may require licensees to complete additional disclosure statements or background inquiries for an individual associated with the licensed hospital having direct contact with vulnerable adults if the department has reason to believe that offenses specified under RCW 43.43.-830 have occurred since completion of the previous disclosure statement or background inquiry.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-030, filed 10/20/95, effective 11/20/95.]

WAC 246-324-035 Policies and procedures. (1) The licensee shall develop and implement the following written policies and procedures consistent with this chapter and services provided:

(a) Criteria for admitting and retaining patients;

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

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

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

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

(f) Fire and disaster plans, including:

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

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

(g) Emergency medical care, including:

(i) Physician orders;

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

(iii) Storing and accessing emergency supplies and equipment;

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

(i) Immediate actions and conduct; and

(ii) Documenting in the clinical record;

(i) Pharmacy and medication services consistent with WAC 246-324-210;

(j) Infection control as required by WAC 246-324-100;

(k) Staff actions upon:

(i) Patient elopement;

(ii) A serious change in a patient's condition, and immediately notifying family according to chapters 71.05 and 71.34 RCW;

(iii) Accidents or incidents potentially harmful or injurious to patients, and documentation in the clinical record; and

(iv) Patient death;

(l) Smoking on the hospital premises;

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

(n) Allowing patients to work on the premises, according to WAC 246-324-180;

(o) Maintenance and housekeeping functions, including schedules;

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

(q) Transporting patients for:

(i) Diagnostic or treatment activities;

(ii) Hospital connected business and programs; and

(iii) Medical care services not provided by the hospital;

(r) Transferring patients to other health care facilities or agencies;

(s) Obtaining and retaining criminal history background checks and disclosure statements consistent with WAC 246-324-030;

(t) Research involving patients;

(u) Clinical records consistent with WAC 246-324-200, the Uniform Medical Records Act, chapter 70.02 RCW and Title 42 CFR, chapter 1, Part 2, 10/1/89;

(v) Food service consistent with chapter 246-215 WAC and WAC 246-324-230.

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

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-035, filed 10/20/95, effective 11/20/95.]

WAC 246-324-040 Governing body and administration. The governing body shall:

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

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

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

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

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

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

(7) Appoint and periodically reappoint the professional staff;

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

(a) Organization of the professional staff;

(b) Delineation of privileges;

(c) Requirements for membership;

(d) Specific mechanisms for appointing and reappointing members;

(e) Granting, renewing and revising clinical privileges;

(f) Self-government;

(g) Required functions;

(h) Accountability to the governing body; and

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

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

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-040, filed 10/20/95, effective 11/20/95.]

WAC 246-324-050 Staff. The licensee shall:

(1) Employ sufficient, qualified staff to:

(a) Provide adequate patient services;

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

(c) Implement fire and disaster plans;

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

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

(4) Verify work references prior to hiring staff;

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

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

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

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

(a) Organization of the hospital;

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

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

(d) Infection control;

(e) Specific duties and responsibilities;

(f) Policies, procedures, and equipment necessary to perform duties;

(g) Patient rights according to chapters 71.05 and 71.34 RCW and patient abuse;

(h) Managing patient behavior; and

(i) Appropriate training for expected duties;

(7) Make available an ongoing, documented, in-service education program, including but not limited to:

(a) For each staff person, training to maintain and update competencies needed to perform assigned duties and responsibilities; and

(b) For patient care staff, in addition to (a) of this subsection, the following training:

(i) Methods of patient care;

(ii) Using the least restrictive alternatives;

(iii) Managing assaultive and self-destructive behavior;

(iv) Patient rights pursuant to chapters 71.05 and 71.34 RCW;

(v) Special needs of the patient population, such as children, minorities, elderly, and individuals with disabilities;

(vi) Cardiopulmonary resuscitation; and

(vii) First-aid training;

(8) When volunteer services are used within the hospital:

(a) Designate a qualified employee to be responsible for volunteer services;

(b) Provide and document orientation and training according to subsections (6) and (7) of this section for each volunteer; and

(c) Provide supervision and periodic written evaluations of each volunteer working directly with patients;

(9) In addition to following WISHA requirements, protect patients from tuberculosis by requiring each staff person to have upon employment or starting service, and each year thereafter during the individual's association with the hospital:

(a) A tuberculin skin test by the Mantoux method, unless the staff person:

(i) Documents a previous positive Mantoux skin test, which is ten or more millimeters of induration read at forty-eight to seventy-two hours;

(ii) Documents meeting the requirements of this subsection within the six months preceding the date of employment; or

(iii) Provides a written waiver from the department or authorized local health department stating the Mantoux skin test presents a hazard to the staff person's health;

(b) A second test one to three weeks after a negative Mantoux skin test for staff thirty-five years of age or older; and

(c) A chest x-ray within seven days of any positive Mantoux skin test;

(10) Report positive chest x-rays to the appropriate public health authority, and follow precautions ordered by a physician or public health authority;

(11) Restrict a staff person's contact with patients when the staff person has a known communicable disease in the infectious stage which is likely to be spread in the hospital setting or by casual contact; and

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

(a) An employment application;

(b) Verification of required education, training and credentials;

(c) Documentation of contacting work references as required by subsection (4) of this section;

(d) Criminal history disclosure and background checks as required in WAC 246-324-030;

(e) Verification of current cardiopulmonary resuscitation, first-aid and HIV/AIDS training;

(f) Tuberculin test results, reports of x-ray findings, exceptions, physician or public health official orders, and waivers; and

(g) Annual performance evaluations.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-050, filed 10/20/95, effective 11/20/95.]

WAC 246-324-060 HIV/AIDS education and training. The licensee shall:

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

(2) Use infection control standards and educational material consistent with:

(a) The approved curriculum manual *KNOW - HIV/AIDS Prevention Education for Health Care Facility Employees,* January 1991, or subsequent editions published by the department; and

(b) WAC 296-62-08001, Bloodborne pathogens implementing WISHA.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-060, filed 10/20/95, effective 11/20/95.]

WAC 246-324-100 Infection control. The licensee shall:

(1) Establish and implement an effective hospital-wide infection control program, which includes at a minimum:

(a) Written policies and procedures describing:

(i) Types of surveillance used to monitor rates of nosocomial infections;

(ii) Systems to collect and analyze data; and

(iii) Activities to prevent and control infections;

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

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

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

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

(f) Provisions for:

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

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

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

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

(A) Sewage;

(B) Solid and liquid wastes; and

(C) Infectious wastes including safe management of sharps;

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

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

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

(a) Education;

(b) Training;

(c) Certification; or

(d) Supervised experience;

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

(a) Oversee the program;

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

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

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

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

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

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-100, filed 10/20/95, effective 11/20/95.]

WAC 246-324-120 Physical environment. The licensee shall:

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

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

(3) Provide adequate lighting in all areas;

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

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

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

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

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

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

(8) Provide housekeeping and service facilities on each floor of the hospital including:

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

(b) Housekeeping closets:

(i) Equipped with shelving;

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

(iii) Kept locked; and

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

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

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-120, filed 10/20/95, effective 11/20/95.]

WAC 246-324-140 Patient living areas. The licensee shall:

(1) Provide patient sleeping rooms with:

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

(b) A minimum of seventy square feet of useable floor space per bed in a multi-patient room;

(c) A minimum ceiling height of seven feet six inches over the required floor area;

(d) A maximum capacity of four patients;

(e) A floor elevation no lower than three feet six inches below grade, with grade extending horizontally ten or more feet from the building;

(f) Direct access to and from a corridor, common-use activity room, or other common-use area;

(g) A clear window area on an outside wall equal to or greater than one-tenth the floor area with a minimum of ten square feet;

(h) Sufficient room furnishings maintained in safe and clean condition including:

(i) A bed for each patient at least thirty-six inches wide or appropriate to the special needs and size of the patient;

(ii) A cleanable, firm mattress; and

(iii) A cleanable or disposable pillow;

(i) At least three feet between beds, and adequate space between furnishings to allow easy entrance, exit, and traffic flow within the room;

(j) A means to assure patient privacy when appropriate;

(2) Provide, in addition to the requirements in subsection (1) of this section, when security rooms are used:

(a) Security windows appropriate to the area and program;

(b) Furnishings, equipment and design for maximum safety and security;

(c) Shielded and tamper-resistant lighting fixtures and electrical outlets;

(d) A door lockable from the outside;

(e) Provisions for authorized staff to observe occupants;

(3) Provide an enclosed space within the patient sleeping room, or nearby, suitable for each patient to hang garments, and store clothing and personal belongings;

(4) Provide secure storage for each patient's valuables in the patient sleeping room or conveniently available elsewhere in the hospital;

(5) Provide a dining area for patients in a community setting with furnishings appropriate for dining;

(6) Provide and maintain a safe area or areas for patient recreation and physical activity equal to or greater than twenty square feet for each licensed bed space;

(7) Provide a visiting area allowing privacy for patients and visitors;

(8) Provide a readily available telephone for patients to make and receive confidential calls; and

(9) Provide a "nonpay" telephone or equivalent communication device readily accessible on each patient occupied floor for emergency use.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-140, filed 10/20/95, effective 11/20/95.]

WAC 246-324-150 Clinical facilities. The licensee shall provide:

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

(2) One or more physical examination rooms, with or without an exterior window, equipped with:

(a) An examination table;

(b) Examination light;

(c) Storage for medical supplies and equipment; and

(d) A readily accessible handwashing sink, soap dispenser, and acceptable single-use hand-drying device; and

(3) Secure areas to properly store and handle medical supplies and medications.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-150, filed 10/20/95, effective 11/20/95.]

WAC 246-324-160 Bathrooms, toilet rooms and handwashing sinks. The licensee shall provide:

(1) One toilet, handwashing sink and bathing fixture for each six patients, or fraction thereof, on each patient-occupied floor of the hospital, with:

(a) Provisions for privacy during toileting, bathing, showering, and dressing;

(b) Separate toilet rooms for each sex if the toilet room contains more than one toilet;

(c) Separate bathrooms for each sex if the bathroom contains more than one bathing fixture; and

(d) One or more grab bars at each toilet and bathing fixture appropriate to the needs of patients;

(2) Toilet rooms and bathrooms directly accessible from patient rooms or corridors, without passing through any kitchen, pantry, food preparation, food storage, or dish-washing area or from one bedroom through another bedroom.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-160, filed 10/20/95, effective 11/20/95.]

WAC 246-324-170 Patient care services. (1) The licensee shall:

(a) Provide an initial physical and dependency assessment by a physician, advanced registered nurse practitioner, or physician assistant;

(b) Admit only those patients for whom the hospital is qualified by staff, services and equipment to give adequate care; and

(c) Provide appropriate transfer and acceptance of a patient needing medical care services not provided by the hospital, by:

(i) Transferring relevant data with the patient;

(ii) Obtaining written or verbal approval by the receiving facility prior to transfer; and

(iii) Immediately notifying the patient's family.

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

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

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

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

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

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

(ii) Reviewed and modified by a chemical dependency counselor as indicated by the patient's clinical condition;

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

(iv) Implemented by persons designated in the plan;

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

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

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

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

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

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

(a) Medical services, including:

(i) A physician on call at all times;

(ii) Provisions for emergency medical services when needed; and

(iii) Participation of a multi-disciplinary treatment team;

(b) Nursing services, including:

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

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

(c) Chemical dependency counseling services, directed and supervised by a chemical dependency counselor, responsible for:

(i) A twenty-four-hour per day chemical dependency program; and

(ii) Patient education on chemical dependency; and

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

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-170, filed 10/20/95, effective 11/20/95.]

WAC 246-324-180 Patient safety. (1) The licensee shall provide adequate emergency supplies and equipment, including airways, bag resuscitators, intravenous fluids, oxygen, sterile supplies, and other equipment identified in the policies and procedures, easily accessible to patient-care staff;

(2) When research is proposed or conducted involving patients, the licensee shall:

(a) Document an initial and continuing review process by a multi-disciplinary treatment team;

(b) Require approval by the patient prior to participation;

(c) Allow the patient to discontinue participation at any time; and

(d) Ensure policies and procedures are in accordance with Title 42 Code of Federal Regulations, chapter 1, Part 2, 10/1/89 edition.

(3) The licensee shall prohibit the use of any patient for basic maintenance of the hospital or equipment, housekeeping, or food service in compliance with the Federal Fair Labor Standards Act, 29 USC, paragraph 203 et al., and 29 CFR, section 525 et al., except:

(a) Cleaning or maintaining the patient's private living area, or performing personal housekeeping chores; or

(b) Performing therapeutic activities:

(i) Included in and appropriate to the comprehensive treatment plan;

(ii) As agreed to with the patient;

(iii) Documented as part of the treatment program; and

(iv) Appropriate to the age, physical, and mental condition of the patient.

(4) The licensee shall assure the safety and comfort of patients when construction work occurs in or near occupied areas.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-180, filed 10/20/95, effective 11/20/95.]

WAC 246-324-190 Provisions for patients with tuberculosis. A licensee providing inpatient services for patients with suspected or known infectious tuberculosis shall:

(1) Design patient rooms with:

(a) Ventilation to maintain a negative pressure condition in each patient room relative to adjacent spaces, except bath and toilet areas, with:

(i) Air movement or exhaust from the patient room to the out-of-doors with the exhaust grille located over the head of the bed;

(ii) Exhaust at the rate of six air changes per hour; and

(iii) Make-up or supply air from adjacent ventilated spaces for four or less air changes per hour, and tempered outside air for two or more air changes per hour;

(iv) Ultraviolet generator irradiation as follows:

(A) Use of ultraviolet fluorescent fixtures with lamps emitting wave length of 253.7 nanometers;

(B) The average reflected irradiance less than 0.2 microwatts per square centimeter in the room at the five foot level;

(C) Wall-mount type of fixture installed over the head of the bed, as close to the ceiling as possible to irradiate the area of the exhaust grille and the ceiling; and

(D) Lamps changed as recommended by the manufacturer; and

(b) An adjoining bathroom and toilet room with bedpan washer; and

(2) Provide discharge information to the health department of the patient's county of residence.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-190, filed 10/20/95, effective 11/20/95.]

WAC 246-324-200 Clinical records. (1) The licensee shall establish and maintain an organized clinical record service, consistent with recognized principles of record management, directed, staffed, and equipped to:

(a) Ensure timely, complete and accurate identification, checking, processing, indexing, filing, and retrieval of records;

(b) Facilitate compilation, maintenance, analyses, and distribution of patient care statistics; and

(c) Protect records from undue deterioration and destruction.

(2) The licensee shall develop and maintain an individual clinical record for each person receiving care, treatment, or diagnostic service at the hospital.

(3) The licensee shall ensure prompt entry and filing of the following data into the clinical record for each period a patient receives inpatient or outpatient services:

(a) Identifying information;

(b) Assessment and diagnostic data including history of findings and treatment provided for the dependency for which the patient is treated in the hospital;

(c) Comprehensive treatment plan;

(d) Authenticated orders for:

(i) Drugs or other therapies;

(ii) Therapeutic diets; and

(iii) Care and treatment, including standing medical orders used in the care and treatment of the patient, except standing medical emergency orders;

(e) Significant observations and events in the patient's clinical treatment;

(f) Any restraint of the patient;

(g) Data bases containing patient information;

(h) Original reports or durable, legible, direct copies of original reports, of all patient tests, diagnostic procedures and examinations performed on or for the patient;

(i) Description of therapies administered, including drug therapies;

(j) Nursing services;

(k) Progress notes recorded by the professional staff responsible for the care of the patient or others significantly involved in active treatment modalities; and

(l) A discharge plan and discharge summary.

(4) The licensee shall ensure each entry includes:

(a) Date;

(b) Time of day;

(c) Authentication by the individual making the entry; and

(d) Diagnosis, abbreviations and terminology consistent with:

(i) Fourth edition revised 1994 *The American Psychiatry Association Diagnostic and Statistical Manual of Mental Disorders*; and

(ii) *International Classification of Diseases, 9th edition, 1988.*

(5) The licensee shall provide designated areas, designed to assure confidentiality, for reading, recording, and maintaining patient clinical records and for patients to review their own records.

(6) The licensee shall prevent access to clinical records by unauthorized persons.

(7) The licensee shall retain and preserve:

(a) Each patient's clinical records, excluding reports on referred outpatient diagnostic services, for:

(i) Adult patients, a minimum of ten years following the most recent discharge; or

(ii) Patients who are minors at the time of care, treatment, or diagnosis, a minimum of three years following the patient's eighteenth birth date, or ten years following the most recent discharge, whichever is longer;

(b) Reports on referred outpatient diagnostic services for at least two years;

(c) A master patient index card or equivalent for at least the same period of time as the corresponding clinical records; and

(d) Patients' clinical records, registers, indexes, and analyses of hospital service in original form or in photographic form in accordance with the provisions of chapter 5.46 RCW.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-200, filed 10/20/95, effective 11/20/95.]

WAC 246-324-210 Pharmacy and medication services. The licensee shall:

(1) Maintain the pharmacy in the hospital in a safe, clean, and sanitary condition;

(2) Provide evidence of current approval of pharmacy services by the Washington state board of pharmacy under chapter 18.64 RCW;

(3) Develop and implement procedures for prescribing, storing, and administering medications according to state and federal laws and rules, including:

(a) Assuring professional staff who prescribe are authorized to prescribe under chapter 69.41 RCW;

(b) Assuring orders and prescriptions for medications administered and self-administered include:

(i) Date and time;

(ii) Type and amount of drug;

(iii) Route of administration;

(iv) Frequency of administration; and

(v) Authentication by professional staff;

(c) Administering drugs;

(d) Self-administering drugs;

(e) Receiving and recording or transcribing verbal or telephone drug orders by authorized staff;

(f) Authenticating verbal and telephone orders by prescriber in a timely manner, not to exceed forty-eight hours for inpatients;

(g) Use of medications and drugs owned by the patient but not dispensed by the hospital pharmacy, including:

(i) Specific written orders;

(ii) Identification and administration of drug;

(iii) Handling, storage and control;

(iv) Disposition; and

(v) Pharmacist and physician inspection and approval prior to patient use to ensure proper identification, lack of deterioration, and consistency with current medication profile;

(h) Maintaining drugs in patient care areas of the hospital including:

(i) Hospital pharmacist or consulting pharmacist responsibility;

(ii) Legible labeling with generic and/or trade name and strength as required by federal and state laws;

(iii) Access only by staff authorized access under hospital policy;

(iv) Storage under appropriate conditions specified by the hospital pharmacist or consulting pharmacist, including provisions for:

(A) Storing medicines, poisons, and other drugs in a specifically designated, well-illuminated, secure space;

(B) Separating internal and external stock drugs; and

(C) Storing Schedule II drugs in a separate locked drawer, compartment, cabinet, or safe; and

(i) Preparing drugs in designated rooms with ample light, ventilation, sink or lavatory, and sufficient work area;

(j) Prohibiting the administration of outdated or deteriorated drugs, as indicated by label;

(k) Restricting access to pharmacy stock of drugs to:

(i) Legally authorized pharmacy staff; and

(ii) Except for Schedule II drugs, to a registered nurse designated by the hospital when all of the following conditions are met:

(A) The pharmacist is absent from the hospital;

(B) Drugs are needed in an emergency, and are not available in floor supplies; and

(C) The registered nurse, not the pharmacist, is accountable for the registered nurse's actions;

(4) The appropriate professional staff committee shall approve all policies and procedures on drugs, after documented consultation with:

(a) The pharmacist or pharmacist consultant directing hospital pharmacy services; and

(b) An advisory group comprised of representatives from the professional staff, hospital administration, and nursing services;

(5) When planning new construction of a pharmacy:

(a) Follow the general design requirements for architectural components, electrical service, lighting, call systems, hardware, interior finishes, heating, plumbing, sewerage, ventilation/air conditioning, and signage in WAC 246-318-540;

(b) Provide housekeeping facilities within or easily accessible to the pharmacy;

(c) Locate pharmacy in a clean, separate, secure room with:

(i) Storage, including locked storage for Schedule II controlled substances;

(ii) All entrances equipped with closers;

(iii) Automatic locking mechanisms on all entrance doors to preclude entrance without a key or combination;

(iv) Perimeter walls of the pharmacy and vault, if used, constructed full height from floor to ceiling;

(v) Security devices or alarm systems for perimeter windows and relites;

(vi) An emergency signal device to signal at a location where twenty-four-hour assistance is available;

(vii) Space for files and clerical functions;

(viii) Break-out area separate from clean areas; and

(ix) Electrical service including emergency power to critical pharmacy areas and equipment;

(d) Provide a general compounding and dispensing unit, room, or area with:

(i) A work counter with impermeable surface;

(ii) A corrosion-resistant sink, suitable for handwashing, mounted in counter or integral with counter;

(iii) Storage space;

(iv) A refrigeration and freezing unit; and

(v) Space for mobile equipment;

(e) If planning a manufacturing and unit dose packaging area or room, provide with:

(i) Work counter with impermeable surface;

(ii) Corrosion-resistant sink, suitable for handwashing, mounted in counter or integral with counter; and

(iii) Storage space;

(f) Locate admixture, radiopharmaceuticals, and other sterile compounding room, if planned, in a low traffic, clean area with:

(i) A preparation area;

(ii) A work counter with impermeable surface;

(iii) A corrosion-resistant sink, suitable for handwashing, mounted in counter or integral with counter;

(iv) Space for mobile equipment;

(v) Storage space;

(vi) A laminar flow hood in admixture area; and

(vii) Shielding and appropriate ventilation according to WAC 246-318-540 (3)(m) for storage and preparation of radiopharmaceuticals;

(g) If a satellite pharmacy is planned, comply with the provisions of:

(i) Subsection (5)(a), (5)(c)(i), (ii), (iii), (iv), (v), and (vi) of this section when drugs will be stored;

(ii) Subsection (5)(c)(vii), (viii), and (ix) of this section, if appropriate; and

(iii) Subsections (5)(d) and (g) of this section if planned;

(h) If a separate outpatient pharmacy is planned, comply with the requirements for a satellite pharmacy including:

(i) Easy access;

(ii) A conveniently located toilet meeting accessibility requirements in WAC 51-20-3100; and

(iii) A private counseling area.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-210, filed 10/20/95, effective 11/20/95.]

WAC 246-324-220 Laboratory services. The licensee shall:

(1) Provide access to laboratory services to meet emergency and routine needs of patients;

(2) Ensure laboratory services are provided by licensed or waivered medical test sites in accordance with chapter 70.42 RCW and chapter 246-338 WAC; and

(3) Maintain each medical test site in the hospital in a safe, clean, and sanitary condition.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-220, filed 10/20/95, effective 11/20/95.]

WAC 246-324-230 Food and dietary services. The licensee shall:

(1) Comply with chapters 246-215 and 246-217 WAC, food service;

(2) Designate an individual responsible for managing and supervising dietary/food services twenty-four hours per day, including:

(a) Incorporating ongoing recommendations of a dietitian;

(b) Serving at least three meals a day at regular intervals with fifteen or less hours between the evening meal and breakfast, unless the licensee provides a nutritious snack between the evening meal and breakfast;

(c) Providing well-balanced meals and nourishments that meet the current recommended dietary allowances of the *National Research Council,* 10th edition, 1989, adjusted for patient age, sex and activities unless contraindicated;

(d) Making nourishing snacks available as needed for patients, and posted as part of the menu;

(e) Preparing and serving therapeutic diets according to written medical orders;

(f) Preparing and serving meals under the supervision of food service staff;

(g) Maintaining a current diet manual, approved in writing by the dietitian and medical staff, for use in planning and preparing therapeutic diets;

(h) Ensuring all menus:

(i) Are written at least one week in advance;

(ii) Indicate the date, day of week, month and year;

(iii) Include all foods and snacks served that contribute to nutritional requirements;

(iv) Provide a variety of foods;

(v) Are approved in writing by the dietitian;

(vi) Are posted in a location easily accessible to all patients; and

(vii) Are retained for one year;

(3) Substitute foods, when necessary, of comparable nutrient value and record changes on the menu;

(4) Allow sufficient time for patients to consume meals;

(5) Ensure staff from dietary/food services are present in the hospital during all meal times;

(6) Keep policies and procedures pertaining to food storage, preparation, and storage, and cleaning food service equipment and work areas in the food service area for easy reference by dietary staff at all times.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-230, filed 10/20/95, effective 11/20/95.]

WAC 246-324-240 Laundry. The licensee shall provide:

(1) Laundry and linen services, on the premises or by commercial laundry;

(2) Storage and sorting areas for soiled laundry in well-ventilated areas, separate from clean linen handling areas;

(3) A clean area with an adequate supply of clean linen;

(4) When laundry is washed on the premises:

(a) An adequate water supply and a minimum water temperature of 140°F in washing machines; and

(b) Laundry facilities in areas separate from food preparation and dining; and

(5) Facilities for patients who wear their own clothing during hospitalization to do personal laundry.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-240, filed 10/20/95, effective 11/20/95.]

WAC 246-324-250 Construction. (1) The applicant or licensee shall comply with chapter 31 of the *Washington State Building Code* for all construction.

(2) Prior to starting construction, the applicant or licensee shall submit the following documentation to the department:

(a) A completed application form, a copy of which is provided in the *Submissions Guide for Health and Residential Facility Construction Projects,* which may be obtained from the department;

(b) The fee specified in chapter 246-314 WAC;

(c) A functional program which describes the services and operational methods affecting the hospital building, premises, and patients;

(d) One set of preliminary documents including, when applicable:

(i) Plot plans drawn to scale showing:

(A) Streets, driveways, parking, vehicle and pedestrian circulation;

(B) Site utilities, water service system, sewage disposal system, electrical service system, elevations; and

(C) Location of existing and new buildings and other fixed equipment;

(ii) Building plans drawn to scale showing:

(A) Floor plans designating function of each room and fixed equipment;

(B) Typical building sections and exterior elevations;

(iii) Outline specifications generally describing the construction and materials including mechanical and electrical systems; and

(e) Three sets of final construction drawings, stamped by a Washington state licensed architect or engineer, complying with the requirements of this chapter including, when applicable:

(i) Plot plans drawn to scale showing all items required in the preliminary plan in final form;

(ii) Building plans drawn to scale showing:

(A) Floor plans designating function of each room and fixed equipment;

(B) Interior and exterior elevations;

(C) Building sections and construction details;

(D) Schedules of room finishes, doors, finish hardware and windows;

(E) Mechanical, including plumbing, heating, venting and air conditioning; and

(F) Electrical, including lighting, power and communication systems; and

(iii) Specifications fully describing the workmanship and finishes;

(f) One copy of specifications and the radiant panel test report for each carpet type used in corridors and exitways;

(g) Three copies of fire sprinkler system shop drawings, hydraulic calculations and equipment specifications, stamped by the fire sprinkler contractor; and

(h) Three copies of fire alarm system shop drawings and equipment specifications.

(3) The licensee shall:

(a) Obtain department approval of final construction documents prior to starting construction;

(b) Conform with the approved plans during construction;

(c) Consult with the department prior to deviating from approved documents;

(d) Provide a written construction project completion notice to the department indicating:

(i) The expected completion date; and

(ii) Compliance with the approved construction documents, requirements of chapter 18.20 RCW and this chapter;

(e) Make adequate provisions for the health, safety, and comfort of patients during construction projects;

(f) Obtain authorization from the department prior to occupying or using new construction; and

(g) Obtain approval of the Washington state fire protection services division prior to construction, modification, and alteration consistent with RCW 18.20.130.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-250, filed 10/20/95, effective 11/20/95.]

WAC 246-324-500 Exemptions. (1) A licensee wishing to request an exemption from a requirement in this chapter shall submit a written request to the department, including:

(a) A description of the requested exemption;

(b) Reason for the exemption; and

(c) Impact of the exemption on patient or public health and safety.

(2) If the department determines the exemption will not jeopardize patient or public health or safety, and is not contrary to the intent of chapter 71.12 RCW and this chapter, the department may:

(a) Exempt the licensee from meeting a specific requirement in this chapter; or

(b) Allow the licensee to use another method of meeting the requirement.

(3) The licensee shall retain a copy of each approved exemption in the hospital.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-500, filed 10/20/95, effective 11/20/95.]

WAC 246-324-990 Fees. The licensee shall submit:

(1) An initial fee of fifty-one dollars and eighty-five cents for each bed space within the proposed licensed bed capacity; and

(2) An annual renewal fee of fifty-one dollars and eighty-five cents for each licensed bed space.

[Statutory Authority: RCW 43.70.250. 02-13-061, § 246-324-990, filed 6/14/02, effective 7/15/02. 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

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-325-001 Purpose. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-325-001, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-001, filed 8/9/88; 82-17-009 (Order 1858), § 248-25-001, filed 8/6/82.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.

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

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

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

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

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

(3) "Adult residential rehabilitation center" or "center" means a residence, place, or facility designed and organized

primarily to provide twenty-four-hour residential care, crisis and short-term care, and/or long-term individualized active rehabilitation and treatment for residents diagnosed or evaluated as psychiatrically impaired or chronically mentally ill as defined herein or in chapter 71.24 RCW.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(16) "Individualized treatment plan or ITP" means a written statement of care to be provided to a resident based upon assessment of his or her strengths, assets, interests, and problems. The statement shall include stipulation of an estimated time frame, identification of the process for attaining the goals, and a discharge plan.

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

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

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

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

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

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

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

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

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

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

(d) "Minor alteration" means any structural or functional modification within the existing residential rehabilitation center, without changing the approved use of the room or area. Minor alterations performed under this definition do not require prior approval of the department; however, this does not constitute a release from the applicable requirements contained in this chapter.

(22) "Occupational therapist" means an individual licensed as an occupational therapist under provisions of chapter 18.59 RCW.

(23) "Owner" means an individual, partnership or corporation, or the legal successor thereof, operating residential rehabilitation centers for psychiatrically impaired adults, whether owning or leasing the premises.

(24) "Paraprofessional" means a person qualified, through experience or training, or a combination thereof, deemed competent while under supervision of a mental health professional, to provide counseling, rehabilitation, training, and treatment services to psychiatrically impaired adults. Such a person shall have, at a minimum:

(a) One year of training in the field of social, behavioral, or health sciences, and one year of experience in an approved treatment program for the mentally ill; or

(b) Two years of training in the field of social, behavioral, or health sciences; or

(c) Three years of work experience in an approved treatment program for the mentally ill.

(25) "Pharmacist" means an individual licensed by the state board of pharmacy to engage in the practice of pharmacy under the provisions of chapter 18.64 RCW.

(26) "Physician" means an individual licensed under the provisions of chapter 18.57 or 18.71 RCW.

(27) "Prescription" means the written or oral order for drugs or devices issued by a duly licensed medical practitioner in the course of his or her professional practice, as defined by Washington state statutes for legitimate medical purposes under the provisions of RCW 18.64.011(8).

(28) "Private adult treatment home" or "treatment home" means a dwelling which is the residence or home of one or more adults providing food, shelter, beds, and care for two or fewer psychiatrically impaired residents, provided these residents are detained under chapter 71.05 RCW and the home is certified as an evaluation and treatment facility under provisions of chapter 71.05 RCW.

(29) "Psychiatric impairment" means serious mental disorders, excluding mental retardation, substance abuse disorders, simple intoxication with alcohol or drugs, personality disorders, and specific developmental disorders as defined in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders,* third edition, revised (DSM-III-R), where one or more of the following symptomatic behaviors is exhibited:

(a) Bizarreness, severe self-destructiveness, schizophrenic ideation, or other signs or symptoms resulting from gross, on-going distortions in thought processes;

(b) Suicide attempts or other signs or symptoms associated with marked, severe, or chronic affective disorders;

(c) Chronic sexual maladjustment, or other grossly maladaptive behaviors, in accordance with subsection (29)(a) or (b) of this section.

(30) "Psychiatrist" means a physician having successfully completed a three-year residency program in psychiatry and is eligible for certification by the American Board of Psychiatry and Neurology (ABPN) as described in *Directory of Residency Training Programs Accredited by the Accreditation Council for Graduate Medical Education,* American Medical Association, 1981-1982, or eligible for certification by the American Osteopathic Board of Neurology and Psychiatry as described in *American Osteopathic Association Yearbook and Directory,* 1981-1982.

(31) "Psychologist" means a person licensed as a psychologist in the state of Washington under provisions of chapter 18.83 RCW.

(32) "Recreational therapist" means a person with a bachelors degree with a major or option in therapeutic recreation or in recreation for ill and handicapped or a bachelors degree in a related field with equivalent professional experience.

(33) "Registered nurse" means an individual licensed under the provisions of chapter 18.88 RCW, regulating the practice of registered nursing in the state of Washington.

(34) "Rehabilitation services" means a combination of social, physical, psychological, vocational, and recreational services provided to strengthen and enhance the capability of psychiatrically impaired persons and to enable these persons to function with greater independence. The services include, but are not limited to, training in independent living skills.

(35) "Rehabilitation specialist" means mental health professionals, paraprofessionals, and medical personnel employed to work in a residential rehabilitation center to provide direct resident treatment, training, and rehabilitation services within the residential rehabilitation center, and includes full-time and part-time staff and consultants.

(36) "Resident" means an individual living in an adult residential rehabilitation center or private adult treatment home for the purpose of participating in rehabilitation and treatment for psychiatric impairment or an individual living in the facility for board and domiciliary care.

(37) "Restraint" means any apparatus or chemical used for the purpose of preventing or limiting free body movement.

(38) "Security window" means a window designed to inhibit exit, entry, and injury to a resident, incorporating approved, safe, transparent material.

(39) "Self-administration of medication" means the resident administers or takes his or her own medication from a properly labeled container: Provided, That the facility maintains the responsibility to assure medications are used correctly and the resident is responding appropriately.

(40) "Shall" means compliance with regulation is mandatory.

(41) "Should" means compliance with a regulation or standard is suggested or recommended, but not required.

(42) "Social worker" means an individual holding a masters degree in social work from a graduate school of social work.

[Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-325-010, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-325-010, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-002, filed 8/9/88; 82-17-009 (Order 1858), § 248-25-002, filed 8/6/82.]

WAC 246-325-012 Licensure—Adult residential rehabilitation centers and private adult treatment homes. Centers and treatment homes shall obtain a license under chapter 71.12 RCW. This chapter establishes minimum licensing standards for the safety, adequate care, and treatment of residents living in centers or treatment homes.

(1) Application for license.

(a) Applicants shall apply for a center or treatment home license on forms furnished by the department. The owner or a legal representative of the owner shall sign the application.

(b) The applicant shall furnish to the department full and complete information and promptly report any changes affecting the current accuracy of such information as to:

(i) The identity of each officer and director of the corporation, if the program is operated by legally incorporated entity, profit or nonprofit; and

(ii) The identity of each partner, if the program is a legal partnership.

(2) Disqualified applicants.

(a) The department shall consider each and every individual named in an application for a center or treatment home license, separately and jointly, as applicants. If the department deems anyone disqualified or unqualified in accordance with the law or these rules, a license may be denied, suspended, or revoked.

(b) The department may deny, suspend, or revoke a license for failure or refusal to comply with the requirements and rules established under provisions of chapter 71.12 RCW, and in addition, but not limited to, for any of the following:

(i) Obtaining or attempting to obtain a license by fraudulent means or misrepresentation;

(ii) Permitting, aiding, or abetting the commission of an illegal act on the premises of a center or treatment home;

(iii) Cruelty, abuse, neglect or assault, or indifference to the welfare of any resident;

(iv) Misappropriation of the property of the resident;

(v) Failure or inability to exercise fiscal accountability and responsibility toward the individual resident, the department, or the business community.

(c) The department shall consider the ability of each individual named in the license application prior to granting a license to determine:

(i) Ability of each individual to operate the center or treatment home in accordance with the law and these rules;

(ii) If there is cause for denial of a license to an individual named in the application for any of the following reasons:

(A) Previous denial of a license to operate a health or personal care facility in Washington state or elsewhere, or

(B) Civil or criminal conviction for operating a health or personal care facility without a license, or

(C) Previous revocation or suspension of a license to operate a health or personal care facility.

(d) The department shall deny a license for reasons listed in subsections (2)(c)(ii) of this section unless an applicant affirmatively establishes clear, cogent, and convincing evidence of ability to operate a center or treatment home in full conformance with all applicable laws, rules and regulations.

(3) Inspection of premises. Centers and treatment homes shall permit the department to visit and examine the premises of centers and treatment homes annually and as necessary to ascertain compliance with chapter 71.12 RCW and this chapter.

(4) Denial, suspension, or revocation of a license; adjudicative proceeding.

(a) The department shall issue a letter to an applicant or licensee stating the department is denying an application, or is suspending, modifying, or revoking a license because:

(i) Findings upon inspection reveal failure or refusal of a center or treatment home to comply with chapter 71.12 RCW and this chapter; and

(ii) The criteria in WAC 246-325-012 (2)(b) are satisfied; and

(iii) The health, safety, or welfare of residents is endangered.

(b) The department's notice of a denial, suspension, modification, or revocation of a license shall be consistent with RCW 43.70.115. An applicant or license holder has the right to an adjudicative proceeding to contest the decision.

(c) A license applicant or holder contesting a department license decision shall within twenty-eight days of receipt of the decision:

(i) File a written application for an adjudicative proceeding by a method showing proof of receipt with the Administrative Hearings Unit, Department of Health, 1300 Quince Street S.E., P.O. Box 47851, Olympia, WA 98504-7851; and

(ii) Include in or with the application:

(A) A specific statement of the issue or issues and law involved;

(B) The grounds for contesting the department decision; and

(C) A copy of the contested department decision.

(d) The proceeding is governed by the Administrative Procedure Act (chapter 34.05 RCW), this chapter, and chapter 246-08 WAC. If a provision in this chapter conflicts with chapter 246-08 WAC, the provision in this chapter governs.

(5) Submission of plans and programs for centers. Centers shall submit the following with an application for license unless already on file with the department:

(a) A written description of activities and functions containing, at a minimum, information concerning services to be provided and operational methods to be used affecting the physical plant and facilities required by this chapter;

(b) A plot plan showing street, driveways, water and sewage disposal systems, the location of buildings on the site, and grade elevations within ten feet of any building housing residents;

(c) Floor plans of each building housing residents with the following information:

(i) Identification of each resident's sleeping room by use of a lettering or numbering system, or some equivalent mechanism of identification;

(ii) The usable square feet of floor space in each room;

(iii) The clear window glass area in each resident's sleeping room;

(iv) The height of the lowest portion of the ceiling in any resident's sleeping room; and

(v) The floor elevations referenced to the grade level.

(6) New construction for centers.

(a) Centers shall submit the following to the department for review when new construction is contemplated:

(i) A written description of activities and functions containing, at a minimum, information concerning services to be provided and operational methods to be used affecting the physical plant and facilities required by these regulations;

(ii) Duplicate sets of preliminary plans drawn to scale and including:

(A) A plot plan showing streets, driveways, the water and sewage disposal systems, grade and location of building or buildings on the site; and

(B) The plans for each floor of the building or buildings, existing and proposed, designating the functions of each room and showing all fixed equipment.

(iii) A statement about:

(A) Source of the water supply;

(B) The method of sewage and garbage disposal; and

(C) A general description of construction and materials, including interior finishes.

(b) Licensees and applicants shall start construction only after department receipt and approval of:

(i) Specifications and duplicate sets of final plans drawn to scale;

(ii) Specifications showing complete details to contractors for construction of buildings; and

(iii) Plans and specifications including:

(A) Plot plans;

(B) Plans for each floor of each building designating the function of each room and showing all fixed equipment and the planned location of beds and other furniture in residents' sleeping rooms;

(C) Interior and exterior elevations, building sections, and construction details;

(D) A schedule of floor, wall and ceiling finishes, and the types and sizes of doors and windows;

(E) Plumbing, heating, ventilation, electrical systems, fire safety; and

(F) Specifications fully describing workmanship and finishes.

(c) Centers shall make adequate provisions for safety and comfort of residents as construction work takes place in or near occupied areas.

(d) Centers shall:

(i) Ensure all construction takes place in accordance with department approved final plans and specifications;

(ii) Consult with the department prior to making any changes from the approved plans and specifications;

(iii) Incorporate only department-approved changes into a construction project;

(iv) Submit modified plans or addenda on changes incorporated into a construction project to the department file on the project even though submission of the modified plans or addenda was not required by the department prior to approval.

(e) The department may require submission of modified plans or addenda for review prior to considering a proposed change or changes for approval.

(7) Compliance with other regulations.

(a) Centers shall comply with rules and regulations adopted by the Washington state fire marshal under provisions of RCW 71.12.485.

(b) Centers involved in construction shall comply with the state building code as required in chapter 19.27 RCW.

(c) Compliance with this chapter does not exempt centers from compliance with codes under other state authorities or local jurisdictions, such as state electrical codes or local zoning, building, and plumbing codes.

(8) Posting of license. Centers shall post the license in a conspicuous place on the premises.

(9) Transfer of ownership. A center shall transfer ownership or, if a corporation, sell a majority of stock, only after the transferee has received department approval of the license application and reported change of center administrator.

(10) Exemptions.

(a) The secretary or designee may exempt a center or treatment home from compliance with specified subsections of these regulations when the department ascertains such exemptions may be made in an individual case without jeopardizing the safety or health of the residents in a particular center or treatment home.

(b) Centers and treatment homes shall keep all written exemptions granted by the department pursuant to this chapter on file in the center or treatment home.

[Statutory Authority: RCW 43.70.040, 34.05.220 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-325-012, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-325-012, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and 1989 1st ex.s. c 9 § 106. 90-06-019 (Order 039), § 248-25-010, filed 2/28/90, effective 3/1/90. Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-010, filed 8/9/88; 82-17-009 (Order 1858), § 248-25-010, filed 8/6/82.]

WAC 246-325-015 Licensure—Private adult treatment home. Private adult treatment homes shall be licensed under chapter 71.12 RCW, private establishments. This chapter establishes minimum licensing rules and regulations for safety and adequate care of psychiatrically-impaired clients living in a private adult treatment home. WAC 246-325-010 (1), (2), (3), (4), (6), (8), (9), and (10) shall apply. All other rules and regulations for private adult treatment homes are contained in WAC 246-325-010, 246-325-100, and 246-325-120.

[Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-325-015, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-325-015, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 82-17-009 (Order 1858), § 248-25-015, filed 8/6/82.]

WAC 246-325-020 Administration—Adult residential rehabilitation center. (1) Governing body.

(a) Each center shall have a governing body.

(b) The governing body of the center shall:

(i) Be responsible for the provision of personnel, facilities, equipment, supplies, and other services necessary to meet the needs of residents;

(ii) Appoint an administrator responsible for implementing the policies adopted by the governing body; and

(iii) Establish and maintain a current, written organizational plan, including all positions and delineating responsibilities, authority, and relation of positions within the center.

(2) Personnel.

(a) Centers shall provide:

(i) Sufficient qualified personnel to provide the services needed by the residents and to maintain the center;

(ii) Written, current job descriptions for each position classification;

(iii) A personnel record system;

(iv) A current personnel record for each employee including:

(A) Application for employment,

(B) Verification of education or training when required,

(C) A record or verification of a valid, current license for any employee requiring licensure, and

(D) An annually documented performance evaluation.

(v) A planned, supervised, and documented orientation for each new employee;

(vi) Ongoing in-service education affording each employee the opportunity to maintain and update competencies needed to perform assigned tasks and responsibilities, to include cardiopulmonary resuscitation when appropriate.

(b) Centers using volunteer services and activities shall:

(i) Ensure coordination by a qualified member of the center staff;

(ii) Conduct appropriate screening;

(iii) Document orientation and training provided for each volunteer in accordance with the job to be performed; and

(iv) Provide supervision of volunteers by qualified staff.

(3) Research. When research is proposed or conducted directly involving residents, the center shall ensure:

(a) Review, monitoring, and approval of the research project by a multidisciplinary committee to protect the rights and safety of residents; and

(b) Inclusion on the multidisciplinary committee of at least:

(i) One licensed mental health professional not employed by the center; and

(ii) A resident or resident advocate not employed by the center.

(c) The right and responsibility of the committee to modify or discontinue research.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-325-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-020, filed 8/9/88; 82-17-009 (Order 1858), § 248-25-020, filed 8/6/82.]

WAC 246-325-022 Criminal history, disclosure, and background inquiries. (1) A licensee or license applicant shall require a disclosure statement as specified under RCW 43.43.834 for each prospective employee, volunteer, contractor, student, and any other person associated with the licensed adult residential rehabilitation center or private adult treatment home having direct contact with:

(a) Children under sixteen years of age;

(b) Vulnerable adults as defined under RCW 43.43.830; and

(c) Developmentally disabled individuals.

(2) A license applicant having direct contact with vulnerable adults shall obtain a Washington state patrol criminal history background disclosure statement and submit it to the department either:

(a) With the initial application for licensure; or

(b) For current licensees, with the first application for renewal of license submitted after September 1, 1993.

(3) A licensee or license applicant shall:

(a) Require a Washington state patrol background inquiry as specified in RCW 43.43.842(1) for each:

(i) Employee, volunteer, contractor, student, and any other person currently associated with the licensed adult residential rehabilitation center or private adult treatment home, having direct contact with vulnerable adults, when engaged on or since July 22, 1989; and

(ii) Prospective employee, volunteer, contractor, student, and person applying for association with the licensed facility prior to allowing the person direct contact with vulnerable adults, except as allowed by subsection (4) of this section;

(b) Inform each person identified in (a) of this subsection of the requirement for a background inquiry;

(c) Require the person to sign an acknowledgement statement that a background inquiry will be made;

(d) Verbally inform the person of the background inquiry results within seventy-two hours of receipt; and

(e) Offer to provide a copy of the background inquiry results to the person within ten days of receipt.

(4) A licensee may conditionally employ, contract with, accept as a volunteer or associate, a person having direct contact with vulnerable adults pending a background inquiry, provided the licensee:

(a) Immediately obtains a disclosure statement from the person; and

(b) Requests a background inquiry within three business days of the conditional acceptance of the person.

(5) Except as provided in RCW 43.43.842 and in subsection (4) of this section, a licensee shall not hire or retain, directly or by contract, any person having direct contact with vulnerable adults, if that person has been:

(a) Convicted of a crime against persons as defined in RCW 43.43.830;

(b) Convicted of a crime relating to financial exploitation of a vulnerable adult;

(c) Found in any disciplinary board final decision to have abused a vulnerable adult under RCW 43.43.830; or

(d) The subject in a protective proceeding under chapter 74.34 RCW.

(6) The licensee shall establish and implement procedures ensuring that all disclosure statements and background inquiry responses are:

(a) Maintained in a confidential and secure manner;

(b) Used for employment purposes only;

(c) Not disclosed to any person except:

(i) The person about whom the licensee made the disclosure or background inquiry;

(ii) Authorized state and federal employees; and

(iii) The Washington state patrol auditor.

(d) Retained and available for department review during and at least two years following termination of employment.

(7) The department shall:

(a) Review records required under this section;

(b) Investigate allegations of noncompliance with RCW 43.43.830 through 43.43.842, when necessary, in consultation with law enforcement personnel; and

(c) Use information collected under this section solely for the purpose of determining eligibility for licensure or relicensure as required under RCW 43.43.842.

(8) The department may require licensees to complete additional disclosure statements or background inquiries for a person associated with the licensed facility having direct con-

tact with vulnerable adults if the department has reason to believe that offenses specified under RCW 43.43.830 have occurred since completion of the previous disclosure statement or background inquiry.

[Statutory Authority: RCW 43.43.830 through 43.43.842. 93-16-030 (Order 381), § 246-325-022, filed 7/26/93, effective 8/26/93.]

WAC 246-325-025 HIV/AIDS education and training. Adult residential rehabilitation centers and private adult treatment homes shall:

(1) Verify or arrange for appropriate education and training of personnel on the prevention, transmission, and treatment of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) consistent with RCW 70.24.310; and

(2) Use infection control standards and educational material consistent with the approved curriculum manual *Know - HIV/AIDS Prevention Education for Health Care Facility Employees,* January 1991, published by the office on HIV/AIDS.

[Statutory Authority: RCW 43.70.040, 70.24.310 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-325-025, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-325-025, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.310. 89-21-038 (Order 3), § 248-25-025, filed 10/12/89, effective 11/12/89.]

WAC 246-325-030 Resident care services in adult residential rehabilitation centers or private adult treatment homes. (1) Policies and procedures. Centers shall establish and follow written policies regarding admission criteria and treatment methods ensuring:

(a) Admission of residents in keeping with stated policies and limited to residents for whom a center is qualified by staff, services, and equipment, to give adequate care;

(b) Acceptance of a psychiatrically impaired resident based upon prior assessment by a mental health professional as defined in chapter 71.05 RCW or by a community mental health program under chapter 71.24 RCW.

(2) Resident assessments. Centers shall require documentation of the assessment of each psychiatrically impaired resident by a mental health professional or program to establish:

(a) Resident requirements are appropriate to the intensity and restrictions of care available and provided;

(b) Resident services required can be appropriately provided by the center or treatment home program or program components; and

(c) The resident is free of a physical condition requiring medical or nursing care available only in a hospital.

(3) Board and domiciliary care. Centers may admit and provide services for residents requiring only board and domiciliary care.

(4) Resident admission limitations. Unless excepted in writing by the Washington state fire marshal and the department, centers and treatment homes shall prohibit admission and retention of individuals who:

(a) Need physical restraints,

(b) Are not ambulatory,

(c) Lack adequate cognitive functioning to enable response to a fire alarm, or

(d) Are unable to evacuate the premises in an emergency without assistance.

(5) Individual treatment and discharge planning.

(a) Centers and treatment homes shall ensure an initial assessment of each resident within seventy-two hours of admission with development of a provisional individualized treatment plan (ITP) for each psychiatrically impaired resident.

(b) A multidisciplinary treatment team shall develop a written ITP for each resident within fourteen days of admission.

(i) The center or treatment home shall provide interpretation of the ITP to resident care staff.

(ii) Each resident and/or an individual selected or chosen by the resident shall be provided an opportunity to participate in development of the ITP.

(iii) The center or treatment home and the multidisciplinary treatment team shall implement the ITP with written review and evaluation as necessary and at least once each thirty days with:

(A) Modifications in the ITP as necessary; and

(B) Implementation and review evidenced in the clinical record.

(iv) Centers and treatment homes shall include the ITP in the clinical record.

(6) Treatment and rehabilitation delivery services. Centers and treatment homes shall develop a written plan describing the organization of services. Consistent with the plan, policies and procedures shall address the following:

(a) Requirements for physician authentication of a completed comprehensive health assessment and medical history within three working days after admission unless a comprehensive health assessment or review performed within the previous thirty days is available upon admission;

(b) Arrangements for physician care of any resident with a medical condition present;

(c) Signing of orders for medical treatment by a physician or other authorized practitioner acting within the scope of Washington state statutes defining practice;

(d) Provisions for emergency medical services;

(e) Completion of a psychiatric evaluation for each psychiatrically impaired resident with authentication by a psychiatrist within thirty days prior to or three working days following admission;

(f) Requirements for a registered nurse, with training and experience in working with psychiatrically impaired adults as follows:

(i) Employed full or part-time or under contract or written agreement; and

(ii) Responsible for all nursing functions.

(g) Access to and availability of mental health professionals, occupational therapists, recreational therapists, LPN, rehabilitation specialists, and paraprofessionals with experience in working with psychiatrically impaired adults, as necessary to develop, integrate, and implement the ITP.

(h) Rehabilitation services under long-term care to include:

(i) An educational and vocational assessment of each resident with appropriate educational and vocational programs developed and implemented or arranged on the basis of the assessment; and

(ii) Training in independent living skills provided by qualified persons as necessary to meet the needs of the residents.

[Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-325-030, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-325-030, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-030, filed 8/9/88; 82-17-009 (Order 1858), § 248-25-030, filed 8/6/82.]

WAC 246-325-035 General resident safety and care—Policies, procedures, practices. (1) Centers and treatment homes shall state disciplinary policy and practices in writing ensuring any disciplinary practice used is:

(a) Fair, reasonable, consistent, and related to the mental status and behavior of a resident;

(b) Consistent with the ITP;

(c) Not abusive, cruel, hazardous, frightening, or humiliating; and

(d) Documented in the clinical record.

(2) Centers and treatment homes shall prohibit:

(a) Use of seclusion and restraint as punitive measures; and

(b) Use of corporal punishment.

(3) Centers and treatment homes shall:

(a) Protect residents from assault, abuse, and neglect; and

(b) Report suspected or alleged incidents to the department including:

(i) Nonaccidental injury,

(ii) Sexual abuse,

(iii) Assault,

(iv) Cruelty, and

(v) Neglect.

(4) Centers and treatment homes shall account for resident allowances, earnings, and expenditures including:

(a) Permitting a discharged resident to take the balance of his or her money; or

(b) Fully informing a resident when his or her money is transferred to another facility or organization as permitted by state or federal law; and

(c) Informing each resident of any responsibility for cost of care and treatment per law or rule.

(5) Centers and treatment homes shall allow residents to work on the premises only when:

(a) Assigned tasks are appropriate to resident age, physical and mental condition;

(b) Assignments are described in the ITP;

(c) Resident work is supervised and part of a treatment program;

(d) Center or treatment home staff retain responsibility for basic housekeeping, maintenance of equipment, and maintenance of the physical environment; and

(e) Documentation of resident work occurs.

(6) Centers and treatment homes shall establish written policy and procedures to:

(a) Describe resident rights consistent with chapter 275-56 WAC;

(b) Require current written policy and signed physician orders guiding actions of staff when medical emergencies or threats to life occur including:

(i) Policy review as needed and at least once each two years;

(ii) Written approval of policies by representatives of medical, nursing, and administrative staff;

(iii) Maintenance of current transfer agreements with one or more acute care hospitals; and

(iv) Provision for transmitting medical and related resident information with a resident in event of transfer for medical or other treatment and care.

(c) Describe circumstances for notification of legal guardian or next-of-kin in event of:

(i) Serious change in resident condition;

(ii) Resident death;

(iii) Resident escape or unauthorized departure;

(iv) Transfer of resident to another facility; and

(v) Other unusual circumstances.

(d) Establish requirements consistent with chapter 70.160 RCW Washington Clean Indoor Air Act if residents, staff, or visitors are permitted to smoke in the center or treatment home;

(e) Provide for immediate emergency access to sleeping rooms, toilets, showers, bathrooms, or other rooms occupied by residents;

(f) Maintain resident monitoring and safety consistent with chapter 275-55 WAC if seclusion rooms or restraints are used;

(g) Provide for availability and access to emergency supplies and equipment identified in emergency medical policies;

(h) Provide guidance for staff in:

(i) Summoning of internal and external assistance, e.g., poison center, police, fire department;

(ii) Immediate actions required when resident behavior is violent or assaultive;

(iii) Regular documented rehearsals of safe, effective staff action when a resident is violent or assaultive;

(iv) Regular documented rehearsal of a fire and disaster plan; and

(v) Actions and documentation in clinical record following accidents or incidents considered harmful or injurious to a resident.

(i) Require the presence of one or more on-duty staff with current training in first aid and cardiopulmonary resuscitation;

(j) Encourage safe transportation of residents including:

(i) Assuring center-owned vehicles used for resident transport are in safe operating condition with records of preventive maintenance;

(ii) Providing a center authorization including a requirement for a current driver's license for each driver of a center-owned vehicle transporting residents;

(iii) Mandatory use of seat belts or other safety devices;

(iv) Observation of maximum vehicle passenger capacity; and

(v) Description of circumstances when residents are transported in vehicles not owned or operated by the center.

(k) Establish systems for routine preventive maintenance, documentation of the plan, and documentation of dates inspected.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-325-035, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-035, filed 8/9/88.]

WAC 246-325-040 Pharmaceutical services in adult residential rehabilitation centers. (1) Each center shall have an agreement with a pharmacist to advise on matters relating to the practice of pharmacy, drug utilization, control, and accountability.

(2) Centers shall obtain written approval of a physician and pharmacist for written policies and procedures addressing:

(a) Procuring,

(b) Prescribing,

(c) Administering,

(d) Dispensing,

(e) Storage,

(f) Transcription of orders,

(g) Use of standing orders,

(h) Disposal of drugs,

(i) Self-administration of medication, and

(j) Control or disposal of drugs brought into the center by residents and/or recording of drug administration in the clinical record.

(3) Centers shall require and ensure:

(a) Written orders signed by a physician or other legally authorized practitioner acting within the scope of his or her license, for all medications administered to residents;

(b) An organized system to maintain accuracy in receiving, transcribing, and implementing orders for administration of medications;

(c) Drug dispensing only by persons licensed to dispense drugs;

(d) Drug administering only by persons licensed to administer drugs;

(e) Drugs brought into the center for resident use while in the center are specifically ordered by a physician;

(f) Control and appropriate use of all drugs administered or self-administered within the center;

(g) Provisions for procurement, drug profiles, labeling and storage of medications, drugs, and chemicals;

(h) Procurement of drugs ordered or prescribed for a specific resident by individual prescription only;

(i) The services of a pharmacist and pharmacy so that medications, supplies, and individual prescriptions are provided without undue delay;

(j) Medication containers within the center are clearly and legibly labeled with the medication name (generic and/or trade), strength, and expiration date (if available);

(k) Medications, poisons, and chemicals kept anywhere in the center are:

(i) Plainly labeled and stored in a specifically designated, secure, well-illuminated cabinet, closet, or storeroom;

(ii) Made accessible only to authorized persons; and

(iii) Maintained so that external medications are separated from internal medications.

(l) Maintenance of appropriate warning or poison labels and separate storage for poisonous external chemicals, caustic materials, and drugs.

(4) Centers shall maintain a current drug reference readily available for use by staff and treatment team members.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-325-040, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-040, filed 8/9/88; 82-17-009 (Order 1858), § 248-25-040, filed 8/6/82.]

WAC 246-325-045 Food storage—Preparation—Service. (1) Centers shall maintain food service facilities and practices complying with chapter 246-215 WAC.

(2) Centers and treatment homes shall provide:

(a) A minimum of three meals in each twenty-four hour period;

(b) Evidence of written approval by the department when a specific request for fewer than three meals per twenty-four hour period is granted;

(c) A maximum time interval between the evening meal and breakfast of fourteen hours unless a snack contributing to the daily nutrient total is served or made available to all residents between the evening meal and breakfast;

(d) Dated, written menus which:

(i) Are written at least one week in advance,

(ii) Are retained six months, and

(iii) Provide a variety of foods with cycle duration of at least three weeks before repeating.

(e) Substitutions for food on menus of comparable nutrient value;

(f) Palatable, attractively served diets, meals, and nourishments sufficient in quality, quantity, and variety to meet the recommended dietary allowances of the food and nutrition board, national research council, 1980 edition; and

(g) A record of all food and snacks served and contributing to nutritional requirements.

(3) Centers and treatment homes shall prepare and serve:

(a) Resident specific modified or therapeutic diets when prescribed and as prescribed by a physician with menus approved by a dietitian; and

(b) Only those nutrient concentrates and supplements prescribed in writing by a physician.

[Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-325-045, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-325-045, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-045, filed 8/9/88.]

WAC 246-325-050 Infection control in adult residential rehabilitation centers. (1) Centers shall establish written policies and procedures addressing infection control and isolation of residents (should isolation be necessary and medically appropriate for an infectious condition).

(2) Centers shall report communicable disease in accordance with chapter 246-100 WAC.

(3) Centers shall maintain:

(a) A current system for reporting, investigating, and reviewing infections among residents and personnel; and

(b) A system for keeping records on such infections.

(4) Centers shall require off-duty status or restrict resident contact where an employee is known to have a communicable disease in an infectious stage and is likely to be spread by casual contact.

[Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-325-050, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-325-050, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-050, filed 8/9/88; 82-17-009 (Order 1858), § 248-25-050, filed 8/6/82.]

WAC 246-325-060 Clinical records. (1) Centers shall maintain and retain:

(a) A well-defined clinical record system, adequate and experienced staff;

(b) Adequate facilities, equipment, and supplies necessary to the development, maintenance, security, control, retrieval, analysis, use, and preservation of resident care data; and

(c) A person demonstrating competency and experience or training in clinical record administration responsible for the clinical record system.

(2) Centers and treatment homes shall document and maintain individual resident records and a record system in accordance with recognized principles of clinical record management to include:

(a) Ready access for appropriate members of staff;

(b) Systematic methods for identifying the record of each resident; and

(c) Legible, dated, authenticated entries (ink, typewritten, computer terminal, or equivalent) on all diagnostic and treatment procedures and other clinical events].

(3) Centers shall have current policies and procedures related to the clinical record system including:

(a) An established format and documentation expectations for the clinical record of each resident;

(b) Control of access to and release of data in clinical records including confidentiality of information contained in records and release of information in accordance with chapter 71.05 RCW;

(c) Retention, preservation, and final disposal of clinical records and other resident care data to ensure:

(i) Retention and preservation of:

(A) Each resident's clinical record for a period of no less than five years, or for five years following the resident's most recent discharge, whichever is the longer period of time;

(B) A complete discharge summary, authenticated by an appropriate member of the staff, for a period of no less than ten years or no less than ten years following the resident's most recent discharge, whichever is the longer period of time; and

(C) Reports of tests related to the psychiatric condition of each resident for a period of no less than ten years or no less than ten years following the resident's most recent discharge, whichever is the longer period of time.

(ii) Final disposal of any resident clinical record, indices, or other reports permitting identification of the individual shall be accomplished so retrieval and subsequent use of data contained therein are impossible;

(iii) In the event of transfer of ownership of the center or treatment home, resident clinical records, indices, and reports remain in the center or treatment home, retained and preserved by the new operator in accordance with this section;

(iv) Center or treatment home arrangements for preservation of clinical records, reports, indices, and resident data in accordance with this section if the center or treatment home ceases operation; and

(v) Department approval of plans for preservation and retention of records prior to cessation of operation.

(d) Psychiatric diagnoses, abbreviations, and terminology consistent with the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders,* third edition, revised (DSM-III-R), physical diagnoses, abbreviations, and terminology consistent with *International Classification of Diseases,* ninth revision, Clinical Modification (ICD-9-CM);

(e) Clinical records identifying information, assessments by the multidisciplinary treatment team, regular progress notes by members of the multidisciplinary treatment team, individualized treatment plans, final evaluation, and a discharge summary;

(f) A master resident index;

(g) Identifying information;

(h) Assessments and regular progress notes by the multidisciplinary treatment team;

(i) Individualized treatment plans; and

(j) Final evaluation and discharge summary.

[Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-325-060, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-325-060, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-060, filed 8/9/88; 82-17-009 (Order 1858), § 248-25-060, filed 8/6/82.]

Reviser's note: The bracket in the text of the above section occurred in the copy filed by the agency.

WAC 246-325-070 Physical environment in adult residential rehabilitation centers. (1) Each center shall provide a safe, clean environment for residents, staff, and visitors.

(2) Centers shall provide:

(a) A ground floor accessible to the physically handicapped; and

(b) Program activity areas and sleeping quarters for any physically handicapped residents on floors meeting applicable standards.

(3) Residents' sleeping rooms.

(a) Centers shall provide sleeping rooms which:

(i) Are directly accessible from a corridor or common-use activity room or an area for residents;

(ii) Are outside rooms with a clear glass window area of approximately one-tenth of the usable floor area;

(iii) Have windows above the ground floor level appropriately screened or have a security window;

(iv) Provide a minimum of eighty square feet of usable floor space in a single-bed room;

(v) Provide no less than seventy square feet of usable floor area per bed in multibed rooms;

(vi) Accommodate no more than four residents;

(vii) Provide no less than seven and one-half feet of ceiling height over the required floor area;

(viii) Provide space so beds do not interfere with the entrance, exit, or traffic flow within the room;

(ix) Have dimensions and conformation allowing placement of beds three feet apart; and

(x) Have room furnishings maintained in a clean, safe condition.

(b) Centers shall prohibit use of any room more than three feet, six inches below grade as a resident sleeping room.

(c) Centers shall provide:

(i) Visual privacy for each resident as needed and may achieve this through a program assuring privacy in toileting, bathing, showering, and dressing;

(ii) An enclosed space suitable for hanging garments and storage of personal belongings for each resident within or convenient to his or her room; and

(iii) Secure storage of resident valuables in the room or elsewhere.

(d) Centers shall provide each resident access to his or her room with the following exceptions:

(i) If appropriate, center rules may specify times when rooms are unavailable; and/or

(ii) An ITP may specify restrictions on use of a room.

(e) Centers shall provide a bed for each resident which is:

(i) At least thirty-six inches wide or appropriate to the special needs and size of the resident; and

(ii) Provided with a clean, cleanable, firm mattress and a clean, cleanable, or disposable pillow.

(4) Centers shall ensure that each resident occupied floor or level provides:

(a) One toilet and sink for each eight residents or any fraction thereof;

(b) A bathing facility for each twelve residents or fraction thereof; and

(c) Arrangements for privacy in toilets and bathing facilities.

(5) Centers shall provide:

(a) Adequate lighting in all areas;

(b) An adequate number of electrical outlets to permit use of electrical fixtures appropriate to the needs of residents and consistent with the program;

(c) General lighting for sleeping rooms with an electrical wall switch located at the door of each sleeping room to control one built-in light fixture within the room; and

(d) Emergency lighting equipment such as flashlights or battery-operated lamps available and maintained in operating condition.

(6) Ventilation.

(a) Centers shall provide ventilation of all rooms used by residents or personnel sufficient to remove objectionable odors, excessive heat, or condensation.

(b) Centers shall provide appropriate vents in inside rooms, including toilets, bathrooms, and other rooms where excessive moisture, odors, or contaminants originate.

(7) Centers shall provide:

(a) An adequate supply of hot and cold running water under pressure conforming with standards of the state board of health, chapter 246-290 WAC;

(b) Hot water temperature at bathing fixtures not to exceed one hundred twenty degrees Fahrenheit;

(c) Hot water at a temperature of one hundred forty degrees Fahrenheit available for laundry equipment; and

(d) Devices to prevent back-flow into the water supply system from fixtures where extension hoses or other cross connections may be used.

(8) Linen and laundry. Centers shall provide:

(a) An adequate storage area and supply of clean linen, washcloths, and towels available for resident use;

(b) Availability of at least one laundry room with washer and dryer located in an area separated from the kitchen and dining area; and

(c) Well-ventilated soiled laundry or linen storage and sorting areas physically separated from the clean linen handling area, the kitchen, and the eating areas.

(9) Centers shall provide at least one private area within the center for visitation of residents and guests.

(10) Centers shall provide an adequate number of therapy and examination rooms for:

(a) Group and individual therapy reasonably soundproofed to maintain confidentiality;

(b) Seclusion or maximum security if required by a program, unless immediately accessible in a hospital, with each room:

(i) Under direct staff supervision;

(ii) Intended for short-term occupancy only;

(iii) Designed and furnished to provide maximum security and safety for occupant;

(iv) An inside or outside room with natural or artificial light;

(v) Provided with window lights in door or other provisions for direct visibility of an occupant at all times; and

(vi) A minimum of fifty square feet of floor space, exclusive of fixed equipment and a minimum dimension of six feet.

(c) Physical examination of residents when performed on a routine basis within the center including:

(i) Provisions for privacy and adequate light;

(ii) A handwashing facility with single-use disposable towels or equivalent; and

(iii) A soap dispenser.

(11) If seclusion or maximum security rooms are not required by program, these shall be immediately available in a hospital or other licensed facility.

(12) When medical and nursing supplies and equipment are washed, disinfected, stored, or handled within the center, centers shall provide utility and storage areas designed and equipped for these functions providing for segregation of clean and sterile supplies and equipment from contaminated supplies and equipment.

(13) Centers shall provide housekeeping facilities including:

(a) At least one service sink and housekeeping closet equipped with shelving; and

(b) Provision for collection and disposal of sewage, garbage, refuse, and liquid wastes in a manner to prevent creation of an unsafe or unsanitary condition or nuisance.

(14) Centers shall provide:

(a) A heating system operated and maintained to provide a comfortable, healthful temperature in rooms used by residents;

(b) An area for secure storage of resident records;

(c) An area providing privacy for authorized personnel to read and document in the resident records;

(d) An appropriately furnished dining room or rooms or area or areas large enough to provide table service for all residents;

(e) Sufficient space to accommodate various activities when a multipurpose room is used for dining as well as recreational activities or meetings; and

(f) At least forty square feet per bed for the total combined area utilized for dining, social, educational, recreational activities, and group therapies.

(15) Centers shall provide:

(a) Ready access to one "nonpay" telephone in the event of fire or other emergencies; and

(b) A readily available telephone for use by residents located so privacy is possible.

(16) Centers shall arrange availability of a safely maintained outdoor recreational area for use of residents.

[Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-325-070, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-325-070, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-070, filed 8/9/88; 82-17-009 (Order 1858), § 248-25-070, filed 8/6/82.]

WAC 246-325-100 Resident care services in private adult treatment homes. (1) The treatment home shall have written policies regarding admission criteria and treatment methods. Admission of residents shall be in keeping with stated policies and limited to psychiatrically impaired residents for whom the home can provide adequate safety, treatment, and care.

(2) Rules and regulations contained in this chapter shall apply except for the following:

(a) WAC 246-325-012 (5), (6), (8), and (9);

(b) WAC 246-325-020;

(c) WAC 246-325-030 (1), (2), (6)(f);

(d) WAC 246-325-035 (6)(j)(i)-(ii) and (6)(k);

(e) WAC 246-325-040;

(f) WAC 246-325-050; and

(g) WAC 246-325-070.

(3) The treatment home shall:

(a) Require a specific order or prescription by a physician or other legally authorized practitioner for resident medications;

(b) Assume responsibility for security and monitoring of resident medications including:

(i) Locked storage or other means to keep medication unaccessible to unauthorized persons;

(ii) Refrigeration of medication when required;

(iii) External and internal medications stored separately (separate compartments);

(iv) Each medication stored in original labeled container;

(v) Medication container labels including the name of the resident and the date of purchase;

(vi) Limiting disbursement and access to licensee except for self-administered medications;

(vii) Medications dispersed only on written approval of an individual or agency having authority by court order to approve medical care;

(viii) Medications dispersed only as specified on the prescription label or as otherwise authorized by a physician; and

(ix) Ensuring self-administration of medications by a resident in accordance with the following:

(A) The resident shall be physically and mentally capable of properly taking his or her own medicine; and

(B) Prescription drugs, over-the-counter drugs, and other medical materials used by individuals shall be kept so the prescription drugs are not available to other individuals.

(4) Clinical records and record systems shall comply with WAC 246-325-060.

[Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-325-100, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-325-100, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-100, filed 8/9/88; 82-17-009 (Order 1858), § 248-25-100, filed 8/6/82.]

WAC 246-325-120 Physical environment requirements for private adult treatment homes. (1) The treatment home shall be located on a well-drained site, free from hazardous conditions, and accessible to other facilities necessary to carry out the program. At least one telephone on the premises shall be accessible for emergency use at all times.

(2) The treatment home shall provide and maintain the physical plant, premises, and equipment:

(a) In clean and sanitary condition,

(b) Free of hazards, and

(c) In good repair.

(3) Treatment homes shall provide:

(a) Suitable space for storage of clothing;

(b) Resident bedrooms which are outside rooms permitting entrance of natural light;

(c) Multiple occupancy bedrooms, when used, not less than fifty square feet per resident occupant of floor area exclusive of closets;

(d) A bed for each resident which is at least thirty-six inches wide with clean mattress, pillow, sheets, blankets, and pillowcases;

(e) Adequate facilities for separate storage of soiled and clean linen;

(f) At least one indoor flush-type toilet, one lavatory, and one bathtub or shower with hot and cold or tempered running water with:

(i) Provision for resident privacy; and

(ii) Soap and individual or disposable towels.

(g) Adequate lighting; and

(h) Discharge of sewage and liquid wastes into a public sewer system or into an independent sewage system approved by the local health authority or the department.

(4) Treatment homes shall ensure:

(a) Approval by the local health authority or department when a private water supply is provided;

(b) A heating system operated and maintained to provide not less than sixty-eight degrees Fahrenheit temperature in rooms used by residents during waking hours; and

(c) Premises free from rodents, flies, cockroaches, and other insects.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-325-120, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-120, filed 8/9/88; 82-17-009 (Order 1858), § 248-25-120, filed 8/6/82.]

WAC 246-325-990 Fees. Adult residential rehabilitation centers (ARRC) licensed under chapter 71.12 RCW shall:

(1) Submit an annual fee of one hundred twenty-eight dollars for each bed space within the licensed bed capacity of the ARRC;

(2) Include all bed spaces in rooms complying with physical plant and movable equipment requirements in this chapter for client sleeping rooms; and

(3) Set up twenty-four-hour assigned client beds only within the licensed bed capacity approved by the department.

[Statutory Authority: RCW 43.70.250 and 2002 c 371. 02-20-040, § 246-325-990, filed 9/24/02, effective 11/1/02. 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 43.208.020. 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

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-326-001 Purpose. [Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-326-001, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-326-001, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-001, filed 8/3/84. Formerly WAC 248-22-500.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.

WAC 246-326-010 Definitions. For the purpose of these regulations, the following words and phrases shall have the following meanings unless the context clearly indicates otherwise. All adjectives and adverbs such as adequate, approved, competent, qualified, necessary, reasonable, reputable, satisfactory, sufficiently, effectively, appropriately, or suitable used in these rules and regulations to qualify an individual, a procedure, equipment, or building shall be as determined by the Washington state department of health.

(1) "Abuse," other than substance or alcohol abuse, means the injury, sexual use, or sexual mistreatment of an individual patient by any person under circumstances which indicate the health, welfare, and safety of the patient is harmed thereby.

(a) "Physical abuse" means damaging or potentially damaging nonaccidental acts or incidents which may result in bodily injury or death.

(b) "Emotional abuse" means verbal or nonverbal actions, outside of accepted therapeutic programs, which are degrading to a patient or constitute harassment.

(2) "Administrator" means an individual appointed as the chief executive officer by the governing body of a facility to act in the facility's behalf in the overall management of the alcoholism treatment facility.

(3) "Alcoholic" means a person with alcoholism.

(4) "Alcoholism" means an illness characterized by lack of control as to the consumption of alcoholic beverages, or the consumption of alcoholic beverages to the extent an individual's health is substantially impaired or endangered, or his or her social or economic function is substantially disrupted.

(5) "Alcoholism counselor" means an individual having adequate education, experience, and knowledge regarding the nature and treatment of alcoholism and knowledgeable about community resources providing services alcoholics may need and who knows and understands the principles and techniques of alcoholism counseling with minimal requirements to include:

(a) A history of no alcohol or other drug misuse for a period of at least two years immediately prior to time of employment as an alcoholism counselor and no misuse of alcohol or other drugs while employed as an alcoholism counselor;

(b) A high school diploma or equivalent;

(c) Satisfactory completion of at least twelve quarter or eight semester credits from a college or university, including at least six quarter credits or four semester credits in specialized alcoholism courses.

(6) "Alcoholism treatment facility" means a private place or establishment, other than a licensed hospital, operated primarily for the treatment of alcoholism.

(7) "Alteration" means changes requiring construction in an existing alcoholism treatment facility.

"Minor alteration" means any physical or functional modification within existing alcoholism treatment facilities not changing the approved use of a room or area. Minor alterations performed under this definition do not require prior review of the department; however, this does not constitute a release from any applicable requirements herein.

(8) "Area," except when used in reference to a major section of an alcoholism treatment facility, means a portion of a room containing the equipment essential to carry out a particular function and separated from other facilities of the room by a physical barrier or adequate space.

(9) "Authenticated" means written authorization of any entry in a patient treatment record by means of a signature including, minimally, first initial, last name, and title.

(10) "Authentication record" means a document which is part of each patient treatment record and includes identification of all individuals initialing entries in the treatment

record: Full printed name, signature as defined in WAC 246-326-010(9), title, and initials that may appear after entries in the treatment record.

(11) "Bathing facility" means a bathtub or shower.

(12) "Counseling, group" means an interaction between two or more patients and alcoholism counselor or counselors for the purpose of helping the patients gain better understanding of themselves and develop abilities to deal more effectively with the realities of their environments.

(13) "Counseling, individual" means an interaction between a counselor and a patient for the purpose of helping the patient gain a better understanding of self and develop the ability to deal more effectively with the realities of his or her environment.

(14) "Detoxification" means care or treatment of an intoxicated person during a period where the individual recovers from the effects of intoxication.

(a) "Acute detoxification" means a method of withdrawing a patient from alcohol where nursing services and medications are routinely administered to facilitate the patient's withdrawal from alcohol.

(b) "Subacute detoxification" means a method of withdrawing a patient from alcohol utilizing primarily social interaction between patients and staff within a supportive environment designed to facilitate safety for patients during recovery from the effects of intoxication with no medications administered by the staff.

(15) "Detoxified" means withdrawn from the consumption of alcohol and recovered from the effects of intoxication and any associated acute physiological withdrawal reactions.

(16) "Department" means the Washington state department of health.

(17) "Facilities" means a room or area and/or equipment to serve a specific function.

(18) "General health supervision" means provision of the following services as indicated:

(a) Reminding a patient to self-administer medically prescribed drugs and treatments;

(b) Encouraging a patient to follow a modified diet and rest or activity regimen when one has been medically prescribed;

(c) Reminding and assisting a patient to keep appointments for health care services, such as appointments with physicians, dentists, home health care services, or clinics;

(d) Encouraging a patient to have a physical examination if he or she manifests signs and symptoms of an illness or abnormality for which medical diagnosis and treatment are indicated.

(19) "Governing body" means an individual or group responsible for approving policies related to operation of an alcoholism treatment facility.

(20) "Grade" means the level of the ground adjacent to the building measured at the required windows. The ground shall be level or sloped downward for a distance of at least ten feet from the wall of the building.

(21) "Inpatient" means a patient to whom the alcoholism treatment facility is providing board and room on a twenty-four-hour-per-day basis.

(22) "Intoxication" means acute or temporary impairment of an individual's mental or physical functioning caused by alcohol in the body.

(23) "Intoxicated" means in the state of intoxication.

(24) "Lavatory" means a plumbing fixture of adequate size and proper design for washing hands.

(25) "Legend drug" means any drug required by state law or regulation of the state board of pharmacy to be dispensed on prescription only or is restricted to use by practitioners only.

(26) "Licensed nurse" means either a registered nurse or a licensed practical nurse.

(a) "Licensed practical nurse" means an individual licensed pursuant to chapter 18.78 RCW.

(b) "Registered nurse" means an individual licensed pursuant to chapter 18.88 RCW.

(27) "May" means permissive or possible at the discretion of the department.

(28) "Neglect" means negligent treatment or maltreatment; an act or omission evincing a disregard of consequences of such magnitude as to constitute a clear and present danger to a patient's health, welfare, and/or safety.

(29) "New construction" means any of the following:

(a) New building to be used as an alcoholism treatment facility.

(b) Additions to existing buildings to be used as an alcoholism treatment facility.

(c) Conversion of existing buildings or portions thereof for use as an alcoholism treatment facility.

(d) Alterations.

(30) "Owner" means an individual, firm, partnership, corporation, company, association, or joint stock association or the legal successor thereof operating an alcoholism treatment facility whether he or she owns or leases the premises.

(31) "Patient" means any individual receiving services for the treatment of alcoholism.

(32) "Pharmacist" means an individual licensed as a pharmacist in the state of Washington pursuant to provisions of chapter 18.64 RCW.

(33) "Physician" means an individual licensed under the provisions of chapter 18.71 RCW Physicians, or chapter 18.57 RCW Osteopathy—Osteopathic medicine and surgery.

(34) "Room" means a space set apart by floor to ceiling partitions on all sides with proper access to a corridor or a common-use living room or area and with all openings provided with doors or windows.

(35) "Secretary" means the secretary of the Washington state department of health.

(36) "Shall" means compliance is mandatory.

(37) "Should" means a suggestion or recommendation but not a requirement.

(38) "Through traffic" means traffic for which the origin and destination are outside the room or area serving as a passageway.

(39) "Toilet" means a disposal apparatus consisting of a hopper fitted with a seat and flushing device, used for urination and defecation.

(40) "Usable floor space" means, in reference to patient sleeping room, the floor space exclusive of vestibules and closets, wardrobes, or portable lockers.

(41) "Utility sink" means a plumbing fixture of adequate size and proper design for filling and emptying mop buckets.

[Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-326-010, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-326-010, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-010, filed 8/3/84. Formerly WAC 248-22-501.]

WAC 246-326-020 Licensure. (1) Application for license.

(a) An application for an alcoholism treatment facility license shall be submitted on forms furnished by the department. An application shall be signed by the owner of the facility, or his or her legal representative, and the administrator.

(b) The applicant shall furnish to the department full and complete information, and promptly report any changes.

(2) Disqualified applicants.

(a) Each and every individual named in an application for an alcoholism treatment facility license shall be considered separately and jointly as applicants and, if anyone be deemed unqualified by the department in accordance with the law or these rules and regulations, the license may be denied, suspended, or revoked.

(b) A license may be denied, suspended, or revoked for failure or refusal to comply with the requirements established by chapter 71.12 RCW or with these rules and regulations and, in addition, any of the following:

(i) Obtaining or attempting to obtain a license by fraudulent means or misrepresentation;

(ii) Permitting, aiding, or abetting the commission of any illegal act on the premises of the alcoholism treatment facility;

(iii) Cruelty, assault, abuse, neglect, or indifference to the welfare of any patient;

(iv) Misappropriation of the property of the patients; or

(v) Failure or inability to exercise fiscal accountability and responsibility toward the individual patient, the department, or the business community.

(c) Before granting a license to operate an alcoholism treatment facility, the department shall consider the ability of each individual named in the application to operate the alcoholism treatment facility in accordance with the law and these regulations. Individuals having been previously denied a license to operate a health or personal care facility in this state or elsewhere, or having been convicted civilly or criminally of operating such a facility without a license, or having had their license to operate such a facility suspended or revoked shall not be granted a license unless to the satisfaction of the department they affirmatively establish clear, cogent, and convincing evidence of their ability to operate the alcoholism treatment facility, for which the license is sought, in full conformance with all applicable laws, rules, and regulations.

(d) Individuals convicted of a felony, child abuse, and/or any crime involving physical harm to another person, or individuals identified as perpetrators of substantiated child abuse pursuant to chapter 26.44 RCW, shall be disqualified by reason of such conviction if such conviction is reasonably related to the competency of the person to exercise responsibilities for ownership, operation, and/or administration of an alcoholism treatment facility unless, to the satisfaction of the department, the individual establishes clear, cogent, and convincing evidence of sufficient rehabilitation subsequent to such conviction or abuse registry listing to warrant public trust.

(3) Submission of plans. The following shall be submitted with an application for license: Provided however, That whenever any of the required plans are already on file with the department through previous applications for license or construction approval, only plans for portions or changes not on file need to be submitted.

(a) A plot plan showing streets, driveways, water and sewage disposal systems, locations of buildings on the site, and grade elevations within ten feet of any building where patients are to be housed.

(b) Floor plans of each building where patients are to be housed. The floor plans shall provide the following information:

(i) Identification of each room by use of a system;

(ii) Identification of category of service intended for each room;

(iii) The usable square feet of floor space in each patient sleeping room;

(iv) The clear window glass area in each patient's sleeping room;

(v) The height of the lowest portion of the ceiling in any patient's sleeping room; and

(vi) Floor elevations referenced to the grade level.

(c) If new construction or remodeling is planned, requirements in WAC 246-326-020(7) shall apply.

(4) Classification or categories of alcoholism treatment services. For the purpose of licensing, alcoholism treatment services provided by alcoholism treatment facilities shall be classified as follows:

(a) *Alcoholism detoxification services* are either acute or subacute services required for the care and/or treatment of individuals intoxicated or incapacitated by alcohol during the initial period the body is cleared of alcohol and the individual recovers from the transitory effects of intoxication. Services include screening of intoxicated persons, detoxification of intoxicated persons, counseling of alcoholics regarding their illness to stimulate motivation to obtain further treatment, and referral of detoxified alcoholics to other, appropriate alcoholism treatment programs.

(b) *Alcoholism intensive inpatient treatment* services are those services provided to the detoxified alcoholic in a residential setting including, as a minimum, limited medical evaluation and general health supervision, alcoholism education, organized individual and group counseling, discharge referral to necessary supportive services, and a patient follow-through program after discharge.

(c) *Alcoholism recovery house services are* the provision of an alcohol-free residential setting with supporting services and social and recreational facilities for detoxified alcoholics to aid their adjustment to alcohol-free patterns of living and their engagement in occupational training, gainful employment, or other types of community activities.

(d) *Alcoholism long-term treatment services* are long-term provision of a residential care setting providing a struc-

tural living environment, board, and room for alcoholics with impaired self-maintenance capabilities needing personal guidance and assistance to maintain sobriety and optimum health status.

(5) Authorization and designation of categories of alcoholism treatment service.

(a) The license issued to an alcoholism treatment facility shall show the category or categories of alcoholism treatment the facility is licensed to provide.

(b) For each category of alcoholism treatment service, the licensee shall designate and maintain the particular category or categories of service for which the department has shown approval on the license.

(c) If maintenance and operation are not in compliance with chapter 71.12 RCW or chapter 246-326 WAC, the department may deny, suspend, or revoke authorization to provide a particular category of treatment service.

(6) Posting of license. The license for an alcoholism treatment facility shall be posted in a conspicuous place on the premises.

(7) New construction.

(a) When new construction is planned, the following shall be submitted to the department for review:

(i) A written program containing, at a minimum, information concerning services to be provided and operational methods to be used affecting the extent of facilities required by these regulations.

(ii) Duplicate sets of preliminary plans for new construction drawn to scale and including:

(A) A plot plan showing streets, driveways, the water and sewage disposal systems, grade and location of building or buildings on the site;

(B) Plans of each floor of the building or buildings, existing and proposed, designating the function of each room and showing all fixed equipment:

(iii) Preliminary plans shall be accompanied by a statement as to:

(A) Source of the water supply;

(B) Method of sewage and garbage disposal; and

(C) A general description of construction and materials including interior finishes.

(b) Construction shall not be started until duplicate sets of final plans for new construction, drawn to scale, and specifications have been submitted to and approved by the department. Final plans and specifications shall show complete details to be furnished to contractors for construction of buildings. These shall include:

(i) Plot plan;

(ii) Plans of each floor of the building or buildings designating the function of each room and showing all fixed equipment;

(iii) Interior and exterior elevations, building sections, and construction details;

(iv) A schedule of floor, wall, and ceiling finishes, and the types and sizes of doors and windows;

(v) Plumbing, heating, ventilating, and electrical systems; and

(vi) Specifications fully describing the workmanship and finishes.

(c) Adequate provisions shall be made for the safety and comfort of patients if construction work takes place in or near occupied areas.

(d) All construction shall take place in accordance with the approved final plans and specifications.

(i) The department shall be consulted prior to making any changes from the approved plans and specifications.

(ii) When indicated by the nature or extent of proposed changes, the department may require the submission of modified plans or addenda for review prior to considering proposed change or changes for approval.

(iii) Only those changes approved by the department shall be incorporated into a construction project.

(iv) In all cases, modified plans or addenda on changes incorporated into the construction project shall be submitted for the department's file on the project even though it was not required these be submitted prior to approval.

(8) Exemptions.

(a) The secretary or designee may exempt an alcoholism treatment facility from compliance with parts of these regulations when it has been found after thorough investigation and consideration such exemption may be made in an individual case without jeopardizing the safety or health of the patients in the particular alcoholism treatment facility.

(b) The secretary or designee may, upon written application, allow the substitution of procedures, materials, or equipment for those specified in these regulations when such procedures, materials, or equipment have been demonstrated, to the satisfaction of the secretary, to be at least equivalent to those prescribed.

(c) All exemptions or substitutions granted pursuant to the foregoing provisions shall be reduced to writing and filed with the department and the alcoholism treatment facility.

(9) Compliance with other regulations.

(a) Rules and regulations adopted by the Washington state fire marshal under provision of RCW 71.12.485 which are found in chapter 212-40 WAC apply.

(b) If there is no local plumbing code, the *Uniform Plumbing Code of the International Association of Plumbing and Mechanical Officials,* 1979 edition, shall be followed.

(c) Compliance with these regulations does not exempt an alcoholism treatment facility from compliance with local and state electrical codes or local zoning, building, and plumbing codes.

(10) Transfer of ownership. The possession or ownership of an alcoholism treatment facility shall not be transferred until the transferee has been notified by the department that the transferee's application for license has been approved.

(11) Denial, suspension, modification, or revocation of licenses or a license appeal; notice; adjudicative proceeding.

(a) When the department determines a facility has failed or refused to comply with the requirements of chapter 71.12 RCW and/or these rules, the department may deny, suspend, modify, or revoke a license. The department's notice of a denial, suspension, modification, or revocation of a license shall be consistent with RCW 43.70.115. An applicant or license holder has the right to an adjudicative proceeding to contest the decision.

(b) A license applicant or holder contesting a department license decision shall within twenty-eight days of receipt of the decision:

(i) File a written application for an adjudicative proceeding by a method showing proof of receipt with the Administrative Hearings Unit, Department of Health, 1300 Quince Street S.E., P.O. Box 47851, Olympia, WA 98504-7851; and

(ii) Include in or with the application:

(A) A specific statement of the issue or issues and law involved;

(B) The grounds for contesting the department decision; and

(C) A copy of the contested department decision.

(c) The proceeding is governed by the Administrative Procedure Act (chapter 34.05 RCW), this chapter, and chapter 246-08 WAC. If a provision in this chapter conflicts with chapter 246-08 WAC, the provision in this chapter governs.

[Statutory Authority: RCW 43.70.040, 34.05.220 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-326-020, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-326-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and 1989 1st ex.s. c 9 § 106. 90-06-019 (Order 039), § 248-26-020, filed 2/28/90, effective 3/1/90. Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-020, filed 8/3/84. Formerly WAC 248-22-510.]

WAC 246-326-030 Administrative management. (1) **Governing body.**

(a) The alcoholism treatment facility shall have a governing body responsible for adopting policies related to the conduct of the alcoholism treatment facility in accordance with applicable laws and regulations.

(b) The governing body shall provide for the personnel, facilities, equipment, supplies, and special services necessary to meet patient needs for services and to maintain and operate the facility in accordance with applicable laws and regulations.

(2) **Administrator.**

(a) There shall be an administrator at least twenty-one years of age, with no history of drug or alcoholism misuse for a period of two years prior to employment, to manage the alcoholism treatment facility in compliance with chapter 71.12 RCW and chapter 246-326 WAC.

(b) The administrator either shall be on duty or readily available at all times except when an alternate administrator meeting qualifications in this section is designated in writing or in written job description and is on duty or readily available.

(c) The administrator shall establish and maintain a current written plan of organization including all positions and delineating the functions, responsibilities, authority, and relationships of all positions within the alcoholism treatment facility.

(d) The administrator shall ensure the existence and availability of policies and procedures which are:

(i) Written, developed, reviewed, and revised as necessary to keep them current;

(ii) Dated and signed by persons having responsibility for approval of the policies and procedures;

(iii) Readily available to personnel; and

(iv) Followed in the care and treatment of patients.

(3) **Personnel.**

(a) There shall be sufficient numbers of qualified personnel, who are not patients, to provide services needed by patients and to properly maintain the alcoholism treatment facility. At least one staff person shall be on duty or in residence within the alcoholism treatment facility at all times.

(b) There shall be a written job description for each position classification within the facility.

(c) Upon employment each person shall have or provide documented evidence of a tuberculin skin test by the Mantoux method unless medically contraindicated. When this skin test is negative (less than ten millimeters of induration read at forty-eight to seventy-two hours), no further tuberculin skin test shall be required. A positive test consists of ten millimeters or more of induration read at forty-eight to seventy-two hours. Positive reactors shall have a chest x-ray within ninety days of the first day of employment. Exemptions and specific requirements are as follows:

(i) Those with positive tests who have completed a recommended course of preventive or curative treatment, as determined by the local health officer, shall be exempted from testing.

(ii) Records of test results, x-rays, or exemptions to such shall be kept by the facility.

(d) Employees with a communicable disease in an infectious stage shall not be on duty.

(e) A planned, supervised orientation shall be provided to each new employee to acquaint him or her with the organization of the facility, the physical plant layout, his or her particular duties and responsibilities, the policies, procedures, and equipment pertinent to his or her work, and the disaster plan for the facility.

(f) A planned, training program shall be provided to any employee not prepared for his or her job responsibilities through previous training.

(g) Records shall be maintained of orientation, on-the-job training, and continuing education provided for employees.

(h) At least one staff person on the premises shall be currently qualified to provide basic first aid and cardiopulmonary resuscitation.

(i) Medical or nursing responsibilities, functions, or tasks shall be consistent with current Washington state law governing physician or nursing practice.

(j) Records or documentation of compliance with employee requirements described in chapter 246-326 WAC shall be available.

[Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-326-030, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-326-030, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-030, filed 8/3/84. Formerly WAC 248-22-520.]

WAC 246-326-035 HIV/AIDS education and training. Alcoholism treatment facilities shall:

(1) Verify or arrange for appropriate education and training of personnel on the prevention, transmission, and treatment of human immunodeficiency virus (HIV) and acquired

immunodeficiency syndrome (AIDS) consistent with RCW 70.24.310; and

(2) Use infection control standards and educational material consistent with the approved curriculum manual *Know - HIV/AIDS Prevention Education for Health Care Facility Employees,* January 1991, published by the office on HIV/AIDS.

[Statutory Authority: RCW 43.70.040, 70.24.310 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-326-035, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-326-035, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.310. 89-21-038 (Order 3), § 248-26-035, filed 10/12/89, effective 11/12/89.]

WAC 246-326-040 Patient care and services—General. (1) Individual treatment plan. For each patient, there shall be a plan individualized for treatment to include the treatment prescribed as well as assessment of physical, mental, emotional, social, and spiritual needs.

(a) The patient shall be encouraged to participate in development of the plan.

(b) Work assignments may be permitted when part of the individual treatment plan and under supervision of staff.

(2) General care and treatment.

(a) Each patient shall have available the equipment, supplies, and assistance needed to maintain personal cleanliness and grooming.

(b) The patient shall be treated in a manner respecting individual identity and human dignity with policies and procedures, as appropriate, to include:

(i) Protection from invasion of privacy: Provided, That reasonable means may be used to detect or prevent contraband from being possessed or used on the premises;

(ii) Confidential treatment of clinical and personal information in communications with individuals not associated with the plan of treatment;

(iii) Means of implementing federal requirements related to confidentiality of records, Title 42, Code of Federal Regulations, Part 2, Federal Register, July 1, 1975;

(iv) Provision of reasonable opportunity to practice religion of choice insofar as such religious practice does not infringe upon rights and treatment of other patients or the treatment program in the alcoholism treatment facility: Provided, That a patient also has the right to refuse participation in any religious practice;

(v) Communication with significant others in emergency situations;

(vi) Freedom from physical abuse, corporal punishment, or other forms of abuse against the patient's will, including being deprived of food, clothes, or other basic necessities.

(c) Infection control, general.

(i) There shall be policies and procedures designed to prevent transmission of infection minimally to include aseptic techniques, handwashing, methods of cleaning, disinfecting or sterilizing, handling, and storage of all supplies and equipment.

(ii) There shall be reporting of communicable disease of patients in accordance with chapter 246-100 WAC.

[Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-326-040, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-326-040, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-040, filed 8/3/84. Formerly WAC 248-22-530.]

WAC 246-326-050 Health and medical care services—All facilities. (1) Admission and retention of patients shall be appropriate to services available.

(a) Each alcoholism treatment facility shall have written policies related to admission, retention, leave, and discharge.

(b) Patients manifesting signs and symptoms of a physical or mental condition requiring medical or nursing care not provided or available in the alcoholism treatment facility shall not remain in the facility. Staff shall facilitate movement of such patients to an appropriate setting as soon as possible and feasible.

(2) Each alcoholism treatment facility shall have a current, transfer agreement with a hospital licensed pursuant to chapter 70.41 or 71.12 RCW.

(3) Medical coverage.

(a) A physician shall be responsible for direction of all medical aspects of the alcoholism treatment program or programs with medical responsibility minimally to include approval of policies and procedures related to:

(i) Initial and ongoing medical screening and assessment of patients;

(ii) Care of patients with minor illnesses or other conditions requiring minor treatment or first aid; and

(iii) Medical emergencies.

(b) There shall be specific arrangements for physician services at all times with schedules, names, and phone numbers posted and available in appropriate locations. Physician services may include hospital emergency departments, group clinic practice, or equivalent emergency facilities.

(c) Medical emergency policy and procedures related to emergency situations shall minimally include:

(i) Delineation of circumstances, signs, and symptoms related to specific actions required of personnel;

(ii) Circumstances warranting immediate contact of physician services or other licensed personnel;

(iii) Minimum qualifications for staff executing procedures; and

(iv) Written approval or acceptance of medical emergency policies and procedures by administrator and responsible physician. When nursing services are provided, approval or acceptance by the responsible registered nurse shall be included.

(4) Nursing services. Nursing services, when provided, shall be planned and supervised by a registered nurse minimally to include:

(a) Responsibility for any nursing functions performed by personnel in the alcoholism treatment facility.

(b) Selection, training, and written evaluation of personnel or volunteers providing nursing observation and/or care.

(c) Written nursing procedures to guide actions of personnel and volunteers providing nursing observation and/or care.

(5) Supplies. Appropriate supplies for first aid, medical, or nursing procedures shall be readily available.

(6) Safety measures.

(a) There shall be written policies and procedures governing actions of staff following any accident or incident jeopardizing a patient's health or life, minimally to include:

(i) Facilitation of patient protection and safety;

(ii) Investigation of accidents or incidents;

(iii) Institution of preventive measures insofar as possible;

(iv) Written documentation in the patient treatment record.

(b) There shall be provision for staff to gain immediate emergency access to any room occupied by a patient.

(7) Individual patient treatment/care records.

(a) There shall be an organized record system providing for:

(i) Maintenance of a current, complete, treatment record for each patient;

(ii) A systematic method of identifying and filing patient records so each record can be located readily;

(iii) Maintenance of the confidentiality of patient treatment records by storing and handling the records under conditions allowing only authorized persons access to the records.

(b) Each entry in the patient's treatment/care record shall be dated and authenticated by the signature and title of the person making the entry. (An authentication record system may be acceptable.)

(c) Each record shall be available to treatment staff and include:

(i) Identifying and sociological data including the patient's full name, birthdate, home address, or last known address if available;

(ii) Date of admission;

(iii) The name, address, and telephone number of the patient's personal physician or medical practitioner if available;

(iv) A record of the findings of any health screenings;

(v) A record of medical findings following examination by a medical practitioner;

(vi) A record of observations of the patient's condition;

(vii) A physician or legally authorized practitioner's written order for any modified diet served to the patient;

(viii) Orders for any drugs or medical treatment shall be dated and signed by a physician or legally authorized practitioner unless self-administered from a container bearing an appropriate pharmacist-prepared label in accordance with instructions on that label;

(ix) A record of any administration of a medication or treatment to a patient by the person legally authorized to administer medications and/or observation of self-administration including time and date of administration and signature of the individual administering the medication or observing self-administration;

(x) Medical progress notes, when applicable, shall be made in the treatment record.

(8) Notification regarding change in patient's condition. A member of the patient's family or another person with whom the patient is known to have a responsible personal relationship shall be notified as rapidly as possible, upon the discretion of the treating physician, should a serious change in the patient's condition, transfer, or death of the patient occur: Provided however, That the patient is incapable of rational communication.Such notification shall not occur without the consent of the patient any time when the patient is capable of rational communication.

(9) Food services - general.

(a) Food service sanitation shall be governed by chapter 246-215 WAC rules and regulations of the state board of health governing food service sanitation.

(b) Areas used for storage and preparation of food shall be used only for performance of assigned food service duties. Through traffic is prohibited.

(c) There shall be current written policies and procedures to include safety, food acquisition, food storage, food preparation, serving of food, and scheduled cleaning of all food service equipment and work areas. These policies shall be readily available to all personnel.

(i) All personnel handling food, including patients assisting in food services, shall follow the procedures.

(ii) Cooking shall not be permitted in sleeping rooms.

(d) Food provided shall be appropriate to meet the needs of patients on a twenty-four hour basis.

(10) Food service - alcoholism intensive inpatient treatment, recovery house, long-term treatment services.

(a) There shall be a designated individual responsible for food service.

(b) Staff trained in food service procedures shall be present during all meal times when meals are served on the premises.

(c) Meals and nourishments shall be palatable, properly prepared, attractively served, and sufficient in quality, quantity, and variety to meet "Recommended Dietary Allowance," *Food and Nutrition Board, National Research Council,* 1980 edition, adjusted for activity unless medically contraindicated.

(i) At least three meals a day shall be served at regular intervals with not more than fourteen hours between the evening meal and breakfast.

(ii) There shall be written medical orders for any therapeutic diet served to a patient. Therapeutic diets shall be prepared and served as prescribed.

(iii) A current diet manual, approved in writing by a dietitian and physician, shall be used for planning and preparing diets.

(d) Menus shall be planned, written, and dated at least one week in advance.

(i) Food substitutions shall be of comparable nutritional value and recorded as served.

(ii) A record of planned menus with substitutions and food as served shall be retained for six months.

(iii) The written order of a legally authorized medical practitioner is required prior to serving any nutrient concentrate or supplement.

[Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-326-050, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-326-050, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-050, filed 8/3/84.]

WAC 246-326-060 Medication responsibility—Administration of medications and treatments. (1) There shall be provisions for timely delivery of necessary patient medications from a pharmacy so a physician's or legally authorized practitioner's orders for medication therapy can be implemented without undue delay.

(2) There shall be written policies and procedures providing for description of types of stock medications, procurement, storage, control, use, retention, release, and disposal of medications in accordance with applicable federal and state laws and regulations.

(a) There shall be adequate medication facilities providing for locked storage of all medications.

(b) There shall be a sink with hot and cold running water, other than the lavatory or sink in a toilet room, available.

(c) Medications, including stock medications, shall be accessible only to authorized staff.

(d) Stock internal and external medicine and medications shall be stored apart from each other.

(e) Medicine or medications requiring special storage conditions shall be stored according to manufacturer's or pharmacist's directions.

(f) The inside temperature of the refrigerator where drugs are stored shall be maintained within a thirty-five to fifty degree Fahrenheit range. Medication stored in a refrigerator shall be enclosed in a container to separate the medications from food or other products.

(g) All medications shall be obtained and kept in containers labeled securely and legibly by a pharmacist, or in original containers labeled by the manufacturer, and shall not be transferred from the container except for preparation of a single dose for administration. A label on a container of medication shall not be altered or replaced except by a pharmacist.

(i) Medication containers having soiled, damaged, incomplete, illegible, or makeshift labels shall be returned to a pharmacist for relabeling or disposal.

(ii) Medication in containers having no labels shall be destroyed.

(h) Any medication having an expiration date shall be removed from usage and destroyed immediately after the expiration date.

(i) All of an individual patient's medications left in the facility following discharge, transfer, or departure, except those released to the patient upon discharge and Schedule II controlled substances, shall be destroyed by authorized staff after departure of the patient or returned to a pharmacist for appropriate disposition.

(i) Medications or medicines shall be destroyed in the presence of a witness or by a pharmacist in such a manner that the medications cannot be retrieved, salvaged, or used; medications shall not be discarded with garbage or refuse.

(ii) For any medication destroyed, staff shall make an entry in the individual patient treatment record to include:

(A) Date;

(B) Name of medication;

(C) Strength of medication;

(D) Quantity of medication;

(E) Signature of staff who destroyed the medication; and

(F) Signature of staff who witnessed destruction.

(j) When staff who are legally authorized to administer medications are employed or available in an alcoholism treatment facility, a physician or legally authorized prescribing practitioner may provide an emergency drug or medication supply within a facility: Provided, That the following requirements are met:

(i) The emergency drug or medication supply shall be considered an extension of the physician's or prescribing practitioner's own drug or medication supply and remain his or her responsibility.

(ii) All drugs or medications for an emergency supply shall be kept in a separate, secure, locked, emergency drug drawer or cabinet or equivalent.

(iii) The emergency drug or medication supply shall be limited to medications needed for genuine medical emergencies, including the need for the medical management of an intoxicated person.

(iv) The quantity of any medication in a particular dosage strength shall be limited to a seventy-two hour supply determined by calculating the number of patients and the potential need for emergency medication.

(v) A list of drugs or medications to be kept in the emergency medication supply shall be available with the emergency medication supply.

(A) This list shall include the names and dosage strength of each medication, and be dated and signed by the physician or legally authorized prescribing practitioner.

(B) The emergency medication supply shall contain only those medications on this list.

(vi) There shall be a record of each medication removed or added to the emergency medication supply. This record shall include:

(A) Name and amount of medication removed or added;

(B) Date of removal or addition;

(C) Identification of the patient receiving a medication removed;

(D) Signature of staff removing or adding to the emergency medication supply.

(k) Medications listed as controlled substances in Washington shall be prohibited. This does not preclude individual patient prescriptions or medications kept in an emergency medication supply pursuant to WAC 246-326-060 (2)(j).

(l) The alcoholism treatment facility maintaining nonprescription medications in a first-aid supply shall establish policies and procedures for use of the first-aid supply, approved by signature of a legally authorized prescribing practitioner.

(3) Administration of medications and medical treatments. Policies and procedures shall be established for administration of medications, including self-administration, within each alcoholism treatment facility.

(a) There shall be an organized system designed to ensure accuracy in receiving, transcribing, and implementing orders for administration of medications and treatments.

(i) Orders for medications and treatments, including standing orders, used in the care of a patient shall be entered in the patient's treatment record and shall be signed by a physician or other legally authorized practitioner.

(ii) Orders for drugs and medical treatments shall include:

(A) Date ordered;

(B) Name of the medication or description of the treatment including the name of medication, solution, or other agent to be used in the treatment;

(C) Dosage, concentration, or intensity of a medication, solution, or other agent used;

(D) Route or method of administration;

(E) Frequency, time interval between doses, or duration of administration;

(F) Maximum number of doses or treatments to be administered;

(G) Circumstances for which the medication or treatment is to be administered; and

(H) Signature of the legally authorized prescribing practitioner.

(iii) A verbal or telephone order for the administration of medication or medications or medical treatment or treatments shall be received by a licensed nurse from the physician or other practitioner legally authorized to prescribe. Upon receipt of such an order, the following shall be entered immediately into the patient's treatment record.

(A) Data required under WAC 246-326-060 (3)(a)(ii);

(B) Name of the physician or legally authorized practitioner issuing the order;

(C) Signature of the licensed nurse receiving the order;

(D) Physician's or legally authorized practitioner's signature for such an order shall be obtained as soon as possible and not later than five days after receipt of the verbal or telephone order.

(iv) Persons administering medications and medical treatments to patients shall be qualified by training and legally permitted to assume this responsibility.

(v) Any medication administered to a patient shall be prepared, administered, and recorded in the patient's treatment record by the same person. This shall not be interpreted to preclude a physician's administration of a medication having been prepared for administration by a person assisting the physician in the performance of a diagnostic or treatment procedure or the administration of a single, properly labeled medication having been dispensed or issued from a pharmacy so the medication is ready to administer.

(b) Medications shall be administered or self-administered only as legally authorized through written order, approval, or prescription signed by a physician or other legally authorized practitioner or self-administered from a container in accordance with an appropriately affixed pharmacist-prepared label.

(c) Medications shall be administered by appropriately licensed personnel when they are not self-administered.

(d) Self-administration of drugs by a patient shall be in accordance with the following:

(i) The patient shall be physically and mentally capable of administering his or her own medication properly.

(ii) Any medication a patient has for self-administration in the facility shall have been ordered, approved, or prescribed by a legally authorized practitioner.

(iii) Prescription medications, over-the-counter medications purchased independently by the patient, and other medicinal materials used by a patient shall be kept in individual storage units within locked drawers, medicine cabinets, compartments, or equivalent. Access to all medications shall be controlled by authorized staff. Use of such medications and materials in each individual storage unit shall be restricted to the particular patient for self-administration.

(iv) Staff shall observe use of medications by each patient and record the observation in the patient's individual treatment record.

(e) Any medications used in the subacute detoxification service shall be self-administered only with observation of use of medication recorded in the individual treatment record by the staff of the alcoholism treatment facility.

[Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-326-060, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-326-060, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-060, filed 8/3/84.]

WAC 246-326-070 Maintenance and housekeeping—Laundry. (1) The alcoholism treatment facility structure, its component parts, facilities, and equipment shall be kept clean and in good repair and maintained in the interest of patients' safety and well-being.

(2) The storage and disposal of garbage and refuse shall be by methods preventing conditions conducive to the transmission of disease or creation of a nuisance, breeding place for flies, or a feeding place for rodents.

(a) A separate, well-ventilated room or suitable outside area shall be provided for storage of garbage and refuse.

(b) Garbage and refuse storage containers shall be of leakproof, nonabsorbent construction with close fitting covers.

(c) Adequate cleaning facilities shall be provided.

(3) The alcoholism treatment facility shall be kept free from insects and rodents.

(4) The alcoholism treatment facility shall provide a utility sink or an equivalent means of obtaining and disposing of mop water in areas other than those used for food preparation or serving. Wet mops shall be stored in an area with adequate ventilation.

(5) Laundry.

(a) The alcoholism treatment facility shall make provision and be responsible for the proper handling, cleaning, and storage of linen and other washable goods.

(b) Unless all laundry is sent out, every alcoholism treatment facility shall be provided with a laundry room equipped with laundry facilities.

(i) Laundry equipment shall be located in a separate room used for laundry, housekeeping, or storage of cleaning supplies and equipment.

(ii) Laundry equipment wash cycle shall have the capability of reaching a water temperature of one hundred forty degrees Fahrenheit.

(iii) The soiled linen storage and sorting area shall be in a well-ventilated area separate from clean linen handling and storage area.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-326-070, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-070, filed 8/3/84. Formerly WAC 248-22-540.]

WAC 246-326-080 Site and grounds. The alcoholism treatment facility shall be located in an area properly drained and served by at least one street that is usable under all weather conditions.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-326-080, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-080, filed 8/3/84. Formerly WAC 248-22-580.]

WAC 246-326-090 Physical plant and equipment. (1) Patients' sleeping rooms.

(a) There shall be at least eighty square feet of usable floor space in single-bed sleeping rooms and seventy square feet of usable floor space per bed in multiple bed sleeping rooms.

(i) No portion of a sleeping room having less than seven foot six inch ceiling height may be counted as part of the required area.

(ii) The maximum capacity of any patient sleeping room shall not exceed twelve beds.

(b) Each sleeping room shall be located to prevent through traffic and minimize the entrance of excessive noise, odors, and other nuisances.

(c) Only rooms having unrestricted direct access to a hallway, living room, outside, or other common-use area shall be used as sleeping rooms.

(d) Sleeping rooms shall be outside rooms with a clear glass window area in a vertical wall not less than one-tenth of the required floor area.

(i) Rooms shall not be considered to be outside rooms if such required window area is within ten feet of another building or other obstruction to view or opens into a window well, enclosed porch, light shaft, ventilation shaft, or other enclosure of similar confining nature.

(ii) Windows designed to open shall operate freely.

(iii) Curtains, shades, blinds, or equivalent shall be provided at each window for visual privacy.

(e) A basement room may be used as a sleeping room provided the floor of the room is no more than three feet eight inches below the base of the window or windows, and there is adequate natural light. The grade shall extend ten feet out horizontally from the base of the window or windows.

(f) Each patient shall be provided with sufficient storage facilities, either in or convenient to his or her sleeping room, to adequately store a reasonable quantity of clothing and personal possessions.

(g) Sleeping rooms, furniture, and furnishings.

(i) Each patient shall be provided a comfortable bed not less than thirty-six inches wide, with a mattress in good condition.

(ii) To be acceptable, a patient's bed shall be a sturdy, nonfolding type, at least thirty-six inches wide and length appropriate to the height of the patient.

(iii) Room design and size shall be adequate to accommodate patient beds spaced three feet apart.

(iv) Sleeping rooms shall be provided with adequate furnishings including one chair per bed available in the facility.

(2) Toilet and bathing facilities.

(a) On each level there shall be one toilet and one lavatory for each eight persons or fraction thereof.

(b) There shall be one bathing facility for each twelve persons or fraction thereof residing in the facility.

(c) The word "persons" used in subsection (2)(a) and (b) of this section includes all patients and staff members not having private toilet and bathing facilities for their exclusive use.

(d) There shall be a lavatory in each toilet room unless the toilet room adjoins a single patient room containing a lavatory.

(e) Each toilet and each bathing facility shall be enclosed in a separate room or stall, with a door or curtain for privacy. One toilet may be permitted in a room containing a single bathing facility. When a room contains more than one toilet or one bathing facility, it shall be used by one sex only.

(f) Grab bars shall be securely mounted at toilets and bathing facilities in such numbers and in such locations that accidental falls will be minimized minimally to include:

(i) One grab bar at each bathing facility.

(ii) One grab bar appropriately mounted at each toilet.

(3) Patient dining, living, and therapy rooms.

(a) The alcoholism treatment facility shall have two or more rooms suitably furnished to accommodate patients' dining, social, educational and recreational activities, group therapy, and staff meetings. At least one of these rooms shall be an outside room with a window or windows.

(i) An adequate dining area shall be provided with capacity to seat at least fifty percent of the patients at each meal setting.

(ii) If a multipurpose room is used for dining and social and recreational activities or meetings, there shall be sufficient space to accommodate each of the activities without their interference with one another.

(iii) At least twenty-five square feet of floor space per bed shall be provided for dining, social, educational, recreational activities, and group therapy.

(b) There shall be at least one room providing privacy for interviewing and counseling of patients on an individual basis. Additional rooms shall be provided in a ratio of 1:12 patient beds or major fraction thereof.

(4) Medical examination room. If there is regular provision for a medical practitioner to perform physical examinations of patients within the facility, there shall be an examination room in the facility. This examination room shall be equipped with an examination table, examination light, and storage units for medical supplies and equipment. There shall be a handwashing facility readily accessible to the examination room.

(5) Utility and storage for medical and nursing supplies and equipment. If the services provided by the alcoholism treatment facility involve the use of medical supplies and equipment, there shall be facilities designed and equipped for washing, disinfection or sterilization, storage, and other handling of supplies and equipment in a manner ensuring segregation of clean and sterile supplies and equipment from those that are contaminated, soiled, or used.

(6) Storage facilities. There shall be sufficient, suitable storage facilities to provide for storage of clean linen and other supplies and equipment under sanitary conditions.

(7) Handrails on stairways and ramps.

(a) All stairways and ramps shall be provided with handrails on both sides.

(b) Adequate guardrails and other safety devices shall be provided on all open stairways and ramps.

(8) Surfaces (floors, walls, ceilings).

(a) The surfaces in each room and area of the alcoholism treatment facility shall be easily cleanable and suited to the functions of the room or area.

(b) Toilet rooms, bathrooms, kitchens, and other rooms subject to excessive soiling or moisture shall have washable, impervious floors.

(c) Ramp surfaces and stairway treads shall be of nonslip materials.

(9) Communications. There shall be at least one telephone and such additional telephones as may be needed to operate the alcoholism treatment facility and to provide for a telephone to be readily accessible in the event of fire or other emergency.

(10) Lighting.

(a) Lighting in all areas of the facility shall provide adequate illumination.

(b) An adequate number of electrical outlets shall be provided.

(c) General lighting shall be provided for sleeping rooms.

(d) Emergency lighting equipment, such as flashlights or battery-operated lamps, shall be available and maintained in operating condition.

(11) Heating-temperature.

(a) The alcoholism treatment facility shall be equipped with an approved heating system capable of maintaining a healthful temperature. Use of portable space heaters is prohibited unless approved in writing by the Washington state fire marshal.

(b) Temperature shall be maintained at a healthful level and not less than sixty-five degrees Fahrenheit.

(12) Ventilation.

(a) Ventilation of all rooms used by patients or personnel shall be sufficient to remove all objectionable odors, excessive heat, or condensation.

(b) All inside rooms, including toilets, bathrooms, and other rooms in which excessive moisture, odors, or contaminants originate, shall be provided with mechanical exhaust ventilation.

(13) Water supply. Hot and cold water under pressure shall be readily available at all times.

(a) Water used for domestic purposes shall meet the standards of the department as described in chapter 246-290 WAC.

(b) Cross connections of any kind are prohibited.

(c) In the event an unsafe or nonpotable water supply is used for irrigation, fire protection, or other purposes, the system shall be adequately color-coded or labeled to lessen any chance of water use for domestic purposes.

(d) Hot water at lavatories, bathtubs, and showers used by patients shall not exceed one hundred twenty degrees Fahrenheit.

(14) Sewage disposal system. All sewage shall be discharged into a public sewage system where such system is available and is acceptable to the department. Otherwise, sewage shall be collected, treated, and disposed of in an independent sewage disposal system approved by the appropriate local health department.

[Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-326-090, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-326-090, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-090, filed 8/3/84. Formerly WAC 248-22-590.]

WAC 246-326-100 Special additional requirements for facilities providing alcoholism detoxification service. (1) When an alcoholism detoxification service is located in an alcoholism treatment facility, it shall be designated as either an acute detoxification service or a subacute detoxification service.

(2) Acute detoxification services shall provide:

(a) Initial medical screening and ongoing nursing assessments of each patient with transfer to an appropriate hospital when signs and symptoms of a serious illness or severe trauma exist.

(b) Nursing services as described in WAC 246-326-050(4) with the following additional requirements:

(i) When there is not a need for full-time services of a registered nurse, part-time registered nurse supervision is acceptable, provided such a supervisor is on duty within the facility at least four hours each week.

(ii) At least one staff member, qualified to provide nursing observation and care needed by patients during detoxification, shall be on duty in the facility at all times.

(A) "Qualified" shall include training and approval by the responsible registered nurse supervisor to provide physiological and psychological observation and care as required.

(B) When a licensed nurse is not on duty, a registered nurse shall be on call who shall come to the alcoholism treatment facility when indicated.

(iii) Continuing observation of each patient's condition shall be by persons competent to recognize and evaluate significant signs and symptoms and to take appropriate action.

(A) Frequency of observation shall correspond with degrees of acuity, severity, and instability of patient's condition with at least one written note on patient condition every eight hours in each individual patient treatment record.

(B) Observation of significant signs and symptoms indicative of abnormality, adverse change, or favorable progress including vital signs, motor and sensory abilities, behavior, and discomfort.

(C) Observations shall be recorded and signed by the person making the observation.

(D) Significant adverse signs and symptoms shall be appropriately reported to a physician with nature of the report and time noted in the patient's treatment record.

(3) Subacute detoxification services shall provide:

(a) Screening of patients by a person knowledgeable about alcoholism and trained and skilled in recognition of significant signs and symptoms of illness or trauma.

(b) Continuing observation of each patient's condition by persons competent to recognize and evaluate significant signs and symptoms and to take appropriate action.

(i) Frequency of observation shall correspond to degree of acuity, severity, and instability of patient's condition with

appropriate documentation in the individual treatment record;

(ii) Observation of significant signs and symptoms indicative of abnormality, adverse change, or favorable progress including vital signs, motor and sensory abilities, behavior, and discomfort.

(iii) Observations shall be recorded and signed by the person making the observation.

(c) Personnel on duty having valid, current first-aid and cardiopulmonary resuscitation certificates.

(d) Medication shall not be provided or administered by personnel in the distinct part of the alcoholism treatment facility where subacute detoxification service is located.

(e) A written plan or policies and procedures for management of patient-owned medications to include:

(i) Method of verification of need for patient to continue a medication while in subacute detoxification;

(ii) Method of verification that medication is correct (as labeled);

(iii) Security of patient-owned medication while in the facility;

(iv) Disposition of patient-owned medications when patient leaves; and

(v) Observation and documentation of patient use of any medication in the individual treatment record.

[Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-326-100, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-326-100, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-100, filed 8/3/84. Formerly WAC 248-22-550.]

WAC 246-326-990 Fees. Alcoholism treatment facilities licensed under chapter 71.12 RCW shall:

(1) Submit an annual fee of one hundred twenty-eight dollars for each bed space within the licensed bed capacity of the alcoholism treatment facility to the department;

(2) Include all bed spaces in rooms complying with physical plant and movable equipment requirements for twenty-four-hour assigned patient rooms; and

(3) Set up twenty-four-hour assigned patient beds only within the licensed bed capacity approved by the department.

[Statutory Authority: RCW 43.70.250 and 2002 c 371. 02-20-040, § 246-326-990, filed 9/24/02, effective 11/1/02. 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 43.208.020. 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 246-329 WAC
CHILDBIRTH CENTERS

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-329-001 Purpose. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-329-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.46.060. 86-04-031 (Order 2338), § 248-29-001, filed 1/29/86. Statutory Authority: RCW 43.20.050. 80-05-099 (Order 197), § 248-29-001, filed 5/2/80.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.

WAC 246-329-010 Definitions. (1) "Administration of drugs" means an act in which a single dose of a prescribed drug or biological is given to a client by an authorized person in accordance with all laws and regulations governing such acts. The complete act of administration entails removing an individual dose from a previously dispensed, properly labeled container, including a unit dose container, verifying it with the orders of a practitioner who is legally authorized to prescribe, giving the individual dose to the proper client and properly recording the time and dose given.

(2) "Authenticated or authentication" means authorization of a written entry in a record by means of a signature which shall include, minimally, first initial, last name, and title.

(3) "Bathing facility" means a bathtub or shower.

(4) "Birth center or childbirth center" means a type of maternity home which is a house, building, or equivalent organized to provide facilities and staff to support a birth service, provided that the birth service is limited to low-risk maternal clients during the intrapartum period.

(5) "Birthing room" means a room designed, equipped, and arranged to provide for the care of a woman and newborn and to accommodate her support person or persons during the process of vaginal childbirth, (the three stages of labor and recovery of a woman and newborn).

(6) "Birth service" means the prenatal, intrapartum, and postpartum care provided for individuals with uncomplicated pregnancy, labor, and vaginal birth, to include the newborn care during transition and stabilization.

(7) "Client" means a woman, fetus, and newborn receiving care and services provided by a birth center during pregnancy and childbirth and recovery.

(8) "Clinical staff" means physicians and midwives appointed by the governing body to practice within the birth center and governed by rules approved by the governing body.

(9) "Department" means the Washington state department of health.

(10) "Governing body" means the person or persons responsible for establishing and approving the purposes and policies of the childbirth center.

(11) "Hospital" means any institution, place, building, or agency which provides accommodations, facilities, and services over a continuous period of twenty-four hours or more, for observation, diagnosis, or care, of two or more individuals not related to the operator or suffering from any other condi-

tion which obstetrical, medical, or surgical services would be appropriate for care or diagnosis. "Hospital" as used in this definition does not include hotels, or similar places furnishing only food and lodging, or simply, domiciliary care; nor does it include clinics, physicians' offices where patients are not regularly kept as bed patients for twenty-four hours or more; nor does it include nursing homes, as defined and which comes under the scope of chapter 18.51 RCW; nor does it include maternity homes, which come within the scope of chapter 18.46 RCW; nor does it include psychiatric hospitals, which come under the scope of chapter 71.12 RCW; nor any other hospital or institution specifically intended for use and the diagnosis and care of those suffering from mental illness, mental retardation, convulsive disorders, or other abnormal mental conditions. Furthermore, nothing in this definition shall be construed as authorizing the supervision, regulation, or control of the remedial care or treatment of residents or patients in any hospital conducted for those who rely primarily upon treatment by prayer or spiritual means in accordance with creed or tenets of any well-recognized church or religious denomination.

(12) "Lavatory" means a plumbing fixture designed and equipped for handwashing purposes.

(13) "Low-risk maternal client" means an individual who:

(a) Is in general good health with uncomplicated prenatal course and participating in ongoing prenatal care;

(b) Is participating in an appropriate childbirth and infant care education program;

(c) Has no major medical problems;

(d) Has no previous major uterine wall surgery, caesarean section, or obstetrical complications likely to recur;

(e) Has parity under six unless a justification for a variation is documented by clinical staff;

(f) Is not a nullipara of greater than thirty-eight years of age unless a justification for a variation is documented by clinical staff;

(g) Is not less than sixteen years of age unless a justification for variation for ages fourteen through fifteen only is documented by clinical staff;

(h) Has no significant signs or symptoms of pregnancy-induced hypertension, polyhydramnios or oligohydramnios, abruptio placenta, chorioamnionitis, multiple gestation, intrauterine growth retardation, meconium stained amnionic fluid, fetal complications, or substance abuse;

(i) Demonstrates no significant signs or symptoms of anemia, active herpes genitalis, pregnancy-induced hypertension, placenta praevia, malpositioned fetus, or breech while in active labor;

(j) Is in labor, progressing normally;

(k) Is without prolonged ruptured membranes;

(l) Is not in preterm labor nor postterm gestation;

(m) Is appropriate for a setting where analgesia is limited; and

(n) Is appropriate for a setting where anesthesia is used in limited amounts and limited to local infiltration of the perineum or pudendal block.

(14) "Maternity home" means any home, place, hospital, or institution in which facilities are maintained for the care of four or more women not related by blood or marriage to the operator during pregnancy or during or within ten days after delivery: Provided however, That this chapter shall not apply to any hospital licensed under chapter 70.41 RCW, "Hospital licensing and regulation."

(15) "Midwife" means an individual recognized by the Washington state board of nursing as a certified nurse midwife as provided in chapter 18.88 RCW, chapter 246-839 WAC, or an individual possessing a valid, current license to practice midwifery in the state of Washington as provided in chapter 18.50 RCW, chapter 246-834 WAC.

(16) "New construction" means any of the following:

(a) New buildings to be used as a birth center;

(b) Addition or additions to an existing building or buildings to be used as a childbirth center;

(c) Conversion of existing buildings or portions thereof for use as a childbirth center;

(d) Alterations or modifications other than minor alterations.

"Minor alterations" means any structural or physical modification within an existing birth center which does not change the approved use of a room or an area. Minor alterations performed under this definition do not require prior review of the department; however, this does not constitute a release from other applicable requirements.

(17) "Personnel" means individuals employed by the birth center.

(18) "Physician" means an individual licensed under provisions of chapter 18.71 RCW, "Physicians," or chapter 18.57 RCW, "Osteopathy—Osteopathic medicine and surgery."

(19) "Registered nurse" means an individual licensed under the provision of chapter 18.88 RCW, "Registered nurses," who is practicing in accordance with the rules and regulations promulgated thereunder.

(20) "Recovery" means that period or duration of time starting at birth and ending with discharge of a client from the birth center or the period of time between the birth and the time a client leaves the premises of the birth center.

(21) "Shall" means compliance is mandatory.

(22) "Should" means a suggestion or recommendation, but not a requirement.

(23) "Support person" means the individual or individuals selected or chosen by a maternal client to provide emotional support and to assist her during the process of labor and childbirth.

(24) "Toilet" means a room containing at least one water closet.

(25) "Volunteer" means an individual who is an unpaid worker in the birth center, other than a support person.

(26) "Water closet" means a plumbing fixture for defecation fitted with a seat and a device for flushing the bowl of the fixture with water.

[Statutory Authority: RCW 18.46.060. 92-02-018 (Order 224), § 246-329-010, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-329-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.46.060. 86-04-031 (Order 2338), § 248-29-010, filed 1/29/86. Statutory Authority: RCW 43.20.050. 80-05-099 (Order 197), § 248-29-010, filed 5/2/80.]

WAC 246-329-020 Licensure. (1) Application for license.

(a) An application for a childbirth center license shall be submitted on forms furnished by the department. The application shall be signed by the legal representative of the governing body.

(b) The applicant shall furnish to the department full and complete information and promptly report any changes which would affect the current accuracy of such information as to the identity of each officer and director of the corporation, if the birth center is operated by a legally incorporated entity, profit or nonprofit, and of each partner if the birth center is operated through a legal partnership.

(c) Each application for license shall be accompanied by a license fee as established by the department under RCW 43.70.110: Provided, That no fee shall be required of charitable or nonprofit or government-operated birth centers. Upon receipt of the license fee, when required, the department shall issue a childbirth center license if the applicant and the birth center facilities meet the requirements of this chapter.

(2) License renewal—Limitations—Display.

(a) A license, unless suspended or revoked, shall be renewed annually.

(i) Applications for renewal shall be on forms provided by the department and shall be filed with the department not less than ten days prior to expiration.

(ii) The department shall inspect and investigate each childbirth center as needed and at least annually to determine compliance with standards herein (chapter 246-329 WAC) and applicable standards of chapter 18.46 RCW.

(b) Each license shall be issued only for the premises and persons named. Licenses shall be transferrable or assignable only with written approval by the department.

(c) Licenses shall be posted in a conspicuous place on the licensed premises.

(3) Denial, suspension, modification, revocation of a license; notice; adjudicative proceeding.

(a) The department may, if the interests of the clients so demand, deny, suspend, or revoke a license when there has been failure or refusal to comply with the requirements of chapter 18.46 RCW and/or these rules. The department's notice of a denial, suspension, modification, or revocation of a license shall be consistent with RCW 43.70.115. An applicant or license holder has the right to an adjudicative proceeding to contest the decision.

(b) A license applicant or holder contesting a department license decision shall within twenty-eight days of receipt of the decision:

(i) File a written application for an adjudicative proceeding by a method showing proof of receipt with the Administrative Hearings Unit, Department of Health, 1300 Quince Street S.E., P.O. Box 47851, Olympia, WA 98504-7851; and

(ii) Include in or with the application:

(A) A specific statement of the issue or issues and law involved;

(B) The grounds for contesting the department decision; and

(C) A copy of the contested department decision.

(c) The proceeding is governed by the Administrative Procedure Act (chapter 34.05 RCW), this chapter, and chapter 246-08 WAC. If a provision in this chapter conflicts with chapter 246-08 WAC, the provision in this chapter governs.

(4) New construction—Major alterations.

(a) When new construction or major alteration is contemplated, the following shall be submitted to the department for review:

(i) A written program containing, at a minimum, information concerning services to be provided and operational methods to be used which will affect the extent of facilities required by these regulations;

(ii) Duplicate sets of preliminary plans which are drawn to scale and include: A plot plan showing streets, driveways, water, and sewage disposal systems, grade and location of the building or buildings on the site; the plans for each floor of each building, existing and proposed, which designate the functions of each room and show all fixed equipment. The preliminary plans shall be accompanied by a statement as to the source of water supply and the method of sewage and garbage disposal and a general description of construction and materials, including interior finishes.

(b) Construction shall not be started until duplicate sets of final plans (drawn to scale) and specifications have been submitted to and approved by the department. Final plans and specifications shall show complete details to be furnished to contractors for construction of buildings or major alterations in existing buildings. These shall include:

(i) Plot plans;

(ii) Plans for each floor of each building which designate the function of each room and show all fixed equipment and the planned location of beds and other furniture;

(iii) Interior and exterior elevations, building sections, and construction details;

(iv) Schedule of floors, wall, and ceiling finishes, and the types and sizes of doors and windows; plumbing, heating, ventilation, and electrical systems; and

(v) Specifications which fully describe workmanship and finishes.

(c) Adequate provisions shall be made for the safety and comfort of clients as construction work takes place in or near an occupied area.

(d) Construction shall take place in accordance with approved final plans and specifications. Only those changes which have been approved by the department may be incorporated into the construction project. Modified plans, additions, or changes incorporated into the construction project shall be submitted to the department for the department file on the project.

(5) Compliance with other regulations.

(a) Applicable rules and regulations adopted by the Washington state fire marshal.

(b) If there is no local plumbing code, the Uniform Plumbing Code of the National Association of Plumbing and Mechanical Officials shall be followed.

(c) Compliance with these regulations does not exempt birth centers from compliance with the local and state electrical codes or local fire, zoning, building, and plumbing codes.

[Statutory Authority: RCW 18.46.060 and 34.05.220. 92-02-018 (Order 224), § 246-329-020, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-329-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and 18.46.060. 90-06-019 (Order 039), § 248-29-020,

filed 2/28/90, effective 3/1/90. Statutory Authority: RCW 18.46.060. 86-04-031 (Order 2338), § 248-29-020, filed 1/29/86; 83-07-016 (Order 255), § 248-29-020, filed 3/10/83. Statutory Authority: RCW 43.20.050. 80-05-099 (Order 197), § 248-29-020, filed 5/2/80.]

WAC 246-329-030 Governing body and administration. (1) The birth center shall have a governing body.

(2) The governing body shall be responsible for provision of personnel, facilities, equipment, supplies, and special services needed to meet the needs of the clients.

(3) The governing body shall adopt policies for the care of clients within or on the premises of the birth center.

(4) The governing body shall appoint an administrator or director who shall be responsible for implementing the policies adopted by the governing body.

(5) The governing body shall establish and maintain a current written organizational plan which includes all positions and delineates responsibilities, authority, and relationship of positions within the birth center.

(6) The governing body shall have the authority and responsibility for appointments and reappointments of clinical staff and ensure that only members of the clinical staff shall admit clients to the birth center.

(a) Each birth center shall have designated physician participation in clinical services and in the quality assurance program.

(b) Each birth center shall have a written policy and program which shall stipulate the extent of physician participation in the services offered.

(c) Each physician and midwife appointed to the clinical staff shall provide evidence of current licensure in the state of Washington.

(d) The clinical staff shall develop and adopt bylaws, rules, and regulations subject to the approval of the governing body which shall include requirements for clinical staff membership; delineation of clinical privileges and the organization of clinical staff.

(7) The governing body shall be responsible for a quality assurance audit on a regular basis to review cases, minimally to include ongoing compliance with rules in chapter 246-329 WAC.

[Statutory Authority: RCW 18.46.060. 92-02-018 (Order 224), § 246-329-030, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-329-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.46.060. 86-04-031 (Order 2338), § 248-29-030, filed 1/29/86. Statutory Authority: RCW 43.20.050. 80-05-099 (Order 197), § 248-29-030, filed 5/2/80.]

WAC 246-329-035 Criminal history, disclosure, and background inquiries. (1) A licensee or license applicant shall require a disclosure statement as specified under RCW 43.43.834 for each prospective employee, volunteer, contractor, student, and any other person associated with the childbirth center having direct contact with:

(a) Children under sixteen years of age;

(b) Vulnerable adults as defined under RCW 43.43.830; and

(c) Developmentally disabled individuals.

(2) A license applicant having direct contact with vulnerable adults shall obtain a Washington state patrol criminal history background disclosure statement and submit it to the department either:

(a) With the initial application for licensure; or

(b) For current licensees, with the first application for renewal of license submitted after September 1, 1993.

(3) A licensee or license applicant shall:

(a) Require a Washington state patrol background inquiry as specified in RCW 43.43.842(1) for each:

(i) Employee, volunteer, contractor, student, and any other person currently associated with the licensed childbirth center, having direct contact with vulnerable adults, when engaged on or since July 22, 1989; and

(ii) Prospective employee, volunteer, contractor, student, and person applying for association with the licensed facility prior to allowing the person direct contact with vulnerable adults, except as allowed by subsection (4) of this section;

(b) Inform each person identified in (a) of this subsection of the requirement for a background inquiry;

(c) Require the person to sign an acknowledgement statement that a background inquiry will be made;

(d) Verbally inform the person of the background inquiry results within seventy-two hours of receipt; and

(e) Offer to provide a copy of the background inquiry results to the person within ten days of receipt.

(4) A licensee may conditionally employ, contract with or accept as a volunteer or associate, a person having direct contact with vulnerable adults pending a background inquiry, provided the licensee:

(a) Immediately obtains a disclosure statement from the person; and

(b) Requests a background inquiry within three business days of the conditional acceptance of the person.

(5) Except as provided in RCW 43.43.842 and in subsection (4) of this section, a licensee shall not hire or retain, directly or by contract, any person having direct contact with vulnerable adults, if that person has been:

(a) Convicted of a crime against persons as defined in RCW 43.43.830;

(b) Convicted of a crime relating to financial exploitation of a vulnerable adult;

(c) Found in any disciplinary board final decision to have abused a vulnerable adult under RCW 43.43.830; or

(d) The subject in a protective proceeding under chapter 74.34 RCW.

(6) The licensee shall establish and implement procedures ensuring that all disclosure statements and background inquiry responses are:

(a) Maintained in a confidential and secure manner;

(b) Used for employment purposes only;

(c) Not disclosed to any person except:

(i) The person about whom the licensee made the disclosure or background inquiry;

(ii) Authorized state and federal employees; and

(iii) The Washington state patrol auditor.

(d) Retained and available for department review during and at least two years following termination of employment.

(7) The department shall:

(a) Review records required under this section;

(b) Investigate allegations of noncompliance with RCW 43.43.830 through 43.43.842, when necessary, in consultation with law enforcement personnel; and

(c) Use information collected under this section solely for the purpose of determining eligibility for licensure or relicensure as required under RCW 43.43.842.

(8) The department may require licensees to complete additional disclosure statements or background inquiries for a person associated with the licensed facility having direct contact with vulnerable adults if the department has reason to believe that offenses specified under RCW 43.43.830 have occurred since completion of the previous disclosure statement or background inquiry.

[Statutory Authority: RCW 43.43.830 through 43.43.842. 93-16-030 (Order 381), § 246-329-035, filed 7/26/93, effective 8/26/93.]

WAC 246-329-040 Personnel, clinical staff, and volunteers who work directly with clients. (1) There shall be sufficient, qualified personnel and clinical staff to provide the services needed by clients and for safe maintenance and operation of the birth center.

(2) A physician qualified by training and experience in obstetrics and gynecology with admitting privileges to a community hospital shall be immediately available by phone twenty-four hours a day.

(3) Appropriate personnel and clinical staff of the birth center shall be trained in infant and adult resuscitation. Clinical staff or personnel who have demonstrated and documented ability to perform infant and adult resuscitation procedures shall be present during each birth.

(4) A physician or midwife shall be present at each birth. A second person who is an employee or member of the clinical staff with resuscitation skills shall be immediately available during each birth.

(5) Appropriate, qualified personnel and/or clinical staff shall be present in the birth center at all times when clients are present.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-329-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.46.060. 86-04-031 (Order 2338), § 248-29-040, filed 1/29/86. Statutory Authority: RCW 43.20.050. 80-05-099 (Order 197), § 248-29-040, filed 5/2/80.]

WAC 246-329-050 HIV/AIDS education and training. Childbirth centers shall:

(1) Verify or arrange for appropriate education and training of personnel on the prevention, transmission, and treatment of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) consistent with RCW 70.24.310; and

(2) Use infection control standards and educational material consistent with the approved curriculum manual *Know - HIV/AIDS Prevention Education for Health Care Facility Employees*, January 1991, published by the office on HIV/AIDS.

[Statutory Authority: RCW 18.46.060 and 70.24.310. 92-02-018 (Order 224), § 246-329-050, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-329-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.310. 89-21-038 (Order 3), § 248-29-045, filed 10/12/89, effective 11/12/89.]

WAC 246-329-060 Birth center policies and procedures. Written policies and procedures shall include, but not be limited to:

(1) Definition of a low-risk maternal client who shall be eligible for birth services offered by the birth center.

(2) Definition of a client who shall be ineligible for birth services at the birth center.

(3) Identification and transfer of clients who, during the course of pregnancy, are determined to be ineligible.

(4) Identification and transfer of clients who, during the course of labor or recovery, are determined to be ineligible for continued care in the birth center.

(5) Written plans for consultation, backup services, transfer and transport of a newborn and maternal client to a hospital where appropriate care is available.

(6) Written informed consent which shall be obtained prior to the onset of labor and shall include evidence of an explanation by personnel of the birth services offered and potential risks.

(7) Provision for the education of clients, family, and support persons in childbirth and newborn care.

(8) Plans for immediate and long-term follow-up of clients after discharge from the birth center.

(9) Registration of birth and reporting of complications and anomalies, including sentinel birth defect reporting pursuant to RCW 70.58.320 and chapter 246-420 WAC, as now or as hereafter amended.

(10) Prophylactic treatment of the eyes of the newborn in accordance with WAC 246-100-206 (5)(b) as now, or as hereafter, amended.

(11) Metabolic screening of newborns.

(a) Educational materials shall be provided to each client relative to metabolic screening and informed consent for metabolic screening. These materials shall be obtained from the genetics program of the department.

(b) There shall be a mechanism for weekly reporting of all live births to the genetics program of the department on forms provided by the genetics program.

(c) The birth center shall provide each client with instructions and a metabolic screening collection kit, obtained from the genetics program of the department. There shall be a procedure and/or evidence of a plan for follow-up so that blood samples are collected between the seventh and tenth day of life.

(d) When parents refuse metabolic screening, there shall be provisions for a signed refusal statement which shall be sent to the genetics program of the department in lieu of the blood sample.

(12) Infection control to include consideration of housekeeping; cleaning, sterilization, sanitization, and storage of supplies and equipment, and health of personnel. Health records for personnel shall be kept in the facility and include documented evidence of a tuberculin skin test by the Mantoux method upon employment. A copy of the health record shall be given to each employee upon termination of employment. A nonsignificant skin test is defined as less than 10mm induration read at forty-eight to seventy-two hours. A significant skin test is defined as 10mm of induration, or greater, read at forty-eight to seventy-two hours. Positive reactors shall have a chest x-ray within ninety days of the first day of

employment. Exemptions and specific requirements are as follows:

(a) New employees who can document a positive Mantoux test in the past shall be excluded from screening;

(b) Those with positive skin tests and abnormal chest x-ray for tuberculosis shall complete the recommended course of preventive or curative treatment, as determined by the local health officer;

(c) Employees with any communicable disease in an infectious stage shall not be on duty.

[Statutory Authority: RCW 18.46.060. 92-02-018 (Order 224), § 246-329-060, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-329-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.46.060. 86-04-031 (Order 2338), § 248-29-050, filed 1/29/86; 83-07-017 (Order 256), § 248-29-050, filed 3/10/83. Statutory Authority: RCW 43.20.050. 82-06-011 (Order 226), § 248-29-050, filed 2/22/82; 80-05-099 (Order 197), § 248-29-050, filed 5/2/80.]

WAC 246-329-070 Birth center equipment and supplies. (1) There shall be adequate and appropriate size and type equipment and supplies maintained for the maternal client and the newborn to include:

(a) A bed suitable for labor, birth, and recovery;

(b) Separate oxygen with flow meters and masks or equivalent;

(c) Mechanical suction and bulb suction (immediately available);

(d) Resuscitation equipment to include resuscitation bags and oral airways. Additionally, newborn equipment shall include appropriate laryngoscopes and endotracheal tubes;

(e) Firm surfaces suitable for resuscitation;

(f) Fetal monitoring equipment, minimally to include a fetoscope or electronic monitor;

(g) Equipment for monitoring and maintaining the optimum body temperature of the newborn. A radiant heat source appropriate for use in warming newborns shall be available. An appropriate newborn incubator should be available;

(i) A clock with a sweep second hand;

(j) Sterile suturing equipment and supplies;

(k) Adjustable examination light;

(l) Containers for soiled linen and waste materials which shall be closed or covered.

(2) There shall be a telephone or equivalent communication device.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-329-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.46.060. 86-04-031 (Order 2338), § 248-29-060, filed 1/29/86. Statutory Authority: RCW 43.20.050. 80-05-099 (Order 197), § 248-29-060, filed 5/2/80.]

WAC 246-329-080 Records. (1) The birth center shall have a defined client record system, policies and procedures which provide for identification, security, confidentiality, control, retrieval, and preservation of client care data and information.

(2) There shall be a health record maintained for each maternal and newborn client to include:

(a) Adequate notes describing the newborn and maternal status during prenatal, labor, birth, and recovery.

(b) Documentation that metabolic screening instructions and specimen collection kits were provided or that the specimen was obtained and forwarded to the genetics program of the department.

(c) Documentation and authentication by clinical staff and birth center personnel who administer drugs and treatments or make observations and assessments.

(3) Entries in the client record shall be typewritten or written legibly in ink.

(4) Documentation and record keeping shall include:

(a) Completion of a birth certificate and, if applicable, a sentinel birth defect report.

(b) Documentation of orders for medical treatment and/or medication.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-329-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.46.060. 86-04-031 (Order 2338), § 248-29-070, filed 1/29/86. Statutory Authority: RCW 43.20.050. 80-05-099 (Order 197), § 248-29-070, filed 5/2/80.]

WAC 246-329-090 Pharmaceuticals. (1) There shall be written prescriptions or orders signed by a practitioner legally authorized to prescribe for all drugs administered to clients within the birth center.

(2) There shall be policies and procedures addressing the receiving, transcribing, and implementing of orders for administration of drugs.

(3) Written policies shall be established addressing the type and intended use of any drug to be used by patients within the facility.

(4) Anesthetic agents other than local anesthetics and pudendal blocks shall not be used.

(5) Drugs shall be administered by personnel or clinical staff licensed to administer drugs.

(6) Drugs kept anywhere in the center shall be clearly labeled with drug name, strength, and expiration date.

(7) Drugs shall be stored and secured in specifically designated cabinets, closets, drawers, or storerooms and made accessible only to authorized persons.

(8) Poisonous chemicals, caustic materials, or drugs shall show appropriate warning or poison labels and shall be stored separately from other drugs. Drugs for external use shall be separated from drugs for internal use.

(9) If emergency drugs and intravenous fluids are maintained in the facility, these are considered an extension of the drug supply owned by the legally authorized prescribing practitioner; these drugs remain the responsibility of the legally authorized prescribing practitioner.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-329-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.46.060. 86-04-031 (Order 2338), § 248-29-080, filed 1/29/86. Statutory Authority: RCW 43.20.050. 80-05-099 (Order 197), § 248-29-080, filed 5/2/80.]

WAC 246-329-100 Birth center—Physical environment. (1) The birth center shall be maintained to provide a safe and clean environment.

(2) At least one birthing room shall be maintained which is adequate and appropriate to provide for the equipment, staff, supplies, and emergency procedures required for the physical and emotional care of a maternal client, her support

person or persons, and the newborn during birth, labor, and the recovery period.

(a) Birthing rooms built, modified, or altered after July 31, 1980, shall have a gross floor space of one hundred fifty-six square feet or fourteen and one-half square meters and a minimum room dimension of eleven feet.

(b) Birthing rooms shall be located to provide unimpeded, rapid access to an exit of the building which will accommodate emergency transportation vehicles.

(3) Adequate fixed or portable work surface areas shall be maintained for use in the birthing room or rooms.

(4) Toilet and bathing facilities.

(a) A toilet and lavatory shall be maintained in the vicinity of the birthing room or rooms.

(b) A bathing facility should be available for client use.

(c) All floor surfaces, wall surfaces, water closets, lavatories, tubs, and showers shall be kept clean and in good repair.

(5) There shall be provisions and facilities for secure storage of personal belongings and valuables of clients.

(6) There shall be provisions for visual privacy for each maternal client and her support person or persons.

(7) Hallways and doors providing access and entry into the birth center and birthing room or rooms shall be of adequate width and conformation to accommodate maneuvering of ambulance stretchers and wheelchairs.

(8) Water supply. There shall be an adequate supply of hot and cold running water under pressure for human consumption and other purposes which shall comply with chapter 246-290 WAC, rules and regulations of the Washington state board of health regarding public water supplies.

(9) Heating and ventilation.

(a) A safe and adequate source of heat capable of maintaining a room temperature of at least seventy-two degrees Fahrenheit shall be provided and maintained.

(b) Ventilation shall be sufficient to remove objectionable odors, excessive heat, and condensation.

(10) Lighting and power.

(a) There shall be provisions for emergency lighting.

(b) There shall be general lighting and provision for adequate examination lights in the birthing room.

(11) Linen and laundry.

(a) Soiled linen/laundry storage and sorting areas shall be physically separated from clean linen storage and handling areas, kitchen and eating facilities.

(b) Laundry equipment shall provide hot water at a temperature of one hundred sixty degrees Fahrenheit.

(12) Utility, housekeeping, garbage, and waste.

(a) There shall be utility and storage facilities designed and equipped for washing, disinfecting, storing, and other handling of equipment and medical supplies in a manner which ensures segregation of clean and sterile supplies and equipment from those that are soiled and/or contaminated.

(b) All sewage, garbage, refuse, and liquid waste shall be collected and disposed of in a manner to prevent the creation of an unsafe or unsanitary condition.

(13) Food storage and/or preparation.

(a) Food service and catering of food shall not be provided by the facility.

(b) When birth center policy provides for allowing the preparation or storage of personal food brought in by the client or families of clients for consumption by that family, there shall be an adequate electric or gas refrigerator capable of maintaining a temperature of forty-five degrees Fahrenheit or lower and dishwashing facilities which provide hot water at a temperature of not less than one hundred forty degrees Fahrenheit.

[Statutory Authority: RCW 18.46.060. 92-02-018 (Order 224), § 246-329-100, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-329-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.46.060. 86-04-031 (Order 2338), § 248-29-090, filed 1/29/86. Statutory Authority: RCW 43.20.050. 80-05-099 (Order 197), § 248-29-090, filed 5/2/80.]

WAC 246-329-990 Fees. Childbirth centers licensed under chapter 18.46 RCW shall submit an annual fee of five hundred thirty dollars and eighty cents to the department unless a center is a charitable, nonprofit, or government-operated institution under RCW 18.46.030.

[Statutory Authority: RCW 43.70.250. 02-13-061, § 246-329-990, filed 6/14/02, effective 7/15/02. 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 246-335 WAC
IN-HOME SERVICES AGENCIES

(Formerly chapters 246-327, 246-331 and 246-336 WAC)

WAC

PART 1
REQUIREMENTS FOR IN-HOME SERVICES AGENCIES LICENSED TO PROVIDE HOME HEALTH, HOME CARE, HOSPICE, AND HOSPICE CARE CENTER SERVICES

PART 2
REQUIREMENTS SPECIFIC TO HOSPICE CARE CENTERS

PART 1
REQUIREMENTS FOR IN-HOME SERVICES AGENCIES LICENSED TO PROVIDE HOME HEALTH, HOME CARE, HOSPICE, AND HOSPICE CARE CENTER SERVICES

WAC 246-335-001 Scope and purpose. (1) These rules implement chapter 70.127 RCW which requires the department of health to set minimum health and safety standards for in-home services agencies licensed to provide home health, home care, hospice, and hospice care center services.

(2) Applicants and licensees must meet the requirements of this chapter and other applicable state and local laws.

(3) This chapter does not apply to services provided by persons exempt from requirements of chapter 70.127 RCW as provided for in RCW 70.127.040 and 70.127.050.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-001, filed 8/23/02, effective 10/1/02.]

WAC 246-335-010 Applicability. The requirements in Part 1 of this chapter apply to all in-home services agencies licensed to provide home health, home care, and hospice services unless otherwise noted in the specific sections. The requirements in Part 1 of this chapter also apply to hospice care centers as identified in Part 2. The fee requirements in Part 3 of this chapter apply to all in-home services agencies licensed to provide home health, home care, hospice and hospice care center services.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-010, filed 8/23/02, effective 10/1/02.]

WAC 246-335-015 Definitions. For the purposes of this chapter, the following words and phrases will have the following meanings unless the context clearly indicates otherwise:

(1) "AAA" means the area agency on aging designated by the aging and adult services administration to contract for home care services with the department of social and health services.

(2) "Acute care" means care provided by an in-home services agency licensed to provide home health services for patients who are not medically stable or have not attained a satisfactory level of rehabilitation. These patients require frequent monitoring by a licensed nurse, therapist, dietician, or social worker to assess health status and progress.

(3) "Administrator" means an individual responsible for managing the operation of an in-home services agency.

(4) "Agency" means an in-home services agency licensed to provide home health, home care, hospice or hospice care center services.

(5) "Assessment" means:

(a) For home health and hospice agencies and hospice care centers, an evaluation of patient needs by an appropriate health care professional; or

(b) For home care agencies, an on-site visit by appropriate agency personnel to determine services requested or recommended to meet client needs.

(6) "Authenticated" means a written signature or unique identifier verifying accuracy of information.

(7) "Authorizing practitioner" means an individual authorized to approve a home health, hospice or hospice care center plan of care.

(a) For home health services:

(i) A physician licensed under chapter 18.57 or 18.71 RCW;

(ii) A podiatric physician and surgeon licensed under chapter 18.22 RCW; or

(iii) An advanced registered nurse practitioner (ARNP), as authorized under chapter 18.79 RCW;

(b) For hospice and hospice care center services:

(i) A physician licensed under chapter 18.57 or 18.71 RCW; or

(ii) An advanced registered nurse practitioner (ARNP), as authorized under chapter 18.79 RCW;

(8) "Bereavement" means care provided to the patient's family with the goal of alleviating the emotional and spiritual discomfort associated with the patient's death.

(9) "Client" means an individual receiving home care services.

(10) "Construction" for the purposes of hospice care centers means:

(a) New building(s) to be used as a hospice care center;

(b) Addition(s) to or conversion(s), either in whole or in part, of an existing building or buildings to be used as a hospice care center or a portion thereof; or

(c) Alteration or modification to a hospice care center.

(11) "Contractor" means an individual, person, or licensee who has a written contract with a licensee to provide patient or client care services or equipment.

(12) "Deemed status" means a designation assigned by the department for an in-home services agency licensed to provide home health, home care, or hospice services meeting the provisions of WAC 246-335-050, certified or accredited by organizations recognized by RCW 70.127.085, or monitored under contract with the department of social and health services under RCW 70.127.085 to provide home care services.

(13) "Department" means the Washington state department of health.

(14) "Dietician" means a person certified under chapter 18.138 RCW or registered by the American Dietetic Association.

(15) "Director of clinical services" means an individual responsible for nursing, therapy, nutritional, social, or related services that support the plan of care provided by in-home services agencies licensed to provide home health, hospice or hospice care center services.

(16) "Document" means the process of recording information relating to patient or client care verified by signature or unique identifier, title, and date.

(17) "Family" means an individual or individuals who are important to, and designated in writing by, the patient or client and need not be relatives, or who are legally authorized to represent the patient or client.

(18) "Health care professional" means an individual who provides health or health-related services within the individual's authorized scope of practice and who is licensed, registered or certified under Title 18 RCW, Business and professions.

(19) "Home care agency" or "in-home services agency licensed to provide home care services" means a person administering or providing home care services directly or through a contract arrangement to clients in places of permanent or temporary residence.

(20) "Home care aide" means an individual providing home care services.

(21) "Home care services" means nonmedical services and assistance provided to ill, disabled, infirm or vulnerable clients that enables them to remain in their residences. Home care services include, but are not limited to: Personal care such as assistance with dressing, feeding and personal hygiene to facilitate self-care; homemaker assistance with household tasks, such as housekeeping, shopping, meal planning and preparation, and transportation; respite care assistance and support provided to the family; or other nonmedical tasks, as defined in this section.

(22) "Home health agency" or "in-home services agency licensed to provide home health services" means a person administering or providing two or more home health services directly or through a contract arrangement to patients in places of permanent or temporary residence. A person administering or providing only nursing services may elect to be an in-home services agency licensed to provide home health services.

(23) "Home health aide" means an individual registered or certified as a nursing assistant under chapter 18.88A RCW.

(24) "Home health aide services" means services provided by home health aides in an in-home services agency licensed to provide home health, hospice, or hospice care center services under the supervision of a registered nurse, physical therapist, occupational therapist, or speech therapist. Such care may include ambulation and exercise, medication assistance level 1 and level 2, reporting changes in patients' conditions and needs, completing appropriate records, and personal care or homemaker services, and other nonmedical tasks, as defined in this section.

(25) "Home health services" means services provided to ill, disabled, infirm, or vulnerable patients. These services include, but are not limited to, nursing services, home health aide services, physical therapy services, occupational therapy services, speech therapy services, respiratory therapy services, nutritional services, medical social services, home medical supplies or equipment services, and professional medical equipment assessment services.

(26) "Home medical supplies or equipment services" means providing diagnostic, treatment, and monitoring equipment and supplies used in the direct care of patients or clients as stated in a plan of care.

(27) "Homelike" for the purposes of a hospice care center means an environment having the qualities of a home, including privacy, comfortable surroundings, opportunities for patient self-expression, and supporting interaction with the family, friends, and community.

(28) "Hospice agency" or "in-home services agency licensed to provide hospice services" means a person administering or providing hospice services directly or through a contract arrangement to patients in places of permanent or temporary residence under the direction of an interdisciplinary team.

(29) "Hospice care center" or "in-home services agency licensed to provide hospice care center services" means a homelike, noninstitutional facility where hospice services are provided, and that meet the requirements for operation under RCW 70.127.280 and applicable rules.

(30) "Hospice care center service category" means the different levels of care provided in a hospice care center, including continuous care, general inpatient care, inpatient respite care, and routine home care.

(a) "Continuous care" means care for patients requiring a minimum of eight hours of one-to-one services in a calendar day, with assessment and supervision by an RN. An RN, LPN or home health aide may provide the care or treatment, according to practice acts and the rules adopted thereunder, of acute or chronic symptoms, including a crisis in their caregiving.

(b) "General inpatient care" means care for patients requiring an RN on-site twenty-four hours a day, for assessment and supervision. An RN, LPN or home health aide may provide the care or treatment, according to practice acts and the rules adopted thereunder, of acute or chronic symptoms, including a crisis in their caregiving.

(c) "Inpatient respite care" means care for patients whose caregivers require short-term relief of their caregiving duties.

(d) "Routine home care" means the core level of service for patients not receiving continuous care, general inpatient care, or inpatient respite care.

(31) "Hospice care center services" means hospice services provided in a hospice care center and may include any of the levels of care defined as hospice care center service categories.

(32) "Hospice services" means symptom and pain management provided to a terminally ill patient, and emotional, spiritual and bereavement support for the patient and family in a place of temporary or permanent residence, including hospice care centers, and may include the provision of home health and home care services for the terminally ill patient through an in-home services agency licensed to provide hospice or hospice care center services.

(33) "In-home services agency" or "in-home services licensee" means a person licensed to administer or provide home health, home care, hospice or hospice care center services directly or through a contract arrangement to patients or clients in a place of temporary or permanent residence.

(34) "In-home services category" means home health, home care, hospice, or hospice care center services.

(35) "Interdisciplinary team" means the group of individuals involved in patient care providing hospice services or hospice care center services including, at a minimum, a physician, registered nurse, social worker, spiritual counselor and volunteer.

(36) "Licensed practical nurse" or "LPN" means an individual licensed as a practical nurse under chapter 18.79 RCW.

(37) "Licensed nurse" means a licensed practical nurse or registered nurse.

(38) "Licensee" means the person to whom the department issues the in-home services license.

(39) "Maintenance care" means care provided by in-home services agencies licensed to provide home health services that are necessary to support an existing level of health, to preserve a patient from further failure or decline, or to manage expected deterioration of disease. These patients require periodic monitoring by a licensed nurse, therapist, dietician, or social worker to assess health status and progress.

(40) "Managed care plan" means a plan controlled by the terms of the reimbursement source.

(41) "Medical director" means a physician licensed under chapter 18.57 or 18.71 RCW responsible for the medical component of patient care provided in an in-home services agency licensed to provide hospice and hospice care center services according to WAC 246-335-055 (4)(a).

(42) "Medication assistance level 1" means home health aide assistance with medications that are ordinarily self-administered by the patients of an in-home services agency licensed to provide home health, hospice or hospice care center services and are under the direction of appropriate agency health care personnel. The assistance must be provided in accordance with nursing assistant scope of practice as defined in chapter 18.88A RCW and the rules adopted thereunder.

(43) "Medication assistance level 2" means assistance with medications as defined by the board of pharmacy in chapter 246-888 WAC.

(44) "Nonmedical tasks" means those tasks which do not require clinical judgment and which can be performed by unlicensed individuals. These tasks are ordinarily performed by the patient or client, which if not for the patient or client's cognitive or physical limitation(s), would be completed independently by the patient, client, or family. These tasks may be completed by home health aides or home care aides. These nonmedical tasks include, but are not limited to:

(a) "Ambulation" which means assisting the patient or client to move around. Ambulation includes supervising or guiding the patient or client when walking alone or with the help of a mechanical device such as a walker, assisting with difficult parts of walking such as climbing stairs, supervising or guiding the patient or client if the patient or client is able to propel a wheelchair, pushing of the wheelchair, and providing constant or standby physical assistance to the patient or client if totally unable to walk alone or with a mechanical device.

(b) "Bathing" which means assisting the patient or client to wash. Bathing includes supervising or guiding the patient or client to bathe, assisting the patient or client with difficult tasks such as getting in or out of the tub or washing the back, and completely bathing the patient or client if totally unable to wash self.

(c) "Body care" which means skin care including the application of over the counter ointments or lotions. "Body care" excludes foot care for patients or clients who are diabetic or have poor circulation.

(d) "Feeding" which means assistance with eating. Feeding includes supervising or guiding the patient or client when able to feed self, assisting with difficult tasks such as cutting food or buttering bread, and orally feeding the patient or client when unable to feed self.

(e) "Medication assistance level 2" which means assistance with medications as defined in the board of pharmacy rules, chapter 246-888 WAC, and consistent with nursing assistant rules under chapter 18.88A RCW.

(f) "Positioning" which means assisting the patient or client to assume a desired position, and with turning and exercises to prevent complications, such as contractures and pressure sores. Range of motion ordered as part of a physical therapy treatment is not included, unless such activity is authorized in agency policies and procedures and is supervised by a licensed physical therapist in a home health or hospice agency or hospice care center.

(g) "Protective supervision" which means being available to provide safety guidance protection to the patient or client who cannot be left alone due to impaired judgment.

(h) "Toileting" which means helping the patient or client to and from the bathroom, assisting with bedpan routines, using incontinent briefs, cleaning the patient or client after elimination, and assisting the patient or client on and off the toilet.

(i) "Transfer" which means assistance with getting in and out of a bed or wheelchair or on and off the toilet or in and out of the bathtub. Transfer includes supervising or guiding the patient or client when able to transfer, providing steadying,

and helping the patient or client when the patient or client assists in own transfer. This does not include transfers when the patient or client is unable to assist in their own transfer or needs assistive devices unless specific training or skills verification has occurred consistent with agency policies and procedures.

(45) "One-time visit" means a single visit by one individual to provide home health, hospice or home care services with no predictable need for continuing visits, not to exceed twenty-four hours.

(46) "On-site" means the location where services are provided.

(47) "Patient" means an individual receiving home health, hospice, or hospice care center services.

(48) "Person" means any individual, business, firm, partnership, corporation, company, association, joint stock association, public or private organization, or the legal successor thereof that employs or contracts with two or more individuals.

(49) "Personnel" means individuals employed and compensated by the licensee.

(50) "Plan of care" means a written document based on assessment of patient or client needs that identifies services to meet these needs.

(51) "Pressure relationships" of air to adjacent areas means:

(a) Positive (P) pressure is present in a room when the:

(i) Room sustains a minimum of 0.001 inches of H2O pressure differential with the adjacent area, the room doors are closed, and air is flowing out of the room; or

(ii) Sum of the air flow at the supply air outlets (in CFM) exceeds the sum of the air flow at the exhaust/return air outlets by at least 70 CFM with the room doors and windows closed;

(b) Negative (N) pressure is present in a room when the:

(i) Room sustains a minimum of 0.001 inches of H2O pressure differential with the adjacent area, the room doors are closed, and air is flowing into the room; or

(ii) Sum of the air flow at the exhaust/return air outlets (in CFM) exceeds the sum of the air flow at the supply air outlets by at least 70 CFM with the room doors and windows closed;

(c) Equal (E) pressure is present in a room when the:

(i) Room sustains a pressure differential range of plus or minus 0.0002 inches of H2O with the adjacent area, and the room doors are closed; or

(ii) Sum of the air flow at the supply air outlets (in CFM) is within ten percent of the sum of the air flow at the exhaust/return air outlets with the room doors and windows closed.

(52) "Professional medical equipment assessment services" means periodic care provided by a licensed nurse, therapist or dietician, within their scope of practice, for patients who are medically stable, for the purpose of assessing the patient's medical response to prescribed professional medical equipment, including, but not limited to, measurement of vital signs, oximetry testing, and assessment of breath sounds and lung function (spirometry).

(53) "Quality improvement" means reviewing and evaluating appropriateness and effectiveness of services provided under this chapter.

(54) "Registered nurse" or "RN" means an individual licensed under chapter 18.79 RCW.

(55) "Service area" means the geographic area in which the department has given approval to a licensee to provide in-home services based on criteria in WAC 246-335-055 (1)(a)(vi). Service areas do not apply to hospice care centers.

(56) "Sink" means one of the following:

(a) "Clinic service sink (siphon jet)" means a plumbing fixture of adequate size and proper design for waste disposal with siphon jet or similar action sufficient to flush solid matter of at least two and one-eighth inch diameter.

(b) "Service sink" means a plumbing fixture of adequate size and proper design for filling and emptying mop buckets.

(c) "Hand wash sink" means a plumbing fixture of adequate size and proper design to minimize splash and splatter and permit hand washing without touching fixtures with hands, with adjacent soap dispenser with foot control or equivalent and single service hand drying device.

(57) "Social worker" means an individual regulated under chapter 18.19 or 18.225 RCW.

(58) "Spiritual counseling" means services provided or coordinated by an individual with knowledge of theology, pastoral counseling or an allied field.

(59) "Statement of deficiencies" means a written notice of any violation of chapter 70.127 RCW or the rules adopted thereunder which describes the reasons for noncompliance.

(60) "Statement of charges" means a document which initiates enforcement action against a licensee or applicant and which creates the right to an adjudicative proceeding. The department shall prepare a statement of charges in accordance with WAC 246-10-201.

(61) "Supervisor of direct care services" means an individual responsible for services that support the plan of care provided by an in-home services agency licensed to provide home care services.

(62) "Survey" means an inspection or investigation, announced or unannounced, conducted by the department to evaluate and monitor a licensee's compliance with this chapter.

(63) "Therapist" means an individual who is:

(a) A physical therapist, licensed under chapter 18.74 RCW;

(b) A respiratory therapist, licensed under chapter 18.89 RCW;

(c) An occupational therapist, licensed under chapter 18.59 RCW; or

(d) A speech therapist licensed under chapter 18.35 RCW.

(64) "Therapy assistant" means a licensed occupational therapy assistant defined under chapter 18.59 RCW or physical therapist assistant defined under chapter 18.74 RCW.

(65) "Volunteer" means an individual who provides direct care to a patient or client and who:

(a) Is not compensated by the in-home services licensee; and

(b) May be reimbursed for personal mileage incurred to deliver services.

(66) "WISHA" means the Washington Industrial Safety and Health Act, chapter 49.17 RCW.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-015, filed 8/23/02, effective 10/1/02.]

WAC 246-335-020 License required. A person must possess a current license issued by the department before advertising, operating, managing, conducting, opening or maintaining an in-home services agency unless exempt under RCW 70.127.040 or 70.127.050.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-020, filed 8/23/02, effective 10/1/02.]

WAC 246-335-025 Initial application. An applicant for initial licensure or additional in-home service category must:

(1) Submit to the department:

(a) A completed application on forms provided by the department;

(b) Evidence of current professional liability insurance in the amount of one hundred thousand dollars per occurrence and public liability and property damage insurance in the amount of two hundred thousand dollars per occurrence as a minimum. This subsection does not apply to hospice applicants that provide in-home hospice care without receiving compensation for delivery of services;

(c) Disclosure statements and criminal history background checks obtained within three months of the application date for the administrator and director of clinical services or supervisor of direct care services in accordance with RCW 43.43.830 through 43.43.845;

(d) The following information:

(i) Name of managing personnel, officers, administrator, director of clinical services or supervisor of direct care services, and partners or individuals owning ten percent or more of the applicant's assets;

(ii) A description of the organizational structure;

(iii) A description of the in-home services categories to be offered directly or under contract;

(iv) Name, address, and phone numbers of all office locations that provide services within the state;

(v) A copy of the current business license(s);

(vi) A description of the service area for which the applicant is requesting to provide services;

(vii) Other information as required by the department;

(viii) Fees specified in WAC 246-335-990; and

(2) Develop and approve policies and procedures addressing the content of this chapter; and

(3) Meet the requirements of this chapter as determined by an initial survey conducted by the department.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-025, filed 8/23/02, effective 10/1/02.]

WAC 246-335-030 Renewal. At least thirty days before the expiration date of the current license, the licensee must submit the following to the department:

(1) A completed application on forms provided by the department;

(2) Evidence of continuing insurance coverage according to WAC 246-335-025 (1)(b);

(3) Disclosure statements and criminal history background checks obtained within three months of the renewal date for the administrator and director of clinical services or supervisor of direct care services when these individuals are new to the agency since initial licensure or the last renewal, in accordance with RCW 43.43.830 through 43.43.845;

(4) Documentation required under WAC 246-335-050, if initially applying or reapplying for deemed status;

(5) A written request for continuation of deemed status, when applicable, including:

(a) The most recent decisions and findings; and

(b) Any changes in accreditation status, from the accrediting organization; and

(6) Information listed in WAC 246-335-025 (1)(d).

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-030, filed 8/23/02, effective 10/1/02.]

WAC 246-335-035 Change of ownership. At least thirty days prior to changing ownership of an in-home services agency:

(1) The licensee must submit in writing to the department:

(a) The full name, address and phone number of the current and prospective owner;

(b) The name, address, and phone number of the currently licensed in-home services agency and the name under which the prospective agency will operate;

(c) Date of the proposed change of ownership; and

(d) Any change in office location and service area, if relevant;

(2) The prospective new owner must submit:

(a) Information listed in WAC 246-335-025 (1)(b) through (d); and

(b) The change of ownership fee specified in WAC 246-335-990.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-035, filed 8/23/02, effective 10/1/02.]

WAC 246-335-040 Applicant or licensee rights and responsibilities. (1) An applicant or licensee must:

(a) Comply with the provisions of chapter 70.127 RCW and this chapter;

(b) Display the license issued by the department in an area accessible to the public;

(c) Notify the department in writing:

(i) When there are changes of administrator, director of clinical services, or supervisor of direct care services;

(ii) Within thirty days of beginning or ceasing operation of any office location(s);

(iii) Thirty or more days before ceasing operation of any in-home services category licensed by the department;

(iv) To request approval to expand home health, hospice or home care service areas. An agency must submit information based on the criteria in WAC 246-335-055 (1)(a)(vi) and receive approval for service area expansion prior to providing services in the proposed expanded service area;

(v) When decreasing home health, hospice or home care service areas; and

(vi) Within thirty days of receipt, for deemed agencies only, of all decisions and findings from an accrediting entity, including any changes in accreditation or monitored status;

(d) Cooperate with the department during surveys which may include reviewing licensee records and conducting on-site visits with patient or client consent;

(e) Respond to a statement of deficiencies by submitting to the department:

(i) Within ten working days of receipt, a written plan of correction for each deficiency. All corrections must be completed within sixty days after the survey exit date, unless otherwise specified by the department; and

(ii) No longer than ninety days after the survey exit date, a progress report describing corrections made and ongoing monitoring actions, unless otherwise specified by the department.

(2) An applicant or licensee will:

(a) Receive a written statement of deficiencies found during a survey; and

(b) Receive written service area approval or denial;

(3) An applicant or licensee may:

(a) Discuss findings observed during a survey with the surveyor; and

(b) Discuss the statement of deficiencies, denial of service area under WAC 246-335-045 (2)(f), or denial of an exemption under WAC 246-335-125 or 246-335-295 with the department's manager;

(4) An applicant or licensee has the right to respond to and contest a statement of charges according to the following provisions:

(a) RCW 43.70.115, department of health authority for license approval, denial, restriction, conditioning, modification, suspension and revocation;

(b) Chapter 34.05 RCW, the Administrative Procedure Act; and

(c) Chapter 246-10 WAC, Adjudicative proceedings.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-040, filed 8/23/02, effective 10/1/02.]

WAC 246-335-045 Department responsibilities. (1) The department may, in accordance with chapter 70.127 RCW:

(a) Issue an initial license including the in-home services category(ies) and department approved service area(s), if applicable, for twelve months following submission of a completed application and appropriate fee, and following a survey that documents the applicant meets all the requirements of this chapter;

(b) Issue a renewal license including the in-home services category(ies) and department approved service area(s), if applicable, for a twenty-four month period following submission of a completed application and appropriate fee;

(c) Issue a license for change of ownership including the in-home services category(ies) and department approved service area(s), if applicable, to the new licensee for the remainder of the current license period following submission of the required information and appropriate fee, under WAC 246-335-035.

(2) The department may:

(a) Conduct surveys at any time and at least once during a licensure period to determine compliance with chapter 70.127 RCW and this chapter, except for agencies with deemed status under WAC 246-335-050 (2) and (3);

(b) Conduct one licensing survey inclusive of all in-home services categories;

(c) Investigate any person suspected of:

(i) Advertising, operating, managing, conducting, opening or maintaining an in-home services agency or providing in-home services, including hospice care center services, without a license unless exempt from licensure under RCW 70.127.040 and 70.127.050; or

(ii) Survey a licensee at anytime if the department has reason to believe the licensee is providing unsafe, insufficient, inadequate or inappropriate care;

(d) Investigate allegations of noncompliance with RCW 43.43.830 through 43.43.845, when necessary, in consultation with law enforcement personnel;

(e) Require licensees to complete additional disclosure statements and background inquiries for an individual associated with the licensee or having direct contact with children under sixteen years of age, people with developmental disabilities, or vulnerable adults if the department has reason to believe that offenses specified under RCW 43.43.830 have occurred since completion of the previous disclosure statement and criminal background inquiry;

(f) Approve, deny or revoke requests by home health, hospice or home care agencies for initial service area or service area expansion based on:

(i) The licensee's demonstrated ability or inability to comply with this chapter as illustrated by substantiated complaint history, survey outcomes or enforcement action; and

(ii) Evidence of the licensee's ability or inability to manage and supervise services throughout the approved service area under criteria listed in WAC 246-335-055 (1)(a)(vi);

(g) Approve, deny, restrict, condition, modify, suspend, or revoke a license under this chapter under RCW 70.127.170 and 70.127.180(3);

(h) Issue a statement of deficiencies following a survey which identifies noncompliance with chapter 70.127 RCW and this chapter; and

(i) Prepare and serve upon the licensee or applicant at the earliest practical time a statement of charges following a survey which identifies noncompliance with chapter 70.127 RCW and this chapter. The statement of charges shall be accompanied by a notice that the licensee or applicant may request a hearing to contest the charges.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-045, filed 8/23/02, effective 10/1/02.]

WAC 246-335-050 Deemed status. (1) A home health or hospice licensee that is certified by the federal Medicare program, or accredited by the community health accreditation program, or the joint commission on accreditation of healthcare organizations is not subject to a state licensure survey when exempt under subsection (3) of this section or the department has granted deemed status under subsection (6) of this section.

(2) An in-home services licensee under contract with and monitored by the department of social and health services or AAA to provide home care services must notify the department when the contract is initiated. The licensee is not required to submit the information noted in subsection (4) of this section and is not subject to a state licensure survey when

the department has granted deemed status under subsection (6) of this section.

(3) An agency certified by the federal Medicare program is automatically granted deemed status for state licensure survey and is not required to submit the information noted in subsection (4) of this section.

(4) An agency accredited by the community health accreditation program or the joint commission on accreditation of healthcare organizations requesting deemed status, except as provided in subsection (5) of this section, must submit to the department:

(a) A written request to be considered for deemed status;

(b) Verification of accreditation; and

(c) A copy of the decisions and findings of the accrediting organization based on an on-site survey within the twenty-four month period preceding the request for deemed status.

(5) A licensee may not request deemed status for an initial license or the survey conducted during the initial licensure period.

(6) The department shall grant deemed status to an in-home services category when:

(a) The department determines, using a liberal interpretation, the survey standards used at the time of certification, accreditation, or monitoring are substantially equivalent to chapter 70.127 RCW; and

(b) The licensee meets the requirements of this chapter and otherwise qualifies for licensure.

(7) If the department determines that the survey standards are not substantially equivalent to those required by this chapter, the department will notify the affected licensees with:

(a) A detailed description of the deficiencies in the alternate survey process; and

(b) An explanation concerning the risk to the consumer.

(8) The department may conduct validation surveys of agencies with deemed status according to RCW 70.127.085.

(9) The department retains authority to:

(a) Survey those in-home services categories not accredited, certified or monitored by the organizations specified in this section; and

(b) Investigate complaints against a deemed agency.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-050, filed 8/23/02, effective 10/1/02.]

WAC 246-335-055 Plan of operation. (1) The applicant or licensee must establish and implement policies and procedures which include:

(a) A written plan of operation identifying:

(i) A description of the organizational structure;

(ii) Personnel job descriptions;

(iii) Responsibilities of contractors and volunteers;

(iv) Services to be provided;

(v) The days and hours of agency operation; and

(vi) Criteria for management and supervision of services throughout the service area(s) or hospice care center which include:

(A) For home health, hospice or hospice care center applicants or licensees:

(I) How the initial assessment and development of the plan of care will be completed per WAC 246-335-080 and 246-335-085;

(II) How patient needs will be met when assigned personnel, volunteers, or contractors are unable to serve the patient;

(III) How supervision of personnel and volunteers and monitoring of services provided by contractors will occur which meet the requirements of WAC 246-335-095 and 246-335-100;

(IV) How performance evaluations for personnel and volunteers and evaluation of services provided by contractors will be conducted per WAC 246-335-065 (10) and (11); and

(V) How the quality improvement program required in WAC 246-335-115 will be applied throughout the entire service area;

(B) For home care applicants or licensees:

(I) How the initial intake and development of the plan of care will be completed per WAC 246-335-090;

(II) How client needs will be met when assigned personnel, volunteers or contractors are unable to serve the client;

(III) How supervision of personnel and volunteers and monitoring of services provided by contractors will occur which meet the requirements of WAC 246-335-105;

(IV) How performance evaluations for personnel and volunteers and evaluation of services provided by contractors will be conducted per WAC 246-335-065 (10) and (11); and

(V) How the quality improvement program required in WAC 246-335-115 will be applied throughout the entire service area;

(b) A process to inform patients or clients of alternative services prior to ceasing operation or when the licensee is unable to meet the patient's or client's needs;

(c) A plan for preserving records, including the process to preserve or dispose of records prior to ceasing operation; and

(d) Time frames for filing documents in the patient or client records.

(2) The licensee must continue to update policies and procedures to reflect current practice, services provided by the agency, and state and local laws.

(3) The applicant or licensee must identify an administrator who is responsible to:

(a) Oversee the management and fiscal affairs of the licensee;

(b) Implement the provisions of this section;

(c) Designate in writing an alternate to act in the administrator's absence;

(d) Provide management and supervision of services throughout the approved service area or in the hospice care center;

(e) Arrange for necessary services;

(f) Keep contracts current;

(g) Serve as a liaison between the licensee, personnel, contractors and volunteers;

(h) Assure personnel, contractors and volunteers are currently credentialed by the state of Washington, when appropriate, according to applicable practice acts;

(i) Assure personnel, contractors and volunteers comply with the licensee's policies and procedures;

(j) Implement a quality improvement process;

(k) Manage recordkeeping according to this chapter;

(l) Assure supplies and equipment are available and maintained in working order;

(m) Assure the accuracy of public information materials; and

(n) Assure current written policies and procedures are accessible to personnel, contractors and volunteers during hours of operation.

(4) Hospice and hospice care center applicants or licensees must include in the plan of operation:

(a) Responsibilities and availability of the medical director to include:

(i) Advising the licensee on policies and procedures;

(ii) Serving as liaison with a patient's authorizing practitioner;

(iii) Providing patient care and family support;

(iv) Approving modifications in individual plans of care; and

(v) Participating in interdisciplinary team conferences as required by WAC 246-335-085, hospice plan of care and WAC 246-335-155 (9)(a), hospice care center plan of care;

(b) Availability of a bereavement program for up to one year after a patient's death;

(c) Availability of social services, spiritual counseling, volunteer services, and respite care; and

(d) Assuring direct care personnel, contractors and volunteers have training specific to the needs of the terminally ill and their families.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-055, filed 8/23/02, effective 10/1/02.]

WAC 246-335-060 Delivery of services. The applicant or licensee must establish and implement policies and procedures that describe:

(1) Admission, transfer, discharge and referral processes;

(2) Specific services, including nonmedical tasks, available to meet patient or client, or family needs as identified in plans of care;

(3) Agency personnel, contractor, and volunteer roles and responsibilities related to medication assistance level 1 and level 2;

(4) Coordination of care, including:

(a) Coordination among services being provided by the in-home services agency; and

(b) Coordination with other agencies when care being provided impacts patient or client health;

(5) Actions to address patient or client, or family communication needs;

(6) Infection control practices for direct care personnel, contractors, and volunteers consistent with local health authorities;

(7) Actions to take when personnel, volunteers, contractors, or patients or clients exhibit or report symptoms of a communicable disease in an infectious stage in accordance with chapter 246-100 WAC, Communicable and certain other diseases and chapter 246-101 WAC, Notifiable conditions;

(8) Management of patient or client medications and treatments in accordance with appropriate practice acts;

(9) Food storage, preparation and handling;

(10) Reporting of patient/client abuse and neglect according to chapter 74.34 RCW;

(11) Emergency care of patient or client;

(12) Actions to be taken upon death of a patient or client;

(13) Implementation of advanced directives in accordance with the Natural Death Act; and

(14) Plans for service delivery when natural or man-made emergencies occur that prevent normal agency operation.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-060, filed 8/23/02, effective 10/1/02.]

WAC 246-335-065 Personnel, contractor, and volunteer policies. The applicant or licensee must establish and implement policies and procedures regarding the following:

(1) Employment criteria consistent with chapter 49.60 RCW, Discrimination—Human rights commission;

(2) Job descriptions commensurate with responsibilities and consistent with health care professional credentialing and scope of practice as defined in relevant practice acts and rules adopted thereunder;

(3) References for personnel, contractors and volunteers;

(4) Credentials of health care professionals that are current and in good standing;

(5) In-person contact with personnel, contractors and volunteers prior to service provision;

(6) Orientation to current agency policies and procedures and verification of skills or training specific to the care needs of patients or clients;

(7) Ongoing training pertinent to patient or client care needs;

(8) Current cardiopulmonary resuscitation training consistent with agency policies and procedures for direct care personnel and contractors in home health and hospice agencies, and hospice care centers;

(9) Infection control practices including communicable disease testing, immunization, and vaccination according to current local health authorities and availability of equipment necessary to implement plans of care and infection control policies and procedures;

(10) Annual performance evaluations of all personnel and volunteers providing direct patient or client care, including on-site observation of care and skills specific to the care needs of patients or clients;

(11) Annual evaluations of services provided by contractors providing direct patient or client care; and

(12) Washington state patrol criminal background inquiries and disclosure statements under RCW 43.43.830 through 43.43.845 for the administrator, director of clinical services or supervisor of direct care services per WAC 246-335-025 (1)(c), 246-335-030(3), and 246-335-035 and personnel, contractors, volunteers, students, and any other individual associated with the licensee having direct contact with children under sixteen years of age, people with developmental disabilities or vulnerable adults.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-065, filed 8/23/02, effective 10/1/02.]

WAC 246-335-070 Personnel, contractor and volunteer records. The applicant or licensee must maintain records on all personnel and volunteers and have access to records on all contractors to include:

(1) Current practice certification, credential or licensure, as applicable;

(2) Documentation of references;

(3) Evidence of orientation to current agency policies and procedures;

(4) Verification of personnel, contractor, and volunteer skills or training specific to meeting the care needs of patients or clients;

(5) Evidence of disclosure statement and Washington state patrol criminal background inquiry according to RCW 43.43.830 through 43.43.845;

(6) Training on current and revised agency policies and procedures, including patient or client care issues;

(7) Current CPR training for direct care personnel and contractors in home health and hospice agencies, and hospice care centers;

(8) Communicable disease testing, immunization, and vaccination according to current local health authorities; and

(9) Documentation of evaluations of personnel and volunteers providing direct patient or client care and evaluations of services provided by contractors providing direct patient or client care as required in WAC 246-335-065 (10) and (11).

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-070, filed 8/23/02, effective 10/1/02.]

WAC 246-335-075 Bill of rights. (1) An in-home services licensee at the time of admission must provide each patient or client, or designated family member with a written bill of rights affirming each individual's right to:

(a) A listing of the services offered by the in-home services licensee and those being provided;

(b) The name of the individual supervising the care and the manner in which that individual may be contacted;

(c) A description of the process for submitting and addressing complaints;

(d) Submit complaints without retaliation and to have the complaint addressed by the licensee;

(e) Be informed of the state complaint hotline number;

(f) A statement advising the patient or client, or designated family member of the right to ongoing participation in the development of the plan of care;

(g) A statement providing that the patient or client, or designated family member is entitled to information regarding access to the department's listing of providers and to select any licensee to provide care, subject to the individual's reimbursement mechanism or other relevant contractual obligations;

(h) Be treated with courtesy, respect, privacy, and freedom from abuse and discrimination;

(i) Refuse treatment or services;

(j) Have property treated with respect;

(k) Privacy of personal information and confidentiality of health care records;

(l) Be cared for by properly trained personnel, contractors and volunteers with coordination of services;

(m) A fully itemized billing statement upon request, including the date of each service and the charge. Licensees providing services through a managed care plan are not required to provide itemized billing statements; and

(n) Be informed about advanced directives and the licensee's responsibility to implement them.

(2) An in-home services licensee must ensure that the rights under this section are implemented and updated as appropriate.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-075, filed 8/23/02, effective 10/1/02.]

WAC 246-335-080 Home health plan of care. (1) Home health licensees must, except as provided in subsections (2) and (3) of this section:

(a) Develop and implement a written home health plan of care for each patient with input from the patient or designated family member and authorizing practitioner;

(b) Assure each plan of care is developed by appropriate agency personnel and is based on a patient assessment, except when providing one-time visits under subsection (3) of this section;

(c) Assure the home health plan of care includes:

(i) Current diagnoses and information on health status;

(ii) Goals or outcome measures;

(iii) Types and frequency of services to be provided;

(iv) Home medical equipment and supplies used by the patient;

(v) Orders for treatments and their frequency to be provided and monitored by the licensee;

(vi) Special nutritional needs and food allergies;

(vii) Orders for medications to be administered and monitored by the licensee including name, dose, route, and frequency;

(viii) Medication allergies;

(ix) The patient's physical, cognitive and functional limitations;

(x) Discharge and referral plan;

(xi) Patient and family education needs pertinent to the care being provided by the licensee;

(xii) Resuscitation status of the patient according to documentation consistent with the Natural Death Act and advance directives, chapter 70.122 RCW; and

(xiii) The level of medication assistance to be provided.

(d) Develop and implement a system to:

(i) Assure the plan of care is reviewed and updated by appropriate agency personnel according to the following time frames:

(A) For patients requiring acute care services, every two months;

(B) For patients requiring maintenance services, every six months; and

(C) For patients requiring only professional medical equipment assessment services or home health aide only services, every twelve months.

(ii) Assure the plan of care is signed or authenticated and dated by appropriate agency personnel and the authorizing practitioner, according to the time frames in (d)(i)(A), (B) or (C) of this subsection;

(iii) Assure the plan care is returned to the agency within sixty days of the initial date of service or date of review and update;

(iv) Inform the authorizing practitioner regarding changes in the patient's condition that indicate a need to change the plan of care;

(v) Obtain approval from the authorizing practitioner for additions and modifications;

(vi) Assure all verbal orders for modification to the plan of care are immediately documented in writing and signed or authenticated and dated by an agency individual authorized within the scope of practice to receive the order and signed or authenticated by the authorizing practitioner and returned to the agency within sixty days of the date the verbal orders were received.

(2) Home health agencies providing home health aide only services to a patient may develop a modified plan of care by providing only the following information on the plan of care:

(a) Types and frequency of services to be provided;

(b) Home medical equipment and supplies used by the patient;

(c) Special nutritional needs and food allergies;

(d) The patient's physical, cognitive and functional limitations; and

(e) The level of medication assistance to be provided.

(3) Home health agencies providing a one-time visit for a patient may provide the following written documentation in lieu of the home health plan of care and patient record requirements in WAC 246-335-110 (1)(c):

(a) Patient name, age, current address, and phone number;

(b) Confirmation that the patient was provided a written bill of rights under WAC 246-335-075;

(c) Patient consent for services to be provided;

(d) Authorizing practitioner orders; and

(e) Documentation of services provided.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-080, filed 8/23/02, effective 10/1/02.]

WAC 246-335-085 Hospice plan of care. (1) Hospice licensees must, except as provided in subsection (2) of this section:

(a) Develop and implement a written hospice plan of care for each patient with input from the authorizing practitioner, appropriate interdisciplinary team members, and the patient or designated family member;

(b) Assure each plan of care is developed by appropriate agency personnel and is based on a patient and family assessment;

(c) Assure the hospice plan of care includes:

(i) Current diagnoses and information on health status;

(ii) Goals or outcome measures;

(iii) Symptom and pain management;

(iv) Types and frequency of services to be provided;

(v) Home medical equipment and supplies used by the patient;

(vi) Orders for treatments and their frequency to be provided and monitored by the licensee;

(vii) Special nutritional needs and food allergies;

(viii) Orders for medications to be administered and monitored by the licensee including name, dose, route, and frequency;

(ix) Medication allergies;

(x) The patient's physical, cognitive and functional limitations;

(xi) Patient and family education needs pertinent to the care being provided by the licensee;

(xii) Resuscitation status of the patient according to documentation consistent with the Natural Death Act and advance directives, chapter 70.122 RCW; and

(xiii) The level of medication assistance to be provided;

(d) Develop and implement a system to:

(i) Assure and document the plan of care is reviewed by the appropriate interdisciplinary team members within the first week of admission and every two weeks thereafter;

(ii) Assure the plan of care is signed or authenticated and dated by appropriate agency personnel and the authorizing practitioner;

(iii) Assure the plan of care is returned to the agency within sixty days from the initial date of service;

(iv) Inform the authorizing practitioner regarding changes in the patient's condition that indicates a need to change the plan of care;

(v) Obtain approval from the authorizing practitioner for additions and modifications; and

(vi) Assure all verbal orders for modification to the plan of care are immediately documented in writing and signed or authenticated and dated by an agency individual authorized within the scope of practice to receive the order and signed or authenticated by the authorizing practitioner and returned to the agency within sixty days from the date the verbal orders were received.

(2) Hospice agencies providing a one-time visit for a patient may provide the following written documentation in lieu of the hospice plan of care and patient record requirements in WAC 246-335-110 (1)(c):

(a) Patient's name, age, current address, and phone number;

(b) Confirmation that the patient was provided a written bill of rights under WAC 246-335-075;

(c) Patient consent for services to be provided;

(d) Authorizing practitioner orders; and

(e) Documentation of services provided.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-085, filed 8/23/02, effective 10/1/02.]

WAC 246-335-090 Home care plan of care. (1) Home care licensees must, except as provided in subsection (2) of this section:

(a) Develop and implement a written home care plan of care for each client with input and written approval by the client or designated family member;

(b) Assure each plan of care is developed by appropriate agency personnel, lists services requested or recommended to meet client needs, and is based on an on-site visit, under agency policies and procedures;

(c) Assure the home care plan of care includes:

(i) The client's functional limitations;

(ii) Nutritional needs and food allergies for meal preparation;

(iii) Home medical equipment and supplies relevant to the plan of care;

(iv) Type and schedule of services to be provided; and

(v) Nonmedical tasks requested;

(d) Assure the plan of care is reviewed on-site, updated, approved and signed by appropriate agency personnel and the client or designated family member every twelve months and as necessary based on changing client needs.

(2) Home care agencies providing a one-time visit for a client may provide the following written documentation in lieu of the home care plan of care and client record requirements in WAC 246-335-110 (1)(c):

(a) Client name, age, current address, and phone number;

(b) Confirmation that the client was provided a written bill of rights under WAC 246-335-075;

(c) Client consent for services to be provided; and

(d) Documentation of services provided.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-090, filed 8/23/02, effective 10/1/02.]

WAC 246-335-095 Supervision of home health care. The following supervision requirements only apply to home health agencies:

(1) A licensee must employ a director of clinical services;

(2) The director of clinical services or designee must be available during all hours patient care is being provided;

(3) The director of clinical services must designate in writing a similarly qualified alternate to act in the director's absence;

(4) The director of clinical services or designee must assure:

(a) Coordination, development and revision of written patient care policies and procedures related to each service provided;

(b) Supervision of all patient care provided by personnel and volunteers;

(c) Evaluation of services provided by contractors;

(d) Coordination of services when one or more licensee is providing care to the patient;

(e) Compliance with the plan of care;

(f) All direct care personnel, contractors, and volunteers observe and recognize changes in the patient's conditions, and report any changes to the director or designee; and

(g) All direct care personnel, contractors, and volunteers initiate emergency procedures according to agency policy;

(5) The licensee must document supervision including, but not limited to:

(a) RN supervision when using the services of a RN or LPN, in accordance with chapter 18.79 RCW;

(b) For patients receiving acute care services, supervision of the home health aide services during an on-site visit with or without the home health aide present must occur once a month to evaluate compliance with the plan of care and patient satisfaction with care. The supervisory visit must be conducted by a licensed nurse or therapist in accordance with the appropriate practice acts;

(c) For patients receiving maintenance care or home health aide only services, supervision of the home health aide services during an on-site visit with or without the home health aide present must occur every six months to evaluate compliance with the plan of care and patient satisfaction with care. The supervisory visit must be conducted by a licensed nurse or licensed therapist in accordance with the appropriate practice acts; and

(d) Supervision by a licensed therapist when using the services of a therapy assistant in accordance with the appropriate practice acts; and

(6) The licensee using home health aides must assure:

(a) Each home health aide reviews the plan of care or written instructions for the care of each patient prior to providing home health aide services and whenever there is a change in the plan of care; and

(b) Each home health aide assists with medications according to WAC 246-335-015, and agency policy.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-095, filed 8/23/02, effective 10/1/02.]

WAC 246-335-100 Supervision of hospice care. The following supervision requirements only apply to hospice agencies:

(1) A licensee must employ a director of clinical services;

(2) The director of clinical services or designee must be available twenty-four hours per day, seven days per week;

(3) The director of clinical services must designate in writing a similarly qualified alternate to act in the director's absence;

(4) The director of clinical services or designee must assure:

(a) Coordination, development and revision of written patient and family care policies and procedures related to each service provided;

(b) Supervision of all patient and family care provided by personnel and volunteers;

(c) Evaluation of services provided by contractors;

(d) Coordination of services when one or more licensee is providing care to the patient and family;

(e) Compliance with the plan of care;

(f) All direct care personnel, contractors, and volunteers observe and recognize changes in the patient's condition, and report any changes to the director or designee; and

(g) All direct care personnel, contractors, and volunteers initiate emergency procedures according to agency policy;

(5) The licensee must document supervision including, but not limited to:

(a) RN supervision when using the services of a RN or LPN, in accordance with chapter 18.79 RCW;

(b) Licensed nurse supervision of home health aide services during an on-site visit with or without the home health aide present once a month to evaluate compliance with the plan of care and patient and family satisfaction with care;

(c) Supervision by a licensed therapist when using the services of a therapy assistant in accordance with the appropriate practice acts; and

(6) The licensee using home health aides must assure:

(a) Each home health aide reviews written instructions for the care of each patient and family prior to providing home health aide services and whenever there is a change to the plan of care; and

(b) Each home health aide assists with medications according to WAC 246-335-015, and agency policy.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-100, filed 8/23/02, effective 10/1/02.]

WAC 246-335-105 Supervision of home care. The following supervision requirements only apply to home care agencies:

(1) The licensee must employ a supervisor of direct care services;

(2) The supervisor or designee must be available during all hours of client care;

(3) The supervisor of direct care services must designate in writing a similarly qualified alternate to act in the supervisor's absence;

(4) The supervisor of direct care services must assure:

(a) Supervision of all client care provided by personnel and volunteers;

(b) Evaluation of services provided by contractors;

(c) Coordination, development and revision of written client care policies;

(d) Participation in coordination of services when more than one licensee is providing care to the client;

(e) Compliance with the plan of care;

(f) All direct care personnel, contractors, and volunteers observe and recognize changes in the client's needs, and report any changes to the director or designee;

(g) All direct care personnel, contractors, and volunteers initiate emergency procedures according to agency policy;

(h) Each home care aide reviews the plan of care or written instructions for the care of each client prior to providing home care aide services and whenever there is a change in the plan of care; and

(i) Each home care aide assists with medications according to WAC 246-335-015, and agency policy; and

(5) The licensee must document supervision including, but not limited to, client contact every six months by phone or visit to evaluate compliance with the plan of care and to assess client satisfaction.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-105, filed 8/23/02, effective 10/1/02.]

WAC 246-335-110 Patient/client records. (1) The licensee must:

(a) Maintain a current record for each patient or client consistent with chapter 70.02 RCW, Medical records—Health care information access and disclosure;

(b) Assure that the record is:

(i) Accessible, in an integrated document, in the licensee's office site for review by appropriate direct care personnel, volunteers, contractors, and the department;

(ii) Written legibly in permanent ink or retrievable by electronic means;

(iii) On the licensee's standardized forms;

(iv) In a legally acceptable manner;

(v) Kept confidential;

(vi) Chronological in its entirety or by the service provided;

(vii) Fastened together to avoid loss of record contents; and

(viii) Kept current with all documents filed according to agency time frames per agency policies and procedures;

(c) Include documentation of the following in each record, unless exempted in (d) of this subsection:

(i) Patient or client's name, age, current address and phone number;

(ii) Patient's or client's consent for service, care, and treatment;

(iii) Payment source and patient or client responsibility for payment;

(iv) Initial assessment when providing home health, hospice and hospice care center services, except when providing home health aide only services under WAC 246-335-080(5);

(v) Plan of care according to WAC 246-335-080, 246-335-085, 246-335-090, and 246-335-155(9), depending upon the service provided;

(vi) Signed or authenticated and dated notes documenting and describing services provided during each patient or client contact;

(vii) Observations and changes in the patient's or client's condition or needs;

(viii) For patients receiving home health, hospice and hospice care center services, with the exception of home health aide only services per WAC 246-335-080(5), authorized practitioner orders and documentation of response to medications and treatments ordered;

(ix) Supervision of home health aide and home care aide services according to WAC 246-335-095 (5)(b) and (c), 246-335-100 (5)(b), and 246-335-105(5); and

(x) Other documentation as required by this chapter;

(d) For patients receiving a one-time visit under WAC 246-335-080(3), 246-335-085(2) or 246-335-090(2), provide the documentation required in these sections;

(e) Consider the records as property of the licensee and allow the patient or client access to his or her own record; and

(f) Upon request and according to agency policy and procedure, provide patient or client information or a summary of care when the patient or client is transferred or discharged to another agency or facility.

(2) The licensee must maintain records for:

(a) Adults—three years following the date of termination of services; and

(b) Minors—three years after attaining age eighteen, or five years following discharge, whichever is longer.

(3) The licensee must:

(a) Store records to prevent loss of information and to maintain the integrity of the record and protect against unauthorized use;

(b) Maintain or release records after a patient's or client's death according to chapter 70.02 RCW, Medical records—Health care information access and disclosure; and

(c) After ceasing operation, retain or dispose of records in a confidential manner according to the time frames in subsection (2) of this section.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-110, filed 8/23/02, effective 10/1/02.]

WAC 246-335-115 Quality improvement. Every in-home services licensee must maintain a quality improvement program to assure the quality of care and services provided throughout its service area or within a hospice care center thatincludes, at a minimum:

(1) A complaint process that includes a procedure for the receipt, investigation, and disposition of complaints regarding services provided under RCW 70.127.120(2);

(2) A method to identify, monitor, evaluate, and correct problems identified by patients or clients, families, personnel, contractors, or volunteers; and

(3) A system to assess patient or client satisfaction.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-115, filed 8/23/02, effective 10/1/02.]

WAC 246-335-120 Home medical supplies and equipment. This section applies only to home health and hospice agencies and hospice care centers providing or contracting for medical supplies or equipment services. The applicant or licensee must:

(1) If the applicant or licensee provides medical supplies or equipment services, develop and implement policies and procedures to:

(a) Maintain medical supplies and equipment;

(b) Clean, inspect, repair and calibrate equipment per the manufacturers' recommendations, and document the date and name of individual conducting the activity;

(c) Assure safe handling and storage of medical supplies and equipment;

(d) Inform the patient or designated family member of the cost and method of payment for equipment, equipment repairs and equipment replacement;

(e) Document the patient or designated family member's approval;

(f) Instruct each patient or family to use and maintain supplies and equipment in a language or format the patient or family understands, using one or more of the following:

(i) Written instruction;

(ii) Verbal instruction; or

(iii) Demonstration;

(g) Document the patient or family understanding of the instructions provided;

(h) Replace supplies and equipment essential for the health or safety of the patient; and

(i) Identify and replace equipment recalled by the manufacturer.

(2) If the applicant or licensee contracts for medical supplies or equipment services, develop and implement policies and procedures to assure that contractors have policies and procedures consistent with subsection (1) of this section.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-120, filed 8/23/02, effective 10/1/02.]

WAC 246-335-125 Exemptions and alternative methods. (1) To request an exemption from the minimum requirements in this chapter, the licensee must submit a written request to the department, including:

(a) A description of the requested exemption and alternatives, if appropriate;

(b) Rationale for the exemption;

(c) Impact of the exemption on public health and safety; and

(d) Any other information the department requests.

(2) The department may grant the licensee an exemption from a requirement of this chapter if:

(a) The department determines the exemption will not jeopardize public health or safety; and

(b) The exemption is not contrary to the intent of chapter 70.127 RCW and the requirements of this chapter, a specific requirement of this chapter.

(3) The licensee must retain a copy of each approved exemption and have them available at all times.

(4) An exemption is limited to a specific requirement and for the licensee who receives it. The exemption does not apply to any new applicants or other existing licensees.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-125, filed 8/23/02, effective 10/1/02.]

PART 2
REQUIREMENTS SPECIFIC TO HOSPICE CARE CENTERS

WAC 246-335-130 Applicability. The requirements in Part 2 of this chapter only apply to hospice care centers.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-130, filed 8/23/02, effective 10/1/02.]

WAC 246-335-135 Definitions. The definitions for Part 2 of this chapter are located in WAC 246-335-015.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-135, filed 8/23/02, effective 10/1/02.]

WAC 246-335-140 License required. (1) A person must possess a current license issued by the department before advertising, operating, managing, conducting, opening or maintaining a hospice care center.

(2) Prior to being issued a license as a hospice care center, an applicant must:

(a) Be licensed as an in-home services agency licensed to provide hospice services;

(b) Obtain a certificate of need under chapter 70.38 RCW;

(c) Complete the construction review process;

(d) Receive a certificate of occupancy by local building officials;

(e) Submit a completed application and appropriate fee;

(f) Develop policies and procedures addressing the content of this chapter; and

(g) Meet the requirements of this chapter as determined by an initial survey completed by the department.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-140, filed 8/23/02, effective 10/1/02.]

WAC 246-335-145 Initial application. An applicant for initial licensure must submit to the department:

(1) A completed application on forms provided by the department;

(2) Evidence of current professional liability insurance in the amount of one hundred thousand dollars per occur-

rence and public liability and property damage insurance in the amount of two hundred thousand dollars per occurrence as a minimum;

(3) Disclosure statements and criminal history background checks obtained within three months of the application date for the administrator and director of clinical services in accordance with RCW 43.43.830 through 43.43.845;

(4) The following information:

(a) Name of managing personnel, officers, administrator, director of clinical services and partners or individuals owning ten percent or more of the applicant's assets;

(b) A description of the organizational structure;

(c) A description of the hospice care center service categories to be offered directly or under contract;

(d) Documentation that no more than forty-nine percent of patient care days, in the aggregate on a biennial basis will be provided in a hospice care center, under RCW 70.127.280 (1)(d);

(e) Name, address, and phone numbers of the center location(s) within the state;

(f) A copy of their current business license;

(5) Other information as required by the department; and

(6) Fees specified in WAC 246-335-990.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-145, filed 8/23/02, effective 10/1/02.]

WAC 246-335-150 Renewal. At least thirty days before the expiration date of the current license, a licensee must submit the following to the department:

(1) A completed application on forms provided by the department;

(2) Evidence of continuing insurance coverage according to WAC 246-335-145(2);

(3) Disclosure statements and criminal history background checks obtained within three months of renewal for the administrator and director of clinical services when these individuals are new to the hospice care center since initial licensure or the last renewal, in accordance with RCW 43.43.830 through 43.43.845; and

(4) Information and fees listed in WAC 246-335-145 (4) through (6).

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-150, filed 8/23/02, effective 10/1/02.]

WAC 246-335-155 Other general hospice care center licensing requirements. (1) Change of ownership. A hospice care center licensee must meet the change of ownership requirements in WAC 246-335-035.

(2) Applicant or licensee rights and responsibilities. A hospice care center applicant or licensee must meet the applicant or licensee responsibility requirements in WAC 246-335-040.

(3) Department responsibilities. The department responsibility requirements in WAC 246-335-045 apply to hospice care center licensees and applicants.

(4) Plan of operation. A hospice care center applicant or licensee must meet the plan of operation requirements in WAC 246-335-055, and assure pets or animals living on the premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

(b) Be veterinarian certified as free of diseases transmittable to humans;

(c) Are restricted from food preparation areas; and

(d) Include only those customarily considered domestic pets.

(5) Delivery of services. A hospice care center applicant or licensee must:

(a) Meet the delivery of services requirements in WAC 246-335-060; and

(b) Establish and implement policies and procedures that assure:

(i) Auditory and physical privacy for the patient and family during the admitting process;

(ii) Patient rooms are private, unless the patient requests a roommate. Only two patients may share a room;

(iii) Each patient is provided a bed with a mattress appropriate to the special needs and size of the patient; and

(iv) Availability of clean bed and bath linens that are in good condition and free of holes and stains.

(6) Personnel, contractor, and volunteer policies. A hospice care center applicant or licensee must:

(a) Meet the personnel, contractor and volunteer policy requirements in WAC 246-335-065; and

(b) Assure training in the safe storage and handling of oxygen containers and other equipment as necessary.

(7) Personnel, contractor, and volunteer records. A hospice care center applicant or licensee must meet the personnel, contractor, and volunteer records requirements in WAC 246-335-070.

(8) Bill of rights. A hospice care center applicant or licensee must:

(a) Meet the bill of rights requirements in WAC 246-335-075; or

(b) For patients already being served by the hospice agency operating the hospice care center, assure:

(i) The bill of rights requirements have been provided to the patient and designated family member; and

(ii) Provide any additional information needed specific to the hospice care center.

(9) Plan of care. A hospice care center applicant or licensee must:

(a) Meet the plan of care requirements in WAC 246-335-085; or

(b) For patients already being served by the hospice agency operating the hospice care center, review the plan of care for any necessary revisions, and maintain the plan of care with any revisions in the hospice care center.

(10) Supervision. A hospice care center applicant or licensee must:

(a) Meet the supervision requirements in WAC 246-335-100; and

(b) Develop any necessary supervision requirements specific to:

(i) The hospice care center service category staffing requirements; and

(ii) Supervising personnel, volunteers and evaluating contractor services who are employed by a separately licensed hospice agency.

(11) Patient records. A hospice care center applicant or licensee must meet the requirements in WAC 246-335-110.

(12) Quality improvement. A hospice care center applicant or licensee must:

(a) Meet the quality improvement requirements in WAC 246-335-115; or

(b) Assure the hospice agency operating the hospice care center has a quality improvement program that applies to the hospice care center; or

(c) Implement any needed changes or additions to the current hospice agency quality improvement program.

(13) Home medical supplies and equipment. A hospice care center applicant or licensee must meet the home medical supplies and equipment requirements in WAC 246-335-120.

(14) Staffing requirements. A hospice care center applicant or licensee must implement the following staffing requirements:

(a) There must be adequate staffing on duty at all times. Considerations for determining adequate staffing include, but are not limited to:

(i) Number of patients currently admitted and residing in the center;

(ii) Specific patient care requirements;

(iii) Family care needs; and

(iv) Availability of support from other interdisciplinary team members;

(b) Two people, who may either be personnel, contractors or volunteers, must be on duty twenty-four hours per day, seven days per week;

(c) A registered nurse must be available twenty-four hours per day for consultation and direct participation in nursing care;

(d) A registered nurse must be on-site when required to perform duties specified in chapter 18.79 RCW;

(e) When providing general inpatient services, a hospice care center must comply with the staffing requirements in (a) through (d) of this subsection, and assure:

(i) A registered nurse is present twenty-four hours per day, seven days per week, to direct nursing services; and

(ii) Care is provided by either a RN, LPN or home health aide to meet the needs of each patient in accordance with the plan of care; and

(f) When providing continuous care services, a hospice care center must, in addition to the staffing requirements in (a) through (d) of this subsection, assure:

(i) One-on-one staffing, directed by an RN, for a minimum of eight hours to a maximum of twenty-four hours per calendar day; and

(ii) Care is provided by either a RN, LPN or home health aide to meet the needs of each patient in accordance with the plan of care.

(15) A hospice care center may either be owned or leased. If the hospice agency leases space, all delivery of interdisciplinary services, including staffing and management, must be done by the hospice agency per RCW 70.127.-280 (1)(g).

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-155, filed 8/23/02, effective 10/1/02.]

WAC 246-335-160 Nutritional services. (1) Nutritional services must be supervised by an RN or dietician.

(2) Appropriate nutritional consultation must be provided to the patient and family regarding the patient's dietary needs.

(3) Food must be prepared and served at intervals appropriate to the needs of patients, recognizing the unique dietary needs and changes of the terminally ill.

(4) Nutritional services must either be provided directly or through written agreement with a food service company.

(5) Food service sanitation must meet the requirements of chapter 246-215 WAC.

(6) Policies and procedures on nutritional services must include:

(a) Food storage;

(b) Food preparation;

(c) Food service; and

(d) Scheduled cleaning of all food service equipment and work areas.

(7) A copy of the procedures must be kept within or adjacent to the food service area and must be available for reference by nutritional service personnel and other personnel at all times.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-160, filed 8/23/02, effective 10/1/02.]

WAC 246-335-165 Infection control. A hospice care center applicant or licensee must develop and implement written policies and procedures addressing infection control pertinent to the hospice care center and consistent with WAC 246-335-060 (6) and (7).

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-165, filed 8/23/02, effective 10/1/02.]

WAC 246-335-170 Emergency preparedness. A hospice care center applicant or licensee must:

(1) Develop and implement written policies and procedures governing emergency preparedness and fire protection;

(2) Develop an acceptable written plan, periodically rehearsed with personnel, contractors, and volunteers, to be followed in the event of an internal or external emergency, and for the care of casualties of the patient and family, personnel, contractors, and volunteers arising from such emergencies; and

(3) Develop a fire protection plan to include:

(a) Instruction for all personnel, contractors or volunteers in use of alarms, fire fighting equipment, methods of fire containment, evacuation routes and procedures for calling the fire department and the assignment of specific tasks to all personnel, contractors and volunteers in response to an alarm; and

(b) Fire drills for each shift of personnel.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-170, filed 8/23/02, effective 10/1/02.]

WAC 246-335-175 Pharmaceutical services. The licensee must assure that all pharmaceutical services are pro-

vided consistent with chapter 246-865 WAC and the following requirements:

(1) Pharmaceutical services must be available twenty-four hours per day to provide medications and supplies through a licensed pharmacy;

(2) A pharmacist must provide sufficient on-site consultation to ensure that medications are ordered, prepared, disposed, secured, stored, accounted for and administered in accordance with the policies of the center and chapter 246-865 WAC;

(3) Medications must be administered only by individuals authorized to administer medications;

(4) Medications may be self-administered or administered by a designated family member in accordance with WAC 246-865-060 (7)(f);

(5) Drugs for external use must be stored apart from drugs for internal use;

(6) Poisonous or caustic medications and materials including housekeeping and personal grooming supplies must show proper warning or poison labels and must be stored safely and separately from other medications and food supplies;

(7) The hospice care center must maintain an emergency medication kit appropriate to the needs of the center;

(8) Medications brought into the hospice care center by patients to be administered by an appropriate health care professional while in the center must be specifically ordered by an authorizing practitioner and must be identified by a pharmacist or licensed nurse with pharmacist consultation prior to administration;

(9) Drugs requiring refrigeration must be kept in a separate refrigeration unit;

(10) Schedule II - IV controlled substances must be:

(a) Kept in a separate keyed storage unit; and

(b) When heat sensitive, be kept in a locked refrigeration unit;

(11) Schedule II - IV controlled substances no longer needed by the patient must be disposed in compliance with chapter 246-865 WAC;

(12) The hospice care center must provide for continuation of drug therapy for patients when temporarily leaving the center in accordance with WAC 246-865-070;

(13) If planning to use an automated drug distribution device, the hospice care center must first receive board of pharmacy approval; and

(14) If planning to provide pharmacy services beyond the scope of services defined in this section, the hospice care center must comply with the requirements for a licensed pharmacy in chapter 246-869 WAC.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-175, filed 8/23/02, effective 10/1/02.]

PHYSICAL ENVIRONMENT REQUIREMENTS SPECIFIC TO HOSPICE CARE CENTERS

WAC 246-335-180 Applicability. The purpose of the following construction regulations is to provide minimum standards for a safe, homelike, and effective patient care environment in hospice care centers consistent with other applicable rules and regulations without redundancy and contradictory requirements. Rules allow flexibility in achieving desired outcomes and enable hospice care centers to respond to changes in technologies and health care innovations.

(1) These regulations apply to all construction as defined in WAC 246-335-015.

(2) The requirements in this section in effect at the time the application, fee, and construction documents are submitted to the department for review will apply for the duration of the construction project.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-180, filed 8/23/02, effective 10/1/02.]

WAC 246-335-185 Application and approval. (1) A hospice care center applicant must submit an application and construction documents under WAC 246-335-195 and provide documentation of approval from local zoning commissions, fire departments, and building departments, if applicable, to the department for review and approval for all construction as defined in WAC 246-335-015.

(2) A hospice care center applicant must:

(a) Respond in writing when the department requests additional or corrected construction documents;

(b) Complete construction in accordance with the final "department approved" documents;

(c) Submit to the department for review any change orders, addenda or modifications to the construction documents for review and approval;

(d) Notify the department in writing when construction is completed;

(e) Submit to the department a copy of the local jurisdictions' certificate of occupancy; and

(f) Submit 8 1/2 by 11 inch floor plans.

(3) The department shall notify the hospice care center in writing when:

(a) The construction documents are approved; or

(b) The construction documents are not approved. If the construction documents are not approved, the department shall submit a letter to the applicant identifying sections of this chapter for which a requirement is stated and there is a deficiency.

(4) A hospice care center applicant must not begin construction until the construction documents are approved by the department and the local jurisdictions have issued the appropriate permits.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-185, filed 8/23/02, effective 10/1/02.]

WAC 246-335-190 Construction and design codes. A hospice care center applicant must, through its design, construction and necessary permits demonstrate compliance with the following codes and local jurisdiction standards:

(1) As adopted by the state building code council, and the *Uniform Building Code Standards*, as published by the International Conference of Building Officials as amended and adopted by the Washington state building code council and published as chapter 51-40 WAC;

(2) *The Uniform Mechanical Code*, (as published by the International Conference of Building Officials and the International Association of Plumbing and Mechanical Officials)

as amended and adopted by the Washington state building code council and published as chapter 51-42 WAC;

(3) *Fire Code* and *Uniform Fire Code Standards*, as published by the International Conference of Building Officials and the Western Fire Chiefs Association as amended and adopted by the Washington state building code council and published as chapters 51-44 and 51-45 WAC;

(4) *Plumbing Code* and *Uniform Plumbing Code Standards*, as published by the International Association of Plumbing and Mechanical Officials, as amended and adopted by the Washington state building code council and published as chapters 51-46 and 51-47 WAC;

(5) *State Ventilation and Indoor Air Quality Code*, as adopted by the Washington state building code council and filed as chapter 51-13 WAC;

(6) *The Washington State Energy Code*, as amended and adopted by the Washington state building code council and filed as chapter 51-13 WAC;

(7) Electric Code of the National Fire Protection Association (NFPA-70) as adopted by the Washington state department of labor and industries including chapter 296-46A WAC;

(8) *Accepted Procedure and Practice in Cross-contamination Control*, Pacific Northwest Edition, 9th Edition, American Water Works Association;

(9) If planning on caring for patients with mycobacterium tuberculosis, *Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities*, 1994. Morbidity and Mortality Weekly Report (MMWR), Volume 43, October 28, 1994; and

(10) *National Fire Protection Association Standards 99*, 1999 Edition.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-190, filed 8/23/02, effective 10/1/02.]

WAC 246-335-195 Construction documents. (1) Construction documents submitted to the department for review and approval must include:

(a) A written functional program that contains information concerning services to be provided and operational methods to be used;

(b) Two sets of coordinated and dimensioned construction drawings, drawn to scale, including:

(i) Site plan showing the location of utility lines, parking, driveways, access for emergency vehicles, sufficient space for garbage storage and disposal, oxygen tank or bulk storage, and delivery areas separated from mechanical air intakes per ventilation and mechanical codes;

(ii) Floor plans identifying each room by number, designating the function of each room, and identifying fixed and moveable equipment and furnishings;

(iii) Interior and exterior elevations;

(iv) Building sections and construction details;

(v) Schedules of room finishes, doors, finish hardware, and windows;

(vi) Mechanical, including plumbing, heating, ventilation, and air conditioning;

(vii) Electrical, including lighting, power, and communication systems;

(viii) Fire and life safety showing paths of egress, rated partitions and interim life safety to the point of egress;

(ix) Two sets of the fire sprinkler shop drawings, hydraulic calculations and equipment specifications, stamped by the fire sprinkler system designer; and

(x) Two sets of the fire alarm shop drawings and equipment specifications;

(c) One copy of the specifications that fully describes the workmanship, finishes, and materials; and

(d) If the project is a remodel of an existing facility, a plan that shows how they will ensure the health and safety of occupants during construction and installation of finishes must be submitted for review and approval prior to construction. This includes taking appropriate infection control measures, keeping the surrounding area free of dust and fumes, and assuring rooms or areas are well-ventilated, unoccupied, and unavailable for use until free of volatile fumes and odors.

(2) Drawings and specifications for construction must be prepared by, or under the direction of, an architect registered under chapter 18.08 RCW. The services of a consulting engineer registered under chapter 18.43 RCW must be used for the various branches of the work where appropriate. The services of a registered professional engineer may be used in lieu of the services of an architect if work involves engineering only. All drawings submitted by a registered professional must be stamped and signed.

(3) Compliance with these standards and regulations does not relieve the hospice care center of the need to comply with applicable state and local building and zoning codes.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-195, filed 8/23/02, effective 10/1/02.]

WAC 246-335-200 Site and site development. A hospice care center applicant or licensee must provide a site with utilities that meet uniform building code and local regulations including:

(1) Potable water supply meeting requirements in chapters 246-270, 246-290, and 246-291 WAC;

(2) Natural drainage or properly designed/engineered drainage system;

(3) Public or on-site sanitary sewage utilities meeting requirements in chapter 246-271 or 246-272 WAC;

(4) Physical access to community emergency services;

(5) Parking area, drives, and walkways:

(a) Convenient for patients, personnel, contractors, volunteers, and visitors, while avoiding interference with patient privacy and comfort;

(b) With surfaces useable in all weather and traffic conditions; and

(c) Illuminated at night.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-200, filed 8/23/02, effective 10/1/02.]

GENERAL HOSPICE CARE CENTER DESIGN REQUIREMENTS

WAC 246-335-205 General requirements. A hospice care center applicant or licensee must meet the following general design elements for patient and family care and support areas as described in this chapter.

(1) Design of the hospice care center must take into account:

(a) The number of patient rooms planned which must not include more than twenty patient beds;

(b) The requirements for patient rooms as specified in WAC 246-335-265; and

(c) The family, personnel and public area requirements for space, which may include multiuse areas, as specified in WAC 246-335-275.

(2) A hospice care center may either be freestanding or a separate portion of another building.

(3) The hospice care center must have a separate external entrance, clearly identifiable to the public.

(4) If the hospice care center provides optional services not authorized in this chapter, those services must be physically separate from the area providing hospice care center services by a one-hour fire barrier wall.

(5) Ceiling heights in occupied areas or areas intended for patient use must be sufficiently high to meet the functional needs and equipment requirements of the space. Suspended tracks, rails, lights, or other obstructions located in path of travel can not be less than seven feet above finished floor to lowest point of obstruction.

(6) A corridor system throughout the hospice care center designed for traffic circulation must provide patient safety with:

(a) A width of six feet for hospice care centers accommodating six or more patients and restrictions of no more than seven inches for egress of patient care areas; or

(b) A width of four feet for hospice care centers accommodating five or less patients and restrictions of no more than seven inches for egress of patient care areas.

(7) If patient rooms are located above grade level, the hospice care center must have at least one elevator or lift designed for patient transport by gurney or equivalent.

(8) Doors must be designed with:

(a) Nominal four foot width for patient room doors in the path of egress designed to prevent swinging into corridor widths;

(b) Provision for personnel, contractors, and volunteers to gain immediate emergency access to patient occupied rooms or areas;

(c) Ability to swing outward from patient toilet and bathing rooms; and

(d) Vision panels in all pairs of opposite swinging doors.

(9) The hospice care center must provide a fire suppression system conforming to *National Fire Protection Association 13 Standard for the Installation of Sprinkler Systems*, 1999 Edition.

(10) Stairways must be designed with slip-resistant floor surfaces and ramps with slip-resistant or carpeted floor surfaces are required.

(11) Design and construction must address the prevention of entrance and infestation by pests.

(12) Interior finishes must be suitable to the function of an area including:

(a) Floors must be finished with:

(i) Easily cleanable and/or maintainable surfaces;

(ii) Slip-resistant surfaces at entrances and other areas;

(iii) Edges covered and top set base with toe at all wall junctures; and

(b) Carpets are not permitted in toilets, bathrooms, kitchens, utility rooms, janitor closets, and other areas where flooding or infection control is an issue;

(c) Ceiling finishes must be easily cleanable or maintainable;

(d) Walls must be:

(i) Protected from impact in high traffic areas;

(ii) Finished with easily cleanable surfaces; and

(iii) Finished with water-resistant paint, glaze, or similar water-resistant finish extending above the splash line in all rooms or areas subject to splash or spray.

(13) The design must include space and adequate storage for facility drawings, records, and operation manuals.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-205, filed 8/23/02, effective 10/1/02.]

WAC 246-335-210 Furnishings. Furnishings of the hospice care center must be home-like and include lounge furniture in addition to furnishings in patient rooms. Accessories such as wallpaper, bedspreads, carpets and lamps must be:

(1) Selected to create a home-like atmosphere; and

(2) Installed per uniform building and fire codes and per manufacturer installation standards.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-210, filed 8/23/02, effective 10/1/02.]

WAC 246-335-220 Pharmaceutical services area. (1) Pharmaceutical services area(s) must be accessible only to authorized personnel.

(2) A hospice care center must provide pharmacy services area(s) consistent with WAC 246-865-050 which include adequate space for:

(a) A work counter;

(b) A handwash sink;

(c) A soap and paper towel dispenser;

(d) Drug storage units constructed of metal, solid wood, or plywood which provide:

(i) Locked storage for all drugs;

(ii) Separate keyed storage for Schedule II - IV controlled substances;

(iii) Segregated storage for each patient's drugs;

(e) A lockable refrigerator for storage of heat sensitive drugs; and

(f) Other storage needed according to the hospice care center's functional program.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-220, filed 8/23/02, effective 10/1/02.]

WAC 246-335-225 Food preparation. (1) A hospice care center applicant or licensee must:

(a) Locate food preparation areas to prevent objectionable heat, noise and odors to patient rooms;

(b) Provide a nourishment center for use by patients and family with:

(i) A refrigerator capable of maintaining 45°F or less;

(ii) A two-compartment sink;

(iii) A range with exhaust hood and/or microwave;

(iv) Work surfaces;

(v) Storage for single service utensils and food items;

(vi) Soap and paper towel dispensers or equivalent;

(vii) Space for waste containers; and

(viii) A self-dispensing ice machine (if not provided elsewhere in the hospice care center);

(2) The following requirements only apply if the hospice care center is planning to prepare meals and snacks for patients on-site:

(a) When primarily preparing individual meals or snacks for patients, in addition to the requirements in subsection (1) of this section, the nourishment center must include:

(i) A separate refrigerator for patients' food items capable of maintaining 45°F or less;

(ii) Separate storage for patient food items, cooking and eating utensils;

(iii) A handwash sink; and

(iv) A domestic dishwasher with a continuous supply of 155°F of water;

(b) When primarily preparing meals for fifteen or fewer patients at a time, the kitchen for preparation of patient meals and snacks must comply with chapter 246-215 WAC, Food sanitation, except, the hospice care center may use domestic or home type kitchen appliances including mechanical dishwashers, provided the licensee:

(i) Operates the appliances according to manufacturer's direction; and

(ii) Provides a continuous supply of water maintained at 155°F or more to the dishwasher(s); and

(c) When primarily preparing meals for sixteen or more patients at a time, the kitchen for preparation of patient meals and snacks must comply with chapter 246-215 WAC, Food sanitation.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-225, filed 8/23/02, effective 10/1/02.]

WAC 246-335-230 Linen handling facilities. A hospice care center applicant or licensee must provide linen handling facilities with the capacity for receiving, holding, sorting, and separating soiled and clean linens either in clean and soiled utility rooms meeting the requirements of WAC 246-335-200 or in a separate linen handling facility meeting the following requirements:

(1) Floor drain(s) located in the soiled linen area;

(2) Handwash sink in soiled and clean processing areas;

(3) Negative air pressure gradient with direction of air flow from clean side of room to dirty side of room if room is shared;

(4) A folding area on clean side of room; and

(5) Separate clean linen storage located to avoid sources of moist or contaminated air with:

(a) Storage for reserve supply of linens, blankets, and pillows; and

(b) Space for carts and/or shelves.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-230, filed 8/23/02, effective 10/1/02.]

WAC 246-335-235 Laundry facilities. A hospice care center applicant or licensee must provide laundry service through the use of:

(1) A commercial laundry service; or

(2) On-site laundry facilities with:

(a) A system to avoid through traffic or excessive heat, noise and odors to travel to patient rooms;

(b) Equipment capacity for processing laundry;

(c) Arrangement for uninterrupted work flow from soiled to clean function;

(d) Washing machine(s);

(e) Floor drains as required for equipment;

(f) Dryer(s);

(g) Dryer exhaust to the exterior and make-up air; and

(h) A handwash sink.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-235, filed 8/23/02, effective 10/1/02.]

WAC 246-335-240 Utility rooms. (1) A hospice care center applicant or licensee must provide a clean utility room with no direct connection to soiled utility services, including:

(a) Sufficient clean storage and handling area(s);

(b) Closed storage for clean and sterile supplies and equipment;

(c) A work surface;

(d) Handwash sink;

(e) Soap and towel dispenser; and

(f) A self-closing door.

(2) The hospice care center must provide a soiled utility room on each floor of the center with no direct connection to clean utility services, including:

(a) A clinic service sink, siphon jet or equivalent with bedpan flushing attachment unless bedpan flushing devices are furnished in all patient toilets;

(b) Counter top, two-compartment sink, and gooseneck spout or equivalent;

(c) Storage for cleaning supplies and equipment;

(d) Soap and towel dispenser;

(e) Locked storage for chemicals; and

(f) Self-closing door.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-240, filed 8/23/02, effective 10/1/02.]

PHYSICAL ENVIRONMENT—SPECIFIC DESIGN REQUIREMENTS

WAC 246-335-245 Plumbing. An applicant must design and install plumbing, including:

(1) Backflow prevention with devices on plumbing fixtures, equipment, facilities, buildings, premises, or areas which may cause actual or potential cross-connections of systems in order to prevent the backflow of water or other liquids, gases, mixtures, or substances into a water distribution system or other fixtures, equipment, facilities, buildings, or areas;

(2) Trap primers in floor drains and stand pipes subject to infrequent use;

(3) Wrist, knee or foot faucet controls or equivalent and gooseneck spouts without aerators on handwash sinks;

(4) Insulation on:

(a) Hot water piping systems;

(b) Cold water and drainage piping; and

(c) Piping exposed to outside temperatures; and

(5) Equipment to deliver hot water at point of use as follows:

(a) 120°F or less for handwash sinks and bathing fixtures;

(b) 160°F or more for laundry washers;

(c) 120°F or more for laundry washers using chemical sanitization;

(d) 120°F or more for mechanical dishwashers using chemical sanitization;

(e) 140°F or more for mechanical dishwashers using high temperature sanitization; and

(f) 180°F or more for sanitization cycle in high temperature mechanical dishwashers.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-245, filed 8/23/02, effective 10/1/02.]

WAC 246-335-250 Medical gases. If oxygen is stored or used on the premises, the following must apply in addition to other codes and regulations:

(1) Electrical equipment used in oxygen-enriched environments must be properly designed for use with oxygen and should be labeled for use with oxygen; and

(2) "No smoking" signs must be posted where oxygen is being administered.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-250, filed 8/23/02, effective 10/1/02.]

WAC 246-335-255 Heating, ventilating and air conditioning. (1) Hospice care centers must have systems to provide individual temperature control for patient rooms to assure patient preference and comfort. The hospice care center must have the capacity to maintain:

(a) Patient rooms at 70°F in summer and 80°F in winter; and

(b) Nonpatient care areas at 75°F in summer and 70°F in winter.

(2) Total air circulation rates measured in air changes per hour (ACH) and ventilation air quantities must be provided in the following areas, if applicable, as follows:

(a) Patient rooms - 4 ACH circulated, 2 ACH outside air;

(b) Corridors - 2 ACH with 20% minimum outside air;

(c) Toilets, bathing facilities, locker rooms, housekeeping closets, soiled linen handling facilities, soiled utility rooms and laundry rooms - minimum 10 ACH total or a minimum of 70 CFM exhausted directly to the outdoors;

(d) Clean linen handling facilities, clean utility rooms, and medication distribution rooms - 4 ACH total or a minimum of 70 CFM;

(e) Food preparation areas - 10 ACH with 2 ACH outside air; and

(f) All other areas not specifically addressed above must be designed in accordance with Table 2 of ASHRAE Standard 62-1999.

(3) Heating and air conditioning system fans must continuously operate to maintain required pressure differences. Heating and air conditioning system air flows must be balanced to maintain pressure differences as follows:

(a) Provide negative pressure for any of the following areas, if applicable:

(i) Toilet rooms and showers;

(ii) Janitor rooms;

(iii) Soiled utility rooms; and

(iv) Food service areas and other areas where moisture or odors are generated;

(b) Provide positive pressure for any of the following areas, if applicable:

(i) Medication distribution rooms;

(ii) Clean utility rooms; and

(iii) Other similar areas.

(4) System outdoor air inlets must be located at least ten feet from any exhaust fan outlet, plumbing vent, combustion appliance vent, or other sources of contaminated air.

(5) A kitchen grease hood must be installed, and the applicant must provide a section drawing showing listed assembly type(s), fan discharge type and direction, curb venting, all required clearances both above and below the roof, materials, cleanouts, access doors, hood overhang of cooking equipment and other details in accordance with NFPA 96, Uniform Mechanical Code Sections 507 and 508, WAC 388-78A-070 (2)(e)(ii)(E) and 388-78A-290 (1)(a).

(6) Independent cooling system must be in place for elevator machine rooms.

(7) Combination fire smoke dampers must be in place for penetrations of corridor walls and of occupancy separations required around mechanical rooms, laundry rooms and storage rooms used in common.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-255, filed 8/23/02, effective 10/1/02.]

WAC 246-335-260 Electrical service and distribution. A hospice care center applicant or licensee must provide general electrical service including:

(1) Tamperproof receptacles in patient rooms, toilets, and bathing facilities, and family, and public areas;

(2) Ground fault circuit interrupter (GFCI) receptacle when located within five feet of water source and above counters that contain sinks;

(3) Emergency electrical service with:

(a) Adequate emergency lighting in patient rooms;

(b) At a minimum, provisions must be made for emergency lighting for means of egress; and

(c) Power, appropriate to provide continuous operation of life support equipment;

(4) Lighting fixtures with:

(a) Number, type, and location to provide illumination for the functions of each area;

(b) A reading light and control, conveniently located for patient use at each bed in the patient rooms; and

(c) Protective lens or protective diffusers on overhead light fixtures:

(i) Over patient beds;

(ii) In areas where patient care equipment and supplies are processed; and

(iii) In nourishment centers or kitchen areas;

(d) A night light or equivalent low level illumination;

(e) Night light switches and general illumination switches located adjacent to the opening side of patient room doors; and

(5) An electronic means of communication that notifies on-duty personnel, contractors, or volunteers and that must:

(a) Be located at the head of the bed in patient rooms and in all common areas accessible by the patients;

(b) Be physically or verbally accessible by patients slumped forward on the floors of either the toilet, bathing facility, or dressing room; and

(c) Consider the patient's communication needs.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-260, filed 8/23/02, effective 10/1/02.]

PATIENT AREAS

WAC 246-335-265 Patient rooms. (1) A hospice care center applicant or licensee must locate patient rooms to exclude through traffic and minimize the penetration of objectionable odors and noise from other areas of the center.

(2) Hospice care centers must assure each patient room is:

(a) Directly accessible from a corridor; and

(b) A minimum of one hundred square feet for private rooms and one hundred sixty square feet for rooms allowing a roommate.

(3) All operable windows or openings that serve for ventilation must be provided with screening.

(4) Patient room must be located above grade level.

(5) Patient beds must be placed so they do not interfere with entrance, exit or traffic flow within the room.

(6) Patient rooms must be safe, private, clean and comfortable, allowing the patient to use personal belongings to the extent possible and include:

(a) Seating for several family members, with provision for at least one sleeping accommodation in patient rooms;

(b) A window with a view of landscaping to the exterior;

(c) A noncoin-operated telephone readily available for the patient and family to make and receive confidential calls; and

(d) A space suitable for hanging full-length garments and secure storage of personal belongings within the patient room.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-265, filed 8/23/02, effective 10/1/02.]

WAC 246-335-270 Patient toilets and bathing facilities. (1) Each patient toilet must adjoin the patient room and include:

(a) Bedpan flushing equipment if bedpan flushing equipment is not located in a soiled utility room;

(b) Grab bars located per chapter 51-40 WAC and securely mounted on both sides of the water closet, with at least one horizontal grab bar extending eighteen inches beyond the front of the water closet;

(c) A handwash sink;

(d) Single service soap and towel dispensers;

(e) Slip-resistant floor surfaces;

(f) Toilet paper holder;

(g) Backing to support mounting of all accessories; and

(h) Mirror and shelving or equivalent at each handwash sink.

(2) There must be at least one patient toilet in the hospice care center meeting the accessibility requirements in chapter 51-40 WAC for every four patient beds. A minimum of one patient toilet meeting the accessibility requirements is required for each hospice care center.

(3) Bathing facilities, which may be separate from patient toilet rooms, must include:

(a) With ten or fewer beds, one barrier free roll-in shower or accessible tub designed for ease of entry;

(b) With eleven or more beds one barrier free roll-in shower or accessible tub, and one additional shower or tub, neither of which need to be barrier free or accessible;

(c) Slip resistant floors;

(d) An adequate supply of hot water available at all times;

(e) A towel bar, hook, or ring;

(f) A robe hook; and

(g) Grab bars that are easily cleanable, resistant to corrosion, functionally designed, and securely mounted at patient bathing facilities in accordance with WAC 51-30-1100 including:

(i) One vertical bar at the faucet end; and

(ii) Bars located on two sides of each standard bathtub and shower.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-270, filed 8/23/02, effective 10/1/02.]

FAMILY, PERSONNEL, VOLUNTEER, CONTRACTOR AND PUBLIC AREAS

WAC 246-335-275 Family, personnel, volunteer, contractor, and public areas. (1) A hospice care center applicant or licensee must provide family use areas with:

(a) A minimum of two hundred square feet;

(b) Comfortable seating for several family members;

(c) Provision for families and patients to share meals;

(d) Drinking water;

(e) Public telephone;

(f) Information desk or directory signage; and

(g) Exterior, clear glass windows with a maximum sill height of thirty-six inches.

(2) Hospice care centers must provide a private space at least one hundred fifty square feet in size for every ten beds and an additional seventy-five square feet for every additional five beds. The private space should be designed for:

(a) Private group, family and individual interviews and counseling;

(b) Interdisciplinary weekly conferences and personnel, contractor, and volunteer breaks; and

(c) Spiritual services.

(3) Hospice care centers must provide additional space for personnel, contractors and volunteers. This space must be designed to accommodate:

(a) Secure storage for medical records;

(b) Personnel, contractor, and volunteer break areas;

(c) Personnel, contractor, and volunteer work areas;

(d) General storage; and

(e) At least one personnel, contractor, and volunteer toilet room with handwash sink.

(4) Hospice care centers must provide one visitor toilet room with handwash sink for every ten beds.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-275, filed 8/23/02, effective 10/1/02.]

FACILITY SUPPORT

WAC 246-335-280 Environmental services facilities. (1) The hospice care center must provide a waste handling area including storage area in a separate, well-ventilated area designed to maintain pest control and to preclude objectionable odors in other areas of the hospice care center, or in an outside, enclosed space with:

(a) A handwash sink located adjacent to the path of travel back into patient care areas;

(b) If planned, a waste container wash area with floor drain connected to a sanitary sewage system and hose bibs with hot and cold water;

(c) If planned, waste dumpsters and compactor storage area with drain connected to a sanitary sewage system and hose bibs with hot and cold water.

(2) The hospice care center must provide a locked housekeeping supply room on each floor with:

(a) A service sink or equivalent;

(b) Soap and towel dispenser;

(c) A mop rack storage area for mobile housekeeping equipment and supplies; and

(d) Storage for chemicals.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-280, filed 8/23/02, effective 10/1/02.]

WAC 246-335-285 Maintenance facilities. A hospice care center applicant or licensee must:

(1) If planning a maintenance shop, assure it is located and designed for easy delivery and removal of equipment and to minimize noise and dust to the rest of the hospice care center with:

(a) Storage for solvents, flammable and combustible liquids; and

(b) Storage for supplies and equipment; and

(2) Provide a separate room or area specifically for repair, and testing of electronic or other medical equipment according to the functional program.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-285, filed 8/23/02, effective 10/1/02.]

WAC 246-335-290 Receiving, storage and distribution facilities. A hospice care center applicant or licensee must:

(1) Provide bulk and general supply storage constructed to control pests, and prevent spoilage, contamination, damage, and corrosion of goods including:

(a) Protection against inclement weather;

(b) Secured spaces with appropriate environmental conditions in accordance with federal and state laws and rules on supplies and medication storage if pharmaceuticals are stored; and

(c) Off-floor storage when required to prevent contamination and water damage to stores;

(2) Provide receiving and unloading area with:

(a) Administrative work space;

(b) Security and protection for supplies; and

(c) Location to prevent vehicle exhaust from entering the hospice care center; and

(3) Provide storage if needed for:

(a) Flammable and combustible liquid storage;

(b) Laboratory chemicals;

(c) Medical compressed gases;

(d) Gaseous oxidizing materials;

(e) Pesticides, cleaning compounds, and toxic substances; and

(f) Mobile housekeeping equipment.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-290, filed 8/23/02, effective 10/1/02.]

EXEMPTIONS AND ALTERNATIVE METHODS

WAC 246-335-295 Exemptions and alternative methods. Hospice care centers applying for an exemption to any of the requirements of this chapter must comply with the requirements in WAC 246-335-125.

[Statutory Authority: Chapter 70.127 RCW. 02-18-026, § 246-335-295, filed 8/23/02, effective 10/1/02.]

PART 3
FEES

WAC 246-335-990 Fees. (1) A licensee or applicant shall submit to the department:

(a) An initial twelve-month license fee of one thousand five hundred dollars for each service category for new persons not currently licensed in that category to provide in-home services in Washington state, or currently licensed businesses which have had statement of charges filed against them;

(b) 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, or the number of beds, as follows:

(c) For single service category licenses:

# of FTEs	Home Health	Hospice	Home Care	# of Beds	Hospice Care Center
5 or less	$1,500.00	$750.00	$450.00	5 or less	$500.00
6 to 15	$2,110.00	$790.00	$815.00	6 to 10	$1,000.00
16 to 50	$2,400.00	$1,174.99	$875.00	11 to 15	$1,500.00
51 to 100	$3,025.00	$1,882.29	$1,025.00	16 to 20	$2,000.00
101 or more	$3,115.00	$1,980.00	$1,100.00		

(d) For multiple service category licenses:

(i) One hundred percent of the home health category fee and seventy-five percent of the appropriate service category fee for each additional service category (hospice, home care, hospice care center); or

(ii) One hundred percent of the hospice category fee and seventy-five percent of the appropriate service category fee for each additional service category (home care, hospice care center); and

(e) A change of ownership fee of one hundred fifty dollars for each licensed service category. A new license will be issued and valid for the remainder of the current license period.

(2) 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.

(3) A licensee with deemed status shall pay fees according to this section.

(4) 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: Chapter 70.127 RCW. 02-18-026, § 246-335-990, filed 8/23/02, effective 10/1/02.]

Chapter 246-338 WAC
MEDICAL TEST SITE RULES

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-338-030 Waiver from licensure of medical test sites. [Statutory Authority: RCW 70.42.005. 97-14-113, § 246-338-030, filed 7/2/97, effective 8/2/97. Statutory Authority: Chapter 70.42 RCW. 94-17-099, § 246-338-030, filed 8/17/94, effective 9/17/94; 93-18-091 (Order 390), § 246-338-030, filed 9/1/93, effective 10/2/93; 91-21-062 (Order 205), § 246-338-030, filed 10/16/91, effective 10/16/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-030, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-030, filed 9/21/90, effective 10/22/90.] Repealed by 00-06-079, filed 3/1/00, effective 4/1/00. Statutory Authority: RCW 70.42.005, 70.42.060 and chapter 70.42 RCW.

WAC 246-338-001 Purpose. The purpose of this chapter is to implement chapter 70.42 RCW, by establishing licensing standards for medical test sites, consistent with federal law and regulation, related to quality control, quality assurance, records, personnel requirements, proficiency testing, and licensure waivers.

[Statutory Authority: RCW 70.42.005, 70.42.060 and chapter 70.42 RCW. 00-06-079, § 246-338-001, filed 3/1/00, effective 4/1/00. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-001, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-001, filed 9/21/90, effective 10/22/90.]

WAC 246-338-010 Definitions. For the purposes of this chapter, the following words and phrases have these meanings unless the context clearly indicates otherwise.

(1) "Accreditation organization" means a public or private organization or agency approved by HCFA as having standards which are consistent with federal law and regulation, and judged by the department to be equivalent to this chapter.

(2) "Authorized person" means any individual allowed by Washington state law or rule to order tests or receive test results.

(3) "Biannual verification" means a system for verifying the accuracy of test results, at least twice a calendar year, for those tests for which proficiency testing is not required by the department.

(4) "Calibration" means a process of testing and adjusting an instrument, kit, or test system to provide a known relationship between the measurement response and the value of the substance that is being measured by the test procedure.

(5) "Calibration verification" means the assaying of calibration materials in the same manner as patient samples to confirm that the calibration of the instrument, kit, or test system has remained stable throughout the laboratory's reportable range for patient test results.

(6) "Calibrator" means a material, solution, or lyophilized preparation designed to be used in calibration. The values or concentrations of the analytes of interest in the calibration material are known within limits ascertained during its preparation or before use.

(7) "Case" means any slide or group of slides, from one patient specimen source, submitted to a medical test site, at one time, for the purpose of cytological or histological examination.

(8) "CDC" means the federal Centers for Disease Control and Prevention.

(9) "CLIA" means Section 353 of the Public Health Service Act, Clinical Laboratory Improvement Amendments of 1988, and regulations implementing the federal amendments, 42 CFR Part 493-Laboratory Requirements.

(10) "Control" means a material, solution, lyophilized preparation, or pool of collected serum designed to be used in the process of quality control. The concentrations of the analytes of interest in the control material are known within limits ascertained during its preparation or before routine use.

(11) "Control slide" means a preparation of a material known to produce a specific reaction which is fixed on a glass slide and is used in the process of quality control.

(12) "Days" means calendar days.

(13) "Deemed status" means recognition that the requirements of an accreditation organization have been judged to be equal to, or more stringent than, the requirements of this chapter and the CLIA requirements, and the accreditation organization has agreed to comply with all requirements of this chapter and CLIA.

(14) "Deficiency" means a finding from an inspection or complaint investigation that is not in compliance with this chapter and requires corrective action.

(15) "Department" means the department of health.

(16) "Direct staff time" means all state employees' work time; travel time; telephone contacts and staff or management conferences; and expenses involved with a complaint investigation or an on-site follow-up visit.

(17) "Director," defined as the designated test site supervisor in RCW 70.42.010, means the individual responsible for the technical functions of the medical test site.This person must meet the qualifications for Laboratory Director, listed in 42 CFR Part 493 Subpart M - Personnel for Moderate and High Complexity Testing.

(18) "Disciplinary action" means license or certificate of waiver denial, suspension, condition, revocation, civil fine, or any combination of the preceding actions, taken by the department against a medical test site.

(19) "Facility" means one or more locations within one campus or complex where tests are performed under one owner.

(20) "Forensic" means investigative testing in which the results are never used for clinical diagnosis, or referral to a health care provider for treatment of an individual.

(21) "HCFA" means the federal Health Care Financing Administration.

(22) "High complexity" means a test system, assay, or examination that is categorized under CLIA as a high complexity test.

(23) "May" means permissive or discretionary.

(24) "Medical test site" or "test site" means any facility or site, public or private, which analyzes materials derived from the human body for the purposes of health care, treatment, or screening. A medical test site does not mean:

(a) A facility or site, including a residence, where a test approved for home use by the Federal Food and Drug Administration is used by an individual to test himself or herself without direct supervision or guidance by another and where this test is not part of a commercial transaction; or

(b) A facility or site performing tests solely for forensic purposes.

(25) "Moderate complexity" means a test system, assay, or examination that is categorized under CLIA as a moderate complexity test.

(26) "Must" means compliance is mandatory.

(27) "Nonwaived" means all tests categorized under CLIA as:

(a) Moderate complexity tests, including provider-performed microscopic procedures; or

(b) High complexity tests.

(28) "Owner" means the person, corporation, or entity legally responsible for the business requiring licensure or a certificate of waiver as a medical test site under chapter 70.42 RCW.

(29) "Performance specification" means a value or range of values for a test that describe its accuracy, precision, analytical sensitivity, analytical specificity, reportable range and reference range.

(30) "Person" means any individual, public organization, private organization, agent, agency, corporation, firm, association, partnership, or business.

(31) "Physician" means an individual with a doctor of medicine, doctor of osteopathy, doctor of podiatric medicine, or equivalent degree who is a licensed professional under chapter 18.71 RCW Physicians; chapter 18.57 RCW Osteopathy—Osteopathic medicine and surgery; or chapter 18.22 RCW Podiatric medicine and surgery.

(32) "Provider-performed microscopic procedures" means only those moderate complexity tests listed under WAC 246-338-020 (2)(b)(i) through (x), when the tests are performed in conjunction with a patient's visit by a licensed professional meeting qualifications specified in WAC 246-338-020 (2)(a)(i) through (vi).

(33) "Provisional license" means an interim approval issued by the department to the owner of a medical test site.

(34) "Records" means books, files, reports, or other documentation necessary to show compliance with the quality control and quality assurance requirements under this chapter.

(35) "Reference material" means a material or substance, calibrator, control, or standard where one or more properties are sufficiently well established for use in calibrating a process or for use in quality control.

(36) "Specialty" means a group of similar subspecialties or tests. The specialties for a medical test site are as follows:

(a) Chemistry;

(b) Cytogenetics;

(c) Diagnostic immunology;

(d) Immunohematology;

(e) Hematology;

(f) Histocompatibility;

(g) Microbiology;

(h) Pathology; and

(i) Radiobioassay.

(37) "Standard" means a reference material of fixed and known chemical composition capable of being prepared in essentially pure form, or any certified reference material generally accepted or officially recognized as the unique standard for the assay regardless of level or purity of the analyte content.

(38) "Subspecialty" means a group of similar tests. The subspecialties of a specialty for a medical test site are as follows, for:

(a) Chemistry, the subspecialties are routine chemistry, urinalysis, endocrinology, toxicology, and other chemistry;

(b) Diagnostic immunology, the subspecialties are syphilis serology and general immunology;

(c) Immunohematology, the subspecialties are blood group and Rh typing, antibody detection, antibody identification, crossmatching, and other immunohematology;

(d) Hematology, the subspecialties are routine hematology, coagulation, and other hematology;

(e) Microbiology, the subspecialties are bacteriology, mycology, parasitology, virology, and mycobacteriology; and

(f) Pathology, the subspecialties are histopathology (including dermatopathology), diagnostic cytology, and oral pathology.

(39) "Supervision" means authoritative procedural guidance by an individual qualified under 42 CFR Part 493 Subpart M - Personnel for Moderate and High Complexity Testing, assuming the responsibility for the accomplishment of a function or activity by technical personnel.

(40) "Technical personnel" means individuals employed to perform any test or part of a test.

(41) "Test" means any examination or procedure conducted on a sample taken from the human body.

(42) "Validation inspection" means an on-site inspection by the department of an accredited medical test site to determine that the accreditation organization's regulations are equivalent to this chapter and are enforced.

(43) "Waived test" means a test system that is:

(a) Cleared by the Food and Drug Administration for home use; or

(b) A simple laboratory examination or procedure that has an insignificant risk of an erroneous result.

In order for a test system to be waived, it must be approved for waiver under CLIA.

(44) "Will" means compliance is mandatory.

[Statutory Authority: RCW 70.42.005, 70.42.060 and chapter 70.42 RCW. 00-06-079, § 246-338-010, filed 3/1/00, effective 4/1/00. Statutory Authority: Chapter 70.42 RCW. 94-17-099, § 246-338-010, filed 8/17/94, effective 9/17/94; 93-18-091 (Order 390), § 246-338-010, filed 9/1/93, effective 10/2/93; 91-21-062 (Order 205), § 246-338-010, filed 10/16/91, effective 10/16/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-010, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-010, filed 9/21/90, effective 10/22/90.]

WAC 246-338-020 Licensure—Types of medical test site licenses. After July 1, 1990, any person advertising, operating, managing, owning, conducting, opening, or maintaining a medical test site must first obtain a license from the department. License types are described in Table 020-1.

(1) **Certificate of waiver.**

Applicable if the medical test site performs only the tests classified as waived.

(2) **Provider performed microscopic procedures (PPMP).**

Applicable if the medical test site restricts its testing performance to one or more of the following moderate complexity tests performed by one of the licensed professionals listed, in conjunction with a patient's visit. In addition, the medical test site can perform tests classified as waived with this type of license.

(a) PPMP may be performed only by one of the following licensed professionals:

(i) Physician licensed under chapter 18.71 RCW, Physicians; chapter 18.57 RCW, Osteopathy—Osteopathic medicine and surgery; or chapter 18.22 RCW, Podiatric medicine and surgery;

(ii) Advanced registered nurse practitioner, licensed under chapter 18.79 RCW, Nursing care;

(iii) Midwife licensed under chapter 18.50 RCW, Midwifery;

(iv) Physician assistant licensed under chapter 18.71A RCW, Physician assistants;

(v) Naturopath licensed under chapter 18.36A RCW, Naturopathy; or

(vi) Dentist licensed under chapter 18.32 RCW, Dentistry.

(b) Microscopic procedures authorized under a PPMP license are:

(i) All direct wet mount preparations for the presence or absence of bacteria, fungi, parasites, and human cellular elements;

(ii) All potassium hydroxide (KOH) preparations;

(iii) Pinworm examinations;

(iv) Fern tests;

(v) Postcoital direct, qualitative examinations of vaginal or cervical mucous;

(vi) Urine sediment examinations;

(vii) Nasal smears for granulocytes;

(viii) Fecal leukocyte examinations;

(ix) Qualitative semen analysis (limited to the presence or absence of sperm and detection of motility); and

(x) Any other tests subsequently categorized under CLIA as provider-performed microscopy procedures.

(3) **Moderate/high complexity.**

(a) **Low volume, Category A-J,** as described in Table 990-1.

Applicable if the medical test site performs any tests that are not classified as waived or qualified as PPMP under subsection (2) of this section. Under this type of license, the medical test site may also perform tests classified as waived.

(b) **Accredited: Low volume, Category A-J,** as described in Table 990-1.

Applicable if the medical test site performs any tests that are not classified as waived, and is accredited **and** inspected by an accreditation organization approved by the department under WAC 246-338-040. Under this type of license, the medical test site may also perform tests classified as waived.

020-1 Table of Requirements for Each License Type

LICENSE TYPE	REQUIREMENTS	INSPECTIONS	
		TYPE	FREQUENCY
(1) **Certificate of Waiver**	• Restrict testing to tests classified as waived. • Meet the requirements of WAC 246-338-020 Licensure—Types of Medical Test Site Licenses; WAC 246-338-022 Initial Application for Medical Test Site License; WAC 246-338-024 License Renewal/Reapplication Process; WAC 246-338-026 Notification Requirements; WAC 246-338-028 On-site Inspections. • Follow manufacturers' instructions for performing the test.	• Complaint • Technical assistance	• When indicated
(2) **PPMP**	• Restrict testing to tests classified as PPMP or waived. • Meet the requirements of WAC 246-338-020 Licensure—Types of Medical Test Site Licenses; WAC 246-338-022 Initial Application for Medical Test Site License; WAC 246-338-024 License Renewal/Reapplication Process; WAC 246-338-026 Notification Requirements; WAC 246-338-028 On-site Inspections; WAC 246-338-050 Proficiency Testing (if applicable); WAC 246-338-060 Personnel; WAC 246-338-070 Records; WAC 246-338-080 Quality Assurance; WAC 246-338-090 Quality Control. • Follow manufacturers' instructions for performing the test.	• Complaint • Technical assistance	• When indicated
(3) **Moderate/High Complexity**			
(a) **Low Volume, Category A-J**	• Perform tests classified as moderate or high complexity. • Meet the requirements of WAC 246-338-020 Licensure—Types of Medical Test Site Licenses; WAC 246-338-022 Initial Application for Medical Test Site License; WAC 246-338-024 License Renewal/Reapplication Process; WAC 246-338-026 Notification Requirements; WAC 246-338-028 On-site Inspections; WAC 246-338-050 Proficiency Testing (if applicable); WAC 246-338-060 Personnel; WAC 246-338-070 Records; WAC 246-338-080 Quality Assurance; WAC 246-338-090 Quality Control. • Follow manufacturers' instructions for performing test.	• Initial • Routine • Complaint • On-site follow-up • Technical assistance	• First 6 months of license • Every 2 years • When indicated • When indicated • When indicated

LICENSE TYPE	REQUIREMENTS	INSPECTIONS	
		TYPE	FREQUENCY
(b) **Accredited: Low Volume, Category A-J**	• Perform tests classified as moderate or high complexity. • Meet the requirements of WAC 246-338-020 Licensure—Types of Medical Test Site Licenses; WAC 246-338-022 Initial Application for Medical Test Site License; WAC 246-338-024 License Renewal/Reapplication Process; WAC 246-338-026 Notification Requirements; WAC 246-338-028 On-site Inspections; WAC 246-338-050 Proficiency Testing (if applicable); WAC 246-338-060 Personnel; WAC 246-338-070 Records; WAC 246-338-080 Quality Assurance; WAC 246-338-090 Quality Control. • Follow manufacturers' instructions for performing the test. • Submit to the department upon request, or authorize the accreditation organization to submit: • Proof of accreditation; • On-site inspection results; • Statement of deficiencies; • Plan of correction for the deficiencies cited; • Any disciplinary action and results of any disciplinary action taken by the accreditation organization against the medical test site.	• Validation • Complaint • On-site follow-up • Technical assistance	• 2.5 % of accredited sites annually • When indicated • When indicated • When indicated

[Statutory Authority: RCW 70.42.090 and 2002 c 371. 02-12-105, § 246-338-020, filed 6/5/02, effective 7/6/02. Statutory Authority: RCW 70.42.005, 70.42.060. 01-02-069, § 246-338-020, filed 12/29/00, effective 1/29/01. Statutory Authority: RCW 70.42.005, 70.42.060 and chapter 70.42 RCW. 00-06-079, § 246-338-020, filed 3/1/00, effective 4/1/00. Statutory Authority: RCW 70.42.005. 97-14-113, § 246-338-020, filed 7/2/97, effective 8/2/97. Statutory Authority: Chapter 70.42 RCW. 94-17-099, § 246-338-020, filed 8/17/94, effective 9/17/94; 93-18-091 (Order 390), § 246-338-020, filed 9/1/93, effective 10/2/93; 91-21-062 (Order 205), § 246-338-020, filed 10/16/91, effective 10/16/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-020, filed 9/21/90, effective 10/22/90.]

WAC 246-338-022 Initial application for medical test site license. (1) **Application procedure.**

Applicants requesting a medical test site license must:

(a) Submit a completed application on forms furnished by the department, signed by the owner or authorized representative;

(b) File a separate application for each test site **except** under the following conditions:

(i) If the test site is not at a fixed location and moves from testing site to testing site, or uses a temporary testing location such as a health fair, the medical test site may apply for a single license for the home base location;

(ii) If the medical test site is a not-for-profit or state or local government and performs a combination of fifteen or less of either waived or moderate complexity test procedures accreditation within eleven months of issuance of the medical at different locations, the owner may file an application for a single license;

(c) Furnish full and complete information to the department in writing:

(i) Name, address, phone number, and federal tax ID number of the medical test site;

(ii) Name of owner;

(iii) Number and types of tests performed, planned, or projected;

(iv) Name and qualifications including educational background, training, and experience of the director;

(v) Names and qualifications including educational background, training, and experience of technical personnel, if requested by the department;

(vi) Name of proficiency testing program or programs used by the medical test site and a copy of the enrollment confirmation form, if applicable;

(vii) Methodologies for tests performed, if requested by the department; and

(viii) Other information as requested by the department;

(d) Submit the designated fee in the time period indicated, upon receipt of a fee statement from the department;

(e) If applying for an accredited license, submit proof of accreditation by an approved accreditation organization. If application has been made to an accreditation organization, submit a copy of the application, followed by proof of test site license.

(2) **Issuing an initial license.**

(a) An initial license will be issued for a medical test site when the applicant:

(i) Submits a completed application and any information requested by the department;

(ii) Pays the designated license fee; and

(iii) Meets the requirements of chapter 70.42 RCW and this chapter.

(b) License expiration dates will be based on a two-year licensure cycle, expiring on October 31st of even-numbered years. The license period for an initial license begins the day of the month that payment is received and expires on October 31st of the current or next even-numbered year.

(c) The department may issue a provisional license valid for a period of up to two years when a medical test site applies for licensure for the first time.

(d) The department will terminate a provisional license at the time a two-year license for the medical test site is issued.

(e) License fees are listed under WAC 246-338-990.

[Statutory Authority: RCW 70.42.005, 70.42.060 and chapter 70.42 RCW. 00-06-079, § 246-338-022, filed 3/1/00, effective 4/1/00.]

WAC 246-338-024 License renewal/reapplication process. (1) The department will issue a renewal license for a medical test site when the owner:

(a) At least thirty days prior to the expiration date of the current license, submits a completed renewal application form, available from the department, in compliance with WAC 246-338-022(1) and submits the designated fee; and

(b) Meets the requirements of chapter 70.42 RCW and this chapter.

(2) A license is issued for a period of two years. License expiration dates are based on a two-year cycle, expiring on October 31st of even-numbered years.

(3) The department may extend a license for a period not to exceed six months beyond the expiration date of the license.

(4) The department will require the owner of the medical test site to reapply for a license if proof of accreditation is not supplied to the department within eleven months of issuance of an accredited license.

(5) The owner or applicant of a medical test site must reapply for licensure within thirty days, if the acceptance of approval of the accreditation organization for the medical test site is denied or terminated.

(6) If at any time any of the changes listed in WAC 246-338-026 occur, the medical test site may require a different type of license than what the medical test site currently holds. If so, the owner must submit a reapplication form, within thirty days of the change, and pay applicable fees.

[Statutory Authority: RCW 70.42.005, 70.42.060 and chapter 70.42 RCW. 00-06-079, § 246-338-024, filed 3/1/00, effective 4/1/00.]

WAC 246-338-026 Notification requirements. (1) The owner must notify the department in writing at least thirty days prior to the date of opening or closing the medical test site.

(2) The owner must notify the department in writing within thirty days of any changes in:

(a) Name of site;

(b) Director;

(c) Location of site;

(d) Tests, specialties, and subspecialties; and

(e) Test methodologies.

(3) Proposed change of ownership. Transfer or reassignment of a license is prohibited without the department's approval, and must be initiated by the current owner sending a written notice to the department thirty days prior to transfer.

(a) The current owner of a medical test site must notify the department, in writing at least thirty days prior to the change and provide the following information:

(i) Name, address, and federal tax ID number of the medical test site;

(ii) Full name, address, and location of the current owner and prospective new owner; and

(iii) The date of the proposed change of ownership.

(b) The prospective new owner must submit the following information at least thirty days prior to the change of ownership:

(i) New name and federal tax ID number of the medical test site;

(ii) Changes in technical personnel and supervisors;

(iii) Any changes in tests, specialties, and subspecialties; and

(iv) Other information as requested by the department.

(4) The medical test site must authorize an approved accreditation organization to notify the department of the test site's compliance with the standards of the accreditation organization.

(5) The owner of an accredited license must notify the department in writing within thirty days of the medical test site having its accreditation denied or terminated by the accreditation organization or voluntarily dropping its accreditation status.

(6) The owner must notify the department in writing within thirty days of any convictions of fraud and abuse, false billing, or kickbacks under state or federal law.

[Statutory Authority: RCW 70.42.005, 70.42.060 and chapter 70.42 RCW. 00-06-079, § 246-338-026, filed 3/1/00, effective 4/1/00.]

WAC 246-338-028 On-site inspections. (1) The department may conduct an on-site review of a licensee or applicant at any time to determine compliance with chapter 70.42 RCW and this chapter as described in Table 020-1.

(2) The department may at any time examine records of the medical test site to determine compliance with chapter 70.42 RCW and this chapter.

(3) The department will:

(a) Provide written notice of deficiencies to the medical test site; and

(b) Allow the owner a reasonable period of time, not to exceed sixty days after department approval of the written plan of correction, to correct a deficiency unless the deficiency is an immediate threat to public health, safety, or welfare.

(4) The medical test site must:

(a) Present a written plan of correction to the department within fourteen days following the date of postmark of the notice of deficiencies;

(b) Comply with the written plan of correction within a specified time, not to exceed sixty days, after department approval of the written plan of correction which must detail how and when the medical test site will correct the deficiencies;

(c) Submit to inspections by HCFA or HCFA agents as a condition of licensure for the purpose of validation or in response to a complaint against the medical test site;

(d) Authorize the department to release all records and information requested by HCFA to HCFA or HCFA agents;

(e) Cooperate with any on-site review conducted by the department; and

(f) Authorize the accreditation organization to submit, upon request of the department:

(i) On-site inspection results;

(ii) Reports of deficiencies;

(iii) Plans of corrections for deficiencies cited;

(iv) Any disciplinary or enforcement action taken by the accreditation organization against the medical test site and results of any disciplinary or enforcement action taken by the accreditation organization against the medical test site; and

(v) Any records or other information about the medical test site required for the department to determine whether or not standards are consistent with chapter 70.42 RCW and this chapter.

[Statutory Authority: RCW 70.42.005, 70.42.060. 01-02-069, § 246-338-028, filed 12/29/00, effective 1/29/01. Statutory Authority: RCW 70.42.005, 70.42.060 and chapter 70.42 RCW. 00-06-079, § 246-338-028, filed 3/1/00, effective 4/1/00.]

WAC 246-338-040 Approval of accreditation organizations. (1) The department will recognize the accreditation organizations granted deemed status by HCFA.

(2) The HCFA-approved accreditation organizations are:

(a) American Association of Blood Banks (AABB);

(b) American Osteopathic Association (AOA);

(c) American Society of Histocompatability and Immunogenetics (ASHI);

(d) College of American Pathologists (CAP);

(e) COLA; and

(f) Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

(3) The accreditation organizations must:

(a) Allow the department to have jurisdiction to investigate complaints, do random on-site validation inspections, and take disciplinary action against a medical test site if indicated;

(b) Notify the department within fifteen days of any medical test site that:

(i) Has had its accreditation withdrawn, revoked, or limited;

(ii) Is sanctioned as a result of a routine inspection or complaint investigation; or

(iii) When adverse action has been taken for unsuccessful proficiency testing performance;

(c) Notify the department within five days of any deficiency that jeopardizes the public health, safety, or welfare; and

(d) Provide the department with a list of inspection schedules, as requested, for the purpose of conducting on-site validation inspections.

(4) The department will:

(a) Revoke deemed status from any organization which has deeming authority removed by HCFA; and

(b) Notify the medical test site if approval of an accreditation organization is withdrawn by the department.

[Statutory Authority: RCW 70.42.005, 70.42.060 and chapter 70.42 RCW. 00-06-079, § 246-338-040, filed 3/1/00, effective 4/1/00. Statutory Authority: Chapter 70.42 RCW. 93-18-091 (Order 390), § 246-338-040, filed 9/1/93, effective 10/2/93; 91-21-062 (Order 205), § 246-338-040, filed 10/16/91, effective 10/16/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-040, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-040, filed 9/21/90, effective 10/22/90.]

WAC 246-338-050 Proficiency testing. (1) All licensed medical test sites, excluding those granted a certificate of waiver, must:

(a) Comply with federal proficiency testing requirements listed in 42 CFR Part 493-Laboratory Requirements, Subparts H and I;

(b) Submit to the department a copy of proficiency testing enrollment confirmation form(s) for the tests the medical test site will perform during the following calendar year, by December 31st of each year; and

(c) Authorize the proficiency testing program to release to the department all data required to determine the medical test site's compliance with this section.

(2) The department will:

(a) Recognize only those proficiency testing programs approved by HCFA; and

(b) Furnish, upon request:

(i) A copy of 42 CFR Part 493 Subparts H and I;

(ii) A list of the proficiency testing programs approved by HCFA; and

(iii) A list of tests that must be covered by proficiency testing.

(3) The department will evaluate proficiency testing results by using the following criteria:

(a) An evaluation of scores for the last three testing events of proficiency testing samples including:

(i) Tests;

(ii) Subspecialties; and

(iii) Specialties;

(b) Maintenance of a minimum acceptable score of eighty percent for all tests, subspecialties, and specialties except one hundred percent for:

(i) ABO group and D(Rh) typing;

(ii) Compatibility testing; and

(iii) Antihuman immunodeficiency virus;

(c) Unsatisfactory performance occurs when:

(i) Unsatisfactory scores are obtained in any specialty or Subspecialty in a testing event; or

(ii) An unsatisfactory score is obtained on a single test in a testing event.

(4) Unsatisfactory performance on two of any three successive testing events is considered unsuccessful participation, and will result in the following actions:

(a) The department will mail a letter to the director stating that the medical test site may choose to:

(i) Discontinue patient testing for the identified test, specialty or subspecialty; or

(ii) Follow a directed plan of correction; and

(b) The medical test site must notify the department, within fifteen days of receipt of the notice of the decision to:

(i) Discontinue testing patient specimens for the identified test, subspecialty or specialty; or

(ii) Agree to a directed plan of correction.

(5) Continued unsatisfactory performance for a test, specialty or subspecialty in either of the next two consecutive sets of proficiency testing samples, after completing a directed plan of correction, will result in the following action:

(a) The department will send, by certified mail, a notice to the owner and director of the medical test site to cease performing the identified test, subspecialty, or specialty; and

(b) The owner must notify the department in writing within fifteen days of the receipt of the notice of the decision to voluntarily stop performing tests on patient specimens for the identified test, subspecialty, or specialty.

(6) The owner may petition the department for reinstatement of approval to perform tests on patient specimens after demonstrating satisfactory performance on two successive testing events of proficiency testing samples for the identified test, subspecialty, or specialty.

(7) The department will notify the owner in writing, within fifteen days of receipt of petition, of the decision related to the request for reinstatement.

[Statutory Authority: RCW 70.42.005, 70.42.060 and chapter 70.42 RCW. 00-06-079, § 246-338-050, filed 3/1/00, effective 4/1/00. Statutory Authority: Chapter 70.42 RCW. 94-17-099, § 246-338-050, filed 8/17/94, effective 9/17/94; 93-18-091 (Order 390), § 246-338-050, filed 9/1/93, effective 10/2/93; 91-21-062 (Order 205), § 246-338-050, filed 10/16/91, effective 10/16/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-050, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-050, filed 9/21/90, effective 10/22/90.]

WAC 246-338-060 Personnel. (1) Medical test site owners must:

(a) Have a director responsible for the overall technical supervision and management of the test site personnel including oversight of the performance of test procedures and reporting of test results;

(b) Have technical personnel, competent to perform tests and report test results; and

(c) Meet the standards for personnel qualifications and responsibilities in compliance with federal regulation, as listed in 42 CFR Part 493 Subpart M-Personnel for Moderate and High Complexity Testing, with the following exception:

A person that achieved a satisfactory grade through an examination conducted by or under the sponsorship of the United States Public Health Service for director, on or before July 1, 1970, would qualify as a director, technical supervisor, technical consultant, general supervisor and testing personnel for the specialties in which a satisfactory grade was achieved for moderate and high complexity testing.

(2) The department will furnish a copy of 42 CFR Part 493 Subpart M upon request.

(3) Medical test site directors must:

(a) Establish and approve policies for:

(i) Performing, recording, and reporting of tests;

(ii) Maintaining an ongoing quality assurance program;

(iii) Supervision of testing; and

(iv) Compliance with chapter 70.42 RCW and this chapter;

(b) Evaluate, verify, and document the following related to technical personnel:

(i) Education, experience, and training in test performance and reporting test results;

(ii) Sufficient numbers to cover the scope and complexity of the services provided;

(iii) Access to training appropriate for the type and complexity of the test site services offered; and

(iv) Maintenance of competency to perform test procedures and report test results;

(c) Be present, on call, or delegate the duties of the director to an on-site technical person during testing.

[Statutory Authority: RCW 70.42.005, 70.42.060. 01-02-069, § 246-338-060, filed 12/29/00, effective 1/29/01. Statutory Authority: RCW 70.42.005, 70.42.060 and chapter 70.42 RCW. 00-06-079, § 246-338-060, filed 3/1/00, effective 4/1/00. Statutory Authority: RCW 70.42.005. 97-14-113, § 246-338-060, filed 7/2/97, effective 8/2/97. Statutory Authority: Chapter 70.42 RCW. 93-18-091 (Order 390), § 246-338-060, filed 9/1/93, effective 10/2/93; 91-21-062 (Order 205), § 246-338-060, filed 10/16/91, effective 10/16/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-060, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-060, filed 9/21/90, effective 10/22/90.]

WAC 246-338-070 Records. Medical test sites must maintain records as described in this section.

(1) REQUISITIONS must include the following information, in written or electronic form:

(a) Patient name, identification number, or other method of specimen identification;

(b) Name or other suitable identifier of the authorized person ordering the test;

(c) Date of specimen collection, and time, if appropriate;

(d) Source of specimen, if appropriate;

(e) Type of test ordered;

(f) Sex and age of the patient, if appropriate; and

(g) For cytology and histopathology specimens:

(i) Pertinent clinical information; and

(ii) For Pap smears:

(A) Date of last menstrual period; and

(B) Indication whether the patient has history of cervical cancer or its precursors.

(2) TEST RECORD SYSTEMS must:

(a) Consist of instrument printouts, worksheets, accession logs, corrective action logs, and other records that ensure reliable identification of patient specimens as they are processed and tested to assure that accurate test results are reported; and

(b) Include:

(i) The patient's name or other method of specimen identification;

(ii) The date the specimen was received, and time, if appropriate;

(iii) The reason for specimen rejection or limitation;

(iv) The date of specimen testing; and

(v) The identification of the personnel who performed the test.

(3) TEST REPORTS must:

(a) Be maintained in a manner permitting identification and reasonable accessibility;

(b) Be released only to authorized persons or designees;

(c) Include the name and address of the medical test site, or where applicable, the name and address of each medical test site performing each test;

(d) Include:

(i) Date reported;

(ii) Time reported, if appropriate;

(iii) Any information regarding specimen rejection or limitation; and

(iv) Name of the test performed, test result, and units of measurement, if applicable.

(4) CYTOLOGY REPORTS must:

(a) Distinguish between unsatisfactory specimens and negative results;

(b) Provide narrative descriptions for any abnormal results, such as the Bethesda system of terminology as published in the Journal of the American Medical Association, 1989, Volume 262, pages 931-934; and

(c) Include the signature or initials of the technical supervisor, or an electronic signature authorized by the technical supervisor, for nongynecological preparations and gynecological preparations interpreted to be showing reactive or reparative changes, atypical squamous or glandular cells of undetermined significance, or to be in the premalignant (dysplasia, cervical intraepithelial neoplasia or all squamous intraepithelial neoplasia lesions including human papillomavirus-associated changes) or malignant category.

(5) HISTOPATHOLOGY REPORTS must include the signature or initials of the technical supervisor or an electronic signature authorized by the technical supervisor on all reports.

(6) CYTOGENETICS REPORTS must:

(a) Use appropriate nomenclature on final reports;

(b) Include the number of cells counted and karyotyped; and

(c) Include an interpretation of the karyotypes findings.

(7) If a specimen is referred to another laboratory for testing, the medical test site must:

(a) Report the essential elements of the referred test results without alterations that could affect the clinical interpretation of the results; and

(b) Retain or be able to produce an exact duplicate of each testing report from the referral laboratory.

(8) The medical test site must retain records, slides, and tissues as described in Table 070-1.

Table 070-1 Record/Slide/Tissue Retention Schedule

	Two Years	Five Years	Ten Years
(a) General Requirements for all Laboratory Specialties	• Test requisitions or equivalent; • Test records; • Test reports; • Quality control records; • Quality assurance records; • Proficiency testing records; • Hard copy of report, or ability to reproduce a copy, for all specimens referred for testing; and • Discontinued procedures for all specialty areas		
(b) Transfusion Services*		• Test requisitions or equivalent; • Test records; • Test reports; • Quality control records; and • Quality assurance records	
(c) Cytology		• All cytology slides, from date of examination of the slide	• All cytology reports
(d) Histopathology	• Specimen blocks, from date of examination		• All histopathology reports; and • Stained slides, from date of examination of the slide
(e) Histopathology-Tissues	Retain remnants of tissue specimens in an appropriate preserved state until the portions submitted for microscopic examination have been examined and diagnosed		

	Two Years	Five Years	Ten Years
(f) Instrument/method Validation Studies	For life of instrument/method plus two years		

* Must be retained for no less than five years in accordance with 21 CFR Part 606, Subpart I.

[Statutory Authority: RCW 70.42.005, 70.42.060. 01-02-069, § 246-338-070, filed 12/29/00, effective 1/29/01. Statutory Authority: RCW 70.42.005, 70.42.060 and chapter 70.42 RCW. 00-06-079, § 246-338-070, filed 3/1/00, effective 4/1/00. Statutory Authority: RCW 70.42.005. 97-14-113, § 246-338-070, filed 7/2/97, effective 8/2/97. Statutory Authority: Chapter 70.42 RCW. 93-18-091 (Order 390), § 246-338-070, filed 9/1/93, effective 10/2/93; 91-21-062 (Order 205), § 246-338-070, filed 10/16/91, effective 10/16/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-070, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-070, filed 9/21/90, effective 10/22/90.]

WAC 246-338-080 Quality assurance. Each medical test site performing moderate complexity (including PPMP) or high complexity testing, or any combination of these tests, must establish and follow written policies and procedures for a comprehensive quality assurance program. The quality assurance program must be designed to monitor and evaluate the ongoing and overall quality of the total testing process (preanalytic, analytic, postanalytic). The medical test site's quality assurance program must evaluate the effectiveness of its policies and procedures; identify and correct problems; assure the accurate, reliable, and prompt reporting of test results; and assure the adequacy and competency of the staff. As necessary, the medical test site must revise policies and procedures based upon the results of those evaluations. The medical test site must meet the standards as they apply to the services offered, complexity of testing performed and test results reported, and the unique practices of each testing entity. All quality assurance activities must be documented.

(1) The medical test site must establish and implement a written quality assurance plan, including policies and procedures, designed to:

(a) Monitor, evaluate, and review quality control data, proficiency testing results, and test results, including biannual verification of:

(i) Accuracy of test results for tests that are not covered by proficiency testing; and

(ii) Relationship between test results when the medical test site performs the same test on different instruments or at different locations within the medical test site;

(b) Identify and correct problems;

(c) Establish and maintain accurate, reliable, and prompt reporting of test results;

(d) Verify all tests performed and reported by the medical test site conform to specified performance criteria in quality control under WAC 246-338-090; and

(e) Establish and maintain the adequacy and competency of the technical personnel.

(2) The quality assurance plan must include mechanisms or systems to:

(a) Establish and apply criteria for specimen acceptance and rejection;

(b) Notify the appropriate individuals as soon as possible when test results indicate potential life-threatening conditions;

(a) Analytical methods used by the technical personnel

(c) Assess problems identified during quality assurance reviews and discuss them with the appropriate staff;

(d) Evaluate all test reporting systems to verify accurate and reliable reporting, transmittal, storage, and retrieval of data;

(e) Document all action taken to identify and correct problems or potential problems;

(f) Issue corrected reports when indicated;

(g) Provide appropriate instructions for specimen collection, handling, preservation, and transportation; and

(h) Provide clients updates of testing changes that would affect test results or the interpretation of test results.

(3) The medical test site must establish criteria for and maintain appropriate documentation of any remedial action taken in response to quality control, quality assurance, personnel, proficiency testing, and transfusion reaction investigations.

(4) The medical test site must have a system in place to assure:

(a) All complaints and problems reported to the medical test site are documented and investigated when appropriate; and

(b) Corrective actions are instituted as necessary.

(5) The owner must:

(a) Maintain adequate space, facilities, and essential utilities for the performance and reporting of tests;

(b) Establish, post, and observe safety precautions to ensure protection from physical, chemical, biochemical, and electrical hazards and biohazards; and

(c) Establish and implement policies and procedures for infectious and hazardous medical wastes consistent with local, state, and federal authorities.

(6) Information that must be available to authorized persons ordering or utilizing the test results includes:

(a) A list of test methods, including performance specifications;

(b) Reference ranges; and

(c) Test method limitations.

(7) If the medical test site refers specimens to another site for testing, the site to which specimens are referred must have a valid medical test site license or meet equivalent requirements as determined by HCFA.

[Statutory Authority: RCW 70.42.005, 70.42.060 and chapter 70.42 RCW. 00-06-079, § 246-338-080, filed 3/1/00, effective 4/1/00. Statutory Authority: Chapter 70.42 RCW. 93-18-091 (Order 390), § 246-338-080, filed 9/1/93, effective 10/2/93; 91-21-062 (Order 205), § 246-338-080, filed 10/16/91, effective 10/16/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-080, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-080, filed 9/21/90, effective 10/22/90.]

WAC 246-338-090 Quality control. The medical test site must use quality control procedures, providing and assuring accurate and reliable test results and reports, meeting the requirements of this chapter.

(1) The medical test site must have written procedures and policies available in the work area for:

including:

(i) Principle;
(ii) Specimen collection and processing procedures;
(iii) Equipment/reagent/supplies required;
(iv) Preparation of solutions, reagents, and stains;
(v) Test methodology;
(vi) Quality control procedures;
(vii) Procedures for reporting results (normal, abnormal, and critical values);
(viii) Reference range;
(ix) Troubleshooting guidelines - limitations of methodology;
(x) Calibration procedures; and
(xi) Pertinent literature references; and
(b) Alternative or backup methods for performing tests including the use of a reference facility if applicable.

(2) The medical test site must establish written criteria for and maintain appropriate documentation of:
(a) Temperature-controlled spaces and equipment;
(b) Preventive maintenance activities;
(c) Equipment function checks;
(d) Procedure calibrations; and
(e) Method/instrument validation procedures.

(3) The medical test site must maintain documentation of:
(a) Expiration date, lot numbers, and other pertinent information for:
(i) Reagents;
(ii) Solutions;
(iii) Culture media;
(iv) Controls;
(v) Calibrators;
(vi) Standards;
(vii) Reference materials; and
(viii) Other testing materials; and
(b) Testing of quality control samples.

(4) For **quantitative tests**, the medical test site must perform quality control as follows:
(a) Include two reference materials of different concentrations each day of testing unknown samples, if these reference materials are available; or
(b) Have an equivalent mechanism to assure the quality, accuracy, and precision of the test if reference materials are not available.

(5) For **qualitative tests**, the medical test site must perform quality control as follows:
(a) Use positive and negative reference material each day of testing unknown samples; or
(b) Have an equivalent mechanism to assure the quality, accuracy, and precision of the test if reference materials are not available.

(6) The medical test site must:
(a) Use materials within their documented expiration date;
(b) Not interchange components of kits with different lot numbers, unless specified by the manufacturer;
(c) Determine the statistical limits for each lot number of unassayed reference materials through repeated testing;
(d) Use the manufacturer's reference material limits for assayed material, provided they are:
(i) Verified by the medical test site; and
(ii) Appropriate for the methods and instrument used by the medical test site;
(e) Make reference material limits readily available;
(f) Report patient results only when reference materials are within acceptable limits; and
(g) Comply with general quality control requirements as described in Table 090-1, unless otherwise specified in subsection (9)(a) through (l) of this section.

(7) The medical test site must perform, when applicable:
(a) Calibration and calibration checks for **moderate complexity testing** as described in Table 090-2;
(b) Calibration and calibration verification for **high complexity testing** as described in Table 090-3;
(c) Validation for **moderate complexity testing** by verifying the following performance characteristics when the medical test site introduces a new procedure classified as moderate complexity:
(i) Accuracy;
(ii) Precision; and
(iii) Reportable range of patient test results;
(d) Validation for **high complexity testing**:
(i) When the medical test site introduces a new procedure classified as high complexity;
(ii) For each method that is developed in-house, is a modification of the manufacturer's test procedure, or is an instrument, kit or test system that has not been cleared by FDA; and
(iii) By verifying the following performance characteristics:
(A) Accuracy;
(B) Precision;
(C) Analytical sensitivity;
(D) Analytical specificity to include interfering substances;
(E) Reference ranges (normal values);
(F) Reportable range of patient test results; and
(G) Any other performance characteristic required for test performance.

(8) When patient values are above the maximum or below the minimum calibration point or the reportable range, the medical test site must:
(a) Report the patient results as greater than the upper limit or less than the lower limit or an equivalent designation; or
(b) Use an appropriate procedure to rerun the sample allowing results to fall within the established linear range.

Table 090-1 General Quality Control Requirements

		Control Material	Frequency
(a)	Each batch or shipment of reagents, discs, antisera, and identification systems	• Appropriate control materials for positive and negative reactivity	• When prepared or opened, unless otherwise specified
(b)	Each batch or shipment of stains	• Appropriate control materials for positive and negative reactivity	• When prepared or opened; and • Each day of use, unless otherwise specified
(c)	Fluorescent stains	• Appropriate control materials for positive and negative reactivity	• Each time of use, unless otherwise specified
(d)	Quality control for each specialty and subspecialty	• Appropriate control materials; or • Equivalent mechanism to assure the quality, accuracy, and precision of the test if reference materials are not available	• At least as frequently as specified in this section; • More frequently if recommended by the manufacturer of the instrument or test procedure; or • More frequently if specified by the medical test site
(e)	Direct antigen detection systems without procedural controls	• Positive and negative controls that evaluate both the extraction and reaction phase	• Each batch, shipment, and new lot number; and • Each day of use

Table 090-2 Calibration and Calibration Checks—Moderate Complexity Testing

	Calibration Material	Frequency
CALIBRATION	• Calibration material appropriate for methodology according to manufacturer's instructions	• Initial on-site installation/implementation of instrument/method; • At the frequency recommended by the manufacturer; • When controls show trends, shifts, or are out of limits and other corrective action has not fixed the problem.
CHECK CALIBRATION	• Assayed material appropriate for methodology	• At least every six months.

Table 090-3 Calibration and Calibration Checks—High Complexity Testing

	Calibration Material	Frequency
CALIBRATION	• Calibration materials appropriate for methodology	• Initial on-site installation/implementation of instrument/method; • At the frequency recommended by the manufacturer; and • Whenever calibration verification fails to meet the medical test site's acceptable limits for calibration verification.
CALIBRATION VERIFICATION	• Use assayed material, if available, at the lower, mid-point, and upper limits of procedure's reportable range; or • Demonstrate alternate method of assuring accuracy at the lower, mid-point, and upper limits of procedure's reportable range	• At least every six months; • When there is a complete change of reagents (i.e., new lot number or different manufacturer) is introduced; • When major preventive maintenance is performed or there is a replacement of critical parts of equipment; or • When controls are outside of the medical test site's acceptable limits or exhibit trends.

(9) The medical test site must perform quality control procedures as described for each specialty and subspecialty in (a) through (l) of this subsection.

(a) **Chemistry.**

Perform quality control procedures for chemistry as described in Table 090-4.

Table 090-4 Quality Control Procedures - Chemistry

Subspecialty/Test	Qualitative		Quantitative	
	Control Material	Frequency	Control Material	Frequency
Routine Chemistry	• Positive and negative reference material	• Each day of use	• Two levels of reference material in different concentrations	• Each day of use
Toxicology • GC/MS for drug screening • Urine drug screen	• Analyte-specific control • Positive control containing at least one drug representative of each drug class to be reported; must go through each phase of use including extraction	• With each run of patient specimens • With each run of patient specimens	• Analyte-specific control	• With each analytical run
Urinalysis • Nonwaived instrument • Refractometer for specific gravity			• Two levels of control material • Calibrate to zero with distilled water • One level of control material	• Each day of use • Each day of use
Blood Gas Analysis			• Two-point calibration and one reference material • One-point calibration or one reference material, or • Another calibration and reference material schedule, approved by the department	• Each eight hours of testing • Each time patient sample is tested, unless automated instrument internally verifies calibration every thirty minutes
Electrophoresis	• One control containing fractions representative of those routinely reported in patient specimens	• In each electrophoretic cell	• One control containing fractions representative of those routinely reported in patient specimens	• In each electrophoretic cell

(b) **Hematology.**

(i) Run patient and quality control samples in duplicate for manual cell counts;

(ii) If reference material is unavailable, document the mechanism used to assure the quality, accuracy, and precision of the test; and

(iii) Perform quality control procedures for hematology as described in Table 090-5.

Table 090-5 Quality Control Procedures—Hematology

	Control Material	Frequency
Automated	• Two levels of reference material in different concentrations	• Every eight hours that patient samples are tested
Manual Blood Counts	• One level of reference material	• Every eight hours that patient samples are tested
Qualitative Tests	• Positive and negative reference material	• Each day of testing

(c) **Coagulation.**

(i) Run patient and quality control samples in duplicate for manual coagulation test (tilt tube);

(ii) If reference material is unavailable, document the mechanism used to assure the quality, accuracy, and precision of the test; and

(iii) Perform quality control procedures for coagulation as described in Table 090-6.

Table 090-6 Quality Control Procedures—Coagulation

	Control Material	Frequency
Automated	• Two levels of reference material in different concentrations	• Every eight hours that patient samples are tested; and • Each time reagents are changed
Manual Tilt Tube Method	• Two levels of reference material in different concentrations	• Every eight hours that patient samples are tested; and • Each time reagents are changed

(d) **General immunology.**

(i) Employ reference materials for all test components to ensure reactivity;

(ii) Report test results only when the predetermined reactivity pattern of the reference material is observed; and

(iii) Perform quality control procedures for general immunology as described in Table 090-7.

Table 090-7 Quality Control Procedures—General Immunology

	Control Material	Frequency
Serologic tests on unknown specimens	• Positive and negative reference material	• Each day of testing
Moderate complexity kits with procedural (internal) controls	• Positive and negative reference material (external controls) • Procedural (internal) controls	• When kit is opened • Each time patient sample is tested

(e) **Syphilis serology.**

(i) Use equipment, glassware, reagents, controls, and techniques that conform to manufacturer's specifications;

(ii) Employ reference materials for all test components to ensure reactivity; and

(iii) Perform serologic tests on unknown specimens concurrently with a positive serum reference material with known titer or graded reactivity and a negative reference material.

(f) **Microbiology.**

(i) Have available and use:

(A) Appropriate stock organisms for quality control purposes; and

(B) A collection of slides, photographs, gross specimens, or text books for reference sources to aid in identification of microorganisms;

(ii) Document all steps (reactions) used in the identification of microorganisms on patient specimens;

(iii) For antimicrobial susceptibility testing:

(A) Record zone sizes or minimum inhibitory concentration for reference organisms; and

(B) Zone sizes or minimum inhibitory concentration for reference organisms must be within established limits before reporting patient results; and

(C) Perform quality control on antimicrobial susceptibility testing media as described in Table 090-9;

(iv) For noncommercial media, check each batch or shipment for sterility, ability to support growth and, if appropriate, selectivity, inhibition, or biochemical response;

(v) For commercial media:

(A) Verify that the product insert specifies that the quality control checks meet the requirements for media quality control as outlined by the National Committee for Clinical Laboratory Standards (NCCLS), Quality Assurance for Commercially Prepared Microbiological Culture Media-Second Edition; Approved Standard (1996);

(B) Keep records of the manufacturer's quality control results;

(C) Document visual inspection of the media for proper filling of the plate, temperature or shipment damage, and contamination before use; and

(D) Follow the manufacturer's specifications for using the media; and

(vi) For microbiology subspecialties:

(A) **Bacteriology:** Perform quality control procedures for bacteriology as described in Tables 090-8 and 090-9.

Table 090-8 Quality Control Procedures—Bacteriology

	Control Material	Frequency
Reagents, disks, and identification systems	• Positive and negative reference organisms, unless otherwise specified	• Each batch, shipment, and new lot number unless otherwise specified
Stains, unless otherwise specified; DNA probes; catalase; coagulase; beta-lactamase; and oxidase reagents	• Positive and negative reference organisms	• Each batch, shipment, and new lot number; and • Each day of use
Fluorescent stains	• Positive and negative reference organisms	• Each batch, shipment, and new lot number; and • Each time of use
Gram and acid-fast stains, bacitracin, optochin, ONPG, X and V disks or strips	• Positive and negative reference organisms	• Each batch, shipment, and new lot number; and • Each week of use
Direct antigen detection systems without procedural controls	• Positive and negative controls that evaluate both the extraction and reaction phase	• Each batch, shipment, and new lot number; and • Each day of use
Moderate complexity test kits with procedural (internal) controls	• Positive and negative reference material (external) controls • Procedural (internal) controls	• Each batch, shipment, and new lot number • Each time patient sample is tested
Antisera	• Positive and negative reference material	• Each batch, shipment, and new lot number; and • Each month of use

Table 090-9 Quality Control Procedures—Bacteriology - Media for Antimicrobial Susceptibility Testing

	Control Material	Frequency
Check each new batch of media and each new lot of antimicrobial disks or other testing systems (MIC)	• Approved reference organisms (ATCC organisms)	• Before initial use and each day of testing; or • May be done weekly if the medical test site can meet the quality control requirements for antimicrobial disk susceptibility testing as outlined by NCCLS Performance Standards for Antimicrobial Disk Susceptibility Tests-Seventh Edition; Approved Standard (2000)

(B) **Mycobacteriology:** Perform quality control procedures for mycobacteriology as described in Table 090-10.

Table 090-10 Quality Control Procedures—Mycobacteriology

	Control Material	Frequency
Iron uptake test	• Acid-fast organism that produces a positive reaction and with an organism that produces a negative reaction	• Each day of use
All other reagents or test procedures used for mycobacteria identification unless otherwise specified	• Acid-fast organism that produces a positive reaction	• Each day of use
DNA probes	• Organisms that produce positive and negative reactions	• Each day of use
Acid-fast stains	• Acid-fast organism that produces a positive reaction	• Each week of use
Fluorochrome acid-fast stains	• Organisms that produce positive and negative reactivity	• Each week of use
Susceptibility tests performed on *Mycobacterium tuberculosis* isolates	• Strain of *M. tb* susceptible to all antimycobacterial agents used	• Each week of use

(C) **Mycology:** Perform quality control procedures for mycology as described in Table 090-11.

Table 090-11 Quality Control Procedures—Mycology

	Control Material	Frequency
Auxanographic medium for nitrate assimilation: Nitrate reagent	• Peptone control	• Each day of use
Susceptibility tests: Each drug NOTE: Establish control limits and criteria for acceptable control results prior to reporting patient results	• One control strain that is susceptible to the drug	• Each day of use
Acid-fast stains	• Organisms that produce positive and negative reactions	• Each week of use
Reagents for biochemical and other identification test procedures	• Organism that produces a positive reaction	• Each week of use
Commercial identification systems utilizing two or more substrates	• Organisms that verify positive and negative reactivity of each media type	• Each batch or shipment and each lot number

(D) **Parasitology:**

(I) Have available and use:

• Reference collection of slides or photographs and, if available, gross specimens for parasite identification; and

• Calibrated ocular micrometer for determining the size of ova and parasites, if size is a critical parameter.

(II) Check permanent stains each month of use with reference materials.

(E) **Virology:**

(I) Have available:

• Host systems for isolation of viruses; and

• Test methods for identification of viruses that cover the entire range of viruses that are etiologically related to the clinical diseases for which services are offered; and

(II) Simultaneously culture uninoculated cells or cell substrate as a negative control when performing virus identification.

(g) **Histopathology:** Include a control slide of known reactivity with each slide or group of slides for differential or special stains and document reactions.

(h) **Cytology.**

(i) Processing specimens:

(A) Stain all gynecological smears using a Papanicolaou or a modified Papanicolaou staining method;

(B) Have methods to prevent cross-contamination between gynecologic and nongynecologic specimens during the staining process; and

(C) Stain nongynecological specimens that have a high potential for cross-contamination separately from other nongynecological specimens, and filter or change the stains following staining.

(ii) Performing specimen examinations:

(A) All cytology preparations must be evaluated on the premises of the medical test site;

(B) Technical personnel must examine, unless federal law and regulation specify otherwise, no more than one hundred cytological slides by nonautomated microscopic technique in a twenty-four-hour period and in no less than an eight-hour work period;

(C) Previously examined negative, reactive, reparative, atypical, premalignant or malignant gynecological cases and previously examined nongynecologic cytology preparations and tissue pathology slides examined by a technical supervisor are not included in the one hundred slide limit;

(D) Each slide preparation technique (automated, semiautomated, or liquid based) which results in cell dispersion over one-half or less of the total available slide area and which is examined by nonautomated microscopic technique must be counted as one-half slide; and

(E) Records of the total number of slides examined by each individual at all sites during each twenty-four-hour period must be maintained.

(iii) Establish and implement a quality assurance program that ensures:

(A) There is criteria for submission of material;

(B) All providers submitting specimens are informed of these criteria;

(C) All samples submitted are assessed for adequacy;

(D) Records of initial examinations and rescreening results are available;

(E) Rescreening of benign gynecological slides is:

(I) Performed by an individual who meets the personnel requirements for technical or general supervisor in cytology as defined under 42 CFR Part 493 Subpart M;

(II) Completed before reporting patient results on those selected cases;

(III) Performed and documented on:

• No less than ten percent of the benign gynecological slides; and

• Includes cases selected at random from the total caseload and from patients or groups of patients that are identified as having a high probability of developing cervical cancer, based on available patient information;

(F) The technical supervisor:

(I) Confirms all gynecological smears interpreted to be showing reactive or reparative changes, atypical squamous or glandular cells of undetermined significance, or to be in the premalignant (dysplasia, cervical intraepithelial neoplasia or all squamous intraepithelial neoplasia lesions including human papillomavirus-associated changes) or malignant category;

(II) Reviews all nongynecological cytological preparations; and

(III) Establishes, documents, and reassesses, at least every six months, the workload limits for each cytotechnologist;

(G) All abnormal cytology reports are correlated with prior cytology reports and with histopathology reports if available, and the causes of any discrepancies are determined;

(H) Review of all normal or negative gynecological specimens received within the previous five years, if available in the laboratory system, or records of previous reviews, for each patient with a current high grade intraepithelial lesion or moderate dysplasia of CIN-2 or above;

(I) Notification of the patient's physician if significant discrepancies are found that would affect patient care and issuance of an amended report;

(J) An annual statistical evaluation of the number of cytology cases examined, number of specimens processed by specimen type, volume of patient cases reported by diagnosis, number of cases where cytology and histology are discrepant, number of cases where histology results were unavailable for comparison, and number of cases where rescreen of negative slides resulted in reclassification as abnormal; and

(K) Evaluation and documentation of the performance of each individual examining slides against the medical test site's overall statistical values, with documentation of any discrepancies, including reasons for the deviation and corrective action, if appropriate.

(i) **Immunohematology/transfusion services.**

(i) Perform ABO grouping, Rh (D) typing, antibody detection and identification, and compatibility testing as described by the Food and Drug Administration (FDA) under 21 CFR Part 606, and must also comply with 21 CFR Part 640.

(A) Perform ABO grouping:

(I) By concurrently testing unknown red cells with FDA approved anti-A and anti-B grouping sera;

(II) Confirm ABO grouping of unknown serum with known A1 and B red cells;

(B) Perform Rh (D) typing by testing unknown red cells with anti-D (anti-Rh) blood grouping serum; and

(C) Perform quality control procedures for immunohematology as described in Table 090-12.

(ii) Blood and blood products:

(A) Collecting, processing, and distributing:

(I) Must comply with FDA requirements listed under 21 CFR Parts 606, 610.53, and 640; and

(II) Must establish, document, and follow policies to ensure positive identification of a blood or blood product recipient.

(B) Labeling and dating must comply with FDA requirements listed under 21 CFR 606, Subpart G, and 610.53.

(C) Storing:

(I) There must be an adequate temperature alarm system that is regularly inspected.

(II) The system must have an audible alarm system that monitors proper blood and blood product storage temperature over a twenty-four-hour period.

(III) High and low temperature checks of the alarm system must be documented.

(D) Collection of heterologous or autologous blood products on-site:

(I) Must register with the FDA; and

(II) Have a current copy of the form FDA 2830 "Blood Establishment Registration and Product Listing."

(iii) Must have an agreement approved by the director for procurement, transfer, and availability to receive products from outside entities.

(iv) Promptly investigate transfusion reactions according to established procedures, and take any necessary remedial action.

Table 090-12 Quality Control Procedures—Immunohematology

Reagent	Control Material	Frequency
ABO antisera	• Positive control	• Each day of use
Rh antisera	• Positive and negative controls	• Each day of use
	• Patient control to detect false positive Rh test results	• When required by the manufacturer
Other antisera	• Positive and negative controls	• Each day of use
ABO reagent red cells	• Positive control	• Each day of use
Antibody screening cells	• Positive control using at least one known antibody	• Each day of use

(j) **Histocompatibility.**

(i) Use applicable quality control standards for immunohematology, transfusion services, and diagnostic immunology as described in this chapter; and

(ii) Meet the standards for histocompatibility as listed in 42 CFR Part 493.1265, Condition: Histocompatibility, available from the department upon request.

(k) **Cytogenetics.**

(i) Document:

(A) Number of metaphase chromosome spreads and cells counted and karyotyped;

(B) Number of chromosomes counted for each metaphase spread;

(C) Media used;

(D) Quality of banding; and

(E) Sufficient resolution to support the reported results;

(ii) Assure an adequate number of karyotypes are prepared for each patient according to the indication given for performing cytogenetics study;

(iii) Use an adequate patient identification system for:

(A) Patient specimens;

(B) Photographs, photographic negatives, or computer stored images of metaphase spreads and karyotypes;

(C) Slides; and

(D) Records; and

(iv) Perform confirmatory testing on all atypical results when performing determination of sex by X and Y chromatin counts.

(l) **Radiobioassay and radioimmunoassay.**

(i) Check the counting equipment for stability each day of use with radioactive standards or reference sources; and

(ii) Meet Washington state radiation standards described under chapter 70.98 RCW and chapters 246-220, 246-221, 246-222, 246-232, 246-233, 246-235, 246-239, 246-247, 246-249, and 246-254 WAC.

[Statutory Authority: RCW 70.42.005, 70.42.060. 01-02-069, § 246-338-090, filed 12/29/00, effective 1/29/01. Statutory Authority: RCW 70.42.005, 70.42.060 and chapter 70.42 RCW. 00-06-079, § 246-338-090, filed 3/1/00, effective 4/1/00. Statutory Authority: RCW 70.42.005. 97-14-113, § 246-338-090, filed 7/2/97, effective 8/2/97. Statutory Authority: Chapter 70.42 RCW. 93-18-091 (Order 390), § 246-338-090, filed 9/1/93, effective 10/2/93; 91-21-062 (Order 205), § 246-338-090, filed 10/16/91, effective 10/16/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-090, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-090, filed 9/21/90, effective 10/22/90.]

WAC 246-338-100 Disciplinary action. (1) Pursuant to chapter 34.05 RCW, the department may deny a license to any applicant, or condition, suspend, or revoke the license of any licensee, or in addition to or in lieu thereof, assess monetary penalties of up to ten thousand dollars per violation, if the applicant or licensee:

(a) Fails or refuses to comply with the requirements of chapter 70.42 RCW or the rules adopted under chapter 70.42 RCW;

(b) Knowingly, or with reason to know, makes a false statement of a material fact in the application for a license or in any data attached thereto or in any record required by the department;

(c) Refuses to allow representatives of the department to examine any book, record, or file required under this chapter;

(d) Willfully prevents, interferes with, or attempts to impede in any way, the work of a representative of the department; or

(e) Misrepresents or is fraudulent in any aspect of the owner's or applicant's business.

(2) The department may impose the sanctions enumerated in subsection (1) of this section individually or in any combination.

(3) The sanction shall be as specified for the following described conduct. If more than one sanction is listed, the department may impose the sanction individually or in any combination:

(a) If the applicant was the holder of a license under chapter 70.42 RCW which was revoked for cause and never reissued by the department, then the license application may be denied;

(b) If the licensee willfully prevents or interferes with preservation of evidence of a known violation of chapter 70.42 RCW or the rules adopted under this chapter, a monetary penalty not exceeding ten thousand dollars per violation may be assessed or the license may be:

(i) Conditioned in a manner limiting or canceling the authority to conduct tests or groups of tests;

(ii) Suspended;

(iii) Revoked;

(c) If the licensee used false or fraudulent advertising, a monetary penalty not exceeding ten thousand dollars per violation may be assessed or the license may be suspended or revoked;

(d) If the licensee failed to pay any civil monetary penalty assessed by the department under chapter 70.42 RCW within twenty-eight days after the assessment becomes final, the license may be suspended or revoked;

(e) If the licensee intentionally referred its proficiency testing samples to another medical test site or laboratory for analysis, the license will be revoked for a period of at least one year and a monetary penalty not exceeding ten thousand dollars per violation may be assessed.

(4) The department may summarily suspend or revoke a license when the department finds continued licensure of a test site immediately jeopardizes the public health, safety, or welfare.

(5) The department will give written notice of any disciplinary action taken by the department to the owner or applicant for licensure, including notice of the opportunity for a hearing.

[Statutory Authority: RCW 70.42.005, 70.42.060 and chapter 70.42 RCW. 00-06-079, § 246-338-100, filed 3/1/00, effective 4/1/00. Statutory Authority: RCW 70.42.005. 97-14-113, § 246-338-100, filed 7/2/97, effective 8/2/97. Statutory Authority: Chapter 70.42 RCW. 93-18-091 (Order 390), § 246-338-100, filed 9/1/93, effective 10/2/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-100, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-100, filed 9/21/90, effective 10/22/90.]

WAC 246-338-110 Adjudicative proceedings. (1) A licensee or applicant who contests a disciplinary action shall, within twenty-eight days of service of the notice of disciplinary action, file a request for adjudicative proceeding with the Department of Health, Adjudicative Clerk, P.O. Box 47879, Olympia, WA 98504-7879.

(2) The adjudicative proceeding is governed by chapter 34.05 RCW, the Administrative Procedure Act, chapter 70.42 RCW, Medical test sites, this chapter, and chapter 246-10 WAC.

(3) Any licensee or applicant aggrieved upon issuance of the decision after the adjudicative proceeding may, within sixty days of service of the adjudicative proceeding decision, petition the superior court for review of the decision under chapter 34.05 RCW.

[Statutory Authority: RCW 70.42.005, 70.42.060 and chapter 70.42 RCW. 00-06-079, § 246-338-110, filed 3/1/00, effective 4/1/00. Statutory Authority: Chapter 70.42 RCW. 93-18-091 (Order 390), § 246-338-110, filed 9/1/93, effective 10/2/93; 91-21-062 (Order 205), § 246-338-110, filed 10/16/91, effective 10/16/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-110, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-110, filed 9/21/90, effective 10/22/90.]

WAC 246-338-990 Fees. (1) The department will assess and collect biennial fees for medical test sites as follows:

(a) Charge fees, based on the requirements authorized under RCW 70.42.090 and this section;

(b) Assess additional fees when changes listed in WAC 246-338-026 occur that require a different type of license than what the medical test site currently holds; and

(c) Determine fees according to criteria described in Table 990-1.

Table 990-1 License Categories and Fees

Category of License	Number of Tests/Year	Biennial Fee
Certificate of Waiver	N/A	$ 150
PPMP	N/A	$ 200
Low Volume	1-2,000 tests	$ 450
Category A	2,001-10,000 tests, 1-3 specialties	$1,364
Category B	2,001-10,000 tests, 4 or more specialties	$1,769
Category C	10,001-25,000 tests, 1-3 specialties	$2,454
Category D	10,001-25,000 tests, 4 or more specialties	$2,818
Category E	25,001-50,000 tests	$3,382
Category F	50,001-75,000 tests	$4,187
Category G	75,001-100,000 tests	$4,991
Category H	100,001-500,000 tests	$5,835
Category I	500,001-1,000,000 tests	$10,369
Category J	> 1,000,000 tests	$12,443
Accredited:		
Low Volume	1-2,000 tests	$ 165
Category A	2,001-10,000 tests, 1-3 specialties	$ 211
Category B	2,001-10,000 tests, 4 or more specialties	$ 231
Category C	10,001-25,000 tests, 1-3 specialties	$ 531
Category D	10,001-25,000 tests, 4 or more specialties	$ 559
Category E	25,001-50,000 tests	$ 787
Category F	50,001-75,000 tests	$1,254
Category G	75,001-100,000 tests	$1,722
Category H	100,001-500,000 tests	$2,227
Category I	500,001-1,000,000 tests	$6,428
Category J	> 1,000,000 tests	$8,168
Follow-up survey for deficiencies		Direct staff time
Complaint investigation		Direct staff time

(2) The following programs are excluded from fee charges when performing only waived hematocrit or hemoglobin testing for nutritional evaluation and food distribution purposes:

(a) Women, infant and children programs (WIC); and

(b) Washington state migrant council.

[Statutory Authority: RCW 70.42.090 and 2002 c 371. 02-12-105, § 246-338-990, filed 6/5/02, effective 7/6/02. Statutory Authority: RCW 70.42.005, 70.42.060. 01-02-069, § 246-338-990, filed 12/29/00, effective 1/29/01. Statutory Authority: RCW 70.42.090. 99-24-061, § 246-338-990, filed 11/29/99, effective 12/30/99; 96-12-011, § 246-338-990, filed 5/24/96, effective 6/24/96. Statutory Authority: Chapter 70.42 RCW. 94-17-099, § 246-338-990, filed 8/17/94, effective 9/17/94; 93-18-091 (Order 390), § 246-338-990, filed 9/1/93, effective 10/2/93; 91-21-062 (Order 205), § 246-338-990, filed 10/16/91, effective 10/16/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-990, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-120, filed 9/21/90, effective 10/22/90.]

Chapter 246-358 WAC
TEMPORARY WORKER HOUSING

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-358-020 Exemptions. [Statutory Authority: RCW 70.54.110. 96-02-014, § 246-358-020, filed 12/21/95, effective 1/1/96; 93-03-032 (Order 326B), § 246-358-020, filed 1/12/93, effective 2/12/93.] Repealed by 00-06-082, filed 3/1/00, effective 3/1/00. Statutory Authority: RCW 70.114A.065 and 70.114A.110.

246-358-030 Department authority. [Statutory Authority: RCW 43.70.340. 96-01-084, § 246-358-030, filed 12/18/95, effective 1/1/96. Statutory Authority: RCW 43.70.340 and 43.70.040. 93-03-031 (Order 324), § 246-358-030, filed 1/12/93, effective 2/12/93.] Repealed by 00-06-082, filed 3/1/00, effective 3/1/00. Statutory Authority: RCW 70.114A.065 and 70.114A.110.

246-358-035 Supervision and responsibility. [Statutory Authority: RCW 70.54.110. 92-04-082 (Order 242B), § 246-358-035, filed 2/5/92, effective 3/7/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-035, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-035, filed 5/2/88.] Repealed by 93-03-032 (Order 326B), filed 1/12/93, effective 2/12/93. Statutory Authority: RCW 70.54.110.

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(2) The following programs are excluded from fee charges when performing only waived hematocrit or hemoglobin testing for nutritional evaluation and food distribution purposes:

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[Statutory Authority: RCW 70.42.090 and 2002 c 371. 02-12-105, § 246-338-990, filed 6/5/02, effective 7/6/02. Statutory Authority: RCW 70.42.005, 70.42.060. 01-02-069, § 246-338-990, filed 12/29/00, effective 1/29/01. Statutory Authority: RCW 70.42.090. 99-24-061, § 246-338-990, filed 11/29/99, effective 12/30/99; 96-12-011, § 246-338-990, filed 5/24/96, effective 6/24/96. Statutory Authority: Chapter 70.42 RCW. 94-17-099, § 246-338-990, filed 8/17/94, effective 9/17/94; 93-18-091 (Order 390), § 246-338-990, filed 9/1/93, effective 10/2/93; 91-21-062 (Order 205), § 246-338-990, filed 10/16/91, effective 10/16/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-990, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-120, filed 9/21/90, effective 10/22/90.]

Chapter 246-358 WAC
TEMPORARY WORKER HOUSING

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-358-020 Exemptions. [Statutory Authority: RCW 70.54.110. 96-02-014, § 246-358-020, filed 12/21/95, effective 1/1/96; 93-03-032 (Order 326B), § 246-358-020, filed 1/12/93, effective 2/12/93.] Repealed by 00-06-082, filed 3/1/00, effective 3/1/00. Statutory Authority: RCW 70.114A.065 and 70.114A.110.

246-358-030 Department authority. [Statutory Authority: RCW 43.70.340. 96-01-084, § 246-358-030, filed 12/18/95, effective 1/1/96. Statutory Authority: RCW 43.70.340 and 43.70.040. 93-03-031 (Order 324), § 246-358-030, filed 1/12/93, effective 2/12/93.] Repealed by 00-06-082, filed 3/1/00, effective 3/1/00. Statutory Authority: RCW 70.114A.065 and 70.114A.110.

246-358-035 Supervision and responsibility. [Statutory Authority: RCW 70.54.110. 92-04-082 (Order 242B), § 246-358-035, filed 2/5/92, effective 3/7/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-035, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-035, filed 5/2/88.] Repealed by 93-03-032 (Order 326B), filed 1/12/93, effective 2/12/93. Statutory Authority: RCW 70.54.110.

246-358-085 Worker-supplied housing. [Statutory Authority: RCW 70.54.110. 93-03-032 (Order 326B), § 246-358-085, filed 1/12/93, effective 2/12/93. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-085, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-085, filed 5/2/88.] Repealed by 96-02-014, filed 12/21/95, effective 1/1/96. Statutory Authority: RCW 70.54.110.

246-358-105 Heating. [Statutory Authority: RCW 70.54.110. 93-03-032 (Order 326B), § 246-358-105, filed 1/12/93, effective 2/12/93; 92-04-082 (Order 242B), § 246-358-105, filed 2/5/92, effective 3/7/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-105, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-105, filed 5/2/88.] Repealed by 96-02-014, filed 12/21/95, effective 1/1/96. Statutory Authority: RCW 70.54.110.

246-358-115 Lighting. [Statutory Authority: RCW 70.54.110. 93-03-032 (Order 326B), § 246-358-115, filed 1/12/93, effective 2/12/93; 92-04-082 (Order 242B), § 246-358-115, filed 2/5/92, effective 3/7/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-115, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-115, filed 5/2/88.] Repealed by 96-02-014, filed 12/21/95, effective 1/1/96. Statutory Authority: RCW 70.54.110.

246-358-140 Use of tents. [Statutory Authority: RCW 70.54.110. 96-02-014, § 246-358-140, filed 12/21/95, effective 1/1/96; 93-03-032 (Order 326B), § 246-358-140, filed 1/12/93, effective 2/12/93.] Repealed by 00-06-082, filed 3/1/00, effective 3/1/00. Statutory Authority: RCW 70.114A.065 and 70.114A.110.

246-358-600 Cherry harvest camps—Applicability. [Statutory Authority: RCW 70.54.110 and 43.20.050(3). 99-12-006, § 246-358-600, filed 5/19/99, effective 5/19/99.] Repealed by 00-06-082, filed 3/1/00, effective 3/1/00. Statutory Authority: RCW 70.114A.065 and 70.114A.110.

246-358-610 Cherry harvest camps—Licensing. [Statutory Authority: RCW 70.54.110 and 43.20.050(3). 99-12-006, § 246-358-610, filed 5/19/99, effective 5/19/99.] Repealed by 00-06-082, filed 3/1/00, effective 3/1/00. Statutory Authority: RCW 70.114A.065 and 70.114A.110.

246-358-620 Cherry harvest camps—Transitional compliance schedule. [Statutory Authority: RCW 70.54.110 and 43.20.050(3). 99-12-006, § 246-358-620, filed 5/19/99, effective 5/19/99.] Repealed by 00-06-082, filed 3/1/00, effective 3/1/00. Statutory Authority: RCW 70.114A.065 and 70.114A.110.

246-358-630 Cherry harvest camps—Location of camp area and camp management plan. [Statutory Authority: RCW 70.54.110 and 43.20.050(3). 99-12-006, § 246-358-630, filed 5/19/99, effective 5/19/99.] Repealed by 00-06-082, filed 3/1/00, effective 3/1/00. Statutory Authority: RCW 70.114A.065 and 70.114A.110.

246-358-640 Cherry harvest camps—Adequate lighting, electricity and alternative power. [Statutory Authority: RCW 70.54.110 and 43.20.050(3). 99-12-006, § 246-358-640, filed 5/19/99, effective 5/19/99.] Repealed by 00-06-082, filed 3/1/00, effective 3/1/00. Statutory Authority: RCW 70.114A.065 and 70.114A.110.

246-358-650 Cherry harvest camps—Bathing, toilet and handwashing areas. [Statutory Authority: RCW 70.54.110 and 43.20.050(3). 99-12-006, § 246-358-650, filed 5/19/99, effective 5/19/99.] Repealed by 00-06-082, filed 3/1/00, effective 3/1/00. Statutory Authority: RCW 70.114A.065 and 70.114A.110.

246-358-660 Cherry harvest camps—Personal storage. [Statutory Authority: RCW 70.54.110 and 43.20.050(3). 99-12-006, § 246-358-660, filed 5/19/99, effective 5/19/99.] Repealed by 00-06-082, filed 3/1/00, effective 3/1/00. Statutory Authority: RCW 70.114A.065 and 70.114A.110.

246-358-670 Cherry harvest camps—Cold food storage areas. [Statutory Authority: RCW 70.54.110 and 43.20.050(3). 99-12-006, § 246-358-670, filed 5/19/99, effective 5/19/99.] Repealed by 00-06-082, filed 3/1/00, effective 3/1/00. Statutory Authority: RCW 70.114A.065 and 70.114A.110.

246-358-680 Cherry harvest camps—Food storage and preparation areas. [Statutory Authority: RCW 70.54.110 and 43.20.050(3). 99-12-006, § 246-358-680, filed 5/19/99, effective 5/19/99.] Repealed by 00-06-082, filed 3/1/00, effective 3/1/00. Statutory Authority: RCW 70.114A.065 and 70.114A.110.

WAC 246-358-001 Purpose and applicability. (1) Purpose. This chapter is adopted by the Washington state department of health to implement the provisions of chapter 70.114A RCW and establish minimum health and safety requirements for temporary worker housing.

(2) Applicability.

(a) This chapter applies only to operators of temporary worker housing. Operators using tents within the cherry harvest season must refer to WAC 296-307-16300, Part L-1, or chapter 246-361 WAC.

(b) Operators with ten or more occupants are required to be licensed under this chapter. Operators with nine or less employees are not required to be licensed, but must comply with these standards.

[Statutory Authority: RCW 70.114A.065 and 70.114A.110. 00-06-082, § 246-358-001, filed 3/1/00, effective 3/1/00. Statutory Authority: RCW 70.54.110. 96-02-014, § 246-358-001, filed 12/21/95, effective 1/1/96; 93-12-043 (Order 365B), § 246-358-001, filed 5/25/93, effective 6/25/93; 93-03-032 (Order 326B), § 246-358-001, filed 1/12/93, effective 2/12/93; 92-04-082 (Order 242B), § 246-358-001, filed 2/5/92, effective 3/7/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-001, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-001, filed 5/2/88; 84-18-034 (Order 273), § 248-63-001, filed 8/30/84. Formerly WAC 248-61-001.]

WAC 246-358-010 Definitions. For the purposes of this chapter, the following words and phrases will have the following meanings unless the context clearly indicates otherwise:

(1) "Agricultural employee" means any person who renders personal services to, or under the direction of, an agricultural employer in connection with the employer's agricultural activity.

(2) "Agricultural employer" means any person engaged in agricultural activity, including the growing, producing, or harvesting of farm or nursery products, or engaged in the forestation or reforestation of lands, which includes, but is not limited to, the planting, transplanting, tubing, precommercial thinning, and thinning of trees and seedlings, the clearing, piling, and disposal of brush and slash, the harvest of Christmas trees, and other related activities.

(3) "Building" means any structure used or intended to be used for supporting or sheltering any use or occupancy that may include cooking, eating, sleeping, and sanitation facilities.

(4) "Common food-handling facility" means an area designated by the operator for occupants to store, prepare, cook, and eat their own food supplies.

(5) "Current certificate (first aid)" means a first-aid-training certificate that has not expired.

(6) "Department" means the Washington state department of health and/or the department of labor and industries.

(7) "Dining hall" means a cafeteria-type eating place with food furnished by and prepared under the direction of the operator for consumption, with or without charge, by occupants.

(8) "Drinking fountain" means a fixture equal to a nationally recognized standard or a designed-to-drain faucet which provides potable drinking water under pressure.

"Drinking fountain" does not mean a bubble-type water dispenser.

(9) "Dwelling unit" means a shelter, building, or portion of a building, that may include cooking and eating facilities, which is:

(a) Provided and designated by the operator as either a sleeping area, living area, or both, for occupants; and

(b) Physically separated from other sleeping and common-use areas.

(10) "First aid qualified" means that the person holds a current certificate of first aid training from the American Red Cross or another course with equivalent content or hours.

(11) "Food-handling facility" means a designated, enclosed area for preparation of food.

(12) "Group A water system" means a public water system and includes community and noncommunity water systems.

(a) A community water system means any Group A water system providing service to fifteen or more service connections used by year-round residents for one hundred eighty or more days within a calendar year, regardless of the number of people, or regularly serving at least twenty-five year-round (i.e., more than one hundred eighty days per year) residents.

(b) A noncommunity water system means a Group A water system that is not a community water system. Noncommunity water systems are further defined as:

(i) Nontransient (NTNC) water system that provides service opportunity to twenty-five or more of the same nonresidential people for one hundred eighty or more days within a calendar year.

(ii) Transient (TNC) water system that serves:

(A) Twenty-five or more different people each day for sixty or more days within a calendar year;

(B) Twenty-five or more of the same people each day for sixty or more days, but less than one hundred eighty days within a calendar year; or

(C) One thousand or more people for two or more consecutive days within a calendar year.

(13) "Group B water system" means a public water system: Constructed to serve less than fifteen residential services regardless of the number of people; or constructed to serve an average nonresidential population of less than twenty-five per day for sixty or more days within a calendar year; or any number of people for less than sixty days within a calendar year.

(14) "Habitable room" means a room or space in a structure with a minimum seven-foot ceiling used for living, sleeping, eating, or cooking. Bathrooms, toilet compartments, closets, halls, storage or utility space, and similar areas are not considered habitable space.

(15) "Health officer" means the individual appointed as such for a local health department under chapter 70.05 RCW or appointed as the director of public health of a combined city-county health department under chapter 70.08 RCW.

(16) "Livestock" means horses, cows, pigs, sheep, goats, poultry, etc.

(17) "Livestock operation" means any place, establishment, or facility consisting of pens or other enclosures in which livestock is kept for purposes including, but not limited to, feeding, milking, slaughter, watering, weighing, sorting, receiving, and shipping. Livestock operations include, among other things, dairy farms, corrals, slaughterhouses, feedlots, and stockyards. Operations where livestock can roam on a pasture over a distance may be treated as outside the definition.

(18) "MSPA" means the Migrant and Seasonal Agricultural Worker Protection Act (96 Stat. 2583; 29 U.S.C. Sec. 1801 et seq.).

(19) "Occupant" means a temporary worker or a person who resides with a temporary worker at the housing site.

(20) "Operating license" means a document issued annually by the department or health officer authorizing the use of temporary worker housing.

(21) "Operator" means a person holding legal title to the land on which temporary worker housing is located. However, if the legal title and the right to possession are in different persons, "operator" means a person having the lawful control or supervision over the temporary worker housing.

(22) "Recreational park trailers" means a trailer-type unit that is primarily designed to provide temporary living quarters for recreational, camping, or seasonal use, that meets the following criteria:

(a) Built on a single chassis, mounted on wheels;

(b) Having a gross trailer area not exceeding 400 square feet (37.15 square meters) in the set-up mode; and

(c) Certified by the manufacturer as complying with ANSI A119.5.

(23) "Recreational vehicle" means a vehicular type unit primarily designed as temporary living quarters for recreational camping, travel, or seasonal use that either has its own motive of power or is mounted on, or towed by, another vehicle. Recreational vehicles include: Camping trailers, fifth-wheel trailers, motor homes, travel trailers, and truck campers, but does not include pickup trucks with camper shells, canopies, or other similar coverings.

(24) "Refuse" means solid wastes, rubbish, or garbage.

(25) "Temporary worker" means an agricultural employee employed intermittently and not residing year-round at the same site.

(26) "Temporary worker housing" or "housing" means a place, area, or piece of land where sleeping places or housing sites are provided by an agricultural employer for his or her agricultural employees or by another person, including a temporary worker housing operator, who is providing such accommodations for employees for temporary, seasonal occupancy.

(27) "WISHA" means the Washington Industrial Safety and Health Act, chapter 49.17 RCW, administered by the Washington state department of labor and industries.

[Statutory Authority: RCW 70.114A.065 and 70.114A.110. 00-06-082, § 246-358-010, filed 3/1/00, effective 3/1/00. Statutory Authority: RCW 70.54.110. 96-02-014, § 246-358-010, filed 12/21/95, effective 1/1/96; 93-03-032 (Order 326B), § 246-358-010, filed 1/12/93, effective 2/12/93; 92-04-082 (Order 242B), § 246-358-010, filed 2/5/92, effective 3/7/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-010, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-010, filed 5/2/88; 84-18-034 (Order 273), § 248-63-010, filed 8/30/84. Formerly WAC 248-60A-010 and 248-61-010.]

WAC 246-358-025 Operating license. The operator:

(1) Must request a license from the department of health or health officer when:

(a) Housing consists of:

(i) Five or more dwelling units; or

(ii) Any combination of dwelling units, or spaces that house ten or more occupants;

(b) Compliance with MSPA requires a license; or

(c) Construction of camp buildings requires a license under chapter 246-359 WAC, Temporary worker housing construction standard.

(2) Must apply for an operating license at least forty-five days prior to either the use of housing or the expiration of an existing operating license by submitting to the department of health or health officer:

(a) A completed application on a form provided by the department or health officer;

(b) Proof water system is current with all water tests required by chapter 246-290 or 246-291 WAC; and

(c) A fee as specified in WAC 246-358-990.

(3) Will receive an operating license for the maximum number of occupants as determined by WAC 246-358-029 when:

(a) The application requirements from subsection (2) of this section are met;

(b) The housing is in compliance with this chapter as demonstrated by:

(i) A licensing survey completed by the department of health; or

(ii) A self-survey completed by the operator and approved by the department of health; and

(c) The operator complies with the corrective action plan established by the department.

(4) May allow the use of housing without a renewed license when all of the following conditions exist:

(a) The operator applied for renewal of an operating license in accordance with subsection (2) of this section at least forty-five days before occupancy, as evidenced by the post mark;

(b) The department of health or health officer has not inspected the housing or issued an operating license;

(c) Other local, state, or federal laws, rules, or codes do not prohibit use of the housing; and

(d) The operator provides and maintains housing in compliance with this chapter.

(5) Must post the operating license in a place readily accessible to occupants of the housing.

(6) Must notify the department of health or health officer of a transfer of ownership.

(7) Must cooperate with the department or health officer during on-site inspections.

[Statutory Authority: RCW 70.114A.065 and 70.114A.110. 00-06-082, § 246-358-025, filed 3/1/00, effective 3/1/00. Statutory Authority: RCW 43.70.340. 96-01-084, § 246-358-025, filed 12/18/95, effective 1/1/96. Statutory Authority: RCW 43.70.340 and 43.70.040. 93-03-031 (Order 324), § 246-358-025, filed 1/12/93, effective 2/12/93. Statutory Authority: RCW 70.54.110. 92-04-082 (Order 242B), § 246-358-025, filed 2/5/92, effective 3/7/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-025, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW and RCW 43.20.050. 90-06-049 (Order 040), § 248-63-025, filed 3/2/90, effective 3/2/90. Statutory Authority: RCW 43.20.050. 88-10-027 (Order 309), § 248-63-025, filed 5/2/88.]

WAC 246-358-027 Requirements for self-survey program. If a licensed operator meets the requirements provided in this section, then the operator may participate in the self-survey program. This means an operator is allowed to conduct a self-survey for two years. On the third year the department of health will conduct an on-site verification survey to assure compliance with this chapter and determine if the temporary worker housing still meets the requirements of the self-survey program.

(1) To be in the self-survey program the operator must:

(a) Meet the requirements of WAC 246-358-025;

(b) Not have had any valid complaints;

(c) Have had two consecutive years without any deficiencies or have had very minor deficiencies (for example one or two screens torn, missing a few small trash cans, etc.); and

(d) Be recommended by the health surveyor.

(2) For a licensed operator to remain in the self-survey program the licensed operator must:

(a) Continue to comply with subsection (1) of this section;

(b) Continue to not have any deficiencies or very minor deficiencies; and

(c) Not have a change in ownership.

(3) When licensed temporary worker housing changes ownership, the new licensed operator must comply with the requirements of subsection (1) of this section before being eligible to be on the self-survey program.

[Statutory Authority: RCW 70.114A.065 and 70.114A.110. 00-06-082, § 246-358-027, filed 3/1/00, effective 3/1/00.]

WAC 246-358-029 Maximum housing occupancy. (1) The maximum occupancy for operator-supplied housing will be based on:

(a) The square footage of the housing facility; and

(b) The number of bathing, food handling, handwashing, laundry, and toilet facilities.

(2) The maximum occupancy for worker-supplied housing will be based on:

(a) The number of spaces designated for worker-supplied housing by the operator; and

(b) The number of bathing, food handling, handwashing, laundry, and toilet facilities in excess of those facilities required for operator-supplied housing.

Note: Worker supplied housing includes recreational park trailers, recreational vehicles, OSHA compliant tents or other structures that meet the requirements of this chapter.

[Statutory Authority: RCW 70.114A.065 and 70.114A.110. 00-06-082, § 246-358-029, filed 3/1/00, effective 3/1/00.]

WAC 246-358-040 Variance and procedure. Conditions may exist in operations that a state standard will not have practical use. The director of the department of labor and industries may issue a variance from the requirements of the standard when another means of providing equal protection is provided. The substitute means must provide equal protection in accordance with the requirements of chapter 49.17 RCW and chapter 296-350 WAC, variances.

Applications for variances will be reviewed and may be investigated by the department of labor and industries and the

department of health. Variances granted will be limited to the specific case or cases covered in the application and may be revoked for cause. The variance shall remain prominently posted on the premises while in effect.

Variance application forms may be obtained from the Department of Labor and Industries, P.O. Box 44625, Olympia, Washington 98504-4625 or the Department of Health, P.O. Box 47852, Olympia, Washington 98504-7852, upon request. Requests for variances from safety and health standards shall be made in writing to the director or the assistant director, Department of Labor and Industries, P.O. Box 44625, Olympia, Washington 98504-4625. (Reference RCW 49.17.080 and 49.17.090.)

[Statutory Authority: RCW 70.114A.065 and 70.114A.110. 00-06-082, § 246-358-040, filed 3/1/00, effective 3/1/00.]

WAC 246-358-045 Temporary worker housing sites. The operator must:

(1) Locate and operate a site to prevent a health or safety hazard that is:

(a) Adequately drained and any drainage from and through the housing must not endanger any domestic or public water supply;

(b) Free from periodic flooding and depressions in which water may become a nuisance;

(c) At least two hundred feet from a swamp, pool, sink hole, or other surface collection of water unless there is a mosquito prevention program for those areas;

(d) Large enough to prevent overcrowding of necessary structures. The principal housing area for sleeping and for food preparation and eating must be at least five hundred feet from where livestock are kept; and

(e) The grounds and open areas surrounding the shelters must be in a clean and sanitary condition.

(2) Must develop and implement a temporary worker housing management plan and rules for operators with ten or more occupants, to assure that the housing is operated in a safe and secure manner and is kept within the approved capacity. Additionally, the licensed operator must:

(a) Inform occupants of the rules, in a language the occupant understands by providing individual copies of the rules to each occupant or posting the rules in the housing area;

(b) Restrict the number of occupants in the temporary worker housing to the capacity as determined by the department.

(3) When closing housing permanently or for the season, complete the following:

(a) Dispose of all refuse to prevent nuisance;

(b) Fill all abandoned toilet pits with earth; and

(c) Leave the grounds and buildings in a clean and sanitary condition.

[Statutory Authority: RCW 70.114A.065 and 70.114A.110. 00-06-082, § 246-358-045, filed 3/1/00, effective 3/1/00. Statutory Authority: RCW 70.54.110. 96-02-014, § 246-358-045, filed 12/21/95, effective 1/1/96; 93-03-032 (Order 326B), § 246-358-045, filed 1/12/93, effective 2/12/93; 92-04-082 (Order 242B), § 246-358-045, filed 2/5/92, effective 3/7/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-045, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-045, filed 5/2/88.]

WAC 246-358-055 Water supply. The operator must:

(1) Provide a water system that is:

(a) Approved as a Group A public water system in compliance with chapter 246-290 WAC if the water system supplies fifteen or more connections or twenty-five or more people at least sixty days per year or provide proof the camp receives water from an approved Group A public water system or provide proof the temporary worker housing receives water from an approved Group A public water system; or

(b) Approved as a Group B water system in compliance with chapter 246-291 WAC if the water system supplies less than fifteen connections and does not supply twenty-five or more people at least sixty days per year.

Note: A "same farm exemption" applies to a public water system with four or fewer connections all of which serve residences on the same farm. "Same farm" means a parcel of land or series of parcels that are connected by covenants and devoted to the production of livestock or agricultural commodities for commercial purposes and does not qualify as a Group A water system.

	Avg. daily population of less than 25 people	Avg. daily population of 25 or more people
At least 60 days or more	Group B	Group A TNC
59 days or less	Group B	Group B

Note: If a system has fifteen or more connections, regardless of the population, it is a Group A water system.

(2) Provide an adequate and convenient hot and cold water supply for drinking, cooking, bathing, and laundry purposes.

Note: An "adequate water supply" means the storage capacity of the potable water system must meet the requirements of ASHRAE 1999 Applications Handbook, chapter 48, Water Systems.

(3) Ensure that the distribution lines are able to maintain the working pressure of the water piping system at not less than fifteen pounds per square inch after allowing for friction and other pressure losses.

(4) When water is not piped to each dwelling unit, provide cold, potable, running water under pressure within one hundred feet of each dwelling unit.

(5) When water sources are not available in each individual dwelling unit, provide one or more drinking fountains for each one hundred occupants or fraction thereof. Prohibit the use of common drinking cups or containers from which water is dipped or poured.

(6) When water is unsafe for drinking purposes and accessible to occupants, post a sign by the source reading "DO NOT DRINK. DO NOT USE FOR WASHING. DO NOT USE FOR PREPARING FOOD." printed in English and in the native language of the persons occupying the housing or marked with easily-understood pictures or symbols.

[Statutory Authority: RCW 70.114A.065 and 70.114A.110. 00-06-082, § 246-358-055, filed 3/1/00, effective 3/1/00. Statutory Authority: RCW 70.54.110. 96-02-014, § 246-358-055, filed 12/21/95, effective 1/1/96; 93-03-032 (Order 326B), § 246-358-055, filed 1/12/93, effective 2/12/93; 92-04-082 (Order 242B), § 246-358-055, filed 2/5/92, effective 3/7/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-055, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-055, filed 5/2/88.]

WAC 246-358-065 Sewage disposal. The operator must:

(1) Provide sewage disposal systems in accordance with local health jurisdictions.

(2) Connect all drain, waste, and vent systems from buildings to:

(a) Public sewers, if available; or

(b) Approved on-site sewage disposal systems that are designed, constructed, and maintained as required in chapters 246-272 and 173-240 WAC, and local ordinances.

[Statutory Authority: RCW 70.114A.065 and 70.114A.110. 00-06-082, § 246-358-065, filed 3/1/00, effective 3/1/00. Statutory Authority: RCW 70.54.110. 96-02-014, § 246-358-065, filed 12/21/95, effective 1/1/96; 93-03-032 (Order 326B), § 246-358-065, filed 1/12/93, effective 2/12/93. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-065, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-065, filed 5/2/88.]

WAC 246-358-070 Electricity and lighting. The operator must ensure that:

(1) Electricity is supplied to all dwelling units, kitchen facilities, shower/bathroom facilities, common areas, and laundry facilities.

(2) All electrical wiring, fixtures and electrical equipment must comply with the electrical standards of the department of labor and industries regulations, chapter 19.28 RCW, and local ordinances, and be maintained in a safe condition.

(3) Each habitable room must have at least one ceiling-type light fixture and at least one separate floor-type or wall-type convenience outlet.

(4) Laundry, shower/bathroom facilities, toilet rooms and rooms where people congregate have at least one ceiling-type or wall-type fixture.

(5) General lighting and task lighting is adequate to carry on normal daily activities.

(6) Adequate lighting is provided for safe passage for occupants to handwashing sinks and toilets.

Note: Lighting requirements may be met by natural or artificial means.

[Statutory Authority: RCW 70.114A.065 and 70.114A.110. 00-06-082, § 246-358-070, filed 3/1/00, effective 3/1/00.]

WAC 246-358-075 Building requirements and maintenance. An operator must:

(1) Construct buildings to provide protection against the elements and comply with:

(a) The State Building Code, chapter 19.27 RCW or the Temporary worker housing construction standard, chapter 246-359 WAC;

(b) State and local ordinances, codes, and regulations when applicable; and

(c) This chapter. Any shelter meeting these requirements is acceptable.

(2) Identify each dwelling unit and space used for shelter by posting a number at each site.

(3) Maintain buildings in good repair and sanitary condition.

(4) Provide exits that are unobstructed and remain free of any material or matter where its presence would obstruct or render the exit hazardous.

(5) Provide a ceiling height of at least seven feet for each habitable room. If a building has a sloped ceiling, no portion of the room measuring less than seven feet from the finished floor to the finished ceiling will be included in any computation of the minimum floor space.

(6) Provide at least seventy square feet of floor space for the first occupant and at least fifty square feet of floor space for each additional occupant in each dwelling unit.

(7) Provide each room used for sleeping purposes with at least fifty square feet of floor space for each occupant.

(8) Provide floors in accordance with the State Building Code, chapter 19.27 RCW, or the Temporary worker housing construction standard, chapter 246-359 WAC, that are tightly constructed and in good repair.

(9) Ensure wooden floors are at least one foot above ground-level, or meet the requirements in the State Building Code, chapter 19.27 RCW or temporary worker housing construction standard, chapter 246-359 WAC.

(10) Provide habitable rooms that have:

(a) Windows covering a total area equal to at least one-tenth of the total floor area and at least one-half of each window can be opened to the outside for ventilation; or

(b) Mechanical ventilation in accordance with applicable ASHRAE standards.

(11) Provide sixteen-mesh screening on all exterior openings and screen doors with self-closing devices.

(12) Install all heating, cooking, and water heating equipment according to state and local ordinances, codes, and regulations and maintain in a safe condition.

(13) Provide adequate heating equipment if habitable rooms, including bathrooms, are used during cold weather.

(14) Ensure that all recreational vehicles and park trailers meet the requirements of chapter 296-150P or 296-150R WAC.

[Statutory Authority: RCW 70.114A.065 and 70.114A.110. 00-06-082, § 246-358-075, filed 3/1/00, effective 3/1/00. Statutory Authority: RCW 70.54.110. 96-02-014, § 246-358-075, filed 12/21/95, effective 1/1/96; 93-03-032 (Order 326B), § 246-358-075, filed 1/12/93, effective 2/12/93; 92-04-082 (Order 242B), § 246-358-075, filed 2/5/92, effective 3/7/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-075, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-075, filed 5/2/88.]

WAC 246-358-090 Laundry facilities. An operator must:

(1) Provide one laundry tray or tub or one mechanical washing machine for every thirty persons.

(2) Provide facilities for drying clothes.

(3) Provide sloped, coved floors of nonslip impervious materials with floor drains.

(4) Maintain laundry facilities in a clean and sanitary condition.

[Statutory Authority: RCW 70.114A.065 and 70.114A.110. 00-06-082, § 246-358-090, filed 3/1/00, effective 3/1/00. Statutory Authority: RCW 70.54.110. 96-02-014, § 246-358-090, filed 12/21/95, effective 1/1/96.]

WAC 246-358-095 Handwashing and bathing facilities. An operator must:

(1) Provide one handwash sink for each family dwelling unit or for every six persons in centralized facilities. Handwash sinks must be adjacent to toilets.

(2) Provide one showerhead for each family dwelling unit or for every ten persons in centralized facilities.

(3) Provide one "service sink" in each building used for centralized laundry, hand washing, or bathing.

(4) Provide sloped, coved floors of nonslip impervious materials with floor drains.

(5) Ensure shower room walls are smooth and nonabsorbent to the height of four feet. If used, partitions must be smooth and nonabsorbent to the height of four feet.

(6) Provide all showers, baths, or shower rooms with floor drains to remove wastewater.

(7) Provide cleanable, nonabsorbent waste containers.

(8) Maintain centralized bathing and handwashing facilities in a clean and sanitary condition, cleaned at least daily.

(9) Request occupants of family dwelling units to maintain bathing and handwashing facilities in a clean and sanitary condition.

(10) Ensure shower facilities provide privacy from the opposite sex and the public.

(11) Make showers and bathing facilities available when needed.

[Statutory Authority: RCW 70.114A.065 and 70.114A.110. 00-06-082, § 246-358-095, filed 3/1/00, effective 3/1/00. Statutory Authority: RCW 70.54.110. 96-02-014, § 246-358-095, filed 12/21/95, effective 1/1/96; 93-03-032 (Order 326B), § 246-358-095, filed 1/12/93, effective 2/12/93; 92-04-082 (Order 242B), § 246-358-095, filed 2/5/92, effective 3/7/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-095, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-095, filed 5/2/88.]

WAC 246-358-100 Toilet facilities. (1) General toilet requirements. Operators must provide water flush toilets unless chemical toilets or pit privies are specifically approved by the department of health or health officer according to requirements in chapter 246-272 WAC and ensure the following:

(a) Flush toilets, chemical toilets, and urinals must not be located in any sleeping room, dining room, or cooking or food handling facility.

(b) When chemical toilets are approved, they must be:

(i) Located at least fifty feet from any dwelling unit or food handling facility;

(ii) Maintained by a licensed waste disposal company; and

(iii) Comply with local ordinances.

(c) When urinals are provided:

(i) There must be one urinal or two linear feet of urinal trough for each twenty-five men;

(ii) The floors and walls surrounding a urinal and extending out at least fifteen inches on all sides, must be constructed of materials which will not be adversely affected by moisture;

(iii) The urinal must have an adequate water flush where water under pressure is available; and

(iv) Urinal troughs are prohibited in pit privies.

(d) When pit privies are approved they must be:

(i) At least one hundred feet away from any sleeping room, dining room, cooking or food handling facilities; and

(ii) Constructed to exclude insects and rodents from the pit.

(2) Centralized toilet facilities. The operator must meet the following requirements when centralized toilet facilities are provided:

(a) Provide toilet rooms with:

(i) One toilet for every fifteen persons;

(ii) One handwashing sink for every six persons;

(iii) Either a window of at least six square feet opening directly to the outside, or be satisfactorily ventilated; and

(iv) All outside openings screened with sixteen-mesh material.

(b) Locate toilet rooms so that:

(i) Toilets are within two hundred feet of the door of each sleeping room; and

(ii) No person has to pass through a sleeping room to reach a toilet room.

(c) Maintain toilets in a clean and sanitary condition, cleaned at least daily.

(d) Provide each toilet compartment with an adequate supply of toilet paper.

(e) When shared facilities will be used for both men and women:

(i) Provide separate toilet rooms for each sex with a minimum of one toilet room for each sex and meet the required ratio as defined in (a) of this subsection;

(ii) Identify each room for "men" and "women" with signs printed in English and in the native language of the persons occupying the camp, or identified with easily understood pictures or symbols; and

(iii) Separate facilities by solid walls or partitions extending from the floor to the roof or ceiling when facilities for each sex are located in the same building.

(3) Individual family/unit dwelling toilet requirements. If providing flush toilets in individual cabins, apartments, or houses, the operator must:

(a) Provide one toilet for each individual family dwelling unit or fifteen persons.

(b) Provide one handwashing sink for each six persons. The sink must be located in the toilet room or immediately adjacent.

(c) Provide a window of at least six square feet opening directly to the outside, or be satisfactorily ventilated.

(d) Ensure all outside openings are screened with sixteen-mesh material.

(e) Ensure toilet facilities are cleaned prior to occupancy and request occupants to maintain the facilities in a clean and sanitary condition.

[Statutory Authority: RCW 70.114A.065 and 70.114A.110. 00-06-082, § 246-358-100, filed 3/1/00, effective 3/1/00. Statutory Authority: RCW 70.54.110. 96-02-014, § 246-358-100, filed 12/21/95, effective 1/1/96.]

WAC 246-358-125 Cooking and food-handling facilities. The operator must provide enclosed or screened cooking and food-handling facilities for all occupants. The operator must provide adequate tables and seating for occupants.

(1) If cooking facilities are located in dwelling units, the operator must provide:

(a) An operable cook stove or hot plate with at least one cooking surface for every two occupants;

(b) A sink with hot and cold running potable water under pressure;

(c) At least two (2) cubic feet of dry food storage space per occupant;

(d) Nonabsorbent, easily cleanable food preparation counters situated off the floor;

(e) Mechanical refrigeration conveniently located and able to maintain a temperature of forty-five degrees Fahrenheit or below, with at least two (2) cubic feet of storage space per occupant;

(f) Fire-resistant, nonabsorbent, nonasbestos, and easily cleanable wall coverings adjacent to cooking areas;

(g) Nonabsorbent, easily cleanable floors; and

(h) Adequate ventilation for cooking facilities.

(2) In common food-handling facilities, the operator must provide:

(a) A room or building, adequate in size, separate from any sleeping quarters;

(b) No direct openings to living or sleeping areas from the common food-handling facility;

(c) An operable cook stove or hot plate with at least one cooking surface for every four occupants, or four cooking surfaces for every two families;

(d) Sinks with hot and cold running potable water under pressure;

(e) At least two (2) cubic feet of dry food storage space per occupant;

(f) Nonabsorbent, easily cleanable food preparation counters situated off the floor;

(g) Mechanical refrigeration conveniently located and able to maintain a temperature of forty-five degrees Fahrenheit or below, with at least two (2) cubic feet of storage space per occupant;

(h) Fire-resistant, nonabsorbent, nonasbestos, and easily cleanable wall coverings adjacent to cooking areas;

(i) Nonabsorbent, easily cleanable floors; and

(j) Adequate ventilation for cooking facilities.

(3) The operator must ensure that centralized dining hall facilities comply with chapter 246-215 WAC, Food service.

[Statutory Authority: RCW 70.114A.065 and 70.114A.110. 00-06-082, § 246-358-125, filed 3/1/00, effective 3/1/00. Statutory Authority: RCW 70.54.110. 96-02-014, § 246-358-125, filed 12/21/95, effective 1/1/96; 93-03-032 (Order 326B), § 246-358-125, filed 1/12/93, effective 2/12/93; 92-04-082 (Order 242B), § 246-358-125, filed 2/5/92, effective 3/7/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-125, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-125, filed 5/2/88.]

WAC 246-358-135 Cots, beds, bedding and personal storage. The operator must:

(1) Provide beds, cots, or bunks furnished with clean mattresses in good condition for the maximum occupancy approved by the department of health or health officer for operator-supplied housing.

(2) Maintain bedding, if provided by the operator, in a clean and sanitary condition.

(3) Provide sufficient clearance between each bed or bunk and the floor or provide a commercially available cot, bed or bunk.

(4) Allow space to separate beds laterally and end to end by at least thirty-six inches when single beds are used.

(5) Meet the following requirements when bunk beds are used:

(a) Allow space to separate beds laterally and end to end by at least forty-eight inches;

(b) Maintain a minimum space of twenty-seven inches between the upper and lower bunks; and

(c) Prohibit triple bunks.

(6) Provide storage facilities for clothing and personal articles in each room used for sleeping.

[Statutory Authority: RCW 70.114A.065 and 70.114A.110. 00-06-082, § 246-358-135, filed 3/1/00, effective 3/1/00. Statutory Authority: RCW 70.54.110. 96-02-014, § 246-358-135, filed 12/21/95, effective 1/1/96; 93-03-032 (Order 326B), § 246-358-135, filed 1/12/93, effective 2/12/93; 92-04-082 (Order 242B), § 246-358-135, filed 2/5/92, effective 3/7/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-135, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-135, filed 5/2/88.]

WAC 246-358-145 First aid and safety. The operator must:

(1) Comply with chapters 15.58 and 17.21 RCW, chapter 16-228 WAC, chapter 296-307 WAC, Parts I and J, and pesticide label instructions when using pesticides in and around the housing.

(2) Prohibit, in the housing area, the use, storage, and mixing of flammable, volatile, or toxic substances other than those intended for household use.

(3) Provide readily accessible first-aid equipment.

(4) Ensure that a first aid qualified person is readily accessible to administer first aid at all times.

(5) Store or remove unused refrigerator units to prevent access by children.

[Statutory Authority: RCW 70.114A.065 and 70.114A.110. 00-06-082, § 246-358-145, filed 3/1/00, effective 3/1/00. Statutory Authority: RCW 70.54.110. 96-02-014, § 246-358-145, filed 12/21/95, effective 1/1/96; 93-03-032 (Order 326B), § 246-358-145, filed 1/12/93, effective 2/12/93; 92-04-082 (Order 242B), § 246-358-145, filed 2/5/92, effective 3/7/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-145, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-145, filed 5/2/88.]

WAC 246-358-155 Refuse disposal. The operator must:

(1) Comply with local sanitation codes for removing and disposing of refuse from housing areas.

(2) Protect against rodent harborage, insect breeding, and other health hazards while storing, collecting, transporting, and disposing of refuse.

(3) Store refuse in fly-tight, rodent-tight, impervious, and cleanable or single-use containers.

(4) Keep refuse containers clean.

(5) Provide a container on a wooden, metal, or concrete stand within one hundred feet of each dwelling unit.

(6) Empty refuse containers at least twice each week, and when full.

[Statutory Authority: RCW 70.114A.065 and 70.114A.110. 00-06-082, § 246-358-155, filed 3/1/00, effective 3/1/00. Statutory Authority: RCW 70.54.110. 96-02-014, § 246-358-155, filed 12/21/95, effective 1/1/96; 93-03-032 (Order 326B), § 246-358-155, filed 1/12/93, effective 2/12/93; 92-04-082 (Order 242B), § 246-358-155, filed 2/5/92, effective 3/7/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-155, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-155, filed 5/2/88.]

WAC 246-358-165 Insect and rodent control. The operator must take effective measures to prevent and control insect and rodent infestation.

[Statutory Authority: RCW 70.114A.065 and 70.114A.110. 00-06-082, § 246-358-165, filed 3/1/00, effective 3/1/00. Statutory Authority: RCW 70.54.110. 93-03-032 (Order 326B), § 246-358-165, filed 1/12/93, effective 2/12/93. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-165, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-165, filed 5/2/88.]

WAC 246-358-175 Disease prevention and control. The operator must:

(1) Report immediately to the local health officer the name and address of any occupant known to have or suspected of having a communicable disease.

(2) Report immediately to the local health officer:

(a) Suspected food poisoning;

(b) Unusual prevalence of fever, diarrhea, sore throat, vomiting, or jaundice; or

(c) Productive cough, or when weight loss is a prominent symptom among occupants.

(3) Prohibit any individual with a communicable disease from preparing, cooking, serving, or handling food, foodstuffs, or materials in dining halls.

[Statutory Authority: RCW 70.114A.065 and 70.114A.110. 00-06-082, § 246-358-175, filed 3/1/00, effective 3/1/00. Statutory Authority: RCW 70.54.110. 96-02-014, § 246-358-175, filed 12/21/95, effective 1/1/96; 93-03-032 (Order 326B), § 246-358-175, filed 1/12/93, effective 2/12/93; 92-04-082 (Order 242B), § 246-358-175, filed 2/5/92, effective 3/7/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-175, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-175, filed 5/2/88.]

WAC 246-358-990 Fees. (1) License fees. An operator must submit to the department a license fee of twenty-five dollars and an on-site survey fee as specified in Table 990.

Note: A separate on-site survey fee will be charged for each housing site owned or managed by an operator which is more than thirty minutes or twenty-five miles apart.

(2) Self-survey program fee. An operator who meets the self-survey program requirements of WAC 246-358-027 must pay:

(a) An annual licensing fee, according to Table 990; and

(b) An on-site survey fee every third year.

(3) Follow-up surveys. An operator will be charged an additional on-site survey fee for any follow-up surveys, when the department determines additional on-site surveys are necessary to confirm compliance with this chapter.

(4) Complaint investigation fees. An operator will be charged for each on-site survey conducted by the department when a complaint investigation results in the complaint being found valid. This fee will be charged according to Table 990 for on-site survey.

(5) Water test fees. An operator who cannot provide written proof that the water system serving the camp is in compliance with WAC 246-358-055 at the time of survey will be:

(a) Directly billed for the cost of each required water sample collected by department staff;

(b) Cited for noncompliance with WAC 246-358-055; and

(c) If substantiated, cited for operating an unlicensed camp.

(6) Late fees. An operator who does not submit the fee and application as required by WAC 246-358-025, Licensing, may be charged a late fee of one-half the cost of the license fee. If the license fee and the application are not received by the time of the preoccupancy survey, an additional late fee of one-half the cost of the license fee may be charged. If the fee and application are not received within ten days of the preoccupancy survey the TWH may be considered unlicensed and subject to fines according to WAC 246-358-900.

(7) Refunds. The license and on-site survey fee may be refunded when the operator submits:

(a) A written request to the department; and

(b) Provides documentation that the housing was not occupied during the license period.

Table 990

Number of Units or Occupants Whichever is Greater	On-Site Survey Fee (Includes: Initial, Annual Licensing, Follow-Up, and Complaint Investigation Surveys)	License Fee	Total Fee Survey + License
1 to 4 units or 9 occupants or less*	$45.00	$25.00	$70.00
5 to 10 units or 10 to 50 occupants	$70.00	$25.00	$95.00
11 to 20 units or 51 to 100 occupants	$120.00	$25.00	$145.00
21 to 50 units or 101 to 150 occupants	$150.00	$25.00	$175.00
over 50 units or over 150 occupants	$175.00	$25.00	$200.00

Note: The on-site survey fee includes two surveys per year (one preoccupancy and one occupancy). Any additional visits (follow-up and/or complaint investigation) will be considered an additional service and will be billed separately at the rates established in Table 990.

*Operators with four or less units or nine or less occupants are not required to be licensed except when licensure is required by WAC 246-358-025.

[Statutory Authority: RCW 43.70.340. 99-24-095, § 246-358-990, filed 11/30/99, effective 12/31/99. Statutory Authority: RCW 43.70.340 and 43.70.040. 93-03-031 (Order 324), § 246-358-990, filed 1/12/93, effective 2/12/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-358-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20A.055. 87-24-074 (Order 2564), § 440-44-100, filed 12/2/87; 86-05-029 (Order 2342), § 440-44-100, filed 2/19/86.]

Chapter 246-359 WAC
TEMPORARY WORKER HOUSING CONSTRUCTION STANDARD

WAC

WAC 246-359-001 Purpose and scope. (1) **Purpose.** The purpose of this chapter is to provide minimum requirements to safeguard the health and general welfare of occupants of temporary worker housing by regulating and controlling the design, construction, materials, location and maintenance of all buildings and structures within the authority of chapter 246-358 WAC (the temporary worker housing rules) and this chapter.

(2) **Scope.** This chapter implements the requirements established by RCW 70.114A.081 and 43.70.337 to provide minimum construction requirements for new, relocated, existing or altered buildings and structures or portions thereof intended for use as temporary worker housing. Such buildings and structures must be licensed by the Washington state department of health under chapter 246-358 WAC and designated as "temporary worker housing occupancies." Buildings and structures which are not licensed, inspected and approved by the department must meet the provisions of the state building code under the local authority having jurisdiction and local ordinances.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-001, filed 1/18/99, effective 2/18/99.]

WAC 246-359-005 Applicability. (1) This chapter applies only to temporary worker housing as:

(a) Defined in chapter 70.114A RCW; and

(b) Licensed under chapter 246-358 WAC (temporary worker housing rules) according to RCW 43.70.340 (Farmworker housing inspection fund—fee on labor camp operating license).

(2) Existing structures built as nonresidential buildings, according to the state building code, may be licensed as temporary worker housing by complying with the specific requirements of WAC 246-359-600, alternate construction, and approved under the authority of this chapter.

(3) Alterations to residential housing constructed according to the state building code and approved by the authority having jurisdiction must apply to:

(a) The authority having jurisdiction for issuing building permits; or

(b) The department in compliance with this chapter.

(4) Temporary worker housing meeting the requirements of subsection (1) of this section must:

(a) Be located on a rural worksite; and

(b) Comply with:

(i) WISHA labor camp provisions;

(ii) Chapter 246-358 WAC (temporary worker housing rules); and

(iii) The electrical code, chapter 296-46 WAC.

(5) Temporary worker housing built in compliance with this chapter is exempt from state building code accessibility laws, RCW 19.27.031(5).

(6) Temporary worker housing built in compliance with this chapter which is subsequently converted to another use becomes subject to all local requirements for such use as enforced by the authority having jurisdiction.

(7) This chapter does not apply to:

(a) Housing built for use by the general public which is governed by chapter 59.18 RCW (Residential Landlord-Ten-

ant Act) or chapter 59.20 RCW (Mobile Home Landlord-Tenant Act);

(b) Factory assembled structures as defined in this chapter, except for the requirements in subsection (8) of this section; and

(c) The construction of structures governed by the state building code and enforced by the authority having jurisdiction.

(8) This chapter is limited to issuing a construction permit for factory assembled structures to meet the following requirements:

(a) On-site installation; and

(b) Inspection of the site, foundation, and hook-ups, including, but not limited to: Potable water, sewage disposal systems, or gas connections.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-005, filed 1/18/99, effective 2/18/99.]

WAC 246-359-010 Definitions. For the purposes of this chapter, the following words and phrases will have the following meanings unless the context clearly indicates otherwise:

(1) "Alter" or "alteration" means any change, major repair, addition or modification in construction.

(2) "Architect" means an individual licensed by chapter 18.08 RCW to practice in the state of Washington.

(3) "Construction permit" means a permit issued by the department which allows the applicant to construct structures according to this chapter.

(4) "Construction standard" means temporary worker housing construction code as defined in RCW 70.114A.081.

(5) "Department" means the Washington state department of health.

(6) "Dormitory" means a building or portion of a building, designed to provide group sleeping accommodations for temporary workers.

(7) "Dwelling unit" means a shelter, building, or portion of a building, for a family that may include cooking, eating, sleeping and sanitation facilities and that is physically separated from other nonsleeping and common-use areas.

(8) "Engineer" means an individual licensed by chapter 18.43 RCW to practice in the state of Washington.

(9) "Factory assembled structures" or "FAS" means those structures under the authority of chapter 43.22 RCW including:

(a) Mobile and manufactured homes;

(b) Commercial coaches;

(c) Recreational vehicles;

(d) Recreational park trailers; and

(e) Factory-built housing which is any structure designed for human occupancy other than a manufactured or mobile home, where the structure or any room of which is either entirely or substantially prefabricated or assembled at a place other than a building site.

(10) "Family" means two or more persons related by blood or marriage or a group of persons living together in a dwelling unit.

(11) "Floor area" is the area included within the surrounding exterior walls of a building or portion thereof.

(12) "Habitable room" or "habitable space" is a room or space in a structure with a minimum seven foot ceiling used for living, sleeping, eating, or cooking. Bathrooms, toilet compartments, closets, halls, storage or utility space, and similar areas, are not considered habitable space.

(13) "Jurisdiction having authority" means, a local county or city building or health or zoning or public works department or state department of health or ecology or labor and industries, etc.

(14) "Labor camp" means the temporary labor camp requirements of WAC 296-307-160 of the Washington Industrial Safety and Health Act of 1993, chapter 49.17 RCW as amended September 10, 1994.

(15) "Occupant" means a temporary worker or a person who resides with a temporary worker at a housing site.

(16) "State building code" means the building code, plumbing code, mechanical code, and fire code as referenced under RCW 19.27.031.

(17) "Special inspector" means a person paid at the applicant's expense to conduct special inspections when the department determines the required inspections are not sufficient.

(18) "Temporary worker" means a person employed intermittently and not residing year-round at the same site.

(19) "Temporary worker housing" or "TWH" means a place, area, or piece of land where sleeping places or housing sites are provided by an employer for his or her employees or by another person, including a temporary worker housing operator, who is providing such accommodations for employees, for temporary, seasonal occupancy, and includes "labor camps" under RCW 70.54.110.

(20) "Temporary worker housing (TWH) occupancies" means buildings, structures or portions thereof used for occupancy by temporary workers.

(21) "WISHA" means the Washington Industrial Safety and Health Act, chapter 49.17 RCW administered by the state of Washington department of labor and industries. Temporary labor camp requirements of WAC 296-307-16001 are in force for temporary labor camps.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-010, filed 1/18/99, effective 2/18/99.]

WAC 246-359-020 Powers and duties of the department of health. The department:

(1) Is authorized and directed to enforce all the provisions of this chapter, according to the laws as enacted by the Washington state legislature.

(2) Has the power to issue written interpretations of this chapter as long as the interpretations are in conformance with the intent and purpose of this chapter and the regulated community is informed of these interpretations.

(3) May adopt and enforce rules and supplemental regulations to clarify the application of the provisions of this chapter consistent with the intent and purpose of this chapter.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-020, filed 1/18/99, effective 2/18/99.]

WAC 246-359-030 Cooperation with the department of health—Right of entry. (1) **Department authority.** The

department has authority to enter any building or area used for temporary worker housing, at reasonable times to:

(a) Inspect the site for compliance with this chapter and related standards; and

(b) Determine, based on reasonable cause, if a building or condition on the premises is unsafe, dangerous or hazardous.

(2) **Refusal of entry.** When the owner or person having lawful control or supervision authority refuses entry or has required a warrant, the department will seek remedies provided by law to secure entry to the temporary worker housing site.

(3) **Occupied temporary worker housing.** The department must present credentials to the occupant and request the right to enter a dormitory or dwelling unit when temporary workers are in residence.

(4) **Unoccupied temporary worker housing.** When a dormitory or dwelling unit does not have temporary workers in residence, the department must make a reasonable effort to locate the owner or person having lawful control or supervision of the temporary worker housing to request entry.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-030, filed 1/18/99, effective 2/18/99.]

WAC 246-359-040 Appeals. (1) The department may deny, suspend, modify, or revoke a permit in any case in which it finds that there has been a failure or refusal to comply with the requirements of chapter 70.114A RCW or this chapter.

(2) The department's notice of a denial, suspension, modification, or revocation of a license will be consistent with RCW 43.70.115. An applicant or license holder has the right to an adjudicative proceeding to contest a decision.

(3) An applicant who contests a department permit decision must, within twenty-eight days of receipt of the decision:

(a) File a written application for an adjudicative proceeding by a method showing proof of receipt with the Administrative Hearings Unit, Department of Health, PO Box 47879, Olympia, WA 98504-7879; and

(b) Include in or with the application:

(i) A specific statement of the issue or issues and law involved;

(ii) The grounds for contesting the department decision; and

(iii) A copy of the contested department decision.

(4) The proceeding is governed by the Administrative Procedure Act, chapter 34.05 RCW, this chapter, and chapters 246-08 and 246-10 WAC. If a provision in this chapter conflicts with chapter 246-08 or 246-10 WAC, the provision in this chapter governs.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-040, filed 1/18/99, effective 2/18/99.]

WAC 246-359-050 Minor variances to the temporary worker housing construction standard. An applicant may apply for a minor variance from the requirements of this chapter by filing a written request with the department.

(1) **Responsibilities of applicant.** If requesting a minor variance, an applicant must:

(a) Submit the following information in writing:

(i) The specific requirement or requirements from which the variance is requested;

(ii) Adequate justification that the variance is needed to obtain a beneficial use of the housing or to prevent a practical difficulty; and

(iii) How the variance will achieve the same result as the requirement and any specific alternative measures to be taken to protect the health and safety of the occupants;

(b) Pay a fee set by the department according to WAC 246-359-990, Table I; and

(c) Follow the process stated in WAC 246-359-060, alternate construction, when applicable.

(2) **Department response.** The department will provide a written response to the applicant within forty-five days of receipt of the minor variance request. The written response will state the acceptance or denial of the variance, including the reasons for the department's decision. At a minimum the department will make its decision based on:

(a) The applicant's request as described in subsection (1) of this section;

(b) Research into the variance request; and

(c) Expert advice.

(3) **Applicant's response to denials.** According to chapter 34.05 RCW the applicant has twenty-one days after receiving the department's written denial, of the variance request, to contest the decision.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-050, filed 1/18/99, effective 2/18/99.]

WAC 246-359-060 Architect or engineer of record and plan submittal responsibilities. (1) The department will require construction documents to be prepared by an architect or engineer under:

(a) WAC 246-359-600, alternate construction;

(b) WAC 246-359-710, installation requirements for factory assembled structures;

(c) WAC 246-359-720, installation requirements for manufactured homes.

(2) The applicant must provide the name of the architect or engineer of record on the construction permit application.

(3) The applicant is responsible to notify the department, in writing, when the architect or engineer of record changes or is no longer able to review and coordinate all the necessary submittal documents for compatibility with the design of the building.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-060, filed 1/18/99, effective 2/18/99.]

WAC 246-359-070 Application and construction documents required for plan review. (1) To have construction documents reviewed the applicant must submit to the department:

(a) A completed and signed application, on a form provided by the department, for each structure (individual building);

(b) The required plan review fee, according to WAC 246-359-990;

(c) Two sets of construction documents, on substantial paper, including:

(i) Plans and diagrams drawn to scale;

(ii) Specifications;

(iii) Computations; and

(iv) Other documents needed to determine if the provisions of this chapter and related state rules are being met, for example solid waste disposal management plan or soil testing;

(d) When applicable, manufacturer's installation instructions as required for factory assembled structures, WAC 246-359-710, and manufactured homes, WAC 246-359-720;

(e) Proof of an adequate approved potable water supply to meet the intended use of the temporary worker housing and which meets the requirements of chapters 246-290 and 246-291 WAC (water rules) and WISHA;

(f) Copy of the on-site sewage system permit from the jurisdiction having authority;

(g) Proof of a water right permit from the department of ecology, when required;

(h) Proof of current approval from labor and industries, when required, for factory assembled structures; and

(i) Proof the project meets zoning requirements as established for height, setback and road access under the authority having jurisdiction.

(2) The plans and specifications must clearly identify in detail the location, nature and extent of the work proposed.

(3) The department will only begin plan review when:

(a) All the documents required in this section are submitted; and

(b) The plan review fee is received.

(4) The department can refund up to eighty percent of the plan review fee if the applicant submits a written request to stop the project before the plan review process is complete. Refunds are based on the plan review fee paid as required by Table I in WAC 246-359-990 and the amount of plan review completed as determined by the department.

(5) The department will charge an additional plan review fee according to Table I in WAC 246-359-990, when:

(a) Site inspections determine the project has not been built according to the approved construction documents and an additional plan review is required; or

(b) Revised construction documents are submitted after approval of the initial construction documents.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-070, filed 1/18/99, effective 2/18/99.]

WAC 246-359-080 Plan review approval and expiration of plan approval. (1) The department will notify the applicant in writing:

(a) With a "plan review approval letter" when the construction documents meet the requirements of this chapter; or

(b) With a "not approved letter" when the construction documents do not meet the requirements of this chapter and a resubmission of plans or documents is required by the department for approval.

(2) The applicant has a period of one year from the date of the plan review approval letter to submit the construction permit fee or the plan review approval will expire.

(3) The department will destroy all construction documents related to the project when the plan review approval expires.

(4) To renew action on an expired plan review the applicant must resubmit the construction documents and pay a new plan review fee to the department as required in WAC 246-359-990.

(5) Construction documents modified after the department issues approval must be resubmitted for approval with an additional fee as specified in WAC 246-359-070.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-080, filed 1/18/99, effective 2/18/99.]

WAC 246-359-090 Issuing and maintaining a construction permit. (1) The department will issue a construction permit when:

(a) Construction documents are approved according to WAC 246-359-080; and

(b) Permit and inspection fees are paid according to WAC 246-359-990.

(2) Construction can begin after the applicant is issued a construction permit by the department;

(3) The following conditions, at a minimum, must be met during construction:

(a) The "inspection record card" must be posted in a visible location at the worksite and be readily accessible to the inspector at the worksite; and

(b) The approved plans must be readily available to the inspector during all scheduled inspections.

(4) The department will void the permit and the applicant's right to continue construction when:

(a) The plans are changed, modified or altered without prior approval by the department as specified in WAC 246-359-080;

(b) Any deviation in construction or design is made from the approved plans; and

(c) The inspection record card and the approved plans are not readily and easily available to the inspector.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-090, filed 1/18/99, effective 2/18/99.]

WAC 246-359-100 Expiration and extension of construction permits. (1) **Permit expiration.** The permit will be considered null and void one year from the date the permit was issued if the applicant:

(a) Has not initiated the work authorized by the permit;

(b) Suspends or abandons the authorized work at any time after the work has begun by not calling for the next required inspection within one year after a required inspection;

(c) Has not applied for a time extension according to the requirements in subsection (2) of this section.

(2) **Permit extension.** The applicant can apply for a one time only extension when the request is made in writing to the department:

(a) Before the permit expires;

(b) Stating reasons satisfactory to the department;

(c) The original plans and specifications will be used and no changes have been made or are planned to be made; and

(d) The applicable standards have not changed.

(3) Any applicant who does not apply for an extension according to the requirements in this section cannot resume work unless the applicant:

(a) Resubmits plans according to WAC 246-359-070; and

(b) Pays full plan review and permit fee according to WAC 246-359-990.

(4) The department can refund up to eighty percent of the construction permit fee if the applicant submits a written request before construction starts. The refund will be determined by the department based on the permit fee paid as required by Table I in WAC 246-359-990.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-100, filed 1/18/99, effective 2/18/99.]

WAC 246-359-110 Construction without a permit. (1) Construction of temporary worker housing allowed by this chapter can only begin after a construction permit has been issued by the department as described in WAC 246-359-090.

(2) A person who begins any work without a construction permit will be subject to an investigation and an investigation fee as described in WAC 246-359-990 whether or not a permit is then or subsequently issued. An investigation and investigation fee will be in addition to any other "additional" inspections or fees described in WAC 246-359-990.

(3) The department will determine if the person initiating building or work without a required construction permit is:

(a) Under the authority of this chapter and must follow the construction permit process defined in this chapter; or

(b) Found to be outside the authority of this chapter and must be reported to the jurisdiction having authority and the prosecuting attorney of that jurisdiction.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-110, filed 1/18/99, effective 2/18/99.]

WAC 246-359-120 Required inspections. The department or its designee, when notified by the applicant in writing has authority to conduct all of the inspections described in this section.

(1) **Site/foundation inspection.** To be made after excavations for footings are complete, and after any required forms and reinforcing steel are in place, **but** before any concrete has been placed.

(2) **Concrete slab or under-floor inspection.** To be made after all in-slab or under-floor building service equipment, conduit, piping accessories and other ancillary equipment items are in place, **but** before any concrete is placed or floor sheathing installed, including the subfloor.

(3) **Framing/rough-in inspection.** To be made after the roof, all framing, wall, and roof members are in place including fire blocking and bracing, heating, and rough electrical and plumbing has been installed.

(4) **Final inspection.** To be made after finish grading and the building is completed and ready for occupancy.

(5) **Additional inspections.** To be made after the applicant has received notification that an additional inspection or inspections are necessary. The department will conduct the following additional inspections to:

(a) Assure the requirements of this chapter are being met, specifically to verify:

(i) Stop work orders, WAC 246-359-130, are adhered to;

(ii) Approved plans, according to WAC 246-359-080, have not been altered without prior department approval; and

(iii) A construction permit has been issued according to WAC 246-359-090;

(b) Determine compliance with other required laws or ordinances necessary to enforce this chapter; and

(c) Determine if an approved variance is being followed, when verification cannot be determined through the inspections described in subsections (1) through (4) of this section.

(6) **Special inspections.** To be made by a special inspector when the applicant is building to the alternate construction standards and the inspections required in subsections (1) through (5) of this section are not sufficient to determine compliance with the alternate construction methods.

(7) **Reinspections.** Reinspections will be conducted and a reinspection fee charged for each reinspection conducted for the following reasons:

(a) Work for which an inspection is requested and is not complete;

(b) Required corrections called for have not been made;

(c) The inspection record card is not posted or readily available at the worksite;

(d) The approved plans are not readily available to the inspector; and

(e) The inspector's request for equipment or information was not provided at the site preventing the inspector from conducting the scheduled inspection.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-120, filed 1/18/99, effective 2/18/99.]

WAC 246-359-130 Stop work orders. (1) The department, upon notifying the applicant in writing, will order work to be stopped when the work being done is found to be contrary to:

(a) The approved plans;

(b) The requirements of this chapter; or

(c) Other laws or ordinances required and necessary to enforce this chapter at a minimum as stated in WAC 246-359-005(4), applicability.

(2) If the department finds work being done contrary to subsection (1) of this section the department, in addition to notifying the applicant in writing, will post a "stop work order" on the construction site.

(3) The applicant is prohibited from continuing any work or causing any work to be performed until solutions to rectify the conditions causing the stop work order have been approved by the department.

(4) The department will document removal of the stop work order by:

(a) Providing the applicant written authorization to proceed with the work; and

(b) Removing or causing the "stop work order" to be removed.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-130, filed 1/18/99, effective 2/18/99.]

WAC 246-359-140 Certificate of completion. (1) The department will issue a "certificate of completion" when:

(a) The inspector determines the project is completed in compliance with the approved construction documents;

(b) The department determines the project is in compliance with this chapter and related rules including:

(i) Proof the potable water supply is approved and adequate to meet the requirements of chapters 246-290 and 246-291 WAC (water rules) and WISHA;

(ii) Proof the sewage disposal system has been approved by the jurisdiction having authority, for example, city or county health or public works department, state department of health or state department of ecology; and

(iii) Proof the electrical system has been approved by the jurisdiction having authority, for example, Washington state department of labor and industries or the city building or planning departments.

(2) **Approved to apply for a license.** The applicant can apply for a temporary worker housing license according to chapter 246-358 WAC after receiving a certificate of completion from the department.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-140, filed 1/18/99, effective 2/18/99.]

WAC 246-359-150 Site requirements. (1) The site used for temporary worker housing must be:

(a) Adequately drained and not subject to periodic flooding;

(b) Located a distance of at least two hundred feet from all surface water;

(c) Located so the drainage from and through the temporary worker housing will not endanger any domestic or public water supply;

(d) Graded, ditched, and made free from depressions which allow water to become a nuisance;

(e) Adequate in size to prevent overcrowding of necessary structures; and

(f) Located on a slope which is not more than one unit (inches, feet, etc.) vertical per twenty units horizontal.

(2) Any structure used for sleeping or preparing and serving food must be located at least five hundred feet from any area in which livestock is kept.

(3) All temporary worker housing structures must be located a minimum of ten feet from any other structure or building.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-150, filed 1/18/99, effective 2/18/99.]

WAC 246-359-160 Temporary worker housing minimum floor area and ceiling height. (1) Rooms used for sleeping purposes only must have a minimum of fifty square feet of floor space for each occupant.

(2) Rooms used for cooking, living, and sleeping must have a minimum of seventy square feet for the first occupant and fifty-square feet for each additional occupant.

(3) All habitable rooms and spaces including halls, bathrooms and toilet compartments must have at least a seven foot clear height from the floor to the ceiling or exposed ceiling framing.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-160, filed 1/18/99, effective 2/18/99.]

WAC 246-359-170 Wood framed construction and concrete masonry unit (CMU) general limitations. (1) When building with wood or CMU as required by WAC 246-359-200 through 246-359-580 the following requirements apply:

(a) Floor area must be limited to three thousand six hundred square feet per building;

(b) Height must be limited to one story; and

(c) All floor surfaces must be above grade, no basements.

(2) When building to WAC 246-359-600, alternate construction, the limitations in subsection (1) of this section do not apply.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-170, filed 1/18/99, effective 2/18/99.]

WAC 246-359-180 Concrete footings and foundations for wood framed construction. (1) Concrete used for footings and foundations must have a minimum compressive strength of two thousand pounds per square inch (psi). Concrete must be mixed and delivered in accordance with the requirements of ASTM C94 (Ready-Mix Concrete), or may be field mixed. Field mixed concrete will be subject to independent compressive strength testing and special inspection.

(2) Concrete footings must be placed on firm, undisturbed soil.

(3) Concrete footings must be continuous, be a minimum of twelve inches wide by six inches thick, be reinforced with a minimum of two No. 4 continuous rebar, and be at least eighteen inches below finished grade measured from the bottom of the footing.

(4) Concrete foundations must be a minimum of six inches thick, be reinforced with a minimum of two continuous horizontal No. 4 at the top, be reinforced vertically with No. 4 at twenty-four inches on center, extend at least six inches above the finished grade, and have a total height of not greater than forty-eight inches.

(5) Concrete foundations that are formed by a thickened concrete slab edge as part of a slab on grade floor must be reinforced with two pieces of No. 4 rebar in the upper part and two pieces of No. 4 rebar in the lower part of the foundation. The concrete floor will be reinforced according to WAC 246-359-430. The thickened concrete slab edge must extend at least eighteen inches below finished grade, be at least twelve inches in width, and provide a slab height of at least six inches above finished grade.

(6) Where the walls are of wood construction, the treated foundation plates or sills must be bolted to the foundation or foundation wall with not less than one-half inch nominal diameter steel bolts embedded at least seven inches into the concrete and spaced not more than seventy-two inches apart. There must be a minimum of two bolts per piece with one bolt located within twelve inches of each end of each piece. A properly sized nut and washer must be tightened on each bolt to secure the place.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-180, filed 1/18/99, effective 2/18/99.]

WAC 246-359-200 Wood framed construction. (1) Buildings constructed using wood materials must follow the requirements of WAC 246-359-001 through 246-359-340 to comply with this chapter.

(2) Wood structural members in contact with the ground, and/or concrete must be pressure treated and must bear the proper grade mark of an approved inspection/testing agency.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-200, filed 1/18/99, effective 2/18/99.]

WAC 246-359-210 Treated wood foundations for wood framed construction. (1) All lumber and plywood used for wood foundation systems must be pressure treated and bear the grade mark FDN (foundation grade) or better.

(2) Where FDN lumber and plywood is cut or drilled after treatment, the cut surface must be field treated with a preservative that is designated for that purpose.

(3) Hot-dipped zinc-coated steel nails or stainless steel fasteners will be used as fasteners for treated wood foundation walls. Electrogalvanized nails or staples and hot-dipped zinc-coated staples cannot be used.

(4) Treated wood foundations must have composite footings consisting of a minimum two-by-eight lumber footing plate set eighteen inches below finished grade on top of a layer of gravel, coarse sand or crushed stone. The gravel, sand, or crushed stone footing will have a width of not less than sixteen inches and a depth of not less than six inches, and must be placed in firm, undisturbed soil.

(5) The gravel, sand, or crushed stone footing must consist of:

(a) Washed and graded gravel free from organic, clayey or silty soils with a maximum stone size not exceeding three-fourths inch;

(b) Coarse sand free from organic, clayey, or silty soils with a minimum grain size of one-sixteenth inch; or

(c) Crushed stone with a maximum size of one-half inch.

(6) Treated wood foundation walls must be constructed of two-by-six studs at a minimum of sixteen inches on center with a double two-by-six top plate. Cover the studs with a minimum one-half inch thick pressure treated exterior plywood sheathing placed on the exterior of the studs. Treated wood foundation walls will not be greater than forty-eight inches measured from the bottom of the footing plate to the top of the double top plate.

(7) Joints in the footing plate and top plates must be staggered at least one stud space. Framing at locations where openings occur in the wall and floor systems above, and at other points of concentrated loads must have studs added at those points to support the concentrated loads.

(8) Before backfilling, cover the gravel, sand, or crushed stone appearing outside the treated wood foundation wall with strips of six-mil thick polyethylene sheeting, Type 30 felt, or equivalent material with adjacent strips lapped to provide for water seepage while preventing excessive infiltration of fine soils.

(9) Backfill on the outside to eight inches or more below the top of the treated wood foundation walls. Backfill on the inside of the treated wood foundation walls (crawl space) a minimum depth of six inches above the top of the footing plate.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-210, filed 1/18/99, effective 2/18/99.]

WAC 246-359-220 Floor framing for wood framed construction. (1) **Girders.**

(a) Girders supporting floor joists must be a minimum four-by-six Hem-Fir #2, spaced not more than eight feet on center, and placed at least twelve inches above ground.

(b) Girders must be continuous, or must be spliced over supports. When a girder is spliced over a support, a positive tie to the support must be provided.

(c) Each end of each girder member must have a minimum three inch of bearing on treated wood plates or treated wood posts.

(2) **Floor joists.**

(a) Floor joists must be a minimum two-by-six spaced sixteen inches on center or two-by-eight spaced twenty-four inches on center, Hem-Fir #2 or better, spanning not more than eight feet between supports, and placed at least eighteen inches above ground.

(b) Floor joists must be continuous or spliced only over a support with a minimum three-inch lap.

(c) The end of each joist must have not less than three inch bearing on treated wood plate.

(d) Notches on the ends of joists cannot not exceed one fourth the joist depth. Holes bored in joists cannot be within two inches of the top or bottom of the joist, and the diameter of any such hole cannot exceed one-third the depth of the joist. Notches in the top or bottom of joists cannot exceed one-sixth the depth and cannot be located in the middle third of the span.

(e) Floor joists must have solid blocking at the ends and at each support. Solid blocking cannot be less than two inches nominal in thickness and the full depth of the joist.

(3) **Interior bearing.** Interior bearing footings (pads) must be of plain concrete at least sixteen inches by sixteen inches by eight inches thick placed on firm undisturbed soil.

(4) **Ventilation.** Under floor areas (crawl spaces) must be ventilated by one-fourth inch screened openings of not less than one square foot of opening for each one hundred fifty square feet of under-floor area.

(5) **Supporting interior bearing partitions.** Interior bearing partitions perpendicular to floor joists must not be offset from support girders more than the joist depth. Interior bearing partitions parallel to the floor joists must be supported by a doubled floor joist located directly under the interior bearing partition.

(6) **Subflooring.** Subflooring must be structural wood panels (plywood or OSB), particleboard subfloor or combination subfloor-underlayment, or solid wood.

(a) Structural wood panels will be tongue-and-groove installed perpendicular to the floor joists with end joints occurring over floor joists. The minimum thickness must be five-eighth inches (eleven-sixteenths inches) over floor joists spaced sixteen inches on center and three-fourths inches (twenty-five thirty-seconds inches) over floor joists spaced twenty-four inches on center. Structural wood panels must be grade stamped for use and span. Secure structural wood panels to the floor joist system by use of either nails or glue and nails combination. In both systems, nails must be 8d

common or deformed shank, spaced six inches on center at the edges and twelve inches on center at intermediate supports.

(b) Particleboard subfloor or combination subfloor-underlayment must be installed perpendicular to the floor joists. The minimum thickness must be five-eighths inches over floor joists spaced sixteen inches on center and three-fourths inches over floor joists spaced twenty-four inches on center. Particleboard must be grade stamped for use and span. Secure particleboard to the floor joist system by use of either nails or glue and nails combination. In both systems, nails must be 8d common or deformed shank, spaced six inches on center at the support edges and twelve inches on center at intermediate supports.

(c) Solid wood must be a minimum size of one-inch by six-inch nominal tongue-and-groove wood strip flooring applied perpendicular or diagonally to the floor joists. Secure solid wood flooring to the floor joist system by use of either nails or glue and nails combination as follows for:

(i) Wood strip flooring six inches or less must be nailed to each floor joist by "2-8d" common or box nails; or

(ii) Wood strip flooring greater than six inches must be nailed to each floor joist by "3-8d" common or box nails.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-220, filed 1/18/99, effective 2/18/99.]

WAC 246-359-230 Wall framing for wood framed construction. (1) Exterior walls and interior partitions must be framed as follows:

(a) Studs must be minimum two-by-four wood, Hem-Fir stud grade or better, spaced not more than sixteen inches on center, support no more than one ceiling and one roof, nor exceed eight feet in height for exterior walls.

(b) Studs must be placed with their wide dimension perpendicular to the wall. Not less than three studs must be installed at each corner of an exterior wall.

(c) Studs must be capped with double top plates installed to provide overlapping at corners and at intersections with other partitions. End joints in double top plates must be offset at least forty-eight inches.

(d) Studs must have full bearing on a plate or sill not less than two inches nominal in thickness having a width not less than that of the wall studs.

(2) Headers. All openings four feet wide or less in bearing walls must be provided with headers consisting of either two pieces of two-by-eight Hem-Fir #2, or better, placed on edge and securely fastened together or one piece of four-by-eight Hem-Fir #2 or better. All openings over four feet and up to eight feet wide in bearing walls must be provided with headers consisting of two pieces of two-by-twelve Hem-Fir #2 or better, placed on edge and securely fastened together, or one piece of four-by-twelve Hem-Fir #2 or better.

(3) Wall bracing. Exterior walls must be braced with one of the following methods:

(a) Wood boards of five-eighths inch net minimum thickness applied diagonally to the studs and face nailed with 2-8d common nails per stud.

(b) Minimum forty-eight inch width of wood structural panel sheathing (plywood) with a minimum thickness of three-eighths inches applied vertically at each corner. Provide solid blocking at all edges not supported by studs and secure to studs with 6d common or deformed shank nails spaced at six inches on center at edges and twelve inches on center at intermediate supports. Sheathing must extend from treated plate through double top plate.

(4) Where plumbing, heating or other pipes are placed in studs, a metal tie not less than sixteen galvanized gauge and one and one-half inches wide must be fastened to each plate across and to each side of the opening.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-230, filed 1/18/99, effective 2/18/99.]

WAC 246-359-240 Exterior wall covering for wood framed construction. (1) All weather-exposed surfaces must have a weather resistive barrier. Such barrier must be of waterproof building paper or asphalt saturated felt. Building paper, felt, or equivalent materials must be covered with siding as a protection against damage. Weatherproof sheathing may be used to meet this requirement.

(2) When weatherproof sheathing is used for the weather resistive barrier protection, it must be of the exterior type not less than three-eighths inch thick. Joints must occur over framing members and must be protected by built-in edge laps, a continuous wood batten, caulking, flashing, or by an equivalent material installed per the manufacturer's specifications.

(3) All wood siding and trim must be painted to protect from weather damage.

(4) Flashing. All exterior openings exposed to the weather must be flashed in such a manner as to make them weatherproof.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-240, filed 1/18/99, effective 2/18/99.]

WAC 246-359-250 Roof framing for wood framed construction and concrete masonry units (CMU). (1) Roof framing must have a minimum slope of three units vertical to twelve units horizontal, and must be framed with one of the following methods:

(a) Factory built trusses. Installed per manufacturer's directions and spaced not more than twenty-four inches on center. Roof trusses must be supported laterally at points of bearing by solid blocking to prevent rotation and lateral displacement;

(b) Rafter spans. Allowable rafter spans for Hem-Fir #2 or better must be in accordance with the spans and load conditions listed in Tables 250-A, 250-B or 250-C;

(c) Rafters. Rafters must be framed directly opposite each other at the ridge. There must be a ridge board at least one inch nominal thickness at all ridges and not less in depth than the cut end of the rafter;

(d) Notching at the ends of rafters cannot exceed one fourth the depth. Notches in the top or bottom must not exceed one sixth the depth and must not be located in the middle one third of the span;

(e) Holes bored in rafters must not be within two inches of the top or bottom and their diameter must not exceed one third the depth of the rafter; and

(f) Rafters must be supported laterally at points of bearing by solid blocking of the same material to prevent rotation and lateral displacement.

Table 250-A
Western Wood Products Table for Hem-Fir #2
Rafter (L/240 Deflection Limit) 30# Snow Load and 10# Dead Load

Rafter Size	Spacing—inches on center	Span—feet-inches
2 x 6	12	12-7
2 x 6	16	11-5
2 x 6	24	9-7
2 x 8	12	16-7
2 x 8	16	14-11
2 x 8	24	12-2
2 x 10	12	21-0
2 x 10	16	18-2
2 x 10	24	14-10
2 x 12	12	24-4
2 x 12	16	21-1
2 x 12	24	17-3

Table 250-B
Western Wood Products Table for Hem-Fir #2
Rafter (L/240 Deflection Limit) 40# Snow Load and 10# Dead Load

Rafter Size	Spacing—inches on center	Span—feet-inches
2 x 6	12	11-5
2 x 6	16	10-5
2 x 6	24	8-7
2 x 8	12	15-1
2 x 8	16	13-4
2 x 8	24	10-10
2 x 10	12	18-9
2 x 10	16	16-3
2 x 10	24	13-3
2 x 12	12	21-9
2 x 12	16	18-10
2 x 12	24	15-5

Table 250-C
Western Wood Products Table for Hem-Fir #2
Rafter (L/240 Deflection Limit) 60# Snow Load and 10# Dead Load

Ceiling Joist Size	Spacing—inches on center	Span—feet-inches
2 x 8	12	13-0
2 x 8	16	11-3
2 x 8	24	9-2
2 x 10	12	15-10
2 x 10	16	13-9
2 x 10	24	11-3
2 x 12	12	18-5
2 x 12	16	15-11
2 x 12	24	13-0
2 x 14	12	20-7
2 x 14	16	17-10
2 x 14	24	14-6

(2) The department will allow site built trusses accompanied by structural calculations prepared by a structural engineer.

(3) Trimmer and header rafters must be doubled when the span of the header exceeds four feet. The ends of the header rafters more than six feet long must be supported by framing anchors or rafter hangers unless bearing on a beam, partition, or wall.

(4) Rafters must be nailed to adjacent ceiling joists to form a continuous tie between exterior walls when such joists are parallel to the rafters. Where not parallel, rafters must be nailed to minimum one-by-four cross ties.

(5) Rafter cross ties must be spaced not more than four feet on center, located immediately above the ceiling joists.

(6) Rafter and truss ties must be installed per manufacture's instructions.

(7) Roof assembly must have rafter and truss ties to the wall below and spaced not more than four feet on center.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-250, filed 1/18/99, effective 2/18/99.]

WAC 246-359-300 Ceiling framing for wood framed construction and concrete masonry units (CMU). (1) Notching at the ends of ceiling joists must not exceed one fourth the depth. Notches in the top or bottom must not exceed one sixth the depth and must not be located in the middle one third of the span.

(2) Holes bored in ceiling joists must not be within two inches of the top or bottom and their diameter must not exceed one third the depth of the rafter.

(3) Ceiling joists must be supported laterally at points of bearing by solid blocking to prevent rotation and lateral displacement.

(4) Allowable ceiling joist spans for Hem-Fir #2 or better must be in accordance with the spans and load conditions listed in Table 300-A.

(5) The department will allow spans using other wood species or grade or other load conditions when accompanied by structural calculations prepared by a structural engineer.

Table 300-A
Western Wood Products Table for Hem-Fir #2
Ceiling Joists 10# Dead Load

Ceiling Joist Size	Spacing—inches on center	Span—feet-inches
2 x 6	12	14-5
2 x 6	16	12-8
2 x 6	24	10-4
2 x 8	12	18-6
2 x 8	16	16-0
2 x 8	24	13-1
2 x 10	12	22-7
2 x 10	16	19-7
2 x 10	24	16-0
2 x 12	12	26-3
2 x 12	16	22-8
2 x 12	24	18-6

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-300, filed 1/18/99, effective 2/18/99.]

WAC 246-359-310 Roof sheathing for wood framed construction and concrete masonry units. Roof sheathing shall be structural wood panels (plywood, OSB) with a minimum five-eighths inch thickness, grade stamped for use and span. Secure roof sheathing panels to the roof framing with 8d common nails, spaced six inches on center at the edges and twelve inches on center at intermediate supports.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-310, filed 1/18/99, effective 2/18/99.]

WAC 246-359-320 Roof covering materials for wood framed construction and concrete masonry units (CMU). Roof sheathing must be protected by installing a material that has been designed as a roofing covering product. Installation of the selected roof covering material must be according to manufacturer's instructions and industry standards.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-320, filed 1/18/99, effective 2/18/99.]

WAC 246-359-330 Roof framing ventilation for wood framed construction and concrete masonry units (CMU). (1) Ventilation must be provided for enclosed roof framing spaces by providing sixteen-mesh screened openings at:

(a) The eaves;

(b) The gable ends;

(c) The ridge; or

(d) Any combination of (a) through (c) of this subsection.

(2) The minimum amount of ventilation openings must be at the rate of one square foot of net free opening for every three-hundred square feet of attic area.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-330, filed 1/18/99, effective 2/18/99.]

WAC 246-359-340 Nailing schedule wood framed construction and concrete masonry units. All nailing must be completed according to Table 340.

Table 340
Nailing Schedule

CONNECTION	NAILING[1]
1. Joist to sill or girder, toenail	3-8d
2. Bridging to joist, toenail each end	2-8d
3. 1" x 6" subfloor or less to each joist, face nail	2-8d
4. Wider than 1" x 6" subfloor to each joist, face nail	3-8d
5. 2" subfloor to joist or girder, blind and face nail	2-16d
6. Sole plate to joist or blocking, typical face nail Sole plate to joist or blocking, at braced wall panels	16d at 16" o.c. 3-16d per 16"
7. Top plate to stud, end nail	2-16d
8. Stud to sole plate	4-8d, toenail or 2-16d, end nail
9. Double studs, face nail	16d at 24" o.c.
10. Doubled top plates, typical face nail Doubled top plates, lap splice	16d at 16" o.c. 8-16d
11. Blocking between joists or rafters to top plate, toenail	3-8d
12. Rim joist to top plate, toenail	8d at 6" o.c.
13. Top plates, laps, and intersections, face nail	2-16d
14. Continuous header, two pieces	16d at 16" o.c. along each edge
15. Ceiling joists to plate, toenail	3-8d
16. Continuous header to stud, toenail	4-8d
17. Ceiling joists, laps over partitions, face nail	3-16d
18. Ceiling joists to parallel rafters, face nail	3-16d
19. Rafter to plate, toenail	3-8d
20. 1" brace to each stud and plate, face nail	2-8d
21. 1" x 8" sheathing or less to each bearing, face nail	2-8d
22. Wider than 1" x 8" sheathing to each bearing, face nail	3-8d
23. Built-up corner studs	16d at 24" o.c.
24. Built-up girder and beams	20d at 32" o.c. at top and bottom and staggered 2-20d at ends and at each splice
25. 2" planks	2-16d at each bearing

[1] Common or boxed nails must be used.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-340, filed 1/18/99, effective 2/18/99.]

WAC 246-359-350 Roof connections for concrete masonry units (CMU). (1) Framing members must bear on a two-inch nominal thickness pressure treated plate anchored to the CMU wall with one-half inch diameter bolts. The anchor bolts must be spaced at maximum of six feet on center and a minimum of twelve inches from end of each plate member, and must be embedded into the top of the wall bond beam a minimum of four inches.

(2) Each roof framing member must be secured to the treated plate by installation of a metal tie as approved by the department.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-350, filed 1/18/99, effective 2/18/99.]

WAC 246-359-400 Concrete masonry unit (CMU). Buildings constructed using CMU must follow the requirements of WAC 246-359-001 through 246-359-170 and WAC 246-359-400 through 246-359-580 to comply with this chapter.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-400, filed 1/18/99, effective 2/18/99.]

WAC 246-359-405 Concrete masonry units (CMU) materials. (1) Solid masonry units must not be used.

(2) **Water.** Water used in mortar or grout must be clean and free of deleterious amounts of acid, alkalis or organic material or other harmful substances.

(3) **Cement.** Cementitious materials for:

(a) Grout must be either lime or portland cement; and

(b) Mortar must be one or more of the following:

(i) Lime;

(ii) Masonry cement;

(iii) Portland cement; or

(iv) Mortar cement.

(4) **Mortar.** Mortar must consist of a mixture of cementitious materials and aggregate to which sufficient water has been added to achieve a workable, plastic consistency.

(5) **Grout.** Grout must consist of a mixture of cementitious materials and aggregate to which water has been added such that the mixture will flow without segregation of the materials.

(6) **Handling, storage and preparation of materials.** Handling, storage and preparation of materials at the site must conform to the following:

(a) Masonry materials must be stored so that at the time of use the materials are clean and structurally suitable for use.

(b) All metal reinforcement must be free from loose rust and other coatings that would inhibit reinforcing bond.

(c) Concrete masonry units must not be wetted.

(d) Mortar or grout mixed at the job site must be mixed for:

(i) A period of time not less than three minutes; or

(ii) More than ten minutes in a mechanical mixer with the amount of water required to provide the desired workability.

(e) Hand mixing of small amounts of mortar is permitted.

(f) Mortar may be retempered, except that mortar or grout which has hardened or stiffened due to hydration of the cement must not be retempered or used again.

(g) When water has been added to the dry ingredients, at the job site the mixed:

(i) Mortar must not be used after two and one-half hours has passed; and

(ii) Grout must not be used after one and one-half hours has passed.

(h) Mortar and grout dry mixes, blended in the factory, and mixed at the job site must be mixed in mechanical mixers until workable. The on-site mixing time must not exceed ten minutes if the mix is to be acceptable for use.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-405, filed 1/18/99, effective 2/18/99.]

WAC 246-359-410 Foundations and footings for concrete masonry units (CMU) walls. (1) Footings for load bearing CMU walls must be continuous concrete having a minimum twelve width-by-ten inch thickness, placed a minimum eighteen inches below the finished grade, and reinforced with a minimum of two No. 4 continuous rebar.

(2) Foundations must be one of the following:

(a) Concrete reinforced vertically and horizontally with No. 4 rebar at twenty-four inches on center; or

(b) CMU reinforced vertically and horizontally with No. 4 rebar and having all cells below finished grade fully grouted.

(3) Vertical reinforcement must be spaced at four feet on center, within twelve inches of each corner, extend at least twenty inches up into the CMU wall, and extend at least six inches into the footing with an additional six inches bent at ninety degrees and tied to the horizontal footing rebar.

(4) Foundations must be six inches in width or the width of the CMU wall, whichever is greater.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-410, filed 1/18/99, effective 2/18/99.]

WAC 246-359-420 Placing of concrete masonry units (CMU). (1) CMU must be laid in a running bond pattern with the units in each successive course overlapping the joints in the course below. At corners the length of the corner unit must alternate direction on each successive course.

(2) The mortar must be sufficiently plastic and the units must be placed with sufficient pressure to extrude mortar from the joint and produce a tight joint. Joint furrowing must not exceed the thickness of the shell.

(3) Head joints of open-end CMU designed for use as bond beams that are to be fully grouted need not be mortared.

(4) Surfaces to be in contact with mortar or grout must be clean and free of deleterious materials.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-420, filed 1/18/99, effective 2/18/99.]

WAC 246-359-430 Floors for concrete masonry units (CMU). (1) Floors must be concrete slab on grade and not less than three and one-half inches thick reinforced with "6 x 6 10/10 welded wire mesh (wwm)," and be constructed with not less than four sacks of cement per cubic yard.

(2) When concrete is used as the finished floor it must be sealed or finished according to WAC 246-359-530, interior finishes.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-430, filed 1/18/99, effective 2/18/99.]

WAC 246-359-440 Walls of concrete masonry units (CMU). (1) **Wall thickness.** CMU blocks used for bearing walls must have a minimum nominal thickness of six inches.

(2) **Rebar cover.** All rebar must be:

(a) Placed within the openings of the hollow masonry units;

(b) Completely embedded in mortar or grout; and

(c) Have a minimum cover of three-fourth inch including the masonry unit. Where masonry is exposed to weather, one and one-half inches of cover is required. Where masonry is exposed to soil, two inches of cover is required.

(3) **Reinforcement.**

(a) Masonry walls must have both vertical and horizontal reinforcement. Spliced rebar must overlap at least twenty inches. Reinforcement must be placed prior to grouting. Bolts must be accurately set and held in place to prevent dislocation during grouting.

(b) Vertical reinforcement must consist of No. 4 rebar placed four feet on center along the full length of walls, on

each side of window and door openings, and at corners. Vertical rebar must extend from the top of the foundation to the top of the wall and be grouted in place.

(c) Horizontal reinforcement must consist of bond beams located at four feet above the foundation and repeated at four foot intervals, including one at the top of the wall. Bond beams must be constructed using bond beam masonry units with one continuous No. 4 rebar, grouted in place.

(d) Lintels over door and window openings must be provided and must be sixteen inches deep consisting of bond beam or lintel masonry units extending over the opening and at least twenty inches beyond each side, and with four pieces of No. 4 rebar running the full length of the lintel, grouted in place. The span of lintels over openings must not exceed twelve feet.

(4) **Grouting.**

(a) The grout space must be clean so that all spaces to be filled with grout do not contain mortar projections greater than one-half inch, mortar droppings or other foreign material. Cleanouts must be provided where necessary to clean and clear the spaces prior to grouting. When cleanouts are needed, they must be sealed before grouting.

(b) Grout must be placed so that all spaces designated to be grouted must be filled with grout and the grout must be confined to those specific spaces.

(c) Where bond beams occur, the grout pour must be stopped a minimum of one-half inch below the top of the masonry.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-440, filed 1/18/99, effective 2/18/99.]

WAC 246-359-500 Window construction requirements. (1) All habitable rooms and spaces must be provided with windows the total area of which must be not less than one-tenth of the floor area.

(2) At least one-half of each required window must be able to open for ventilation purposes.

(3) Every sleeping room must have at least one operable window or door for emergency escape or rescue directly opening to an outside area to provide a clear escape away from the building.

(4) Escape or rescue windows must have:

(a) A minimum net clear openable area of five point seven square feet; and

(b) A finished sill height not more than forty-four inches above the floor.

(c) The following minimum net clear openable dimensions:

(i) The height dimension of twenty-four inches; and

(ii) The width dimension of twenty inches.

(5) All operable window openings must be screened with sixteen-mesh material.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-500, filed 1/18/99, effective 2/18/99.]

WAC 246-359-510 Door requirements. Temporary worker housing habitable structures:

(1) Must have a primary entrance, which is at a minimum, three foot-by-six foot eight-inch exit door made of solid core wood or other material designed for use as an exterior door.

(2) Must have at least two exit doors when accommodating ten or more occupants. When two exit doors are required, the doors must be placed a distance apart equal to at least one-half of the length of the maximum overall diagonal dimension of the building area used.

(3) Must have all exterior door openings screened with sixteen-mesh material self-closing screen doors.

(4) With a calculated occupant load of fifty occupants or more must have a screen door which swings in the direction of exiting.

(5) With latched screen doors must have a roller type latch.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-510, filed 1/18/99, effective 2/18/99.]

WAC 246-359-520 Door landings, stairways and guardrails. (1) **Door landings.** Every door must have, at a minimum, a floor area or landing with:

(a) A width not less than the width of the door or the width of the stairway served, whichever is greater; and

(b) A length not less than thirty-six inches.

(2) **Stairways.** Every stairway having two or more risers must meet the following requirements:

(a) **Rise and run.** The rise of steps and stairs must not be less than four inches nor more than eight inches. The greatest riser height within any flight of stairs must not exceed the smallest by more than three-eighths inch. The run must not be less than nine inches. Stair treads must be of uniform size and shape except the largest tread run within any flight of stairs must not exceed the smallest by more than three-eighths inch.

(b) **Headroom.** Every stairway must have a headroom clearance of not less than 6 feet eight inches.

(3) **Handrails.**

(a) At least one handrail is required when a stairway has three or more risers;

(b) The top of a handrail must be placed not less than thirty-four inches or more than thirty-eight inches above the nosing of the treads.

(c) Handrails must be continuous the full length of the stairs.

(d) The handgrip portion of a handrail must:

(i) Not be less than one and one-quarter inches nor more than two inches in cross-sectional dimension; and

(ii) Have a smooth surface with no sharp corners.

(e) Handrails projecting from a wall must have a space of not less than one and one-half inches between the wall and the handrail.

(4) **Guardrails.** Unenclosed porches, balconies, and landings, which are more than thirty inches above grade or floor below must not be less than thirty-six inches in height and must have intermediate rails spaced such that a sphere four inches in diameter cannot pass through.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-520, filed 1/18/99, effective 2/18/99.]

WAC 246-359-530 Interior finishes. (1) Floors must be finished to provide an easily cleanable surface. Acceptable finishes are paint, sheet vinyl, tile, or other materials designed for use as a finished floor surface. All materials must be installed per manufacturer's instructions.

(2) Walls and ceilings must be finished to prevent any injury to an occupant, for example, no protruding nails or other fasteners or any wires.

(3) In toileting and kitchen areas, walls must be finished to provide an easily cleanable surface impervious to moisture.

(4) If material to provide a finished surface for the walls is to be installed, then material such as one-half inch minimum thickness gypsum board (GB) must be secured to the wall structural members by fasteners approved for such attachment such as glue, nails, or screws. If GB is installed, then the joints must be fire taped and the wall surface sealed with paint or covered with another wall finish material.

(5) If materials are installed to provide a finished surface for the ceiling, then material such as five-eighths inch minimum thickness GB must be secured to the ceiling structural members by fasteners approved for such attachment such as nails or screws. If GB is installed, then the joints must be fire taped and the ceiling surface sealed with paint.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-530, filed 1/18/99, effective 2/18/99.]

WAC 246-359-540 Lighting and electrical. (1) The installation of electrical systems and wiring must comply with the state electrical code, chapter 246-46 WAC, as administered by the department of labor and industries and according to the number of outlets or light fixtures required in subsection (2) of this section.

(2) Outlets and light fixtures provided in temporary worker housing must comply with the requirements of subsection (1) of this section and WISHA requirements, including:

(a) Each habitable room must have:

(i) One ceiling light fixture. Additional ceiling light fixtures will be required to comply with the foot candle requirements of chapter 246-358 WAC; and

(ii) One separate floor or wall outlet. Additional outlets will be required as determined by the department to prevent safety hazards when the housing is occupied;

(b) Laundry and toilet rooms, and rooms where people congregate must have at least one ceiling or wall light fixture. Additional ceiling or wall light fixtures will be required:

(i) To comply with the foot candle requirements of chapter 246-358 WAC; and

(ii) As determined by the department to prevent safety hazards when the housing is occupied.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-540, filed 1/18/99, effective 2/18/99.]

WAC 246-359-550 Smoke detectors. (1) Temporary worker housing must be provided with approved smoke detectors installed according to the manufacturer's instructions.

(2) Smoke detectors must:

(a) Be installed in each sleeping room;

(b) Be installed at a central point in a corridor or area which gives access to each separate sleeping room; and

(c) Emit a signal when the batteries are low.

(3) In new construction, required smoke detectors must:

(a) Receive their primary power from the building wiring, when the wiring is served from a commercial source; and

(b) Be equipped with a battery backup.

(4) Smoke detector wiring must be permanent and without a disconnecting switch except as required for overcurrent protection.

(5) Battery operated smoke detectors will be accepted:

(a) In existing buildings;

(b) In buildings without commercial power; or

(c) During when alteration, repairs or additions are being conducted to a building.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-550, filed 1/18/99, effective 2/18/99.]

WAC 246-359-560 Plumbing. (1) The installation of plumbing systems, fixtures, and fittings must comply with the Uniform Plumbing Code and Uniform Plumbing Code Standards as adopted by the state building code council, chapters 51-46 and 51-47 WAC, except for the following parts of the plumbing code which do not apply:

(a) The provisions for "water conservation performance standards";

(b) The minimum plumbing facilities and requirements for minimum numbers of fixtures, instead the following ratios will apply:

Minimum Number of Required Plumbing Fixtures					
	Water Closets		Lavatory Sinks		Bathtubs or Showers
Dwelling Units	1		1		1
	Male	Female	Male	Female	
Shared Facilities, not in individual dwelling units.	1 per 15 or fraction thereof; with a minimum of 2. (See Note)	1 per 15 or fraction thereof; with a minimum of 2.	1 per 6 or fraction thereof.	1 per 6 or fraction thereof.	1 showerhead for every 10 persons or fraction thereof, for both male and female showers.

Note: Where urinals are provided in addition to water closets, the urinals must be provided in a 1:25 ratio.

(2) The applicant must comply with the following WISHA requirements:

(a) When a toilet is in a separate building from the sleeping room, the toilet room must be at least one-hundred feet but not more than two-hundred feet from the door of each dormitory unit;

(b) Laundry sinks must be provided on a ratio of one to thirty;

(c) When handwashing sinks and bathing facilities are not provided in individual dwelling units the following ratios apply:

(i) Handwashing sinks must be provided on a ratio of one to every six; and

(ii) Bathing facilities must be provided on a ratio of one to every ten.

(3) Water and septic systems must be approved by the jurisdiction having authority, including installation or modification.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-560, filed 1/18/99, effective 2/18/99.]

WAC 246-359-565 Cooking facilities. (1) **Individual dwelling units.** Cooking facilities in individual dwelling units must be sufficient to meet the requirements of WAC 246-358-125, temporary worker housing cooking and foodhandling facilities;

(2) **Common use cooking facilities.** Cooking facilities separate from sleeping units and used by multiple individuals or families must:

(a) Meet the requirements of WAC 246-358-125, temporary worker housing cooking and foodhandling facilities;

(b) Comply with WAC 296-307-160, WISHA;

(c) Be located within one hundred feet of the dormitory structure; and

(d) Have mechanical ventilation installed with a one hundred cubic feet per minute (CFM) intermittent fan or a twenty-five CFM continual fan, vented to the outside for each cooking unit.

(3) **Dining halls with cooking facilities.** Cooking facilities which are to be provided by the licensed operator for temporary workers residing in the temporary worker housing must comply with:

(a) WAC 246-358-125(3), dining hall rules for temporary worker housing;

(b) WAC 296-307-160; and

(c) Chapter 246-215 WAC, food service sanitation rules.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-565, filed 1/18/99, effective 2/18/99.]

WAC 246-359-570 Mechanical installations. The installation of heating, ventilating, cooling, refrigeration systems, and other miscellaneous heat producing equipment must meet the requirements of the uniform mechanical code as adopted by the state building code council, chapter 51-42 WAC, except as exempted in WAC 246-359-575.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-570, filed 1/18/99, effective 2/18/99.]

WAC 246-359-575 Energy and ventilation and indoor air quality requirement exemptions. Temporary worker housing as defined in this chapter are exempt from all versions of the Washington state energy code and the ventilation and indoor air quality code.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-575, filed 1/18/99, effective 2/18/99.]

WAC 246-359-580 Heating and insulation. (1) When the temporary worker housing is occupied from October 1st through May 1st:

(a) Department approved heat producing equipment must:

(i) Be available or installed; and

(ii) Comply with WISHA and chapter 246-358 WAC.

(b) A minimum of R-11 insulating material must be used to insulate ceilings and exterior walls.

(2) When insulation is used it must be covered with material which is safe and sturdy and sufficient to protect the building occupants from the insulating material.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-580, filed 1/18/99, effective 2/18/99.]

WAC 246-359-590 Liquid petroleum gas (LP-gas) storage tanks. Installed LP-gas, such as propane, propylene, butane, normal butane or isobutane, and butylenes, must comply with uniform fire code article 82 and uniform fire code standard 82-1.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-590, filed 1/18/99, effective 2/18/99.]

WAC 246-359-600 Alternate construction. (1) The department will allow alternate construction to the requirements stated in WAC 246-359-200 through 246-359-440 of this chapter when the plans are designed and stamped by an engineer or architect licensed to practice in the state of Washington.

(2) Any changes in the structural design must be stamped by an engineer including:

(a) Fixed construction, which cannot be dismantled and stored. Such fixed construction must comply with the structural requirements of the state building code, for example, wind forces, seismic forces, snow load, live load, and dead load.

(b) Nonfixed construction which can be dismantled and stored for use when ice or snow exceed the snow loads stated in this chapter. Such nonfixed construction must comply with the structural requirements of the state building code, for example, wind forces, seismic forces, live load, and dead load with the exception of snow loads.

(3) To determine compliance with this section the department may require a special inspector to conduct special inspections.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-600, filed 1/18/99, effective 2/18/99.]

WAC 246-359-700 Approval of factory assembled structures (FAS). No FAS will be approved unless the FAS has an insignia of approval installed by the manufacturer. Alterations to manufactured housing and mobile homes must be approved by the Washington state department of labor and industries.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-700, filed 1/18/99, effective 2/18/99.]

WAC 246-359-710 Installation of factory assembled structures (FAS)—Except for manufactured homes. The department will approve the installation of all FAS except for manufactured homes (see WAC 246-359-720) when the following requirements are met:

(1) New and relocated FAS must be installed according to the manufacturer's written instructions;

(2) If the manufacturer's written instructions are unavailable or insufficient to address safe installation the department will require installation instructions for FAS to be submitted by an engineer or architect;

(3) The department will inspect FAS installation to determine if the site is properly prepared and the FAS is anchored according to the:

(a) Manufacturer's installation instructions; or

(b) Design of either an engineer or an architect.

(4) The requirements stated in WAC 246-359-720 (5) through (8) apply to FAS installation.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-710, filed 1/18/99, effective 2/18/99.]

WAC 246-359-720 Installation requirements for manufactured homes. The department will use the following criteria for approving the installation of manufactured homes:

(1) New and relocated manufactured homes must be installed according to the manufacturer's written installation instructions;

(2) If the manufacturer's installation instructions are unavailable for manufactured homes, the department will accept the following:

(a) American National Standards Institute (ANSI) A225.1, 1994 edition, section 3; or

(b) The installation instructions of an engineer or architect licensed in Washington.

(3) The department will inspect the installation to determine if the manufactured home is placed on a properly prepared site and anchored according to the:

(a) Manufacturer's installation instructions;

(b) ANSI A225.1, 1994 edition, section 3; or

(c) Design of an engineer or architect licensed in Washington.

(4) The department will require, at a minimum, specific instructions be obtained from a licensed engineer or architect when a manufactured home is to be installed on a site where the specific soil bearing capacity is not addressed in the manufacturer's instructions.

(5) The department may review, at a minimum, the following installation requirements:

(a) Heat duct crossovers, except that heat duct crossovers supported above the ground by strapping or blocking to avoid standing water and to prevent compression and sharp bends to minimize stress at the connections are also accepted;

(b) Dryer vents exhausted to the exterior side of the wall or skirting, when installed; and

(c) Hot water tank pressure relief lines. These lines must be exhausted to the exterior side of the exterior wall or skirting and downward.

(6) Water lines, waste lines, gas lines and electrical systems must be installed according to the requirements of this chapter.

(7) When skirting is used the skirting must:

(a) Be made of a material suitable for ground contact including all metal fasteners which must be made of galvanized, stainless steel or other corrosion resistant material;

(b) Be recessed behind the siding or trim and attached in such a manner to prevent water from being trapped between the skirting and siding or trim; and

(c) Have vent openings located close to corners which:

(i) Provide cross-ventilation on at least two opposite sides;

(ii) Are designed to prevent the entrance of rodents by covering the vent openings with corrosion-resistant wire mesh with mesh opening of one-fourth inch in dimension; and

(iii) Have a net area of not less than one square foot for each one hundred fifty square feet of under floor area.

(8) Provide access to the under floor area of the manufactured home so that all areas under the home are available for inspection. The opening must not be less than eighteen inches by twenty-four inches. The cover must be of metal, pressure treated wood or vinyl.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-720, filed 1/18/99, effective 2/18/99.]

WAC 246-359-730 Manufactured home installers. A manufactured home may be installed by:

(1) The applicant;

(2) A certified installer as required by WAC 296-150M-0630;

(3) An individual supervised by an on-site certified installer; or

(4) A specialty trades person, for certain aspects of installation.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-730, filed 1/18/99, effective 2/18/99.]

WAC 246-359-740 Drain connector to factory assembled structures (FAS). (1) A FAS containing plumbing fixtures must be connected to the drain inlet by a drain connector:

(a) Approved by the department;

(b) Consisting of pipe not less than Schedule 40 with appropriate fittings and connectors; and

(c) Not less in size than the FAS outlet.

(2) The fitting connected to the drain inlet must be a directional fitting to discharge the flow into the drain inlet.

(3) A drain connector must be:

(a) Installed and maintained with a grade not less than one-fourth inch per foot;

(b) Gas-tight and no longer than necessary to make the direct connection between the mobile home outlet and drain inlet at the site.

(4) Each drain inlet must be maintained gas-tight when not in use.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-740, filed 1/18/99, effective 2/18/99.]

WAC 246-359-750 Water connector to factory assembled structures (FAS). (1) A FAS with plumbing fixtures must be connected to the approved water service outlet by a flexible connector, such as copper tubing or other approved material, not less than three-fourths inch interior diameter.

(2) A separate water service shutoff valve installed on the supply side at or near the water service outlet for each FAS.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-750, filed 1/18/99, effective 2/18/99.]

WAC 246-359-760 Gas connections to factory assembled structures (FAS). (1) A FAS, when using gas for heating or cooking purposes, must be connected to the gas outlet by an approved mobile or manufactured home connector. Gas connectors must be of adequate size to supply the total demand of the connected FAS and have a maximum length of six feet.

(2) A shutoff valve controlling the flow of gas to the entire gas piping system must be:

(a) Installed for each FAS;

(b) Readily accessible;

(c) Identified as the "shutoff valve"; and

(d) Installed near the point of connection to the service piping or supply connection of the liquified petroleum gas (LP-gas) tank.

(3) The installation and size of each section of LP-gas piping is determined by the uniform mechanical code.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-760, filed 1/18/99, effective 2/18/99.]

WAC 246-359-800 WISHA requirements affecting building temporary worker housing. (1) A separate sleeping area must be provided for the husband and wife in all family units in which one or more children over six years of age are housed.

(2) If a camp is used during cold weather, adequate heating equipment must be provided.

Note: All heating, cooking, and water heating equipment must be installed according to state and local ordinances and codes regulating installations.

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-800, filed 1/18/99, effective 2/18/99.]

WAC 246-359-990 Fees. (1) **General fee information.**

(a) The plan review fee and permit or inspection fees for:

(i) Wood framed construction and concrete masonry units will be charged based on square footage and the time required to complete the work, according to Table I, Parts A through C;

(ii) The installation of factory assembled structures will be based on Table I, Part D; and

(b) Each fee must be received before the department will:

(i) Conduct plan review of construction or installation documents;

(ii) Issue a construction permit; or

(iii) Conduct any on-site inspection.

(2) **Plan review fee for construction and installation documents.** The plan review fee is:

(a) A separate and additional fee from the construction permit fees or inspection fees;

(b) Based on the initial plan review and assumes all documents required by WAC 246-359-070, application process and WAC 246-359-080, required documents for plan review, have been submitted.

(c) An additional plan review fee will be charged as stated in Table I, Part E when:

(i) The documents submitted are incomplete;

(ii) Plans previously reviewed and approved have been changed;

(iii) The department has determined, by inspection, that the approved plans were not followed during construction.

(3) **Variance requests.** Written variance requests must be accompanied by a fee as stated in Table I, Part E.

(4) **Construction permit fee, includes required inspections.** The construction permit fee:

(a) Is a separate and additional fee from the plan review fee;

(b) Includes the required inspections as stated in WAC 246-359-120 (1) through (4);

(c) Is based on the time required to conduct an inspection and assumes all of the requirements for application and plan review as required by subsection (2) of this section have been met and the plans are approved.

(5) **Additional inspections.** When the department determines additional inspections are necessary to determine compliance with this chapter the additional inspection fee will be charged according to Table I, Part F.

(6) **Investigation inspections.** If the department finds a person has initiated building or work without a permit, a fee will be charged according to Table I, Part F for the time taken to investigate.

(7) **Special inspections.** When an applicant is building to alternate construction standards and the required inspections in this chapter are not deemed sufficient by the department to determine compliance with this chapter special inspections may be required. The applicant must pay the full cost of the special inspections. The department will notify the applicant what is required and the reasons for requiring a special inspection.

(8) The department will provide on-site technical assistance at the applicant's request. A fee will be charged according to Table I, Part G.

Table I, Fee Table

Square footage of project review		Construction plan review fee	Construction permit or inspection fee
Part A.	Up to 1000 square feet	$330	$550
Part B.	For each additional 100 square feet feet or fraction thereof	$ 15	$ 30
Part C.	Preapproved plans For each additional 100 square feet feet or fraction thereof	$ 66 $ 3	$550 $ 30
Part D.	Factory Assembled Structures, for example, manufactured homes, park trailers, modular buildings	$ 66 $ 3	$550 $ 30
Part E.	Additional plan reviews, conducted after initial approval; and Variance requests	$47 per hour (two hour minimum)	
Part F.	Additional and investigation inspections	$47 per hour (two hour minimum)	
Part G.	On-site technical assistance visits	$47 per hour (two hour minimum)	

[Statutory Authority: RCW 70.114A.081. 99-03-065, § 246-359-990, filed 1/18/99, effective 2/18/99.]

Chapter 246-360 WAC
TRANSIENT ACCOMMODATIONS

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-360-060 Swimming pools, spas, hot tubs, wading pools, bathing beaches. [Statutory Authority: RCW 70.62.240. 94-23-077, § 246-360-060, filed 11/16/94, effective 12/17/94. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-060, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-071, filed 5/17/89.] Repealed by 97-20-100, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.20.050.

246-360-170 Travel trailers and mobile homes. [Statutory Authority: RCW 70.62.240. 94-23-077, § 246-360-170, filed 11/16/94, effective 12/17/94. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-170, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-181, filed 5/17/89.] Repealed by 97-20-100, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.20.050.

246-360-190 Housekeeping equipment and procedures. [Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-190, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-201, filed 5/17/89.] Repealed by 94-23-077, filed 11/16/94, effective 12/17/94. Statutory Authority: RCW 70.62.240.

246-360-210 Separability. [Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-210, filed 12/27/90, effective 1/31/91; Order 71, § 248-144-250, filed 4/11/72.] Repealed by 97-20-100, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.20.050.

WAC 246-360-001 Purpose. (1) This chapter implements chapter 70.62 RCW.

(2) This chapter applies to facilities offering three or more lodging units to guests for periods of less than one month, including but not limited to:

(a) Hotels;
(b) Motels;
(c) Bed and breakfast establishments;
(d) Resorts;
(e) Rustic resorts;
(f) Inns;
(g) Condominiums;
(h) Apartments;
(i) Crisis shelters;
(j) Hostels; and
(k) Retreats.

(3) This chapter does not apply to:

(a) Overnight youth shelters regulated by chapter 388-160 WAC;

(b) Temporary-worker housing regulated by RCW 70.54.110 and chapter 246-358 WAC;

(c) Medical, psychological, drug/alcohol facilities, or related services otherwise regulated by Washington state law; or

(d) Transitional housing as defined in WAC 246-360-010.

(4) The requirements in WAC 246-360-001 through 246-360-500 are adopted by the board of health pursuant to RCW 70.62.240. WAC 246-360-990 is adopted by the department of health pursuant to RCW 43.70.110 and 43.70.250.

[Statutory Authority: RCW 70.62.240. 94-23-077, § 246-360-001, filed 11/16/94, effective 12/17/94; 92-02-019 (Order 225B), § 246-360-001, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-001, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-010, filed 5/17/89; Order 71, § 248-144-010, filed 4/11/72.]

WAC 246-360-010 Definitions. For the purpose of this chapter, the following words and phrases have the following meanings unless the context clearly indicates otherwise.

(1) "Bathing fixture" means a shower, bathtub, or combination bathtub shower.

(2) "Bathroom" means a room containing a bathing fixture.

(3) "Board" means the Washington state board of health established under chapter 43.20 RCW.

(4) "Clean" means without visible or tangible soil or residues.

(5) "Compliance schedule" means a department-prepared document listing violations and a time schedule for the licensee to follow to correct the violations.

(6) "Construction" means:

(a) A new building to be used as a transient accommodation or part of a transient accommodation;

(b) An addition, modification or alteration which changes the functional use of an existing transient accommodation or portion of a transient accommodation; or

(c) An existing building or portion thereof to be converted for use as a transient accommodation.

(7) "Crisis shelter" means a transient accommodation providing emergency or planned lodging services to a specific population, for example, homeless families or relatives of individuals receiving hospital treatment, for periods of less than one month at a permanent physical location. A crisis shelter may or may not be reimbursed for services in the form of rental fee or labor. Crisis shelters do not include shelters for victims of domestic violence regulated by the department of social and health services pursuant to chapter 70.123 RCW.

(8) "Department" means the Washington state department of health.

(9) "Dormitory" means a lodging unit containing beds, cots, pads, or other furnishings intended for sleeping or use by a number of individuals.

(10) "Exemption" means a written authorization from the department which releases a licensee from meeting a specific requirement or requirements in this chapter.

(11) "Guest" means any individual occupying, or registered to occupy, a lodging unit.

(12) "Hostel" means a transient accommodation offering limited services, including lodging and use of a common kitchen, to guests on a daily or weekly basis in exchange for a rental fee, labor, or a combination of rental fee and labor.

(13) "Imminent health hazard" means a condition or situation presenting a serious or life-threatening danger to a guest's health and safety.

(14) "Laundry" means a central area or room with equipment to clean and dry bedding, linen, towels, and other items provided to guests.

(15) "Licensee" means the person to whom the department issues the transient accommodation license.

(16) "Local health department" means the city, town, county or district which provides public health services to individuals within the area according to the provisions of chapters 70.05 and 70.08 RCW.

(17) "Lodging unit" means one self-contained unit designated by number, letter, or other means of identification.

(18) "Person" means any individual, firm, partnership, corporation, company, association, or joint stock association, and the legal successor thereof.

(19) "Retreat" means a transient accommodation intended to provide seclusion, meditation, contemplation, religious activities, training, or similar activities.

(20) "Rustic resort" means a rural transient accommodation lacking many modern conveniences.

(21) "Sanitary" means clean with a minimal presence of germs.

(22) "Sanitize" means to treat a surface or object with a chemical or physical process, such as heat, to control or limit the presence of germs.

(23) "Self-contained unit" means an individual room or group of interconnected rooms intended for sleeping, which may or may not include areas for cooking and eating, for rent or use by a guest.

(24) "Self-inspect" means the evaluation of a transient accommodation by the licensee for compliance with specific requirements in this chapter.

(25) "Toilet" means a fixture fitted with a seat and flushing device used to dispose of bodily waste.

(26) "Transient accommodation" means any facility such as a hotel, motel, condominium, resort, or any other facility or place offering three or more lodging units to guests for periods of less than one month.

(27) "Transitional housing" means a program offering lodging for periods exceeding one month for the purpose of helping unemployed, homeless individuals to obtain employment and housing. Transitional housing is not a transient accommodation.

(28) "Utensil" means any food contact implement used in storing, preparing, transporting, dispensing, serving, or selling food or drink.

[Statutory Authority: RCW 70.62.240. 94-23-077, § 246-360-010, filed 11/16/94, effective 12/17/94; 92-02-019 (Order 225B), § 246-360-010, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-010, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-020, filed 5/17/89; Order 71, § 248-144-020, filed 4/11/72.]

WAC 246-360-020 Licensure. (1) A person shall have a current license issued by the department before operating or advertising a transient accommodation.

(2) An applicant for initial licensure shall submit to the department, sixty days or more before commencing business:

(a) A completed application on forms provided by the department;

(b) A completed self-inspection on forms provided by the department;

(c) The fee specified in WAC 246-360-990; and

(d) Other information as required by the department.

(3) A licensee shall apply for license renewal annually at least thirty days before the expiration date of the current license by submitting to the department:

(a) A completed application on forms provided by the department;

(b) A completed self-inspection on forms provided by the department;

(c) The fee specified in WAC 246-360-990; and

(d) Other information as required by the department.

(4) At least thirty days prior to transferring ownership of a transient accommodation:

(a) The current licensee shall submit to the department:

(i) The full name and address of the current licensee and prospective owner;

(ii) The name and address of the currently licensed transient accommodation, and the name under which the transferred transient accommodation will operate;

(iii) Date of the proposed change of ownership; and

(iv) Other information as required by the department; and

(b) The prospective new owner shall apply for licensure by submitting to the department the items required by subsection (2) of this section.

(5) A licensee shall notify the department when changing the number of lodging units or name of the transient accommodation by submitting:

(a) A letter describing the intended change;

(b) The fee specified in WAC 246-360-990 for an amended license; and

(c) Other information as required by the department.

(6) The licensee shall notify the department prior to using new construction by submitting a letter describing:

(a) The construction;

(b) How the construction will be used;

(c) Any changes in the functional use of existing construction; and

(d) Other information as required by the department.

[Statutory Authority: RCW 70.62.240. 94-23-077, § 246-360-020, filed 11/16/94, effective 12/17/94; 92-02-019 (Order 225B), § 246-360-020, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW and RCW 42.20.050. 90-06-049 (Order 040), § 248-144-031, filed 3/2/90, effective 3/2/90. Statutory Authority: RCW 43.20.050. 89-11-058 (Order 328), § 248-144-031, filed 5/17/89.]

WAC 246-360-030 Responsibilities and rights—Licensee and department. (1) The licensee shall:

(a) Comply with the provisions of chapter 70.62 RCW and this chapter;

(b) Comply with chapter 212-12 WAC, Fire marshal standards;

(c) Conspicuously display a current transient accommodation license in the transient accommodation's lobby or office;

(d) Cooperate with the department during on-site surveys and investigations;

(e) Conduct self-inspections as requested by the department;

(f) Respond to a statement of deficiencies by submitting to the department, according to the dates specified on the statement of deficiencies form:

(i) A written plan of correction for each deficiency stated in the report; and

(ii) A progress report of corrections;

(g) Comply with a compliance schedule if issued by the department;

(h) Adequately supervise employees to keep the transient accommodation facility:

(i) Clean, safe, and sanitary;

(ii) In good repair; and

(iii) Free from infestation by insects, rodents, and other pests;

(i) Establish policies and procedures requiring employees to maintain good personal hygiene; and

(j) Consult with the department or local health department on any suspected imminent health hazard.

(2) An applicant or licensee may contest a department decision or action according to the provisions of RCW 43.70.115, chapter 34.05 RCW, and chapter 246-10 WAC.

(3) The department shall:

(a) Conduct an on-site survey prior to issuing an initial transient accommodation license;

(b) Conduct an on-site survey prior to approving the following types of construction in a currently licensed transient accommodation:

(i) A new building;

(ii) An addition, modification or alteration which substantially changes functional use; or

(iii) The conversion of an existing building for use as part of the transient accommodation;

(c) Conduct unannounced on-site surveys and investigations at any time to determine compliance with chapter 70.62 RCW and this chapter;

(d) Issue or renew a license when the applicant or licensee and the facility meet the requirements in chapter 70.62 RCW and this chapter;

(e) Allow self-inspections to encourage compliance with chapter 70.62 RCW and this chapter;

(f) Comply with RCW 43.70.115, chapter 34.05 RCW and chapter 246-10 WAC when denying, suspending, modifying, or revoking a transient accommodation license; and

(g) Comply with RCW 43.70.095 when assessing civil fines.

(4) The department may deny, suspend, or revoke a transient accommodation license, or assess a civil fine, if the department finds the applicant, licensee, its agents, officers, directors, or any person with any interest therein:

(a) Knowingly or with reason to know, makes a misrepresentation of, false statement of, or fails to disclose, a material fact to the department:

(i) In an application for licensure or renewal of licensure;

(ii) In any matter under department investigation;

(iii) During an on-site survey; or

(iv) In a self-inspection;

(b) Obtains or attempts to obtain a license by fraudulent means or misrepresentation;

(c) Fails or refuses to comply with the requirements of chapter 70.62 RCW or this chapter;

(d) Compromises the health or safety of a guest;

(e) Conducts business or advertising in a misleading or fraudulent manner;

(f) Refuses to allow the department access to facilities or records, or fails to promptly produce for inspection any book, record, document or item requested by the department, or willfully interferes with an on-site survey or investigation;

(g) Fails to pay a fine within ten days after the assessment becomes final or as agreed to by the department and the licensee; or

(h) Operates with a suspended or revoked license.

(5) The department may summarily suspend a license if the department determines a deficiency is an imminent threat to public health, safety or welfare.

[Statutory Authority: RCW 70.62.240. 94-23-077, § 246-360-030, filed 11/16/94, effective 12/17/94. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-030, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-041, filed 5/17/89.]

WAC 246-360-040 Water supply and temperature control. The licensee shall:

(1) Provide a water supply system conforming to state board of health standards for public water systems, chapters 246-290 and 246-291 WAC;

(2) Maintain the transient accommodation free of cross connections;

(3) Provide hot and cold water under adequate pressure readily available to guests;

(4) Provide sinks and bathing fixtures used by guests with hot water between 110 and 130 degrees Fahrenheit at all times;

(5) When transient accommodation laundry is washed on site, maintain a minimum wash water temperature of:

(a) 130 degrees Fahrenheit; or

(b) 110 degrees Fahrenheit in combination with:

(i) An appropriate low temperature detergent and effective use of a chemical disinfectant; or

(ii) An industrial-type washing machine with multiple rinse cycles; and

(6) Label nonpotable water supplies at all accessible connections and valves "unsafe for domestic use."

[Statutory Authority: RCW 70.62.240. 94-23-077, § 246-360-040, filed 11/16/94, effective 12/17/94; 92-02-019 (Order 225B), § 246-360-040, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-040, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-051, filed 5/17/89.]

WAC 246-360-050 Sewage and liquid waste disposal. The licensee shall ensure sewage and liquid waste drain into:

(1) A municipal sewage system if available; or

(2) A sewage disposal system designed, constructed, and maintained in accordance with chapters 246-272 and 173-240 WAC and local ordinances.

[Statutory Authority: RCW 70.62.240. 94-23-077, § 246-360-050, filed 11/16/94, effective 12/17/94; 92-02-019 (Order 225B), § 246-360-050, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-050, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-061, filed 5/17/89.]

WAC 246-360-070 Refuse and solid waste. The licensee shall:

(1) Provide one or more washable, leak-proof refuse containers, or containers with leak-proof disposable liners, in each lodging unit;

(2) Collect refuse as necessary to maintain a clean and sanitary environment in and around the facility;

(3) Collect refuse from lodging units:

(a) After each guest occupancy; and

(b) Twice a week when guests stay longer than three days;

(4) Handle refuse in a safe, clean and sanitary manner;

(5) Store refuse in washable, leak-proof, and covered containers to prevent the entrance of insects, rodents, birds, or other pests or nuisances outside the lodging units until removed for disposal; and

(6) Remove and dispose of refuse in a manner consistent with state and local sanitation codes and ordinances.

[Statutory Authority: RCW 70.62.240. 94-23-077, § 246-360-070, filed 11/16/94, effective 12/17/94. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-070, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-081, filed 5/17/89.]

WAC 246-360-080 Construction and maintenance. The licensee shall:

(1) Ensure new construction meets the requirements of:

(a) Chapter 70.62 RCW and this chapter;

(b) Chapter 19.27 RCW state building code; and

(c) All other applicable city and county codes and ordinances;

(2) Ensure all buildings, facilities, fixtures, and furnishings are structurally sound, safe, clean and sanitary; and

(3) Take measures necessary to control insects, rodents and other pests in and around the facility.

[Statutory Authority: RCW 70.62.240. 94-23-077, § 246-360-080, filed 11/16/94, effective 12/17/94. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-080, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-091, filed 5/17/89.]

WAC 246-360-090 Lodging units. The licensee shall provide lodging units with:

(1) At least fifty square feet of total floor area, not counting areas with a ceiling height lower than five feet, for each guest;

(2) Adequate space to allow easy movement between beds, cots, mats or mattresses;

(3) Three or more feet of clear vertical space between each bed or top bunk and the ceiling; and

(4) Cleanable floors and walls kept in good repair.

[Statutory Authority: RCW 70.62.240. 94-23-077, § 246-360-090, filed 11/16/94, effective 12/17/94. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-090, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-101, filed 5/17/89.]

WAC 246-360-100 Bathrooms, toilet rooms, and handwashing sinks. The licensee shall:

(1) Provide adequate private or common-use bathrooms, toilet rooms and handwashing sinks to meet the needs of guests;

(2) Provide private and common-use bathrooms, toilet rooms, and handwashing areas with cleanable floors, walls, ceilings, fixtures and furnishings;

(3) Provide an uncarpeted, easily cleanable area around each toilet and adjacent to each bathing fixture;

(4) Maintain safe and properly working fixtures and drains;

(5) Provide a means to maintain privacy for toileting and bathing;

(6) Provide water flush toilets unless the licensee has approval from the department and local health district for alternative devices;

(7) Provide a handwashing sink or equivalent within, or adjacent to, each toilet room;

(8) Provide easy access to an acceptable single-use drying device from each common-use handwashing sink;

(9) Provide toilet tissue conveniently located by each toilet;

(10) For transient accommodations other than rustic resorts, provide soap for each handwashing and bathing fixture;

(11) For transient accommodations other than rustic resorts, provide clean towels, washcloths and floor mats:

(a) For guests upon arrival; and

(b) At least twice a week for guests who stay longer than three days;

(12) Assure clean towels, washcloths and floor mats stored in lodging units and common bathrooms are stored in a clean area off the floor; and

(13) Provide common-use bathrooms, toilet rooms and handwashing sinks meeting the requirements of this section in a ratio of one bathing fixture, one toilet and one handwashing sink for each fifteen or fewer guests without such fixtures in their lodging units.

[Statutory Authority: RCW 70.62.240. 94-23-077, § 246-360-100, filed 11/16/94, effective 12/17/94. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-100, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-111, filed 5/17/89.]

WAC 246-360-110 Lodging unit kitchens. (1) A licensee offering kitchens in lodging units shall provide each kitchen with:

(a) Cleanable and durable floors and walls;

(b) Ventilation according to the provisions of WAC 246-360-140;

(c) A sink, other than the handwashing sink, suitable for washing dishes;

(d) Hot running water according to the provisions of WAC 246-360-040;

(e) A refrigeration device that maintains food at a temperature of 45 degrees Fahrenheit or lower;

(f) Cooking equipment acceptable to the state director of fire protection;

(g) A cleanable food storage area;

(h) A table, counter, and chairs, or equivalent; and

(i) A washable, leak-proof waste food container.

(2) The licensee shall clean and sanitize food preparation areas between each guest occupancy.

(3) A licensee providing utensils shall comply with the provisions of WAC 246-360-160(2).

[Statutory Authority: RCW 70.62.240. 94-23-077, § 246-360-110, filed 11/16/94, effective 12/17/94; 92-02-019 (Order 225B), § 246-360-110, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-110, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-121, filed 5/17/89.]

WAC 246-360-120 Heating and cooling. (1) The licensee shall provide a safe, adequate means of maintaining an ambient air temperature of at least 65 degrees Fahrenheit in each lodging unit.

(2) A licensee providing a cooling system shall keep the system safe, clean and in good working condition.

[Statutory Authority: RCW 70.62.240. 94-23-077, § 246-360-120, filed 11/16/94, effective 12/17/94. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-120, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-131, filed 5/17/89.]

WAC 246-360-130 Lighting. The licensee shall maintain light intensities adequate for safety and facility maintenance with minimum light intensities measured at a height of three feet above the floor, as follows:

Lodging Unit	10 Foot Candles
Toilet rooms, bathrooms and handwashing areas	20 Foot Candles
Lodging Unit Kitchen	20 Foot Candles
Laundry Room Work Areas	30 Foot Candles
Corridors, Stairways, and Entryways	5 Foot Candles
Elevators, Walkways	5 Foot Candles
Swimming Pools	As required under chapter 246-260 WAC
Parking lots and exterior passages	5 Foot Candles measured three feet above the ground.

[Statutory Authority: RCW 70.62.240. 94-23-077, § 246-360-130, filed 11/16/94, effective 12/17/94. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-130, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-141, filed 5/17/89.]

WAC 246-360-140 Ventilation. (1) The licensee shall provide ventilation in all lodging units, kitchen areas, bathrooms, toilet rooms and laundry rooms.

(2) A licensee providing only natural ventilation:

(a) In lodging units shall provide operable windows, vents, or ducts opening directly to the out-of-doors; and

(b) In kitchen areas, bathrooms, toilet rooms and laundry rooms shall provide operable windows, operable skylights, or ceiling vents opening directly to the out-of-doors sufficient to allow five air exchanges per hour.

(3) A licensee providing mechanical ventilation systems shall assure the system provides:

(a) Two or more air exchanges per hour to each lodging unit and corridor;

(b) Five or more air exchanges per hour to kitchen areas, bathrooms, toilet rooms and laundry rooms; and

(c) Air circulation to and from the out-of-doors.

[Statutory Authority: RCW 70.62.240. 94-23-077, § 246-360-140, filed 11/16/94, effective 12/17/94. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-140, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-151, filed 5/17/89.]

WAC 246-360-150 Beds and bedding. A licensee providing beds shall:

(1) Provide clean, sanitary bedding in good repair;

(2) Maintain clean and safe beds, cots, bunks, or other furniture for sleeping;

(3) Assure bunk beds, if used, have a clear vertical space of at least twenty-seven inches between the bottom bunk and top bunk;

(4) Not provide, or allow the use of, triple bunk beds;

(5) Supply each bed, cot, or bunk with a mattress or pad, top and bottom sheet, mattress pad, pillow and pillowcase, and blankets unless the facility is:

(a) A rustic resort;

(b) A crisis shelter; or

(c) A hostel;

(6) Provide clean spreads, blankets and mattress pads as needed;

(7) Provide clean pillowcases and sheets:

(a) For guests upon arrival; and

(b) At least twice a week for guests staying longer than three days; and

(8) Ensure clean bedding kept in the lodging units is stored in a clean area off the floor.

[Statutory Authority: RCW 70.62.240. 94-23-077, § 246-360-150, filed 11/16/94, effective 12/17/94. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-150, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-161, filed 5/17/89.]

WAC 246-360-160 Food and beverage services. (1) A licensee providing food service to guests shall meet the requirements of:

(a) Chapter 246-215 WAC, Food service;

(b) Chapter 246-217 WAC, Food worker permits; and

(c) Local ordinances.

(2) A licensee providing utensils and ice buckets for guests shall:

(a) Dispose of, and replace, single-use utensils and ice buckets between guest occupancies;

(b) Clean and sanitize multiple-use utensils and ice buckets between guest occupancies:

(i) In lodging unit kitchens meeting the requirements in WAC 246-360-110; or

(ii) In a clean and sanitary area separate from bathrooms, toilet rooms and adjoining handwash sinks;

(c) Handle and store utensils and ice buckets in a safe and sanitary manner to protect from contamination; and

(d) Maintain utensils and ice buckets in good condition, free from cracks.

(3) The licensee shall store and dispense ice in a sanitary manner, including:

(a) Cleaning and sanitizing ice machines twice a year or more often as needed; and

(b) Restricting guest access to unprotected bulk ice by:

(i) Providing self-dispensing ice machines or other "no contact" dispensing methods; or

(ii) Having employees dispense bulk ice to guests.

(4) The licensee shall clean, maintain and properly adjust the water flow in drinking fountains.

[Statutory Authority: RCW 70.62.240. 94-23-077, § 246-360-160, filed 11/16/94, effective 12/17/94; 92-02-019 (Order 225B), § 246-360-160, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-160, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-171, filed 5/17/89.]

WAC 246-360-180 Laundry. The licensee shall:

(1) Provide clean, sanitary bedding, linens, towels, washcloths and other items intended for guest use by:

(a) Maintaining a laundry according to the provisions in this chapter; or

(b) Using a commercial laundry or other laundry meeting the requirements in WAC 246-360-040 and this section;

(2) Store the clean and sanitized bedding, linens, towels, washcloths and other items in an area:

(a) Designated for clean items only;

(b) Off the floor;

(c) Protected from contamination; and

(d) Without access by guests, pets or other animals; and

(3) Provide a means for handling, transporting, and separating soiled bedding, linens, towels, washcloths and other items to prevent contamination of clean items.

[Statutory Authority: RCW 70.62.240. 94-23-077, § 246-360-180, filed 11/16/94, effective 12/17/94; 92-02-019 (Order 225B), § 246-360-180, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-180, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-191, filed 5/17/89.]

WAC 246-360-200 Safety, chemical, and physical hazards. The licensee shall:

(1) Establish and follow policies and procedures for properly storing and labeling all chemical agents, such as cleaners, solvents, disinfectants and insecticides to assure chemical agents are:

(a) Inaccessible to guests other than small amounts of household cleaners stored in lodging unit kitchens;

(b) Stored to prevent contamination of clothing, towels, washcloths and bedding materials; and

(c) Used according to manufacturer's recommendations;

(2) Provide adequate and safe handrailing for all stairways, porches and balconies;

(3) Ensure gas and oil-fired space heaters and water heaters are vented to the out-of-doors; and

(4) Eliminate known physical hazards.

[Statutory Authority: RCW 70.62.240. 94-23-077, § 246-360-200, filed 11/16/94, effective 12/17/94. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-360-200, filed 12/27/90, effective 1/31/91; 89-11-058 (Order 328), § 248-144-211, filed 5/17/89.]

WAC 246-360-500 Exemptions. (1) A licensee wishing to request an exemption from a requirement in this chapter shall submit a written request to the department, including:

(a) A description of the requested exemption;

(b) Reason for the exemption; and

(c) Impact of the exemption on public health and safety.

(2) If the department determines the exemption will not jeopardize public health or safety, and is not contrary to the intent of chapter 70.62 RCW and this chapter, the department may:

(a) Exempt the licensee from meeting a specific requirement in this chapter; or

(b) Allow the licensee to use another method of meeting the requirement.

(3) The licensee shall retain a copy of each approved exemption in the transient accommodation.

[Statutory Authority: RCW 70.62.240. 94-23-077, § 246-360-500, filed 11/16/94, effective 12/17/94.]

WAC 246-360-990 Fees. (1) The licensee or applicant must submit:

(a) An annual fee according to the following schedule:

NUMBER OF LODGING UNITS	FEE
3 - 10	$ 150.00
11 - 49	$ 300.00
50 - over	$ 600.00

(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 43.70.250 and 2002 c 371. 02-18-115, § 246-360-990, filed 9/4/02, effective 10/5/02. 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 246-361 WAC
CHERRY HARVEST CAMPS

WAC

WAC 246-361-001 Cherry harvest camps—Purpose and applicability. (1) Purpose. This chapter is adopted by the Washington state department of health to implement the provisions of chapter 70.114A RCW and establish minimum health and safety requirements for cherry harvest camps.

(2) Applicability.

(a) This chapter applies only to operators of cherry harvest camps using tents during the cherry harvest season. Operators using other housing must refer to WAC 296-307-16100, Part L1, or chapter 246-358 WAC.

(b) Operators with ten or more occupants are required to be licensed under this chapter. Operators with nine or less employees are not required to be licensed, but must comply with these standards.

[Statutory Authority: RCW 70.114A.065 and 70.114A.110. 00-06-082, § 246-361-001, filed 3/1/00, effective 3/1/00.]

WAC 246-361-010 Definitions. For the purposes of this chapter, the following words and phrases will have the following meanings unless the context clearly indicates otherwise:

"Building" means any structure used or intended for supporting or sheltering any use or occupancy that may include cooking, eating, sleeping and sanitation facilities.

"Cherry harvest camp" or **"camp"** means a place, area, or piece of land where dwelling units or camp sites are provided by an operator during the cherry harvest.

"Common food-handling facility" means an area designated by the operator for occupants to store, prepare, cook, and eat their own food supplies.

"Current certificate (first aid)" means a first-aid-training certificate that has not expired.

"Department" means the Washington state department of health and/or the department of labor and industries.

"Dining hall" means a cafeteria-type eating-place with food furnished by and prepared under the direction of the operator for consumption, with or without charge, by occupants.

"Drinking fountain" means a fixture equal to a nationally recognized standard or a designed-to-drain faucet, which provides potable drinking water under pressure. "Drinking fountain" does not mean a bubble-type water dispenser.

"Dwelling unit" means a shelter, building, or portion of a building, that may include cooking and eating facilities, which is:

- Provided and designated by the operator as either a sleeping area, living area, or both, for occupants; and
- Physically separated from other sleeping and common-use areas.

Note: For the purpose of this chapter, a "tent" is considered a dwelling unit.

"First aid qualified" means that the person holds a current certificate of first-aid training from the American Red Cross or another course with equivalent content or hours.

"Food-handling facility" means a designated, enclosed area for preparation of food.

"Group A water system" means a public water system and includes community and noncommunity water systems.

(a) A community water system means any Group A water system providing service to fifteen or more service connections used by year-round residents for one hundred eighty or more days within a calendar year, regardless of the number of people, or regularly serving at least twenty-five year-round (i.e., more than one hundred eighty days per year) residents.

(b) Noncommunity water system means a Group A water system that is not a community water system. Noncommunity water systems are further defined as:

(i) Nontransient (NTNC) water system that provides service opportunity to twenty-five or more of the same nonresidential people for one hundred eighty or more days within a calendar year.

(ii) Transient (TNC) water system that serves:

• Twenty-five or more different people each day for sixty or more days within a calendar year;

• Twenty-five or more of the same people each day for sixty or more days, but less than one hundred eighty days within a calendar year; or

• One thousand or more people for two or more consecutive days within a calendar year.

"Group B water system" means a public water system: Constructed to serve less than fifteen residential services regardless of the number of people; or constructed to serve an average nonresidential population of less than twenty-five per day for sixty or more days within a calendar year; or any number of people for less than sixty days within a calendar year.

"Health officer" means the individual appointed as such for a local health department under chapter 70.05 RCW or appointed as the director of public health of a combined city-county health department under chapter 70.08 RCW.

"Livestock" means horses, cows, pigs, sheep, goats, poultry, etc.

"Livestock operation" means any place, establishment, or facility consisting of pens or other enclosures in which livestock is kept for purposes including, but not limited to, feeding, milking, slaughter, watering, weighing, sorting, receiving, and shipping. Livestock operations include, among other things, dairy farms, corrals, slaughterhouses, feedlots, and stockyards. Operations where livestock can roam on a pasture over a distance may be treated as outside the definition.

"MSPA" means the Migrant and Seasonal Agricultural Worker Protection Act (96 Stat. 2583; 29 U.S.C. Sec. 1801 et seq.).

"Occupant" means a temporary worker or a person who resides with a temporary worker at the camp site.

"Operating license" means a document issued annually by the department of health or contracted health officer authorizing the use of temporary-worker housing.

"Operator" means a person holding legal title to the land on which the camp is located. However, if the legal title and the right to possession are in different persons, "operator" means a person having the lawful control or supervision over the camp.

"Recreational park trailers" means a trailer-type unit that is primarily designed to provide temporary living quarters for recreational, camping, or seasonal use, that meets the following criteria:

• Built on a single chassis, mounted on wheels;

• Having a gross trailer area not exceeding 400 square feet (37.15 square meters) in the set-up mode; and

• Certified by the manufacturer as complying with ANSI A119.5.

"Recreational vehicle" means a vehicular type unit primarily designed as temporary living quarters for recreational camping, travel, or seasonal use that either has its own mode of power or is mounted on, or towed by, another vehicle. Recreational vehicles include: Camping trailers, fifth-wheel trailers, motor homes, travel trailers, and truck campers, but does not include pickup trucks with camper shells, canopies, or other similar coverings.

"Refuse" means solid wastes, rubbish, or garbage.

"Temporary worker" means an agricultural employee employed intermittently and not residing year-round at the same site.

"Tent" means an enclosure or shelter constructed of fabric or pliable material composed of rigid framework to support tensioned membrane that provides the weather barrier.

"WISHA" means the Washington Industrial Safety and Health Act, chapter 49.17 RCW, administered by the Washington state department of labor and industries.

[Statutory Authority: RCW 70.114A.110 and 2002 c 23. 02-23-071, § 246-361-010, filed 11/19/02, effective 1/1/03. Statutory Authority: RCW 70.114A.065 and 70.114A.110. 00-06-082, § 246-361-010, filed 3/1/00, effective 3/1/00.]

WAC 246-361-020 Technical assistance. An operator may request technical assistance from the department of health or the department of labor and industries to assist in compliance with this chapter.

[Statutory Authority: RCW 70.114A.065 and 70.114A.110. 00-06-082, § 246-361-020, filed 3/1/00, effective 3/1/00.]

WAC 246-361-025 Operating license. A cherry tent camp license is limited to one week before the commencement through one week following the conclusion of the cherry harvest within the state. The operator:

(1) Must request a license from the department of health or health officer when:

(a) The camp will house ten or more occupants;

(b) Compliance with MSPA requires a license; or

(c) Construction of camp buildings requires a license under chapter 246-359 WAC, Temporary worker housing construction standard.

(2) Must apply for an operating license at least forty-five days prior to either the use of the camp or the expiration of an existing operating license by submitting to the department of health or health officer:

(a) A completed application on a form provided by the department or health officer;

(b) Proof water system is current with all water tests required by chapter 246-290 or 246-291 WAC; and

(c) A fee as specified in WAC 246-361-990.

(3) Will receive an operating license for the maximum number of occupants as determined by WAC 246-361-030 when:

(a) The application requirements from subsection (2) of this section are met;

(b) The site is in compliance with this chapter as demonstrated by a licensing survey completed by the department; and

(c) The operator complies with the corrective action plan established by the department.

(4) Must post the operating license in a place readily accessible to workers.

(5) Must notify the department of health in the event of a transfer of ownership.

(6) Must cooperate with the department during on-site inspections.

[Statutory Authority: RCW 70.114A.110 and 2002 c 23. 02-23-071, § 246-361-025, filed 11/19/02, effective 1/1/03. Statutory Authority: RCW 70.114A.065 and 70.114A.110. 00-06-082, § 246-361-025, filed 3/1/00, effective 3/1/00.]

WAC 246-361-030 Maximum camp occupancy. The maximum occupancy for a camp will be based on:

(1) The number of shelters provided; and

(2) The number of bathing, food handling, handwashing, laundry, and toilet facilities.

[Statutory Authority: RCW 70.114A.065 and 70.114A.110. 00-06-082, § 246-361-030, filed 3/1/00, effective 3/1/00.]

WAC 246-361-035 Variance and procedure. Conditions may exist in operations that a state standard will not have practical use. The director of the department of labor and industries may issue a variance from the requirements of the standard when another means of providing equal protection is provided. The substitute means must provide equal protection in accordance with the requirements of chapter 49.17 RCW and chapter 296-350 WAC, variances.

Applications for variances will be reviewed and may be investigated by the department of labor and industries and the department of health. Variances granted will be limited to the specific case or cases covered in the application and may be revoked for cause. The variance must remain prominently posted on the premises while in effect.

Variance application forms may be obtained from the Department of Labor and Industries, P.O. Box 44625, Olympia, Washington 98504-4625 or the Department of Health, P.O. Box 47852, Olympia, Washington 98504-7852, upon request. Requests for variances from safety and health standards must be made in writing to the director or the assistant director, Department of Labor and Industries, P.O. Box 44625, Olympia, Washington 98504-4625. (Reference RCW 49.17.080 and 49.17.090.)

[Statutory Authority: RCW 70.114A.065 and 70.114A.110. 00-06-082, § 246-361-035, filed 3/1/00, effective 3/1/00.]

WAC 246-361-045 Cherry harvest camp sites. The operator must:

(1) Locate and operate a site to prevent a health or safety hazard that is:

(a) Adequately drained and any drainage from and through the camp must not endanger any domestic or public water supply;

(b) Free from periodic flooding and depressions in which water may become a nuisance;

(c) At least two hundred feet from a swamp, pool, sink hole, or other surface collection of water unless there is a mosquito prevention program for those areas;

(d) Large enough to prevent overcrowding of necessary structures. The principal camp area for sleeping and for food preparation and eating must be at least five hundred feet from where livestock are kept; and

(e) Maintained in a clean and sanitary condition.

(2) Develop and implement a cherry harvest camp management plan and rules for camps with ten or more occupants to assure that the camp is operated in a safe and secure manner and is kept within the approved capacity. Additionally, the licensed operator must:

(a) Inform residents of the rules, in a language the resident understands, by providing individual copies of the rules to each camp resident or posting the rules in the camp area; and

(b) Restrict the number of occupants in the camp to the capacity as determined by the department.

(3) When closing the camp permanently or for the season, complete the following:

(a) Dispose of all refuse to prevent nuisance;

(b) Fill all abandoned toilet pits with earth; and

(c) Leave the grounds and buildings in a clean and sanitary condition.

[Statutory Authority: RCW 70.114A.065 and 70.114A.110. 00-06-082, § 246-361-045, filed 3/1/00, effective 3/1/00.]

WAC 246-361-055 Water supply. The operator must:

(1) Provide a water system that is:

(a) Approved as a Group A public water system in compliance with chapter 246-290 WAC if the water system supplies fifteen or more connections or twenty-five or more people at least sixty days per year or provide proof the camp receives water from an approved Group A public water system; or

(b) Approved as a Group B water system in compliance with chapter 246-291 WAC if the water system supplies less than fifteen connections and does not supply twenty-five or more people at least sixty days per year.

Note: A "same farm exemption" applies to a public water system with four or fewer connections, all of which serve residences on the same farm. "Same farm" means a parcel of land or series of parcels that are connected by covenants and devoted to the production of livestock or agricul-

tural commodities for commercial purposes and does not qualify as a Group A water system.

	Avg. daily population of less than 25 people	Avg. daily population of 25 or more people
At least 60 days or more	Group B	Group A TNC
59 days or less	Group B	Group B

Note: If your system has 15 or more connections, regardless of the population, it is a Group A water system.

(2) Provide an adequate and convenient hot and cold water supply for drinking, cooking, bathing, and laundry purposes.

Note: An "adequate water supply" means the storage capacity of the potable water system must meet the requirements of ASHRAE 1999 Applications Handbook, chapter 48, Water Systems.

(3) Ensure that the distribution lines are able to maintain the working pressure of the water piping system at not less than fifteen pounds per square inch after allowing for friction and other pressure losses.

(4) When water is not piped to each dwelling unit, provide cold, potable, running water under pressure within one hundred feet of each dwelling unit.

(5) When water sources are not available in each individual tent, provide one or more drinking fountains for each one hundred occupants or fraction thereof. Prohibit the use of common drinking cups or containers from which water is dipped or poured.

(6) When water is unsafe for drinking purposes and accessible to occupants, post a sign by the source reading "Do not drink. Do not use for washing. Do not use for preparing food." printed in English and in the native language of the persons occupying the camp, or marked with easily understood pictures or symbols.

[Statutory Authority: RCW 70.114A.065 and 70.114A.110. 00-06-082, § 246-361-055, filed 3/1/00, effective 3/1/00.]

WAC 246-361-065 Sewage disposal. An operator must:

(1) Provide sewage disposal systems in accordance with local health jurisdictions.

(2) Connect all drain, waste, and vent systems from buildings to:

(a) Public sewers, if available; or

(b) Approved on-site sewage disposal systems that are designed, constructed, and maintained as required in chapter 246-272 WAC, chapter 173-240 WAC, and local ordinances.

[Statutory Authority: RCW 70.114A.065 and 70.114A.110. 00-06-082, § 246-361-065, filed 3/1/00, effective 3/1/00.]

WAC 246-361-070 Electricity and lighting. (1) **General electricity requirements.**

(a) The operator must supply electricity to all dwelling units, kitchen facilities, bathroom facilities, common areas, and laundry facilities.

(b) All electrical wiring, fixtures and electrical equipment must comply with department of labor and industries regulations, chapter 19.28 RCW and local ordinances, and maintained in a safe condition.

(2) **Electricity requirements in tents.**

(a) Each individual tent must have at least one separate floor-type or wall-type convenience outlet. If the operator provides a refrigerator in the tent, a dedicated outlet must be provided for it.

(b) All electrical wiring and equipment installed in tents must meet the requirements of WAC 296-46-100.

(c) All electrical appliances to be connected to the electrical supply must meet the requirements for the load calculations as required by chapter 19.28 RCW.

(d) Electrical wiring exiting the tent to connect to the GFI outside outlet must be placed in approved flexible conduit not to exceed six feet in length.

(e) All wiring located inside the tent must be placed in conduit for protection and connected to a surface to secure the wiring to prevent movement. Wiring must be located to prevent tripping or safety hazards.

(f) Receptacles and lighting fixtures must be UL Listed and approved by the department for use in the tent.

(3) **General lighting requirements.**

(a) The operator must provide adequate lighting sufficient to carry on normal daily activities in all common use areas.

(b) Laundry and toilet rooms and rooms where people congregate must have at least one ceiling-type or wall-type fixture. Where portable toilets are used, lighting requirements can be met by area illumination.

(c) The operator must provide adequate lighting for safe passage for camp occupants to handwashing sinks and toilets.

(d) The operator must provide adequate lighting for shower rooms during hours of operation.

Note: Lighting requirements may be met by natural or artificial means.

(4) **Lighting requirements in tents.**

(a) Tents must have adequate lighting sufficient to carry on all normal daily activities. For example: Three 100-watt bulbs located at the top ridge of the frame and are UL Listed or equivalent.

(b) Each tent must have at least one ceiling-type light fixture.

(c) Food preparation areas, if located in the tent, must have at least one lighting fixture located to provide task lighting over the food preparation area.

(d) Alternate lighting appliances must provide adequate lighting. In addition, if using two or more propane, butane, or white gas lighting appliances, a carbon monoxide monitor must be provided and located not more than thirty inches from the floor.

[Statutory Authority: RCW 70.114A.065 and 70.114A.110. 00-06-082, § 246-361-070, filed 3/1/00, effective 3/1/00.]

WAC 246-361-075 Tents. (1) **Tents must provide protection from the elements.**

(2) **Structural stability and floors.**

(a) Tents and their supporting framework must be adequately braced and anchored to prevent weather related col-

lapse. Documentation of the structural stability must be furnished to the department.

(b) Floors must be smooth, flat, and without breaks or holes to provide a hard, stable walking surface. Nonridged flooring supported by grass, dirt, soil, gravel, etc., are not acceptable. Floors that are constructed of wood or concrete must comply with the building code, chapter 19.27 RCW or temporary worker housing construction standard, chapter 246-359 WAC.

(c) Floor systems must be designed to prevent the entrance of snakes and rodents.

(3) **Flame-retardant treatments.**

(a) The sidewalls, drops, and tops of tents shall be composed of flame-resistant material or treated with a flame retardant in an approved manner.

(b) Floor coverings, which are integral to the tent, and the bunting shall be composed of flame-resistant material or treated with a flame retardant in an approved manner and in accordance with Uniform Building Code, Standard 31.1.

(c) All tents must have a permanently affixed label bearing the following information:

(i) Identification of tent size and fabric or material type;

(ii) For flame-resistant materials, the necessary information to determine compliance with this section and National Fire Protection Association Standard 701, Standard Methods of Fire Tests for Flame-resistant Textiles and Films;

(iii) For flame-retardant materials, the date that the tent was last treated with an approved flame-retardant;

(iv) The trade name and type of flame-retardant utilized in the flame-retardant treatment; and

(v) The name of the person and firm that applied the flame-retardant.

(4) **Means of egress.**

(a) At least one door must lead to the outside of the tent and the area designated for refuge must be accessible and remain clear of storage materials or hazards.

(b) The door must not be obstructed in any manner and must remain free of any material or matter where its presence would obstruct or render the exit hazardous.

(c) If cooking facilities are provided in tents, the window located opposite the door must have a means to open the window or provide an easily openable space, for example, a zipper which opens downward toward the floor.

(5) **Floor area.** The operator must:

(a) If cooking facilities are provided in the tent, provide at least seventy square feet of floor space for one occupant and fifty square feet for each additional occupant; or

(b) If cooking facilities are not provided in the tent, provide at least fifty square feet of floor space for each occupant in rooms used for sleeping purposes.

(6) **Ceiling height.**

(a) If the tent has a sloped ceiling, a ceiling height of at least seven feet is required in fifty percent of the total area.

(b) No portion of the tent measuring less than six feet from the flooring to the ceiling will be included in any computation of the minimum floor area.

(7) **Windows and ventilation.**

(a) Provide a window area equal to one-tenth of the total floor area in each habitable room which opens at least half way or more directly to the outside for cross-ventilation and has sixteen-mesh screens on all exterior openings.

(b) The windows must have weather-resistant flaps, which will cover the window area and a means of fastening the flaps to provide protection from the elements and allow privacy for the occupants.

[Statutory Authority: RCW 70.114A.065 and 70.114A.110. 00-06-082, § 246-361-075, filed 3/1/00, effective 3/1/00.]

WAC 246-361-080 Recreation vehicles. The operator must ensure that all recreational vehicles and park trailers meet the requirements of chapters 296-150P and 296-150R WAC.

[Statutory Authority: RCW 70.114A.065 and 70.114A.110. 00-06-082, § 246-361-080, filed 3/1/00, effective 3/1/00.]

WAC 246-361-090 Laundry facilities. An operator must:

(1) Provide one laundry tray or tub or one mechanical washing machine for every thirty persons.

(2) Provide facilities for drying clothes.

(3) Provide sloped, coved floors of nonslip impervious materials with floor drains.

(4) Maintain laundry facilities in a clean and sanitary condition.

[Statutory Authority: RCW 70.114A.065 and 70.114A.110. 00-06-082, § 246-361-090, filed 3/1/00, effective 3/1/00.]

WAC 246-361-095 Handwashing and bathing facilities. An operator must:

(1) Provide one handwash sink for every six persons in centralized facilities. Handwash sinks must be adjacent to toilets.

(2) Provide one showerhead for every ten persons in centralized facilities.

(3) Provide one "service sink" in each building used for centralized laundry, handwashing, or bathing.

(4) Provide sloped, coved floors of nonslip impervious materials with floor drains.

(5) Provide walls that are smooth and nonabsorbent to the height of four feet. If partitions are used, they must be smooth and nonabsorbent to the height of four feet.

(6) Provide all showers, baths, and shower rooms with floor drains to remove wastewater.

(7) Provide cleanable, nonabsorbent waste containers.

(8) Maintain bathing and handwashing facilities in a clean and sanitary condition, cleaned at least daily.

(9) Ensure shower facilities provide privacy from the opposite sex and the public.

(10) Make showers and bathing facilities available when needed.

[Statutory Authority: RCW 70.114A.065 and 70.114A.110. 00-06-082, § 246-361-095, filed 3/1/00, effective 3/1/00.]

WAC 246-361-100 Toilet facilities. (1) **General toilet requirements.** Operators must provide flush toilets, chemical toilets, or pit privies. The department of health or health officer according to requirements in chapter 246-272 WAC,

must approve pit privies. The operator must comply with the following:

(a) Flush toilets, chemical toilets, and urinals must not be located in any tent.

(b) When chemical toilets are provided they must be:

(i) Located at least fifty feet from any dwelling unit or food-handling facility;

(ii) Maintained by a licensed waste disposal company; and

(iii) Comply with local ordinances.

(c) When urinals are provided:

(i) There must be one urinal or two linear feet of urinal trough for each twenty-five men;

(ii) The floors and walls surrounding a urinal and extending out at least fifteen inches on all sides, must be constructed of materials which will not be adversely affected by moisture;

(iii) The urinal must have an adequate water flush where water under pressure is available; and

(iv) Urinal troughs are prohibited in pit privies.

(d) When pit privies are approved they must be:

(i) At least one hundred feet away from any dwelling unit or food-handling facility; and

(ii) Constructed to exclude insects and rodents from the pit.

(2) **Centralized toilet facilities.** The operator must meet the following requirements when centralized toilet facilities are provided:

(a) Provide toilet rooms with:

(i) One toilet for every fifteen persons;

(ii) One handwashing sink for every six persons;

(iii) Either a window of at least six square feet opening directly to the outside, or be satisfactorily ventilated; and

(iv) All outside openings screened with sixteen-mesh material.

(b) Locate toilet rooms so that:

(i) Toilets are within two hundred feet of the door of each tent; and

(ii) No person has to pass through a sleeping room to reach a toilet room.

(c) Maintain toilets in a clean and sanitary condition, cleaned at least daily.

(d) Provide each toilet compartment with an adequate supply of toilet paper.

(e) When shared facilities will be used for both men and women:

(i) Provide separate toilet rooms for each sex with a minimum of one toilet room for each sex and meet the required ratios as defined in (a) of this subsection;

(ii) Identify each room "men" and "women" with signs printed in English and in the native language of the persons occupying the camp, or identified with easily understood pictures or symbols; and

(iii) Separate facilities by solid walls or partitions extending from the floor to the roof or ceiling when facilities for each sex are located in the same building.

[Statutory Authority: RCW 70.114A.065 and 70.114A.110. 00-06-082, § 246-361-100, filed 3/1/00, effective 3/1/00.]

WAC 246-361-125 Cooking and food-handling facilities. The operator must provide enclosed or screened cooking and food-handling facilities for all occupants. Adequate tables and chairs or seating must be provided for camp occupants.

(1) If the operator provides cooking facilities in tents, the operator must provide:

(a) An operable cook stove or hot plate with at least one cooking surface for every four occupants;

(b) A sink with hot and cold running potable water under pressure at each tent site;

(c) At least two (2) cubic feet of dry food storage space per occupant;

(d) Nonabsorbent, easily cleanable food preparation counters situated off the floor;

(e) Mechanical refrigeration conveniently located and able to maintain a temperature of 45°F or below, with at least one (1) cubic foot of storage space per occupant; and

(f) Adequate ventilation for cooking facilities.

(2) If the operator provides common food-handling facilities, the operator must provide:

(a) A room or building, adequate in size, separate from any tent;

(b) No direct openings to living or sleeping areas from the common food-handling facility;

(c) An operable cook stove or hot plate with at least one cooking surface for every four occupants, or four cooking surfaces for every two families;

(d) Sinks with hot and cold running potable water under pressure;

(e) At least two (2) cubic feet of dry food storage space per occupant;

(f) Nonabsorbent, easily cleanable food preparation counters situated off the floor;

(g) Mechanical refrigeration conveniently located and able to maintain a temperature of 45°F or below, with at least one (1) cubic foot of storage space per occupant;

(h) Fire-resistant, nonabsorbent, nonasbestos, and easily cleanable wall coverings adjacent to cooking areas;

(i) Nonabsorbent, easily cleanable floors; and

(j) Adequate ventilation for cooking facilities.

(3) The operator must ensure that dining hall facilities comply with chapter 246-215 WAC, Food service.

[Statutory Authority: RCW 70.114A.065 and 70.114A.110. 00-06-082, § 246-361-125, filed 3/1/00, effective 3/1/00.]

WAC 246-361-135 Cots, beds, bedding, and personal storage. The operator must provide cots, beds or bunks for each occupant, not to exceed the maximum occupancy approved by the department or health officer.

(1) Beds or bunks must be furnished with clean mattresses and maintained in a clean and sanitary condition.

(2) The operator must:

(a) Provide sufficient clearance between each cot, bed, or bunk and the floor or provide a commercially available cot, bed, or bunk; and

(b) Allow space to separate beds laterally and end to end by at least thirty-six inches when single beds are used.

(3) When bunk beds are used the operator must:

(a) Allow space to separate beds laterally and end to end by at least forty-eight inches; and

(b) Maintain a minimum space of twenty-seven inches between the upper and lower bunks.

(4) Locate cots, beds, or bunks at least thirty inches or more from cooking surfaces.

(5) The use of triple bunk beds is prohibited.

(6) The operator must provide suitable storage facilities for clothing and personal articles in each tent.

[Statutory Authority: RCW 70.114A.065 and 70.114A.110. 00-06-082, § 246-361-135, filed 3/1/00, effective 3/1/00.]

WAC 246-361-145 First aid and safety. The operator must:

(1) Comply with chapters 15.58 and 17.21 RCW, chapter 16-228 WAC, chapter 296-307 WAC Part I and J, and pesticide label instructions when using pesticides in and around the camp.

(2) Prohibit, in the housing area, the use, storage, and mixing of flammable, volatile, or toxic substances other than those intended for household use.

(3) Provide readily accessible first-aid equipment.

(4) Ensure that a first-aid qualified person is readily accessible to administer first aid at all times.

(5) Store or remove unused refrigerator units to prevent access by children.

[Statutory Authority: RCW 70.114A.065 and 70.114A.110. 00-06-082, § 246-361-145, filed 3/1/00, effective 3/1/00.]

WAC 246-361-155 Refuse disposal. The operator must:

(1) Comply with local sanitation codes for removing refuse from camp areas and disposing of refuse.

(2) Protect against rodent harborage, insect breeding, and other health hazards while storing, collecting, transporting, and disposing of refuse.

(3) Store refuse in fly-tight, rodent-tight, impervious, and cleanable or single-use containers.

(4) Keep refuse containers clean.

(5) Provide a container on a wooden, metal, or concrete stand within one hundred feet of each dwelling unit.

(6) Empty refuse containers at least twice each week, and when full.

[Statutory Authority: RCW 70.114A.065 and 70.114A.110. 00-06-082, § 246-361-155, filed 3/1/00, effective 3/1/00.]

WAC 246-361-165 Insect and rodent control. The operator must take effective measures to prevent and control insect and rodent infestation.

[Statutory Authority: RCW 70.114A.065 and 70.114A.110. 00-06-082, § 246-361-165, filed 3/1/00, effective 3/1/00.]

WAC 246-361-175 Disease prevention and control. The operator must:

(1) Report immediately to the local health officer the name and address of any individual in the camp known to have or suspected of having a communicable disease.

(2) Report immediately to the local health officer:

(a) Suspected food poisoning;

(b) An unusual prevalence of fever, diarrhea, sore throat, vomiting, or jaundice; or

(c) Productive cough, or when weight loss is a prominent symptom among occupants.

(3) Prohibit any individual with a communicable disease from preparing, cooking, serving, or handling food, foodstuffs, or materials in dining halls.

[Statutory Authority: RCW 70.114A.065 and 70.114A.110. 00-06-082, § 246-361-175, filed 3/1/00, effective 3/1/00.]

WAC 246-361-990 Fees for cherry harvest camps. (1) **License and survey fees.** A cherry camp operator must submit to the department a license fee of twenty-five dollars and an on-site survey fee as specified in Table 990.

Note: The on-site survey fee for licensing includes four surveys (one prior to camp being occupied, two while camp is occupied, and one to verify the camp has been closed).

(2) **Additional survey fees.** An operator will be charged an additional on-site survey fee for any follow-up surveys, when the department determines additional on-site surveys are necessary to confirm compliance with this chapter. The additional survey will be one-half the cost of the on-site survey fee as stated in Table 990.

(3) **Complaint investigation fees.** Operators will be charged for each on-site survey conducted by the department when a complaint investigation results in the complaint being found valid. This fee will be charged according to Table 990 for on-site survey.

(4) **Water test fees.** An operator will be directly billed for each water sample collected by the department when the operator has not submitted the water tests as required by WAC 246-361-025 and 246-361-055.

(5) **Refunds.** The license and on-site survey fee may be refunded when the operator submits:

(a) A written request to the department; and

(b) Provides documentation that the housing was not occupied during the license period.

TABLE 990

NUMBER OF UNITS	ON-SITE SURVEY FEE (includes cost of all survey types: Initial, annual, follow-up, complaint)	LICENSE FEE	TOTAL
0 to 9 persons	$ 45.00	$25.00	$70.00
10 to 50 persons	70.00	25.00	95.00
51 to 100 persons	100.00	25.00	125.00
101 to 150 persons	125.00	25.00	150.00
for each additional 50 persons over 150 add $25	125.00+ $25.00 for each 50 persons	25.00	

[Statutory Authority: RCW 70.114A.065 and 70.114A.110. 00-06-082, § 246-361-990, filed 3/1/00, effective 3/1/00.]

Chapter 246-366 WAC
PRIMARY AND SECONDARY SCHOOLS

WAC

WAC 246-366-001 Introduction. These rules and regulations are established as minimum environmental standards for educational facilities and do not necessarily reflect optimum standards for facility planning and operation.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-366-001, filed 12/27/90, effective 1/31/91; Order 55, § 248-64-210, filed 6/8/71.]

WAC 246-366-010 Definitions. The following definitions shall apply in the interpretation and the enforcement of these rules and regulations:

(1) "School" - Shall mean any publicly financed or private or parochial school or facility used for the purpose of school instruction, from the kindergarten through twelfth grade. This definition does not include a private residence in which parents teach their own natural or legally adopted children.

(2) "Board of education" - An appointive or elective board whose primary responsibility is to operate public or private or parochial schools or to contract for school services.

(3) "Instructional areas" - Space intended or used for instructional purposes.

(4) "New construction" - Shall include the following:

(a) New school building.

(b) Additions to existing schools.

(c) Renovation, other than minor repair, of existing schools.

(d) Schools established in all or part of any existing structures, previously designed or utilized for other purposes.

(e) Installation or alteration of any equipment or systems, subject to these regulations, in schools.

(f) Portables constructed after the effective date of these regulations.

(5) "Occupied zone" - Is that volume of space from the floor to 6 feet above the floor when determining temperature and air movement, exclusive of the 3 foot perimeter on the outside wall.

(6) "Site" - Shall include the areas used for buildings, playgrounds and other school functions.

(7) "Portables" - Any structure that is transported to a school site where it is placed or assembled for use as part of a school facility.

(8) "Health officer" - Legally qualified physician who has been appointed as the health officer for the city, town, county or district public health department as defined in RCW 70.05.010(2), or his authorized representative.

(9) "Secretary" - Means secretary of the Washington state department of health or the secretary's designee.

(10) "Department" - Means Washington state department of health.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-366-010, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-366-010, filed 12/27/90, effective 1/31/91; 82-07-015 (Order 225), § 248-64-220, filed 3/9/82; Order 131, § 248-64-220, filed 8/5/76; Order 55, § 248-64-220, filed 6/8/71.]

WAC 246-366-020 Substitutions. The secretary may allow the substitution of procedures or equipment for those outlined in these regulations, when such procedures or equipment have been demonstrated to be equivalent to those heretofore prescribed. When the secretary judges that such substitutions are justified, he shall grant permission for the substitution in writing. Requests for substitution shall be directed to the jurisdictional health officer who shall immediately forward them, including his recommendations, to the secretary. All decisions, substitutions, or interpretations shall be made a matter of public record and open to inspection.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-366-020, filed 12/27/90, effective 1/31/91; Order 55, § 248-64-230, filed 6/8/71.]

WAC 246-366-030 Site approval. (1) Before a new school facility is constructed, an addition is made to an existing school facility, or an existing school facility is remodeled, the board of education shall obtain written approval from the health officer that the proposed development site presents no health problems. The board of education may request the health officer make a survey and submit a written health appraisal of any proposed school site.

(2) School sites shall be of a size sufficient to provide for the health and safety of the school enrollment.

(3) Noise from any source at a proposed site for a new school, an addition to an existing school, or a portable classroom shall not exceed an hourly average of 55 dBA ($Leq_{60\ minutes}$) and shall not exceed an hourly maximum (Lmax) of 75 dBA during the time of day the school is in session; except sites exceeding these sound levels are acceptable if a plan for sound reduction is included in the new construction proposal and the plan for sound reduction is approved by the health officer.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-366-030, filed 12/27/90, effective 1/31/91; 89-20-026 (Order 333), § 248-64-240, filed 9/28/89, effective 10/29/89; Order 88, § 248-64-240, filed 10/3/73; Order 55, § 248-64-240, filed 6/8/71.]

WAC 246-366-040 Plan review and inspection of schools. (1) Any board of education, before constructing a new facility, or making any addition to or major alteration of an existing facility or any of the utilities connected with the facility, shall:

(a) First submit final plans and specifications of such buildings or changes to the jurisdictional health officer;

(b) Shall obtain the health officer's recommendations and any required changes, in writing;

(c) Shall obtain written approval from the health officer, to the effect that such plans and specifications comply with these rules and regulations.

(2) The health officer shall:

(a) Conduct a preoccupancy inspection of new construction to determine its conformity with the approved plans and specifications.

(b) Make periodic inspections of each existing school within his jurisdiction, and forward to the board of education

and the administrator of the inspected school a copy of his findings together with any required changes and recommendations.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-366-040, filed 12/27/90, effective 1/31/91; Order 55, § 248-64-250, filed 6/8/71.]

WAC 246-366-050 Buildings. (1) Buildings shall be kept clean and in good repair.

(2) Instructional areas shall have a minimum average ceiling height of 8 feet. Ceiling height shall be the clear vertical distance from the finished floor to the finished ceiling. No projections from the finished ceiling shall be less than 7 feet vertical distance from the finished floor, e.g., beams, lighting fixtures, sprinklers, pipe work.

(3) All stairway[s] and steps shall have handrails and nonslip treads.

(4) The floors shall have an easily cleanable surface.

(5) The premises and all buildings shall be free of insects and rodents of public health significance and conditions which attract, provide harborage and promote propagation of vermin.

(6) All poisonous compounds shall be easily identified, used with extreme caution and stored in such a manner as to prevent unauthorized use or possible contamination of food and drink.

(7) There shall be sufficient space provided for the storage of outdoor clothing, play equipment and instructional equipment. The space shall be easily accessible, well lighted, heated and ventilated.

(8) Schools shall be provided with windows sufficient in number, size and location to permit students to see to the outside. Windows are optional in special purpose instructional areas including, but not limited to, little theaters, music areas, multipurpose areas, gymnasiums, auditoriums, shops, libraries and seminar areas. No student shall occupy an instructional area without windows more than 50 percent of the school day.

(9) Exterior sun control shall be provided to exclude direct sunlight from window areas and skylights of instructional areas, assembly rooms and meeting rooms during at least 80 percent of the normal school hours. Each area shall be considered as an individual case. Sun control is not required for sun angles less than 42 degrees up from the horizontal. Exterior sun control is not required if air conditioning is provided, or special glass installed having a total solar energy transmission factor less than 60 percent.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-366-050, filed 12/27/90, effective 1/31/91; 82-07-015 (Order 225), § 248-64-260, filed 3/9/82; 79-08-078 (Order 183), § 248-64-260, filed 7/26/79; Order 124, § 248-64-260, filed 3/18/76; Order 55, § 248-64-260, filed 6/8/71.]

WAC 246-366-060 Plumbing, water supply and fixtures. (1) Plumbing: Plumbing shall be sized, installed, and maintained in accordance with the state building code. However, local code requirements shall prevail, when these requirements are more stringent or in excess of the state building code.

(2) Water supply: The water supply system for a school shall be designed, constructed, maintained and operated in accordance with chapter 246-290 WAC.

(3) Toilet and handwashing facilities.

(a) Adequate, conveniently located toilet and handwashing facilities shall be provided for students and employees. At handwashing facilities soap and single-service towels shall be provided. Common use towels are prohibited. Warm air dryers may be used in place of single-service towels. Toilet paper shall be available, conveniently located adjacent to each toilet fixture.

(b) The number of toilet and handwashing fixtures in schools established in existing structures, previously designed or utilized for other purposes shall be in accordance with the state building code. However, local code requirements shall prevail, when these requirements are more stringent or in excess of the state building code.

(c) Toilet and handwashing facilities must be accessible for use during school hours and scheduled events.

(d) Handwashing facilities shall be provided with hot water at a maximum temperature of 120 degrees Fahrenheit. If hand operated self-closing faucets are used, they must be of a metering type capable of providing at least ten seconds of running water.

(4) Showers:

(a) Showers shall be provided for classes in physical education, at grades 9 and above. An automatically controlled hot water supply of 100 to 120 degrees Fahrenheit shall be provided. Showers with cold water only shall not be permitted.

(b) Drying areas, if provided, shall be adjacent to the showers and adjacent to locker rooms. Shower and drying areas shall have water impervious nonskid floors. Walls shall be water impervious up to showerhead heights. Upper walls and ceiling shall be of smooth, easily washable construction.

(c) Locker and/or dressing room floors shall have a water impervious surface. Walls shall have a washable surface. In new construction, floor drains shall be provided in locker and dressing areas.

(d) If towels are supplied by the school, they shall be for individual use only and shall be laundered after each use.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-366-060, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-366-060, filed 12/27/90, effective 1/31/91; 82-07-015 (Order 225), § 248-64-270, filed 3/9/82; 79-08-078 (Order 183), § 248-64-270, filed 7/26/79; Order 124, § 248-64-270, filed 3/18/76; Order 55, § 248-64-270, filed 6/8/71.]

WAC 246-366-070 Sewage disposal. All sewage and waste water from a school shall be drained to a sewerage disposal system which is approved by the jurisdictional agency. On-site sewage disposal systems shall be designed, constructed and maintained in accordance with chapters 246-272 and 173-240 WAC.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-366-070, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-366-070, filed 12/27/90, effective 1/31/91; 82-07-015 (Order 225), § 248-64-280, filed 3/9/82; Order 55, § 248-64-280, filed 6/8/71.]

WAC 246-366-080 Ventilation. (1) All rooms used by students or staff shall be kept reasonably free of all objectionable odor, excessive heat or condensation.

(2) All sources producing air contaminants of public health importance shall be controlled by the provision and maintenance of local mechanical exhaust ventilation systems as approved by the health officer.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-366-080, filed 12/27/90, effective 1/31/91; 80-03-044 (Order 192), § 248-64-290, filed 2/20/80; 79-08-078 (Order 183), § 248-64-290, filed 7/26/79; Order 124, § 248-64-290, filed 3/18/76; Order 88, § 248-64-290, filed 10/3/73; Order 75, § 248-64-290, filed 7/11/72; Order 55, § 248-64-290, filed 6/8/71.]

WAC 246-366-090 Heating. The entire facility inhabited by students and employees shall be heated during school hours to maintain a minimum temperature of 65 degrees Fahrenheit except for gymnasiums which shall be maintained at a minimum temperature of 60 degrees Fahrenheit.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-366-090, filed 12/27/90, effective 1/31/91; 82-07-015 (Order 225), § 248-64-300, filed 3/9/82; Order 55, § 248-64-300, filed 6/8/71.]

WAC 246-366-100 Temperature control. Heating, ventilating and/or air conditioning systems shall be equipped with automatic room temperature controls.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-366-100, filed 12/27/90, effective 1/31/91; 82-07-015 (Order 225), § 248-64-310, filed 3/9/82; Order 55, § 248-64-310, filed 6/8/71.]

WAC 246-366-110 Sound control. (1) In new construction, plans submitted under WAC 246-366-040 shall specify ventilation equipment and other mechanical noise sources in classrooms are designed to provide background sound which conforms to a noise criterion curve or equivalent not to exceed NC-35. The owner shall certify equipment and features are installed according to the approved plans.

(2) In new construction, the actual background noise at any student location within the classroom shall not exceed 45 dBA (Leg_x) and 70 dB (Leq_x) (unweighted scale) where $_x$ is thirty seconds or more. The health officer shall determine compliance with this section when the ventilation system and the ventilation system's noise generating components, e.g., condenser, heat pump, etc., are in operation.

(3) Existing portable classrooms, constructed before January 1, 1990, moved from one site to another on the same school property or within the same school district are exempt from the requirements of this section if the portable classrooms meet the following:

(a) Noise abating or noise generating features shall not be altered in a manner that may increase noise levels;

(b) The portable classrooms were previously in use for general instruction;

(c) Ownership of the portable classrooms will remain the same; and

(d) The new site is in compliance with WAC 246-366-030(3).

(4) In new construction, the maximum ambient noise level in industrial arts, vocational agriculture and trade, and industrial classrooms shall not exceed 65 dBA when all fume and dust exhaust systems are operating.

(5) The maximum noise exposure for students in vocational education and music areas shall not exceed the levels specified in Table 1.

TABLE 1
MAXIMUM NOISE EXPOSURES PERMISSIBLE

Duration per day (hours)	Sound Level (dBA)
8 hours	85
6 hours	87
4 hours	90
3 hours	92
2 hours	95
1-1/2 hours	97
1 hour	100
1/2 hour	105
1/4 hour	110

Students shall not be exposed to sound levels equal to or greater than 115 dBA.

(6) Should the total noise exposure in vocational education and music areas exceed the levels specified in Table 1 of subsection (5) of this section, hearing protectors, e.g., ear plugs, muffs, etc., shall be provided to and used by the exposed students. Hearing protectors shall reduce student noise exposure to comply with the levels specified in Table 1 of subsection (5) of this section.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-366-110, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-366-110, filed 12/27/90, effective 1/31/91; 89-20-026 (Order 333), § 248-64-320, filed 9/28/89, effective 10/29/89; Order 124, § 248-64-320, filed 3/18/76; Order 88, § 248-64-320, filed 10/3/73; Order 55, § 248-64-320, filed 6/8/71.]

WAC 246-366-120 Lighting. (1) The following maintained light intensities shall be provided as measured 30 inches above the floor or on working or teaching surfaces. General, task and/or natural lighting may be used to maintain the minimum lighting intensities.

	Minimum Foot - candle Intensity
General instructional areas including: Study halls, lecture rooms and libraries.	30
Special instructional areas where safety is of prime consideration or fine detail work is done including: Sewing rooms, laboratories (includes chemical storage areas), shops, drafting rooms and art and craft rooms.	50
Kitchen areas including: Food storage and preparation rooms.	30
Noninstructional areas including: Auditoriums, lunch rooms, assembly rooms, corridors, stairs, storerooms, and toilet rooms.	10
Gymnasiums: Main and auxiliary spaces, shower rooms and locker rooms.	20

(2) Excessive brightness and glare shall be controlled in all instructional areas. Surface contrasts and direct or indirect

glare shall not cause excessive eye accommodation or eye strain problems.

(3) Lighting shall be provided in a manner which minimizes shadows and other lighting deficiencies on work and teaching surfaces.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-366-120, filed 12/27/90, effective 1/31/91; 82-07-015 (Order 225), § 248-64-330, filed 3/9/82; Order 124, § 248-64-330, filed 3/18/76; Order 55, § 248-64-330, filed 6/8/71.]

WAC 246-366-130 Food handling. (1) Food storage, preparation, and service facilities shall be constructed and maintained and operated in accordance with chapters 246-215 and 246-217 WAC.

(2) When central kitchens are used, food shall be transported in tightly covered containers. Only closed vehicles shall be used in transporting foods from central kitchens to other schools.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-366-130, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-366-130, filed 12/27/90, effective 1/31/91; Order 55, § 248-64-340, filed 6/8/71.]

WAC 246-366-140 Safety. (1) The existence of unsafe conditions which present a potential hazard to occupants of the school are in violation of these regulations. The secretary in cooperation with the state superintendent of public instruction shall review potentially hazardous conditions in schools which are in violation of good safety practice, especially in laboratories, industrial arts and vocational instructional areas. They shall jointly prepare a guide for use by department personnel during routine school inspections in identifying violations of good safety practices. The guide should also include recommendations for safe facilities and safety practices.

(2) In new construction, chemistry laboratories shall be provided with an eyewash fountain and a shower head for flushing in cases of chemical spill and clothing fires. If more than one laboratory is provided, one of each fixture will be adequate if the laboratories are in close proximity.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-366-140, filed 12/27/90, effective 1/31/91; Order 55, § 248-64-350, filed 6/8/71.]

WAC 246-366-150 Exemption. The board of health may, at its discretion, exempt a school from complying with parts of these regulations when it has been found after thorough investigation and consideration that such exemption may be made in an individual case without placing the health or safety of the students or staff of the school in danger and that strict enforcement of the regulation would create an undue hardship upon the school.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-366-150, filed 12/27/90, effective 1/31/91; 82-07-015 (Order 225), § 248-64-360, filed 3/9/82; Order 55, § 248-64-360, filed 6/8/71.]

Chapter 246-374 WAC
OUTDOOR MUSIC FESTIVALS

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-374-050 Water supply. [Statutory Authority: RCW 43.20.050 and 70.108.040. 92-02-019 (Order 225B), § 246-374-050, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-374-050, filed 12/27/90, effective 1/31/91; Order 59, § 248-73-050, filed 8/16/71.] Repealed by 97-20-100, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.20.050.

246-374-060 Sewage disposal. [Statutory Authority: RCW 43.20.050 and 70.108.040. 92-02-019 (Order 225B), § 246-374-060, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-374-060, filed 12/27/90, effective 1/31/91; Order 59, § 248-73-060, filed 8/16/71.] Repealed by 97-20-100, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.20.050.

246-374-080 Solid waste. [Statutory Authority: RCW 43.20.050 and 70.108.040. 92-02-019 (Order 225B), § 246-374-080, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-374-080, filed 12/27/90, effective 1/31/91; Order 59, § 248-73-080, filed 8/16/71.] Repealed by 97-20-100, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.20.050.

246-374-100 Food service. [Statutory Authority: RCW 43.20.050 and 70.108.040. 92-02-019 (Order 225B), § 246-374-100, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-374-100, filed 12/27/90, effective 1/31/91; Order 59, § 248-73-100, filed 8/16/71.] Repealed by 97-20-100, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.20.050.

246-374-130 Bathing areas. [Statutory Authority: RCW 43.20.050 and 70.108.040. 92-02-019 (Order 225B), § 246-374-130, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-374-130, filed 12/27/90, effective 1/31/91; Order 59, § 248-73-130, filed 8/16/71.] Repealed by 97-20-100, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.20.050.

WAC 246-374-001 Purpose. The following rules and regulations are established as the minimum sanitation requirements for outdoor music festivals, in accordance with chapter 302, Laws of 1971 ex. sess.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-374-001, filed 12/27/90, effective 1/31/91; Order 59, § 248-73-010, filed 8/16/71.]

WAC 246-374-010 Definitions. (1) "Outdoor music festival" or "music festival" or "festival" means an assembly of persons gathered primarily for outdoor, live, or recorded music entertainment, where the predicted attendance is 2,000 or more and where the duration of the program is five hours or longer: Provided, That this definition shall not be applied to any regularly established permanent place of worship, athletic stadium, athletic field, arena, auditorium, coliseum, or other similar permanently established places of assemblies which do not exceed by more than 250 people the maximum seating capacity of the structure where the assembly is held: Provided further, That this definition shall not apply to government sponsored fairs held on regularly established fair-

grounds nor to assemblies required to be licensed under other laws or regulations of the state.

(2) "Local health officer" means the legally qualified physician who has been appointed as the health officer of the city, town, county or district public health department as defined in RCW 70.05.010(2), or his authorized representative.

(3) "Applicant" means the promoter who has the right of control of the conduct of an outdoor music festival who applies to the appropriate legislative authority for a license to hold an outdoor music festival.

(4) "Issuing authority" means the legislative body of the local governmental unit where the site for an outdoor music festival is located.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-374-010, filed 12/27/90, effective 1/31/91; Order 59, § 248-73-020, filed 8/16/71.]

WAC 246-374-030 Submission of plans. The applicant shall submit plans for site and development to the local health officer not less than 30 days prior to the time the applicant must file his application with the issuing authority. The plan shall include the name of the festival, its physical location, dates of operation, the name, address and phone number of the applicant, a list of other individuals responsible for all phases of construction and operation, and shall include the following information:

(1) Projected attendance at the outdoor music festival.

(a) Maximum day attendance.

(b) Maximum overnight attendance.

(c) Total attendance for the duration of the festival.

(2) Site characteristics:

(a) The area, dimensions, legal description and ownership of the tract of land.

(b) Physical characteristics of the site, including but not limited to bodies of water, existing structures, topographical data, current land use of site and contiguous property.

(c) Location, and the width of all offsite access roads and onsite service roads.

(d) Location of facilities including parking, camping sites, food concessions, medical services, entertainment area, water source and distribution system, sewage disposal, solid waste collection and disposal, bathing areas, communication facilities and administrative accommodations.

(3) Method and design of water supply and distribution system.

(4) Method and design of sewage and waste water collection and disposal systems.

(5) Method and design of toilet facilities, their number and location.

(6) Method of solid waste collection and disposal, including number and location of containers.

(7) Method of insect and rodent control.

(8) Design of food service facilities and information including source, storage, preparation and types of foods.

(9) Design and location of all facilities providing shelter including overnight accommodations for festival patrons.

(10) Method of dust control.

(11) Plan of electrical service, including type, location and number of lighting fixtures, communications facilities and electrical outlets.

(12) Description of bathing areas and facilities.

(13) Transportation and facilities for emergency medical service.

No later than fifteen days after the submission of plans for site and development, the local health officer shall either approve or disapprove such plans. Any disapproval shall set forth in detail the specific grounds therefor. The applicant shall have an opportunity to correct the deficiencies as described by the local health officer and to resubmit plans for local health officer approval. Final approval or disapproval shall be given by the local health officer on or before the date set for submission of application to the issuing authority. The local health officer shall accompany any final disapproval with written reasons therefor.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-374-030, filed 12/27/90, effective 1/31/91; Order 59, § 248-73-030, filed 8/16/71.]

WAC 246-374-040 Site. The festival site shall be well drained, located and maintained so as not to create a health or safety hazard or nuisance.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-374-040, filed 12/27/90, effective 1/31/91; Order 59, § 248-73-040, filed 8/16/71.]

WAC 246-374-070 Toilet facilities. (1) There shall be provided separate toilet facilities for each sex. Such toilets shall consist of adequately designed and maintained privies, chemical toilets or other facilities for the collection and disposal of human wastes, as may be approved by the local health officer.

(2) A minimum number of three toilets for each sex shall be provided for the first five hundred patrons and one additional toilet for each sex shall be provided for each additional five hundred patrons or major fraction thereof. The total number of toilets shall be based on the projected maximum daily attendance.

(3) Toilet facilities shall be located within 300 feet of all portions of all day use and overnight camping areas. In addition, there shall be toilets immediately adjacent to food concessions, medical service and administrative areas.

(4) Toilet facilities shall be constructed in a manner to provide privacy and to facilitate cleaning and maintenance. Toilets shall be kept clean and free of insects, rodents and excessive odors.

(5) An adequate quantity of toilet paper shall be provided.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-374-070, filed 12/27/90, effective 1/31/91; Order 59, § 248-73-070, filed 8/16/71.]

WAC 246-374-090 Insect and rodent control. Appropriate measures shall be taken to control rodents and insects.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-374-090, filed 12/27/90, effective 1/31/91; Order 59, § 248-73-090, filed 8/16/71.]

WAC 246-374-110 Dust control. Appropriate measures shall be taken to control dust. Special control measures such as watering, oiling, sawdust or application of other soil stabilizers shall be made at food concessions, and medical service facilities.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-374-110, filed 12/27/90, effective 1/31/91; Order 59, § 248-73-110, filed 8/16/71.]

WAC 246-374-120 Lighting. (1) Outside lighting shall be provided for spectator and parking areas, toilet facilities, food concessions, medical service facilities and walkways.

(2) Light measured on working surfaces inside medical service facilities and food concessions shall be at least 20 foot candles.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-374-120, filed 12/27/90, effective 1/31/91; Order 59, § 248-73-120, filed 8/16/71.]

WAC 246-374-140 General. (1) The applicant or his designated agent shall familiarize himself with these regulations and shall maintain the festival site and facilities in a clean and sanitary condition. The applicant or his designated agent shall be on the site at all times and shall be responsible for the operation of the festival and compliance with these rules and regulations.

(2) When, in the opinion of the local health officer, a hazard to health exists, or is developing, before, during or after the festival, that is not contemplated in these regulations, he may direct the applicant or his designated agent to take appropriate action to remedy the situation.

(3) The local health officer, in his discretion and with the concurrence of the assistant secretary, Washington state division of health services, department of social and health services, may waive, modify, or approve reasonable alternatives to any of the requirements of these regulations.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-374-140, filed 12/27/90, effective 1/31/91; Order 59, § 248-73-140, filed 8/16/71.]

Chapter 246-376 WAC
CAMPS

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-376-050 Water supply. [Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-376-050, filed 12/27/90, effective 1/31/91; Order 140, § 248-72-040, filed 2/7/77; Regulation 72.040, effective 3/11/60.] Repealed by 97-20-100, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.20.050.

246-376-080 Sewage and liquid waste disposal. [Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-376-080, filed 12/27/90, effective 1/31/91; Order 140, § 248-72-070, filed 2/7/77; Regulation 72.070, effective 3/11/60.] Repealed by 97-20-100, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.20.050.

246-376-100 Food handling. [Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-376-100, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-376-100, filed 12/27/90, effective 1/31/91; Order 140, § 248-72-090, filed 2/7/77; Regulation 72.090, effective 3/11/60.] Repealed by 97-20-100, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.20.050.

246-376-110 Swimming pools, wading pools, and bathing beaches. [Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-376-110, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-376-110, filed 12/27/90, effective 1/31/91; Order 140, § 248-72-110, filed 2/7/77; Regulation 72.110, effective 3/11/60.] Repealed by 97-20-100, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.20.050.

WAC 246-376-001 Legal authority of the state board of health. RCW 43.20.050.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-376-001, filed 12/27/90, effective 1/31/91; Order 140, § 248-72-999, filed 2/7/77.]

WAC 246-376-010 Definitions. The following definitions shall apply in the interpretations and the enforcement of these rules and regulations.

(1) The term "camp" as used herein shall refer only to an established group camp which is established or maintained for recreation, education, vacation, or religious purposes for use by organized groups and wherein these activities are conducted on a closely supervised basis and wherein day to day living facilities, including food and lodging, are provided either free of charge or by payment of a fee.

(2) "Owner" shall mean any person or persons, organization, association, corporation, or agency of federal, state, county or municipal government, operating, maintaining or offering for use within the state of Washington any camp either free of charge or by payment of a fee.

(3) "Director" shall mean the person in charge of the camp program.

(4) "Existing camp" shall mean a camp which was established prior to the date of adoption of these rules and regulations.

(5) "New camp" shall mean a camp which is established after the date of adoption of these rules and regulations.

(6) "Health officer" shall mean the state director of health, or the city, county, or district health officer, as defined in RCW 70.05.010(2) or his or her authorized representatives.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-376-010, filed 12/27/90, effective 1/31/91; Order 140, § 248-72-001, filed 2/7/77; Regulation 72.001, effective 3/11/60.]

WAC 246-376-020 Registration. Every owner shall make an annual application to the health officer for the registration of his camp at least 30 days prior to the day it is to be opened for use.

Every application for registration made pursuant to these regulations shall be on a form to be supplied by the health officer and the applicant shall furnish all information required by the health officer.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-376-020, filed 12/27/90, effective 1/31/91; Order 140, § 248-72-010, filed 2/7/77; Regulation 72.010, effective 3/11/60.]

WAC 246-376-030 Location or site. (1) All camps shall be located on land that provides good natural drainage. The site shall not be subject to flooding or located adjacent to swamps or marshes which might have an adverse effect on the health of the occupants.

(2) No camp shall be so located as to endanger any public or private water supply or the health of the public or health of the occupants.

(3) Where corrals or stables exist, or where large animals are maintained in connection with any camp, the quarters for any animals shall be located so as not to create a nuisance or health hazard.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-376-030, filed 12/27/90, effective 1/31/91; Order 140, § 248-72-020, filed 2/7/77; Regulation 72.020, effective 3/11/60.]

WAC 246-376-040 Supervision. (1) All camps shall be under the supervision of an adult having mature judgment and ability to understand and apply state laws and regulations relating to operation and maintenance of the camp.

(2) The director, or a responsible person reporting to him, shall make or have made frequent inspections of the premises and sanitary equipment for the purpose of maintaining proper sanitation and compliance with these regulations.

(3) The director shall maintain all sanitary facilities, and other equipment of camps, in good repair and appearance.

(4) The supervision and equipment shall be sufficient to prevent littering of the premises with rubbish, garbage, or other wastes and to maintain general cleanliness. Fly-tight metal garbage containers shall be provided for the collection of garbage. These containers shall not be permitted to become foul smelling, unsightly, or breeding places for flies, and the contents shall be disposed of by incineration or some other method approved by the health officer.

(5) All toilet rooms, eating, sleeping and other living facilities shall be cleaned at least daily.

(6) The owner or director of every camp shall maintain the buildings and grounds free from flies, mosquitoes and other insects through the use of screens and/or approved sprays or other effective means.

All premises shall be kept free from rats, mice and other rodents.

(7) Where bedding is furnished it shall be kept clean and aired at least once a week. Where sheets and pillow cases are furnished they shall be freshly laundered at least for each new user.

Mattress covers to completely cover the mattress shall be provided and shall be freshly laundered at least for each new user.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-376-040, filed 12/27/90, effective 1/31/91; Order 140, § 248-72-030, filed 2/7/77; Regulation 72.030, effective 3/11/60.]

WAC 246-376-060 Toilets and handwashing facilities. (1) Every camp shall be provided with toilets, urinals and handwashing facilities conveniently located.

(2) Separate toilet facilities shall be provided for each sex and shall be so marked.

(3) Only water flushed toilets will be allowed unless specific exception is made by the health officer for the use of fly-tight sanitary privies.

(4) The minimum number of the above facilities to be provided shall be in accordance with the following schedules:

Girls' water closets -
First 100 girls - 1 for each 10 girls
Over 100 girls - 10 for first 100 girls plus
1 for each additional 20 girls

Boys' water closets -
First 100 boys - 1 for each 20 boys
Over 100 boys - 5 for first 100 boys plus
1 for each additional 40 boys

Boys' urinals -
First 100 boys - 1 for each 20 boys
Over 100 boys - 5 for first 100 boys plus
1 for each additional 40 boys

Lavatories -
First 100 users - 1 for each 12 users
Over 100 users - 8 for first 100 users plus
1 for each additional 20 users

(5) Toilet paper shall be provided in each water closet compartment or privy.

(6) All toilet rooms and privies shall be constructed of material permitting satisfactory cleaning and shall be well lighted and ventilated. All toilet fixtures shall be of easily cleanable, impervious material and in good repair.

(7) Toilet room floors shall be constructed of concrete or other water impervious material pitched to provide adequate drainage to a suitable located trapped floor drain; except that urinal stalls may be used in lieu of floor drains. If partitions are provided between flush bowls they shall be raised 12 inches from the floor and shall be so constructed as to be easily cleanable.

(8) Where users do not provide their own individual towel and soap, single-service paper or cloth towels and soap shall be provided at all lavatories. The use of common towels is prohibited.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-376-050, filed 12/27/90, effective 1/31/91; Order 140, § 248-72-050, filed 2/7/77; Regulation 72.050, effective 3/11/60.]

WAC 246-376-070 Showers and laundry facilities in resident camps. Adequate and conveniently located bathing facilities including hot and cold or tempered water shall be provided. Separate shower rooms shall be provided for each sex in the ratio of one shower head or tub for each 15 users based upon the maximum demand at any one period.

One laundry tray or wash tub should be provided for each 40 persons or major fraction thereof.

The floors of shower rooms shall be constructed of concrete or other easily cleanable, water impervious material graded to drain to a suitable trapped floor drain. They should be free from cracks or uneven surfaces that interfere with proper cleaning.

The shower rooms shall be well lighted and ventilated and have interior surfaces of light colored, washable material.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-376-070, filed 12/27/90, effective 1/31/91; Order 140, § 248-72-060, filed 2/7/77; Regulation 72.060, effective 3/11/60.]

WAC 246-376-090 Sleeping and living quarters. (1) All sleeping and living quarters shall be ventilated so as to be maintained free from objectionable odors. They shall be provided with adequate natural and artificial light. The floors, walls, and ceilings of sleeping rooms shall be of easily cleanable construction and shall be maintained in a clean, sanitary condition.

(2) The floors of all buildings which are not built on solid concrete or rat-proof foundations shall be raised at least 12 inches above the ground and the space underneath the floor kept free from trash, rubbish, or other material attractive to insects or rodents.

(3) No room used for sleeping purposes shall have less than 400 cubic feet of air space for each occupant.

(4) All cabin or dormitory type sleeping rooms shall contain a minimum floor space of 40 sq. ft. per occupant. Ventilation shall be provided to all bedrooms or dormitories equivalent to an outside opening of 2-1/2 sq. ft. per person.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-376-090, filed 12/27/90, effective 1/31/91; Order 140, § 248-72-080, filed 2/7/77; Regulation 72.080, effective 3/11/60.]

WAC 246-376-120 General. (1) Where no provision is made in these regulations to clearly apply to any condition or thing found to exist which may be a health hazard in a camp, the health officer may direct the owner as to the best means to adopt to secure proper sanitary conditions in said camp.

(2) Where a condition exists, which in the opinion of the health officer is a violation of these regulations or a menace to health, he may order the owner to close such camp until such time as the health officer may direct.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-376-120, filed 12/27/90, effective 1/31/91; Order 140, § 248-72-120, filed 2/7/77; Regulation 72.120, effective 3/11/60.]

WAC 246-376-130 Responsibility. The owner of a camp shall be responsible for full compliance with these rules and regulations.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-376-130, filed 12/27/90, effective 1/31/91; Order 140, § 248-72-130, filed 2/7/77; Regulation 72.130, effective 3/11/60.]

Chapter 246-380 WAC
STATE INSTITUTIONAL SURVEY PROGRAM

WAC

WAC 246-380-001 Purpose. The purpose of this chapter is to specify the fees required to conduct the health and sanitation inspections in state institutions as mandated in RCW 43.70.130(8).

[Statutory Authority: RCW 43.20B.020. 91-21-075 (Order 204), § 246-380-001, filed 10/18/91, effective 11/18/91.]

WAC 246-380-990 Fees. An annual health and sanitation survey fee for community colleges, ferries, and other state of Washington institutions and facilities shall be assessed as follows:

	Annual Fee Per Facility
(1) Food Service	
(a) As defined in WAC 246-215-009(12) food service establishments or concessions in community colleges, ferries, or any other state of Washington facility preparing potentially hazardous foods. This shall include dockside food establishments directly providing food for the Washington state ferry system.	$ 550
(b) Food service establishments or concessions that do not prepare potentially hazardous foods.	$ 276
(c) The health and sanitation survey fee referenced in subsection (a) and (b) of this section may be waived provided there is an agreement between the department of health and the local jurisdictional health agency for the local health agency to conduct the food service establishments surveys.	
(2) State institutions or facilities.	
(a) Institutions or facilities operating a food service: The annual fee shall be nine dollars times the population count plus five hundred fifty dollars. The population count shall mean the average daily population for the past twelve months (January through December).	
(b) Institutions or facilities that do not operate a food service: The annual fee shall be nine dollars times the population count.	
(c) The population count for a new institution shall mean the average projected daily population for the first twelve months of operation.	

[Statutory Authority: RCW 43.70.250 and 2002 c 371. 02-20-040, § 246-380-990, filed 9/24/02, effective 11/1/02. Statutory Authority: RCW 43.20B.020. 91-21-075 (Order 204), § 246-380-990, filed 10/18/91, effective 11/18/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-380-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20A.055. 87-14-066 (Order 2493), § 440-44-076, filed 7/1/87; 85-13-007 (Order 2238), § 440-44-076, filed 6/7/85.]

Chapter 246-390 WAC
DRINKING WATER CERTIFICATION RULES

WAC

WAC 246-390-001 Purpose—Objectives. (1) The purpose of this chapter is to establish a state drinking water program for certification of laboratories analyzing public drinking water under RCW 43.20.050. The certification program is designed to satisfy the intent of the primacy agreement with United States Environmental Protection Agency and the state, in compliance with 40 C.F.R. 142.10, 7/1/90.

(2) The department certification program:

(a) Requires laboratories to demonstrate capability to accurately analyze drinking water samples;

(b) Aids laboratories in improving quality assurance;

(c) Offers technical assistance in all drinking water analyses; and

(d) Fosters cooperation between the state department of health, local health agencies, and operators of laboratories.

[Statutory Authority: RCW 43.20.050. 92-15-152 (Order 290B), § 246-390-001, filed 7/22/92, effective 8/22/92.]

WAC 246-390-010 Definitions. Definitions in this section shall apply throughout this chapter, unless clearly indicated otherwise.

(1) "Administrative Procedure Act" means the adjudicative proceedings governed by chapter 34.05 RCW and chapter 246-08 WAC.

(2) "Analytical data" means the recorded qualitative and/or quantitative results of a chemical, physical, biological, microbiological, or radiological determination.

(3) "Certification" means the formal contractual agreement between the department and the certified laboratory indicating a laboratory is capable of producing accurate analytical data and is authorized to test drinking water compliance samples. The department will issue a certificate to the laboratory indicating the contaminants the laboratory is authorized to analyze. Certification does not guarantee validity of analytical data submitted by a certified laboratory.

(4) "Certification authority" means the designated official or a representative of the official authorized by the department as the head of the certification program.

(5) "Certification manual" means the most recent revision of the procedural and technical criteria of the drinking water certification rules. This document, entitled "Certification Manual for Laboratories Analyzing Washington State Drinking Water," is available from the Department of Health, Public Health Laboratory, Drinking Water Certification Program, 1610 NE 150th St., Seattle, Washington 98155-7224.

(6) "Certification official (CO)" means the designated official authorized by the department to certify drinking water laboratories.

(7) "Compliance sample" means a drinking water sample collected in accordance with WAC 246-290-300 and/or 246-290-320 and submitted to a state certified laboratory for analysis.

(8) "Department" means the Washington state department of health.

(9) "EMSL-CI" means the EPA Environmental Monitoring and Support Laboratory, Cincinnati, Ohio.

(10) "EMSL-LV" means the EPA Environmental Monitoring System Laboratory, Las Vegas, Nevada.

(11) "EPA" means United States Environmental Protection Agency.

(12) "Intercomparison studies" means a series of cross check samples sent to radiochemistry laboratories by EPA to compare the results between participating laboratories.

(13) "Laboratory" means any facility under the ownership and technical management of a single entity in a single geographical locale. A laboratory is where scientific examinations are performed on drinking water samples.

(14) "Maximum contaminant level (MCL)" means the maximum permissible level of a contaminant in water the purveyor delivers to any public water system user, measured at the location identified under WAC 246-290-300, Table 4.

(15) "Official methods" means methodologies specified by EPA drinking water regulations under 40 C.F.R. 141.21 - 141.30, 141.41 - 141.42, 7/1/90 and approved by the department.

(16) "Parameter" means a single determination or group of related determinations using a specific written official method.

(17) "Performance evaluation (PE)" means an evaluation of the results of analysis of samples from an external testing source whose true values are unknown to the laboratory conducting the analysis. The external testing service must be approved by the department and/or CO if other than EPA sources are used.

(18) "On-site audit" means an on-site inspection performed by the department to determine a laboratory's capabilities and facilities.

(19) "Quality assurance (QA)" means all those planned and systematic actions necessary to provide confidence that an analysis, measurement, or surveillance program produces data of known and defensible quality.

(20) "Quality controls (QC)" means internal written procedures and routine analyses of laboratory reference materials, samples, and blanks to insure precision and accuracy of methodology, equipment and results.

(21) "State advisory level (SAL)" means a department-established value for a chemical without an existing MCL. The SAL represents a level which when exceeded, indicates the need for further assessment to determine if the chemical is an actual or potential threat to human health.

[Statutory Authority: RCW 43.20.050. 92-15-152 (Order 290B), § 246-390-010, filed 7/22/92, effective 8/22/92.]

WAC 246-390-020 Requirement for certification. (1) Certification officers are required to meet EPA requirements for drinking water certification as described in the latest version of the *Manual for the Certification of Laboratories Analyzing Drinking Water, EPA/570/9-90/008,4/90.*

(2) Applicants for laboratory certification shall submit to the department:

(a) An application fee as specified in WAC 246-390-990;

(b) A written application which includes one of the following:

(i) A request for first-time certification;

(ii) A request for certification to analyze additional or newly regulated contaminants; or

(iii) A request to reapply for certification after correction of deficiencies which resulted in the downgrading or revocation of certification status, or after lapse of previous contract; and

(c) A QA plan as specified in subsection (6) of this section.

(3) Applicants for routine renewal shall submit to the department at least three months before expiration of the contract:

(a) A renewal fee as specified in WAC 246-390-990;

(b) A written application which includes:

(i) Name and address of each laboratory or testing site;

(ii) Owner's name, address, and contact person;

(iii) List of parameters to be certified;

(iv) Completed personnel training and experience forms;

(v) List of methods used;

(vi) Copy of QA manual; and

(vii) List of equipment;

(c) Verification of the successful performance of PE studies as specified in subsection (4) of this section; and

(d) A QA plan, if changes have been made since the plan was last submitted to the department.

(4) Laboratory approved personnel shall participate in EPA Water Supply, EMSL-CI, EMSL-LV, or other department approved PE studies at least once annually for microbiological and twice annually for chemistry and radiochemistry laboratories as described in the certification manual. Radiochemistry laboratories must also participate in two intercomparison studies per year.

(5) Laboratory directors shall allow on-site audit by the CO as follows:

(a) At least every three years;

(b) Announced or unannounced;

(c) At contract renewal; or

(d) At the discretion of the CO.

(6) Laboratory directors shall submit a QA plan with a section specific to drinking water with initial application; at contract renewal, if changes have been made; or at the discretion of the CO. The QA plan or manual shall follow EPA and state requirements, as described in the certification manual.

(7) Laboratory personnel shall notify the CO in writing within thirty days of major changes to analytical staff management including:

(a) Moving facilities;

(b) Loss or replacement of the laboratory supervisor;

(c) A situation in which a trained and experienced analyst no longer is available to analyze a particular parameter for which certification had been granted;

(d) Loss or replacement of major equipment; and

(e) Any other situation described in the certification manual that would affect laboratory operations.

(8) Laboratories shall meet the following minimum workload requirements for each certified parameter:

(a) Microbiological laboratories to analyze a minimum of fifteen water samples per quarter that are positive for both total and fecal coliform.

(b) Chemistry and radiochemistry laboratories to analyze five water samples per quarter. These workload requirements shall not include PE samples. Laboratories must assure the CO that proper QA/QC was followed, and official drinking water methods were used. See certification manual for further explanation.

(9) Laboratory personnel shall follow official EPA methods, or EPA approved alternate analytical techniques, as described in the certification manual.

(10) Laboratory personnel shall accurately report analytical results of compliance samples in a timely manner as described in the certification manual using:

(a) The department specified format; and

(b) Electronic or hard copy transmission.

(11) Laboratories shall follow the standard of quality requirements as described in the certification manual.

[Statutory Authority: RCW 43.20.050. 92-15-152 (Order 290B), § 246-390-020, filed 7/22/92, effective 8/22/92.]

WAC 246-390-030 Certification. (1) The department may grant certification to a laboratory after conducting a complete assessment of the laboratory's capabilities, including:

(a) Submission of a completed application;

(b) Submission of the proper fees;

(c) Satisfactory performance on PE studies, and intercomparison samples where necessary;

(d) Submission of an updated QA plan; and

(e) Successful completion of an on-site inspection.

(2) The department may grant less than full certification based on terms and conditions incorporated in the contractual agreement between the laboratory and the department.

[Statutory Authority: RCW 43.20.050. 92-15-152 (Order 290B), § 246-390-030, filed 7/22/92, effective 8/22/92.]

WAC 246-390-040 Provisional certification. Laboratories which have deficiencies requiring corrective action but which can produce valid analytical data as determined by the CO may be given provisional certification. The department may downgrade a laboratory to provisional certification for failure to:

(1) Analyze a PE sample and/or an intercomparison sample, or any other unknown test sample within the acceptance limits established by the EPA and/or the department. Failure on a mandatory PE sample is defined as a failure on any concentration provided, unless otherwise specified by the EPA and/or the department. The laboratory shall be given an opportunity to request a make up PE or QC sample before the CO takes action.

(2) Notify the CO in writing within thirty days of major change impairing analytical capability, such as personnel, equipment, or location.

(3) Demonstrate that the laboratory maintains the required standard of quality, based upon an on-site evaluation. See certification manual for minimum standard of quality requirements.

(4) Promptly send reports of analysis to the department as described in the certification manual.

(5) Promptly notify the public water system by the end of the business day, or the department if the public water system can not be notified, of results exceeding MCL or SAL. For all

results exceeding MCL or SAL the laboratory must notify the department as soon as possible.

[Statutory Authority: RCW 43.20.050. 92-15-152 (Order 290B), § 246-390-040, filed 7/22/92, effective 8/22/92.]

WAC 246-390-050 Revoking or denying certification. Action shall be taken consistent with the contract, with 40 C.F.R. 142.10 7/1/90, EPA Manual, RCW 43.20.050, and chapter 246-08 WAC. The department may immediately downgrade laboratories from certified or provisionally certified to not certified, or may deny certification for a particular contaminant analysis or group of contaminants, for the following reasons:

(1) Two consecutive failures to analyze a PE sample or intercomparison sample or any other unknown test sample for a particular contaminant within the acceptance limits established by EPA and/or the department. The laboratory shall be given an opportunity to request a make-up PE or QC sample before the CO takes final action. The decision to revoke certification shall be made at the discretion of the CO after examination of all information.

(2) Failure to demonstrate to the CO that the laboratory has corrected deficiencies identified during an on-site evaluation within:

(a) Three months to correct a procedural or administrative deficiency; and

(b) Six months to correct an equipment deficiency. If the equipment or instrument involved is the only instrument available for a particular analysis, certification may be downgraded immediately, at the discretion of the CO.

(3) Submission of a PE sample to another laboratory for analysis and reporting data as its own.

(4) Failure to use analytical methodology specified in the certification manual.

(5) Failure to submit an appropriate application and associated fees to the department.

(6) Failure to pass a re-audit and correct deficiencies if the laboratory is found deficient in its ability to provide accurate analytical data.

(7) Justifiable evidence of falsification of data or any other practice considered deceptive by the department.

(8) Failure to comply with other provisions of the contractual agreement between the department and the laboratory.

(9) Failure to correct deficiencies quoted in a revoked certificate before reapplying for certification.

(10) Failure to permit entry of a CO or CO's representative for an on-site audit to examine methods, facilities, equipment, and analytical data.

[Statutory Authority: RCW 43.20.050. 92-15-152 (Order 290B), § 246-390-050, filed 7/22/92, effective 8/22/92.]

WAC 246-390-060 Reciprocity. The department may recognize certification of an out-of-state laboratory by another primacy state with which the department has an established mutual reciprocity agreement. The laboratory shall submit an application and a fee as specified in WAC 246-390-990; perform approved PE studies; follow the workload requirements; and follow drinking water methods per WAC 246-390-020. A laboratory accepted under the reciprocity agreement shall enter into a contract with the department.

[Statutory Authority: RCW 43.20.050. 92-15-152 (Order 290B), § 246-390-060, filed 7/22/92, effective 8/22/92.]

WAC 246-390-070 Third-party certification. The department shall recognize only the certification officials authorized and approved by the department. See certification manual for recognized and approved certification officials. Laboratories requesting third party certification shall submit an application; perform approved PE studies; follow the workload requirements; and follow drinking water methods per WAC 246-390-020.

[Statutory Authority: RCW 43.20.050. 92-15-152 (Order 290B), § 246-390-070, filed 7/22/92, effective 8/22/92.]

WAC 246-390-100 Appeals. A laboratory manager may appeal any certification action such as denial and revocation in writing to the CO. If the question is not satisfactorily resolved, the laboratory manager may appeal in writing by certified mail to the certification authority within thirty days of the decision of the CO. Decisions of the certification authority may be appealed to the secretary of the department within thirty days of notification of final action. The adjudication procedure is governed by the Administrative Procedure Act, this chapter, and chapter 246-08 WAC. Laboratories may be allowed to maintain certification during the appeal process.

[Statutory Authority: RCW 43.20.050. 92-15-152 (Order 290B), § 246-390-100, filed 7/22/92, effective 8/22/92.]

WAC 246-390-990 Fees. The fees in this section are established in accordance with RCW 43.70.250 to defray the department's costs associated with certifying laboratories. The department shall review the fee structure annually and may modify the fees as necessary to reflect current administrative costs.

(1) On-site inspections shall not be conducted nor shall provisional or other certifications be granted until appropriate fees have been received by the department.

(2) Out-of-state laboratories requesting reciprocity shall pay a fee of one hundred dollars.

(3) Out-of-state laboratories in states which have not established a reciprocity agreement with Washington shall follow the fee schedule in this section and pay all travel costs for the CO for any necessary on-site inspections.

(4) The following fees are due upon application and at the time of each renewal:

BASE FEE OF $100 PLUS THE FOLLOWING SCHEDULE

Category	Parameter		Fee/ Parameter	Max. Fee per Category
Inorganic	Arsenic	As	$60.00	$1000.00
Contaminants	Barium	Ba		
&	Cadmium	Cd		
Physical	Chromium	Cr		
Character-				
istics	Iron	Fe		
	Lead	Pb		
	Manganese	Mn		
	Mercury	Hg		
	Selenium	Se		

BASE FEE OF $100 PLUS THE FOLLOWING SCHEDULE

Category	Parameter		Fee/ Parameter	Max. Fee per Category
	Silver	Ag		
	Sodium	Na		
	Hardness			
	Conductivity			
	Turbidity			
	Color			
	Fluoride	F		
	Nitrate	as N		
	Chloride	Cl		
	Sulfate	SO_4		
	TDS			
	Copper	Cu		
	Zinc	Zn		
	Residual Disinfection Chlorine			
	Ozone			
	Chlorine Dioxide			
	Alkalinity			
	Calcium			
	Nitrite			
	Temperature			
	pH			
	Chloride			
Organic Contaminants (GC, GC/MS)	Insecticides		$150.00	$750.00
	(Endrin, Lindane, methoxychlor & toxaphene)		$150.00	
	Herbicides (2,4-D & 2,4,5-TP)			
	TTHM		$150.00	
	MTP		$150.00	
	Regulated VOCs		$150.00	
	Unregulated VOCs		$150.00	
Micro-biological	MF		$150.00	$450.00
	P-A		$150.00	
	HPC		$150.00	
	MPN		$150.00	
Radio-logical	Gross alpha		$150.00	$1400.00
	Radium-226		$150.00	
	Radium-228		$150.00	
	Uranium		$150.00	
	Gross beta		$150.00	
	Strontium-89		$150.00	
	Strontium-90		$150.00	
	Photon Emitters		$150.00	
	Iodine-131		$150.00	
	Tritium		$150.00	
	Radon		$150.00	

[Statutory Authority: RCW 43.20.050. 92-23-060 (Order 313), § 246-390-990, filed 11/17/92, effective 12/18/92.]

Chapter 246-451 WAC

HOSPITALS—ASSESSMENTS AND RELATED REPORTS

WAC

WAC 246-451-001 Purpose. This chapter is adopted by the Washington state department of health to implement the provisions of RCW 70.170.080, regarding the financing of the basic expenses for the hospital data collection and reporting activities by the department by an assessment against hospitals.

[Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW. 94-12-089, § 246-451-001, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-451-001, filed 12/27/90, effective 1/31/91; Order 74-04, § 261-10-010, filed 3/29/74; Order 74-03, § 261-10-010, filed 2/15/74.]

WAC 246-451-010 Definitions. As used in this chapter, unless the context requires otherwise,

(1) "Department" shall mean the Washington state department of health created by chapter 43.70 RCW.

(2) "Hospital" shall mean any health care institution which is required to qualify for a license under RCW 70.41.020(2); or as a psychiatric hospital under chapter 71.12 RCW.

(3) "Gross operating costs" shall mean the sum of direct operating expenses required to be reported in cost centers 6000-8999, as specified in the manual adopted under WAC 246-454-020.

[Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW. 94-12-089, § 246-451-010, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-451-010, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 84-20-066 (Order 84-05, Resolution No. 84-05), § 261-10-020, filed 10/1/84; 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-10-020, filed 2/28/83; Order 74-03, § 261-10-020, filed 2/15/74.]

WAC 246-451-020 Levying of assessment. Rate: The department, pursuant to RCW 70.170.080 hereby levies upon each hospital an annual assessment at the rate of four one-hundredths of one percent of such hospital's gross operating costs incurred during its fiscal year ending on or before June 30th of the preceding calendar year.

[Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW. 94-12-089, § 246-451-020, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-451-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-10-030, filed 2/28/83; Order 74-03, § 261-10-030, filed 2/15/74.]

WAC 246-451-030 Payment of assessment. (1) The department annually shall calculate the amount of assessment due from each hospital, and shall prepare and mail to such hospital a statement indicating the amount of the assessment. The assessment shall be paid within ninety days after the statement of such assessment is mailed by the department.

(2) An assessment reminder notice shall be mailed forty-five days after the mailing of the initial statement.

(3) A second assessment reminder notice shall be mailed ninety days after the mailing of the initial statement. This reminder shall declare the assessment delinquent and a penalty shall be payable, calculated as interest on the delinquent assessment at the rate of twelve percent per annum.

(4) A third assessment reminder notice shall be mailed one hundred twenty days after the mailing of the initial statement. This reminder shall state the delinquent status of the

assessment and the total accrued interest to the date of this reminder notice.

(5) A fourth assessment reminder notice shall be mailed one hundred fifty days after the mailing of the initial statement. This reminder shall be the final reminder and shall state the amount of the delinquent assessment and total interest accrued to the date of this reminder. In addition, the hospital will be notified that if payment of the assessment and all accrued interest is not made within thirty days of the reminder, the account will be sent to the attorney general for appropriate action.

(6) Whenever a partial payment is made, the remaining balance shall be treated in the same manner as provided in subsections (2) through (5) of this section.

[Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW. 94-12-089, § 246-451-030, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-451-030, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-10-040, filed 2/28/83; Order 74-03, § 261-10-040, filed 2/15/74.]

WAC 246-451-040 Assessment exceptions. (1) Upon receipt of a request in detail to the satisfaction of the department, the department may grant an exemption from assessment to a hospital for such assessment period(s) or portion thereof as the department shall specify, for the following reasons:

(a) The hospital was not in operation for the entire twelve months of its assessable fiscal year. (Such hospital, however, shall be liable for an assessment based on its gross operating costs for the period of its assessable fiscal year during which it was in operation.)

(b) The hospital charges no fee to users of its services; presents no billing, either direct or indirect, to users of its services; and presents no billing and accepts no payment for services from private or public insurers.

(2) The request for an exemption from assessment shall specify the assessment period(s) or portion thereof for which exemption is sought, and the reasons why the department should grant the exemption. A request for an exemption shall be acted upon by the department within sixty days of the receipt thereof.

(3) Any hospital granted an exemption from assessment under this chapter, nevertheless, shall be required to conform to all reporting requirements as the department may prescribe.

(4) An entity that assumes the operation of, or otherwise becomes the operator of a hospital shall also assume the assessment obligation of any previous operating entity.

[Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW. 94-12-089, § 246-451-040, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-451-040, filed 12/27/90, effective 1/31/91; Order 74-03, § 261-10-050, filed 2/15/74.]

WAC 246-451-050 Reporting of information. For the purpose of calculating the assessment, the department will use the most recent year-end report submitted pursuant to WAC 246-454-050.

[Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW. 94-12-089, § 246-451-050, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-451-050, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-10-060, filed 2/28/83; Order 74-03, § 261-10-060, filed 2/15/74.]

WAC 246-451-060 Penalties for violation. RCW 70.170.070 provides that every person who shall violate or knowingly aid and abet the violation of chapter 70.170 RCW or any valid orders, rules, or regulations thereunder, or who fails to perform any act which that chapter makes it his/her duty to perform shall be guilty of a misdemeanor. Following official notice to the accused by the department of the existence of an alleged violation, each day upon which a violation occurs shall constitute a separate violation. Any person violating the provisions of chapter 70.170 RCW may be enjoined from continuing such violation. Failure to remit the payment required by WAC 246-451-030 or file the reports required by WAC 246-451-050 shall constitute a violation, and the department may levy a civil penalty not to exceed one thousand dollars per day for each day following official notice of the violation by the department. The department may grant extensions of time to remit the payment or file the reports, in which cases failure to file the reports shall not constitute a violation until the extension period has expired.

[Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW. 94-12-089, § 246-451-060, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-451-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.39.180. 86-11-041 (Order 86-01, Resolution No. 86-01), § 261-10-080, filed 5/16/86; Order 74-03, § 261-10-080, filed 2/15/74.]

Chapter 246-453 WAC
HOSPITAL CHARITY CARE

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-453-085 Charity care measurement. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-453-085, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 85-01-007 (Order 84-07, Resolution No. 84-07), § 261-14-050, filed 12/7/84.] Repealed by 91-05-048 (Order 142), filed 2/14/91, effective 3/17/91. Statutory Authority: RCW 70.170.060.

WAC 246-453-001 Purpose. This chapter is adopted by the Washington state department of health to implement the provisions of chapter 70.170 RCW. These sections relate to hospital policies for charity care, bad debt and emergency medical care, including admission practices, the compilation

and measurement of the level of charity care services provided by each hospital, and penalties for violation of these provisions.

[Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW. 94-12-089, § 246-453-001, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 70.170.060. 91-05-048 (Order 142), § 246-453-001, filed 2/14/91, effective 3/17/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-453-001, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 85-01-007 (Order 84-07, Resolution No. 84-07), § 261-14-010, filed 12/7/84.]

WAC 246-453-010 Definitions. As used in this chapter, unless the context requires otherwise,

(1) "Department" means the Washington state department of health created by chapter 43.70 RCW;

(2) "Hospital" means any health care institution which is required to qualify for a license under RCW 70.41.020(2); or as a psychiatric hospital under chapter 71.12 RCW;

(3) "Manual" means the *Washington State Department of Health Accounting and Reporting Manual for Hospitals,* adopted under WAC 246-454-020;

(4) "Indigent persons" means those patients who have exhausted any third-party sources, including Medicare and Medicaid, and whose income is equal to or below 200% of the federal poverty standards, adjusted for family size or is otherwise not sufficient to enable them to pay for the care or to pay deductibles or coinsurance amounts required by a third-party payor;

(5) "Charity care" means appropriate hospital-based medical services provided to indigent persons, as defined in this section;

(6) "Bad debts" means uncollectible amounts, excluding contractual adjustments, arising from failure to pay by patients whose care has not been classified as charity care;

(7) "Appropriate hospital-based medical services" means those hospital services which are reasonably calculated to diagnose, correct, cure, alleviate, or prevent the worsening of conditions that endanger life, or cause suffering or pain, or result in illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no other equally effective more conservative or substantially less costly course of treatment available or suitable for the person requesting the service. For purpose of this section, "course of treatment" may include mere observation or, where appropriate, no treatment at all;

(8) "Medical staff" means physicians, dentists, nurses, and other professional individuals who have admitting privileges to the hospital, and may also participate as members of the medical staff committees, serve as officers of the medical staff, and serve as directors or chiefs of hospital departments;

(9) "Third-party coverage" and "third-party sponsorship" means an obligation on the part of an insurance company or governmental program which contracts with hospitals and patients to pay for the care of covered patients and services, and may include settlements, judgments, or awards actually received related to the negligent acts of others which have resulted in the medical condition for which the patient has received hospital services;

(10) "Unusually costly or prolonged treatment" means those services or combinations of services which exceed two standard deviations above the average charge, and/or three standard deviations above the average length of stay, as determined by the department's discharge data base;

(11) "Emergency care or emergency services" means services provided for care related to an emergency medical or mental condition;

(12) "Emergency department" and "emergency room" means that portion of the hospital facility organized for the purpose of providing emergency care or emergency services;

(13) "Emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in:

(a) Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;

(b) Serious impairment of bodily functions;

(c) Serious dysfunction of any bodily organ or part.

With respect to a pregnant woman who is having contractions the term shall mean:

(d) That there is inadequate time to effect a safe transfer to another hospital before delivery; or

(e) That transfer may pose a threat to the health or safety of the woman or the unborn child;

(14) "Responsible party" means that individual who is responsible for the payment of any hospital charges which are not subject to third-party sponsorship;

(15) "Limited medical resources" means the nonavailability of services or medical expertise which are required or are expected to be required for the appropriate diagnosis, treatment, or stabilization per federal requirements of an individual's medical or mental situation;

(16) "Publicly available" means posted or prominently displayed within public areas of the hospital, and provided to the individual in writing and explained, at the time that the hospital requests information from the responsible party with regard to the availability of any third-party coverage, in any language spoken by more than ten percent of the population in the hospital's service area, and interpreted for other non-English speaking or limited-English speaking or other patients who can not read or understand the writing and explanation;

(17) "Income" means total cash receipts before taxes derived from wages and salaries, welfare payments, Social Security payments, strike benefits, unemployment or disability benefits, child support, alimony, and net earnings from business and investment activities paid to the individual;

(18) "Family" means a group of two or more persons related by birth, marriage, or adoption who live together; all such related persons are considered as members of one family;

(19) "Initial determination of sponsorship status" means an indication, pending verification, that the services provided by the hospital may or may not be covered by third party sponsorship, or an indication from the responsible party, pending verification, that he or she may meet the criteria for designation as an indigent person qualifying for charity care; and

(20) "Final determination of sponsorship status" means the verification of third party coverage or lack of third party

coverage, as evidenced by payment received from the third party sponsor or denial of payment by the alleged third party sponsor, and verification of the responsible party's qualification for classification as an indigent person, subsequent to the completion of any appeals to which the responsible party may be entitled and which on their merits have a reasonable chance of achieving third-party sponsorship in full or in part.

[Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW. 94-12-089, § 246-453-010, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 70.170.060. 91-05-048 (Order 142), § 246-453-010, filed 2/14/91, effective 3/17/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-453-010, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 85-01-007 (Order 84-07, Resolution No. 84-07), § 261-14-020, filed 12/7/84.]

WAC 246-453-020 Uniform procedures for the identification of indigent persons. For the purpose of identifying those patients that will be classified as indigent persons, all hospitals shall adopt and implement the following procedures:

(1) The initiation of collection efforts directed at the responsible party shall be precluded pending an initial determination of sponsorship status, provided that the responsible party is cooperative with the hospital's efforts to reach an initial determination of sponsorship status;

(a) Collection efforts shall include any demand for payment or transmission of account documents or information which is not clearly identified as being intended solely for the purpose of transmitting information to the responsible party;

(b) The initial determination of sponsorship status shall be completed at the time of admission or as soon as possible following the initiation of services to the patient;

(c) If the initial determination of sponsorship status indicates that the responsible party may meet the criteria for classification as an indigent person, as described in WAC 246-453-040, collection efforts directed at the responsible party will be precluded pending a final determination of that classification, provided that the responsible party is cooperative with the hospital's reasonable efforts to reach a final determination of sponsorship status;

(d) During the pendency of the initial determination of sponsorship status and/or the final determination of the applicability of indigent person criteria, hospitals may pursue reimbursement from any third-party coverage that may be identified to the hospital;

(e) The requirements of this subsection shall not apply to clinics operated by disproportionate share hospitals, as defined and identified by the department of social and health services, medical assistance services, provided that patients are advised of the availability of charity care at the time that services are provided and when presented with a request for payment.

(2) Notice shall be made publicly available that charges for services provided to those persons meeting the criteria established within WAC 246-453-040 may be waived or reduced.

(3) Any responsible party who has been initially determined to meet the criteria identified within WAC 246-453-040 shall be provided with at least fourteen calendar days or such time as the person's medical condition may require, or such time as may reasonably be necessary to secure and to present documentation as described within WAC 246-453-030 prior to receiving a final determination of sponsorship status.

(4) Hospitals must make every reasonable effort to determine the existence or nonexistence of third-party sponsorship that might cover in full or in part the charges for services provided to each patient.

(5) Hospitals may require potential indigent persons to use an application process attesting to the accuracy of the information provided to the hospital for purposes of determining the person's qualification for charity care sponsorship. Hospitals may not impose application procedures for charity care sponsorship which place an unreasonable burden upon the responsible party, taking into account any physical, mental, intellectual, or sensory deficiencies or language barriers which may hinder the responsible party's capability of complying with the application procedures. The failure of a responsible party to reasonably complete appropriate application procedures shall be sufficient grounds for the hospital to initiate collection efforts directed at the patient.

(6) Hospitals may not require deposits from those responsible parties meeting the criteria identified within WAC 246-453-040 (1) or (2), as indicated through an initial determination of sponsorship status.

(7) Hospitals must notify persons applying for charity care sponsorship of their final determination of sponsorship status within fourteen calendar days of receiving information in accordance with WAC 246-453-030; such notification must include a determination of the amount for which the responsible party will be held financially accountable.

(8) In the event that the hospital denies the responsible party's application for charity care sponsorship, the hospital must notify the responsible party of the denial and the basis for that denial.

(9) All responsible parties denied charity care sponsorship under WAC 246-453-040 (1) or (2) shall be provided with, and notified of, an appeals procedure that enables them to correct any deficiencies in documentation or request review of the denial and results in review of the determination by the hospital's chief financial officer or equivalent.

(a) Responsible parties shall be notified that they have thirty calendar days within which to request an appeal of the final determination of sponsorship status. Within the first fourteen days of this period, the hospital may not refer the account at issue to an external collection agency. After the fourteen day period, if no appeal has been filed, the hospital may initiate collection activities.

(b) If the hospital has initiated collection activities and discovers an appeal has been filed, they shall cease collection efforts until the appeal is finalized.

(c) In the event that the hospital's final decision upon appeal affirms the previous denial of charity care designation under the criteria described in WAC 246-453-040 (1) or (2), the responsible party and the department of health shall be notified in writing of the decision and the basis for the decision, and the department of health shall be provided with copies of documentation upon which the decision was based.

(d) The department will review the instances of denials of charity care. In the event of an inappropriate denial of

charity care, the department may seek penalties as provided in RCW 70.170.070.

(10) Hospitals should make every reasonable effort to reach initial and final determinations of charity care designation in a timely manner; however, hospitals shall make those designations at any time upon learning of facts or receiving documentation, as described in WAC 246-453-030, indicating that the responsible party's income is equal to or below two hundred percent of the federal poverty standard as adjusted for family size. The timing of reaching a final determination of charity care status shall have no bearing on the identification of charity care deductions from revenue as distinct from bad debts.

(11) In the event that a responsible party pays a portion or all of the charges related to appropriate hospital-based medical care services, and is subsequently found to have met the charity care criteria at the time that services were provided, any payments in excess of the amount determined to be appropriate in accordance with WAC 246-453-040 shall be refunded to the patient within thirty days of achieving the charity care designation.

[Statutory Authority: RCW 70.170.060. 91-05-048 (Order 142), § 246-453-020, filed 2/14/91, effective 3/17/91.]

WAC 246-453-030 Data requirements for the identification of indigent persons. (1) For the purpose of reaching an initial determination of sponsorship status, hospitals shall rely upon information provided orally by the responsible party. The hospital may require the responsible party to sign a statement attesting to the accuracy of the information provided to the hospital for purposes of the initial determination of sponsorship status.

(2) Any one of the following documents shall be considered sufficient evidence upon which to base the final determination of charity care sponsorship status, when the income information is annualized as may be appropriate:

(a) A "W-2" withholding statement;

(b) Pay stubs;

(c) An income tax return from the most recently filed calendar year;

(d) Forms approving or denying eligibility for Medicaid and/or state-funded medical assistance;

(e) Forms approving or denying unemployment compensation; or

(f) Written statements from employers or welfare agencies.

(3) In the event that the responsible party's identification as an indigent person is obvious to hospital personnel, and the hospital personnel are able to establish the position of the income level within the broad criteria described in WAC 246-453-040 or within income ranges included in the hospital's sliding fee schedule, the hospital is not obligated to establish the exact income level or to request the aforementioned documentation from the responsible party, unless the responsible party requests further review.

(4) In the event that the responsible party is not able to provide any of the documentation described above, the hospital shall rely upon written and signed statements from the responsible party for making a final determination of eligibility for classification as an indigent person.

(5) Information requests, from the hospital to the responsible party, for the verification of income and family size shall be limited to that which is reasonably necessary and readily available to substantiate the responsible party's qualification for charity sponsorship, and may not be used to discourage applications for such sponsorship. Only those facts relevant to eligibility may be verified, and duplicate forms of verification shall not be demanded.

[Statutory Authority: RCW 70.170.060. 91-05-048 (Order 142), § 246-453-030, filed 2/14/91, effective 3/17/91.]

WAC 246-453-040 Uniform criteria for the identification of indigent persons. For the purpose of identifying indigent persons, all hospitals shall use the following criteria:

(1) All responsible parties with family income equal to or below one hundred percent of the federal poverty standard, adjusted for family size, shall be determined to be indigent persons qualifying for charity sponsorship for the full amount of hospital charges related to appropriate hospital-based medical services that are not covered by private or public third-party sponsorship;

(2) All responsible parties with family income between one hundred one and two hundred percent of the federal poverty standard, adjusted for family size, shall be determined to be indigent persons qualifying for discounts from charges related to appropriate hospital-based medical services in accordance with the hospital's sliding fee schedule and policies regarding individual financial circumstances;

(3) Hospitals may classify any individual responsible party whose income exceeds two hundred percent of the federal poverty standard, adjusted for family size, as an indigent person eligible for a discount from charges based upon that responsible party's individual financial circumstances.

[Statutory Authority: RCW 70.170.060. 91-05-048 (Order 142), § 246-453-040, filed 2/14/91, effective 3/17/91.]

WAC 246-453-050 Guidelines for the development of sliding fee schedules. All hospitals shall, within ninety days of the adoption of these rules, implement a sliding fee schedule for determination of discounts from billed charges for responsible parties meeting the criteria in WAC 246-453-040(2). These sliding fee schedules must be made available upon request.

(1) In developing these sliding fee schedules, hospitals shall consider the following guidelines:

(a) The sliding fee schedule shall consider the level of charges that are not covered by any public or private sponsorship in relation to or as a percentage of the responsible party's family income;

(b) The sliding fee schedule shall determine the maximum amount of charges for which the responsible party will be expected to provide payment, with flexibility for hospital management to hold the responsible party accountable for a lesser amount after taking into account the specific financial situation of the responsible party;

(c) The sliding fee schedule shall take into account the potential necessity for allowing the responsible party to satisfy the maximum amount of charges for which the responsible party will be expected to provide payment over a reasonable period of time, without interest or late fees; and

(d) Hospital policies and procedures regarding the sliding fee schedule shall specify the individual financial circumstances which may be considered by appropriate hospital personnel for purposes of adjusting the amount resulting from the application of the sliding fee schedule, such as:

(i) Extraordinary nondiscretionary expenses relative to the amount of the responsible party's medical care expenses;

(ii) The existence and availability of family assets, which may only be considered with regard to the applicability of the sliding fee schedule;

(iii) The responsible party's future income earning capacity, especially where his or her ability to work in the future may be limited as a result of illness; and

(iv) The responsible party's ability to make payments over an extended period of time.

(2) Examples of sliding fee schedules which address the guidelines in the previous subsection are:

(a) A person whose annual family income is between one hundred one and two hundred percent of the federal poverty standard, adjusted for family size, shall have his/her hospital charges that are not covered by public or private sponsorship limited to forty percent of the excess of that person's annual family income over one hundred percent of the federal poverty standard, adjusted for family size. This responsibility may be adjusted by appropriate hospital personnel after taking into consideration the individual financial circumstances of the responsible party. The responsible party's financial obligation which remains after the application of this sliding fee schedule may be payable in monthly installments over a reasonable period of time, without interest or late fees, as negotiated between the hospital and the responsible party.

(b) A person whose family income is between one hundred one and two hundred percent of the federal poverty standard, adjusted for family size, shall have his/her hospital charges that are not covered by public or private sponsorship reduced according to the schedule below. The resulting responsibility may be adjusted by appropriate hospital personnel after taking into consideration the individual financial circumstances of the responsible party. The responsible party's financial obligation which remains after the application of this sliding fee schedule may be payable in monthly installments over a reasonable period of time, without interest or late fees, as negotiated between the hospital and the responsible party. The schedule is as follows:

INCOME AS A PERCENTAGE OF FEDERAL POVERTY LEVEL	PERCENTAGE DISCOUNT
One hundred one to one hundred thirty-three	Seventy-five percent
One hundred thirty-four to one hundred sixty-six	Fifty percent
One hundred sixty-seven to two hundred	Twenty-five percent

(3) The provisions of this section and RCW 70.170.060(5) shall not apply to the professional services of the hospital's medical staff, provided that the charges for such services are either submitted by the individual medical staff or are separately identified within the hospital's billing system.

[Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW. 94-12-089, § 246-453-050, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 70.170.060. 91-05-048 (Order 142), § 246-453-050, filed 2/14/91, effective 3/17/91.]

WAC 246-453-060 Denial of access to emergency care based upon ability to pay and transfer of patients with emergency medical conditions or active labor. (1) No hospital or its medical staff shall adopt or maintain admission practices or policies which result in:

(a) A significant reduction in the proportion of patients who have no third-party coverage and who are unable to pay for hospital services;

(b) A significant reduction in the proportion of individuals admitted for inpatient hospital services for which payment is, or is likely to be, less than the anticipated charges for or costs of such services; or

(c) The refusal to admit patients who would be expected to require unusually costly or prolonged treatment for reasons other than those related to the appropriateness of the care available at the hospital.

(2) No hospital shall adopt or maintain practices or policies which would deny access to emergency care based on ability to pay. No hospital which maintains an emergency department shall transfer a patient with an emergency medical condition or who is in active labor unless the transfer is performed at the request of the patient or is due to the limited medical resources of the transferring hospital. Hospitals must follow reasonable procedures in making transfers to other hospitals including confirmation of acceptance of the transfer by the receiving hospital.

(3) The department shall monitor hospital compliance with subsections (1) and (2) of this section. The department shall report to the legislature and the governor on hospital compliance with these requirements and shall report individual instances of possible noncompliance to the state attorney general or the appropriate federal agency. For purposes of monitoring compliance with subsection (2) of this section, the department is to follow all definitions and requirements of federal law.

(4) Except as required by federal law and subsection (2) of this section, nothing in this section shall be interpreted to indicate that hospitals and their medical staff are required to provide appropriate hospital-based medical services, including experimental services, to any individual.

[Statutory Authority: RCW 70.170.060. 91-05-048 (Order 142), § 246-453-060, filed 2/14/91, effective 3/17/91.]

WAC 246-453-070 Standards for acceptability of hospital policies for charity care and bad debts. (1) Each hospital shall develop, and submit to the department, charity care policies, procedures, and sliding fee schedules consistent with the requirements included in WAC 246-453-020, 246-453-030, 246-453-040, and 246-453-050. Any subsequent modifications to those policies, procedures, and sliding fee schedules must be submitted to the department no later than thirty days prior to their adoption by the hospital.

(2) Each hospital shall develop, and submit to the department, bad debt policies and procedures, including reasonable and uniform standards for collection of the unpaid portions of

hospital charges that are the patient's responsibility. These standards are to be part of each hospital's system of accounts receivable management manuals, which support hospital collection policies. Manuals should cover procedures for preadmission, admission, discharge, outpatient registration and discharge, billing, and credit and collections. All subsequent modifications to these bad debt policies must be submitted to the department no later than thirty days prior to their adoption by the hospital.

(3) The department shall review the charity care and bad debt policies and procedures submitted in accordance with the provisions of this section. If any of the policies and procedures do not meet the requirements of this section or WAC 246-453-020, 246-453-030, 246-453-040, or 246-453-050, the department shall reject the policies and procedures and shall so notify the hospital. Such notification shall be in writing, addressed to the hospital's chief executive officer or equivalent, and shall specify the reason(s) that the policies and procedures have been rejected. Any such notification must be mailed within fourteen calendar days of the receipt of the hospital's policies and procedures. Within fourteen days of the date of the rejection notification, the hospital shall revise and resubmit the policies and procedures.

[Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW. 94-12-089, § 246-453-070, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 70.170.060. 91-05-048 (Order 142), § 246-453-070, filed 2/14/91, effective 3/17/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-453-070, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 85-01-007 (Order 84-07, Resolution No. 84-07), § 261-14-030, filed 12/7/84.]

WAC 246-453-080 Reporting requirements. Each hospital shall compile and report data to the department with regard to the amount of charity care provided, in accordance with instructions issued by the department.

[Statutory Authority: RCW 70.170.060. 91-05-048 (Order 142), § 246-453-080, filed 2/14/91, effective 3/17/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-453-080, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 85-01-007 (Order 84-07, Resolution No. 84-07), § 261-14-040, filed 12/7/84.]

WAC 246-453-090 Penalties for violation. (1) Failure to file the policies, procedures, and sliding fee schedules as required by WAC 246-453-070 or the reports required by WAC 246-453-080 shall constitute a violation of RCW 70.170.060, and the department will levy a civil penalty of one thousand dollars per day for each day following official notice of the violation. The department may grant extensions of time to file the reports, in which cases failure to file the reports shall not constitute a violation until the extension period has expired.

(2) Failure to comply with other provisions of chapter 70.170 RCW, and chapter 246-453 WAC, shall result in civil penalties as provided within RCW 70.170.070(2), with the exception that the terms "not exceeding" and "not to exceed" will be read to mean "of."

[Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW. 94-12-089, § 246-453-090, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 70.170.060. 91-05-048 (Order 142), § 246-453-090, filed 2/14/91, effective 3/17/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-453-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.39.180. 86-11-041 (Order 86-01, Resolution No. 86-01), § 261-14-090, filed 5/16/86.]

Chapter 246-454 WAC

HOSPITALS—SYSTEM OF ACCOUNTING, FINANCIAL REPORTING, BUDGETING, COST ALLOCATION

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-454-040	Budget amendment submittals authorized—Time limitations—Presumption. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-454-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.39.180. 86-13-052 (Order 86-02, Resolution No. 86-02), § 261-20-045, filed 6/13/86. Statutory Authority: Chapter 70.39 RCW. 84-20-066 (Order 84-05, Resolution No. 84-05), § 261-20-045, filed 10/1/84; 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-20-045, filed 2/28/83.] Repealed by 94-12-089, filed 6/1/94, effective 7/2/94. Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW.
246-454-060	Inspection of hospitals' books and records. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-454-060, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 84-20-066 (Order 84-05, Resolution No. 84-05), § 261-20-054, filed 10/1/84.] Repealed by 94-12-089, filed 6/1/94, effective 7/2/94. Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW.
246-454-100	Modifications of uniform system applicable to only "basic service" hospitals. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-454-100, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 84-20-066 (Order 84-05, Resolution No. 84-05), § 261-20-074, filed 10/1/84; 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-20-074, filed 2/28/83.] Repealed by 94-12-089, filed 6/1/94, effective 7/2/94. Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW.

WAC 246-454-001 Purpose. This chapter is adopted by the Washington state department of health to implement the provisions of RCW 70.170.100 and 43.70.050 regarding the establishment of a uniform system of accounting, financial reporting, budgeting and cost allocation for hospitals in Washington state. This system shall be utilized by each hospital to record and report to the department its revenues, expenses, other income, other outlays, assets and liabilities, and units of service and to submit information, as may be required by the department, pertaining to the total financial needs of the hospital and the resources available or expected to become available to meet such needs.

[Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW. 94-12-089, § 246-454-001, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-454-001, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 84-20-066 (Order 84-05, Resolution No. 84-05), § 261-20-010, filed 10/1/84; 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-20-010, filed

2/28/83; 81-06-016 (Order 81-01, Resolution No. R-81-01), § 261-20-010, filed 2/20/81.]

WAC 246-454-010 Definitions. As used in this chapter, unless the context requires otherwise.

(1) "Department" means the Washington state department of health created by chapter 43.70 RCW.

(2) "Hospital" means any health care institution which is required to qualify for a license under RCW 70.41.020(2); or as a psychiatric hospital under chapter 71.12 RCW.

(3) "Manual" means the *Washington State Department of Health Accounting and Reporting Manual for Hospitals,* third edition adopted under WAC 246-454-020.

(4) "System of accounts" means the list of accounts, code numbers, definitions, units of measure, and principles and concepts included in the manual.

(5) "Budget" means the forecast of each hospital's total financial needs and the resources available to meet such needs for its next fiscal year and includes such information as shall be specified in the manual concerning volume and utilization projections, operating expenses, capital requirements, and deductions from revenue.

[Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW. 94-12-089, § 246-454-010, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-454-010, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 84-20-066 (Order 84-05, Resolution No. 84-05), § 261-20-020, filed 10/1/84; 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-20-020, filed 2/28/83; 81-06-016 (Order 81-01, Resolution No. R-81-01), § 261-20-020, filed 2/20/81.]

WAC 246-454-020 Adoption and establishment of uniform system. The department, pursuant to RCW 70.170.100, hereby adopts and establishes a uniform system of accounting, financial reporting, budgeting, and cost allocation for hospitals in Washington state, which system is described in the department's publication entitled *Washington State Department of Health Accounting and Reporting Manual for Hospitals,* third edition, which publication is hereby incorporated by this reference. The hospital shall utilize the manual for submitting information as may be required by the department, pertaining to the total financial needs of the hospital and the resources available or expected to become available to meet such needs.

[Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW. 94-12-089, § 246-454-020, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-454-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 84-20-066 (Order 84-05, Resolution No. 84-05), § 261-20-030, filed 10/1/84; 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-20-030, filed 2/28/83; 81-06-016 and 81-06-017 (Order 81-01, Resolution No. R-81-01 and Order 81-02, Resolution No. R-81-02), § 261-20-030, filed 2/20/81.]

Reviser's note: Amendments to the *Washington State Hospital Commission's Accounting and Reporting Manual,* second edition, were filed by the Washington State Hospital Commission under Order and Resolution No. 84-01, filed June 8, 1984, (Statutory Authority: Chapter 70.39 RCW). The code reviser, under the authority of RCW 34.05.210(4), has deemed it unduly cumbersome to publish. Copies of the *Accounting and Reporting Manual,* second edition, may be obtained by writing to the Washington State Hospital Commission, Mailstop FJ-21, Olympia, WA 98504.

Reviser's note: Amendments to the commission's *Accounting and Reporting Manual,* second edition, were filed on August 29, 1984, by Order and Resolution No. 84-03 (Statutory Authority: RCW 70.39.180(1)). The specific portions of the manual amended are as follows:

The addition of "Appendix E Respiratory Therapy Services Uniform Reporting Service Code Listing";

Page 2420.2 (cont. 13) 7180 RESPIRATORY SERVICES;

Appendices Table of Contents.

Reviser's note: Amendments to the *Washington State Hospital Commission's Accounting and Reporting Manual,* second edition, were filed with the code reviser under Order and Resolution No. 84-08, filed December 7, 1984, (Statutory Authority: Chapter 70.39 RCW). The specific portions of the manual amended by this action are as follows:

(1) Addition of Appendix G, HFMA Principles and Practices Board Statement 2, defining charity service as contrasted to bad debt; and

(2) Revising the appendices table of contents to add Appendix G.

Reviser's note: Amendments to the *Washington State Hospital Commission's Accounting and Reporting Manual,* second edition, were filed with the code reviser under Order and Resolution No. 85-01, filed January 31, 1985, (Statutory Authority: Chapter 70.39 RCW). The specific portions of the manual amended by this action are as follows:

Accounting and reporting manual chapter 10000, entitled, "Reporting Requirements" sections:

Section 10001 Year-end report
Section 10010 Instructions
Section 10101 Quarterly report
Section 10110 Instructions
Form HOS-939 (1/85), Quarterly report (WSHC Q1)

Reviser's note: Amendments to the *Washington State Hospital Commission's Accounting and Reporting Manual,* second edition, were filed with the code reviser on July 29, 1985, under Order and Resolution No. 85-04 (Statutory Authority: RCW 70.39.180(1)), affecting System of Accounts, chapters 2000, 8000, and 10000. The specific pages of the manual amended are as follows:

Page 2210.4
2220
2220.1
2410.4
2410.4 (cont. 1)
2410.4 (cont. 2)
2410.4 (cont. 3)
8020 (cont. 60)
10101
10110
10110 (cont. 1)
10110 (cont. 2)
Quarterly Report Form
SS-8 Forms

Reviser's note: Amendments to the *Washington State Hospital Commission's Accounting And Reporting Manual,* second edition, were filed with the code reviser on November 24, 1986, under Order and Resolution No. 86-05 (Statutory Authority: Chapter 70.39 RCW). The topics amended are as follows:

Quarterly Report
- volumes by payer source
- deductions from revenue related to charity care
- expense and revenue accounts
- budgeting forms and instructions for magnetic resonance imaging, air transportation, extracorporeal shock wave lithotripsy, and organ acquisition
- reporting forms, accounts, and instructions for deductions from revenue
- bad debt collection procedures
- amendment request procedures, forms and instructions

Appendices
- radiology relative value units
- standards for collection procedures
- magnetic resonance imaging relative value units
- nuclear medicine relative value units.

WAC 246-454-030 Submission of budget. (1) Each hospital shall submit its annual budget to the department not

less than thirty days prior to the beginning of its fiscal year. The budget shall contain that information specified in the manual and shall be submitted in the form and manner specified in the manual. If more than one hospital is operated by the reporting organization, the information required by this section shall be reported for each hospital separately.

(2) The hospital chief executive officer and presiding officer of the hospital's governing body shall attest that the information submitted under this section has been examined by such person and that to the best of his/her knowledge and belief such information is a true and correct statement of the total financial needs of the hospital for the budget period.

[Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW. 94-12-089, § 246-454-030, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-454-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.39.180. 86-11-041 (Order 86-01, Resolution No. 86-01), § 261-20-040, filed 5/16/86. Statutory Authority: Chapter 70.39 RCW. 84-20-066 (Order 84-05, Resolution No. 84-05), § 261-20-040, filed 10/1/84; 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-20-040, filed 2/28/83; 81-06-016 (Order 81-01, Resolution No. R-81-01), § 261-20-040, filed 2/20/81.]

WAC 246-454-050 Submission of year-end report. (1) Each hospital annually shall file its year-end report with the department within one hundred twenty days after the close of its fiscal year in the form and manner specified in the manual: Provided, however, The one hundred twenty-day period may be extended up to and including an additional sixty days upon submission of adequate justification to the department. If more than one hospital is operated by the reporting organization, the information required by this section shall be reported for each hospital separately.

(2) Information submitted pursuant to this section shall be certified by the hospital's administrative and financial officers, that such reports, to the best of their knowledge and belief, have been prepared in accordance with the prescribed system of accounting and reporting, and fairly state the financial position of the hospital as of the specified date. The department also may require attestation as to such statements from responsible officials of the hospital so designated by the governing body, if any, of the hospital.

[Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW. 94-12-089, § 246-454-050, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-454-050, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 84-20-066 (Order 84-05, Resolution No. 84-05), § 261-20-050, filed 10/1/84; 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-20-050, filed 2/28/83; 81-06-016 (Order 81-01, Resolution No. R-81-01), § 261-20-050, filed 2/20/81.]

WAC 246-454-070 Submission of quarterly reports. Each hospital shall submit a quarterly summary utilization and financial report within forty-five days after the end of each calendar quarter. The quarterly report shall contain that information specified by the department and shall be submitted in the form and manner specified by the department.

[Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW. 94-12-089, § 246-454-070, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-454-070, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 85-04-026 (Order 85-01, Resolution No. 85-01), § 261-20-057, filed 1/31/85.]

WAC 246-454-080 Alternative system of financial reporting. Upon receipt of a request in detail to the satisfaction of the department, the department in its discretion may approve an alternative system for reporting of information under WAC 246-454-030 or 246-454-050 by a hospital for such period(s) or portion thereof as the department shall specify, if:

(1) The hospital charges no fee to users of its services, presents no billing, either direct or indirect, to users of its services, and presents no billing and accepts no payment for services from private or public insurers.

(2) The hospital is significantly different from other hospitals in one or more of the following respects: Size; financial structure; methods of payment for services; or scope, type, and method of providing services.

(3) The hospital has other pertinent distinguishing characteristics.

(4) Such alternative system will avoid otherwise unduly burdensome costs in meeting the requirements of the uniform reporting system established by the department.

[Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW. 94-12-089, § 246-454-080, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-454-080, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-20-060, filed 2/28/83; 81-06-016 (Order 81-01, Resolution No. R-81-01), § 261-20-060, filed 2/20/81.]

WAC 246-454-090 Modifications of uniform system. The department, after due consideration, in its discretion, may prepare and publish modifications of the manual, for such period and under such conditions as the department shall determine. Such modifications shall be prepared in the format of, and shall be adopted by the department as a rule pursuant to chapter 34.04 [34.05] RCW. A copy of such modifications shall be mailed to each hospital and manual holder of record.

[Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW. 94-12-089, § 246-454-090, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-454-090, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-20-070, filed 2/28/83; 81-06-016 (Order 81-01, Resolution No. R-81-01), § 261-20-070, filed 2/20/81.]

WAC 246-454-110 Uniformly applicable interpretive rulings and minor manual modifications. (1) The department is authorized to make uniformly applicable interpretive rulings with respect to matters contained in the manual. The department is also authorized to correct typographical and coding errors as well as make other minor organizational modifications when such corrections and modifications appear to be necessary.

(2) Any such interpretive ruling, correction, or modification shall be in writing and distributed as an attachment to a consecutively numbered transmittal. Such transmittal shall describe the changes in detail and shall include instructions regarding the placement of such material in the manual. Each hospital and manual holder of record shall be sent a copy of any such transmittal together with all attachments.

[Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW. 94-12-089, § 246-454-110, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW

43.70.040. 91-02-049 (Order 121), recodified as § 246-454-110, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-20-080, filed 2/28/83; 81-06-016 (Order 81-01, Resolution No. R-81-01), § 261-20-080, filed 2/20/81.]

WAC 246-454-120 Penalties for violation. RCW 70.170.070 provides that every person who shall violate or knowingly aid and abet the violation of chapter 70.170 RCW or any valid orders, rules, or regulations thereunder, or who fails to perform any act which that chapter makes it his/her duty to perform shall be guilty of a misdemeanor. Following official notice to the accused by the department of the existence of an alleged violation, each day upon which a violation occurs shall constitute a separate violation. Any person violating the provisions of chapter 70.170 RCW may be enjoined from continuing such violation. Failure to file the reports required by WAC 246-454-030(1), 246-454-050(1), and 246-454-070 shall constitute a violation, and the department may levy a civil penalty not to exceed one thousand dollars per day for each day following official notice of the violation by the department. The department may grant extensions of time to file the reports, in which cases failure to file the reports shall not constitute a violation until the extension period has expired.

[Statutory Authority: Chapters 43.070 [43.70] and 70.170 RCW. 94-12-089, § 246-454-120, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-454-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.39.180. 86-11-041 (Order 86-01, Resolution No. 86-01), § 261-20-090, filed 5/16/86. Statutory Authority: Chapter 70.39 RCW. 85-04-026 (Order 85-01, Resolution No. 85-01), § 261-20-090, filed 1/31/85; 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-20-090, filed 2/28/83.]

Chapter 246-455 WAC
HOSPITAL PATIENT DISCHARGE INFORMATION REPORTING

WAC

WAC 246-455-001 Purpose. This chapter is adopted by the Washington state department of health pursuant to RCW 70.170.100 relating to the collection and maintenance of patient discharge data, including data necessary for identification of discharges by diagnosis-related groups.

[Statutory Authority: RCW 43.70.040 and chapter 70.170 RCW. 94-12-090, § 246-455-001, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-455-001, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 84-20-067 (Order 84-06, Resolution No. 84-06), § 261-50-010, filed 10/1/84.]

WAC 246-455-010 Definitions. As used in this chapter, unless the context requires otherwise,

(1) "Department" means department of health.

(2) "Diagnosis-related groups" is a classification system that groups hospital patients according to principal and secondary diagnosis, presence or absence of a surgical procedure, age, presence or absence of significant comorbidities or complications, and other relevant criteria.

(3) "Hospital" means any health care institution which is required to qualify for a license under RCW 70.41.020(2); or as a psychiatric hospital under chapter 71.12 RCW.

(4) "UB-92 data set" means the data element specifications developed by the Washington state uniform billing committee and set forth in the state of Washington *UB-92 Procedure Manual,* which is available to the public upon request.

(5) "Patient discharge" means the termination of an inpatient admission or stay, including an admission as a result of a birth, in a Washington hospital.

(6) "HMO" means a health maintenance organization.

(7) "SNF" means a skilled nursing facility.

(8) "HCF" means a health care facility.

(9) "ICF" means an intermediate care facility.

(10) "HHA" means a home health agency.

(11) "IV" means intravenous.

(12) "UPIN" means unique physician identification number.

(13) "CHARS" means comprehensive hospital abstract reporting system.

[Statutory Authority: RCW 43.70.040 and chapter 70.170 RCW. 94-12-090, § 246-455-010, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-455-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.39.180. 85-17-020 (Order 85-05, Resolution No. 85-05), § 261-50-020, filed 8/13/85. Statutory Authority: Chapter 70.39 RCW. 84-20-067 (Order 84-06, Resolution No. 84-06), § 261-50-020, filed 10/1/84.]

WAC 246-455-020 Reporting of UB-92 data set information. (1) Effective with all hospital patient discharges on or after April 1, 1994, hospitals shall collect and report the following UB-92 data set elements to the department:

(a) Patient control number

Patient's unique alpha-numeric number assigned by the hospital to facilitate retrieval of individual patient records. This number should be constructed to allow prompt hospital access to the patient's discharge record for data verification.

(b) Type of bill

This three-digit code requires 1 digit each, in the following sequence form: Type of facility, bill classification, frequency.

Digit #1 must be "1" to indicate a hospital.
Digit #2 must be a "1," a "2" or an "8" to indicate an inpatient.
Digit #3 must be a "1" to indicate admit through discharge claim.

(c) Medicare provider number

This is the number assigned to the provider by Medicare.

(d) Patient identifier

The patient identifier shall be composed of the first two letters of the patient's last name, the first two letters of the patient's first name, or one or two initials if no first name is available, or when the last name is a single letter add three letters of first name, and the patient's birthdate.

(e) ZIP Code
Patient's five or nine digit ZIP Code. In the case of a foreign country, enter the first nine characters of the name.

(f) Birthdate
The patient's date of birth in MMDDYYYY format.

(g) Sex
Patient's sex in M/F format.

(h) Admission date
Admission date in MMDDYY format.

(i) Type of admission
This field is filled with one of the following codes:

1 Emergency
2 Urgent
3 Elective
4 Newborn

(j) Source of admission
This field is completed with one of the following codes:

1 Physician referral
2 Clinic referral
3 HMO referral
4 Transfer from another hospital
5 Transfer from a SNF
6 Transfer from another HCF
7 Emergency room
8 Court/law enforcement
9 Other

When type of admission is a "4 newborn," enter one of the following for source of admission:

1 Normal delivery
2 Premature delivery
3 Sick baby
4 Extramural birth
5 Multiple birth

(k) Patient status
Patient discharge disposition in one of the following codes:

01 Discharged home or self care
02 Discharged to another short-term general hospital
03 Discharged to SNF
04 Discharged to an ICF
05 Discharged to another type institution
06 Discharged to home under care of HHA
07 Left against medical advice
08 Discharged/transferred to home under care of home IV provider
20 Expired

(l) Statement covers period
This is the beginning and ending dates for which the UB-92 covers.

(m) Revenue code
The Medicare required revenue code (as defined in the *UB-92 Procedure Manual*), which identifies a specific accommodation, ancillary service or billing calculation.

(n) Units of service
The Medicare required units of service (as defined in the *UB-92 Procedure Manual*) which provide a quantitative measure of services rendered by revenue category to or for the patient. Where no units of service are required by Medicare, the units of service may be those used by the hospital.

(o) Total charges by revenue code category
Total charges pertaining to the related revenue code.

(p) Payer identification #1
Enter the three-digit code that identifies the primary payer. The required code options include:

001 for Medicare
002 for Medicaid
004 for health maintenance organizations
006 for commercial insurance
008 for workers' compensation which includes state fund, self-insured employers, and labor and industries crime victims claims
009 for self pay
610 for health care service contractors, e.g., Blue Cross, county medical bureaus, Washington Physicians Service
625 for other sponsored patients, e.g., CHAMPUS, Indian health
630 charity care, as defined in chapter 70.170 RCW

(q) Payer identification #2
Same requirements as in payer identification #1. This field should only be completed when a secondary payer has been identified.

(r) Principal diagnosis code
ICD-9-CM code describing the principal diagnosis (the condition established after study to be chiefly responsible for causing the admission of the patient for care).

(s) Other diagnoses codes
ICD-9-CM codes identifying up to eight additional conditions that coexist at the time of admission, or develop subsequently, and which have an effect on the treatment received or the length of stay).

(t) Principal procedure code
The ICD-9-CM code that identifies the principal procedure performed during the patient admission.

(u) Other procedure codes
ICD-9-CM codes identifying up to five significant procedures other than the principal procedure performed during the admission.

(v) Attending physician identification
The UPIN number of the licensed physician who would normally be expected to certify and recertify the medical necessity of the services rendered and/or who has primary responsibility for the patient's medical care and treatment. For physicians who do not have a UPIN number, the state Medicaid number or the state license number should be used.

(w) Other physician identification
The UPIN number of the licensed physician who performed the principal procedure. For physicians who do not have a UPIN number, the state Medicaid number or the state license number should be used. If no principal procedure was performed, this field should be left blank.

(2) The hospital shall report all inpatients discharge data described in WAC 246-455-020. Each patient discharge must carry a separate, unique patient control number on a separate UB-92 record. For example, a mother and her newborn

require separate UB-92s, each with a separate, unique patient control number.

[Statutory Authority: RCW 43.70.040 and chapter 70.170 RCW. 94-12-090, § 246-455-020, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-455-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 87-08-037 (Order 87-02, Resolution No. 87-02), § 261-50-030, filed 3/30/87; 87-04-008 (Order 87-01, Resolution No. 87-01), § 261-50-030, filed 1/23/87. Statutory Authority: RCW 70.39.180. 86-14-081 (Order 86-03, Resolution No. 86-03), § 261-50-030, filed 7/1/86; 85-17-020 (Order 85-05, Resolution No. 85-05), § 261-50-030, filed 8/13/85. Statutory Authority: Chapter 70.39 RCW. 84-20-067 (Order 84-06, Resolution No. 84-06), § 261-50-030, filed 10/1/84.]

WAC 246-455-030 Reporting of E-Codes. Effective with hospital patient discharges occurring on or after January 1, 1989, hospitals shall collect and report up to two ICD-9-CM codes identifying the external cause of injury and poisoning (E-Codes), when applicable.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-455-030, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 88-16-043 (Order 88-05, Resolution No. 88-05), § 261-50-035, filed 7/29/88.]

WAC 246-455-040 Acceptable media for submission of data. Hospitals shall submit data in the form prescribed by the department in the *CHARS Procedure Manual.*

[Statutory Authority: RCW 43.70.040 and chapter 70.170 RCW. 94-12-090, § 246-455-040, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-455-040, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 88-16-043 (Order 88-05, Resolution No. 88-05), § 261-50-040, filed 7/29/88; 87-04-008 (Order 87-01, Resolution No. 87-01), § 261-50-040, filed 1/23/87. Statutory Authority: RCW 70.39.180. 86-14-081 (Order 86-03, Resolution No. 86-03), § 261-50-040, filed 7/1/86; 85-17-020 (Order 85-05, Resolution No. 85-05), § 261-50-040, filed 8/13/85. Statutory Authority: Chapter 70.39 RCW. 84-20-067 (Order 84-06, Resolution No. 84-06), § 261-50-040, filed 10/1/84.]

WAC 246-455-050 Time deadline for submission of data. The hospital shall submit data to the department or its designee within forty-five days following the end of each calendar month.

[Statutory Authority: RCW 43.70.040 and chapter 70.170 RCW. 94-12-090, § 246-455-050, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-455-050, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 88-16-043 (Order 88-05, Resolution No. 88-05), § 261-50-050, filed 7/29/88; 87-04-008 (Order 87-01, Resolution No. 87-01), § 261-50-050, filed 1/23/87; 84-20-067 (Order 84-06, Resolution No. 84-06), § 261-50-050, filed 10/1/84.]

WAC 246-455-060 Edits to data. The department shall edit the data as follows:

(1) Record layout compatibility edits on data submitted in accordance with WAC 246-455-020; and

(2) Verification of the data set elements set forth in WAC 246-455-020.

[Statutory Authority: RCW 43.70.040 and chapter 70.170 RCW. 94-12-090, § 246-455-060, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-455-060, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 88-16-043 (Order 88-05, Resolution No. 88-05), § 261-50-060, filed 7/29/88; 87-04-008 (Order 87-01, Resolution No. 87-01), § 261-50-060, filed 1/23/87; 84-20-067 (Order 84-06, Resolution No. 84-06), § 261-50-060, filed 10/1/84.]

WAC 246-455-070 Revisions to submitted data. (1) All data revisions required as a result of the edits performed pursuant to WAC 246-455-020 shall be corrected and returned to the department or its designee within fourteen working days.

(2) The department may assess a civil penalty as provided in RCW 70.170.070 and WAC 246-455-100 for the costs associated with more than one cycle of edits as described in WAC 246-455-060.

[Statutory Authority: RCW 43.70.040 and chapter 70.170 RCW. 94-12-090, § 246-455-070, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-455-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.39.180. 85-17-020 (Order 85-05, Resolution No. 85-05), § 261-50-065, filed 8/13/85. Statutory Authority: Chapter 70.39 RCW. 84-20-067 (Order 84-06, Resolution No. 84-06), § 261-50-065, filed 10/1/84.]

WAC 246-455-080 Confidentiality of data. The department and any of its contractors or agents shall maintain the confidentiality of any information which may in any manner identify individual patients. RCW 70.170.090.

The following confidential data elements are not public data: Patient control number, patient identifier, patient birthdate, admission date, discharge day, and nine-digit ZIP Code. The following data elements are public data: Patient's age at admission, discharge month and year, length of stay, and a five-digit ZIP Code.

Records containing confidential data elements may be disclosed for research purposes after approval from the human research review board in accordance with RCW 42.48.020.

[Statutory Authority: RCW 43.70.040 and chapter 70.170 RCW. 94-12-090, § 246-455-080, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-455-080, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 84-20-067 (Order 84-06, Resolution No. 84-06), § 261-50-070, filed 10/1/84.]

WAC 246-455-090 Certification of data accuracy. The department shall furnish each hospital a report of its quarterly discharge data contained in the department's discharge data system. The chief executive officer of the hospital shall, within fourteen calendar days of receipt of the report, certify that the information contained in the department's discharge data system is complete and accurate to within ninety-five percent of the total discharges and total charges experienced at the hospital during that quarter, or submit the necessary corrections to the data to permit such certification.

[Statutory Authority: RCW 43.70.040 and chapter 70.170 RCW. 94-12-090, § 246-455-090, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-455-090, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 87-08-037 (Order 87-02, Resolution No. 87-02), § 261-50-075, filed 3/30/87.]

WAC 246-455-100 Penalties for violation. RCW 70.170.070 describes the penalty for violation of any valid orders, rules, regulations, and reporting requirements. The department may grant extensions of time to file the information, in which cases failure to file the information shall not constitute a violation until the extension period has expired.

[Statutory Authority: RCW 43.70.040 and chapter 70.170 RCW. 94-12-090, § 246-455-100, filed 6/1/94, effective 7/2/94. Statutory Authority: RCW

43.70.040. 91-02-049 (Order 121), recodified as § 246-455-100, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 88-16-043 (Order 88-05, Resolution No. 88-05), § 261-50-090, filed 7/29/88; 87-08-037 (Order 87-02, Resolution No. 87-02), § 261-50-090, filed 3/30/87; 87-04-008 (Order 87-01, Resolution No. 87-01), § 261-50-090, filed 1/23/87. Statutory Authority: RCW 70.39.180. 86-14-081 (Order 86-03, Resolution No. 86-03), § 261-50-090, filed 7/1/86; 85-17-020 (Order 85-05, Resolution No. 85-05), § 261-50-090, filed 8/13/85.]

Chapter 246-490 WAC
VITAL STATISTICS

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-490-019 New record for child when father acknowledges paternity. [Statutory Authority: RCW 43.70.040 and 43.70.150. 92-02-018 (Order 224), § 246-490-019, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-490-019, filed 12/27/90, effective 1/31/91; Regulation.40.010, effective 3/11/60.] Repealed by 98-18-067, filed 8/31/98, effective 10/1/98. Statutory Authority: RCW 43.70.040 and 43.70.150.

WAC 246-490-001 Legal authorities. (1) Chapter 246-490 WAC implements chapters 70.58, 43.20, and 43.70 RCW.

(2) The following sections are adopted by the state board of health under the authority of RCW 43.20.050:

(a) WAC 246-490-001;

(b) WAC 246-490-040;

(c) WAC 246-490-050; and

(d) WAC 246-490-060.

(3) The following sections are adopted by the department of health under the authority of RCW 43.70.040:

(a) WAC 246-490-019;

(b) WAC 246-490-029;

(c) WAC 246-490-039; and

(d) WAC 246-490-069.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-490-001, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-490-001, filed 12/27/90, effective 1/31/91; Regulation .40.999, effective 3/11/60.]

WAC 246-490-010 Definitions. (1) "Department" means the department of health.

(2) "Human research review board" is a standing institutional review board operating under state law, chapter 42.48 RCW.

(3) "Confidential portion of the birth and fetal death certificates" means pertinent information relative to the birth and manner of delivery as specified in WAC 246-491-029.

(4) "Local registrar and their deputies" are those local officials operating under the direction and control of the state registrar. The health officer within each local health jurisdiction is the local registrar in and for the primary registration district under his or her supervision. His or her designees are deputy registrars.

(5) "Personal identifiers" are names, addresses, social security numbers and any other information that reveals or can likely be associated with the identity of the person or persons to whom the record pertains.

(6) "Research" means a planned and systematic sociological, psychological, epidemiological, biomedical, or other scientific investigation with an objective to contribute to scientific knowledge, the solution of social and health problems, or the evaluation of public benefit, health care delivery or medical or social service programs.

(7) "Scientific merit" describes a research project or statistical study that is based on methods of data collection or analysis that are objective, can be replicated, and are designed to yield reliable and valid results.

(8) "State registrar" is the department of health official charged with the execution of the provisions of chapter 70.58 RCW.

(9) "Statistical study" means any project consisting of or based on assembling, classifying, and/or tabulating numerical data to present significant information about a given subject.

(10) "Vital records" means records of birth, death, fetal death, marriage, dissolution, annulment, and legal separation, maintained under the supervision of the state registrar of vital statistics.

[Statutory Authority: RCW 70.58.104 and 70.58.082. 00-11-169, § 246-490-010, filed 5/24/00, effective 6/24/00.]

VITAL RECORDS FOR RESEARCH PURPOSES OR STATISTICAL STUDY

WAC 246-490-020 Requesting vital records information without personal identifiers. (1) If you request vital records information without personal identifiers for research purposes or statistical study or if the state registrar determines that your research or statistical study does not require the use of personal identifiers, you will receive the vital records information in a format specified by the department.

(2) You may be required to sign an agreement requiring you to:

(a) Not release the vital records data files or listings to any third party without prior written approval of the state registrar; and

(b) Pay for charges based on actual costs associated with the preparation of the data files or analyses required to fulfill your request.

(3) If you are requesting birth or fetal death certificate confidential information without personal identifiers, you will be required to sign a written agreement, which includes:

(a) Conditions for the use of the birth or fetal death certificate data;

(b) Conditions for safeguarding the confidentiality of the records including limits on reporting results that may reveal personal identities;

(c) Appropriate citations for use in research reports or publications of research findings; and

(d) An estimate of the costs for preparing the analyses or copies of data files maintained by the state registrar.

(4) Your request may be denied if:

(a) The department does not have adequate resources with which to fulfill the request; or

(b) You do not agree to pay for charges associated with the preparation of the data or analyses required to fulfill your request.

[Statutory Authority: RCW 70.58.104 and 70.58.082. 00-11-169, § 246-490-020, filed 5/24/00, effective 6/24/00.]

WAC 246-490-029 Father and/or mother may change given name. The father and/or mother of any child whose birth has been registered may, during the minority of said child, change the given name of the child on the record by filing an affidavit of change with the state registrar.

[Statutory Authority: RCW 43.70.040 and 43.70.150. 92-02-018 (Order 224), § 246-490-029, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-490-029, filed 12/27/90, effective 1/31/91; Regulation .40.020, effective 3/11/60.]

WAC 246-490-030 Requesting a listing or file of vital records with personal identifiers. (1) If you request access to vital records with personal identifiers for research purposes or statistical study, you shall be required to submit a letter of request to the state registrar stating:

(a) The purpose of the research;

(b) Research study design and analysis plan;

(c) The means for ensuring the confidentiality and security of the records;

(d) The time frame and geographic area of interest;

(e) The variable(s) needed; and

(f) The preferred time frame for receiving the information.

(2) You may be required to sign an agreement requiring you to:

(a) Not release the vital records data files or listings to any third party without prior written approval of the state registrar; and

(b) Pay for charges based on actual costs associated with the preparation of the data files or analyses required to fulfill your request.

(3) If you are requesting birth or fetal death certificate confidential information with personal identifiers for research purposes, you must obtain approval from the standing human research review board as specified in chapter 42.48 RCW. Application information is available through the department.

(4) Your request may be denied if:

(a) The information requested will be used for a commercial purpose;

(b) Your research proposal or statistical study is without scientific merit;

(c) The department does not have adequate resources with which to fulfill the request; or

(d) You do not agree to pay for charges associated with the preparation of the data or analyses required to fulfill your request.

[Statutory Authority: RCW 70.58.104 and 70.58.082. 00-11-169, § 246-490-030, filed 5/24/00, effective 6/24/00.]

WAC 246-490-039 Certificates in pencil not allowed. All certificates of birth or death shall either be made out legibly with unfading ink or typewritten through a good grade of typewriter ribbon, and shall be signed in either case in ink. No certificate made in pencil shall be accepted by a registrar as a permanent record of birth or death.

[Statutory Authority: RCW 43.70.040 and 43.70.150. 92-02-018 (Order 224), § 246-490-039, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-490-039, filed 12/27/90, effective 1/31/91; Regulation .40.030, effective 3/11/60.]

WAC 246-490-040 Handling and care of human remains. (1) Definitions applicable to WAC 246-490-040 and 246-490-050.

(a) "Barrier precaution" means protective attire or equipment or other physical barriers worn to protect or prevent exposure of skin and mucous membranes of the wearer to infected or potentially infected blood, tissue, and body fluids.

(b) "Burial transit permit" means a form, approved and supplied by the state registrar of vital statistics as described in chapter 43.20A RCW, identifying the name of the deceased, date and place of death, general information, disposition and registrar and sexton information.

(c) "Common carrier" means any person transporting property for the general public for compensation as defined in chapter 81.80 RCW.

(d) "Department" means the Washington state department of health.

(e) "Embalmer" means a person licensed as required in chapter 18.39 RCW and engaged in the profession or business of disinfecting, preserving, or preparing dead human bodies for disposal or transportation.

(f) "Funeral director" means a person licensed as required in chapter 18.39 RCW and engaged in the profession or business of conducting funerals and supervising or directing the burials and disposal of human remains.

(g) "Health care facility" means any facility or institution licensed under:

(i) Chapter 18.20 RCW, boarding homes;

(ii) Chapter 18.46 RCW, maternity homes;

(iii) Chapter 18.51 RCW, nursing homes;

(iv) Chapter 70.41 RCW, hospitals; or

(v) Chapter 71.12 RCW, private establishments, or clinics, or other settings where one or more health care providers practice.

(h) "Health care provider" means any person having direct or supervisory responsibility for the delivery of health care or medical care including persons licensed in Washing-

ton state under Title 18 RCW to practice medicine, podiatry, chiropractic, optometry, osteopathy, nursing, midwifery, dentistry, physician assistant, and military personnel providing health care within Washington state regardless of licensure.

(i) "Local registrar of vital statistics" means the health officer or administrator who registers certificates of birth and death occurring in his or her designated registration district as defined in chapter 70.58 RCW.

(2) Funeral directors, medical examiners, coroners, health care providers, health care facilities, and their employees directly handling or touching human remains shall:

(a) Wash hands and other exposed skin surfaces with soap and water or equivalent immediately and thoroughly after contact with human remains, blood, or body fluids;

(b) Use barrier precautions whenever a procedure involves potential contact with blood, body fluids, or tissues of the deceased;

(c) Not eat, drink, or smoke in areas where handling of human remains or body fluids take place;

(d) Use reasonable precautions to prevent spillage of body fluids during transfer and transport of human remains including, when necessary:

(i) Containing, wrapping, or pouching with materials appropriate to the condition of the human remains; and

(ii) Obtaining approval from the coroner or medical examiner prior to pouching any human remains under their jurisdiction.

(e) Wash hands immediately after gloves are removed;

(f) Take precautions to prevent injuries by needles, scalpels, instruments, and equipment during use, cleaning, and disposal;

(g) Properly disinfect or discard protective garments and gloves immediately after use;

(h) Properly disinfect all surfaces, instruments, and equipment used if in contact with human remains, blood, or body fluids;

(i) Provide appropriate disposal of body fluids, blood, tissues, and wastes including:

(i) Equipping autopsy rooms, morgues, holding rooms, preparation rooms, and other places with impervious containers;

(ii) Lining containers with impervious, disposable material;

(iii) Equipping disposal containers with tightly fitting closures;

(iv) Destroying contents of disposal containers by methods approved by local ordinances and requirements related to disposal of infectious wastes;

(v) Immediately disposing of all fluids removed from bodies into a sewage system approved by the local health jurisdiction or by the department; and

(vi) Disinfecting immediately after use all containers and cans used to receive solid or fluid material taken from human remains.

(3) Funeral directors, embalmers, and others assisting in preparation of human remains shall refrigerate or embalm the remains within twenty-four hours of receipt. If remains are refrigerated, they shall remain so until final disposition or transport as permitted under WAC 246-490-050.

(4) Persons responsible for transfer or transport of human remains shall clean and disinfect equipment and the vehicle if body fluids are present and as necessary.

(5) Persons disposing of human remains in Washington state shall comply with requirements under chapter 68.50 RCW.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-490-040, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-490-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.050 (2)(e). 89-02-007 (Order 323), § 248-40-040, filed 12/27/88; 88-13-080 (Order 312), § 248-40-040, filed 6/16/88. Statutory Authority: RCW 43.20.050. 86-14-008 (Order 300), § 248-40-040, filed 6/19/86; Regulation .40.040, effective 3/11/60.]

WAC 246-490-050 Transportation of human remains. (1) Persons handling human remains shall:

(a) Use effective hygienic measures consistent with handling potentially infectious material;

(b) Obtain and use a burial-transit permit from the local health officer or local registrar of vital statistics when transporting human remains by common carrier;

(c) Enclose the burial-transit permit in a sturdy envelope; and

(d) Attach the permit to the shipping case.

(2) Prior to transporting human remains by common carrier, persons responsible for preparing and handling the remains shall:

(a) Enclose the casket or transfer case in a tightly closed, securely constructed outer box;

(b) Transport human remains pending final disposition more than twenty-four hours after receipt of human remains by the funeral director only if:

(i) The remains are thoroughly embalmed, or

(ii) The remains are prepared by:

(A) Packing orifices with a material saturated with a topical preservative;

(B) Wrapping the remains in absorbent material approximately one inch thick and saturated with a preservative or coating the remains with heavy viscosity preservative gel;

(C) Placing the remains in a lightweight, disposable burial pouch; and

(D) Placing the disposable burial pouch inside a heavy canvas rubberized pouch and appropriately sealing along the zippered area with a substance such as collodion.

(3) Persons responsible for human remains routed to the point of final destination on a burial-transit permit shall:

(a) Allow temporary holding of remains at a stopover point within the state of Washington for funeral or other purposes without an additional permit; and

(b) Surrender the burial-transit permit to the sexton or crematory official at the point of interment or cremation.

(4) Sextons and cremation officials shall accept the burial-transit permit as authority for interment or cremation anywhere within the state of Washington.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-490-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.050 (2)(e). 89-02-007 (Order 323), § 248-40-050, filed 12/27/88; 88-13-080 (Order 312), § 248-40-050, filed 6/16/88. Statutory Authority: RCW 43.20.050. 86-14-008 (Order 300), § 248-40-050, filed 6/19/86; Regulation .40.050, effective 3/11/60.]

INDIVIDUAL BIRTH CERTIFICATES FOR PERSONAL PURPOSES

WAC 246-490-055 Obtaining a birth certificate. (1) Certified copies of birth certificates are available through the state registrar or local deputy registrar. You must pay the fee required under RCW 70.58.107 and provide the following information to obtain the birth certificate:

(a) Child's full name;

(b) Child's date of birth;

(c) Child's place of birth (city or county);

(d) Father's full name, if it appears on the record; and

(e) Mother's full maiden name.

(2) If there is not sufficient information to find the record, the department will send you a written request for additional information and the entire fee will be returned to you.

(3) If you cannot provide sufficient information due to special circumstances, you will be given an opportunity to explain the circumstances to the state or local deputy registrar. If in their judgment, these circumstances would have prevented you from knowing one or more of the required items, your request will be honored.

[Statutory Authority: RCW 70.58.104 and 70.58.082. 00-11-169, § 246-490-055, filed 5/24/00, effective 6/24/00.]

WAC 246-490-060 Cremated remains. Rules and regulations adopted by the state board of health pertaining to dead human bodies shall not be construed as applying to human remains after cremation: Provided, however, That a permit for disposition of cremated remains may be issued by local registrars in cooperation with the Washington state cemetery board. The permit for the disposition of cremated remains may be used in connection with the transportation of cremated remains by common carrier or other means: Provided further, That the state department of health may issue a permit for the disposition of cremated remains which have been in the lawful possession of any person, firm, corporation, or association for a period of two years or more. Issuance of such a permit shall not be construed as authorizing disposition which is inconsistent with any statute of the state of Washington or rule or regulation prescribed by the state department of licenses.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-490-060, filed 12/27/90, effective 1/31/91; Regulation .40.060, effective 3/11/60.]

WAC 246-490-065 Notification when the record is not found. (1) If the state registrar cannot find the record, you will receive written notice from the state registrar's office including the following information:

A partial refund if you request it in writing within thirteen months of the original request date. In addition:

(a) You may request another search providing different information; or

(b) You may file a delayed birth certificate per RCW 70.58.110 and 70.58.120.

(2) If you request another search using different information, you must pay the full statutory required fee.

[Statutory Authority: RCW 70.58.104 and 70.58.082. 00-11-169, § 246-490-065, filed 5/24/00, effective 6/24/00.]

WAC 246-490-069 Birth certificate to be filed for foundling child. When an infant is found for whom no known certificate of birth is on file and for whom no other identification is known, the finder shall notify the police authorities having jurisdiction within the area of finding.

The police authorities, within 48 hours, shall have the local health officer determine or cause to be determined the approximate date of birth of the child.

The health officer, within 72 hours of notification shall complete a certificate of live birth on a standard Washington certificate of live birth form designating the place of finding as the place of birth and place of residence, the approximate date of birth, sex, and assign a given name. He shall write across the face of the certificate in the sections provided for parental information the words, "foundling child," sign, and date the certificate and cause the same to be filed with the local registrar of the area in which the finding occurred.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-490-069, filed 12/27/90, effective 1/31/91; Regulation .40.080, effective 3/11/60.]

WAC 246-490-070 Fraudulently registered or changed birth certificates. (1) If the state registrar receives information that a birth certificate may have been registered or amended through fraud or misrepresentation, neither the state registrar nor local deputy registrars will release copies of that certificate until an informal administrative hearing is held.

(2) The department will notify the registrant or authorized representative, and he or she will have the opportunity to be heard at the hearing.

(a) If the state registrar finds that there was no fraud or misrepresentation, the record will be made available for inspection and copying.

(b) If the state registrar finds that the record was used fraudulently or was misrepresented, the registrar will tag the fraudulent birth certificate in the data base. The record and evidence will be retained, but will not be released or subject to inspection unless:

(i) A court of competent jurisdiction orders the release or inspection of the record; or

(ii) The state registrar utilizes the record for purposes of administering the vital statistics program.

[Statutory Authority: RCW 70.58.104 and 70.58.082. 00-11-169, § 246-490-070, filed 5/24/00, effective 6/24/00.]

WAC 246-490-100 Reporting of pregnancy terminations. Each hospital and facility where lawful induced abortions are performed during the first, second, or third trimester of pregnancy shall, on forms prescribed and supplied by the secretary, report to the department during the following month the number and dates of induced abortions performed during the previous month, giving for each abortion the age of the patient, geographic location of patient's residence, patient's previous pregnancy history, the duration of the pregnancy, the method of abortion, any complications, such as perforations, infections, and incomplete evacuations, the

name of the physician or physicians performing or participating in the abortion and such other relevant information as may be required by the secretary. All physicians performing abortions in nonapproved facilities when the physician has determined that termination of pregnancy was immediately necessary to the meet a medical emergency, shall also report in the same manner, and shall additionally provide a clear and detailed statement of the facts upon which he or she based his or her judgment of medical emergency.

[Statutory Authority: RCW 43.70.040 and [43.70.]050. 94-04-083, § 246-490-100, filed 1/31/94, effective 3/3/94.]

WAC 246-490-110 Disclosure of information. To assure accuracy and completeness in reporting, as required to fulfill the purposes for which abortion statistics are collected, information received by the board or the department through filed reports or as otherwise authorized, shall not be disclosed publicly in such a manner as to identify any individual without their consent, except by subpoena, nor in such a manner as to identify any facility except in a proceeding involving issues of certificates of approval.

[Statutory Authority: RCW 43.70.040 and [43.70.]050. 94-04-083, § 246-490-110, filed 1/31/94, effective 3/3/94.]

Chapter 246-491 WAC
VITAL STATISTICS—CERTIFICATES

WAC

WAC 246-491-001 Purpose. RCW 70.58.055 requires certificates for vital records to include, at a minimum, items recommended by the federal agency responsible for national vital statistics. RCW 70.58.055 allows the state board of health to require additional information for the confidential section of the birth certificate, and eliminate items from the federal forms that it identifies as not necessary for statistical study.

RCW 43.70.150 requires the secretary of the department of health to operate and maintain a state system for registering births, deaths, fetal deaths, marriages, divorce decrees, annulments and separations. RCW 43.70.160 requires the state registrar to prepare, print and supply the forms for registering, recording, and preserving vital statistics. These rules identify the forms used and information collected by the state on live birth, death, fetal death, marriage, divorce, dissolution of marriage and annulment.

[Statutory Authority: RCW 43.70.150, 70.58.055, and chapter 70.58 RCW. 02-20-092, § 246-491-001, filed 10/1/02, effective 11/1/02.]

WAC 246-491-010 Definitions. The definitions in this section apply throughout this chapter unless the context clearly requires otherwise:

(1) "Board" means the state board of health.

(2) "Department" means the department of health.

[Statutory Authority: RCW 43.70.150, 70.58.055, and chapter 70.58 RCW. 02-20-092, § 246-491-010, filed 10/1/02, effective 11/1/02.]

WAC 246-491-029 Information collected on the confidential section of live birth and fetal death certificates; modifications to the United States standard certificates and report forms. (1) Effective January 1, 2003, the department shall use the 2003 revisions of the United States standard forms of live birth and fetal death as the basis for the state certificates of live birth and fetal death. These forms are developed by the United States Department of Health and Human Services, National Center for Health Statistics.

(2) Copies of these forms may be obtained by contacting the department's center for vital statistics.

(3) Tables 1 and 2 list the statistical information contained in the confidential sections of the birth and fetal death certificates that the board requires the department to collect, and the differences between the state and U.S. standard.

U.S. STANDARD CERTIFICATE OF LIVE BIRTH

TABLE 1:
Confidential Birth Certificate Items

Item Number	Item Name	Difference from U.S. Standard, if any
15	Is mother married to the father?	
	If no, was mother married to anyone during the pregnancy?	Added
	Has the paternity affidavit been signed?	
20	Mother's education	Add "Specify": next to box for "8th Grade or less"
21	Mother of Hispanic origin?	
22	Mother's race	
23	Mother's occupation	Added
24	Mother's kind of business/industry	Added
29	Father's education	Add "Specify": next to box for "8th Grade or less"
30	Father of Hispanic origin?	
31	Father's race	
32	Father's occupation	Added
33	Father's kind of business/industry	Added
34	Mother's medical record number	
35	Mother's prepregnancy weight	

36	Mother's weight at delivery	
37	Mother's height	
38	Did mother get WIC food for herself during pregnancy?	
39	Cigarette smoking before and during pregnancy	
40a	Number of previous live births	
40b	Date of last live birth	
41a	Number of other pregnancy outcomes	
41b	Date of last other pregnancy outcome	
42a	Date of first prenatal care visit	
42b	Date of last prenatal care visit	
43	Total number of prenatal visits for this pregnancy	
44	Date last normal menses began	
45	Was mother transferred to higher-level care for maternal medical or fetal indications for delivery?	
46	Principal source of payment for this delivery	Add "Indian Health" and "CHAMPUS"
47	Newborn medical record number	
48	Birth weight	
49	Infant head circumference	Added
50	Obstetric estimate of gestation	
51	Apgar score at 5 min; if score is less than 6, score at 10 minutes	
52	Plurality	
53	If not single birth - born 1st, 2nd, 3rd etc.	
54	Was infant transferred within 24 hours of delivery?	
55	Is infant living at time of the report?	
56	Is infant being breastfed?	
57	Risk factors in this pregnancy	Add "Group B streptococcus culture positive"
58	Method of delivery	
59	Infections present and/or treated during this pregnancy	Add "HIV infection" and "Other: Specify"
60	Obstetric procedures	
61	Abnormal conditions of the newborn	
62	Characteristics of labor and delivery	
63	Congenital anomalies of the newborn	
64	Maternal morbidity	
65	Onset of labor	

U.S. STANDARD REPORT OF FETAL DEATH

TABLE 2:

Confidential Fetal Death Certificate Items

Item Number	Item Name	Difference from U.S. Standard, if any
38	Weight of fetus	
39	Obstetric estimate of gestation	
40	Plurality	
41	If not single birth - born 1st, 2nd, 3rd etc.	
42	Mother's education	Add "Specify": next to box for "8th Grade or less"
43	Mother of Hispanic origin?	
44	Mother's race	
45	Mother's occupation	Added
46	Mother's kind of business/industry	Added
47	Mother married?	
48	Mother's height	
49	Did mother get WIC food for herself during pregnancy?	
50	Mother's prepregnancy weight	
51	Mother's weight at delivery	
52	Date last normal menses began	
53	Date of first prenatal care visit	
54	Date of last prenatal care visit	
55	Total number of prenatal visits for this pregnancy	
56a	Number of previous live births	
56b	Date of last live birth	
57a	Number of other pregnancy outcomes	
57b	Date of last other pregnancy outcome	
58	Cigarette smoking before and during pregnancy	
59	Was mother transferred to higher-level care for maternal medical or fetal indications for delivery?	
60	Father's education	Added
61	Father of Hispanic origin?	Added

62	Father's race	Added
63	Father's occupation	Added
64	Father's kind of business/industry	Added
65	Risk factors in this pregnancy	
66	Method of delivery	
67	Congenital anomalies of the fetus	
68	Maternal morbidity	
69	Infections present and/or treated during this pregnancy	Add "HIV infection" and "Other: Specify"

[Statutory Authority: RCW 43.70.150, 70.58.055, and chapter 70.58 RCW. 02-20-092, § 246-491-029, filed 10/1/02, effective 11/1/02. Statutory Authority: Chapter 70.58 RCW. 91-20-073 (Order 196B), § 246-491-029, filed 9/26/91, effective 10/27/91. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-491-029, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.58.200. 88-19-092 (Order 310), § 248-124-010, filed 9/20/88. Statutory Authority: RCW 43.20.050 and 70.58.200. 84-02-004 (Order 270), § 248-124-010, filed 12/23/83; Order, § 248-124-010, filed 9/1/67.]

WAC 246-491-039 Confidential information on state of Washington live birth and fetal death certificates under chapter 70.58 RCW. The confidential sections of the certificate of live birth and the certificate of fetal death are not subject to public inspection and may not be included on certified copies of the record except upon order of a court.

[Statutory Authority: RCW 43.70.150, 70.58.055, and chapter 70.58 RCW. 02-20-092, § 246-491-039, filed 10/1/02, effective 11/1/02. Statutory Authority: Chapter 70.58 RCW. 91-20-073 (Order 196B), § 246-491-039, filed 9/26/91, effective 10/27/91. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-491-039, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.58.200. 88-19-092 (Order 310), § 248-124-015, filed 9/20/88.]

WAC 246-491-149 Information collected on the legal or public section of certificates; modifications to the United States standard certificates and report forms. (1) Effective January 1, 2003, the department shall use the 2003 revisions of the United States standard forms for live birth and fetal death.

(2) Effective January 1, 2004, the department shall use the 2003 standard form for death.

(3) Effective January 1, 1992, the department shall use the 1988 revisions of the United States standard forms for marriage and dissolution.

(4) These forms are developed by the United States Department of Health and Human Services, National Center for Health Statistics. Copies of these forms may be obtained by contacting the department's center for vital statistics.

(5) With the exception of the confidential section, the department may modify any part of these forms. Tables 3, 4, and 5 identify the modifications to the United States standard forms for live birth, fetal death, and death. Tables 6 and 7 identify modifications to the United States standard form for marriage, and certificate of divorce, dissolution of marriage, or annulment.

U.S. STANDARD CERTIFICATE OF LIVE BIRTH

Table 3:
Legal or Public Birth Certificate Items

Item Number	Item Name	Difference from U.S. Standard, if any
1	Child's name	
2	Child's date of birth	
3	Time of birth	
4	Type of birthplace	Add "En route," Add "Planned birthplace if different"
5	Child's sex	
6	Name of facility	
7	City, town or location of birth	
8	County of birth	
9	Mother's name before first marriage	
10	Mother's date of birth	
11	Mother's birthplace	
12	Mother's Social Security number	
13	Mother's current legal last name	
14	Social Security number requested for child?	
16a	Mother's residence - number, street, and Apt. No.	
16b	Mother's residence - city or town	
16c	Mother's residence - county	
16d	Tribal reservation name (if applicable)	Added
16e	Mother's residence - state or foreign country	
16f	Mother's residence - zip code + 4	
16g	Mother's residence - inside city limits?	
17	Telephone number	Added
18	How long at current residence?	Added
19	Mother's mailing address, if different	
25	Father's current legal name	
26	Father's date of birth	
27	Father's birthplace	
28	Father's Social Security number	
66	Certifier name and title	Delete check boxes
67	Date certified	
68	Attendant name and title	Delete check boxes

69	NPI of person delivering the baby	
——	Date filed by registrar	Deleted

U.S. STANDARD REPORT OF FETAL DEATH

Table 4:
Legal or Public Fetal Death Certificate Items

Item Number	Item Name	Difference from U.S. Standard, if any
1	Name of fetus	
2	Sex	
3	Date of delivery	
4	Time of delivery	
5	Type of birthplace	Add "En route," Add "Planned birthplace if different"
6	Name of facility	
7	Facility ID (NPI)	
8	City, town or location of birth	
9	Zip code of delivery	
10	County of birth	
11	Mother's name before first marriage	
12	Mother's date of birth	
13	Mother's current legal last name	
14	Mother's birthplace	
15a	Mother's residence - number, street, and Apt. No.	
15b	Mother's residence - city or town	
15c	Mother's residence - county	
15d	Tribal reservation name (if applicable)	Added
15e	Mother's residence - state or foreign country	
15f	Mother's residence - zip code + 4	
15g	Mother's residence - inside city limits?	
16	How long at current residence?	Added
17	Father's current legal name	
18	Father's date of birth	
19	Father's birthplace	
20	Name and title of person completing the report	
21	Date report completed	
22	Attendant name and title	Delete check boxes
23	NPI of person delivering the baby	
24	Method of disposition	
25	Date of disposition	
26	Place of disposition	Added
27	Location of disposition - city/town and state	Added
28	Name and complete address of funeral facility	Added
29	Funeral director signature	Added
30	Initiating cause/condition (cause of death)	
31	Other significant causes or conditions	
32	Estimated time of fetal death	
33	Was an autopsy performed?	
34	Was a histological placental examination performed?	
35	Were autopsy or histological placental examination results used in determining the cause of death?	
36	Registrar signature	Added
37	Date received	

U.S. STANDARD CERTIFICATE OF DEATH

Table 5:
Death Certificate Items

Item Number	Item Name	Difference from U.S. Standard, if any
1	Legal name (include a.k.a.'s if any)	
2	Death date	
3	Sex	
4a	Age - years	
4b	Age - under 1 year	
4c	Age - under 1 day	
5	Social Security number	
6	County of death	
7	Birth date	
8a	Birth place - city, town or county	
8b	Birth place - state or foreign country	
9	Decedent's education	Add "Specify": next to box for "8th Grade or less"
10	Decedent's Hispanic origin	
11	Decedent's race	
12	Was decedent ever in U.S. Armed Forces?	
13a	Residence - number and street	
13b	Residence - city or town	
13c	Residence - county	

U.S. STANDARD CERTIFICATE OF DEATH

Table 5:
Death Certificate Items

Item Number	Item Name	Difference from U.S. Standard, if any
13d	Tribal reservation name (if applicable)	Added
13e	Residence - state or foreign country	
13f	Residence - zip code	
13g	Inside city limits?	
14	Estimated length of time at residence	Added
15	Marital status at time of death	
16	Surviving spouse's name	
17	Occupation	
18	Kind of business/industry	
19	Father's name	
20	Mother's name before first marriage	
21	Informant - name	
22	Informant - relationship to decedent	
23	Informant - address	
24	Place of death	
25	Facility name (if not a facility, give number and street)	
26a	City, town, or location of death	
26b	State of death	
27	Zip code of death	
28	Method of disposition	
29	Place of disposition (name of cemetery, crematory, other place)	
30	Disposition - city/town, and state	
31	Name and complete address of funeral facility	
32	Date of disposition	Added
33	Funeral director signature	
34	Causes of death and intervals between onset and death	
35	Other significant conditions contributing to death	
36	Autopsy?	
37	Were autopsy findings available to complete the cause of death?	
38	Manner of death	
39	Pregnancy status	
40	Did tobacco use contribute to death?	
41	Date of injury	
42	Hour of injury	
43	Place of injury	

U.S. STANDARD CERTIFICATE OF DEATH

Table 5:
Death Certificate Items

Item Number	Item Name	Difference from U.S. Standard, if any
44	Injury at work?	
45	Injury location - street, city, county, state, zip	County Added
46	Describe how injury occurred	
47	Transport injury type	
48a	Certifying physician signature	
48b	Medical examiner/coroner signature	
49	Name and address of certifier	
50	Hour of death	
51	Name and title of attending physician if other than certifier	Added
52	Date certified	
53	Title of certifier	
54	License number of certifier	
55	ME/coroner file number	Added
56	Was case referred to medical examiner?	
57	County registrar signature	Added
58	County date received	Added
59	Record amendment	Added
—	License number of funeral director	Deleted
—	Date pronounced dead	Deleted
—	Time pronounced dead	Deleted
—	Signature of person pronouncing death	Deleted
—	License number of person pronouncing death	Deleted
—	Date person pronouncing death signed	Deleted

U.S. STANDARD LICENSE AND CERTIFICATE OF MARRIAGE

Table 6:
Certificate of Marriage

Item Number	Item Name	Difference from U.S. Standard, if any
—	Certificate name	Changed name of form to "Certificate of Marriage"
—	County of license	
—	Date valid	
—	Not valid after (date)	
1	Date of marriage	
2	County of ceremony	
3	Type of ceremony	Added
4	Date signed (by officiant)	Added

5	Officiant's name	
6	Officiant's signature	
7	Officiant's address	
8	Groom's name	
9	Groom's address (street)	
10	Groom's date of birth	
11	Groom's place of birth (state or country)	
12	Groom's address (city)	
13	Groom's address (inside city limits)	Added
14	Groom's address (county)	
15	Groom's address (state)	
16	Groom's father - name	
17	Groom's father - place of birth	
18	Groom's mother - maiden name	
19	Groom's mother - place of birth	
20	Groom's signature	
21	Date signed (by groom)	
22	Bride's name	
23	Bride's maiden last name	
24	Bride's residence - (street)	
25	Bride's date of birth	
26	Bride's place of birth (state or country)	
27	Bride's residence (city)	
28	Bride's residence (inside city limits)	Added
29	Bride's residence (county)	
30	Bride's residence (state)	
31	Bride's father - name	
32	Bride's father - place of birth	
33	Bride's mother - maiden name	
34	Bride's mother - place of birth	
35	Bride's signature	
36	Date signed (by bride)	
37	Witness #1 signature	
38	Witness #2 signature	
39	County auditor signature	
40	Date received (by county auditor)	
Reverse side		Groom's Social Security number
Reverse side		Bride's Social Security number
	Groom's age last birthday	Deleted
	Bride's age last birthday	Deleted
	License to marry section	Deleted
	Expiration date of license	Deleted
	Title of issuing official	Deleted
	Confidential information	Deleted

U.S. STANDARD CERTIFICATE OF DIVORCE, DISSOLUTION OF MARRIAGE, OR ANNULMENT

TABLE 7:

Certification of Dissolution, Declaration of Invalidity of Marriage, or Legal Separation

Item Number	Item Name	Difference from U.S. Standard, if any
	Certificate name	Changed form name to certificate of dissolution, declaration of invalidity of marriage or legal separation
	Court file number	
1	Type of decree	Added check boxes
2	Date of filing	
3	County where decree filed	
4	Signature of superior court clerk	
5	Husband's name	
6	Husband's date of birth	
7	Husband's place of birth	
8	Husband's residence - street	
9	Husband's residence - city	
10	Husband's residence - inside city limits	Added
11	Husband's residence - county	
12	Husband's residence - state	
13	Wife's name	
14	Wife's maiden name	
15	Wife's date of birth	
16	Wife's place of birth	
17	Wife's residence - street	
18	Wife's residence - city	
19	Wife's residence - inside city limits	Added
20	Wife's residence - county	
21	Wife's residence - state	
22	Place of marriage - county	
23	Place of marriage - state	
24	Date of marriage	
25	Number of children of this marriage	Name change
26	Petitioner	Delete check boxes
27	Name of petitioner's attorney/pro se	
28	Petitioner's address	
29	Husband's Social Security number	
30	Wife's Social Security number	

Date couple last resided in same household	Delete
Number of children under 18 whose physical custody was awarded to	Delete
Title of court	Delete
Title of certifying official	Delete
Date signed	Delete
Confidential information	Delete

[Statutory Authority: RCW 43.70.150, 70.58.055, and chapter 70.58 RCW. 02-20-092, § 246-491-149, filed 10/1/02, effective 11/1/02. Statutory Authority: RCW 43.70.150. 91-23-026 (Order 211), § 246-491-149, filed 11/12/91, effective 12/13/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-491-149, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20A.620. 88-19-034 (Order 2696), § 248-124-160, filed 9/12/88.]

WAC 246-491-990 Vital records fees. The department shall collect fees to cover program costs as follows:

(1) To prepare a sealed file following amendment of the original vital record $15.00

(2) To review a sealed file $15.00

(3) The director of the division of health may enter into agreements with state and local government agencies to establish alternate fee schedules and payment arrangements for reimbursement of these program costs.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-491-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 26.33.330. 88-15-011 (Order 2650), § 440-44-095, filed 7/8/88; 85-04-023 (Order 2199), § 440-44-095, filed 1/30/85.]

Chapter 246-560 WAC
RURAL HEALTH SYSTEM PROJECT

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-560-015 Implementation. [Statutory Authority: Chapter 70.175 RCW. 91-16-108 (Order 186), § 246-560-015, filed 8/7/91, effective 9/7/91.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.

246-560-020 Review process. [Statutory Authority: Chapter 70.175 RCW. 91-16-108 (Order 186), § 246-560-020, filed 8/7/91, effective 9/7/91.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.

246-560-030 Time schedule. [Statutory Authority: Chapter 70.175 RCW. 91-16-108 (Order 186), § 246-560-030, filed 8/7/91, effective 9/7/91.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.

246-560-070 Selection criteria for funded demonstration projects. [Statutory Authority: Chapter 70.175 RCW. 91-16-108 (Order 186), § 246-560-070, filed 8/7/91, effective 9/7/91.] Repealed by 99-03-043, filed 1/14/99, effective 2/14/99. Statutory Authority: RCW 70.175.010 - [70.175.]090 and 70.185.030 - [70.185.]080.

246-560-080 Selection criteria for assisted demonstration projects. [Statutory Authority: Chapter 70.175 RCW. 91-16-108 (Order 186), § 246-560-080, filed 8/7/91, effective 9/7/91.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.

246-560-090 Issuance of contracts. [Statutory Authority: Chapter 70.175 RCW. 91-16-108 (Order 186), § 246-560-090, filed 8/7/91, effective 9/7/91.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.

246-560-100 Use of project funds. [Statutory Authority: Chapter 70.175 RCW. 91-16-108 (Order 186), § 246-560-100, filed 8/7/91, effective 9/7/91.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.

246-560-105 Continuation funding. [Statutory Authority: Chapter 70.175 RCW. 91-16-108 (Order 186), § 246-560-105, filed 8/7/91, effective 9/7/91.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.

246-560-110 Consultation. [Statutory Authority: Chapter 70.175 RCW. 91-16-108 (Order 186), § 246-560-110, filed 8/7/91, effective 9/7/91.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.

246-560-120 Periodic reports. [Statutory Authority: Chapter 70.175 RCW. 91-16-108 (Order 186), § 246-560-120, filed 8/7/91, effective 9/7/91.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.

WAC 246-560-001 Purpose. (1) The purpose of these rules is to implement RCW 70.175.010 through 70.175.090, and RCW 70.185.030 through 70.185.080. The Washington health systems resources program includes rural health systems development and community-based recruitment and retention. The health systems resources program was established to provide financial and technical assistance to promote affordable access to health care services in rural and urban underserved populations of the state.

(2) The goals of the health systems resources program are:

(a) To promote affordable access to health care services to residents in rural areas of Washington state.

(b) To assure the availability of health care providers to:

(i) Residents of rural areas; and

(ii) Urban underserved populations.

[Statutory Authority: RCW 70.175.010 - [70.175.]090 and 70.185.030 - [70.185.]080. 99-03-043, § 246-560-001, filed 1/14/99, effective 2/14/99. Statutory Authority: Chapter 70.175 RCW. 91-16-108 (Order 186), § 246-560-001, filed 8/7/91, effective 9/7/91.]

WAC 246-560-002 Implementation. The department may use the following methods to implement this chapter:

(1) Solicit and select projects as described in WAC 246-560-035 through 246-560-081.

(2) Offer, or contract for, services to carry out the purposes of this chapter.

[Statutory Authority: RCW 70.175.010 - [70.175.]090 and 70.185.030 - [70.185.]080. 99-03-043, § 246-560-002, filed 1/14/99, effective 2/14/99.]

WAC 246-560-010 Definitions. For the purpose of this chapter the following words and phrases have the following meanings unless the context clearly indicates otherwise.

(1) "Applicant" means any interested party who has been invited to submit an application proposing a health systems resources project.

(2) "Application" means an invited proposal for a health systems resources project.

(3) "Basic health care services" means organized care modalities to prevent death, disability, and serious illness. The term includes, but is not limited to:

(a) Emergency services;

(b) Primary care physicians, physician assistants, nurse practitioners, and midwifery services;

(c) Short term inpatient care;

(d) Home health care;

(e) Community based care for chronic conditions;

(f) Dental care;

(g) Vision care;

(h) Hearing care;

(i) Hospice care;

(j) Mental health;

(k) Necessary support services; and

(l) Nutrition related services.

(4) "Catchment area" means the Washington state geographic area where people live who are to receive the basic health care services addressed by the project.

(5) "Community" means the resident individuals and organizations in a catchment area who may benefit from the basic health care services addressed by the project.

(6) "Community-based" means that the need is identified by a broad section of the community including providers, institutions in the area, and nonhealth care provider members of the community such as community members of health care boards, economic development council members, organized patient advocacy groups, and others who have an interest in the long-term viability of health care services in the catchment area.

(7) "Department" means the Washington state department of health.

(8) "Deliverable" means a document that results from project activities. The term includes, but is not limited to:

(a) A form;

(b) An agreement;

(c) A plan;

(d) Documentation of numbers served;

(e) A report; or

(f) Presentation material.

(9) "Health care delivery system" means services, personnel, and how they are organized and financed.

(10) "Interested party" means an eligible entity that has submitted a letter of interest for a health systems resources project.

(11) "Letter of interest" means a brief description of a project as described in WAC 246-560-040.

(12) "Letter of invitation" means a letter inviting an interested party who has submitted a letter of interest to submit an application.

(13) "Local project administrator" means an individual or organization representing the applicant and authorized to enter into legal agreements on behalf of the applicant.

(14) "Matching funds" means fifty percent of the total budget for recruitment and retention activities must be from a source other than this program. Matching funds may be in-kind contributions.

(15) "Metropolitan statistical area" or "MSA" means an urban area defined and described by the United States Department of Census, Bureau of the Census, and printed in the *State of Washington 1997 Data Book,* Office of Financial Management, Olympia, Washington. The boundaries of all metropolitan statistical areas are county boundaries. The urban counties include:

(a) Benton;

(b) Clark;

(c) Franklin;

(d) Island;

(e) King;

(f) Kitsap;

(g) Pierce;

(h) Snohomish;

(i) Spokane;

(j) Thurston;

(k) Whatcom; and

(l) Yakima.

(16) "Outcome" means the anticipated result or impact of the project activities.

(17) "Project" means a health systems resources project.

(18) "Rural" means a geographical area outside the boundaries of metropolitan statistical areas (MSA's) or an area within an MSA but more than thirty minutes average travel time from a city or town or contiguous cities or towns with a population of ten thousand or more.

(19) "Successful applicant" means an applicant whose project has been selected for contracting.

(20) "Urban underserved" means an area within a MSA that is thirty minutes average travel time or less from a city or town or contiguous cities or towns with a population of ten thousand or more, that has unmet health care needs.

(21) "Workplan" means a written document, usually in matrix form, that shows the detail of what is needed to complete a project. The activities, timeline, party responsible, budget, evaluation plan, and measurable outcome is shown for each deliverable.

[Statutory Authority: RCW 70.175.010 - [70.175.]090 and 70.185.030 - [70.185.]080. 99-03-043, § 246-560-010, filed 1/14/99, effective 2/14/99. Statutory Authority: Chapter 70.175 RCW. 91-16-108 (Order 186), § 246-560-010, filed 8/7/91, effective 9/7/91.]

WAC 246-560-011 Activities. (1) Health systems development activities include:

(a) The planning, development, and/or implementation of the infrastructure needed to support a cost effective health care delivery system. Examples of infrastructure development include:

(i) Telemedicine and other communications systems;

(ii) Modeling of managed care systems;

(iii) Financial business systems;

(iv) Clinical and quality assurance systems;

(v) Development of cooperative agreements and referral arrangements between similar or dissimilar entities to ensure easy transition between care levels for patients and their families; and

(vi) Development of networks of providers and others, organized to share services, negotiate contracts and, plan new services or service delivery systems.

(b) The mobilization of community leaders to design, develop, and implement a project to maintain or improve the viability of the local health care delivery system. Examples of community mobilization include:

(i) Leaders from different governmental jurisdictions evaluate the health care delivery system or parts of the system, determine where changes are needed, and develop a workplan to affect the necessary changes;

(ii) Participants in the health care delivery system determine how to pool resources to eliminate service duplication or gaps, or, to focus on new identified priorities; and

(iii) Participants in the health care delivery system determine how to restructure the system, including the necessary legal, regulatory, fiscal, or practice actions that will accomplish the needed change.

(c) The planning, development, or implementation of a new basic health care service to meet an identified gap in the health care delivery system. Examples of new service development include:

(i) A service previously unavailable in the service area; and

(ii) A service previously unavailable to a portion of the population in the service area.

(2) Recruitment and retention activities may be funded, only to the extent that matching funds are provided. They include, but are not limited to:

(a) An assessment of community characteristics or assets, including school systems, housing, churches, recreational, social and cultural opportunities;

(b) An assessment of the community, physicians and other health care providers, community leaders and citizens about the need for new or replacement health care providers;

(c) A staff development plan;

(d) A recruitment plan;

(e) A recruitment and retention financial plan;

(f) A plan for providing a new practitioner with sufficient professional, intellectual and emotional support;

(g) A plan for call coverage to ensure adequate time off for personal and family pursuits;

(h) An assessment of office and hospital facilities, equipment and support personnel to determine if they are adequate to allow a new practitioner to practice in a high-quality manner; and

(i) A retention plan.

[Statutory Authority: RCW 70.175.010 - [70.175.]090 and 70.185.030 - [70.185.]080. 99-03-043, § 246-560-011, filed 1/14/99, effective 2/14/99.]

WAC 246-560-025 Requests to receive information. Any interested party may be placed on the health systems resources mailing list maintained by the Department of Health, Office of Community and Rural Health, or its successor, P.O. Box 7834, Olympia, WA 98504-7834. Contacts on the mailing list will receive instructions for the next funding cycle.

[Statutory Authority: RCW 70.175.010 - [70.175.]090 and 70.185.030 - [70.185.]080. 99-03-043, § 246-560-025, filed 1/14/99, effective 2/14/99.]

WAC 246-560-035 Eligibility. (1) An interested party, may be a for-profit, not-for-profit, or governmental entity which is:

(a) Proposing services benefiting the population in a rural catchment area; and/or

(b) Proposing services benefiting an urban underserved area and including recruitment and retention activities.

(2) The majority of basic health services addressed by the project must be provided to people living in Washington state.

[Statutory Authority: RCW 70.175.010 - [70.175.]090 and 70.185.030 - [70.185.]080. 99-03-043, § 246-560-035, filed 1/14/99, effective 2/14/99.]

WAC 246-560-040 Letters of interest. An interested party must submit a letter of interest to be considered for a health systems resources project. The department may solicit letters of interest.

The letter of interest must:

(1) Not exceed three pages;

(2) Include the applicant name and address;

(3) Briefly describe the catchment area and the community;

(4) Identify the health systems resources program goal(s) addressed by the project;

(5) Identify the health care problem;

(6) Briefly describe proposed activities and the anticipated outcome;

(7) Identify key health care providers, business representatives, public officials, and community leaders to be involved in the project; and

(8) Indicate projected total project costs and the amount of state funding requested. If the project includes recruitment and retention activities, indicate the source or sources of matching funds.

[Statutory Authority: RCW 70.175.010 - [70.175.]090 and 70.185.030 - [70.185.]080. 99-03-043, § 246-560-040, filed 1/14/99, effective 2/14/99. Statutory Authority: Chapter 70.175 RCW. 91-16-108 (Order 186), § 246-560-040, filed 8/7/91, effective 9/7/91.]

WAC 246-560-045 Letter of interest review and action. (1) Reviewers shall score letters of interest independently using a scoring system established by the department, which is incorporated by reference.

(2) Copies of the scoring system may be requested by writing to the Washington State Department of Health, Office of Community and Rural Health, P.O. Box 47834, Olympia, Washington 98504-7834.

(3) The director of the office of community and rural health shall make the final decision regarding letters of interest based on letter of interest scores and the best utilization of resources to promote the goals of the program.

(4) The department will send a written response to all interested parties who submit a letter of interest.

(5) The department may invite applications from some, none, or all of the interested parties who submit a letter of interest.

(a) The invitation will include:

(i) Application content outline;

(ii) Directions for completing applications; and

(iii) Any letter of interest review comments to be addressed in the application.

(b) The department may request combining activities proposed by different interested parties for inclusion in a single application to:

(i) Avoid duplication;

(ii) Increase cooperation; or

(iii) Strengthen the overall health care delivery system serving the catchment area.

(c) The department will set a due date for receipt of applications.

[Statutory Authority: RCW 70.175.010 - [70.175.]090 and 70.185.030 - [70.185.]080. 99-03-043, § 246-560-045, filed 1/14/99, effective 2/14/99.]

WAC 246-560-050 Criteria for inviting applications. (1) The project addresses at least one of the goals of the health systems resources program, as described in WAC 246-560-001.

(2) The project addresses needed improvements in the delivery of basic health care services, including preventive services.

(3) The project reflects a cooperative approach, which may involve several organizations, categories of health care providers, or communities.

(4) The project can serve as a model for other communities.

(5) The project reflects priorities established for a particular funding cycle as set forth in the application materials.

(6) The project addresses access to basic health care services in an area where access is severely limited or inadequate; and

(7) If recruitment and retention of providers is identified as an outcome the application demonstrates:

(a) Recruitment and retention problems have been chronic; or

(b) The community is in need of primary care practitioners; or

(c) The community has unmet health care needs for specific target populations; and

(d) There is a fifty percent local funding match.

[Statutory Authority: RCW 70.175.010 - [70.175.]090 and 70.185.030 - [70.185.]080. 99-03-043, § 246-560-050, filed 1/14/99, effective 2/14/99. Statutory Authority: Chapter 70.175 RCW. 91-16-108 (Order 186), § 246-560-050, filed 8/7/91, effective 9/7/91.]

WAC 246-560-060 Application content. (1) A completed face sheet.

(2) A description of the applicant and its capacity to manage and oversee the project.

(3) A description of the proposed project including:

(a) Health systems resources program goal(s) addressed; and

(b) Health systems resources program priority addressed.

(4) A statement of the problem, including:

(a) The duration of the problem or deficiency;

(b) The number of people affected;

(c) How the problem has been documented;

(d) The community involvement in identifying the problem; and

(e) Special needs of the population to be served.

(5) A description of the catchment area(s) to be served by the project. The catchment area(s) must be a reasonable service delivery area such that:

(a) Geographic conditions, health care delivery patterns, other social and economic relationship patterns, and population characteristics make it a reasonable market; or

(b) Residents are likely to go to the proposed catchment area as a preferred source for the proposed services.

(6) A description of any model(s) used in the proposed project.

(7) A description of the relationship between the proposed project and current or previous programs designed to solve related health care problems in the catchment area.

(8) A description of the other individuals and entities involved in the project and their relationship with the applicant to implement the project. A copy of an organizational chart for the proposed project, lists of roles and responsibilities, or other items that document the relationship between the applicant and the involved activities may be submitted with the application.

(9) A workplan for what is needed to accomplish the project. For all major activities, include a timeline, entity responsible, funds needed and source of funds, and measurable outcome(s).

(10) A description of the evaluation process including measurable outcomes.

(11) A description of the plan for dissemination of information about the project.

(12) A detailed budget and budget justification for the project period, including:

(a) The amount of state funds requested;

(b) The amount, by source, of other financial or in-kind support and evidence of cost participation by the applicant and other entities involved in the project; if the application includes recruitment and retention activities, amounts by source(s) of matching funds must be identified;

(c) The steps required to financially sustain the project activities after state support had ended.

(13) Letters of agreement, support, commitment and contribution from each entity identified as participating in the project.

(14) Any additional information requested by the department in the letter of invitation.

[Statutory Authority: RCW 70.175.010 - [70.175.]090 and 70.185.030 - [70.185.]080. 99-03-043, § 246-560-060, filed 1/14/99, effective 2/14/99. Statutory Authority: Chapter 70.175 RCW. 91-16-108 (Order 186), § 246-560-060, filed 8/7/91, effective 9/7/91.]

WAC 246-560-065 Application screening criteria. (1) The department will screen applications for the following criteria:

(a) Received in the Office of Community and Rural Health, P.O. Box 47834, Olympia, Washington 98504-7834, on or before the due date.

(b) One original application and two unbound copies provided, sufficiently legible to be copied. The department will determine legibility; and

(c) Application contains each of the items described in WAC 246-560-060.

(2) Applications that contain all screening criteria will be reviewed.

(3) If an application fails to contain any screening criterion, it will not be reviewed. The applicant will be notified in writing.

[Statutory Authority: RCW 70.175.010 - [70.175.]090 and 70.185.030 - [70.185.]080. 99-03-043, § 246-560-065, filed 1/14/99, effective 2/14/99.]

WAC 246-560-075 Reviewer selection. The department may consider the input of individuals outside the department who have expertise with rural and underserved communities. Selected reviewers must sign a statement:

(1) Agreeing to refrain from discussion of letters of interest or applications outside of the review process; and

(2) Asserting that they do not have a conflict of interest. A conflict of interest includes a reviewer:

(a) Holding a position in an organization under review;

(b) Having a significant financial interest in the outcome of the review; or

(c) Participating in the development of the letter of interest or application under review.

[Statutory Authority: RCW 70.175.010 - [70.175.]090 and 70.185.030 - [70.185.]080. 99-03-043, § 246-560-075, filed 1/14/99, effective 2/14/99.]

WAC 246-560-077 Application review, selection, and funding. (1) The department may, based on reviewer recommendations, funding limitations, or other considerations, offer funding to all, some or none of the applicants, and may offer to fund portions of projects.

(2) Reviewers shall score applications independently using a scoring system established by the department which is incorporated by reference.

(3) Copies of the scoring system may be requested by writing to the Washington State Department of Health, Office of Community and Rural Health, P.O. Box 47834, Olympia, Washington 98504-7834.

(4) The director of the office of community and rural health shall make the final decision regarding funding based on application scores, total funds available, and the best utilization of resources to promote the goals of the program.

[Statutory Authority: RCW 70.175.010 - [70.175.]090 and 70.185.030 - [70.185.]080. 99-03-043, § 246-560-077, filed 1/14/99, effective 2/14/99.]

WAC 246-560-085 Appeal process. (1) The following departmental actions are subject to administrative appeal:

(a) A decision not to invite an application;

(b) A determination that an application does not meet initial screening criteria and will not be reviewed; or

(c) A decision not to fund all or any portion of a project.

(2) The appeal process is governed by the Administrative Procedure Act (chapter 34.05 RCW), chapter 246-10 WAC, and this chapter.

(3) To initiate an appeal, the applicant must file a written request for an adjudicative proceeding within twenty-eight days of receipt of the department's decision. The request shall be mailed, by a method showing proof of receipt, to the Adjudicative Clerk Office, P.O. Box 47879, 2413 Pacific Avenue, Olympia, Washington 98504-7879.

(4) The request must contain:

(a) A specific statement of the issue or issues and law involved;

(b) The grounds for contesting the department's decision; and

(c) A copy of the department's decision.

[Statutory Authority: RCW 70.175.010 - [70.175.]090 and 70.185.030 - [70.185.]080. 99-03-043, § 246-560-085, filed 1/14/99, effective 2/14/99.]

Chapter 246-562 WAC
PHYSICIAN VISA WAIVERS

WAC

WAC 246-562-010 Definitions. The following definitions shall apply in the interpretation and implementation of these rules.

(1) "Applicant" means a health care facility that seeks to employ a physician and is requesting state sponsorship or concurrence of a visa waiver.

(2) "Department" means the department of health.

(3) "Board eligible" means having satisfied the requirements necessary to sit for board examinations.

(4) "Employment contract" means a legally binding agreement between the applicant and the physician named in the visa waiver application which contains all terms and conditions of employment, including, but not limited to, the salary, benefits, length of employment and any other consideration owing under the agreement.

(5) "Health care facility" means an entity with an active Washington state business license doing business or proposing to do business in the practice location where the physician would be employed, whose stated purposes include the delivery of medical care.

(6) "Health professional shortage area" (HPSA) means an area federally designated as having a shortage of primary care physicians or mental health care.

(7) "Medically underserved area" (MUA) means a federally designated area based on whether the area exceeds a score for an Index of Medical Underservice, a value based on infant mortality, poverty rates, percentage of elderly and primary care physicians to population ratios.

(8) "Physician" means the foreign physician, named in the visa waiver application, who requires a waiver to remain in the United States to practice medicine.

(9) "Sliding fee discount schedule" means a written delineation documenting the value of charge discounts granted to patients based upon financial hardship.

(10) "Sponsorship" means a request by the department on behalf of a health care facility to federal immigration authorities to grant a visa waiver for the purpose of recruiting and retaining physicians.

(11) "Visa waiver" means a federal action that waives the requirement for a foreign physician, in the United States on a J-1 visa, to return to his/her home country for a two-year period following medical residency training.

(12) "Vacancy" means a full-time physician practice opportunity that is based on a planned retirement, a loss of an existing physician, or an expansion of physician services in the service area.

[Statutory Authority: Chapter 70.185 RCW. 00-15-082, § 246-562-010, filed 7/19/00, effective 8/19/00; 98-20-067, § 246-562-010, filed 10/2/98, effective 11/2/98.]

WAC 246-562-020 Authority to sponsor visa waivers. (1) The department of health may assist communities to recruit and retain physicians, or other health care professionals, as directed in chapter 70.185 RCW, by exercising an option provided in federal law, 8 U.S.C. Sec. 1184(l) and 22 C.F.R. 514.44(e). This option allows the department of health to sponsor a limited number of visa waivers each federal fiscal year if certain conditions are met.

(2) The department may acknowledge sponsorship proposed by federal agencies, including the United States Department of Agriculture.

(3) The department may carry out a visa waiver program, or, in the event of resource limitations or other considerations, may discontinue the program. Purposes of the program are:

(a) To increase the availability of physician services in existing federally designated shortage areas for health care facilities that have long standing vacancies;

(b) To improve access to physician services for communities and specific under-served populations that are having difficulty finding physician services;

(c) To serve Washington communities which have identified a physician currently holding a J-1 visa as an ideal candidate to meet the community's need for primary health care services or specialist services as allowed by WAC 246-562-080.

(4) The department may only sponsor a visa waiver request when:

(a) The application contains all of the required information and documentation;

(b) The application meets the criteria contained in chapter 246-562 WAC.

(5) The department will limit its activities:

(a) Prior to submission of an application, the department may provide information on preparing a complete application;

(b) For applicants that have benefited from department sponsorship previously, the applicant's history of compliance will be a consideration in future sponsorship decisions;

(c) Because the number of sponsorships the department may provide is limited, and because the number of shortage areas is great, sponsorship will be limited. In any single program year, a health care facility in any one designated health professional shortage area or medically underserved area:

(i) Will not be allotted more than two sponsorships; and

(ii) Will not be allotted more than one specialist sponsorship as allowed by WAC 246-562-080(4);

(d) In any given program year seventy-five percent of federally allocated sponsorships will be allotted for primary care physicians. Twenty-five percent of federally allocated sponsorships will be allotted for specialists.

[Statutory Authority: Chapter 70.185 RCW. 00-15-082, § 246-562-020, filed 7/19/00, effective 8/19/00; 98-20-067, § 246-562-020, filed 10/2/98, effective 11/2/98.]

WAC 246-562-040 Principles that will be applied to the visa waiver program. (1) The visa waiver program is considered a secondary source for recruiting qualified physicians. It is not a substitute for broad recruiting efforts for graduates from U.S. medical schools.

(2) Sponsorship may be offered to health care facilities that can provide evidence of sustained active recruitment for the vacancy in the practice location with a physician who has specific needed skills.

(3) Sponsorship is intended to support introduction of physicians into practice settings that promote continuation of the practice beyond the initial contract period.

(4) Sponsorship will be for an employment situation where there is community support and a collegial professional environment.

(5) The visa waiver program will be used to assist health care facilities that provide care to all residents of the federally designated under-served area. When a federal designation is for an under-served population, the health care facility must provide care to the under-served population.

(6) Sponsorship is available to health care facilities that can document the provision of needed services, regardless of public or private ownership.

[Statutory Authority: Chapter 70.185 RCW. 98-20-067, § 246-562-040, filed 10/2/98, effective 11/2/98.]

WAC 246-562-050 Review criteria. Applicants and physicians must meet the criteria established in 8 U.S.C. 1184(l) and 22 C.F.R. Sec. 514.44(e) which are incorporated by reference. Copies of these provisions may be requested from the department by writing to the Washington State Department of Health, Office of Community and Rural Health, Visa Waiver Program, PO Box 47834, Olympia, WA 98504-7834.

The criteria set out in chapter 246-562 WAC must also be met.

[Statutory Authority: Chapter 70.185 RCW. 98-20-067, § 246-562-050, filed 10/2/98, effective 11/2/98.]

WAC 246-562-060 Criteria for applicants. (1) Applicants must be existing health care facilities that:

(a) Have been licensed to do business; and

(b) Have provided medical care in Washington state for a minimum of twelve months prior to submitting the application.

(2) Applicants may be for-profit, nonprofit, or government organizations.

(3) Except for state institutional and correctional facilities designated as federal shortage areas, the applicant must:

(a) Currently serve Medicare clients; Medicaid clients; low-income clients, such as subsidized basic health plan enrollees; uninsured clients; and the population of the federal designation.

(b) Demonstrate that during the twelve months prior to submitting the application, the health care facility was providing a minimum of ten percent of the applicant's total patient visits to Medicaid clients, and/or other low-income clients.

(c) Agree to implement a sliding fee discount schedule for the physician named in the J-1 visa waiver application. The schedule must be:

(i) Available in the client's principal language and English; and

(ii) Posted conspicuously; and

(iii) Distributed in hard copy to individuals making or keeping appointments with that physician.

(4) Applicants must have been actively recruiting to fill the practice vacancy from among qualified physicians who are graduates of United States medical schools. Active recruitment must be for a period of not less than six months prior to submitting a visa waiver application to the department.

(5) Applicants must have a signed employment contract with the physician. Throughout the period of obligation, regardless of physician's visa status, the employment contract must:

(a) Meet state and federal requirements;

(b) Not prevent the physician from providing medical services in the designated shortage area after the term of employment;

(c) Specify the period of employment:

(i) Three years minimum for primary care sponsorship; or

(ii) Five years minimum for specialist sponsorship.

(6) Applicants must pay the physician prevailing wage as determined and approved by U.S. Department of Labor. Approval must be documented on a U.S. Department of Labor form ETA 9035 signed by an authorized official.

(7) If the applicant has previously requested sponsorship of a physician, WAC 246-562-020 will apply.

(8) If the applicant is not a publicly funded provider, additional criteria apply. The applicant must provide documentation of notification of intent to submit application for J-1 visa physician waiver to all publicly funded providers in HPSA or MUA designated area. Publicly funded providers include, but are not limited to, public hospital districts, local health departments, or community and/or migrant health centers.

Notification must:

(a) Be sent at least thirty days prior to submitting the application to the department;

(b) Include a statement giving the publicly funded providers thirty days to provide comment to the department regarding the J-1 physician visa application; and

(c) Provide the department's address.

(9) Applicants must notify the department in writing of the physician's start-date of employment. Any amendments made to the required elements of the employment contract, subsection (5) of this section, during the first three years for primary care physicians or five years for specialist and subspecialist physicians of contracted employment must be reported to the department for review and approval. The department will complete review and approval of such amendments within thirty calendar days of receipt.

(10) Applicants must submit status reports to the department every six months, with required supporting documentation, during the initial term of employment, three years for primary care physicians or five years for specialists.

(11) Applicants must cooperate in providing the department with clarifying information, verifying information already provided, or in any investigation of the applicant's financial status.

[Statutory Authority: Chapter 70.185 RCW. 00-15-082, § 246-562-060, filed 7/19/00, effective 8/19/00; 98-20-067, § 246-562-060, filed 10/2/98, effective 11/2/98.]

WAC 246-562-070 Criteria for the proposed practice location to be served by the physician. (1) The proposed practice location must be located in:

(a) A federally designated primary care health professional shortage area(s); or

(b) A federally designated mental health professional shortage area(s) for psychiatrists; or

(c) A federally designated whole-county medically under-served area(s); or

(d) A combination of federally designated areas.

(2) If the federal designation is based on a specific population, the health care facility must serve the designated population.

(3) If the practice location is in both a population designation area and a medically under-served area, the designated population must be served.

(4) May be an existing practice location or a new practice location for the health care facility named in the visa waiver application. If a new practice location is planned, additional criteria apply. New practice locations must:

(a) Have the legal, financial, and organizational structure necessary to provide a stable practice environment, and must provide a business plan that supports this information;

(b) Support a full-time physician practice;

(c) Have written referral plans that describe how patients using the new primary care location will be connected to existing secondary and tertiary care if needed.

[Statutory Authority: Chapter 70.185 RCW. 98-20-067, § 246-562-070, filed 10/2/98, effective 11/2/98.]

WAC 246-562-080 Criteria for the physician. (1) The physician must not have a J-1 visa waiver pending for any other employment offer.

(2) Physicians must have the qualifications described in recruitment efforts for a specific vacancy.

(3) Physicians are considered eligible to apply for a waiver when:

(a) They have successfully completed their residency or fellowship program; or

(b) They are in the last six months of a residency or fellowship program, and the physician provides a letter from their program that:

(i) Identifies the date the physician will complete the residency or fellowship program; and

(ii) Confirms the physician is in good standing with the program.

(4) Physicians applying as primary care physicians must:

(a) Provide direct patient care; and

(b) Be trained in:

(i) Family practice; or

(ii) General internal medicine; or

(iii) Pediatrics; or

(iv) Geriatric medicine; or

(v) Obstetrics and gynecology; or

(vi) Psychiatry and its subspecialties; and

(c) Except for geriatric medicine and psychiatrists, not have any additional specialty training. Continuing medical education (CME) will not be considered specialty training for the purposes of this rule.

(5) Physicians applying as specialists must:

(a) Provide direct patient care;

(b) Be trained in a subspecialty as defined by the Accreditation Council for Graduate Medical Education and published in the 1999-2000 **Graduate Medical Education Directory,** which is hereby incorporated by reference of:

(i) Internal medicine, except for geriatric medicine; or

(ii) Family practice, except for geriatric medicine; or a specialty as defined by the Accreditation Council for Graduate Medical Education and published in the 1999-2000 **Graduate Medical Education Directory,** which is hereby incorporated by reference of

(iii) General surgery; or

(iv) Radiology-diagnostic.

(6) Copies of the 1999-2000 **Graduate Medical Education Directory** are available from the American Medical Association or can be viewed at the Washington State Department of Health, Office of Community and Rural Health, 2725 Harrison NW, Olympia WA 98504.

(7) Physicians must have an active Washington state medical license, unless unusual circumstances delay licensing. If the application for a Washington state medical license has been received by the Washington state medical quality assurance commission four or more weeks prior to submission of the visa waiver application, the applicant may substitute a copy of the license application and request an exception.

(8) Physicians must be an active candidate for board certification on or before the start date of employment.

(9) Physicians must have at least one recommendation from their residency program if applying as a primary care physician or from their fellowship program if applying as a specialist that:

(a) Addresses the physician's interpersonal and professional ability to effectively care for diverse and low-income people in the United States; and

(b) Describes an ability to work well with supervisory and subordinate medical staff, and adapt to the culture of United States health care facilities; and

(c) Documents level of specialty training, if any; and

(d) Is prepared on residency program letterhead and is signed by residency program staff or faculty; and

(e) Includes name, title, relationship to physician, address and telephone number of signatory.

(10) The physician must comply with all provisions of the employment contract.

(11) Physician must:

(a) Accept Medicaid assignment; and

(b) Post and implement a sliding fee discount schedule; and

(c) Serve the low-income population; and

(d) Serve the uninsured population; and

(e) Serve the shortage designation population; or

(f) Serve the population of a local, state, or federal governmental institution or corrections facility as an employee of the institution.

[Statutory Authority: Chapter 70.185 RCW. 02-19-084, § 246-562-080, filed 9/16/02, effective 10/17/02; 00-15-082, § 246-562-080, filed 7/19/00, effective 8/19/00; 98-20-067, § 246-562-080, filed 10/2/98, effective 11/2/98.]

WAC 246-562-090 Application form. (1) Physician visa waiver program application forms are available and may be requested from: Washington State Department of Health, Office of Community and Rural Health, Visa Waiver Program, PO Box 47834, Olympia, WA 98504-7834.

(2) Applications must be completed in their entirety, addressing all state and federal requirements, and must include all required documents as specified in the application form.

[Statutory Authority: Chapter 70.185 RCW. 98-20-067, § 246-562-090, filed 10/2/98, effective 11/2/98.]

WAC 246-562-100 Criteria applied to federally designated facilities. Local, state, or federal institutions that are federally designated with a facility designation may request state sponsorship. Physician services may be limited to the population of the institution. All other state and federal requirements must be met.

[Statutory Authority: Chapter 70.185 RCW. 98-20-067, § 246-562-100, filed 10/2/98, effective 11/2/98.]

WAC 246-562-110 United States Department of Agriculture or other waiver requests. In the event an applicant for a USDA or other federal agency J-1 waiver submits a copy of an application to the department, the department will acknowledge receipt of the copy of the application.

[Statutory Authority: Chapter 70.185 RCW. 00-15-082, § 246-562-110, filed 7/19/00, effective 8/19/00; 98-20-067, § 246-562-110, filed 10/2/98, effective 11/2/98.]

WAC 246-562-120 Department review and action. (1) The department will review applications for completeness in date order received.

(2) Applications must be mailed, sent by commercial carrier, or delivered in person. Applications may not be sent by telefax, or electronically.

(3) The department may limit the time period during which applications may be submitted including cutting off

applications after the state has sponsored all applications allowed in a given federal fiscal year.

(4) Should multiple primary care physician applications arrive at the department on the same day, the department will rank those applications according to the following criteria:

(a) Federally designated shortage facilities will rank first.

(b) Those applicants serving shortage areas that require the greatest number of physicians relative to population to remove them from federal shortage status will rank second.

(c) Publicly funded employers, such as public hospital districts, community health centers, local, state, or federal governmental institutions or correctional facilities, who have an obligation to provide care to under-served populations will rank third.

(d) If multiple applications within a designated category arrive on the same day, those applications will be ranked within that category based on random selection.

(e) If a ranked order cannot be determined by using the criteria in (a) through (d) of this subsection, then applications will be ranked based on random selection.

(5) Should multiple specialist applications arrive at the department on the same day, the department will rank these applications according to the following criteria:

(a) Federally designated shortage facilities will rank first.

(b) Publicly funded employers, such as public hospital districts, community health centers, local, state, or federal governmental institutions or correctional facilities, who have an obligation to provide care to underserved populations will rank second.

(c) If multiple applications within a designated category arrive on the same day, those applications will be ranked within that category based on random selection.

(d) If a ranked order cannot be determined by using the criteria in (a) through (c) of this subsection, then applications will be ranked based on random selection.

(6) The department will review applications within ten working days of receipt of the application to determine if the application is complete.

(7) The department will return incomplete applications to the applicant, and provide a written explanation of missing items.

(8) Incomplete applications may be resubmitted with additional required information. Resubmitted applications will be considered new applications and will be reviewed in date order received on resubmission.

(9) The department will return applications that are received after the maximum number of sponsorships have been approved. This does not apply to copies of USDA or other federal J-1 applications.

(10) The department will return sponsorship applications to applicants who have had two approved sponsorships in the current year for the shortage area.

(11) If the Washington state medical license is pending at the time the application is submitted to the department, the department may:

(a) Sponsor or concur;

(b) Hold the application in order received; or

(c) Return the application as incomplete.

(12) The department will review complete applications against the criteria specified in chapter 246-562 WAC.

(13) The department may:

(a) Request additional clarifying information;

(b) Verify information presented;

(c) Investigate financial status of the applicant;

(d) Further investigate any comments generated by publicly funded provider notification of application for waiver;

(e) Return the application as incomplete if the applicant does not supply requested clarifying information within thirty days of request. Incomplete applications must be resubmitted. Resubmitted applications will be considered new applications and will be reviewed in date order received.

(14) The department will notify the applicant in writing of action taken. If the decision is to decline sponsorship, the department will provide an explanation of how the application failed to meet the stated criterion or criteria.

(15) The department may deny a visa waiver request or, prior to U.S. Department of State approval, may withdraw a visa waiver recommendation for cause, which shall include the following:

(a) The application is not consistent with state and/or federal criteria;

(b) Fraud;

(c) Misrepresentation;

(d) False statements;

(e) Misleading statements; or

(f) Evasion or suppression of material facts in the visa waiver application or in any of its required documentation and supporting materials.

(16) Applications denied may be resubmitted with concerns addressed. Resubmitted applications will be considered new applications and will be reviewed in date order received.

[Statutory Authority: Chapter 70.185 RCW. 00-15-082, § 246-562-120, filed 7/19/00, effective 8/19/00; 98-20-067, § 246-562-120, filed 10/2/98, effective 11/2/98.]

WAC 246-562-130 Eligibility for future participation in the visa waiver program. (1) Health care facilities may be denied future participation in the state visa waiver program if:

(a) The required six-month reports are not submitted in a complete and timely manner.

(b) A sponsored physician does not serve the designated shortage area and/or shortage population for the full three years of employment.

(c) A sponsored physician does not remain employed by the applicant for the full three years of employment.

(2) A health care facility may request a determination of eligibility prior to submitting an application. The department will review the situation upon receipt of a written request.

[Statutory Authority: Chapter 70.185 RCW. 98-20-067, § 246-562-130, filed 10/2/98, effective 11/2/98.]

WAC 246-562-140 Department's responsibility to report to the U.S. Department of State and the United States Department of Immigration and Naturalization Services. (1) The department may report to the U.S. Department of State and the United States Department of Immigration and Naturalization Services if the applicant or physician

is determined to be out of compliance with any of the provisions of this chapter.

(2) The department may report to the U.S. Department of State and the United States Department of Immigration and Naturalization Services if the physician is determined to have left employment in the federally designated area.

[Statutory Authority: Chapter 70.185 RCW. 00-15-082, § 246-562-140, filed 7/19/00, effective 8/19/00; 98-20-067, § 246-562-140, filed 10/2/98, effective 11/2/98.]

WAC 246-562-150 Appeal process. (1) The applicant or physician may appeal the following department decisions:

(a) To deny or withdraw a visa waiver sponsorship;

(b) To deny a request for approval of an employment contract amendment;

(c) Determination that the applicant or physician is out of compliance with this chapter; or

(d) Determination that the applicant is not eligible for future participation in the visa waiver program.

(2) The appeal process is governed by the Administrative Procedure Act (chapter 34.05 RCW), chapter 246-10 WAC, and this chapter.

(3) To initiate an appeal, the applicant must file a written request for an adjudicative proceeding within twenty-eight days of receipt of the department's decision.

(4) The request shall be mailed, by a method showing proof of receipt, to the Adjudicative Clerk Office, PO Box 47879, 2413 Pacific Avenue, Olympia, WA 98504-7879.

(5) The request must contain:

(a) A specific statement of the issue or issues and law involved;

(b) The grounds for contesting the department's decision; and

(c) A copy of the department's decision.

[Statutory Authority: Chapter 70.185 RCW. 00-15-082, § 246-562-150, filed 7/19/00, effective 8/19/00; 98-20-067, § 246-562-150, filed 10/2/98, effective 11/2/98.]

WAC 246-562-160 Implementation. (1) Notwithstanding any other provision of this chapter, this rule governs the allocation of departmental J-1 visa waiver sponsorships of specialists and primary care physicians during the federal fiscal year which begins October 1, 2002.

(2) The department will not process J-1 visa waiver sponsorship applications until the effective date of the amendments to WAC 246-562-080, but may advise applicants with respect to any proposed application.

(3) Applications received by the office of community and rural health between October 1, 2002, and the effective date of the amendments to WAC 246-562-080 will be date and time stamped, and will be processed on the effective date of the rule in the order received.

[Statutory Authority: Chapter 70.185 RCW. 02-19-084, § 246-562-160, filed 9/16/02, effective 10/17/02; 00-15-082, § 246-562-160, filed 7/19/00, effective 8/19/00.]

Chapter 246-650 WAC
NEWBORN SCREENING

WAC

WAC 246-650-001 Purpose. The purpose of this chapter is to establish board rules to detect, in newborns, congenital disorders leading to developmental impairment or physical disabilities as required by RCW 70.83.050.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-650-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.050 and 70.83.050. 87-11-040 (Order 303), § 248-103-001, filed 5/18/87.]

WAC 246-650-010 Definitions. For the purposes of this chapter:

(1) "Board" means the Washington state board of health.

(2) "Congenital adrenal hyperplasia" means a severe disorder of adrenal steroid metabolism which may result in death of an infant during the neonatal period if undetected and untreated.

(3) "Congenital hypothyroidism" means a disorder of thyroid function during the neonatal period causing impaired mental functioning if undetected and untreated.

(4) "Department" means the Washington state department of health.

(5) "Newborn" means an infant born in a hospital in the state of Washington prior to discharge from the hospital of birth or transfer.

(6) "Phenylketonuria" (PKU) means a metabolic disorder characterized by abnormal phenylalanine metabolism causing impaired mental functioning if undetected and untreated.

(7) "Hemoglobinopathy" means a hereditary blood disorder caused by genetic alteration of hemoglobin which results in characteristic clinical and laboratory abnormalities and which leads to developmental impairment or physical disabilities.

(8) "Significant screening test result" means a laboratory test result indicating a suspicion of abnormality and requiring further diagnostic evaluation of the involved infant for the specific disorder.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-650-010, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapters 43.20 and 70.83 RCW. 91-01-032 (Order 114B), § 248-103-010, filed 12/11/90, effective 1/11/91. Statutory Authority: RCW 43.20.050 and 70.83.050. 87-11-040 (Order 303), § 248-103-010, filed 5/18/87.]

WAC 246-650-020 Performance of screening tests. (1) Hospitals providing birth and delivery services or neonatal care to infants shall:

(a) Inform parents or responsible parties, by providing a departmental information pamphlet or by other means, of:

(i) The purpose of screening newborns for congenital disorders,

(ii) Disorders of concern as listed in WAC 246-650-020(2),

(iii) The requirement for newborn screening, and

(iv) The legal right of parents or responsible parties to refuse testing because of religious tenets or practices as specified in RCW 70.83.020.

(b) Obtain a blood specimen for laboratory testing as specified by the department from each newborn prior to discharge from the hospital or, if not yet discharged, no later than five days of age.

(c) Use department-approved forms and directions for obtaining specimens.

(d) Enter all identifying and related information required on the form attached to the specimen following directions of the department.

(e) In the event a parent or responsible party refuses to allow newborn metabolic screening, obtain signatures from parents or responsible parties on the department form.

(f) Forward the specimen or signed refusal with the attached identifying forms to the Washington state public health laboratory no later than the day after collection or refusal signature.

(2) Upon receipt of specimens, the department shall:

(a) Perform appropriate screening tests for phenylketonuria, congenital hypothyroidism, congenital adrenal hyperplasia, and hemoglobinopathies according to the schedule in WAC 246-650-030;

(b) Report significant screening test results to the infant's attending physician or family if an attending physician cannot be identified; and

(c) Offer diagnostic and treatment resources of the department to physicians attending infants with presumptive positive screening tests within limits determined by the department.

[Statutory Authority: RCW 43.20.050 and 70.83.050. 92-02-019 (Order 225B), § 246-650-020, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-650-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapters 43.20 and 70.83 RCW. 91-01-032 (Order 114B), § 248-103-020, filed 12/11/90, effective 1/11/91. Statutory Authority: RCW 43.20.050 and 70.83.050. 87-11-040 (Order 303), § 248-103-020, filed 5/18/87.]

WAC 246-650-030 Implementation of hemoglobinopathy screening. The department shall:

(1) Begin performing appropriate screening tests for hemoglobinopathy on all newborn screening specimens received from Pierce County by May 1, 1991;

(2) Expand screening by performing appropriate screening tests on all newborn screening specimens received from King County along with those received from Pierce County by August 1, 1991;

(3) Fully implement screening by performing appropriate screening tests on all newborn screening specimens received by November 1, 1991;

(4) On or before January 31, 1991, and annually thereafter, report to the board the following information concerning tests conducted pursuant to this section:

(a) The costs of tests as charged by the department;

(b) The results of each category of tests, by county of birth and ethnic group, as reported on the newborn screening form and, if available, birth certificates;

(c) Follow-up procedures and the results of such follow-up procedures.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-650-030, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapters 43.20 and 70.83 RCW. 91-01-032 (Order 114B), § 248-103-040, filed 12/11/90, effective 1/11/91.]

WAC 246-650-990 Screening charge. The department has authority under RCW 43.20B.020 to require a reasonable charge from parents or responsible parties for the costs of newborn screening. The charge is to be collected through the facility where the specimen was obtained.

[Statutory Authority: RCW 70.83.040. 99-20-036, § 246-650-990, filed 9/29/99, effective 10/30/99. Statutory Authority: RCW 43.20B.020. 92-02-018 (Order 224), § 246-650-990, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-650-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.050 and 70.83.050. 87-11-040 (Order 303), § 248-103-030, filed 5/18/87.]

WAC 246-650-991 Specialty clinic support fee. The department has the authority under RCW 70.83.040 to collect a fee for each infant screened to fund specialty clinics that provide treatment services for hemoglobin diseases, phenylketonuria, congenital adrenal hyperplasia and congenital hypothyroidism. The specialty clinic support fee is $3.50. It is to be collected in conjunction with the screening charge from the parents or other responsible party through the facility where the screening specimen is obtained.

[Statutory Authority: RCW 70.83.040. 99-20-036, § 246-650-991, filed 9/29/99, effective 10/30/99.]

Chapter 246-680 WAC

PRENATAL TESTS—CONGENITAL AND HERITABLE DISORDERS

WAC

WAC 246-680-001 Purpose. The purpose of this chapter is to:

(1) Establish department and state board of health description, definition,, and enumeration of prenatal tests under RCW 70.83B.020 (3)(a) and (b);

(2) Establish standards of the Washington state board of health for screening and diagnostic procedures for prenatal diagnosis of congenital disorders of the fetus under RCW 48.21.244, 48.44.344, and 48.46.375;

(3) Require health care provider to provide information on certain prenatal tests under RCW 70.83B.030 to both their pregnant patients and the department;

(4) Establish requirements for laboratories to provide information on certain prenatal tests under RCW 70.83B.030 to the department; and

(5) Establish criteria and time lines for distribution of educational materials by health care providers related to prenatal tests under RCW 70.54.220.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-680-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 48.21.244, 48.44.344 and 48.46.375. 90-02-094 (Order 024), § 248-106-001, filed 1/3/90, effective 2/3/90.]

WAC 246-680-010 Definitions. For the purpose of RCW 70.83B.020, 70.83B.030, 70.83B.040, 70.54.220, 48.42.090, 48.21.244, 48.44.344, and 48.46.375 and chapter 248-106 WAC:

(1) "Approved written information" means the department form DOH 344-002 "prenatal genetic information," or an equivalent form.

(2) "Department" means the Washington state department of health.

(3) "Health care providers" means persons licensed or certified by the state of Washington under Title 18 RCW to provide prenatal care or to practice medicine.

(4) "Laboratory" means a private or public person, agency, or organization performing prenatal tests for congenital and heritable disorders.

(5) "Parental chromosomal testing" means a procedure to remove blood or other tissue from one or both parents in order to perform laboratory analysis to establish chromosome constitution of the parents.

(6) "Prenatal test" means any test to predict congenital or heritable disorders which:

(a) When improperly utilized, may clearly harm or endanger the health, safety, or welfare of the public;

(b) Potential harm is easily recognizable and not remote or dependent upon tenuous argument; and

(c) As determined by the state board of health under RCW 70.83B.020(3) and enumerated by the department, includes procedures and laboratory tests as follows:

(i) Maternal serum alpha-fetoprotein (MSAFP) screening is a procedure involving obtaining blood from a pregnant woman during the fifteenth to twentieth completed menstrual weeks of gestation, in order to measure through laboratory tests the level of alpha-fetoprotein in the blood.

(ii) Amniocentesis is a procedure performed to remove a small amount of amniotic fluid from the uterus of a pregnant woman, in order to perform one or more of the following laboratory tests:

(A) Measure the level of alpha-fetoprotein;

(B) Measure the level of acetylcholinesterase;

(C) Cytogenetic studies on fetal cells;

(D) Biochemical studies on fetal cells or amniotic fluid; and

(E) Deoxyribonucleic Acid (DNA) studies on fetal cells.

(iii) Chorionic villus sampling is a procedure to remove a small amount of cells from the developing placenta, in order to perform one or more of the following laboratory tests:

(A) Cytogenetic studies on fetal cells;

(B) Biochemical studies on fetal cells; and

(C) DNA studies on fetal cells.

(iv) Percutaneous umbilical cord blood sampling is a procedure to obtain blood from the fetus, in order to perform one or more of the following laboratory tests:

(A) Cytogenetic studies;

(B) Viral titer studies;

(C) Fetal blood typing for isoimmunization studies;

(D) Prenatal diagnostic tests for hematological disorders;

(E) DNA studies on fetal cells.

(v) Prenatal ultrasonography is a procedure resulting in visualization of the uterus, the placenta, the fetus, and internal structures through use of sound waves.

(d) Includes pre-procedure and post-procedure genetic counseling when required under WAC 248-106-020.

(7) "Pre-procedure genetic counseling" means individual counseling, which may be part of another substantive procedure or service, involving a health care provider or a qualified genetic counselor under direction of a physician and a pregnant woman with or without other family members, to discuss the purposes, risks, accuracy, and limitations of a prenatal testing procedure, and to aid in decision making.

(8) "Post-procedure genetic counseling" means, when test results are available, individual counseling, which may be part of another substantive procedure or service, involving a health care provider or a qualified genetic counselor under direction of a physician and a pregnant woman with or without other family members, to discuss:

(a) The meaning of the results of the prenatal tests done; and

(b) Subsequent testing or procedures available.

(9) "Qualified genetic counselor" means an individual eligible for certification or certified as defined in *Bulletin of Information*, 1984, American Board of Medical Genetics, Inc., as a:

(a) Genetic counselor;

(b) Clinical geneticist;

(c) Ph.D. medical geneticist;

(d) Clinical cytogeneticist; or

(e) Clinical biochemical geneticist.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-680-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 48.21.244, 48.44.344 and 48.46.375. 90-02-094 (Order 024), § 248-106-010, filed 1/3/90, effective 2/3/90.]

WAC 246-680-020 Board of health standards for screening and diagnostic tests during pregnancy. (1) For the purpose of RCW 48.21.244, 48.44.344, and 48.46.375, the following are standards of medical necessity for insurers, health care service contractors, and health maintenance organizations to use in determining medical necessity on a case-by-case basis:

(a) Maternal serum alpha-fetoprotein screening for all pregnant women beginning prenatal care before the twentieth completed menstrual week of gestation:

(i) Without the requirement for case-by-case determination; and

(ii) Including post-procedure genetic counseling if test result is abnormal.

(b) Prenatal ultrasonography if one or more of the following criteria are met:

(i) A woman undergoing amniocentesis, chorionic villus sampling, or percutaneous umbilical cord blood sampling;

(ii) The results on a maternal serum alpha-fetoprotein screening test are abnormal;

(iii) A woman or her partner:

(A) Has a prior child or fetus with a congenital abnormality detectable by prenatal ultrasonography; or

(B) Has a family history of congenital abnormality detectable by prenatal ultrasonography; or

(C) Is affected with a congenital abnormality detectable by prenatal ultrasonography.

(iv) A woman is suspected to be carrying a fetus with a congenital abnormality; or

(v) A medical evaluation indicates the possibility of hydramnios or oligohydramnios.

(c) Amniocentesis with pre-procedure and post-procedure genetic counseling if one or more of the following criteria are met:

(i) A woman thirty-five years of age or older at the time of delivery;

(ii) A woman or her partner having had a previous child or fetus with a chromosomal abnormality;

(iii) A woman or her partner is a carrier of a chromosomal rearrangement or anomaly;

(iv) A woman or her partner:

(A) With a neural tube defect; or

(B) Having had a child or fetus with a neural tube defect.

(v) A woman or her partner with a history of:

(A) A sibling with a neural tube defect;

(B) A parent with a neural tube defect;

(C) A niece or nephew with a neural tube defect; or

(D) Other risk factors related to a neural tube defect.

(vi) A woman and/or her partner are carriers of, or affected with, a prenatal diagnosable inherited disorder;

(vii) The results on a maternal serum alpha-fetoprotein screening test are abnormal;

(viii) A woman with a documented history of three or more miscarriages of unknown cause when circumstances prevent parental chromosomal testing;

(ix) Ultrasound diagnosis of fetal anomaly.

(2) The board recommends the following additional procedures for use of insurers, health service contractors, and health maintenance organizations in determining medical necessity on a case-by-case basis:

(a) Chorionic villus sampling with pre-procedure and post- procedure genetic counseling if one or more of the following criteria are met:

(i) A woman thirty-five years of age or older at the time of delivery;

(ii) A woman or her partner having had a previous child or fetus with a chromosomal abnormality;

(iii) A woman or her partner is a carrier of a chromosomal rearrangement or anomaly;

(iv) A woman or her partner are carriers of, or affected with, a prenatal diagnosable inherited disorder; or

(v) A woman with a documented history of three or more miscarriages of unknown cause when circumstances prevent parental chromosomal testing.

(b) Percutaneous umbilical cord blood sampling with pre-procedure and post-procedure genetic counseling if one or more of the following criteria are met:

(i) A medical evaluation indicates rapid or detailed chromosomal diagnosis is required to:

(A) Protect the health of the mother; or

(B) Predict prognosis for the fetus.

(ii) A medical evaluation indicates the possibility of a prenatal diagnosable fetal infection;

(iii) Fetal blood studies are medically indicated for isoimmunization studies or therapy;

(iv) Prenatal diagnosis of hematological disorders is medically indicated.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-680-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 48.21.244, 48.44.344 and 48.46.375. 90-02-094 (Order 024), § 248-106-020, filed 1/3/90, effective 2/3/90.]

Chapter 246-710 WAC
COORDINATED CHILDREN'S SERVICES

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-710-020 Program eligibility. [Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-710-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-030, filed 12/2/82.] Repealed by 99-01-100, filed 12/17/98, effective 1/17/99. Statutory Authority: RCW 43.20.140.

246-710-040 Funding ceilings on neuromuscular program and individual neuromuscular centers. [Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-710-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-050, filed 12/2/82.] Repealed by 97-20-100, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.20.050.

WAC 246-710-001 Declaration of purpose. The following rules implement RCW 43.20.140 and chapter 43.70 RCW. The state board of health may develop rules that are necessary to implement RCW 43.20A.635 authorizing the secretary of the department of health to administer a program of services for children with special health care needs. The purpose of the CSHCN program is to develop, extend, and improve services and service systems for locating, diagnosing, and treating children with special health care needs within available resources.

[Statutory Authority: RCW 43.20.140. 99-01-100, § 246-710-001, filed 12/17/98, effective 1/17/99. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-710-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-010, filed 12/2/82.]

WAC 246-710-010 Definitions. (1) "Client" means an individual with special health care needs, seventeen years of age or younger, who is being served by a local CSHCN agency.

(2) "Children with special health care needs" means children with disabilities or handicapping conditions; chronic illnesses or conditions; health related educational or behavioral problems; or children at risk of developing such disabilities, conditions, illnesses or problems.

(3) "CSHCN" means the children with special health care needs program.

(4) "Department" means department of health.

(5) "Local CSHCN agency" means the local health jurisdiction or other agency locally administering the CSHCN program for the county where the client resides in the state of Washington.

(6) "Service systems" means community-based systems of services such as primary and specialty medical services, early intervention, special education, and social and family support services for children with special health care needs and their families.

(7) "Services" means health-related interventions, including early identification, care coordination, medical, surgical and rehabilitation care, and equipment provided in hospitals, clinics, offices, and homes by local CSHCN agencies, physicians and other health care providers.

[Statutory Authority: RCW 43.20.140. 99-01-100, § 246-710-010, filed 12/17/98, effective 1/17/99. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-710-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-020, filed 12/2/82.]

WAC 246-710-030 Program limitations. (1) The department may reduce the scope of CSHCN services and impose or revise funding limitations on certain services when required for budgetary reasons to accommodate available funding.

(2) Financial eligibility for a client must be determined annually when health-related services and equipment are paid for with CSHCN funds. Financial eligibility will be determined according to national standards of living for low-income families such as federal poverty levels or state median income adjusted for family size. Financial eligibility is not entitlement to CSHCN services.

[Statutory Authority: RCW 43.20.140. 99-01-100, § 246-710-030, filed 12/17/98, effective 1/17/99. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-710-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-040, filed 12/2/82.]

WAC 246-710-050 Authorization of services. Authorization for services paid for with CSHCN funds will be accomplished in accordance with the following:

(1) Financial eligibility for a client has been determined.

(2) A request for services to be paid for with CSHCN funds has been reviewed for consistency with program directions. Services must be recognized as an acceptable form of treatment by a significant portion of the professional community.

(3) No services will be authorized for out-of-state providers if an equivalent service is available within the state of Washington. However, use of resources in bordering states will be authorized when appropriate.

[Statutory Authority: RCW 43.20.140. 99-01-100, § 246-710-050, filed 12/17/98, effective 1/17/99. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-710-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-060, filed 12/2/82.]

WAC 246-710-060 Qualifications of hospitals and providers. Providers of services paid for with CSHCN funds must meet the following minimum qualifications.

(1) Hospitals will be:

(a) Accredited by the joint commission on the accreditation of health care organizations; and

(b) Licensed in the state where the hospital is located.

(2) Physicians will be:

(a) Licensed to practice medicine in Washington, or other state where they practice; and

(b) Board-certified or board-eligible by the appropriate specialty board.

(3) Providers other than physicians will be:

(a) Licensed or certified in Washington or in the state where they practice; or

(b) Accredited by the appropriate national professional organization when there is no state licensure or certification process.

[Statutory Authority: RCW 43.20.140. 99-01-100, § 246-710-060, filed 12/17/98, effective 1/17/99. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-710-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-070, filed 12/2/82.]

WAC 246-710-070 Fees and payments. (1) Payments to providers of services using CSHCN funds will be made using the current CSHCN standards and payment schedules, including the Washington state department of social and health services medical assistance administration fee schedule and the CSHCN supplemental fee schedule.

(2) A provider will accept the fees paid under this section as full payment for services rendered.

[Statutory Authority: RCW 43.20.140. 99-01-100, § 246-710-070, filed 12/17/98, effective 1/17/99. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-710-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-080, filed 12/2/82.]

WAC 246-710-080 Third-party resources. CSHCN is a secondary payer to all private and other public funded health programs. The department may pay for services with CSHCN funds only after payment by all entitlement programs and by all other private and public funding resources, except where prohibited by federal law.

[Statutory Authority: RCW 43.20.140. 99-01-100, § 246-710-080, filed 12/17/98, effective 1/17/99. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-710-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-090, filed 12/2/82.]

WAC 246-710-090 Repayment. Repayment to the department from the provider, family or other source is required should insurance benefits, trusts, court-awarded damages or like funds become available, and where payments have been made to the family or provider for services paid for by CSHCN.

[Statutory Authority: RCW 43.20.140. 99-01-100, § 246-710-090, filed 12/17/98, effective 1/17/99. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-710-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-100, filed 12/2/82.]

Chapter 246-760 WAC
AUDITORY AND VISUAL STANDARDS—SCHOOL DISTRICTS

WAC 246-760-001 What is the purpose of these rules? These rules implement chapter 32, Laws of 1971. Under this chapter, each board of school directors in the state shall provide for and require screening of the auditory and visual acuity of children attending schools in their districts to determine if any children have defects sufficient to retard them in their studies. Each board of school directors shall establish procedures to implement these rules.

[Statutory Authority: RCW 28A.210.200. 02-20-079, § 246-760-001, filed 9/30/02, effective 10/31/02. Statutory Authority: RCW 43.20.050 and 28A.210.020. 92-02-019 (Order 225B), § 246-760-001, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-760-001, filed 12/27/90, effective 1/31/91; Order 63, § 248-144-010 (codified as WAC 248-148-010), filed 11/1/71.]

AUDITORY ACUITY STANDARDS

WAC 246-760-020 How frequently must schools screen children? Schools shall conduct auditory and visual screening of children:

(1) In kindergarten and grades one, two, three, five, and seven; and

(2) For any child showing symptoms of possible loss in auditory or visual acuity referred to the district by parents, guardians, or school staff.

(3) If resources permit, schools shall annually screen children at other grade levels.

[Statutory Authority: RCW 28A.210.200. 02-20-079, § 246-760-020, filed 9/30/02, effective 10/31/02. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-760-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.030. 87-22-010 (Order 306), § 248-148-021, filed 10/26/87.]

WAC 246-760-030 What are the auditory acuity screening standards for screening equipment and procedures? (1) Schools shall use auditory screening equipment providing tonal stimuli at frequencies at one thousand, two thousand, and four thousand herz (Hz) at hearing levels of twenty decibels (dB), as measured at the earphones, in reference to American National Standards Institute (ANSI) 1996 standards.

(2) Qualified persons will check the calibration of frequencies and intensity at least every twelve months, at the earphones, using equipment designed for audiometer calibration.

[Statutory Authority: RCW 28A.210.200. 02-20-079, § 246-760-030, filed 9/30/02, effective 10/31/02. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-760-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.030. 87-22-010 (Order 306), § 248-148-031, filed 10/26/87.]

WAC 246-760-040 What are the procedures for auditory acuity screening? (1) Schools shall screen all children referenced in WAC 246-760-020 on an individual basis at one thousand, two thousand, and four thousand Hz.

(2) The screener shall:

(a) Present each of the tonal stimuli at a hearing level of twenty dB based on the ANSI 1996 standards;

(b) Conduct screenings in an environment free of extraneous noise;

(c) If at all possible, complete screening within the first semester of each school year;

(d) Place the results of screenings, any referrals, and referral results in each student's health and/or school record; and

(e) Forward the results to the student's new school if the student transfers.

[Statutory Authority: RCW 28A.210.200. 02-20-079, § 246-760-040, filed 9/30/02, effective 10/31/02. Statutory Authority: RCW 43.20.050 and 28A.210.020. 92-02-019 (Order 225B), § 246-760-040, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-760-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.030. 87-22-010 (Order 306), § 248-148-035, filed 10/26/87.]

WAC 246-760-050 What are the auditory acuity screening referral procedures? (1) If a child does not respond to one or more frequencies in either ear:

(a) The school must rescreen the child within six weeks; and

(b) Notify their teachers of the need for preferential positioning in class because of the possibility of decreased hearing; and

(c) Notify the parents or legal guardian of the need for audiological evaluation if the student fails the second screening.

(2) Schools shall notify parents or legal guardian of the need for medical evaluation if:

(a) Indicated by audiological evaluation; or

(b) Audiological evaluation is not available.

[Statutory Authority: RCW 28A.210.200. 02-20-079, § 246-760-050, filed 9/30/02, effective 10/31/02. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-760-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.030. 87-22-010 (Order 306), § 248-148-091, filed 10/26/87.]

WAC 246-760-060 What are the auditory acuity screening qualifications for personnel? Each school district shall designate a district audiologist or district staff member having:

(1) Responsibility for administering the auditory screening program; and

(2) Training and experience to:

(a) Develop an administrative plan for conducting auditory screening in cooperation with the appropriate school personnel to ensure the program is carried out efficiently and effectively;

(b) Obtain the necessary instrumentation for carrying out the screening program, and ensuring the equipment is in proper working order and calibration; and

(c) Secure appropriate personnel for carrying out the screening program, if assistance is necessary, and for assuring these personnel are sufficiently trained to:

(i) Understand the purposes and regulations involved in the auditory screening programs; and

(ii) Utilize the screening equipment to ensure maximum accuracy;

(d) Ensure records are made and distributed as appropriate; and

(e) Disseminate information to other school personnel familiarizing them with aspects of a child's behavior indicating the need for referral for auditory screening.

[Statutory Authority: RCW 28A.210.200. 02-20-079, § 246-760-060, filed 9/30/02, effective 10/31/02. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-760-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.030. 87-22-010 (Order 306), § 248-148-101, filed 10/26/87.]

VISUAL ACUITY STANDARDS

WAC 246-760-070 What visual acuity screening equipment must be used? Personnel conducting the screening must use a Snellen test chart for screening for distance central vision acuity. Either the Snellen E chart or the standard Snellen distance acuity chart may be used as appropriate to the child's age and abilities. The test chart must be properly illuminated and glare free.

Other screening procedures equivalent to the Snellen test may be used only if approved by the state board of health.

[Statutory Authority: RCW 28A.210.200. 02-20-079, § 246-760-070, filed 9/30/02, effective 10/31/02. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-760-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.030. 87-22-010 (Order 306), § 248-148-121, filed 10/26/87.]

WAC 246-760-080 What are the visual acuity screening procedures? (1) Schools shall:

(a) Screen children with corrective lenses for distance viewing with their corrective lenses on;

(b) Place the results of screening, any referrals, and referral results in each student's health and/or school record; and

(c) Forward the results to the student's new school if the student transfers.

(2) If school personnel observe a child with other signs or symptoms related to eye problems and if the signs or symptoms negatively influence the child in his or her studies, school personnel shall refer the child to the parents or guardians for professional care.

[Statutory Authority: RCW 28A.210.200. 02-20-079, § 246-760-080, filed 9/30/02, effective 10/31/02. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-760-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.030. 87-22-010 (Order 306), § 248-148-123, filed 10/26/87.]

WAC 246-760-090 What are the visual acuity screening referral procedures? Schools shall rescreen students having a visual acuity of 20/40 or less in either eye as determined by the Snellen test or its approved equivalent within two weeks or as soon as possible after the original screening. Failure is indicated by the inability to identify the majority of letters or symbols on the thirty foot line of the test chart at a distance of twenty feet.

Schools shall inform parents or guardians of students failing the second screening, in writing, of the need and importance for the child to receive professional care.

[Statutory Authority: RCW 28A.210.200. 02-20-079, § 246-760-090, filed 9/30/02, effective 10/31/02. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-760-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.030. 87-22-010 (Order 306), § 248-148-131, filed 10/26/87.]

WAC 246-760-100 What are the qualifications for visual screening personnel? (1) Screening must be performed by persons competent to administer screening procedures as a function of their professional training and background or special training and demonstrated competence under supervision.

(2) Technicians and nonprofessional volunteers must have adequate preparation and thorough understanding of the tests as demonstrated by their performance under supervision.

(3) Supervision, training, reporting and referral shall be the responsibility of a professional person specifically designated by the school administration. He or she may be a school nurse or public health nurse, a special educator, teacher or administrator who possesses basic knowledge of the objectives and methods of visual acuity screening, supervisory experience and ability, demonstrated ability to teach others and demonstrated capacity to work well with people.

(4) Screening may not be performed by ophthalmologists, optometrists, or opticians or any individuals who may have a conflict of interest.

[Statutory Authority: RCW 28A.210.200. 02-20-079, § 246-760-100, filed 9/30/02, effective 10/31/02. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-760-100, filed 12/27/90, effective 1/31/91; Order 63, § 248-144-150 (codified as WAC 248-148-150), filed 11/1/71.]

Chapter 246-762 WAC
SCOLIOSIS SCREENING—SCHOOL DISTRICTS

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-762-060	Distribution of rules and procedures. [Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-762-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.134 and 43.20.050. 85-23-029 (Order 294), § 248-150-070, filed 11/14/85. Statutory Authority: RCW 43.20.050. 79-11-103

(Order 189), § 248-150-070, filed 10/31/79.] Repealed by 97-20-100, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.20.050.

246-762-070 Exemptions from examinations—Screening waivers. [Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-762-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.134 and 43.20.050. 85-23-029 (Order 294), § 248-150-080, filed 11/14/85. Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-150-080, filed 10/31/79.] Repealed by 97-20-100, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.20.050.

WAC 246-762-001 What is the purpose of scoliosis screening in public schools? The purpose of scoliosis screening in public schools is early detection and notification of parents and guardians about the condition and the need for referral for early diagnosis and possible treatment.

[Statutory Authority: RCW 28A.210.200. 02-20-076, § 246-762-001, filed 9/30/02, effective 10/31/02. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-762-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.134 and 43.20.050. 85-23-029 (Order 294), § 248-150-010, filed 11/14/85. Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-150-010, filed 10/31/79.]

WAC 246-762-010 What words and terms are defined for this chapter? (1) "Proper training" means instruction and training appropriate for persons who perform scoliosis screening procedures. Proper training is provided by, or under the supervision of, a physician licensed under chapters 18.57 or 18.71 RCW, or a registered nurse licensed under chapter 18.79 RCW who has had specialty training in scoliosis detection.

(2) "Public schools" means common schools referred to in Article IX of the state Constitution and those schools and institutions of learning having a curriculum below the college or university level established by law and maintained at public expense.

(3) "Qualified licensed health practitioners" means physicians licensed under chapters 18.57 and 18.71 RCW, registered nurses licensed under chapter 18.79 RCW, and physical therapists licensed under chapter 18.74 RCW, practicing within the scope of their field as defined by the appropriate regulatory authority.

(4) "Scoliosis" includes idiopathic scoliosis and kyphosis. "Idiopathic" means "of unknown origin." "Scoliosis" means "an appreciable lateral deviation in the normally straight vertical line of the spine as viewed from the back." "Kyphosis" means "an abnormally increased convexity in the curvature of the thoracic spine as viewed from the side."

(5) "Screening" means a procedure performed for the purpose of detecting the possible presence of scoliosis, except as provided for in WAC 246-762-070.

(6) "Superintendent" means the superintendent of public instruction under Article III of the state Constitution or his or her designee.

[Statutory Authority: RCW 28A.210.200. 02-20-076, § 246-762-010, filed 9/30/02, effective 10/31/02. Statutory Authority: RCW 28A.210.200 and [28A.210].220. 92-06-067 (Order 249B), § 246-762-010, filed 3/3/92, effective 4/3/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-762-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.134 and 43.20.050. 85-23-029 (Order 294), § 248-150-020, filed 11/14/85. Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-150-020, filed 10/31/79.]

WAC 246-762-020 When are students screened for scoliosis? Each public school shall annually screen all students in grades five, seven, and nine except students with a valid written exemption request from a parent or guardian. Valid exemption requests must certify scoliosis screening conflicts with philosophical or religious beliefs or the student is under the care of a health care provider for spinal curvature or a related medical condition.

[Statutory Authority: RCW 28A.210.200. 02-20-076, § 246-762-020, filed 9/30/02, effective 10/31/02. Statutory Authority: RCW 28A.210.200 and [28A.210].220. 92-06-067 (Order 249B), § 246-762-020, filed 3/3/92, effective 4/3/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-762-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.134 and 43.20.050. 85-23-029 (Order 294), § 248-150-030, filed 11/14/85. Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-150-030, filed 10/31/79.]

WAC 246-762-030 What are the qualifications for persons who do screening? (1) Persons who screen for scoliosis must be school physicians, school nurses, qualified licensed health practitioners, physical education instructors, other school personnel, or other persons designated by school authorities who have received proper training.

(2) Each school district shall designate one individual of the district's staff who is responsible for the administration of scoliosis screening. This individual's training and experience must be appropriate to perform the following tasks:

(a) Develop an administrative plan for conducting scoliosis screening in the district in cooperation with the appropriate school personnel. The plan must ensure the program can be carried out efficiently with minimum disruption, and include arrangement of appropriate scheduling for scoliosis screenings;

(b) Secure appropriate personnel with proper training to carry out the screening program;

(c) Ensure accurate and appropriate recordkeeping, make recommendations appropriate to the needs of each student whose screening test is indicative of possible scoliosis, and provide copies of these records to parents or legal guardians of each student; and

(d) Disseminate information to other school personnel to explain the purpose of the program, and to inform them of the criteria which might indicate the need for referral for scoliosis screening; and

(e) To institute a procedure to evaluate the effectiveness and accuracy of the screening program.

[Statutory Authority: RCW 28A.210.200. 02-20-076, § 246-762-030, filed 9/30/02, effective 10/31/02. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-762-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.134 and 43.20.050. 85-23-029 (Order 294), § 248-150-040, filed 11/14/85. Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-150-040, filed 10/31/79.]

WAC 246-762-040 What are the medical standards for screening? The screening procedures must be consistent with nationally accepted standards for scoliosis screening and published by the American Academy of Orthopedic Surgeons as contained in *Screening Procedure Guidelines for Spinal Deformity*. These guidelines may be obtained from the Scoliosis Research Society.

[Statutory Authority: RCW 28A.210.200. 02-20-076, § 246-762-040, filed 9/30/02, effective 10/31/02. Statutory Authority: RCW 28A.210.200 and [28A.210].220. 92-06-067 (Order 249B), § 246-762-040, filed 3/3/92, effective 4/3/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-762-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.134 and 43.20.050. 85-23-029 (Order 294), § 248-150-050, filed 11/14/85. Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-150-050, filed 10/31/79.]

WAC 246-762-050 What happens to screening results? The school shall create a record of screening results for each student suspected of having scoliosis, and shall notify the parent or legal guardian of the student. The notification must include an explanation of scoliosis, the significance of treating scoliosis at an early stage, the services generally available from a qualified licensed health practitioner for treatment after diagnosis, and a method for the school to receive follow-up information from health care providers.

[Statutory Authority: RCW 28A.210.200. 02-20-076, § 246-762-050, filed 9/30/02, effective 10/31/02. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-762-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.134 and 43.20.050. 85-23-029 (Order 294), § 248-150-060, filed 11/14/85. Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-15-060 (codified as WAC 248-150-060), filed 10/31/79.]

Chapter 246-780 WAC
FARMERS' MARKET NUTRITION PROGRAM

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-780-050	Notice of adverse action to a FMNP contractor and/or grower. [Statutory Authority: RCW 43.70.120. 96-01-085, § 246-780-050, filed 12/18/95, effective 1/18/96.] Repealed by 00-07-129, filed 3/22/00, effective 4/22/00. Statutory Authority: RCW 43.70.120 and 7 C.F.R. 248.
246-780-070	Contractor/grower-continued participation pending dispute resolution. [Statutory Authority: RCW 43.70.120. 96-01-085, § 246-780-070, filed 12/18/95, effective 1/18/96.] Repealed by 00-07-129, filed 3/22/00, effective 4/22/00. Statutory Authority: RCW 43.70.120 and 7 C.F.R. 248.

WAC 246-780-001 What is the WIC farmers' market nutrition program? (1) The purpose of the WIC farmers' market nutrition program is to:

(a) Provide locally grown, fresh, nutritious, unprepared fruits and vegetables to women, infants over five months of age, and children, who participate in the special supplemental nutrition program for women, infants, and children (WIC); and

(b) Expand the awareness and use of farmers' markets where consumers can buy directly from the grower.

(2) The WIC farmers' market nutrition program is administered by the Washington state departments of health and agriculture.

[Statutory Authority: RCW 43.70.120 and 7 C.F.R. 248. 00-07-129, § 246-780-001, filed 3/22/00, effective 4/22/00. Statutory Authority: RCW 43.70.120. 96-01-085, § 246-780-001, filed 12/18/95, effective 1/18/96.]

WAC 246-780-010 Definitions. (1) "Authorized" or "authorization" means an eligible grower and/or farmers' market has met the selection criteria and signed an agreement/contract with the department allowing participation in the WIC farmers' market nutrition program.

(2) "Broker" or "wholesale distributor" means an individual or business who exclusively sells produce grown by others. There is an exception for an individual employed by a grower who is qualified to participate in the WIC farmers' market nutrition program or is employed by a nonprofit organization to sell produce on behalf of qualified growers.

(3) "Contract" or "agreement" means a written legal document binding the contractor and the department to designated terms and conditions.

(4) "Contractor" means a farmers' market who has a signed contract with the department to participate in the WIC farmers' market nutrition program.

(5) "Cut herbs" means fresh herbs with no medicinal value that are not potted or bagged.

(6) "Department" means the Washington state departments of health and agriculture.

(7) "Disqualification" means the act of terminating the agreement and/or contract of an authorized grower and/or farmers' market from the WIC farmers' market nutrition program for noncompliance with program requirements.

(8) "Eligible foods" means locally grown, unprocessed (except for washing), fresh, nutritious fruits, vegetables, and cut herbs.

(9) "Eligible grower" means an individual or business who grows a portion of the produce that they sell at Washington state authorized farmers' markets.

(10) "Farmers' market" means a membership of five or more growers who assemble at a defined location for the purpose of selling their produce directly to consumers.

(11) "FMNP" or "program" means the WIC farmers' market nutrition program.

(12) "Locally grown" means Washington grown or grown in an adjacent county of Idaho or Oregon.

(13) "Local WIC agency" means the contracted agency or clinic where a client receives WIC services and WIC farmers' market checks.

(14) "Program coordinator" means an individual designated by the farmers' market manager (or market board members) responsible for overseeing the market's participation in the WIC farmers' market nutrition program.

(15) "Trafficking" means the buying or exchanging of WIC farmers' market checks for cash, drugs, or alcohol.

(16) "Validating" means stamping the WIC farmers' market check in the designated box with appropriate market and grower identification numbers using the stamper provided by the department.

(17) "WIC" or "WIC program" means the federally funded special supplemental nutrition program for women, infants, and children administered in Washington state by the department of health.

(18) "WIC client" or "client" means a pregnant, breast feeding, or postpartum woman, infant, or child receiving WIC benefits.

[Statutory Authority: RCW 43.70.120 and 7 C.F.R. 248. 00-07-129, § 246-780-010, filed 3/22/00, effective 4/22/00. Statutory Authority: RCW 43.70.120. 96-01-085, § 246-780-010, filed 12/18/95, effective 1/18/96.]

WAC 246-780-020 How does a farmers' market become a contractor? (1) A farmers' market wanting to participate in the WIC farmers' market nutrition program must apply for authorization, meet the selection criteria, and sign a contract with the department.

(2) Selection is based on the following:

(a) The local WIC agency in the farmers' market service area must participate in the WIC farmers' market nutrition program.

(b) The farmers' market must have a designated market manager on-site during operating hours.

(c) The farmers' market must have been in operation a minimum of one year. If there is a market currently participating in the program in an area where a new market has applied to participate, the one-year requirement may be waived.

(d) The farmers' market must keep a current list of eligible growers, including the farmer's name, business address, telephone number, and crops to be sold July through October. The farmers' market must agree to provide this list to the state WIC office on request.

(e) The farmers' market must be located within twenty miles of the local WIC agency.

(f) A minimum of five eligible growers must participate in the farmers' market each year.

(g) The farmers' market must agree to comply with training sessions and monitor visits.

(h) The farmers' market must agree to comply with all terms and conditions specified in the contract.

(3) The WIC farmers' market nutrition program is not required to authorize all applicants.

[Statutory Authority: RCW 43.70.120 and 7 C.F.R. 248. 00-07-129, § 246-780-020, filed 3/22/00, effective 4/22/00. Statutory Authority: RCW 43.70.120. 96-01-085, § 246-780-020, filed 12/18/95, effective 1/18/96.]

WAC 246-780-022 What is expected of a contractor? (1) The contractor shall:

(a) Comply with the WIC farmers' market nutrition program requirements and the terms and conditions of the farmers' market contract;

(b) Accept training on WIC farmers' market nutrition program requirements from department staff;

(c) Provide training to market employees and eligible growers in person on WIC farmers' market nutrition program requirements;

(d) Be accountable for the actions of market employees involved in the WIC farmers' market nutrition program;

(e) Obtain signed grower agreements from eligible growers before they accept WIC farmers' market checks;

(f) Ensure that WIC farmers' market checks are redeemed only by eligible growers;

(g) Allow only growers selling locally grown produce to accept WIC farmers' market checks;

(h) Ensure that WIC farmers' market checks are redeemed only for eligible foods;

(i) Ensure eligible growers redeem WIC farmers' market checks within valid dates;

(j) Ensure eligible growers have and display the "WIC Farmers' Market Checks Welcome Here" sign each market day when at authorized markets;

(k) Refuse to validate any WIC farmers' market checks from ineligible growers;

(l) Agree to designate a program coordinator to validate WIC farmers' market checks with the appropriate market and grower identification numbers;

(m) Comply with federal and state nondiscrimination laws;

(n) Ensure that WIC farmers' market nutrition program clients receive the same courtesies as other customers;

(o) Agree to provide the department with any information it has available regarding its participation in the WIC farmers' market nutrition program;

(p) Agree to keep WIC farmers' market client information confidential;

(q) Agree to allow the department to monitor the farmers' market for compliance with program requirements;

(r) Notify the department immediately if and when market operations cease; and

(s) Report any suspected noncompliance with WIC farmers' market nutrition program requirements to the department.

(2) Neither the department nor the contractor have an obligation to renew a contract.

[Statutory Authority: RCW 43.70.120 and 7 C.F.R. 248. 00-07-129, § 246-780-022, filed 3/22/00, effective 4/22/00.]

WAC 246-780-025 How does an eligible grower become authorized by a farmers' market to accept WIC farmers' market checks? Eligible growers must:

(1) Grow a portion of the produce they have for sale. Any individual who purchases all the produce they plan to resell is considered a broker and is not allowed to participate in the program;

(2) Sell at an authorized farmers' market;

(3) Agree to follow the terms and conditions of the grower agreement; and

(4) Sign the grower agreement and return it to the department for signature and to be assigned a grower identification number.

[Statutory Authority: RCW 43.70.120 and 7 C.F.R. 248. 00-07-129, § 246-780-025, filed 3/22/00, effective 4/22/00.]

WAC 246-780-028 What is expected of an authorized grower? The authorized grower agrees to:

(1) Comply with the WIC farmers' market nutrition program requirements and the terms and conditions of the grower agreement;

(2) Accept training on WIC farmers' market nutrition program requirements and assure that all persons working in the authorized grower's stall are trained as well;

(3) Be held accountable for the actions of all persons working in the authorized grower's stall regarding WIC farmers' market nutrition program purchases;

(4) Accept WIC farmers' market checks only for eligible foods;

(5) Accept WIC farmers' market checks only at authorized farmers' markets;

(6) Accept WIC farmers' market checks within the valid dates of the program;

(7) Redeem WIC farmers' market checks by the date imprinted on the check;

(8) Display the "WIC Farmers' Market Checks Welcome Here" sign each market day when at authorized markets;

(9) Provide the WIC farmers' market nutrition program clients with the full amount of product for the value of each WIC farmers' market check;

(10) Charge WIC farmers' market nutrition program clients the same prices as other customers;

(11) Have the WIC farmers' market checks validated by the program coordinator at the farmers' market where the checks were accepted before cashing or depositing them;

(12) Make produce available that is the same quality as that offered to other customers;

(13) Comply with federal and state nondiscrimination laws;

(14) Treat WIC farmers' market customers as courteously as other customers;

(15) Cooperate with department staff in monitoring for compliance with program requirements and provide information on request;

(16) Reimburse the department for WIC farmers' market checks taken improperly;

(17) Not collect sales tax on WIC farmers' market check purchases;

(18) Not seek payment from WIC farmers' market nutrition program clients for checks not paid by the department;

(19) Not give cash back for purchases less than the value of the checks; and

(20) Not use WIC farmers' market checks to purchase foods from other growers or pay for market fees or other business costs.

[Statutory Authority: RCW 43.70.120 and 7 C.F.R. 248. 00-07-129, § 246-780-028, filed 3/22/00, effective 4/22/00.]

WAC 246-780-030 What kind of foods can clients buy with WIC farmers' market checks? (1) Locally grown, unprocessed (except for washing), fresh fruits, vegetables, and cut herbs can be purchased with WIC farmers' market checks.

(2) Ineligible items include, but are not limited to, baked goods, cheeses, cider, crafts, dairy products, dried fruits, dried herbs, dried vegetables, eggs, flowers, fruit juices, honey, jams, jellies, meats, nuts, potted herbs, seafood, seeds, and syrups.

[Statutory Authority: RCW 43.70.120 and 7 C.F.R. 248. 00-07-129, § 246-780-030, filed 3/22/00, effective 4/22/00. Statutory Authority: RCW 43.70.120. 96-01-085, § 246-780-030, filed 12/18/95, effective 1/18/96.]

WAC 246-780-040 What happens if a farmers' market or a grower does not comply with WIC farmers' market nutrition program requirements? (1) Farmers' markets and growers who do not comply with WIC farmers' market nutrition program requirements are subject to sanctions, such as monetary penalties, in addition to, or in lieu of, disqualification. Prior to disqualifying a farmers' market or grower, the department shall consider whether the disqualification would create undue hardships for WIC farmers' market nutrition program clients.

(2) Noncompliance includes, but is not limited to:

(a) Failing to display the "WIC Farmers' Market Checks Welcome Here" sign each market day when at authorized markets;

(b) Providing unauthorized food, nonfood items, or other items to WIC farmers' market nutrition program clients in lieu of, or in addition to, eligible foods;

(c) Charging the program for foods not received by the client;

(d) Providing rain checks or credit to clients in a WIC farmers' market nutrition program transaction;

(e) Giving change to WIC farmers' market nutrition program clients if the purchase is less than the value of the WIC farmers' market check;

(f) Validating WIC farmers' market checks without having authorization from the department;

(g) Accepting WIC farmers' market checks without having a signed agreement with the department;

(h) Accepting WIC farmers' market checks at unauthorized farmers' markets;

(i) Failing to get the WIC farmers' market checks validated with the market and grower identification numbers by the farmers' market program coordinator where the checks were accepted;

(j) Collecting sales tax on WIC farmers' market purchases;

(k) Seeking restitution from program clients for checks not paid by the department;

(l) Accepting and/or validating checks outside of the program dates; and

(m) Violating the rules of this chapter or the provisions of the contract and/or agreement.

(3) Farmers' markets and growers found in noncompliance will be notified by the department and given the opportunity to correct the problem.

(4) If a farmers' market or grower is subsequently found in noncompliance for the same or a similar reason, the department may impose sanctions, such as monetary penalties or disqualification, without giving the opportunity to correct the problem.

(5) When the department notifies a farmers' market or grower of anything that affects their participation in the program, the department shall give written notice not less than fifteen days before the effective date of the action. The notice shall state what action is being taken, the effective date of the action, and the procedure for requesting an appeal hearing.

(6) The department may deny payment to a grower for mishandling WIC farmers' market checks.

(7) The department may seek reimbursement from a grower for payments made on improperly handled WIC farmers' market checks.

(8) Monetary penalties shall be paid to the department within the time period specified in the notice. The department shall refer farmers' markets and/or growers who fail to pay within the specified time period to a commercial collection agency. In addition, the department may disqualify a farmers' market or grower.

(9) A farmers' market or grower that has been disqualified from the WIC farmers' market nutrition program must reapply at the end of the disqualification period to be considered for authorization.

(10) Any trafficking in WIC farmers' market checks (exchanging checks for cash, drugs, or alcohol) in any amount shall result in disqualification.

(11) Farmers' markets and growers who commit fraud or other unlawful activities are liable for prosecution according to program regulations. (7 C.F.R. 248.10(k).)

[Statutory Authority: RCW 43.70.120 and 7 C.F.R. 248. 00-07-129, § 246-780-040, filed 3/22/00, effective 4/22/00. Statutory Authority: RCW 43.70.120. 96-01-085, § 246-780-040, filed 12/18/95, effective 1/18/96.]

WAC 246-780-060 How does a farmers' market or grower appeal a department decision? (1) Farmers' markets and growers have a right to appeal denial of payment, denial of an application, monetary penalty or disqualification from the WIC farmers' market nutrition program. Expiration or nonrenewal of a contract or agreement is not subject to appeal.

(2) If the action being appealed is a disqualification of a farmers' market, the farmers' market shall cease validating WIC farmers' market checks for all growers participating in the market effective the date specified in the sanction notice.

(3) If the action being appealed is a disqualification of a grower, the grower shall cease accepting WIC farmers' market checks effective the date specified in the sanction notice. In addition, the farmers' market shall cease validating checks for the affected grower. Payments shall not be made for any WIC farmers' market checks submitted by a grower for payment during a period of disqualification.

(4) The department may, at its discretion, permit the farmers' market or grower to continue participating in the program pending the appeal hearing outcome.

(5) A request for an appeal hearing shall be in writing and shall:

(a) State the issue raised;

(b) Contain a summary of the farmers' market's or grower's position on the issue, indicating whether each charge is admitted, denied, or not contested;

(c) State the name and address of the farmers' market or grower requesting an appeal hearing;

(d) State the name and address of the attorney representing the farmers' market or grower, if any;

(e) State the farmers' market or grower's need for an interpreter or other special accommodations, if necessary; and

(f) Have a copy of the notice from the department attached.

(6) A request for an appeal shall be filed at the Department of Health, Adjudicative Clerk's Office, 1107 Eastside, P.O. Box 47879, Olympia, WA 98504-7879. The request shall be made within twenty-eight days of the date the farmers' market or grower received the department notice.

(7) The decision concerning the appeal shall be made within sixty days from the date the request for an appeal hearing was received by the adjudicative clerk's office. The time shall be extended by as many days as all parties agree to with good cause.

[Statutory Authority: RCW 43.70.120 and 7 C.F.R. 248. 00-07-129, § 246-780-060, filed 3/22/00, effective 4/22/00. Statutory Authority: RCW 43.70.120. 96-01-085, § 246-780-060, filed 12/18/95, effective 1/18/96.]

Chapter 246-790 WAC

SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN (WIC)

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-790-020	Rules—Applicability. [Statutory Authority: RCW 43.17.060, 43.21C.120 and 43.20A.550. 91-01-098 (Order 3118), § 246-790-020, filed 12/18/90, effective 1/18/91.] Repealed by 92-22-036 (Order 314), filed 10/27/92, effective 11/27/92. Statutory Authority: RCW 43.70.120.
246-790-110	Notice of adverse action to WIC food vendor—Denial of food vendor application, contract nonrenewal. [Statutory Authority: RCW 43.70.120. 92-22-036 (Order 314), § 246-790-110, filed 10/27/92, effective 11/27/92. Statutory Authority: RCW 43.20A.550. 91-01-097 (Order 3117), recodified as § 246-790-110, filed 12/18/90, effective 1/18/91; 88-14-037 (Order 2638), § 388-19-040, filed 6/30/88.] Repealed by 97-16-117, filed 8/6/97, effective 9/6/97. Statutory Authority: RCW 43.70.120.

WAC 246-790-010 Definitions. (1) "Alternate endorser" means a person authorized by the WIC client to pick up WIC checks at the local WIC agency and use the WIC checks at the retailer when the client is unable to do so.

(2) "Appeal hearing" means a formal proceeding to appeal certain program decisions. The appeal hearing process provides a contractor the opportunity to review the case record prior to the hearing, to present its case in an impartial setting, to confront and cross-examine witnesses, and to be represented by counsel.

(3) "Applicant retailer" means any contractor submitting a completed request for authorization on behalf of a retailer requesting participation in the program.

(4) "Authorized" or "authorization" means the applicant retailer has met selection criteria as determined by the United States Department of Agriculture (USDA) and signed a con-

tract offered by the department signifying eligibility to participate in the WIC program.

(5) "CFR" means the Code of Federal Regulations.

(6) "Contract" means a written legal document binding the contractor and the department, represented by the WIC program, to designated terms and conditions.

(7) "Contractor" means the owner, chief executive officer, controller, or other person legally authorized to obligate a retailer to a contract.

(8) "Department" means the Washington state department of health.

(9) "Disqualification" means the act of revoking the authorization and terminating the contract of an authorized retailer for noncompliance with WIC program requirements.

(10) "Effective policy and program to prevent trafficking" means a written document that states what can and cannot be done with WIC checks and the consequences for failing to follow program requirements. Effectiveness is determined by documentation that a retailer has provided this written policy to all employees, including employees' signatures verifying they have been advised of the policy and understand the consequences of noncompliance, both for the retailer and for the employee, prior to any noncompliance being detected.

(11) "Food company" means a manufacturer or broker of food items.

(12) "Inadequate client access" means the decision the state agency makes considering a variety of factors to determine how disqualification of a WIC retailer might affect a WIC client's access to WIC foods. The procedure includes, but is not limited to, assessing how many WIC authorized retailers are in a given service area, how many clients currently use the retailer in question, and any geographical or man-made barriers a client would contend with to access WIC foods at a different authorized retailer.

(13) "Local WIC agency" means the contracted clinic or agency where a client receives WIC services.

(14) "Monetary penalty" means a sum of money imposed by the program for noncompliance with program requirements.

(15) "Pattern" means more than one documented incidence of noncompliance with WIC program requirements in any given contract period.

(16) "Providing credit" means the retailer submitted and received payment for all the foods listed on a WIC check even though the client did not receive all the foods at the time the check was redeemed.

(17) "Redeeming WIC checks outside of authorized channels" means not following the rules regarding who can accept WIC checks and how to redeem them. Examples include, but may not be limited to:

(a) A retailer accepting WIC checks without having a signed contract with the WIC program;

(b) A retailer accepting WIC checks payable to a different authorized retailer or a different outlet of the same chain and redeeming them through that other retailer; or

(c) A retailer using WIC checks to repay a debt at a different retailer.

This violation also applies to the retailer who receives and deposits the WIC checks from the retailer who accepted them.

(18) "Reauthorization" or "subsequent authorization" means the process when a retailer who has a contract with the department which is expiring, has reapplied, met the selection criteria, and signed another contract with the department to participate in the WIC program.

(19) "Supplemental WIC foods" means those foods containing nutrients determined to be beneficial for pregnant, breast-feeding, and postpartum women, infants and children, as prescribed by federal regulations and state requirements, and, as authorized by the Washington state WIC program.

(20) "Trafficking" means buying or selling WIC checks for cash.

(21) "WIC program" or "program" means the federally funded special supplemental nutrition program for women, infants, and children administered in Washington state by the department of health.

(22) "WIC retailer" or "retailer" means an individual store owned by a contractor authorized to participate in the WIC program.

(23) "Wholesaler" means a business entity that sells food and other items to a retailer.

(24) "WIC check" means a negotiable instrument issued to and used by a WIC client or alternate endorser to obtain specified supplemental WIC foods from a contracted WIC retailer.

(25) "WIC client" or "client" means a woman who is pregnant, breast-feeding, or postpartum, infant, or child receiving WIC benefits.

[Statutory Authority: RCW 43.70.120 and 7 C.F.R. 246. 02-11-107, § 246-790-010, filed 5/20/02, effective 6/20/02. Statutory Authority: RCW 43.70.120 and 7 C.F.R. 246.12, 15, and 18. 00-13-009, § 246-790-010, filed 6/9/00, effective 7/10/00. Statutory Authority: RCW 43.70.120. 97-16-117, § 246-790-010, filed 8/6/97, effective 9/6/97; 92-22-036 (Order 314), § 246-790-010, filed 10/27/92, effective 11/27/92. Statutory Authority: RCW 43.17.060, 43.21C.120 and 43.20A.550. 91-01-098 (Order 3118), § 246-790-010, filed 12/18/90, effective 1/18/91.]

WAC 246-790-050 What is the WIC program? (1) The WIC program in the state of Washington is administered by the department of health.

(2) The WIC program is a federally funded program established in 1972 by an amendment to the Child Nutrition Act of 1966. The purpose of the program is to provide nutrition and health assessment; nutrition education; nutritious food; breast-feeding counseling; and referral services to pregnant, breast-feeding, and postpartum women, infants, and children in specific risk categories.

(3) Federal regulations governing the WIC program (7 CFR Part 246) require implementation of standards and procedures to guide the state's administration of the WIC program and are hereby incorporated in this rule by reference. These regulations define the rights, responsibilities, and legal procedures of clients and retailers. They are designed to promote:

(a) Consistent and high quality services to clients;

(b) Consistent application of procedures for eligibility and food issuance; and

(c) Client and retailer compliance.

[Statutory Authority: RCW 43.70.120 and 7 C.F.R. 246. 02-11-107, § 246-790-050, filed 5/20/02, effective 6/20/02. Statutory Authority: RCW 43.70.120 and 7 C.F.R. 246.12, 15, and 18. 00-13-009, § 246-790-050, filed 6/9/00, effective 7/10/00. Statutory Authority: RCW 43.70.120. 97-16-117, § 246-790-050, filed 8/6/97, effective 9/6/97; 92-22-036 (Order 314), § 246-790-050, filed 10/27/92, effective 11/27/92. Statutory Authority: RCW 43.20A.550. 91-01-097 (Order 3117), recodified as § 246-790-050, filed 12/18/90, effective 1/18/91; 90-12-112 (Order 2960), § 388-19-005, filed 6/6/90, effective 7/7/90; 88-14-037 (Order 2638), § 388-19-005, filed 6/30/88.]

WAC 246-790-060 What are WIC authorized foods? WIC eligible women, infants, and children receive supplemental WIC foods from one or more of the following food categories. These foods must meet nutritional standards established by federal regulations and state requirements:

(1) Cereals,
(2) Juices,
(3) Infant formula,
(4) Infant cereal,
(5) Liquid nutritional supplements,
(6) Milk,
(7) Eggs,
(8) Dry beans and peas,
(9) Peanut butter,
(10) Cheese,
(11) Tuna, and
(12) Carrots.

Additionally, the WIC program authorizes specific brands of juice, cereal, and infant formula based on federal and state nutritional requirements. The WIC program limits the selection of authorized WIC foods in accordance with federal cost containment requirements, including, but not limited to, the competitive procurement of a single manufacturer's infant formula.

[Statutory Authority: RCW 43.70.120 and 7 C.F.R. 246.12, 15, and 18. 00-13-009, § 246-790-060, filed 6/9/00, effective 7/10/00. Statutory Authority: RCW 43.70.120. 97-16-117, § 246-790-060, filed 8/6/97, effective 9/6/97; 92-22-036 (Order 314), § 246-790-060, filed 10/27/92, effective 11/27/92. Statutory Authority: RCW 43.20A.550. 91-01-097 (Order 3117), recodified as § 246-790-060, filed 12/18/90, effective 1/18/91; 90-12-112 (Order 2960), § 388-19-015, filed 6/6/90, effective 7/7/90; 88-14-037 (Order 2638), § 388-19-015, filed 6/30/88.]

WAC 246-790-065 What is the process for getting a food WIC authorized? (1) The procedure for authorizing a food is:

(a) A food company or other entity, such as a local WIC clinic, submits a written request to the WIC program for authorization of a food. The request includes:

(i) Package flats or labels, information on package sizes and prices, and a summary of current distribution, including identification of the wholesaler(s) carrying the food; and

(ii) Assessment of when the new food replaces the old on store shelves when there is a change in formulation.

(b) The WIC program verifies if a food considered for authorization fits within one of the authorized food categories, meets the federal requirements of nutritional standards, is currently available to retailers, and has been available to retailers for at least one year;

(c) The WIC program may survey local WIC agency staff and clients for their recommendation regarding need and demand for the food;

(d) The WIC program reviews data and recommendations and notifies the food company whether or not a food is authorized.

(2) Food companies must notify the WIC program in writing of any changes in product formulation, product name, packaging, label design, size, or availability. A food company must notify the WIC program of any changes before any Washington state wholesaler receives the new product.

If a food company fails to notify the WIC program of any changes, the WIC program may revoke or deny WIC authorization of the product.

(3) The WIC program may require a food company to submit a statement guaranteeing a minimum period of time during which a food will be available in the state of Washington.

(4) The WIC program shall refuse any food that contradicts the principles promoted by the WIC program's nutrition component.

(5) The WIC program may limit the number of authorized foods within a food category.

(6) The WIC program may initiate reassessment of any WIC authorized food at any time.

(7) The WIC program may evaluate a food for authorization outside of the three-year food review cycle if necessary.

(8) A food company must obtain written approval from the WIC program before using the term "WIC approved" or the WIC program logo.

[Statutory Authority: RCW 43.70.120 and 7 C.F.R. 246. 02-11-107, § 246-790-065, filed 5/20/02, effective 6/20/02. Statutory Authority: RCW 43.70.120 and 7 C.F.R. 246.12, 15, and 18. 00-13-009, § 246-790-065, filed 6/9/00, effective 7/10/00.]

WAC 246-790-070 How do I become a WIC retailer? (1) Applicant retailers interested in participating in the WIC program must apply for authorization and enter into a contract with the department.

(2) Application procedure.

(a) Applicant retailers submit a completed application to the WIC program, including a price list for authorized WIC foods.

(b) The WIC program may require applicant retailers to provide information regarding shelf price records and inventory records showing all purchases, both wholesale and retail, including but not limited to, wholesale receipts, cash and carry receipts, purchase orders, books of account, invoices that identify the quantity and prices of specific WIC foods and other pertinent records that substantiate the volume and the prices charged. Cash register receipts without specific identification of the quantity, unit price, and WIC food purchased are not acceptable as evidence of WIC food purchases.

(c) The WIC program conducts and documents an onsite visit prior to, or at the time of, initial authorization of an applicant retailer to evaluate the inventory of WIC foods and provide training on WIC requirements.

(d) Applications are accepted on an ongoing basis, except for the six months prior to contract expiration during which no applications are accepted. Exceptions can be made in the case of an ownership change or where there is a documented need for a location in order to assure client access.

The WIC program may further limit acceptance of new applications as needed.

(3) The WIC program shall authorize a distribution of retailers to ensure client access. The WIC program may limit the number of authorized retailers in any given geographic area or statewide to enable effective management of the retailers.

(4) The WIC program bases selection of each authorized retailer on the following:

(a) Number of clients served.

(i) An applicant retailer needs to have requests from or the potential of serving at least fifteen WIC clients who are currently receiving checks from the WIC program as verified by the local WIC agency.

(ii) Retailers applying for reauthorization must have a documented check redemption record averaging at least forty checks per month over a six-month period.

(iii) Exceptions may be made for:

(A) Pharmacies needed as suppliers of special infant formulas; or

(B) Applicant retailers in isolated areas where client access cannot otherwise be assured.

In either case, the need must be documented by the local WIC agency.

(b) Minimum stock levels.

(i) A retailer or applicant retailer must stock a reasonable variety of items with current shelf lives from all food categories on the authorized WIC food list. Minimum quantities specified on the authorized WIC food list must be on the shelf available for purchase before a contract is offered.

(ii) A retailer or applicant retailer is not required to carry every brand of WIC allowed infant formula, but must carry at least the minimum quantity of the WIC contract formulas.

(c) Prices. A retailer's prices for individual WIC foods must not exceed one hundred twenty percent of the statewide average price for that food at time of authorization or at any given time in the contract period;

(d) Business operations. A retailer or applicant retailer must:

(i) Possess a valid Washington state tax registration (UBI) number;

Exception may be made for a store needed in border towns of Oregon and Idaho to ensure client access to WIC foods.

(ii) Possess a valid food stamp authorization number.

Exception may be made for a pharmacy needed to ensure client access to hard to find formulas.

(iii) Operate from a fixed location.

(iv) Be open for business a minimum of eight hours per day, six days per week.

(v) Maintain a clean and safe interior environment by, for example, complying with local sanitation rules.

The WIC program may request a health inspection and report by the local health department at any time in the contract period.

(e) Business integrity.

(i) The WIC program will take into consideration if a retailer or applicant retailer has been disqualified from WIC or the food stamp program or has been assessed a monetary penalty in lieu of a food stamp disqualification in the last six years.

(ii) An owner, officer, or partner of a retailer or applicant retailer must not have sold a store to circumvent a WIC sanction.

(iii) A retailer or applicant retailer with any owner, officer, partner, or manager who has been convicted of or had a civil judgment for any of the following in the last six years will be denied authorization or have authorization revoked: Fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, or obstruction of justice.

(iv) The WIC program reserves the right to conduct background checks on any retailer, owner, officer, partner, or manager.

(f) Compliance with the WIC contract.

(i) A retailer must attend face-to-face training on WIC requirements at least once per contract period.

(ii) A retailer must comply with monitor visits and provide shelf price records and inventory records, upon the WIC program's request, showing all purchases, both wholesale and retail, including but not limited to, wholesale receipts, cash and carry receipts, purchase orders, books of account, invoices that identify the quantity and prices of specific WIC foods, and other pertinent records that substantiate the volume and prices charged.

(g) History. A retailer or applicant retailer with a history of any of the following may be denied authorization unless client access to WIC food cannot otherwise be assured:

(i) Redeeming WIC checks without having a signed contract with the department;

(ii) Changing ownership more than twice during a three-year contract period;

(iii) Failing to implement corrective action imposed by the WIC program within the time specified;

(iv) Failing to complete payment, within the time specified, of an imposed monetary penalty or reimbursement of an overcharge.

(5) The WIC program may deny a retailer authorization for failure to meet any of the stated selection criteria.

(6) The WIC program may reassess an authorized retailer's compliance with the retailer selection criteria any time in the contract period and must terminate the contract of any retailer which fails to meet them.

[Statutory Authority: RCW 43.70.120 and 7 C.F.R. 246. 02-11-107, § 246-790-070, filed 5/20/02, effective 6/20/02. Statutory Authority: RCW 43.70.120 and 7 C.F.R. 246.12, 15, and 18. 00-13-009, § 246-790-070, filed 6/9/00, effective 7/10/00. Statutory Authority: RCW 43.70.120. 97-16-117, § 246-790-070, filed 8/6/97, effective 9/6/97; 92-22-036 (Order 314), § 246-790-070, filed 10/27/92, effective 11/27/92; 91-06-029 (Order 145), § 246-790-070, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 43.20A.550. 91-01-097 (Order 3117), recodified as § 246-790-070, filed 12/18/90, effective 1/18/91; 90-12-112 (Order 2960), § 388-19-020, filed 6/6/90, effective 7/7/90; 88-18-022 (Order 2681), § 388-19-020, filed 8/30/88; 88-14-037 (Order 2638), § 388-19-020, filed 6/30/88.]

WAC 246-790-080 What do I need to know about WIC retailer contracts? (1) All authorized retailers must enter into written contracts with the department. The contract must be signed by the contractor and the designee of the contracting officer of the department of health.

(2) The contract lists all authorized retailers by name and location. Individual retailers may be added, changed, disqualified, or deleted by contract amendment without affecting the remaining retailers.

(3) Duration of contract.

(a) The WIC program issues contracts for a maximum period of three years.

(b) Neither the WIC program nor the contractor is obligated to renew the contract. The WIC program must notify contractors in writing not less than fifteen days before the expiration of a contract which is not being renewed.

(c) Authorization is valid for no longer than the period stated in the contract. The retailer must reapply to be considered for subsequent authorization in the WIC program.

(d) The contractor or the WIC program may terminate the contract at any time by submitting a written notice to the other party thirty days in advance.

(e) The contract is null and void in the event of a retailer closure or change in ownership.

(f) The contractor cannot voluntarily withdraw from participating in the WIC program in order to avoid being disqualified.

[Statutory Authority: RCW 43.70.120 and 7 C.F.R. 246. 02-11-107, § 246-790-080, filed 5/20/02, effective 6/20/02. Statutory Authority: RCW 43.70.120 and 7 C.F.R. 246.12, 15, and 18. 00-13-009, § 246-790-080, filed 6/9/00, effective 7/10/00. Statutory Authority: RCW 43.70.120. 97-16-117, § 246-790-080, filed 8/6/97, effective 9/6/97; 92-22-036 (Order 314), § 246-790-080, filed 10/27/92, effective 11/27/92; 91-23-078 (Order 215), § 246-790-080, filed 11/19/91, effective 12/20/91. Statutory Authority: RCW 43.20A.550. 91-01-097 (Order 3117), recodified as § 246-790-080, filed 12/18/90, effective 1/18/91; 90-12-112 (Order 2960), § 388-19-025, filed 6/6/90, effective 7/7/90; 88-14-037 (Order 2638), § 388-19-025, filed 6/30/88.]

WAC 246-790-085 What is expected of WIC retailers? (1) The retailer must comply with WIC program requirements and terms of the retailer contract.

(2) The retailer must stock sufficient quantities of authorized WIC foods to meet the needs of WIC customers, but not less than the minimum stock levels.

(3) The retailer must redeem WIC checks made payable only to their store or with the words "any authorized WIC vendor."

(4) The retailer must accept WIC checks from a WIC customer on the "first day to use," the "last day to use," or any day in between the dates printed on the WIC check. The retailer must submit the WIC check for payment within sixty days from the "first day to use."

(5) The retailer must refuse WIC checks that have the purchase price missing, the client's signature missing, the "first day to use" or the "last day to use" missing, or that are dated too early or too late.

(6) The retailer must refuse WIC checks with purchase amounts over the "not to exceed" amount printed on the check.

(7) The retailer must write the actual purchase price of the specific quantity of WIC authorized foods on the WIC check before witnessing the WIC customer countersign the check.

(8) The retailer must accept only WIC checks on which the WIC customer's countersignature matches the first customer signature on the check.

(9) The retailer must refuse WIC checks that are altered in any way.

(10) The retailer must refuse WIC checks from any other retailer.

(11) The retailer must redeem WIC checks for only the supplemental WIC foods and in no more than the quantity specified on the check.

(12) The retailer must post the prices of WIC foods so they are visible to the public.

(13) The retailer must provide supplemental foods at the current price or at less than the current price charged to other customers.

(14) The retailer must not sell WIC-authorized foods after the manufacturer's expiration date.

(15) The retailer must reimburse the WIC program for documented overcharges and payments made on improperly handled WIC checks.

(16) The retailer must not seek restitution from WIC customers for WIC checks not paid, partially paid, or reclaimed by the WIC program, nor seek restitution through a collection agency.

(17) The retailer must not request cash or give change in a WIC transaction.

(18) The retailer must not impose a surcharge or charge sales tax on any food purchased with WIC checks.

(19) The retailer must refuse WIC customers' requests for exchanges or cash refunds for returned WIC foods. Exceptions may be made for exchange of food due to spoilage or expired date not noticed by the WIC customer at the time of the WIC transaction. The exchange must be for the identical WIC allowed brand and size as the original authorized food.

(20) The retailer must not issue rain checks, any form of credit, or otherwise charge the WIC program for foods not received by the WIC customer at the time the WIC check is redeemed.

(21) The retailer must treat WIC customers with the same courtesy provided to other customers.

(22) The retailer must comply with federal and state nondiscrimination laws.

(23) The contractor is responsible for the actions or inactions of its owners, officers, managers, employees, agents, and authorized retailers with regard to participation in the WIC program.

(24) The manager of the retailer or at least one authorized representative, such as head cashier, must attend the mandatory training on WIC program requirements and procedures prior to issuance of a contract and as otherwise required by the WIC program. All individuals receiving training must sign a document verifying their attendance and understanding of the contents of the training. The WIC program provides this training at no cost to the retailer.

(25) The individuals attending training must inform and train other employees on WIC program requirements and WIC check cashing procedures.

(26) The retailer must provide access to its facilities at all reasonable times for WIC program representatives to monitor, to provide training or technical assistance, and to evaluate performance, compliance, and quality assurance.

(27) The retailer must provide access to redeemed WIC checks for the purpose of review by the program representative during any on-site visit.

(28) Retailers must maintain inventory records showing all purchases, both wholesale and retail, for a period of at least one year after the expiration of the contract with the WIC program. These inventory records include, but are not limited to, shelf price records, wholesale receipts, cash and carry receipts, purchase orders, books of account, invoices that identify the quantity and prices of specific WIC foods, and other pertinent records that substantiate the volume and prices charged and provide WIC program representatives access to those records on request.

(29) Each retailer must provide the WIC program with a completed price list of authorized WIC foods on request or at least quarterly.

(30) The contractor must notify the WIC program in writing of any change of ownership, retailer name, location and/or cessation of operation for any reason at least thirty days before the effective date of the change.

(31) Contractors must observe time lines, such as deadlines for submitting price lists and returning properly signed contracts. Failure of contractors to do so may result in denial or termination of authorization.

(32) Contractors must take corrective action as directed by the WIC program. Examples of corrective action include, but are not limited to, payment of monetary penalties and reimbursements, conducting monthly education buys, and filing requested progress reports.

[Statutory Authority: RCW 43.70.120 and 7 C.F.R. 246. 02-11-107, § 246-790-085, filed 5/20/02, effective 6/20/02. Statutory Authority: RCW 43.70.120 and 7 C.F.R. 246.12, 15, and 18. 00-13-009, § 246-790-085, filed 6/9/00, effective 7/10/00. Statutory Authority: RCW 43.70.120. 97-16-117, § 246-790-085, filed 8/6/97, effective 9/6/97.]

WAC 246-790-090 How are WIC retailer contracts monitored? (1) The WIC program conducts on-site compliance reviews at retailer locations to monitor retailer compliance with program requirements.

(2) Preauthorization visits.

(a) Visit is scheduled in advance.

(b) The WIC program representative provides training on the *WIC Retailer Handbook* that includes information on WIC foods and WIC check handling, and collects information on WIC food stock levels and shelf prices.

(c) The retailer signs the preauthorization visit form verifying receipt of the training, understanding of program requirements, and the commitment to train store personnel.

(3) Compliance visits.

(a) Visit may or may not be scheduled in advance;

(b) The WIC program representative may do some or all of the following during a visit: Review WIC check handling procedures, WIC food stock levels, expiration dates and prices, WIC checks negotiated but not yet deposited, shelf price records, wholesale receipts, cash and carry receipts, purchase orders, books of account, invoices that identify the quantity and prices of specific WIC foods, and other pertinent records that substantiate the volume and prices charged; provide training or technical assistance; and verify implementation of a corrective action plan.

(c) The WIC program representative documents the name of the retailer, the name of the program representative, the names of all persons interviewed, the date of the visit, any problems or concerns detected, any corrective action plan if problems are detected, and the signatures of the program representative and the retailer.

(4) Compliance purchases.

(a) The WIC program representative acts covertly;

(b) The program representative may make a purchase using WIC checks or may attempt trafficking;

(c) The WIC program representative completes a report on the visit itemizing information including but not limited to, a description of the checker involved, the time and date of the transaction, the number of check stands opened and closed, other customers in line, exact items purchased and/or refused, the prices charged, comments of the checker, observations of the investigator or the investigative aide, any stock deficiencies noted, any other pertinent information, and the signature of the investigator.

(5) Inventory audits.

(a) The WIC program representative requests inventory records showing all purchases, both wholesale and retail, by a contractor for a retailer. Acceptable forms of inventory records include wholesale receipts, cash and carry receipts, purchase orders, books of account, invoices that identify the quantity and prices of specific WIC foods, and other pertinent records that substantiate the volume of WIC foods purchased and prices charged. Cash register receipts without specific identification of the quantity, unit price, and WIC food purchased are not acceptable as evidence of WIC food purchases.

(b) The WIC program representative compares the inventory records provided by the contractor with information from the WIC data system showing the volume of WIC food purchased.

[Statutory Authority: RCW 43.70.120 and 7 C.F.R. 246. 02-11-107, § 246-790-090, filed 5/20/02, effective 6/20/02. Statutory Authority: RCW 43.70.120 and 7 C.F.R. 246.12, 15, and 18. 00-13-009, § 246-790-090, filed 6/9/00, effective 7/10/00. Statutory Authority: RCW 43.70.120. 97-16-117, § 246-790-090, filed 8/6/97, effective 9/6/97; 92-22-036 (Order 314), § 246-790-090, filed 10/27/92, effective 11/27/92. Statutory Authority: RCW 43.20A.550. 91-01-097 (Order 3117), recodified as § 246-790-090, filed 12/18/90, effective 1/18/91; 90-12-112 (Order 2960), § 388-19-030, filed 6/6/90, effective 7/7/90; 88-14-037 (Order 2638), § 388-19-030, filed 6/30/88.]

WAC 246-790-100 What happens if I don't comply with the WIC retailer contract or rules? (1) Retailers who commit acts of noncompliance may be liable to prosecution in accordance with federal regulations (7 CFR 246.12 and 7 CFR 246.23). Noncompliance is failure to follow WIC program requirements. Examples of noncompliance include, but are not limited to:

(a) Buying or selling WIC checks for cash (trafficking);

(b) Selling firearms, ammunition, explosives, or controlled substances for WIC checks;

(c) Selling alcohol or tobacco for WIC checks;

(d) Charging WIC for food not available to buy and having no documentation of having had enough food on the shelf for WIC clients to buy;

(e) Providing unauthorized food or other items to WIC customers in lieu of or in addition to authorized WIC supplemental foods;

(f) Selling or offering to sell foods with expired shelf lives;

(g) Charging the WIC program for foods not received by the customer;

(h) Charging the WIC program more for authorized WIC supplemental foods than other customers are charged for the same food;

(i) Providing credit or nonfood items to customers in a WIC transaction;

(j) Charging WIC customers cash or giving change in a WIC transaction;

(k) Redeeming WIC checks outside of authorized channels. For example, a retailer accepting WIC checks without having a signed contract with the WIC program; a retailer accepting WIC checks and redeeming them through a different authorized retailer or a different outlet of the same chain; or a retailer using WIC checks to repay debt at a different authorized retailer. This also includes the retailer who receives and deposits the WIC checks from another retailer;

(l) Failing to write the actual purchase price on the WIC check at the time of the WIC transaction;

(m) Failing to maintain adequate stock of WIC foods on the retailer's shelves; and

(n) Providing false information in connection with an application for WIC authorization.

(2) The WIC program may deny payment to, impose monetary penalties on and disqualify retailers for noncompliance with WIC program requirements and terms of the retailer contract.

(3) The WIC program must seek reimbursement from retailers for documented overcharges and for payments made on improperly handled WIC checks.

(4) Retailers found in noncompliance, except for the offenses listed in the first five rows of the table in subsection (6) of this section, will be notified by the WIC program and given the opportunity to correct the deficiency. Methods of notification include, but are not limited to, technical assistance contacts and notice of correction letters. After the opportunity for corrective action, a retailer who repeats an act of noncompliance will be subject to sanctions according to the sanction schedule.

(5) When the WIC program denies payment, imposes a monetary penalty, requests reimbursement, or disqualifies a retailer, the program must give the contractor written notice not less than fifteen days prior to the effective date of the action. Denial of authorization and permanent disqualification are effective the date the notice is received by the contractor. Every notice must state what action is being taken, the effective date of the action, and the procedure for requesting an appeal hearing if the action is one which can be appealed.

(6) The WIC program must disqualify the WIC retailer for the following:

Violation	Length of Disqualification
Disqualification from the food stamp program by the USDA food and nutrition service;	Time period corresponding to food stamp program disqualification
Conviction for trafficking in WIC checks or exchanging firearms, ammunition, explosives, or controlled substances for WIC checks;	Permanent
One incidence of trafficking;	Six years
One incidence of exchanging firearms, ammunition, explosives, or controlled substances for WIC checks;	Six years
One incidence of exchanging any form of alcohol or tobacco for a WIC check;	Three years
A documented pattern of charging WIC for food not available to buy and having no documentation of having had enough food on the shelf for WIC clients to buy;	Three years
A documented pattern of overcharging, including charging more than the shelf price and charging more than for non-WIC customers;	Three years
A documented pattern of charging for food not received by the customer;	Three years
A documented pattern of redeeming WIC checks outside of authorized channels;	Three years
A documented pattern of providing credit or nonfood items, other than alcohol, alcoholic beverages, tobacco products, cash, firearms, ammunition, explosives, or controlled substances as defined in 21 N.S.C. 802, in exchange for WIC checks;	Three years
A documented pattern of selling unauthorized foods or selling more than the amount of food listed on the WIC check.	One year

(7) At the end of the disqualification period, the retailer must reapply to be considered for authorization.

(8) Prior to disqualifying a retailer, the WIC program must consider whether the disqualification would create inadequate access to WIC foods for WIC clients. If the WIC program determines a retailer's disqualification would result in

inadequate client access to WIC foods, the WIC program may impose a monetary penalty in lieu of disqualification.

(9) Monetary penalties are calculated in accordance with federal regulations using the following formula:

(a) Average the retailer's monthly volume of WIC business over at least the six-month period ending with the month preceding when the notice to the retailer is dated;

(b) Multiply the average by ten percent (.10);

(c) Multiply that number by the number of months for which the store would be disqualified. This is the amount of the monetary penalty.

(10) Monetary penalties must not exceed ten thousand dollars for each violation. For a violation warranting permanent disqualification, the monetary penalty is ten thousand dollars. If several violations are documented during the course of one investigation, the department must impose a monetary penalty for each violation, not to exceed a total of forty thousand dollars.

(11) Monetary penalties and reimbursements must be paid to the revenue section of the department within the time period specified in the notice. Retailers who fail to pay within the time period specified in the notice will be referred to a commercial collection agency and disqualified for the length of time corresponding to the violation.

(12) When a retailer who has already been sanctioned for noncompliance is found out of compliance again, the department must double the sanction. A monetary penalty in lieu of disqualification is not an option for third or subsequent incidences of noncompliance.

(13) A contractor who fails to give the specified notice of closure, a change in ownership, retailer name, and/or location is liable for resultant costs incurred by the WIC program.

[Statutory Authority: RCW 43.70.120 and 7 C.F.R. 246. 02-11-107, § 246-790-100, filed 5/20/02, effective 6/20/02. Statutory Authority: RCW 43.70.120 and 7 C.F.R. 246.12, 15, and 18. 00-13-009, § 246-790-100, filed 6/9/00, effective 7/10/00. Statutory Authority: RCW 43.70.120. 97-16-117, § 246-790-100, filed 8/6/97, effective 9/6/97; 92-22-036 (Order 314), § 246-790-100, filed 10/27/92, effective 11/27/92. Statutory Authority: RCW 43.20A.550. 91-01-097 (Order 3117), recodified as § 246-790-100, filed 12/18/90, effective 1/18/91; 90-12-112 (Order 2960), § 388-19-035, filed 6/6/90, effective 7/7/90; 88-14-037 (Order 2638), § 388-19-035, filed 6/30/88.]

WAC 246-790-120 How do I appeal a WIC decision I don't agree with? (1) The contractor may appeal:

(a) Notice of denial of payment;

(b) Denial of authorization;

(c) An authorization determination made using retailer selection criteria;

(d) Termination of the retailer contract for cause;

(e) Termination of the retailer contract because of a change in ownership or location, or cessation of operations;

(f) Monetary penalty in lieu of disqualification;

(g) Reimbursement; or

(h) Disqualification.

(2) Actions not subject to appeal are:

(a) Expiration or nonrenewal of a WIC contract;

(b) The validity or appropriateness of client access criteria;

(c) The department determination regarding inadequate client access to WIC foods;

(d) The validity or appropriateness of retailer selection criteria;

(e) The determination whether the retailer had an effective policy and program in place to prevent trafficking and whether ownership was aware of, approved of, or was involved in the violation;

(f) Disputes regarding check payments (other than the opportunity to justify or correct an overcharge or other check error); and

(g) Disqualification based on a food stamp program disqualification.

(3) When the action being appealed is disqualification, the retailer must cease redeeming WIC checks effective the date specified in the notice and must not accept WIC checks during the appeal period. The department will not pay any WIC checks redeemed by a retailer during a period of disqualification.

(4) A request for an appeal hearing must be in writing and:

(a) State the issue;

(b) Contain a summary of the contractor's position on the issue, indicating whether each charge is admitted, denied, or not contested;

(c) State the name and address of the contractor requesting the appeal hearing;

(d) State the name and address of the attorney representing the contractor, if applicable;

(e) State the contractor's need for an interpreter or other special accommodations, if necessary; and

(f) Have a copy of the notice from the program attached.

(5) A request for an appeal hearing must be filed at the Adjudicative Clerk's Office, Department of Health, 1107 Eastside St., P.O. Box 47879, Olympia, WA 98504-7879. The request must be made within twenty-eight days of the date the contractor received the notice.

(6) The decision concerning the appeal must be made within sixty days from the date the request for an appeal hearing was received by the Adjudicative Clerk's Office. The time for rendering the decision may be extended by as many days as all parties agree to with good cause.

[Statutory Authority: RCW 43.70.120 and 7 C.F.R. 246. 02-11-107, § 246-790-120, filed 5/20/02, effective 6/20/02. Statutory Authority: RCW 43.70.120 and 7 C.F.R. 246.12, 15, and 18. 00-13-009, § 246-790-120, filed 6/9/00, effective 7/10/00. Statutory Authority: RCW 43.70.120. 97-16-117, § 246-790-120, filed 8/6/97, effective 9/6/97; 92-22-036 (Order 314), § 246-790-120, filed 10/27/92, effective 11/27/92. Statutory Authority: RCW 43.20A.550. 91-01-097 (Order 3117), recodified as § 246-790-120, filed 12/18/90, effective 1/18/91; 90-12-112 (Order 2960), § 388-19-045, filed 6/6/90, effective 7/7/90; 88-18-022 (Order 2681), § 388-19-045, filed 8/30/88; 88-14-037 (Order 2638), § 388-19-045, filed 6/30/88.]

WAC 246-790-130 How does the WIC program get input from the food industry? (1) The WIC program may establish a retailer advisory committee for the purpose of soliciting input on policies, procedures, and other matters pertinent to retailer participation in the WIC program.

(2) The retailer advisory committee meets at least two times per year.

(3) The membership of the retailer advisory committee consists of representation of at least the following:

(a) Washington Food Industry;

(b) Manager or checker trainer from a large chain;

(c) Manager or checker trainer from a small chain;

(d) Minority-owned retailer;

(e) Instructor of a checker training program with a technical college;

(f) Local WIC agency staff person;

(g) Current or former WIC client;

(h) Administrative representative, such as loss prevention or risk manager or human resources representative, from any size retailer;

(i) Owner of an independent retailer (single store);

(j) A union representative; and

(k) A military commissary.

[Statutory Authority: RCW 43.70.120 and 7 C.F.R. 246. 02-11-107, § 246-790-130, filed 5/20/02, effective 6/20/02. Statutory Authority: RCW 43.70.120 and 7 C.F.R. 246.12, 15, and 18. 00-13-009, § 246-790-130, filed 6/9/00, effective 7/10/00. Statutory Authority: RCW 43.70.120. 97-16-117, § 246-790-130, filed 8/6/97, effective 9/6/97; 92-22-036 (Order 314), § 246-790-130, filed 10/27/92, effective 11/27/92. Statutory Authority: RCW 43.20A.550. 91-01-097 (Order 3117), recodified as § 246-790-130, filed 12/18/90, effective 1/18/91; 88-18-022 (Order 2681), § 388-19-050, filed 8/30/88; 88-14-037 (Order 2638), § 388-19-050, filed 6/30/88.]

Chapter 246-800 WAC
GENERAL PROVISIONS—PROFESSIONALS

WAC

TRIPLICATE PRESCRIPTION FORM PROGRAM

TRIPLICATE PRESCRIPTION FORM PROGRAM

WAC 246-800-101 Scope and purpose of chapter. This chapter is intended to implement RCW 69.50.311. The purpose of this chapter is to establish a triplicate prescription program participation which may be imposed by the appropriate disciplinary authority upon licensed health care practitioners with prescription or dispensing authority. Participation in this triplicate prescription program may be required of licensees as a part of disciplinary action or board-supervision of the licensee's practice. The determination as to whether to impose participation in this program upon a licensee shall be within the sole discretion of the disciplinary authority.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-800-101, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 69.50.311. 86-10-036 (Order 197), § 308-250-010, filed 5/5/86.]

WAC 246-800-120 Official triplicate prescription forms. Any licensed health care practitioner upon whom participation in the triplicate prescription form program is imposed shall obtain official triplicate prescription forms from the Washington state department of health. The practitioner shall pay a fee for these forms that is equal to the cost to the department of the forms. The official triplicate prescriptions forms shall be utilized by the practitioner with respect to the drug or drugs specified by the disciplinary authority. The official triplicate prescriptions forms utilized in this program will be sequentially numbered. The practitioner shall account for all numbered prescriptions provided to him or her.

[Statutory Authority: RCW 69.50.311. 92-02-018 (Order 224), § 246-800-120, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-800-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 69.50.311. 86-10-036 (Order 197), § 308-250-020, filed 5/5/86.]

WAC 246-800-130 Distribution and retention of the triplicate prescription forms. The triplicate prescriptions utilized pursuant to this program shall be retained as follows:

(1) The original prescription shall be provided to the patient unless the drug is dispensed or administered to the patient by the practitioner, or if an emergency prescription is issued. In instances where the drug is dispensed or administered, the provisions of WAC 246-800-140 shall apply. In the case of an emergency prescription, the provisions of WAC 246-800-150 shall apply;

(2) One copy shall be transmitted to the department. These copies shall be transmitted to the department monthly unless otherwise directed by the disciplinary authority;

(3) One copy shall be retained by the health care practitioner and shall be available for inspection by an authorized representative of the department.

(4) Any official triplicate prescription forms improperly completed, damaged or otherwise not utilized shall be accounted for by the practitioner. An explanation and accounting for the forms not properly utilized, along with any improperly completed or damaged triplicate prescriptions forms shall be returned to the department along with the other copies to be submitted pursuant to this rule.

[Statutory Authority: RCW 69.50.311. 92-02-018 (Order 224), § 246-800-130, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-800-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 69.50.311. 86-10-036 (Order 197), § 308-250-030, filed 5/5/86.]

WAC 246-800-140 Drugs administered or dispensed by the health care practitioner. A health care practitioner participating in the triplicate prescription program shall complete a prescription form for all drugs specified by the disciplinary authority. If the drugs are administered or dispensed to the patient, the original shall be transmitted to the department along with the copy as required by WAC 246-800-130.

[Statutory Authority: RCW 69.50.311. 92-02-018 (Order 224), § 246-800-140, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-800-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 69.50.311. 86-10-036 (Order 197), § 308-250-040, filed 5/5/86.]

WAC 246-800-150 Emergency prescriptions. In an emergency, unless prohibited by the order of the disciplinary authority, a practitioner participating in this program may orally prescribe and a pharmacist may dispense a drug specified by the disciplinary authority to be included in the triplicate prescription program. For the purposes of this rule, "emergency" means that the immediate provision of the drug is necessary for proper treatment, that no alternative treatment is available and it is not possible for the practitioner to

provide a written prescription for the drug. If such a drug is orally prescribed, the practitioner shall:

(1) Contemporaneously reduce the prescription to writing;

(2) Cause the original of the written prescription to be delivered to the pharmacy filling the prescription within 72 hours; and,

(3) Retain and transmit copies of the prescription as provided in WAC 246-800-130.

[Statutory Authority: RCW 69.50.311. 92-02-018 (Order 224), § 246-800-150, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-800-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 69.50.311. 86-10-036 (Order 197), § 308-250-050, filed 5/5/86.]

Chapter 246-802 WAC
ACUPUNCTURISTS

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-802-020 License renewal registration date and fee. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 90-11-093 (Order 051), § 308-180-120, filed 5/18/90, effective 6/18/90; 88-07-031 (Order PM 713), § 308-180-120, filed 3/9/88; 86-10-038 (Order PL 592), § 308-180-120, filed 5/5/86.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-802-150 Examination appeal procedures. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 88-07-031 (Order PM 713), § 308-180-280, filed 3/9/88.] Repealed by 92-17-035 (Order 295B), filed 8/13/92, effective 9/13/92. Statutory Authority: RCW 43.70.040.

WAC 246-802-010 Definitions. For the purpose of administering chapter 18.06 RCW, the following terms shall be considered in the following manner:

(1) "Acupuncture school" is an academic institution which has the sole purpose of offering training in acupuncture.

(2) "Acupuncture program" is training in acupuncture offered by an academic institution which also offers training in other areas of study. A program is an established area of study offered on a continuing basis.

(3) "Acupuncture apprenticeship" is training in acupuncture which is offered by a qualified acupuncture employer to an apprentice on the basis of an apprenticeship agreement between the employer and the apprentice. An apprenticeship is of limited duration and ceases at the time the parties to the apprenticeship agreement have performed their obligations under the agreement.

(4) "Acupuncture tutorial instruction" is training in acupuncture which is offered by an academic institution or qualified instructor on the basis of a tutorial agreement between the school or instructor and the student. A tutorial is of limited duration and ceases at the time the parties to the tutorial agreement have performed their obligations under the agreement.

(5) "Academic year" is three quarters or two semesters.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 87-06-050 (Order PM 641), § 308-180-130, filed 3/4/87.]

WAC 246-802-025 Inactive status. A practitioner may obtain an inactive credential. Refer to the requirements of chapter 246-12 WAC, Part 4.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-802-025, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.040. 92-17-035 (Order 295B), § 246-802-025, filed 8/13/92, effective 9/13/92.]

WAC 246-802-030 Approval of school, program, apprenticeship or tutorial instruction. The department will consider for approval any school, program, apprenticeship or tutorial instruction which meets the requirements outlined in chapter 18.06 RCW and which provides all or part of the courses required in RCW 18.06.050.

(1) A school or program may be approved by the secretary without formal application to the department provided that:

(a) The school or program is accredited or has candidacy status as a United States postsecondary school or program; or

(b) The school or program is accredited under the procedures of another country and these procedures satisfy accreditation standards used for postsecondary education in the United States; or

(c) The nonaccredited school or program is approved by or has candidacy status with the National Accreditation Commission for Schools and Colleges of Acupuncture and Oriental Medicine; or

(d) The nonaccredited school or program is approved by the Washington state board of medical examiners to prepare persons for the practice of acupuncture.

(2) Approval of any other school, program, apprenticeship or tutorial instruction may be requested on a form provided by the department.

(3) Application for approval of a school, program, apprenticeship or tutorial instruction shall be made by the

authorized representative of the school or the administrator of the apprenticeship or tutorial agreement.

(4) An applicant may request approval of the school, program, apprenticeship or tutorial instruction as of the date of the application or retroactively to a specified date.

(5) The application for approval of a school, program, apprenticeship or tutorial instruction shall include documentation required by the department pertaining to educational administration, qualifications of instructors, didactic and/or clinical facilities, and content of offered training.

(6) An application fee must accompany the completed application.

(7) The department will evaluate the application and, if necessary, conduct a site inspection of the school, program, apprenticeship or tutorial instruction prior to approval by the department.

(8) Upon completion of the evaluation of the application, the department may grant or deny approval, or grant approval conditioned upon appropriate modification to the application.

(9) In the event the department denies an application or grants conditional approval, the authorized representative of the applicant school or program or the administrator of the applicant apprenticeship or tutorial instruction may request a review within ninety days of the department's adverse action. Should a request for review of an adverse action be made after ninety days following the department's action, the contesting party may obtain review only by submitting a new application.

(10) The authorized representative of an approved school or program or the administrator of an apprenticeship or tutorial agreement shall notify the department of significant changes with respect to educational administration, instructor qualifications, facilities, or content of training.

(11) The department may inspect an approved school, program, apprenticeship or tutorial instruction at reasonable intervals for compliance. Approval may be withdrawn if the department finds failure to comply with the requirements of law, administrative rules, or representations in the application.

(12) The authorized representative of a school or administrator of an agreement must immediately correct deficiencies which resulted in withdrawal of the department's approval.

[Statutory Authority: RCW 43.70.040. 92-17-035 (Order 295B), § 246-802-030, filed 8/13/92, effective 9/13/92; 91-02-049 (Order 121), recodified as § 246-802-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 87-06-050 (Order PM 641), § 308-180-140, filed 3/4/87.]

WAC 246-802-040 Western sciences. The training in western sciences shall consist of forty-five academic credits based on the quarter system in which a credit equals ten classroom contact hours at the collegiate level of instruction or equivalent. These forty-five academic credits shall consist of the following:

(1) Anatomy;

(2) Physiology;

(3) Microbiology;

(4) Biochemistry;

(5) Pathology;

(6) Survey of western clinical sciences;

(7) Hygiene; and

(8) Cardio-pulmonary resuscitation (CPR).

Training in hygiene and CPR shall consist of a minimum of one academic credit hour or equivalent in each subject. Red Cross certification or documentation of equivalent training may be substituted for one academic credit hour in CPR.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 90-12-114 (Order 052), § 308-180-150, filed 6/6/90, effective 7/7/90; 87-06-050 (Order PM 641), § 308-180-150, filed 3/4/87.]

WAC 246-802-050 Acupuncture sciences. The training in acupuncture sciences shall consist of seventy-five academic credits based on the quarter system in which a credit equals ten classroom contact hours at the collegiate level of instruction or equivalent. These seventy-five academic credits shall include the following subjects:

(1) Fundamental principles of acupuncture;

(2) Acupuncture diagnosis;

(3) Acupuncture pathology;

(4) Acupuncture therapeutics;

(5) Acupuncture meridians and points; and

(6) Acupuncture techniques, including electroacupuncture.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 87-06-050 (Order PM 641), § 308-180-160, filed 3/4/87.]

WAC 246-802-060 Clinical training. (1) A minimum of one hundred hours or nine quarter credits of clinical training shall consist of observation which shall include case presentation and discussion.

(2) Supervised practice consists of at least four hundred separate patient treatments involving a minimum of one hundred patients. Twenty-nine quarter credits of supervised practice shall be completed over a minimum period of one academic year.

(a) A qualified instructor must observe and provide guidance to the student during the first one hundred patient treatments and be available within the clinical facility to provide consultation and assistance to the student for patient treatments performed subsequently. In the case of each and every treatment, the instructor must have knowledge of and approve the diagnosis and treatment plan prior to the initiation of treatment.

(b) "Patient treatment" shall include:

(i) Conducting a patient intake interview concerning the patient's past and present medical history;

(ii) Performing traditional acupuncture examination and diagnosis;

(iii) Discussion between the instructor and the student concerning the proposed diagnosis and treatment plan;

(iv) Applying acupuncture treatment principles and techniques (a minimum of three hundred sixty patient treatments involving point location, insertion and withdrawal of all needles must be performed); and

(v) Charting of patient conditions, evaluative discussions and findings, and concluding remarks.

(c) Supervised practice shall consist of a reasonable time per patient treatment and a reasonable distribution of patient

treatment over one or more academic years so as to facilitate the student's learning experience. If the department is not satisfied that the time per patient treatment and distribution of treatments over one or more academic years facilitates the student's learning experience, it may require detailed documentation of the patient treatments.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 87-06-050 (Order PM 641), § 308-180-170, filed 3/4/87.]

WAC 246-802-070 Documents in foreign language. All documents submitted in a foreign language shall be accompanied by an accurate translation in English. Each translated document shall bear the affidavit of the translator certifying that the translator is competent in both the language of the document and the English language and that the translation is a true and complete translation of the foreign language original, and sworn to before a notary public. Translation of any document relative to a person's application shall be at the expense of the applicant.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 87-06-050 (Order PM 641), § 308-180-190, filed 3/4/87.]

WAC 246-802-080 Sufficiency of documents. In all cases the departments' decision as to the sufficiency of the documentation shall be final. The department may request further proof of qualification.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 87-06-050 (Order PM 641), § 308-180-200, filed 3/4/87.]

WAC 246-802-090 Examinations. (1) An examination shall be given twice yearly for qualified applicants.

(2) An applicant for certification as an acupuncturist shall pass the following examinations:

(a) National Commission for Certification of Acupuncturists (NCCA) written examination;

(b) NCCA point location examination; and

(c) NCCA-approved clean needle technique course.

(3) An applicant may take and pass the examinations in subsection (1) of this section in a language other than English if that applicant:

(a) Holds a degree or diploma or transfers from an institution in an English-speaking country; or

(b) Passes the test of English as a foreign language with a minimum score of 550.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-802-090, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.040. 92-17-035 (Order 295B), § 246-802-090, filed 8/13/92, effective 9/13/92; 91-02-049 (Order 121), recodified as § 246-802-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 90-12-114 (Order 052), § 308-180-210, filed 6/6/90, effective 7/7/90; 88-07-031 (Order PM 713), § 308-180-210, filed 3/9/88; 87-06-050 (Order PM 641), § 308-180-210, filed 3/4/87.]

WAC 246-802-100 Consultation plan. Every certified acupuncturist shall develop a written plan for consultation, emergency transfer, and referral. The written consultation plan must be kept on file at the practitioner's place of business and be available on request by the department or its representative. The written consultation plan must include:

(1) The name, address, and telephone numbers of two consulting physicians;

(2) The name, address, and a telephone number of the nearest emergency room facility;

(3) An emergency transport mechanism (i.e., ambulance) with the name, address, and telephone number of the dispatcher nearest to the location of practice; and

(4) Confirmation from the physicians listed as to their agreement to consult with and accept referred patients from the applicant upon becoming a certified acupuncturist and establishing a place of practice.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 88-07-031 (Order PM 713), § 308-180-220, filed 3/9/88; 87-06-050 (Order PM 641), § 308-180-220, filed 3/4/87.]

WAC 246-802-110 Referral to other health care practitioners. When the acupuncturist sees patients with potentially serious disorders including but not limited to:

(1) Cardiac conditions including uncontrolled hypertension;

(2) Acute abdominal symptoms;

(3) Acute undiagnosed neurological changes;

(4) Unexplained weight loss or gain in excess of fifteen percent body weight within a three-month period;

(5) Suspected fracture or dislocation;

(6) Suspected systemic infection;

(7) Any serious undiagnosed hemorrhagic disorder; and

(8) Acute respiratory distress without previous history or diagnosis.

The acupuncturist shall provide the following as medically prudent:

(a) The acupuncturist shall immediately request a consultation or written diagnosis from a physician licensed under chapter 18.71 or 18.57 RCW for patients with potentially serious disorders. In the event the patient refuses to authorize such consultation or provide a recent diagnosis from such physician, acupuncture treatment shall not be continued.

(b) In emergency situations the acupuncturist shall provide life support and emergency transport to the nearest licensed medical facility.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 87-06-050 (Order PM 641), § 308-180-230, filed 3/4/87.]

WAC 246-802-120 Patient informed consent. The patient informed consent is to advise the patient of the credentials of the practitioner and the scope of practice of acupuncturists in the state of Washington. The following information must be furnished to each patient in writing prior to or at the time of the initial patient visit.

(1) Practitioner's qualifications, including:

(a) Education. Dates and location(s) of didactic and clinical training.

(b) License information, including:

(i) State license number;

(ii) Date of licensure;

(iii) Licensure in other states or jurisdiction.

(2) The "scope of practice" for an acupuncturist in the state of Washington includes but is not limited to the following list of techniques:

(a) Use of acupuncture needles to stimulate acupuncture points and meridians;

(b) Use of electrical, mechanical, or magnetic devices to stimulate acupuncture points and meridians;

(c) Moxibustion;

(d) Acupressure;

(e) Cupping;

(f) Dermal friction technique (gwa hsa);

(g) Infra-red;

(h) Sonopuncture;

(i) Lasarpuncture;

(j) Dietary advice based on traditional Chinese medical theory; and

(k) Point injection therapy (aquapuncture.)

(3) Side effects may include, but are not limited to, the following:

(a) Some pain following treatment in insertion area;

(b) Minor bruising;

(c) Infection;

(d) Needle sickness; and

(e) Broken needle.

(4) Patients with severe bleeding disorders or pace makers should inform practitioners prior to any treatment.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 87-06-050 (Order PM 641), § 308-180-240, filed 3/4/87.]

WAC 246-802-130 Application exhibits required. Every application shall be accompanied by:

(1) The application fee;

(2) Verification of academic or educational study and training at a school or college which may include the following:

(a) Photostatic copy of diploma, certificate, or other certified documents and original copy of school transcript from a school or college evidencing completion of a program and a copy of the curriculum in the areas of study involved in the school or college forwarded directly from the issuing agency/organization; or

(b) Notarized affidavit or statement bearing the official school seal and signed by an officer of the school or training program certifying the applicant's satisfactory completion of the academic and clinical training and designating the subjects and hours; or

(c) If, for good cause shown, the school is no longer existent, an applicant may submit a sworn affidavit so stating and shall name the school, its address, dates of enrollment and curriculum completed, and such other information and documents as the department may deem necessary; or

(d) Certified copies of licenses issued by the applicants jurisdiction which must be forwarded directly to the department of health from the issuing licensing and/or translation agency rather than the applicant.

(3) Verification of clinical training. The applicant shall submit a certification signed by the instructor(s) under oath that the applicant completed a course of clinical training under the direction of the instructor which shall include:

(a) The location of the training site.

(b) The inclusive dates of training.

(c) That the supervised practice included a minimum of four hundred patient treatments involving a minimum of one hundred different patients.

(d) One hundred hours of observation including case presentation and discussion.

(4) Certified verification of successful completion of the national written examination, practical examination of point location skills and approved clean needle technique course from the National Commission for Certification of Acupuncturists.

(5) Certified verification of a successful score of at least 550 on the test of English as a foreign language (TOEFL) if required by WAC 246-802-090(3). The applicant shall have a copy of his/her official score records sent directly to the department from the testing service. The department may grant an exemption to this requirement if the department determines there is good cause.

[Statutory Authority: RCW 43.70.040. 92-17-035 (Order 295B), § 246-802-130, filed 8/13/92, effective 9/13/92; 91-02-049 (Order 121), recodified as § 246-802-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 90-12-114 (Order 052), § 308-180-250, filed 6/6/90, effective 7/7/90; 88-07-031 (Order PM 713), § 308-180-250, filed 3/9/88; 87-06-050 (Order PM 641), § 308-180-250, filed 3/4/87.]

WAC 246-802-140 Advertising. (1) A person certified under chapter 18.06 RCW shall use the title certified acupuncturist or C.A. following their name in all forms of advertising, professional literature and billings. A certified acupuncturist may not represent that he or she holds a degree from an acupuncture school other than that degree which appears on his or her application for certification which has been verified in accordance with the director's requirements, unless the additional degree has also been verified in accordance with WAC 308-180-140.

(2) A certified acupuncturist may not use the title "doctor," "Dr.," or "Ph.D." on any advertising or other printed material unless the nature of the degree is clearly stated.

(3) A certified acupuncturist shall not engage in false, deceptive, or misleading advertising including but not limited to the following:

(a) Advertising which misrepresents the potential of acupuncture.

(b) Advertising of any service, technique, or procedure that is outside the scope of the certified acupuncturist as provided in RCW 18.06.010.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 88-07-031 (Order PM 713), § 308-180-270, filed 3/9/88.]

WAC 246-802-160 General provisions. (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Department" means the department of health, whose address is:

Department of Health
Professional Licensing Services
1300 S.E. Quince St.
P.O. Box 47868
Olympia, Washington 98504-7868

(5) "Acupuncturist" means a person certified under chapter 18.06 RCW.

(6) "Mentally or physically disabled acupuncturist" means an acupuncturist who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice acupuncture with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

[Statutory Authority: RCW 43.70.040. 92-17-035 (Order 295B), § 246-802-160, filed 8/13/92, effective 9/13/92; 91-02-049 (Order 121), recodified as § 246-802-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-180-290, filed 6/30/89.]

WAC 246-802-170 Mandatory reporting. (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the acupuncturist being reported.

(c) The case number of any patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-180-300, filed 6/30/89.]

WAC 246-802-180 Health care institutions. The chief administrator or executive officer or their designee of any hospital or nursing home shall report to the department when any acupuncturist's services are terminated or are restricted based on a determination that the acupuncturist has either committed an act or acts which may constitute unprofessional conduct or that the acupuncturist may be mentally or physically disabled.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-180, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-180-310, filed 6/30/89.]

WAC 246-802-190 Acupuncture associations or societies. The president or chief executive officer of any acupuncture association or society within this state shall report to the department when the association or society determines that an acupuncturist has committed unprofessional conduct or that an acupuncturist may not be able to practice acupuncture with reasonable skill and safety to patients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the license holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-190, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-180-320, filed 6/30/89.]

WAC 246-802-200 Health care service contractors and disability insurance carriers. The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that an acupuncturist has engaged in fraud in billing for services.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-200, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-180-330, filed 6/30/89.]

WAC 246-802-210 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to acupuncturists shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured acupuncturist's incompetency or negligence in the practice of acupuncture. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the acupuncturist's alleged incompetence or negligence in the practice of acupuncture.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-210, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-180-340, filed 6/30/89.]

WAC 246-802-220 Courts. The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of licensed acupuncturists, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-220, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-180-350, filed 6/30/89.]

WAC 246-802-230 State and federal agencies. The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which an acupuncturist is employed to provide

patient care services, to report to the department whenever such an acupuncturist has been judged to have demonstrated his/her incompetency or negligence in the practice of acupuncture, or has otherwise committed unprofessional conduct. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-230, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-180-360, filed 6/30/89.]

WAC 246-802-240 Cooperation with investigation. (1) A certificant must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the secretary of the department of health by submitting the requested items within fourteen calendar days of receipt of the request by either the certificant or their attorney, whichever is first. If the certificant fails to comply with the request within fourteen calendar days, the investigator will contact that individual or their attorney by telephone or letter as a reminder.

(2) Investigators may extend the time for response if the request for extension does not exceed seven calendar days. Any other requests for extension of time may be granted by the director or the director's designee.

(3) If the certificant fails to comply with the request within three business days after receiving the reminder, a subpoena will be served to obtain the requested items. A statement of charges may be issued pursuant to RCW 18.130.180(8) for failure to cooperate. If there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(4) If the certificant complies with the request after the issuance of the statement of charges, the secretary or the secretary's designee will decide if the charges will be prosecuted or settled. If the charges are to be settled the settlement proposal will be negotiated by the secretary's designee. Settlements are not considered final until the secretary signs the settlement agreement.

[Statutory Authority: RCW 43.70.040. 92-17-035 (Order 295B), § 246-802-240, filed 8/13/92, effective 9/13/92; 91-02-049 (Order 121), recodified as § 246-802-240, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-180-370, filed 6/30/89.]

WAC 246-802-250 AIDS prevention and information education requirements. Applicants must complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-802-250, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.040. 92-17-035 (Order 295B), § 246-802-250, filed 8/13/92, effective 9/13/92; 91-02-049 (Order 121), recodified as § 246-802-250, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-180-400, filed 11/2/88.]

WAC 246-802-990 Acupuncture fees 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
License application	$ 50.00
License renewal	180.00
Inactive license renewal	50.00
Late renewal penalty	90.00
Expired license reissuance	90.00
Expired inactive license reissuance	50.00
Duplicate license	15.00
Certification of license	25.00
Acupuncture training program application	500.00

[Statutory Authority: RCW 43.70.250. 99-08-101, § 246-802-990, filed 4/6/99, effective 7/1/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-802-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.250, chapter 18.06 RCW. 95-01-038, § 246-802-990, filed 12/12/94, effective 1/1/95. Statutory Authority: RCW 43.70.040 and 43.70.250. 92-17-035 (Order 295B), § 246-802-990, filed 8/13/92, effective 9/13/92. Statutory Authority: RCW 43.70.250. 91-13-002 (Order 173), § 246-802-990, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250. 90-18-039 (Order 084), § 308-180-260, filed 8/29/90, effective 9/29/90; 90-04-094 (Order 029), § 308-180-260, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43.24.086. 88-15-030 (Order PM 735), § 308-180-260, filed 7/13/88; 87-18-031 (Order PM 667), § 308-180-260, filed 8/27/87.]

Chapter 246-808 WAC
CHIROPRACTIC QUALITY ASSURANCE COMMISSION

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-808-106 AIDS prevention and information education requirements. [Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-106, filed 8/6/96, effective 9/6/96.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-808-120 Chiropractic examination scores. [Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-120, filed 8/6/96, effective 9/6/96.] Repealed by 00-17-180, filed 8/23/00, effective 9/23/00. Statutory Authority: RCW 18.25.0171 and 18.25.030.

246-808-160 License renewal—Affidavit of compliance with continuing education requirements. [Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-160, filed 8/6/96, effective 9/6/96.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-808-185 License renewal form. [Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-185, filed 8/6/96, effective 9/6/96.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-808-410 Disparaging other practitioners. [Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-410, filed 8/6/96, effective 9/6/96.] Repealed by 97-20-163, filed 10/1/97, effective 11/1/97. Statutory Authority: Chapter 18.25 RCW.

246-808-525 Health food store ownership. [Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-525, filed 8/6/96, effective 9/6/96.] Repealed by 97-20-163, filed 10/1/97, effective 11/1/97. Statutory Authority: Chapter 18.25 RCW.

246-808-530 Vitamins, minerals and food supplements. [Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-530, filed 8/6/96, effective 9/6/96.] Repealed by 97-20-163, filed 10/1/97, effective 11/1/97. Statutory Authority: Chapter 18.25 RCW.

246-808-710 Professional standards review organizations. [Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-710, filed 8/6/96, effective 9/6/96.] Repealed by 97-20-163, filed 10/1/97, effective 11/1/97. Statutory Authority: Chapter 18.25 RCW.

CHIROPRACTORS

WAC 246-808-001 Purpose. The purpose of these rules is to further clarify and define chapter 18.25 RCW, Chiropractic.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-001, filed 8/6/96, effective 9/6/96.]

WAC 246-808-010 Definitions. The following terms are so defined for the purposes of this chapter:

"Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

"Approval" and "accreditation" are used interchangeably with reference to sanctioning of courses.

"College" means an institution whose curriculum provides education leading to the acquiring of a professional degree in chiropractic.

"Commission" means the chiropractic quality assurance commission, whose address is:

Department of Health
Health Profession Quality Assurance Division
Chiropractic Quality Assurance Commission
1112 SE Quince Street, PO Box 47867
Olympia, WA 98504-7867

"Office on AIDS" means that section within the department of health with jurisdiction over public health matters as defined in chapter 70.24 RCW.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-010, filed 8/6/96, effective 9/6/96.]

WAC 246-808-015 Adjudicative proceedings—Procedural rules for the commission. The commission adopts the model procedural rules for adjudicative proceedings as adopted by the department of health and contained in chapter 246-11 WAC, including subsequent amendments.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-015, filed 8/6/96, effective 9/6/96.]

WAC 246-808-020 Colleges—Policy. (1) In determining a college's eligibility for accreditation the commission may utilize, at its discretion, recognized chiropractic accrediting associations, recognized regional accrediting associations, and appropriate professional firms, agencies and individuals.

(2) Accreditation shall be primarily contingent upon a course of study which incorporates educationally sound practices and complies with the chiropractic educational requirements for the state of Washington.

(3) A college must have successfully graduated a class prior to making application for accreditation.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-020, filed 8/6/96, effective 9/6/96.]

WAC 246-808-030 Accreditation of colleges—Procedure. (1) Application and determination. A chiropractic college which desires to be accredited by the commission may secure an application form by sending a written request to the commission. The applicant shall complete the application form and submit it to the commission, along with any accompanying documents. Recent photographs of the college or the buildings in which the college is located shall be submitted with the application. Within one hundred twenty days after the receipt of the completed application, the commission shall consider the application, determine whether or not the college fulfills the requirements for accreditation, and notify the applicant, by mail, of the commission's determination. If the commission determines that the college is not approved for accreditation, the notice shall set forth the reasons for denial. The commission may withhold making a determination for a reasonable period of time for any justifiable cause upon giving notice to the applicant.

(2) Interrogatories. If the commission desires, it may request the applicant to answer specific inquiries. The granting or the denial of accreditation may be contingent upon the applicants' response to such inquiries.

(3) Oath. The answers to the inquiries in the application, and any other inquiries, shall be sworn to before a notary public.

(4) Inspection. If the commission desires, it may make the physical inspection of a particular college a condition for its being accredited. Reasonable costs for necessary on-campus visitation shall be paid by the applicant.

(5) Duration. A college which is once accredited shall continue to be accredited for so long as it fulfills the requirements set forth by the commission, or to be set forth by the commission. Upon receiving convincing evidence that a college has ceased to fulfill the requirements, the commission shall withdraw the accreditation of the college and shall inform the college of its reasons for doing so. A college shall inform the commission of changes, if any, in status which could reasonably jeopardize the college's qualifications for accreditation. Such changes shall include, but are not limited to, changes in curriculum, administration, faculty, classrooms and equipment.

(6) Revocation of accreditation. When the commission receives evidence that an accredited institution is not complying with commission criteria, it may, after meeting with institutional representatives, place the institution on probation. The institution shall be supplied with a written statement of charges setting forth the specifics of the noncompliance. The commission and chief administrative officer of the institution may agree on a mutually acceptable timetable and procedures for correction of the deficiencies or the commission may set the timetable. Should the institution not make the corrections recommended, or should further deficiencies develop during the probation, the commission may, after meeting with institutional representatives, revoke the accreditation of the college.

(7) Reinstatement of accredited status. Once the commission has revoked the accredited status of an institution, it must reapply by submitting either a new self-study or an updated self-study as may be required by the commission. The commission's usual procedure for applicants for initial accreditation and petitions for renewal is applied to petitioners for reinstatement. The visitation team report, hearing evidence and supporting data must show not only correction of the deficiencies which led to the disaccreditation but, in addition, compliance with the commission's criteria.

(8) Appeal. An appeal of a decision adverse to the college must be filed with the commission within thirty days of receipt of the commission's written decision. To be valid the appeal must contain a certified copy of a formal action authorizing the appeal, taken by a lawfully constituted meeting of the governing body of the institution. The appeal is based on a review of self-evaluation documents, catalog, visitor's report, institution's response to visitor's report, predecision hearing of the commission and commission decision. Alleged improvements effective subsequent to the evaluation which can be verified only through another on-site visit provide the basis for another evaluation, not for an appeal. An appeal does not include a dispute on a finding of fact unless appellant presents a valid reason showing the finding is clearly erroneous in view of the reliable, probative and substantial evidence on the whole record before the commission. The commission shall meet to consider the appeal at its earliest opportunity, and send a formal reply to the appealing college within thirty days of such meeting, unless it extends the time for good cause shown.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-030, filed 8/6/96, effective 9/6/96.]

WAC 246-808-040 Colleges—Educational standards required for accreditation. (1) Objectives - the college shall have clearly defined objectives.

(2) Administration and organization - the college shall:

(a) Be incorporated as a nonprofit institution and recognized as such by its state of domicile.

(b) Have full-time administrator.

(c) Have either a president or a dean of education with a doctor of chiropractic degree.

(d) Adopt policy of nondiscrimination as to national origin, race, religion, or sex.

(3) Educational offerings - the college shall:

(a) Provide educational offerings which prepare the student for successfully completing licensing examination and engaging in practice.

(b) Offer an educational program with a minimum of four thousand in-class hours provided over a four year academic term.

(c) Have available syllabi for all courses.

(d) Offer chiropractic curriculum as follows: Principles of chiropractic - two hundred in-class hours; adjustive technique - four hundred in-class hours; spinal roentgenology - one hundred seventy-five in-class hours; symptomatology and diagnosis - four hundred twenty-five in-class hours; clinic - six hundred twenty-five in-class hours.

(e) Offer at least one hundred twenty hours for the study of "principles of chiropractic" as the study of chiropractic

philosophy, which shall be defined as the commonly held tenets which provide the basis for chiropractic as a separate and distinct form of practice.

The required one hundred twenty hours of philosophy instruction shall be clearly identified in the application and subsequent college catalogue as philosophy of chiropractic by course title and description. The remaining eighty required hours may include history of chiropractic, ethics, interprofessional relationships and other subjects specifically relating to the principles and practice of chiropractic.

(f) Not include mechanotherapy, physiotherapy, acupuncture, acupressure, or dietary therapy or any other therapy in computation of the qualifying four thousand classroom hours.

(g) Maintain a clinical program sufficient to fulfill the objectives of the college.

(4) Faculty - the college shall provide sufficient faculty to support the educational program of the college.

(5) Students - the college shall:

(a) Select students on a nondiscriminatory basis.

(b) Require that students maintain a 2.00 grade average and have no chiropractic subject grade less than 2.0.

(c) Require the student to complete a four-year academic program which meets all requirements of statute and rule for licensing to practice chiropractic in Washington state.

(6) Physical facilities and equipment - the college shall:

(a) Maintain a library of size and quality sufficient to serve the educational program.

(b) Maintain a basic plant that facilitates the educational program.

(c) Maintain clinic facilities that are of sufficient size and equipped appropriately to serve the student.

(7) Financial - the college shall:

(a) Have adequate present and anticipated income to sustain a sound educational program.

(b) Have well formulated plans for financing existing and projected education programs.

(c) Have an annual audit of financial records by a CPA.

(d) Make records available for review by the commission upon request.

(8) Self-evaluation - the college shall have a program of continuing self-evaluation and such evaluation must be made available upon request by the commission.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-040, filed 8/6/96, effective 9/6/96.]

LICENSURE - APPLICATION AND ELIGIBILITY REQUIREMENTS

WAC 246-808-101 Purpose. The purpose of WAC 246-808-101 through 246-808-190 is to establish guidelines on eligibility, and set forth the procedures for application to receive a license to practice chiropractic. By statute, the eligibility and application criterion are established in RCW 18.25.020 through 18.25.070.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-101, filed 8/6/96, effective 9/6/96.]

WAC 246-808-105 Chiropractic licensure—Initial eligibility and application requirements. To be eligible for Washington state chiropractic licensure, the applicant shall complete an application provided by the commission, and shall include written documentation to meet the eligibility criteria for licensure.

(1) Eligibility. An applicant shall provide proof that applicant:

(a) Graduated from an accredited chiropractic college approved by the commission and show satisfactory evidence of completion of a resident course of study of at least four thousand classroom hours of instruction.

(b) Successfully completed National Board of Chiropractic Examiners test parts I, II, III and IV.

(c) Completed at least one-half the requirements for a baccalaureate degree at an accredited and approved college or university if the applicant matriculated after January 1, 1975. Applicants who matriculated prior to January 1, 1975, must show proof of high school graduation or its equivalent.

(2) Application procedure. Each applicant shall submit:

(a) A completed official application including one recent photo.

(b) The application fee. (Refer to WAC 246-808-990 for fee schedule.)

(c) Official transcripts from prechiropractic schools showing successful completion of at least two years of liberal arts and sciences study.

(d) An official transcript and diploma certified by the registrar, from an approved chiropractic college.

(e) An official certificate of proficiency sent directly to the commission from the National Board of Chiropractic Examiners, parts I, II, III and IV.

(f) Verification of licensure status from all states where applicant has been issued a license to practice chiropractic. Verification is required whether license is active or inactive.

(g) Evidence of completion of four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 18.25.0171 and 18.25.030. 00-17-180, § 246-808-105, filed 8/23/00, effective 9/23/00. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-808-105, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-105, filed 8/6/96, effective 9/6/96.]

WAC 246-808-115 Examinations. (1) In order to be eligible to take the commission administered examination, all applicants shall satisfactorily pass the National Board of Chiropractic Examiners test parts I, II, III and IV which covers the subjects set forth in RCW 18.25.030.

(2) All applicants shall pass the open book written jurisprudence examination.

(3) The minimum passing score on the open book written jurisprudence examination is 95 percent.

[Statutory Authority: RCW 18.25.0171 and 18.25.030. 00-17-180, § 246-808-115, filed 8/23/00, effective 9/23/00. Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-115, filed 8/6/96, effective 9/6/96.]

WAC 246-808-130 Temporary permits—Issuance and duration. (1) An applicant may request a temporary practice permit by submitting to the commission:

(a) A completed application on forms provided by the department with the request for a temporary practice permit indicated;

(b) An application fee and a temporary practice permit fee as specified in WAC 246-808-990; and

(c) Written verification directly from all states in which the applicant has a license, attesting that the applicant has a license in good standing and is not subject to charges or disciplinary action for unprofessional conduct or impairment.

(2) The commission shall issue a one-time-only temporary practice permit unless the commission determines a basis for denial of the license or issuance of a conditional license.

(3) The temporary permit shall expire immediately upon:

(a) The issuance of a license by the commission;

(b) Initiation of an investigation of the applicant by the commission;

(c) Failure to pass the examinations given by the commission; or

(d) Three months, whichever occurs first.

An applicant who has failed the examination must apply for and take the next examination for which they are eligible.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-130, filed 8/6/96, effective 9/6/96.]

WAC 246-808-135 Licensure by endorsement. An applicant may apply for licensure by endorsement by submitting to the commission:

(1) A completed application on forms provided by the department;

(2) A fee as specified in WAC 246-808-990; and

(3) Evidence, satisfactory to the commission:

(a) That the license to practice chiropractic in another jurisdiction including, but not limited to, another state, a territory of the United States, the District of Columbia, the Commonwealth of Puerto Rico or a province in Canada;

(b) That the credentials and qualifications are equivalent to the requirements of the state of Washington for licensure by examination at the time of application under this section;

(c) That the jurisdiction in which the applicant is licensed grants similar recognition to licensees in the state of Washington;

(d) That the applicant has been engaged in the full-time practice of chiropractic, or has taught general clinical chiropractic subjects at an accredited school of chiropractic, as set forth in WAC 246-808-040, in a jurisdiction described in subsection (3)(a) of this section for at least three of the five years immediately preceding application under this section;

(e) That the applicant has not been convicted of a crime, if such crime would be grounds for the refusal, suspension, or revocation of a license to practice chiropractic in this state if committed in the state of Washington;

(f) That the applicant's license to practice chiropractic is not, at the time of application under this section, suspended or revoked in any jurisdiction, based on grounds which would be grounds for the refusal, suspension or revocation of a license to practice chiropractic in this state; and

(g) Of passing an open book written jurisprudence examination and National Board of Chiropractic Examiners Special Purpose Examination for Chiropractors (SPEC).

[Statutory Authority: RCW 18.25.0171 and 18.25.030. 00-17-180, § 246-808-135, filed 8/23/00, effective 9/23/00. Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-135, filed 8/6/96, effective 9/6/96.]

WAC 246-808-140 Thirty-day permit. A chiropractor practicing under authority of RCW 18.25.190(1) shall register with the commission by:

(1) Notifying the commission of the nature and dates of their practice in the state of Washington;

(2) Submitting a copy of their current, valid license in the other jurisdiction in which they are licensed; and

(3) Submitting a declaration, on forms provided by the commission, attesting to the possession of a current, valid license and not having had a license to practice chiropractic suspended, revoked, or conditioned in any jurisdiction in the preceding five years. No fee shall be charged to register under this section.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-140, filed 8/6/96, effective 9/6/96.]

WAC 246-808-150 Commission approved continuing education. (1) Licensed chiropractors must complete twenty-five hours of continuing education as required in chapter 246-12 WAC, Part 7.

(2) The commission approves the following subject material for continuing chiropractic education credit:

(a) Diagnosis and treatment of the spine or immediate articulations within the scope of practice;

(b) X-ray/diagnostic imaging;

(c) Adjustive technique;

(d) Detection of a subluxation;

(e) Physical examination;

(f) Hygiene;

(g) Symptomatology;

(h) Neurology;

(i) Spinal pathology;

(j) Spinal orthopedics;

(k) Patient/case management;

(l) Impairment within the scope of practice;

(m) CPR - once every three years;

(n) Dietary advice; and

(o) Chiropractic philosophy.

(3) Subject matter not approved for continuing education credit:

(a) Business management;

(b) Subject matter not directly relating to the chiropractic clinical scope of practice;

(c) Practice building; and

(d) Conduct prohibited by Washington state statutes or rules governing chiropractic practice.

(4) A formal video continuing education program that meets the requirements of this section is acceptable provided that the video viewing is accompanied by a moderator and/or a panel knowledgeable in the video contents to comment thereon and answer questions or conduct discussions.

(5) The individual or organization responsible for a continuing education presentation must provide documentation of attendance to the participants.

(6) Licensed chiropractors serving as teachers or lecturers in commission approved continuing education programs

receive credit on the same basis as the doctors attending the program.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-808-150, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-150, filed 8/6/96, effective 9/6/96.]

WAC 246-808-155 Prior approval not required. (1) It shall be unnecessary for a chiropractor to inquire into the prior approval of any continuing chiropractic education. The commission shall accept any continuing chiropractic education that falls within these regulations and relies upon each individual chiropractor's integrity in complying with this requirement.

(2) Continuing chiropractic education program sponsors need not apply for, nor expect to receive, prior commission approval for a formal continuing chiropractic education program. The number of creditable hours may be determined by counting the contact hours of instruction and rounding to the nearest quarter hour. The commission relies upon the integrity of program sponsors to present continuing chiropractic education that constitutes a meritorious learning experience and complies with RCW 18.25.070.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-808-155, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-155, filed 8/6/96, effective 9/6/96.]

WAC 246-808-165 Exemptions. In the event a licensee fails to meet requirements because of illness or retirement (with no further provision of chiropractic services to consumers) or failure to renew, or other extenuating circumstances, each case shall be considered by the commission on an individual basis. When circumstances justify it, the commission may grant a time extension. In the case of permanent retirement or illness, the commission may grant indefinite waiver of continuing chiropractic education as a requirement for relicensure, provided an affidavit is received indicating the chiropractor is not providing chiropractic services to consumers. If such permanent illness or retirement status is changed or consumer chiropractic services resumed, it is incumbent upon the licensed chiropractor to immediately notify the commission and meet continuing chiropractor education requirements for relicensure. Continuing chiropractic education hours shall be prorated for the portion of the period involving resumption of such services.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-808-165, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-165, filed 8/6/96, effective 9/6/96.]

WAC 246-808-170 Licensees residing and practicing out-of-state—Continuing education requirements. Pursuant to RCW 18.25.070 (1)(c), Washington licensed chiropractors who reside and practice exclusively outside the state of Washington may satisfy the continuing education requirements for renewal of their Washington licenses by meeting, and certifying to the commission that they have met, the continuing education requirements of the state in which they are residing and practicing.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-170, filed 8/6/96, effective 9/6/96.]

WAC 246-808-180 Expired licenses—Requirements for reinstating a 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 more than three years and the practitioner can submit proof of continuing education, the practitioner must:

(a) Successfully complete the jurisprudence examination given by the department;

(b) Meet the requirements of chapter 246-12 WAC, Part 2.

(3) If the license has expired for more than three years and the practitioner cannot submit proof of continuing education courses during the time the license was expired, the practitioner must:

(a) Successfully pass the examination as provided in RCW 18.25.040 and 18.25.070(2);

(b) Meet the requirements of chapter 246-12 WAC, Part 2.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-808-180, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-180, filed 8/6/96, effective 9/6/96.]

WAC 246-808-181 Inactive credential. (1) A chiropractor may obtain an inactive credential. Refer to the requirements of chapter 246-12 WAC, Part 4.

(2) To return to active status the practitioner must:

(a) Take and pass the jurisprudence examination given by the department; and

(b) Meet the requirements of chapter 246-12 WAC, Part 4.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-808-181, filed 2/13/98, effective 3/16/98.]

WAC 246-808-190 Preceptor or direct supervisory doctor. A preceptor is a doctor of chiropractic who is approved by the commission to provide direct supervision to an unlicensed chiropractic doctor as set forth in RCW 18.25.190. The commission shall maintain a list of approved preceptors.

(1) An approved preceptor shall:

(a) Provide direct supervision and control;

(b) Be on the premises any time the unlicensed chiropractic doctor treats patients in accordance with WAC 246-808-535; and

(c) Meet with the patient prior to commencement of chiropractic care.

(2) To apply for commission approval to function as a preceptor, a doctor of chiropractic shall submit to the commission:

(a) Proof of licensure as a Washington chiropractic doctor for the preceding five years, during which time the license has not been suspended, revoked, or conditioned;

(b) A completed official application;

(c) Verification of approval to participate in the program by an approved chiropractic college;

(d) Evidence of malpractice insurance for the unlicensed chiropractic doctor and the preceptor applicant; and

(e) A fee as specified in WAC 246-808-990.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-190, filed 8/6/96, effective 9/6/96.]

REGISTRATION OF CHIROPRACTIC X-RAY TECHNICIANS

WAC 246-808-201 Purpose. The purpose of WAC 246-808-201 through 246-808-215 is to establish eligibility criterion for registration of chiropractic x-ray technicians as allowed under RCW 18.25.180.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-201, filed 8/6/96, effective 9/6/96.]

WAC 246-808-215 Registration of chiropractic x-ray technicians. (1) Chiropractic doctors shall employ only commission registered technicians to operate x-ray equipment.

(2) Application. An x-ray technician may apply for registration by submitting to the commission:

(a) Proof of satisfactory completion of a course of classroom instruction of at least forty-eight hours which has been approved by the commission in accordance with subsection (4) of this section; and

(b) Verification of passing a proficiency examination in radiologic technology, which is approved by the commission. A passing grade shall be seventy-five percent or a standardized score approved by the commission. If the applicant fails the initial examination, the applicant may reapply to take the examination one additional time without additional classroom instruction. If the applicant fails a second examination, the applicant shall complete an additional sixteen hours of classroom instruction prior to reapplying for a third examination.

(3) Exceptions. An applicant who holds a current active registration, license, or certification from a national certifying agency or other governmental licensing agency whose standards for registration, licensure or certification are equal to or exceed the standards under these rules may register without examination.

(4) Course approval. An individual may request commission approval of a course of classroom instruction for x-ray technicians by submitting the following information to the commission no later than ninety days prior to the first day of instruction:

(a) An outline of the course of instruction, which shall include:

(i) Physics and equipment;

(ii) Principles of radiographic exposure;

(iii) Radiation protection;

(iv) Anatomy and physiology; and

(v) Radiographic positioning and procedures.

(b) Proficiency examination;

(c) Verification that the course instructor has on-campus or postgraduate faculty status in the field of radiology with a commission approved chiropractic college; and

(d) Any other information deemed necessary by the commission to make a determination.

(5) Continuing education. Registered chiropractic x-ray technicians must demonstrate completion of six hours of continuing education as provided in chapter 246-12 WAC, Part 7.

The commission approves continuing education of subject matter listed in subsection (4) of this section. Prior approval of continuing education programs is not required by the commission.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-808-215, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-215, filed 8/6/96, effective 9/6/96.]

STANDARDS OF CARE

WAC 246-808-301 Purpose. The purpose of WAC 246-808-301 through 246-808-720 is to provide standards of care to guide the practitioner of chiropractic in the conduct of their practice.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-301, filed 8/6/96, effective 9/6/96.]

WAC 246-808-320 Privileged communications. A chiropractor shall not, without the consent of the patient, reveal any information acquired in attending such patient, which was necessary to enable the chiropractor to treat the patient. This shall not apply to the release of information in an official proceeding where the release of information may be compelled by law.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-320, filed 8/6/96, effective 9/6/96.]

WAC 246-808-330 Patient abandonment. The chiropractor shall always be free to accept or reject a particular patient, bearing in mind that whenever possible a chiropractor shall respond to any reasonable request for his/her services in the interest of public health and welfare.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-330, filed 8/6/96, effective 9/6/96.]

WAC 246-808-340 Consultation. In difficult or protracted cases consultations are advisable, and the chiropractor shall be ready to act upon any desire the patient may express for a consultation, even though the chiropractor may not personally feel the need for it.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-340, filed 8/6/96, effective 9/6/96.]

WAC 246-808-350 Unethical requests. A chiropractor shall not assist in any immoral practice such as aiding in the pretense of disability in order to avoid jury or military duty, or the concealment of physical disability in order to secure favorable insurance.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-350, filed 8/6/96, effective 9/6/96.]

WAC 246-808-360 Patient welfare. The health and welfare of the patient shall always be paramount, and expectation of remuneration or lack thereof shall not in any way affect the quality of service rendered the indigent patient.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-360, filed 8/6/96, effective 9/6/96.]

WAC 246-808-370 Patient disclosure. Absolute honesty shall characterize all transactions with patients. The chiropractor shall neither intentionally exaggerate nor minimize the gravity of the patient's condition, nor offer any false hope or prognosis.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-370, filed 8/6/96, effective 9/6/96.]

WAC 246-808-380 Degree of skill. The chiropractor owes their patient(s) the highest degree of skill and care of which they are capable. To this end the chiropractor shall endeavor to keep abreast of new developments in chiropractic and shall constantly endeavor to improve their knowledge and skill in the science and art or philosophy of chiropractic, as defined in chapter 18.25 RCW.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-380, filed 8/6/96, effective 9/6/96.]

WAC 246-808-390 Illegal practitioners. Chiropractors shall safeguard their profession by exposing those who might attempt to practice without proper credentials, and by reporting violations of the laws regulating chiropractic to the proper authorities.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-390, filed 8/6/96, effective 9/6/96.]

WAC 246-808-400 Excessive professional charges. (1) A chiropractor shall not enter into an agreement for, charge, or collect an illegal or clearly excessive fee.

(2) A fee is clearly excessive when, after a review of the facts, a chiropractor would be left with a definite and firm conviction that the fee is in excess of a reasonable fee. Factors to be considered as guides in determining the reasonableness of a fee include the following:

(a) The time, effort and skill required requisite to perform the chiropractic service properly;

(b) The fee customarily charged in the locality for similar chiropractic services;

(c) The experience, reputation, and ability of the chiropractor performing the services.

(3) A chiropractor shall not prescribe nor perform any services which are not reasonably necessary in consideration of the patient's condition and shall furnish an explanation of charges for chiropractic services upon request of the commission.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-400, filed 8/6/96, effective 9/6/96.]

WAC 246-808-505 Classification of chiropractic procedures and instrumentation. (1) Procedures, instruments for treatment and/or diagnostic evaluation used by a doctor of chiropractic shall be classified by the commission as follows:

(a) **"Approved":** A procedure or instrument which is taught by a commission approved chiropractic college for patient clinical application and not for research or experimental purposes and is allowable by statute. All factors listed under subsection (4) of this section shall be considered before a procedure or instrument is placed in the approved classification.

(b) **"Nonapproved or experimental":** Any procedure or instrument that does not meet with commission approval. A procedure or instrument in this classification shall pass further testing in the laboratory before it can be used on the public. These may be defined by previous declaratory rules or rules and regulations.

(c) **"Research or investigational":** A procedure or instrumentation that is not approved, but may have a positive benefit in the diagnosis or care of a patient's condition. No billing is allowed for procedures or instruments used under this classification.

(2) The commission shall maintain a classified list of chiropractic procedures and instrumentation. The list shall be made available upon request.

(3) A doctor who intends to use a new procedure or instrument in practice shall notify the commission to determine the classification of the procedure or instrument. If the procedure or instrument is not classified or if new information on a previously classified procedure or instrument is available the doctor shall:

(a) Provide the commission with supporting documentation concerning the use of such a procedure or instrumentation;

(b) Demonstrate sufficient additional training or study for the doctor and utilizing staff to properly use the procedure or instrumentation.

(4) The commission may use the following factors to determine the classification of the procedure or instrumentation, and shall notify the doctor of such classification:

(a) The new procedure or instrument is taught at an approved chiropractic college.

(b) There is a scientific basis for the new procedure or instrument.

(c) The procedure or instrument has a direct and positive relationship to chiropractic care.

(d) Comparison of potential risk to benefit to the patient.

(e) Any other factors the commission may wish to consider.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-505, filed 8/6/96, effective 9/6/96.]

WAC 246-808-510 Definitions. "Auxiliary services" means those services, excluding those practices which are restricted to licensed chiropractors, which may be needed for the support of chiropractic care.

"Auxiliary staff" means personnel, except graduate doctors of chiropractic, who are working for or at the direction of a licensed doctor of chiropractic.

"Chiropractor" means a person licensed pursuant to chapter 18.25 RCW.

"Direct supervision" means having a licensed chiropractor on the premises and immediately available.

"Graduate doctor of chiropractic" means a graduate of an approved chiropractic college who has applied for a Washington state chiropractic license. Graduate doctors of chiropractic who have failed to pass the Washington state chiropractic examination within one year of applying for a Washington state chiropractic license may only perform auxiliary services. Graduate doctors who have had their chiro-

practic license suspended or revoked shall not be authorized to perform any auxiliary services.

"Mentally or physically disabled chiropractor" means a chiropractor who has either been determined by a court to be mentally incompetent or mentally ill or who is unable to practice chiropractic with reasonable skill and safety to patients by reason of any mental or physical condition.

"Unprofessional conduct" as used in these regulations shall mean the conduct described in RCW 18.130.180 and 18.25.112.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-510, filed 8/6/96, effective 9/6/96.]

WAC 246-808-520 Identification. (1) A chiropractor must clearly identify oneself as a chiropractor on his/her office signs.

(2) All identification of chiropractic practice shall be presented in a dignified manner and shall not be sensational or misleading.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-520, filed 8/6/96, effective 9/6/96.]

WAC 246-808-535 Delegation of services to auxiliary staff and graduate doctors of chiropractic. (1) A licensed chiropractor may, within the confines of this section, delegate certain services to auxiliary staff and graduate doctors of chiropractic, provided that these services are performed under the licensed chiropractor's direct supervision. The supervising chiropractor shall be responsible for determining that auxiliary staff and graduate doctors of chiropractic are competent to perform the delegated services. The licensed supervising chiropractor must render adequate supervision so that the patient's health and safety is not at risk.

(2) Auxiliary staff and graduate doctors of chiropractic shall not perform the following services:

(a) Detection of subluxation;

(b) Adjustment or manipulation of the articulations of the spinal column or its immediate articulations;

(c) Interpretation or analysis of radiographs;

(d) Determining the necessity for chiropractic care;

(e) Orthopedic or neurological examinations provided, graduate doctors of chiropractic may perform preliminary orthopedic or neurological examinations under the direct supervision of a licensed chiropractor.

(3) Auxiliary staff and graduate doctors of chiropractic may perform the following auxiliary services: Preliminary patient history, height, weight, temperature, blood pressure, pulse rate, and gross postural observation (active spinal range of motion utilizing a generally accepted measuring device).

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-535, filed 8/6/96, effective 9/6/96.]

WAC 246-808-540 Billing. A doctor of chiropractic may bill for all provided services that are allowable under chapter 18.25 RCW and the rules adopted pursuant to the foregoing statute. The doctor shall utilize codes and/or descriptions of services that accurately describe the professional services rendered.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-540, filed 8/6/96, effective 9/6/96.]

WAC 246-808-545 Improper billing practices. The following acts shall constitute grounds for which disciplinary action may be taken:

(1) Rebating or offering to rebate to an insured any payment to the licensee by the third-party payor of the insured for services or treatments rendered under the insured's policy.

(2) Submitting to any third-party payor a claim for a service or treatment at a greater or an inflated fee or charge than the usual fee the licensee charges for that service or treatment when rendered without third-party reimbursement.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-545, filed 8/6/96, effective 9/6/96.]

WAC 246-808-550 Future care contracts prohibited. It shall be considered unprofessional conduct for any chiropractor to enter into a contract which would obligate a patient to pay for care to be rendered in the future, unless the contract provides that the patient is entitled to a complete refund for any care not received.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-550, filed 8/6/96, effective 9/6/96.]

WAC 246-808-560 Documentation of care. (1) The recordkeeping procedures of a chiropractor shall be adequate to provide documentation of the necessity and rationale for examination, diagnostic/analytical procedures, and chiropractic services. The required documentation shall include, but not necessarily be limited to, the patient's history and/or subjective complaints; examination findings and/or objective findings; and a record of all chiropractic services performed.

(2) Chiropractic examinations shall be documented by specifying subjective complaints, objective findings, an assessment or appraisal of the patient's condition and the plan for care. Daily chart notes may be brief notations recorded in the patient's chart file between examinations. These notations shall indicate any changes in the care or progress of the patient and the chiropractic, diagnostic, or analytical services performed or ordered. Detailed entries need not be documented on every visit as long as examinations are performed at reasonable intervals and those examinations are documented as specified in this section.

(3) If a code is utilized by the doctor in connection with recordkeeping, a code legend shall be included in the records.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-560, filed 8/6/96, effective 9/6/96.]

WAC 246-808-565 Radiographic standards. The following requirements for chiropractic x-ray have been established because of concerns about over radiation and unnecessary x-ray exposure.

(1) The following shall appear on the films:

(a) Patient's name and age;

(b) Doctor's name, facility name, and address;

(c) Date of study;

(d) Left or right marker;

(e) Other markers as indicated;

(f) Adequate collimation;

(g) Gonad shielding, where applicable.

(2) Minimum of A/P and lateral views are necessary for any regional study unless clinically justified.

(3) As clinical evidence indicates, it may be advisable to produce multiple projections where there is an indication of possible fracture, significant pathology, congenital defects, or when an individual study is insufficient to make a comprehensive diagnosis/analysis.

(4) Each film shall be of adequate density, contrast, and definition, and no artifacts shall be present.

(5) The subjective complaints, if any, and the objective findings substantiating the repeat radiographic study must be documented in the patient record.

(6) These rules are intended to complement and not supersede those rules adopted by the radiation control agency set forth in chapter 246-225 WAC, Radiation protection—X-rays in the healing arts.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-565, filed 8/6/96, effective 9/6/96.]

WAC 246-808-570 Pelvic or prostate examination prohibited. The physical examination to determine the necessity for chiropractic care does not include vaginal (pelvic) examination or prostate examination. Chiropractors are prohibited from performing such examination and from directing any agent or employee to perform such examination.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-570, filed 8/6/96, effective 9/6/96.]

WAC 246-808-575 Intravaginal adjustment restricted. It shall be considered unprofessional conduct for a chiropractor to perform an adjustment of the coccyx through the vagina unless the following conditions are met:

(1) The coccyx cannot be adjusted rectally or the patient is offered and declines the option of the rectal technique;

(2) The coccyx adjustment is performed with the use of a disposable finger cot or rubber glove; and

(3) A female attendant is present at all times the patient is examined and the coccyx adjustment is being performed.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-575, filed 8/6/96, effective 9/6/96.]

WAC 246-808-580 Acupuncture. No chiropractor shall:

(1) Employ the use of needles in the treatment of a patient; or

(2) Hold himself or herself out as practicing acupuncture in any form: This prohibition shall not restrict a chiropractor who is also a certified acupuncturist pursuant to chapter 18.06 RCW from practicing acupuncture, provided that the chiropractor differentiates chiropractic care from acupuncture care at all times as is required by RCW 18.25.112.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-580, filed 8/6/96, effective 9/6/96.]

WAC 246-808-585 Clinically necessary x-rays. All offers of free x-rays shall be accompanied by a disclosure statement that x-rays shall only be taken if clinically necessary in order to avoid unnecessary radiation exposure.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-585, filed 8/6/96, effective 9/6/96.]

WAC 246-808-590 Sexual misconduct. (1) The chiropractor shall never engage in sexual contact or sexual activity with current clients.

(2) The chiropractor shall never engage in sexual contact or sexual activity with former clients if such contact or activity involves the abuse of the chiropractor-client relationship. Factors which the commission may consider in evaluating if the chiropractor-client relationship has been abusive include, but are not limited to:

(a) The amount of time that has passed since therapy terminated;

(b) The nature and duration of the therapy;

(c) The circumstances of cessation or termination;

(d) The former client's personal history;

(e) The former client's current mental status;

(f) The likelihood of adverse impact on the former client and others; and

(g) Any statements or actions made by the chiropractor during the course of treatment suggesting or inviting the possibility of a post-termination sexual or romantic relationship with the former client.

(3) The chiropractor shall never engage in sexually harassing or demeaning behavior with current or former clients.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-590, filed 8/6/96, effective 9/6/96.]

WAC 246-808-600 Prohibited publicity and advertising. (1) A chiropractor shall not, on behalf of himself/herself, his/her partner, associate or any other chiropractor affiliated with his/her office or clinic, use or allow to be used, any form of public communications or advertising which is false, fraudulent, deceptive or misleading, including, but not limited to, such advertising which takes any of the following forms which are prohibited:

(a) Advertising which guarantees any result or cure;

(b) Advertising which makes claims of professional superiority;

(c) Advertising which fails to differentiate chiropractic care from all other methods of healing;

(d) Advertising for a service outside the practice of chiropractic as permitted in Washington.

(2) A chiropractor shall, upon request made by the commission, provide the commission with substantiation of the truth and accuracy of any and all claims made in their advertisements.

(3) Advertising is prohibited which offers gratuitous goods or services or discounts in connection with chiropractic services, unless the chiropractor provides a disclosure statement to be signed by the patient which explains:

(a) When there shall be a charge for goods and services;

(b) When the free services have been completed and that any additional services the patient requests are subject to charge; or

(c) When the discount has been exhausted and any additional services shall be subject to full charge: This subsection shall not be construed to relate to the negotiation of fee between chiropractors and patients or to prohibit the rendering of chiropractic services for which no fee is charged.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-600, filed 8/6/96, effective 9/6/96.]

WAC 246-808-605 Honoring of publicity and advertisements. (1) If a chiropractor advertises a fee for a service, the chiropractor must render that service for no more than the fee advertised.

(2) Unless otherwise specified in the advertisement, if a chiropractor publishes any fee information authorized under chapter 246-808 WAC, the chiropractor shall be bound by any representation made therein for the periods specified in the following categories:

(a) If in a publication which is published more frequently than one time per month, for a period of not less than thirty days after such publication.

(b) If in a publication which is published once a month or less frequently, until the publication of the succeeding issue.

(c) If in a publication which has no fixed date for publication of the succeeding issue, for a reasonable period of time after publication, but in no event less than one year.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-605, filed 8/6/96, effective 9/6/96.]

WAC 246-808-610 Prohibited transactions. A chiropractor shall not compensate or give anything of value to representatives of the press, radio, television or other communication media in anticipation of or in return for professional publicity of any individual chiropractor in a news item.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-610, filed 8/6/96, effective 9/6/96.]

WAC 246-808-615 Professional notices, letterheads, cards, and mailings. In his/her use of professional notices, letterheads, cards, and mailings, a chiropractor is subject to the same regulations of chapter 246-808 WAC which apply to his/her use of other print media.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-615, filed 8/6/96, effective 9/6/96.]

WAC 246-808-620 Suggestion of need of chiropractic services. A chiropractor who has given in-person, unsolicited advice to a lay person that he/she should obtain chiropractic care shall not accept employment resulting from that advice except that:

(1) A chiropractor may accept employment by a close friend, relative, former patient (if the advice is germane to the former treatment), or one whom the chiropractor reasonably believes to be a patient; and

(2) Without affecting his/her right to accept employment, a chiropractor may speak publicly or write for publication on chiropractic topics so long as he/she does not emphasize his/her own professional experience or reputation and does not undertake to give individual advice.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-620, filed 8/6/96, effective 9/6/96.]

WAC 246-808-625 Public testimonial advertising. (1) Public testimonial advertising includes the use of a statement testifying as to a chiropractor's qualifications, abilities and character, or to the value of chiropractic services.

(2) The use of testimonial advertising shall not be considered false or misleading if the following guidelines are met:

(a) Testimonials must relate to patient care provided within the immediately preceding five-year period.

(b) The testimonial shall be documented by a notarized statement of the patient, a copy of which is kept by both the chiropractor and the patient.

(c) The testimonial must be consistent with the history of the patient's care, including office records, examination reports and x-rays.

(d) Testimonials shall not:

(i) Be exaggerated or misrepresented;

(ii) State that a technique or doctor is superior;

(iii) Claim specific cures;

(iv) Compare one chiropractor to another;

(v) Include a named diagnosis.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-625, filed 8/6/96, effective 9/6/96.]

WAC 246-808-630 Full disclosure of cost of services. (1) This rule shall apply to all representations made in public advertising regarding the provision of chiropractic services, including x-rays or chiropractic examinations, on a free basis or at a reduced cost. This rule shall also apply to all billings or other written or oral communications regarding charges for chiropractic services whether made to patients, third-party health care payors, or to any other person, firm, or governmental agency.

(2) When a chiropractic service is represented in public advertising as available without cost, or at a reduced cost, that service must be made available to everyone who wishes to take advantage of the offer on an equal basis. No charge may be made to any individual or third-party health care payor for any services which have been provided on a free basis.

(3) All billings to third-party payors for patients who are also being treated for an unrelated condition must fully disclose the additional treatment being provided and the charges for that treatment.

(4) Billings to patients or to third-party health care payors shall accurately reflect the actual charge to the patient, including any discounts, reduced fees, or waiver of copayment.

(5) Because of the potential element of fraud being present, advertising full or partial forgiveness of coinsurance shall be prohibited unless the insurance company is given accurate and complete information relating to the actual charge to the patient and that coinsurance has been fully or partially waived.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-630, filed 8/6/96, effective 9/6/96.]

WAC 246-808-640 Scope of practice—Revocation or suspension of license authorized for practice outside scope. (1) The chiropractic quality assurance commission finds that over the past few years there has been an increasing number of persons licensed as chiropractors who have been practicing other healing arts while holding themselves out to the public as chiropractors to the detriment of the public health and welfare of the state of Washington and contrary to the legislative directive contained in RCW 18.25.002(4). The commission further finds and deems it necessary to carry out the provisions of chapter 18.25 RCW that this rule be adopted to give guidance to members of the profession, and the public, in interpreting for purposes of application by the disciplinary commission of RCW 18.25.112, the scope of health care which comes within the definition of chiropractic in RCW 18.25.005 and which is authorized under a license to practice chiropractic in the state of Washington.

(2) RCW 18.25.005 defines the term "chiropractic." The commission finds that the following diagnostic techniques and procedures, by whatever name known, are not within the definition of "chiropractic" as specified in RCW 18.25.005, and, consequently, a license to practice chiropractic does not authorize their use:

(a) The use of x-rays or other forms of radiation for any other reason than to x-ray the human skeleton.

(b) The use of any form of electrocardiogram.

(c) The testing and reduction to mathematical formulae of sputum and/or urine (commonly known as "reams" testing).

(d) Hair analysis.

(e) The use of iridology.

(f) The taking of blood samples.

(g) Female breast examinations.

The above list is not to be considered exhaustive or to limit the commission in any way from finding under the statutory definition in RCW 18.25.005 that any other diagnostic technique or procedure is outside the scope of chiropractic practice.

(3) The commission finds that the following treatment modalities, by whatever name known, are not within the definition of "chiropractic" as specified in subsection (2) of this section and in RCW 18.25.005 and, consequently, a license to practice chiropractic does not authorize their use:

(a) Ultrasound, diathermy, high voltage galvanic therapy and x-rays or other radiation.

(b) Electrotherapy.

(c) The use of a transcutaneous electrical nerve stimulator (TENS).

(d) The use of the endonasal technique.

(e) The use of any type of casting other than light body casting.

(f) The use of meridian therapy, whether known as "acupressure," or the same type of therapy under any other names unless complementary or preparatory to a chiropractic spinal adjustment.

(g) The use of hypnosis.

(h) The use of clinical herbology.

The above list is not to be considered exhaustive or to limit the commission in any way from finding under the statutory definition in RCW 18.25.005 that any other treatment modalities are outside the scope of chiropractic practice.

(4) The use by a chiropractor of diagnostic techniques or procedures or treatment modalities which are outside the definition of chiropractic in RCW 18.25.005, whether or not listed in this rule, or the use by a chiropractor of any of the diagnostic techniques and procedures listed in subsection (2) of this section or the use by a chiropractor of any of the treatment modalities listed in subsection (3) of this section shall constitute unprofessional conduct under RCW 18.130.-180(12) which shall be good and sufficient cause for revocation or suspension of that chiropractor's license to practice chiropractic in Washington.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-640, filed 8/6/96, effective 9/6/96.]

WAC 246-808-650 Records and x-rays and withdrawal from practice—Maintenance and retention of patient records. (1) Any chiropractor who treats patients in the state of Washington shall maintain all treatment records regarding patients treated. These records may include, but shall not be limited to, x-rays, treatment plans, patient charts, patient histories, correspondence, financial data, and billing. These records shall be retained by the chiropractor for five years in an orderly, accessible file and shall be readily available for inspection by the commission or its authorized representative: X-rays or copies of records may be forwarded pursuant to a licensed agent's written request. Also, office records shall state the date on which the records were released, method forwarded and to whom, and the reason for the release. A reasonable fee may be charged the patient to cover mailing and clerical costs.

(2) A chiropractor shall honor within fifteen days a written request from an adult patient or their legal representative or the legal representative of a minor child to release:

(a) Original x-rays and records to other licensed health care providers; or

(b) The chiropractor may provide duplicate films or a copy of the patient records to the health care provider or the patient. The health care provider may bill the patient reasonable duplication costs. Once the original films have been loaned at patient request, the chiropractor is no longer responsible for them, or for their retrieval or subsequent production.

A chiropractor who has received original x-rays on a loan basis shall return them to the loaning chiropractor upon request within sixty days unless other arrangements are made.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-650, filed 8/6/96, effective 9/6/96.]

WAC 246-808-655 Duties of a chiropractor who retires or withdraws from practice. Any chiropractor who ceases practice in their community for any reason, including retirement, illness, disability, or relocation shall comply with the following duties:

(1) The chiropractor shall notify all current patients that they shall not be able to provide chiropractic services and

shall notify the patient to seek another chiropractor to continue their care.

(2) The chiropractor shall offer to deliver to the patient, or to another chiropractor or licensed health care professional chosen by the patient, the originals or copies of all patient examination and treatment records and x-rays or notify the patient of a community area location where the records and x-rays shall be maintained and accessible for at least one year after the notice is sent to the patient.

(3) The chiropractor shall refund any part of fees paid in advance that have not been earned.

(4) The commission requests that the executor or executrix of a deceased chiropractor comply with the duties set forth herein to the fullest extent possible. The commission staff shall provide advice and assistance to such executor or executrix upon request.

(5) For the purpose of this section, any relocation or restriction of practice which substantially interferes with a patient's reasonable access to their chiropractor shall be cause for the chiropractor to comply with the duties set forth.

(6) Willful failure to comply with this section shall be cause to suspend a chiropractor's license until the required duties are fulfilled.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-655, filed 8/6/96, effective 9/6/96.]

WAC 246-808-660 Mandatory reporting. (1) All reports required by these regulations shall be submitted to the commission as soon as possible, but no later than sixty days after a determination is made.

(2) A report shall contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name, address, and telephone number of the chiropractor being reported.

(c) The name of any patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid the evaluation of the report.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-660, filed 8/6/96, effective 9/6/96.]

WAC 246-808-670 Chiropractic associations or societies. The president or chief executive officer of any chiropractic association or society within this state shall report to the commission when an association or society determines that a chiropractor has committed unprofessional conduct or that a chiropractor may not be able to practice chiropractic with reasonable skill and safety to patients as the result of any mental or physical condition and constitutes an apparent risk to the public health, safety, or welfare. The report required by this section shall be made without regard to whether the license holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-670, filed 8/6/96, effective 9/6/96.]

WAC 246-808-680 Insurance carriers. The executive officer of every insurer, licensed under Title 48 RCW operating in the state of Washington, shall report to the commission any evidence that a chiropractor has charged fees for chiropractic services not actually provided, or has otherwise committed unprofessional conduct.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-680, filed 8/6/96, effective 9/6/96.]

WAC 246-808-685 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to chiropractors shall send the commission a complete report of any malpractice settlement, award or payment over thirty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured chiropractor's incompetence or negligence in the practice of chiropractic. Such institution or organization shall also report the payment of three or more claims during a year as the result of alleged incompetence or negligence in the practice of chiropractic regardless of the dollar amount of the payment.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-685, filed 8/6/96, effective 9/6/96.]

WAC 246-808-690 Courts. The commission requests the assistance of all clerks of trial courts within the state to report to the commission, all professional malpractice judgments and all criminal convictions of licensed chiropractors, other than for minor traffic violations.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-690, filed 8/6/96, effective 9/6/96.]

WAC 246-808-695 State and federal agencies. The commission requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a chiropractor has been judged to have demonstrated incompetence or negligence in the practice of chiropractic, or has otherwise committed unprofessional conduct; or whose practice is impaired as a result of a mental, physical or chemical condition, to report to the commission all professional malpractice judgments and decisions.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-695, filed 8/6/96, effective 9/6/96.]

WAC 246-808-700 Cooperation with investigation. (1) A chiropractor shall comply with a request for records, documents or explanation from an investigator who is acting on behalf of the commission, by submitting the requested items within fourteen calendar days of receipt of the request by the chiropractor or the chiropractor's attorney, whichever is first.

(2) If the chiropractor fails to comply with the request within fourteen calendar days, the investigator shall contact

the chiropractor or the chiropractor's attorney by telephone or letter as a reminder.

(3) Investigators may extend the time for response if the chiropractor requests an extension for a period not to exceed seven calendar days.

(4) If the chiropractor fails to comply with the request within three business days after the receipt of the reminder, then a subpoena shall be served upon the chiropractor to obtain the requested items.

(5) If the chiropractor fails to comply with the subpoena, a statement of charges shall be issued pursuant to RCW 18.130.180(8) and, if there is sufficient evidence to support additional charges, then those charges may be included in the statement of charges.

(6) If the chiropractor complies with the request after the issuance of the statement of charges, the commission's assistant attorney general-prosecutor shall decide whether the charges based on RCW 18.130.180(8) shall be prosecuted or settled. If the charges based on RCW 18.130.180(8) are to be settled, the settlement proposal shall be presented to the commission or a duly constituted panel of the commission for a decision on ratification and until ratified, the settlement is not final.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-700, filed 8/6/96, effective 9/6/96.]

WAC 246-808-720 Commission conflict of interest. Members of the commission shall not participate in deciding a case or in rule making where their participation presents a conflict of interest, creates an appearance of a conflict of interest or where the commission determines the member's participation raises questions as to the impartiality of the commission.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-720, filed 8/6/96, effective 9/6/96.]

SUBSTANCE ABUSE MONITORING

WAC 246-808-801 Purpose. The commission recognizes the need to establish a means of proactively providing early recognition and treatment options for chiropractors whose competency may be impaired due to the abuse of drugs or alcohol. The commission intends that such chiropractors be treated and their treatment monitored so that they can return to or continue to practice their profession in a way which safeguards the public. To accomplish this, the commission shall approve voluntary substance abuse monitoring programs and shall refer chiropractors impaired by substance abuse to approved programs as an alternative to instituting disciplinary proceedings as defined in RCW 18.130.160.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-801, filed 8/6/96, effective 9/6/96.]

WAC 246-808-810 Definitions. The following general terms are defined within the context used in this chapter:

"Aftercare" is that period of time after intensive treatment that provides the chiropractor and the chiropractor's family with group or individual counseling sessions, discussions with other families, ongoing contact and participation in self-help groups and ongoing continued support of treatment program staff.

"Approved substance abuse monitoring program" or **"approved monitoring program"** is a program the commission has determined meets the requirements of the law and the criteria established by the commission in WAC 246-808-820 which enters into a contract with chiropractors who have substance abuse problems regarding the required components of the chiropractor's recovery activity and oversees the chiropractor's compliance with these requirements. Substance abuse monitoring programs do not provide evaluation or treatment to participating chiropractors.

"Approved treatment facility" is a facility approved by the bureau of alcohol and substance abuse, department of social and health services according to RCW 70.96A.020(2) or 69.54.030 to provide intensive alcoholism or drug treatment if located within Washington state. Drug and alcohol treatment programs located out-of-state must be equivalent to the standards required for approval under RCW 70.96A.020(2) or 69.54.030.

"Contract" is a comprehensive, structured agreement between the recovering chiropractor and the approved monitoring program stipulating the chiropractor's consent to comply with the monitoring program and its required components of the chiropractor's recovery activity.

"Health care professional" is an individual who is licensed, certified, or registered in Washington to engage in the delivery of health care to patients.

"Random drug screens" are laboratory tests to detect the presence of drugs of abuse in body fluids which are performed at irregular intervals not known in advance by the person being tested.

"Substance abuse" means the impairment, as determined by the commission, of a chiropractor's professional services by an addiction to, a dependency on, or the use of alcohol, legend drugs, or controlled substances.

"Support group" is a group of health care professionals meeting regularly to support the recovery of its members. The group provides a confidential setting with a trained and experienced health care professional facilitator in which chiropractors may safely discuss drug diversion, licensure issues, return to work, and other professional issues related to recovery.

"Twelve-step groups" are groups such as alcoholics anonymous, narcotics anonymous, and related organizations based on a philosophy of anonymity, belief in a power outside of oneself, a peer group association, and self-help.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-810, filed 8/6/96, effective 9/6/96.]

WAC 246-808-820 Approval of substance abuse monitoring programs. The commission shall approve the monitoring program(s) which shall participate in the commission's substance abuse monitoring program. A monitoring program approved by the commission may be contracted with an entity outside the department but within the state, out-of-state, or a separate structure within the department.

(1) The approved monitoring program shall not provide evaluation or treatment to the participating chiropractor.

(2) The approved monitoring program staff must have the qualifications and knowledge of both substance abuse and the practice of chiropractic as defined in this chapter to be able to evaluate:

(a) Clinical laboratories;

(b) Laboratory results;

(c) Providers of substance abuse treatment, both individuals and facilities;

(d) Support groups;

(e) The chiropractic work environment; and

(f) The ability of the chiropractor to practice with reasonable skill and safety.

(3) The approved monitoring program shall enter into a contract with the chiropractor and the commission to oversee the chiropractor's compliance with the requirements of the program.

(4) The approved monitoring program may make exceptions to individual components of the contract on an individual basis.

(5) The approved monitoring program staff shall recommend, on an individual basis, whether a chiropractor shall be prohibited from engaging in the practice of chiropractic for a period of time and restrictions, if any, on the chiropractor's access to controlled substances in the workplace.

(6) The approved monitoring program shall maintain records on participants.

(7) The approved monitoring program shall be responsible for providing feedback to the chiropractor as to whether treatment progress is acceptable.

(8) The approved monitoring program shall report to the commission any chiropractor who fails to comply with the requirements of the monitoring program.

(9) The approved monitoring program shall receive from the commission guidelines on treatment, monitoring, and limitations on the practice of chiropractic for those participating in the program.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-820, filed 8/6/96, effective 9/6/96.]

WAC 246-808-830 Participation in approved substance abuse monitoring program. (1) In lieu of disciplinary action, the chiropractor may accept commission referral into the approved substance abuse monitoring program.

(a) The chiropractor shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation shall be performed by health care professional(s) with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The chiropractor shall enter into a contract with the commission and the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The chiropractor shall undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The chiropractor shall agree to remain free of all mind-altering substances including alcohol, except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101.

(iii) The chiropractor must complete the prescribed aftercare program of the intensive treatment facility, which may include individual and/or group psychotherapy.

(iv) The treatment counselor(s) shall provide reports to the approved monitoring program at specified intervals. Reports shall include treatment, prognosis, and goals.

(v) The chiropractor shall submit to random drug screening as specified by the approved monitoring program.

(vi) The chiropractor shall attend support groups facilitated by a health care professional and/or twelve-step group meetings as specified by the contract.

(vii) The chiropractor shall comply with specified employment conditions and restrictions as defined by the contract.

(viii) The chiropractor shall sign a waiver allowing the approved monitoring program to release information to the commission if the chiropractor does not comply with the requirements of this contract.

(c) The chiropractor is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, and random drug screens.

(d) The chiropractor may be subject to disciplinary action under RCW 18.130.160 if the chiropractor does not consent to be referred to the approved monitoring program, does not comply with specified employment restrictions, or does not successfully complete the program.

(2) A chiropractor who is not being investigated by the commission or subject to current disciplinary action or currently being monitored by the commission for substance abuse may voluntarily participate in the approved substance abuse monitoring program without being referred by the commission. Such voluntary participants shall not be subject to disciplinary action under RCW 18.130.160 for their substance abuse, and shall not have their participation made known to the commission if they meet the requirements of the approved monitoring program as defined in subsection (1) of this section.

(3) The treatment and pretreatment records of license holders referred to or voluntarily participating in approved monitoring programs shall be confidential, shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena or admissible as evidence except for monitoring records reported to the disciplinary authority for cause as defined in subsection (1) of this section. Records held by the commission under this section shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena except by the license holder.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-830, filed 8/6/96, effective 9/6/96.]

CHIROPRACTIC FEES

WAC 246-808-990 Chiropractic fees and renewal cycle. (1) Licenses and registrations must be renewed on the practitioner's birthday every year as provided in chapter 246-12 WAC, Part 2.

(2) The following nonrefundable fees will be charged for chiropractic license:

Title of Fee	Fee
Application/full examination or reexamination	$300.00
Temporary permit application	150.00
Temporary practice permit	50.00
Preceptorship	100.00
License renewal	270.00
Late renewal penalty	135.00
Expired license reissuance	135.00
Inactive license renewal	150.00
Expired inactive license reissuance	75.00
Duplicate license	15.00
Certification of license	25.00

(3) The following nonrefundable fees will be charged for chiropractic x-ray technician registration:

Application	25.00
Original registration	25.00
Renewal	40.00
Late renewal penalty	40.00
Expired registration reissuance	40.00
Duplicate registration	15.00
Certification of registration	25.00

[Statutory Authority: RCW 43.70.250. 99-08-101, § 246-808-990, filed 4/6/99, effective 7/1/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-808-990, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-990, filed 8/6/96, effective 9/6/96.]

Chapter 246-809 WAC

LICENSURE FOR MENTAL HEALTH COUNSELORS, MARRIAGE AND FAMILY THERAPISTS, AND SOCIAL WORKERS

WAC

LICENSED COUNSELORS—GENERAL REQUIREMENTS

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.]

LICENSED MARRIAGE AND FAMILY THERAPISTS

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 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 provides a theoretical basis for treatment strategy. Some material may be drawn from familiar sources such as family sociology, but it should be integrated with recent clinically oriented systems concepts. Supplemental studies may include family simulation, the observation of well families, and study of the student's family of origin.

(2) Marital and family therapy.

(a) An applicant must 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.]

LICENSED MENTAL HEALTH COUNSELORS

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.]

LICENSED SOCIAL WORKERS

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.]

CONTINUING EDUCATION

WAC 246-809-600 Who is required to have continuing education? (1) Licensed marriage and family therapists, licensed mental health counselors, and licensed social workers are required to have continuing education.

(2) The effective date for reporting the required continuing education shall begin with the 2004 renewal cycle.

[Statutory Authority: Chapter 18.19 RCW. 02-11-108, § 246-809-600, filed 5/20/02, effective 6/20/02.]

WAC 246-809-610 What courses are acceptable? The continuing education (CE) program or course shall contribute to the advancement, extension and enhancement of the professional competence of the licensed counselor. Courses or workshops primarily designed to increase practice income or office efficiency are specifically not eligible for CE credit. Counselors are encouraged to take CE relating to the various phases of their professional career.

(1) Acceptable CE courses (including distance learning), seminars, workshops and postgraduate institutes are those which are:

(a) Programs having a featured instructor, speaker(s) or panel approved by an industry-recognized local, state, national, international organization or institution of higher learning; or

(b) Distance learning programs, approved by an industry-recognized local, state, national or international organiza-

tion or institution of higher learning. These programs must require tests of comprehension upon completion.

(2) Training programs sponsored by the agency where a counselor is employed are acceptable if:

(a) The experience can be shown to contribute to the advancement, extension and enhancement of the professional competence of the licensed counselor; and

(b) The training programs are limited to twenty-six hours per reporting period.

(3) Other learning experience, such as serving on a panel, board or council, community service, or publishing articles for professional publications are acceptable if:

(a) The experience can be shown to contribute to the advancement, extension and enhancement of the professional competence of the licensed counselor; and

(b) The experience is limited to six hours per reporting period.

[Statutory Authority: Chapter 18.19 RCW. 02-11-108, § 246-809-610, filed 5/20/02, effective 6/20/02.]

WAC 246-809-620 What are industry-recognized local, state, national, international organizations or institutions of higher learning? They are, but are not limited to, the following organizations:

(1) American Association for Marriage and Family Therapy;

(2) Clinical Social Work Federation;

(3) National Association of Social Workers;

(4) American Mental Health Counselors Association;

(5) National Board for Certified Counselors; or

(6) Institutions of higher learning that are accredited by a national or regional accrediting body recognized by the Commission on Recognition of Postsecondary Accreditation.

[Statutory Authority: Chapter 18.19 RCW. 02-11-108, § 246-809-620, filed 5/20/02, effective 6/20/02.]

WAC 246-809-630 How many hours do I need and in what time period? Licensed counselors must complete thirty-six hours of continuing education every two years. At least six of the thirty-six hours must be in professional ethics and law.

[Statutory Authority: Chapter 18.19 RCW. 02-11-108, § 246-809-630, filed 5/20/02, effective 6/20/02.]

WAC 246-809-640 How are credit hours determined for preparation and presentation of a lecture or an educational course? The license holder who prepares and presents lectures or education that contributes to the professional competence of a licensed counselor may accumulate the same number of hours obtained for continuing education purposes by attendees as required 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 reporting period.

[Statutory Authority: Chapter 18.19 RCW. 02-11-108, § 246-809-640, filed 5/20/02, effective 6/20/02.]

WAC 246-809-650 How do I document my courses? Acceptable documentation shall include transcripts, letters from course instructors, certificate of completion, or other formal certification, as required in chapter 246-12 WAC, Part 7.

[Statutory Authority: Chapter 18.19 RCW. 02-11-108, § 246-809-650, filed 5/20/02, effective 6/20/02.]

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 246-810 WAC
COUNSELORS

WAC

COUNSELORS

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-810-020 Expiration of registration or certification. [Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-020, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 43.70.250. 93-14-011, § 246-810-020, filed 6/24/93, effective 7/25/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-020, filed 12/27/90, effective 1/31/91. Statutory Authority: 1987 c 512 § 10. 87-21-011 (Order PM 686), § 308-190-020, filed 10/9/87.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-810-022 Current address. [Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-022, filed 8/20/97, effective 9/20/97.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-810-050 General provisions. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-190-060, filed 6/30/89.] Repealed by 97-17-113, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 18.19.050(1).

246-810-320 Education requirements—Degree equivalents. [Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-320, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-320, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 89-04-003 (Order PM 817), § 308-220-030, filed 1/19/89; 88-11-079 (Order PM 729), § 308-220-030, filed 5/18/88.] Repealed by 02-09-041, filed 4/12/02, effective 5/13/02. Statutory Authority: Chapter 18.19 RCW.

246-810-321 Program equivalency. [Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-321, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-321, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88-11-079 (Order PM 729), § 308-220-040, filed 5/18/88.] Repealed by 02-09-041, filed 4/12/02, effective 5/13/02. Statutory Authority: Chapter 18.19 RCW.

246-810-330 Supervision. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-330, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88-11-079 (Order PM 729), § 308-220-050, filed 5/18/88.] Repealed by 97-17-113, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 18.19.050(1).

246-810-331 Supervisor qualifications. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-331, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88-11-079 (Order PM 729), § 308-220-060, filed 5/18/88.] Repealed by 97-17-113, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 18.19.050(1).

246-810-332 Supervised postgraduate experience. [Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-332, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-332, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88-11-079 (Order PM 729), § 308-220-070, filed 5/18/88.] Repealed by 02-09-041, filed 4/12/02, effective 5/13/02. Statutory Authority: Chapter 18.19 RCW.

246-810-340 Examination. [Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-340, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-340, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88-11-079 (Order PM 729), § 308-220-020, filed 5/18/88.] Repealed by 02-09-041, filed 4/12/02, effective 5/13/02. Statutory Authority: Chapter 18.19 RCW.

246-810-350 General provisions. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-350, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-220-090, filed 6/30/89.] Repealed by 97-17-113, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 18.19.050(1).

246-810-360 Mandatory reporting. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-360, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-220-100, filed 6/30/89.] Repealed by 97-17-113, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 18.19.050(1).

246-810-361 Health care institutions. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-361, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-220-110, filed 6/30/89.] Repealed by 97-17-113, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 18.19.050(1).

246-810-362 Marriage and family therapist associations or societies. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-362, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-220-120, filed 6/30/89.] Repealed by 97-17-113, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 18.19.050(1).

246-810-363 Health care service contractors and disability insurance carriers. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-363, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-220-130, filed 6/30/89.] Repealed by 97-17-113, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 18.19.050(1).

246-810-364 Professional liability carriers. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-364, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-220-140, filed 6/30/89.] Repealed by 97-17-113, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 18.19.050(1).

246-810-365 Courts. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-365, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-220-150, filed 6/30/89.] Repealed by 97-17-113, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 18.19.050(1).

246-810-366 State and federal agencies. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-366, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM

842), § 308-220-160, filed 6/30/89.] Repealed by 97-17-113, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 18.19.050(1).

246-810-370 Cooperation with investigation. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-370, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-220-170, filed 6/30/89.] Repealed by 97-17-113, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 18.19.050(1).

246-810-380 AIDS prevention and information education requirements. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-380, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-220-200, filed 11/2/88.] Repealed by 97-17-113, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 18.19.050(1).

246-810-520 Education requirements. [Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-520, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-520, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88-11-025 (Order PM 730), § 308-210-020, filed 5/11/88.] Repealed by 02-09-041, filed 4/12/02, effective 5/13/02. Statutory Authority: Chapter 18.19 RCW.

246-810-521 Behavioral sciences—Program equivalency. [Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-521, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-521, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.120. 89-14-071 (Order PM 841), § 308-210-050, filed 6/30/89. Statutory Authority: RCW 18.19.050. 88-11-025 (Order PM 730), § 308-210-050, filed 5/11/88.] Repealed by 02-09-041, filed 4/12/02, effective 5/13/02. Statutory Authority: Chapter 18.19 RCW.

246-810-530 Mental health counselors—Professional experience requirement prior to examination for certification. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-530, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.120. 89-14-071 (Order PM 841), § 308-210-045, filed 6/30/89.] Repealed by 97-17-113, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 18.19.050(1).

246-810-532 Supervised postgraduate experience. [Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-532, filed 8/20/97, effective 9/20/97.] Repealed by 02-09-041, filed 4/12/02, effective 5/13/02. Statutory Authority: Chapter 18.19 RCW.

246-810-540 Examination for certified mental health counselors. [Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-540, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-540, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.120. 89-14-071 (Order PM 841), § 308-210-040, filed 6/30/89. Statutory Authority: RCW 18.19.050. 88-11-025 (Order PM 730), § 308-210-040, filed 5/11/88.] Repealed by 02-09-041, filed 4/12/02, effective 5/13/02. Statutory Authority: Chapter 18.19 RCW.

246-810-541 Applicants with graduate degree by January 26, 1989. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-541, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.120. 89-14-071 (Order PM 841), § 308-210-046, filed 6/30/89.] Repealed by 97-17-113, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 18.19.050(1).

246-810-542 Examination waiver eligibility. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-542, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.120. 89-14-071 (Order PM 841), § 308-210-030, filed 6/30/89. Statutory Authority: RCW 18.19.050. 88-11-025 (Order PM 730), § 308-210-030, filed 5/11/88.] Repealed by 97-17-113, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 18.19.050(1).

246-810-550 General provisions. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-550, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-210-080, filed 6/30/89.] Repealed by 97-17-113, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 18.19.050(1).

246-810-560 Mandatory reporting. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-560, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-210-090, filed 6/30/89.] Repealed by 97-17-113, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 18.19.050(1).

246-810-561 Health care institutions. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-561, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-210-100, filed 6/30/89.] Repealed by 97-17-113, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 18.19.050(1).

246-810-562 Mental health counselor associations or societies. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-562, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-210-110, filed 6/30/89.] Repealed by 97-17-113, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 18.19.050(1).

246-810-563 Health care service contractors and disability insurance carriers. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-563, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-210-120, filed 6/30/89.] Repealed by 97-17-113, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 18.19.050(1).

246-810-564 Professional liability carriers. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-564, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-210-130, filed 6/30/89.] Repealed by 97-17-113, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 18.19.050(1).

246-810-565 Courts. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-565, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-210-140, filed 6/30/89.] Repealed by 97-17-113, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 18.19.050(1).

246-810-566 State and federal agencies. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-566, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-210-150, filed 6/30/89.] Repealed by 97-17-113, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 18.19.050(1).

246-810-570 Cooperation with investigation. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-570, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-210-160, filed 6/30/89.] Repealed by 97-17-113, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 18.19.050(1).

246-810-580 AIDS prevention and information education requirements. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-580, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-210-200, filed 11/2/88.] Repealed by 97-17-113, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 18.19.050(1).

246-810-600 Who is required to have continuing education? [Statutory Authority: RCW 18.19.170. 00-03-075A, § 246-810-600, filed 1/19/00, effective 2/19/00.] Repealed by 02-11-108, filed 5/20/02, effective 6/20/02. Statutory Authority: Chapter 18.19 RCW. Later promulgation, see WAC 246-809-600.

246-810-610 What courses are acceptable? [Statutory Authority: RCW 18.19.170. 00-03-075A, § 246-810-610, filed 1/19/00, effective 2/19/00.] Repealed by 02-11-108, filed 5/20/02, effective 6/20/02. Statutory Authority: Chapter 18.19 RCW. Later promulgation, see WAC 246-809-610.

246-810-620 What are industry-recognized local, state, national, international organizations or institutions of higher learning? [Statutory Authority: RCW 18.19.170. 00-03-075A, § 246-810-620, filed 1/19/00, effective 2/19/00.] Repealed by 02-11-108, filed 5/20/02, effective 6/20/02.

Statutory Authority: Chapter 18.19 RCW. Later promulgation, see WAC 246-809-620.

246-810-630 How many hours do I need and in what time period? [Statutory Authority: RCW 18.19.170. 00-03-075A, § 246-810-630, filed 1/19/00, effective 2/19/00.] Repealed by 02-11-108, filed 5/20/02, effective 6/20/02. Statutory Authority: Chapter 18.19 RCW. Later promulgation, see WAC 246-809-630.

246-810-640 How are credit hours determined for preparation and presentation of a lecture or an educational course? [Statutory Authority: RCW 18.19.170. 00-03-075A, § 246-810-640, filed 1/19/00, effective 2/19/00.] Repealed by 02-11-108, filed 5/20/02, effective 6/20/02. Statutory Authority: Chapter 18.19 RCW. Later promulgation, see WAC 246-809-640.

246-810-650 How do I document my courses? [Statutory Authority: RCW 18.19.170. 00-03-075A, § 246-810-650, filed 1/19/00, effective 2/19/00.] Repealed by 02-11-108, filed 5/20/02, effective 6/20/02. Statutory Authority: Chapter 18.19 RCW. Later promulgation, see WAC 246-809-650.

246-810-660 What are the continuing education requirements for returning to active status from a temporary retirement status? [Statutory Authority: RCW 18.19.170. 00-03-075A, § 246-810-660, filed 1/19/00, effective 2/19/00.] Repealed by 02-11-108, filed 5/20/02, effective 6/20/02. Statutory Authority: Chapter 18.19 RCW.

246-810-720 Education requirements. [Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-720, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-720, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88-11-078 (Order PM 727), § 308-230-010, filed 5/18/88.] Repealed by 02-09-041, filed 4/12/02, effective 5/13/02. Statutory Authority: Chapter 18.19 RCW.

246-810-721 Education and experience equivalency. [Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-721, filed 8/20/97, effective 9/20/97.] Repealed by 02-09-041, filed 4/12/02, effective 5/13/02. Statutory Authority: Chapter 18.19 RCW.

246-810-730 Supervision requirements. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-730, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88-11-078 (Order PM 727), § 308-230-040, filed 5/18/88.] Repealed by 97-17-113, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 18.19.050(1).

246-810-731 Education and supervision equivalency. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-731, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88-11-078 (Order PM 727), § 308-230-030, filed 5/18/88.] Repealed by 97-17-113, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 18.19.050(1).

246-810-732 Supervised postgraduate experience. [Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-732, filed 8/20/97, effective 9/20/97.] Repealed by 02-09-041, filed 4/12/02, effective 5/13/02. Statutory Authority: Chapter 18.19 RCW.

246-810-740 Examination required. [Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-740, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-740, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88-11-078 (Order PM 727), § 308-230-020, filed 5/18/88.] Repealed by 02-09-041, filed 4/12/02, effective 5/13/02. Statutory Authority: Chapter 18.19 RCW.

246-810-741 Certification of persons credentialed out-of-state. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-741, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88-11-078 (Order PM 727), § 308-230-050, filed 5/18/88.] Repealed by 97-17-113, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 18.19.050(1).

246-810-750 General provisions. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-750, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-230-060, filed 6/30/89.] Repealed by 97-17-113, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 18.19.050(1).

246-810-760 Mandatory reporting. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-760, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-230-070, filed 6/30/89.] Repealed by 97-17-113, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 18.19.050(1).

246-810-761 Health care institutions. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-761, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-230-080, filed 6/30/89.] Repealed by 97-17-113, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 18.19.050(1).

246-810-762 Social worker associations or societies. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-762, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-230-090, filed 6/30/89.] Repealed by 97-17-113, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 18.19.050(1).

246-810-763 Health care service contractors and disability insurance carriers. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-763, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-230-100, filed 6/30/89.] Repealed by 97-17-113, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 18.19.050(1).

246-810-764 Professional liability carriers. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-764, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-230-110, filed 6/30/89.] Repealed by 97-17-113, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 18.19.050(1).

246-810-765 Courts. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-765, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-230-120, filed 6/30/89.] Repealed by 97-17-113, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 18.19.050(1).

246-810-766 State and federal agencies. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-766, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-230-130, filed 6/30/89.] Repealed by 97-17-113, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 18.19.050(1).

246-810-770 Cooperation with investigation. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-770, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-230-140, filed 6/30/89.] Repealed by 97-17-113, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 18.19.050(1).

246-810-780 AIDS prevention and information education requirements. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-780, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-230-200, filed 11/2/88.] Repealed by 97-17-113, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 18.19.050(1).

COUNSELORS

WAC 246-810-010 Definitions. The following terms are defined within the meaning of this chapter.

(1) "Counselor" means and includes any registered counselor or registered hypnotherapist, certified marriage and family therapist, certified mental health counselor, or certified social worker regulated under chapter 18.19 RCW.

(2) "Certified counselor" means a certified marriage and family therapist, certified mental health counselor, or certified social worker regulated pursuant to chapter 18.19 RCW.

(3) "Department" means the department of health, whose address is:

Department of Health
Health Professions Quality Assurance Division
P.O. Box 47869
Olympia, Washington 98504-7869

(4) "Fee" as referred to in RCW 18.19.030 means compensation received by the counselor for counseling services provided, regardless of the source.

(5) "Hospital" means any health care institution licensed according to chapter 70.41 RCW.

(6) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(7) "Similarly regulated" as referred to in RCW 18.19.040(1) means individuals who are currently registered, certified, or licensed under other laws of this state wherein disciplinary standards defining acts of unprofessional conduct apply to each individual under the regulation.

(8) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

[Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-010, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.060. 89-14-070 (Order PM 840), § 308-190-030, filed 6/30/89. Statutory Authority: RCW 18.19.050. 88-11-024 (Order PM 728), § 308-190-030, filed 5/11/88.]

WAC 246-810-030 Client disclosure information. Counselors must provide disclosure information to each client in accordance with chapter 18.19 RCW prior to implementation of a treatment plan. The disclosure information must be specific to the type of counseling service offered; in language that can be easily understood by the client; and contain sufficient detail to enable the client to make an informed decision whether or not to accept treatment from the disclosing counselor.

Firms, agencies, or businesses having more than one counselor involved in a client's treatment, may provide disclosure information general to that agency. In these cases, the counselor would not be required to duplicate the information disclosed by the agency.

The disclosure information may be printed in a format of the counselor's choosing, but must include all required disclosure information per WAC 246-810-031.

[Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-030, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.060. 89-14-070 (Order PM 840), § 308-190-040, filed 6/30/89. Statutory Authority: RCW 18.19.050. 88-11-024 (Order PM 728), § 308-190-040, filed 5/11/88.]

WAC 246-810-031 Required disclosure information. (1) The following information shall be provided to each counseling client:

(a) Name of firm, agency, business, or counselor's practice.

(b) Counselor's business address and telephone number.

(c) Washington state registration or certification number.

(d) The counselor's name and type of counseling they provide.

(e) The methods or techniques the counselor uses.

(f) The counselor's education, training, and experience.

(g) The course of treatment where known.

(h) Billing information, including:

(i) Client's cost per each counseling session;

(ii) Billing practices, including any advance payments and refunds.

(i) The following language must appear on every client's disclosure statement:

"Counselors practicing counseling for a fee must be registered or certified with the department of health for the protection of the public health and safety. Registration of an individual with the department does not include a recognition of any practice standards, nor necessarily implies the effectiveness of any treatment."

(j) Clients are to be informed of the purpose of the Counselor Credentialing Act. The purpose of the law regulating counselors is: (A) To provide protection for public health and safety; and (B) to empower the citizens of the state of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.

(k) Clients are to be informed that they as individuals have the right to choose counselors who best suit their needs and purposes. (This subsection is not intended to provide new rights by superseding those adopted by previous statutes.)

(l) Clients are to be informed of the extent of confidentiality provided by RCW 18.19.180 (1) through (6).

(m) Clients are to be provided a list of or copy of the acts of unprofessional conduct in RCW 18.130.180 with the name, address, and contact telephone within the department of health.

(2) Signatures are required of both the counselor providing the disclosure information and the client following a statement that the client had been provided a copy of the required disclosure information and the client has read and understands the information provided. The date of signature by each party is to be included at the time of signing.

(3) The department of health publishes a brochure for the education and assistance of the public. The department brochure may be photocopied and provided to each client in conjunction with the disclosure information required in this section. The brochure published by the department is insufficient, by itself, to meet the requirements of this section.

[Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-031, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-031, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.060. 89-14-070 (Order PM 840), § 308-190-041, filed 6/30/89.]

WAC 246-810-032 Failure to provide client disclosure information. Failure to provide to the client any of the disclosure information as set forth in WAC 246-810-030 and 246-810-031, and as required by the law shall constitute an act of unprofessional conduct as defined in RCW 18.130.-180(7).

[Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-032, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-032, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88-11-024 (Order PM 728), § 308-190-050, filed 5/11/88.]

WAC 246-810-035 Recordkeeping and retention. (1) The counselor providing professional services to a client or providing services billed to a third-party payor, shall document services, except as provided in subsection (2) of this section. The documentation shall include:

(a) Client name;

(b) The fee arrangement and record of payments;

(c) Dates counseling was received;

(d) Disclosure form, signed by counselor and client;

(e) The presenting problem(s), purpose or diagnosis;

(f) Notation and results of formal consults, including information obtained from other persons or agencies through a release of information;

(g) Progress notes sufficient to support responsible clinical practice for the type of theoretical orientation/therapy the counselor uses.

(2) If a client requests that no treatment records be kept, and the counselor agrees to the request, the request must be in writing and only the following must be retained:

(a) Client name;

(b) Fee arrangement and record of payments;

(c) Dates counseling was received;

(d) Disclosure form, signed by counselor and client;

(e) Written request that no records be kept.

(3) The counselor must not agree to the request if maintaining records is required by other state or federal law.

(4) All records must be kept for a period of five years following the last visit. Within this five-year period, all records must be maintained safely, with properly limited access.

Special provisions must be made for the retention or transferal of active or inactive records from clients last seen inside of five years; and for continuity of services in the event of a counselor going out of business, death or incapacitation. Such special provisions may be made in a will or by having another counselor review records with a client and recommend a course of action; or other appropriate means as determined by the counselor.

[Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-035, filed 8/20/97, effective 9/20/97.]

WAC 246-810-040 Reporting of suspected abuse or neglect of a child, dependent adult, or a developmentally disabled person. As required by chapter 26.44 RCW, all counselors must report abuse or neglect of a child, dependent adult, or developmentally disabled person when they have reasonable cause to believe that such an incident has occurred.

The report shall be made to the local law enforcement agency or to the department of social and health services at the first opportunity, but no longer than forty-eight hours after there is reasonable cause to believe that the child or adult has suffered abuse or neglect.

[Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-040, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.060. 89-14-070 (Order PM 840), § 308-190-042, filed 6/30/89.]

WAC 246-810-045 Fees paid in advance. (1) Any practice of collecting fees in advance, as well as refund policies, must be disclosed in accordance with WAC 246-810-031 to the client before any funds are collected.

(2) Counselors who collect fees in advance of the service provided must separate such funds from operating/expense funds. Failure to properly account for such funds may be a violation of the Securities Act, RCW 21.20.005. These fees may not be expended by the counselor until such time as the service is provided. Any funds left in the account, for which services were not rendered, must be returned to the client within thirty days of the request by the client for return of the funds.

(3) Room rental fees or similar expenses (i.e., as relates to group therapy), are not considered fees paid in advance.

[Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-045, filed 8/20/97, effective 9/20/97.]

WAC 246-810-049 Sexual misconduct. (1) A counselor shall not engage in sexual contact or sexual activity with current clients.

(2) Counselors shall not accept as patients or clients individuals with whom they have engaged in sexual contact or activity.

(3) A counselor shall not engage in sexually harassing or demeaning behavior with clients.

(4) Sexual contact or activity with a client, or an individual who has been a client within the past two years, constitutes unprofessional conduct.

(5) Counselors shall never engage in sexual contact or activity with former clients, if such contact or activity involves the abuse of the counselor-client relationship.

(a) The department may consider the following factors in evaluating if the counselor-client relationship has been abusive:

(i) The amount of time that has passed where there is no contact of any kind between counselor and client since therapy terminated;

(ii) The nature and duration of the therapy;

(iii) The circumstances of cessation or termination of therapy;

(iv) The client's personal history;

(v) The client's current mental status, emotional dependence and vulnerability;

(vi) The likelihood of adverse impact on the client and others; and

(vii) Any statements or actions made by the counselor during the course of therapy suggesting or inviting the possibility of a post termination sexual or romantic relationship with the client.

(b) If a counselor engages in sexual contact or activity with a client more than two years after the last therapeutic session, the counselor has had no contact with the client during the two-year period, and the sexual activity is not abusive of the counselor-client relationship the department will not consider the relationship to be unprofessional conduct.

[Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-049, filed 8/20/97, effective 9/20/97.]

WAC 246-810-060 Mandatory reporting. (1) All reports required by this chapter shall be submitted to the

department as soon as possible, but no later than twenty days after a determination is made.

(2) Reports made in accordance with WAC 246-810-061, 246-810-062, 246-810-063, and 246-810-064 should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name, address and telephone number of the counselors being reported.

(c) The case number of any client or patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under chapter 42.17 RCW.

(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 18.19.050(1). 97-17-113, § 246-810-060, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-190-070, filed 6/30/89.]

WAC 246-810-061 Health care institutions. The chief administrator or executive officer or their designee of any hospital, nursing home, chemical dependency treatment programs as defined in chapter 70.96A RCW, drug treatment agency as defined in chapter 69.54 RCW, and public and private mental health treatment agencies as defined in RCW 71.05.020 (6) and (7), and 71.24.025(3), shall report to the department when any counselor's services are terminated or are restricted based upon a determination that the counselor has committed an act which may constitute unprofessional conduct or that the counselor may be unable to practice with reasonable skill or safety to clients by reason of a mental or physical condition. Reports are to be made in accordance with WAC 246-810-060.

[Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-061, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-061, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-190-080, filed 6/30/89.]

WAC 246-810-062 Counselor associations or societies. The president or chief executive officer of any counselor association or society within this state shall report to the department when the association or society determines that a registered or certified counselor has committed unprofessional conduct or that a counselor may not be able to practice counseling with reasonable skill and safety to clients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the counselor appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included. Reports are to be made in accordance with WAC 246-810-060.

[Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-062, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-062, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-190-090, filed 6/30/89.]

WAC 246-810-063 Health care service contractors and disability insurance carriers. The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that a counselor has engaged in fraud in billing for services. Reports are to be made in accordance with WAC 246-810-060.

[Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-063, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-063, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-190-100, filed 6/30/89.]

WAC 246-810-064 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to counselors shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured counselor's incompetency or negligence in the practice of counseling. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the counselor's alleged incompetence or negligence in the practice of counseling. Reports are to be made in accordance with WAC 246-810-060.

[Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-064, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-064, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-190-110, filed 6/30/89.]

WAC 246-810-065 Courts. The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of counselors, other than minor traffic violations.

[Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-065, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-065, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-190-120, filed 6/30/89.]

WAC 246-810-066 State and federal agencies. The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a counselor is employed to provide client care services, to report to the department whenever such a counselor has been judged to have demonstrated his/her incompetency or negligence in the practice of counseling, or has otherwise committed unprofessional conduct, or may not be able to practice with reasonable skill and safety by reason

of any mental or physical condition. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-066, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-066, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-190-130, filed 6/30/89.]

WAC 246-810-070 Cooperation with investigation. (1) A counselor must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the secretary of the department of health by submitting the requested items within fourteen calendar days of receipt of the request by either the counselor or their attorney, whichever is first. If the counselor fails to comply with the request within fourteen calendar days, the investigator will contact that individual or their attorney by telephone or letter as a reminder.

(2) Investigators may grant a one-time extension for response if needed. Any other requests for extension of time may be granted by the secretary or the secretary's designee.

(3) If the counselor fails to comply with the request within three business days after receiving the reminder, a statement of charges may be issued pursuant to RCW 18.130.180(8) for failure to cooperate. If there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

[Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-070, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-190-140, filed 6/30/89.]

WAC 246-810-080 AIDS prevention and information education requirements. Applicants must complete four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-810-080, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-080, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-190-200, filed 11/2/88.]

CERTIFIED COUNSELORS—GENERAL REQUIREMENTS

WAC 246-810-110 Definitions. The following terms apply to the remainder of this chapter:

(1) "Counseling internship" is defined as supervised mental health counseling, marriage and family therapy and social work performed through counseling field placement while acquiring a master's or doctoral degree.

(2) "Counseling practicum" is defined as mental health counseling, marriage and family therapy and social work that is supervised as a part of a course.

(3) "Distance learning" means correspondence, computer, audio, video, or teleconference courses.

(4) "Formal meeting" is defined as conversations with an approved supervisor to discuss supervisee's cases. The formal meeting is usually a period of approximately one hour and focuses on the raw data from a supervisee's postgraduate experience, which may be made available to the supervisor through such means as direct observation, cotherapy, written clinical notes and audio and video recordings. Formal meetings, as defined here, take place during the supervised postgraduate experience and may be in the form of individual formal meetings or group formal meetings:

(a) "Individual formal meeting" is defined as a meeting with an approved supervisor, involving one supervisor and no more than two supervisees.

(b) "Group formal meeting" is defined as sessions of one or more supervisors meeting with no more than six supervisees.

(5) "Marriage and family therapist" is a counselor who practices that aspect of counseling described in RCW 18.19.130(2).

(6) "Mental health counselor" is a counselor who practices that aspect of counseling as described in RCW 18.19.-120(2).

(7) "Social worker" is a counselor who practices that aspect of counseling described in RCW 18.19.110(3).

(8) "Official transcript" is defined as the transcript from the graduate school, in an envelope readily identified as having been sealed by the school.

(9) "Supervised postgraduate experience" is the post-master's degree practice as referred to in RCW 18.19.110 (1)(b) and the postgraduate practices as referred to in RCW 18.19.120 (1)(b) and 18.19.130 (1)(b), and is the experience received under an approved supervisor after the master's or doctoral degree is acquired. A practicum or internship done while acquiring the degree is not applicable. The total number of counseling hours must be accumulated over a minimum twenty-four-month period. Accumulation of professional experience is not required to be consecutive.

[Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-110, filed 8/20/97, effective 9/20/97.]

WAC 246-810-120 Qualifications not met—Appeal. (1) An applicant notified by the department as not meeting qualifications for state certification may request an informal review and an outline of requirements met or not met by making such request to the department in writing.

(2) The department will provide the applicant with an outline and the process for an appeal.

(3) After receiving the breakdown, the applicant may appeal the department's decision by submitting a letter requesting a brief adjudicative proceeding. The letter must clearly state the specific reason for the appeal and how the department was in error. The applicant must cite the law or rule on which the appeal is based.

(4) Following the brief adjudicative proceeding, the department will render a decision and notify the applicant in writing of the results.

[Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-120, filed 8/20/97, effective 9/20/97.]

WAC 246-810-130 Expired credential. (1) If the certification has expired for three years or less the individual must meet the requirements of chapter 246-12 WAC, Part 2.

(2) If a certification has been expired for more than three years the individual may be required to meet all the requirements of a new applicant and must meet the requirements of chapter 246-12 WAC, Part 2.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-810-130, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-130, filed 8/20/97, effective 9/20/97.]

WAC 246-810-140 Temporary retirement. Temporary retirement means a certified counselor who desires to place their certification in a nonpracticing status. The following applies only to counselors whose certification is active:

(1) Request must be made in writing.

(2) While in temporary retirement, the counselor:

(a) May not represent him/herself as "certified"; and

(b) Is not required to pay certification renewal fees.

(3) Reinstatement of the certification requires written notification to the department within five years of temporary retirement, and compliance with any applicable continuing education requirements, renewal requirements and fees in place at the time.

(4) If renewal is not made within five years of expiration, the counselor must reapply with the department, pay any current fees, provide evidence of current knowledge and skill and may be required to meet all the requirements of a new applicant.

(5) A certified counselor may let the certification lapse and practice under another certification or as a registered counselor.

[Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-140, filed 8/20/97, effective 9/20/97.]

CERTIFIED MARRIAGE AND FAMILY THERAPISTS

WAC 246-810-310 Definitions. The following terms apply to the certification of marriage and family therapists.

(1) "Approved school" means:

(a) Any college or university accredited by a national or regional accrediting body recognized by the commission on recognition of postsecondary accreditation or its successor; or

(b) A program accredited by the commission on accreditation for marriage and family therapy education, at the time the applicant completed the required education.

(2) "Approved supervisor" is an individual who meets the education and experience requirements described in WAC 246-810-334.

(3) "Marriage and family treatment" includes the evaluation and diagnosis of individual, marital, family functioning, and psychopathology.

(4) "Treatment" is a process that is derived from a systemic or interactional theoretical orientation where psychotherapy is employed to improve the individual, marital, and family functioning.

(5) "Program equivalency" is graduate level courses the content of which compares to coursework required for achievement of a master's or doctoral degree in marriage and family therapy.

[Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-310, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-310, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 89-04-003 (Order PM 817), § 308-220-010, filed 1/19/89; 88-11-079 (Order PM 729), § 308-220-010, filed 5/18/88.]

WAC 246-810-334 Approved supervisor—Qualifications. (1) "Approved supervisor" (also referred to as "supervisor,") is defined as: A certified marriage and family therapist; or a mental health care provider who meets or exceeds the requirements of a certified marriage and family therapist in the state of Washington; and who would be eligible to take the examination required for certification. The supervisor must not be a blood or legal relative or cohabitant of the supervisee, supervisee's peer, or someone who has acted as the supervisee's therapist.

(2) The approved supervisor shall meet the following additional experience requirements:

(a) Must have completed at least three years of employment, or private practice, as a professional as defined above; and

(b) Must have at least one year's experience supervising the practice of marriage and family therapy, or the supervision of a practicum or internship.

(c) The one year of supervision may be acquired during the three years of employment or private practice.

(3) An American Association of Marriage and Family Therapy approved supervisor is considered to have met the requirements described in subsections (1) and (2) of this section.

[Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-334, filed 8/20/97, effective 9/20/97.]

WAC 246-810-345 Examination appeal procedures. (1) The candidate who fails the examination for marriage and family therapist certification may appeal the examination results by requesting a review of the failed examination.

(2) The procedure for informal review of failed state-examination questions is as follows:

(a) The request for a review must be in writing and be postmarked within thirty days from the date of the letter notifying the candidate of the specific examination results.

(b) The department must notify the candidate of time, date and place to personally review incorrect answers on the failed examination. The time and place for such review shall be determined by the department.

(c) At the time of the candidate's review, the department shall provide the candidate's failed questions, indicating the incorrect selections. The candidate shall also be provided a form for completion in defense of the candidate's examination answers. The form, which serves the purpose of requesting an informal appeal, must be completed by the candidate only at the time of the review.

(i) The candidate must be identified only by candidate number for the purpose of the informal review.

(ii) The candidate must state the specific reason(s) why her or his answer(s) should be considered correct.

(d) The following restrictions shall apply during the review:

(i) The candidate must not bring in any resource material for use while completing the review.

(ii) The candidate is not allowed to remove any notes or material from the review site.

(iii) Letters of reference or requests for special consideration will not be considered.

(e) Requests for informal appeal are considered only when sufficient questions are challenged to result in a passing score.

(f) The informal appeal must be reviewed by the department which shall determine whether or not the candidate should be given credit for her or his answer(s) on the examination.

(g) The department must notify the candidate of the informal appeal decision in writing.

(3) The candidate who wishes informal review of the national examination must:

(a) Request hand scoring of the national examination from the department. The request must be in writing and postmarked within thirty days from the date of the letter notifying the candidate of the specific examination results. Upon request from the candidate, the department must provide examination-agency forms to the candidate. The candidate must fill out the form and forward with any required fee to the examination agency. Hand score results will be sent to the department. The department notifies the candidate of the results by letter.

(b) The candidate may request a review of the national examination within ninety days of the date of the exam, by submitting a written request to the department. The department will work with the examination agency to provide the candidate with the opportunity to review the exam in accordance with any review procedures required by the examination agency. The time and place for such review is determined by the department as required by any constraints from the examination agency.

(4) The candidate who is not satisfied with the informal appeal decision may request a formal hearing before a law judge as provided by the Administrative Procedure Act, chapter 34.05 RCW. Such request for formal hearing must be submitted in writing to the department and be postmarked within thirty days from the date on the written notification of the informal appeal decision. The issues raised by the candidate at the formal hearing must be limited to those issues raised by the candidate for consideration in the informal appeal, unless amended by a prehearing order. The department must inform the candidate of the formal appeal process in writing within twenty days of receipt of the request for formal appeal.

(5) If there is a prehearing conference, the law judge must enter an order which sets forth the actions taken at the conference, including the settlement or simplification of issues. The prehearing order limits the issues for formal hearing to those not disposed of by admission or agreement. Such order controls the subsequent course of the proceeding unless modified by subsequent prehearing order.

[Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-345, filed 8/20/97, effective 9/20/97.]

WAC 246-810-348 Certification of persons credentialed out-of-state. Certification as a Washington state certified marriage and family therapist may be extended to persons credentialed in another jurisdiction.

(1) Applicants must have met the same education and experience as required by Washington state statute, chapter 18.19 RCW, and rules, chapter 246-810 WAC.

(2) Applicants who are currently a clinical member of The American Association for Marriage and Family Therapy (AAMFT) have met the educational and supervised postgraduate experience requirements for Washington state certification and are eligible to take the examination. Documentation of AAMFT status must be sent directly to the department of health from AAMFT.

(3) Examinations.

(a) Applicant must have passed the Association of Marital and Family Therapy Regulatory Boards (AMFTRB) examination. Verification must be provided directly from the jurisdiction in which the applicant took the required examination.

(b) Applicant will be required to take and pass the written examination on Washington's statutes and rules.

(4) The following situations are not considered substantially equal for Washington state certification:

(a) Certification of persons credentialed out-of-state through a state-constructed examination; or

(b) Grandfathering provisions where proof of education, supervised postgraduate experience, or examination was not required.

[Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-348, filed 8/20/97, effective 9/20/97.]

CERTIFIED MENTAL HEALTH COUNSELORS

WAC 246-810-510 Definitions. The following terms apply to the certification of mental health counselors.

(1) "Approved school" means any college or university accredited by a national or regional accrediting body recognized by the commission on recognition of postsecondary accreditation, or its successor, at the time the applicant completed the required education.

(2) "Approved supervisor" is an individual who meets the education and experience requirements described in WAC 246-810-534.

(3) "Program equivalency" is a core of study, the content of which compares to coursework required for achievement of a master's or doctoral degree in mental health counseling.

[Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-510, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-510, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.120. 89-14-071 (Order PM 841), § 308-210-010, filed 6/30/89. Statutory Authority: RCW 18.19.050. 88-11-025 (Order PM 730), § 308-210-010, filed 5/11/88.]

WAC 246-810-534 Approved supervisor—Qualifications. (1) "Approved supervisor" (also referred to as "supervisor,") is defined as: A certified mental health counselor, certified marriage and family therapist, certified social worker, licensed psychologist, licensed psychiatrist; or a mental health provider who meets or exceeds the require-

ments of a certified mental health counselor in the state of Washington, and who would be eligible to take the examination required for certification. The supervisor must not be a blood or legal relative or cohabitant of the supervisee, supervisee's peer, or someone who has acted as the supervisee's therapist.

(2) The approved supervisor shall meet the following additional experience requirements:

(a) Must have completed at least three years of employment, or private practice, as a professional as defined above; and

(b) Must have at least one year's experience supervising the practice of mental health counseling, or the supervision of a practicum or internship.

(i) The one year of supervision may be acquired during the three years of employment or private practice.

(ii) A minimum of thirty clock hours of training in supervision may be substituted for the one year of supervision experience.

(3) A person who is an NBCC approved supervisor for CCMHC through NBCC is considered to have met the requirements described in subsections (1) and (2) of this section.

(4) Supervisors of applicants whose supervised postgraduate experience was acquired prior to January 1, 2000, need not meet the requirements of subsection (2) of this section.

[Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-534, filed 8/20/97, effective 9/20/97.]

WAC 246-810-545 Examination appeal procedures. The candidate who fails the examination for mental health counselor certification may appeal the examination result by requesting a review of the failed examination.

(1) The candidate who wishes informal review of the national examination must:

(a) Request hand scoring from the department. The request must be in writing and postmarked within thirty days from the date of the letter notifying the candidate of the specific examination results. Upon request from the candidate, the department must provide examination-agency forms to the candidate. The candidate must fill out the form and forward with any required fee to the examination agency. Hand score results will be sent to the department. The department notifies the candidate of the results by letter.

(b) The candidate may request a review of the national examination within ninety days of the date of the examination, by submitting a written request to the department. The department will work with the examination agency to provide the candidate with the opportunity to review the exam in accordance with any review procedures required by the examination agency. The time and place for such review is determined by the department as required by any constraints from the examination agency.

(2) The candidate who is not satisfied with the informal review decision may request a formal hearing before a law judge as provided by the Administrative Procedure Act, chapter 34.05 RCW. Such request for formal hearing must be submitted in writing to the department and be postmarked within thirty days from the date on the written notification of the informal review decision. The issues raised by the candidate at the formal hearing must be limited to those issues raised by the candidate for consideration at the informal review, unless amended by a prehearing order. The department must inform the candidate of the formal appeal process in writing within twenty days of receipt of the request for formal appeal.

(3) If there is a prehearing conference, the law judge must enter an order which sets forth the actions taken at the conference, including the settlement or simplification of issues. The prehearing order limits the issues for formal hearing to those not disposed of by admission or agreement. Such order controls the subsequent course of the proceeding unless modified by subsequent prehearing order.

[Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-545, filed 8/20/97, effective 9/20/97.]

WAC 246-810-548 Certification of persons credentialed out-of-state. Certification as a Washington state certified mental health counselor may be extended to persons credentialed in another jurisdiction.

(1) Applicants must have met the same education and experience as required by Washington state statute, chapter 18.19 RCW, and rules, chapter 246-810 WAC.

(2) Applicants who are a Nationally Certified Counselor (NCC) through the National Board of Certified Counselors (NBCC) have met the education requirements for Washington state certification. Applicants who are a Certified Clinical Mental Health Counselor (CCMHC) through the NBCC have met the education and experience requirements for Washington state certification.

(3) Examination. Applicant must have passed the National Board of Certified Counselors National Counselor Examination (NCE) or the National Clinical Mental Health Counselor Examination (NCMHCE). Verification must be provided directly from the jurisdiction in which the applicant took the required examination.

(4) The following situations are not considered substantially equal for Washington state certification:

(a) Certification of persons credentialed out-of-state through a state-constructed examination; or

(b) Grandfathering provisions where proof of education, supervised postgraduate experience, or examination was not required.

[Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-548, filed 8/20/97, effective 9/20/97.]

CERTIFIED SOCIAL WORKERS

WAC 246-810-710 Definitions. The following terms apply to the certification of social workers.

(1) "Approved school" is an accredited graduate school of social work as provided in RCW 18.19.110, and means a program accredited by the council on social work education (CSWE).

(a) Canadian graduate schools of social work that are approved by the Canadian council of social work; and

(b) Foreign curriculums which meet the requirements of the foreign equivalency determining service of the council on social work education.

(2) "Approved supervisor" is an individual who is a certified social worker who meets the education and experience requirements described in WAC 246-810-734.

[Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-710, filed 8/20/97, effective 9/20/97.]

WAC 246-810-734 Approved supervisor—Qualifications. (1) "Approved supervisor" (also referred to as "supervisor,") is defined as: A certified social worker, certified mental health counselor, or certified marriage and family therapist, licensed psychologist, licensed psychiatrist; or a mental health provider who meets or exceeds the requirements of a certified social worker in the state of Washington; and who would be eligible to take the examination required for certification. The supervisor must not be a blood or legal relative or cohabitant of the supervisee, supervisee's peer, or someone who has acted as the supervisee's therapist.

(2) The approved supervisor shall meet the following additional experience requirements:

(a) Must have completed at least three years of employment, or private practice, as a professional as defined above; and

(b) Must have at least one year's experience supervising the practice of social work, or the supervision of a practicum or internship.

(i) The one year of supervision may be acquired during the three years of employment or private practice.

(ii) A minimum of thirty clock hours of training in supervision may be substituted for the one year of supervision experience.

(3) An ACSW approved supervisor is considered to have met the requirements of subsections (1) and (2) of this section.

(4) Supervisors of applicants whose supervised postgraduate experience was acquired prior to January 1, 2000, need not meet the requirements of subsection (2) of this section.

[Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-734, filed 8/20/97, effective 9/20/97.]

WAC 246-810-745 Examination appeal procedures. The candidate who fails the examination for social worker certification may appeal the examination result by requesting a review of the failed examination.

(1) The candidate who wishes informal review of the national examination must:

(a) Request hand scoring from the department. The request must be in writing and postmarked within thirty days from the date of the letter notifying the candidate of the specific examination results. Upon request from the candidate, the department must provide examination-agency forms to the candidate. The candidate must fill out the form and forward with any required fee to the examination agency. Hand score results will be sent to the department. The department notifies the candidate of the results by letter.

(b) The candidate may request a review of the national examination within ninety days of the date of the examination, by submitting a written request to the department. The department will work with the examination agency to provide the candidate with the opportunity to review the exam in accordance with any review procedures required by the examination agency. The time and place for such review is determined by the department as required by any constraints from the examination agency.

(2) The candidate who is not satisfied with the informal review decision may request a formal hearing before a law judge as provided by the Administrative Procedure Act, chapter 34.05 RCW. Such request for formal hearing must be submitted in writing to the department and be postmarked within thirty days from the date on the written notification of the informal review decision. The issues raised by the candidate at the formal hearing must be limited to those issues raised by the candidate for consideration at the informal review, unless amended by a prehearing order. The department must inform the candidate of the formal appeal process in writing within twenty days of receipt of the request for formal appeal.

(3) If there is a prehearing conference, the law judge must enter an order which sets forth the actions taken at the conference, including the settlement or simplification of issues. The prehearing order limits the issues for formal hearing to those not disposed of by admission or agreement. Such order controls the subsequent course of the proceeding unless modified by subsequent prehearing order.

[Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-745, filed 8/20/97, effective 9/20/97.]

WAC 246-810-748 Certification of persons credentialed out-of-state. Certification as a Washington state certified social worker may be extended to persons credentialed in another jurisdiction.

(1) Applicants must have met the same education and experience as required by Washington state statute, chapter 18.19 RCW, and rules, chapter 246-810 WAC.

(2) Applicants who currently hold ACSW, ABECSW or NASW status, as stipulated in WAC 246-810-721, may have met the education and/or experience requirements for Washington state certification.

(3) Examination. Applicant must have passed the American Association of State Social Work Board's Advanced or Clinical examination. Verification must be provided directly from the jurisdiction in which the applicant took the required examination.

(4) The following situations are not considered substantially equal to Washington state certification:

(a) Certification of persons credentialed out-of-state through a state-constructed examination; or

(b) Grandfathering provisions where proof of education, supervised experience, or examination was not required.

[Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-748, filed 8/20/97, effective 9/20/97.]

FEES

WAC 246-810-990 Fees and renewal cycle. (1) Certificates and registrations 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 registered counselor:	
Application and registration	$ 40.00
Renewal	37.00
Late renewal penalty	37.00
Expired registration reissuance	37.00
Duplicate registration	15.00
Certification of registration	15.00
(3) The following nonrefundable fees will be charged for registered hypnotherapist:	
Application and registration	95.00
Renewal	130.00
Late renewal penalty	65.00
Expired registration reissuance	65.00
Duplicate registration	15.00
Certification of registration	15.00
(4) The following nonrefundable fees will be charged for certified marriage and family therapist:	
Application	50.00
Initial certification	25.00
Examination administration	25.00
Renewal	83.00
Late renewal penalty	50.00
Expired certification reissuance	50.00
Duplicate certification	10.00
Certification of certificate	10.00
Wall certificate	10.00
(5) The following nonrefundable fees will be charged for certified mental health counselor:	
Application	25.00
Initial certification	25.00
Renewal	29.00
Late renewal penalty	29.00
Expired certification reissuance	29.00
Duplicate certification	10.00
Certification of certificate	10.00
Wall certificate	10.00
(6) The following nonrefundable fees will be charged for certified social worker:	
Application	25.00
Initial certification	25.00
Renewal	42.00
Late renewal penalty	42.00
Expired certification reissuance	42.00
Duplicate certification	10.00
Certification of certificate	10.00
Wall certificate	10.00

[Statutory Authority: RCW 43.70.250. 99-08-101, § 246-810-990, filed 4/6/99, effective 7/1/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-810-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-990, filed 8/20/97, effective 9/20/97. Statutory Authority: Chapter 18.19 RCW. 96-08-069, § 246-810-990, filed 4/3/96, effective 5/4/96. Statutory Authority: RCW 43.70.250. 93-14-011, § 246-810-990, filed 6/24/93, effective 7/25/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250. 90-18-039 (Order 084), § 308-190-010, filed 8/29/90, effective 9/29/90; 90-04-094 (Order 029), § 308-190-010, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43.24.086. 87-18-033 (Order PM 669), § 308-190-010, filed 8/27/87.]

Chapter 246-811 WAC
CHEMICAL DEPENDENCY PROFESSIONALS

WAC

DEFINITIONS

WAC 246-811-010 What definitions should I know?

(1) **Approved supervisor** is an individual who meets the education and experience requirements described in WAC

246-811-030 and 246-811-045 through 246-811-049 and who is available to the person being supervised.

(2) **Approved school** means any college or university accredited by a national or regional accrediting body recognized by the commission on recognition of postsecondary accreditation, at the time the applicant completed the required education.

(3) **Official transcript** is defined as the transcript from an approved college or university, in an envelope readily identified as having been sealed by the school.

(4) **Individual formal meetings** is defined as a meeting with an approved supervisor, involving one approved supervisor and no more than four supervisees.

(5) **Addiction counseling competencies** means the knowledge, skills, and attitudes of chemical dependency counselor professional practice as described in Technical Assistance publication No. 21, Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services 1998.

(6) **Related field** is defined as health education, behavioral science, sociology, psychology, marriage and family therapy, mental health counseling, social work, psychiatry, nursing, divinity, criminal justice, and counseling education.

[Statutory Authority: RCW 18.205.060(1). 99-13-084, § 246-811-010, filed 6/14/99, effective 7/15/99.]

EDUCATION

WAC 246-811-030 What are the minimum education requirements for chemical dependency professional certification? (1) The minimum education requirements are:

(a) An associate's degree in human services or related field from an approved school; or

(b) Successful completion of ninety quarter or sixty semester college credits in courses from an approved school.

(2) At least forty-five quarter or thirty semester credits must be in courses relating to the chemical dependency profession and shall include the following topics:

(a) Understanding addiction;

(b) Pharmacological actions of alcohol and other drugs;

(c) Substance abuse and addiction treatment methods;

(d) Understanding addiction placement, continuing care, and discharge criteria, including American Society of Addiction Medicine (ASAM) criteria;

(e) Cultural diversity including people with disabilities and its implication for treatment;

(f) Chemical dependency clinical evaluation (screening and referral to include comorbidity);

(g) HIV/AIDS brief risk intervention for the chemically dependent;

(h) Chemical dependency treatment planning;

(i) Referral and use of community resources;

(j) Service coordination (implementing the treatment plan, consulting, continuing assessment and treatment planning);

(k) Individual counseling;

(l) Group counseling;

(m) Chemical dependency counseling for families, couples and significant others;

(n) Client, family and community education;

(o) Developmental psychology;

(p) Psychopathology/abnormal psychology;

(q) Documentation, to include, screening, intake, assessment, treatment plan, clinical reports, clinical progress notes, discharge summaries, and other client related data;

(r) Chemical dependency confidentiality;

(s) Professional and ethical responsibilities;

(t) Relapse prevention;

(u) Adolescent chemical dependency assessment and treatment;

(v) Chemical dependency case management; and

(w) Chemical dependency rules and regulations.

(3) All applicants, including individuals who are licensed under chapter 18.83 RCW, Psychologists; and chapter 18.79 RCW, Advance nurse practitioner, must also meet the requirements in subsection (2) of this section.

[Statutory Authority: RCW 18.205.060(1). 99-13-084, § 246-811-030, filed 6/14/99, effective 7/15/99.]

EXPERIENCE REQUIREMENTS

WAC 246-811-045 How will my experience be counted? (1) The department of health will consider experience up to seven years prior to the date of application.

(2) Accumulation of the experience hours is not required to be consecutive. Experience that will count toward certification must meet the requirements outlined in WAC 246-811-046 through 246-811-049.

(3) Supervised experience is the practice as referred to in RCW 18.205.090 (1)(c) and is the experience received under an approved supervisor. A practicum or internship taken while acquiring the degree or semester/quarter hours is applicable.

[Statutory Authority: RCW 18.205.060(1). 99-13-084, § 246-811-045, filed 6/14/99, effective 7/15/99.]

WAC 246-811-046 How many hours of experience will I need for certification? You will be required to complete two thousand five hundred, two thousand or one thousand five hundred hours of supervised experience depending upon your formal education level.

(1) Two thousand five hundred hours of chemical dependency counseling as defined in RCW 18.205.020(3), for individuals who possess an associate degree; or

(2) Two thousand hours of chemical dependency counseling for individuals who possess a baccalaureate degree in human services or a related field from an approved school; or

(3) One thousand five hundred hours of chemical dependency counseling for individuals who possess a master or doctoral degree in human services or a related field from an approved school; or

(4) One thousand five hundred hours of chemical dependency counseling for individuals who are licensed as advanced registered nurse practitioners under chapter 18.79 RCW; or

(5) One thousand five hundred hours of chemical dependency counseling for individuals who are licensed as a psychologist under chapter 18.83 RCW.

[Statutory Authority: RCW 18.205.060(1). 99-13-084, § 246-811-046, filed 6/14/99, effective 7/15/99.]

WAC 246-811-047 What competencies must I become proficient at during my experience? (1) It is the intent that individuals become competent in addiction counseling competencies, as defined in WAC 246-811-010(5), through the experience requirement.

(2) Individuals must experience the addiction counseling competencies listed in (a) through (i) of this subsection.

(a) Two hundred hours of clinical evaluation. One hundred hours of the two hundred must be face-to-face patient contact hours.

(b) Six hundred hours of face-to-face counseling to include:

Individual counseling;

Group counseling;

Counseling family, couples, and significant others.

(c) Fifty hours of discussion of professional and ethical responsibilities.

(d) Transdisciplinary foundations:

Understanding addiction;

Treatment knowledge;

Application to practice;

Professional readiness.

(e) Treatment planning.

(f) Referral.

(g) Service coordination.

(h) Client, family, and community education.

(i) Documentation, to include, screening, intake, assessment, treatment plan, clinical reports, clinical progress notes, discharge summaries, and other client related data.

(3) Eight hundred fifty hours of experience are designated to subsection (2)(a) through (c) of this subsection, the remaining experience hours must be divided among subsection (2)(d) through (i) of this subsection as determined by the supervisor.

[Statutory Authority: RCW 18.205.060(1). 99-13-084, § 246-811-047, filed 6/14/99, effective 7/15/99.]

WAC 246-811-048 How much of the experience requirement needs to be under supervision? (1) All of the experience must be under an approved supervisor as defined in WAC 246-811-010(1). The first fifty hours of any face-to-face client contact must be under direct observation of an approved supervisor or a chemical dependency professional. Supervision shall be based on assisting the person being supervised in acquiring proficiency in the addiction counseling competencies as defined in WAC 246-811-010(5).

(2) Approved supervisors shall attest to the department of the supervised person's satisfactory progress in becoming proficient in the addiction counseling competencies as listed in WAC 246-811-047 (2)(a) through (i) on forms provided by the department.

[Statutory Authority: RCW 18.205.060(1). 99-13-084, § 246-811-048, filed 6/14/99, effective 7/15/99.]

WAC 246-811-049 Who may act as an approved supervisor? (1) An approved supervisor is a certified chemical dependency professional or a person who meets or exceeds the requirements of a certified chemical dependency professional in the state of Washington, and who would be eligible to take the examination required for certification; and

(2) An approved supervisor has at least four thousand hours of experience in a state approved chemical dependency treatment agency.

(a) The four thousand hours are in addition to the supervised experience hours required to be eligible to become a chemical dependency professional.

(b) Twenty-eight clock hours of recognized supervisory training may be substituted for one thousand hours of experience; and

(3) An approved supervisor is not a blood or legal relative, significant other, cohabitant of the supervisee, or someone who has acted as the person supervised's primary counselor.

[Statutory Authority: RCW 18.205.060(1). 99-13-084, § 246-811-049, filed 6/14/99, effective 7/15/99.]

EXAMINATION

WAC 246-811-060 What examination is required for certification? (1) All applicants must take and pass the National Association of Alcoholism and Drug Abuse Counselor (NAADAC) National Certification Examination for Addiction Counselors or International Certification and Reciprocity Consortium (ICRC) Certified Addiction Counselor Level II or higher examination.

(2) The department will accept the passing score established by the testing company.

(3) The application and application fee must be submitted to the department at least ninety days prior to the scheduled examination date. All other supporting documents, including verification of education and experience, must be submitted at least sixty days prior to the examination date.

[Statutory Authority: RCW 18.205.060(7). 00-01-122, § 246-811-060, filed 12/17/99, effective 1/17/00.]

NATIONAL CERTIFICATIONS

WAC 246-811-070 To what extent will my national certification be recognized by the department? (1) A person who is certified through the National Association of Alcoholism and Drug Abuse Counselors (NAADAC) or the International Certification and Reciprocity Consortium (ICRC), is considered to have met the experience requirements of WAC 246-811-046.

(2) A person who is certified through NAADAC or ICRC is considered to have met the requirements of WAC 246-811-030 pertaining to the forty-five quarter or thirty semester credits in courses covering the subject content described in WAC 246-811-030(2). Verification of the additional forty-five quarter or thirty semester credits will be required upon application to the department.

(3) Verification of certification must be sent directly to the department from NAADAC or ICRC.

[Statutory Authority: RCW 18.205.060(1). 99-13-084, § 246-811-070, filed 6/14/99, effective 7/15/99.]

AIDS REQUIREMENT

WAC 246-811-075 How many hours of AIDS prevention and information education do I need? Applicants must complete four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 18.205.060(1). 99-13-084, § 246-811-075, filed 6/14/99, effective 7/15/99.]

EXPIRED CREDENTIAL

WAC 246-811-080 What happens if my certification expires? (1) If the certification has expired for five years or less the individual must meet the requirements of chapter 246-12 WAC, Part 2.

(2) If a certification has lapsed for more than five years, the applicant will be required to demonstrate continued competency and shall be required to take an examination if an examination was not taken and passed for the initial certification. In addition, the requirements of chapter 246-12 WAC, Part 2, must be met.

[Statutory Authority: RCW 18.205.060(1). 99-13-084, § 246-811-080, filed 6/14/99, effective 7/15/99.]

RETIRED ACTIVE CREDENTIAL

WAC 246-811-081 How may I obtain a retired active credential? A certified chemical dependency professional may obtain a retired active credential. Refer to the requirements of chapter 246-12 WAC, Part 5.

[Statutory Authority: RCW 18.130.250. 02-07-083, § 246-811-081, filed 3/19/02, effective 4/19/02.]

WAC 246-811-082 What is the retired active credential renewal fee? The retired active credential renewal fee is specified in WAC 246-811-990.

[Statutory Authority: RCW 18.130.250. 02-07-083, § 246-811-082, filed 3/19/02, effective 4/19/02.]

CLIENT DISCLOSURE INFORMATION

WAC 246-811-090 Who must provide client disclosure information? Chemical dependency professionals must provide disclosure information to each client prior to the delivery of certified services (WAC 440-22-010). Disclosure information may be printed in a format of the chemical dependency professional's choosing or in a general format used by a state approved treatment facility.

[Statutory Authority: RCW 18.205.060(15). 00-12-102, § 246-811-090, filed 6/7/00, effective 7/8/00.]

WAC 246-811-100 What must I include on my disclosure statement? (1) The following information must be printed on all disclosure statements provided to counseling clients in language that can be easily understood by the client:

(a) Name of firm, agency, business, or chemical dependency professional's practice.

(b) Chemical dependency professional's business address and telephone number.

(c) Washington state certified chemical dependency professional number.

(d) The chemical dependency professional's name with credentials.

(e) Billing information, including:

(i) Client's cost per each counseling session;

(ii) Billing practices, including any advance payments and refunds.

(f) A list of the acts of unprofessional conduct in RCW 18.130.180 including the name, address, and contact telephone number within the department of health.

(2) The chemical dependency professional and the client must sign and date a statement indicating that the client has been provided a copy of the required disclosure information and the client has read and understands the information provided.

[Statutory Authority: RCW 18.205.060(15). 00-12-102, § 246-811-100, filed 6/7/00, effective 7/8/00.]

WAC 246-811-110 What happens if I fail to provide client disclosure information? Failure to provide to the client any of the disclosure information required by WAC 246-811-090 and 246-811-100 constitutes an act of unprofessional conduct as defined in RCW 18.130.180(7) and may be grounds for disciplinary action.

[Statutory Authority: RCW 18.205.060(15). 00-12-102, § 246-811-110, filed 6/7/00, effective 7/8/00.]

CONTINUING COMPETENCY PROGRAM

WAC 246-811-200 What continuing competency definitions should I know? (1) **Continuing education** means a program or course (including distance learning), seminars, or workshops, professional conferences approved by an industry recognized local, state, national, international organization or institution of higher learning.

(2) **Professional development activities** means addiction competencies as outlined in WAC 246-811-047, including: Clinical evaluation, individual counseling, group counseling, counseling family, couples, and significant others, professional and ethical responsibilities, understanding addiction, treatment knowledge, application to practice, professional readiness, treatment planning, referral, service coordination, client, family, and community education, screening, intake, assessment, clinical reports, clinical progress notes, discharge summaries, and other client related data.

(3) **Industry recognized** is any local, state, national, international organization, or institution of higher learning, including, but not limited to, the following organizations:

(a) National Association of Alcoholism and Drug Abuse Counselors (NAADAC);

(b) National Association of Addiction Treatment Providers (NAATP);

(c) International Certification and Reciprocity Consortium (ICRC);

(d) Northwest Indian alcohol/drug specialist certification board;

(e) Chemical dependency counselor certification board;

(f) Institutions of higher learning that are accredited by a national or regional accrediting body recognized by the Commission on Recognition of Postsecondary Accreditation; or

(g) Division of alcohol and substance abuse (DASA).

(4) **Distance learning** is industry recognized education obtained to enhance proficiency in one or more of the professional development activities as outlined in subsection (2) of this section, through sources such as, internet coursework, satellite downlink resources, telecourses, or correspondence courses.

(5) **Agency sponsored training** is training provided by an agency that is **not** limited to people working within that agency and is a professional development activity as outlined in subsection (2) of this section.

(6) **In-service training** is training provided by an agency that is limited to people working within that agency and is a professional development activity as outlined in subsection (2) of this section.

(7) **Continuing competency enhancement plan** is a plan showing the goals the CDP will develop to continue proficiency in their profession. The plan will be based on core competencies as listed in WAC 246-811-047. The plan will be developed on forms provided by the department.

[Statutory Authority: RCW 18.205.060(12). 02-07-084, § 246-811-200, filed 3/19/02, effective 4/19/02.]

WAC 246-811-210 What is the scope and purpose of a continuing competency program? To enhance the professional competency of the CDP. A successful continuing competency program focuses on all aspects of professional practice to ensure that the practitioner is competent to provide safe and quality care to patients. The purpose of the professional development activities is to broaden the experience that a CDP may undertake to maintain competency.

[Statutory Authority: RCW 18.205.060(12). 02-07-084, § 246-811-210, filed 3/19/02, effective 4/19/02.]

WAC 246-811-220 What are the continuing competency program requirements? (1) CDPs must complete an enhancement plan;

(2) CDPs must complete twenty-eight hours of continuing education; and

(3) CDPs must complete twelve hours of other professional development activities as outlined in WAC 246-811-047 and 246-811-200(2).

[Statutory Authority: RCW 18.205.060(12). 02-07-084, § 246-811-220, filed 3/19/02, effective 4/19/02.]

WAC 246-811-230 What is the continuing competency reporting period? CDPs must complete the continuing competency program requirements every two years. CDPs will develop and implement the plan on their 2002 renewal date or upon initial certification. The effective date for reporting the continuing competency program requirements shall begin with the 2004 renewal cycle.

[Statutory Authority: RCW 18.205.060(12). 02-07-084, § 246-811-230, filed 3/19/02, effective 4/19/02.]

WAC 246-811-240 How many continuing education hours are needed? CDPs must complete twenty-eight hours of continuing education every two years. At least fourteen hours must be completed in one or more of the topic areas as described in WAC 246-811-030 (2)(a) through (w). At least four hours must be in professional ethics and law. The additional ten hours shall be in areas relating to the various phases of their professional career.

[Statutory Authority: RCW 18.205.060(12). 02-07-084, § 246-811-240, filed 3/19/02, effective 4/19/02.]

WAC 246-811-250 What are acceptable programs or courses for continuing education? (1) Programs having a featured instructor, speaker(s) or panel that is industry recognized;

(2) Distance learning programs;

(3) Agency sponsored trainings;

(4) Course work at institutions of higher learning that are accredited by a national or regional accrediting body recognized by the commission on recognition of postsecondary accreditation; or

(5) In-service training programs limited to seven hours per reporting period.

[Statutory Authority: RCW 18.205.060(12). 02-07-084, § 246-811-250, filed 3/19/02, effective 4/19/02.]

WAC 246-811-260 How do I fulfill the twelve hours of other professional development activities? (1) CDPs may obtain hours through the following:

(a) Practicum;

(b) Peer-review including serving on a formal peer review panel or committee, or individual review of a sole provider, where the purpose of the review is to determine whether appropriate treatment was rendered;

(c) Public presentation including preparing and presenting lectures or education that contribute to the professional competence of a CDP. The CDP may accumulate the same number of hours obtained for continuing education purposes by attendees as required 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 reporting period;

(d) Publication of writings;

(e) Other activities as determined by the CDP's supervisor;

(f) Continuing education; these continuing education hours are in addition to the twenty-eight hours of continuing education as listed in WAC 246-811-240.

(2) All documentation must include the dates the continuing competency activity occurred, and if appropriate, the title of the course, the location of the course, and the name of the instructor.

[Statutory Authority: RCW 18.205.060(12). 02-07-084, § 246-811-260, filed 3/19/02, effective 4/19/02.]

WAC 246-811-270 What is acceptable audit documentation for continuing education, professional development activities, and the enhancement plan? (1) Acceptable documentation must be specific to the program completed and include:

(a) Transcripts, letters from course instructors, or certificate of completion;

(b) Written report by the CDP explaining how they achieved the competencies in WAC 246-811-047; or

(c) Signed agreement between parties involved.

(2) CDPs must comply with the requirements of chapter 246-12 WAC, part 7.

[Statutory Authority: RCW 18.205.060(12). 02-07-084, § 246-811-270, filed 3/19/02, effective 4/19/02.]

FEES

WAC 246-811-990 How often do I need to renew and what are the costs for certification? (1) Certificates 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 for certified chemical dependency professional:

Title of Fee	Fee
Application	$100.00
Initial certification	125.00
Renewal	125.00
Renewal retired active	62.50
Late renewal retired active	50.00
Late renewal penalty	62.50
Expired certification reissuance	62.50
Duplicate certification	10.00
Certification of certificate	10.00
Wall certificate	10.00

[Statutory Authority: RCW 18.130.250. 02-07-083, § 246-811-990, filed 3/19/02, effective 4/19/02. Statutory Authority: RCW 18.205.060(1). 99-13-084, § 246-811-990, filed 6/14/99, effective 7/15/99.]

Chapter 246-812 WAC
BOARD OF DENTURE TECHNOLOGY

WAC

DENTURISTS

WAC 246-812-001 Purpose. The purpose of these rules is to further clarify and define chapter 18.30 RCW, Denturists.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-001, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-001, filed 10/30/95, effective 11/30/95.]

WAC 246-812-010 Definitions. The following terms are so defined for the purposes of this chapter:

"Acquired immunodeficiency syndrome" or **"AIDS"** means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

"Approval" and **"accreditation"** are used interchangeably with reference to sanctioning of courses.

"Board" means the state board of denture technology, whose address is:

Department of Health
Health Profession Quality Assurance Division
Board of Denture Technology
1112 SE Quince Street, PO Box 47867
Olympia, WA 98504-7867

"Denture technology" for the purposes of application under RCW 18.30.090(3) is defined, at a minimum, as the making, constructing, altering, reproducing or repairing of a denture.

"Five years employment in denture technology" is defined as working a minimum of twenty hours per week during five of the last ten years.

"Office on AIDS" means that section within the department of health with jurisdiction over public health matters as defined in chapter 70.24 RCW.

"4,000 Hours practical work experience in denture technology" is defined and taken as a whole, which must have occurred within the past five years of date of application.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-010, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-010, filed 10/30/95, effective 11/30/95.]

WAC 246-812-015 Adjudicative proceedings—Procedural rules. Adjudicative proceedings are conducted pursuant to the model procedural rules for adjudicative proceedings as adopted by the department of health and contained in chapter 246-10 WAC, including subsequent amendments.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-015, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-015, filed 10/30/95, effective 11/30/95.]

LICENSURE—APPLICATION AND ELIGIBILITY REQUIREMENTS

WAC 246-812-101 Purpose. The purpose of WAC 246-812-101 through 246-812-170 is to establish guidelines on eligibility, and set forth the procedures for application to receive a license for the practice of denturism. By statute, the eligibility and application criterion are established in RCW 18.30.090.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-101, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-101, filed 10/30/95, effective 11/30/95.]

WAC 246-812-120 Denturist licensure—Initial eligibility and application requirements. To be eligible for Washington state denturist licensure, the applicant shall complete an application and shall include written documentation to meet eligibility criteria. Each applicant shall provide:

(1) A signed, notarized application and required fee. (Refer to WAC 246-812-990 for fee schedule.)

(2) Proof that they meet the basic eligibility requirements identified in RCW 18.30.090, documented by the signed, notarized affidavit processed as part of the application.

(3) Applicants must complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

(4) Photograph. A recent photograph, signed and dated, shall be attached to the application.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-120, filed 10/2/98, effective 11/2/98. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-812-120, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.30.070(3). 95-22-062, § 246-812-120, filed 10/30/95, effective 11/30/95.]

WAC 246-812-125 Denturist licensure—Endorsement. For the purposes of endorsement as provided in RCW 18.30.090 (1)(a) licensing authorities shall be determined to be substantially equivalent that meet the following criteria:

(1) Written examination - applicants must have successfully completed a written examination which included testing in the areas of:

(a) Oral pathology;

(b) Head and oral anatomy and physiology;

(c) Dental laboratory technology;

Additionally, the examination must include four of the following test categories:

(d) Partial denture construction and design;

(e) Microbiology;

(f) Clinical dental technology;

(g) Clinical jurisprudence;

(h) Asepsis;

(i) Medical emergencies;

(j) Cardiopulmonary resuscitation.

(2) Practical examination - applicants must have successfully completed a clinical examination.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-125, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-125, filed 10/30/95, effective 11/30/95.]

WAC 246-812-130 Denturist licensure—Training course approval. For the purposes of eligibility as defined in RCW 18.30.090 (3)(b), board approval will be given to any course(s) that consists of course work at an accredited institution in each and all of the following areas:

(1) Head and oral anatomy and physiology;

(2) Oral pathology;

(3) Partial denture construction and design;

(4) Microbiology;

(5) Clinical dental technology;

(6) Dental laboratory technology;

(7) Clinical jurisprudence;

(8) Asepsis;

(9) Medical emergencies;

(10) Cardiopulmonary resuscitation.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-130, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-130, filed 10/30/95, effective 11/30/95.]

WAC 246-812-150 Examination—Content and scores. An applicant seeking licensure in Washington by examination must successfully complete a written and practical examination as specified in RCW 18.30.100. In order to be licensed, an applicant shall be required to obtain an overall passing score of seventy percent on the written examination and an overall score of seventy percent on the practical examination.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-150, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-150, filed 10/30/95, effective 11/30/95.]

WAC 246-812-155 Denturist examination scores. An applicant must pass all sections of the written examination and the practical demonstration of skills within three attempts. After three failures the applicant must petition the board for permission to take any further examination. The board shall have complete discretion regarding such petition and the conditions under which further examination permission may be granted.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-155, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-155, filed 10/30/95, effective 11/30/95.]

WAC 246-812-160 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 more than three years, the practitioner must:

(a) Successfully pass the examination as provided in RCW 18.25.040;

(b) Meet the requirements of chapter 246-12 WAC, Part 2.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-160, filed 10/2/98, effective 11/2/98. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-812-160, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.30.070(3). 95-22-062, § 246-812-160, filed 10/30/95, effective 11/30/95.]

WAC 246-812-161 Inactive credential. A practitioner may obtain an inactive credential. Refer to the requirements of chapter 246-12 WAC, Part 4.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-161, filed 10/2/98, effective 11/2/98. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-812-161, filed 2/13/98, effective 3/16/98.]

WAC 246-812-170 License renewal form. A license shall not be renewed until the applicant has submitted completed renewal forms and the full amount of the renewal fee, including any penalty fee for late renewal of the license.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-170, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-170, filed 10/30/95, effective 11/30/95.]

PRACTICE STANDARDS

WAC 246-812-301 Purpose. The purpose of WAC 246-812-201 through 246-812-460 is to provide standards to guide denturists in the conduct of their practice.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-301, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-301, filed 10/30/95, effective 11/30/95.]

WAC 246-812-320 Maintenance and retention of patient records. Any denturist who treats patients in the state of Washington shall maintain complete treatment records regarding patients treated. These records shall include, but shall not be limited to, treatment plans, patient charts, patient histories, correspondence, financial data and billing. These records shall be retained by the denturist for five years in an orderly, accessible file and shall be readily available for inspection by the secretary or its authorized representative. Copies of records may be forwarded to a second party upon the patient's or authorized agent's written request. In such cases, office records shall state the date on which the records were released, method forwarded and to whom, and the reason for the release. A reasonable fee may be charged the patient to cover mailing and clerical costs.

In offices where more than one denturist is performing the services, the records must specify the denturist who performed the services.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-320, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-320, filed 10/30/95, effective 11/30/95.]

WAC 246-812-330 Privileged communications. A denturist shall not, without the consent of the patient, reveal any information acquired in attending such patient, which was necessary to enable the denturist to treat the patient. This shall not apply to the release of information in an official proceeding where the release of information may be compelled by law.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-330, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-330, filed 10/30/95, effective 11/30/95.]

WAC 246-812-340 Patient abandonment. The denturist shall always be free to accept or reject a particular patient, bearing in mind that whenever possible a denturist shall respond to any reasonable request for his/her services in the interest of public health and welfare.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-340, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-340, filed 10/30/95, effective 11/30/95.]

WAC 246-812-350 License display—Notification of address. Every person who engages in the practice of denturism in this state shall display their license, at all times, in a conspicuous place within their office. Whenever requested, they shall exhibit their license to the secretary or the secretary's authorized agent. Every licensee shall notify the secretary of the address or addresses, including changes, where the licensee shall engage in the practice of denturism.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-350, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-350, filed 10/30/95, effective 11/30/95.]

WAC 246-812-360 Identification of new dentures. Every complete upper and lower denture and removable partial denture fabricated by a denturist licensed under the provisions of chapter 18.30 RCW, or fabricated pursuant to the denturist's work order or under the denturist's direction or supervision, shall be marked with the name of the patient for whom the denture is intended. The markings shall be done during fabrication and shall be permanent, legible, and cosmetically acceptable. The exact location of the markings and the methods used to apply or implant them shall be determined by the denturist fabricating the denture. If, in the professional judgment of the denturist, this identification is not practical, identification shall be provided as follows:

(1) The initials of the patient may be shown alone, if use of the patient's name is impracticable; or

(2) The identification marks may be omitted in their entirety if none of the forms of identification specified in subsection (1) of this section is practicable, clinically safe, or the patient declines.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-360, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-360, filed 10/30/95, effective 11/30/95.]

WAC 246-812-390 Improper billing practices. The following acts shall constitute grounds for which disciplinary action may be taken:

(1) Rebating or offering to rebate to an insured any payment to the licensee by the third-party payor of the insured for services or treatments rendered under the insured's policy.

(2) Submitting to any third-party payor a claim for a service or treatment at a greater or an inflated fee or charge other than the usual fee the licensee charges for that service or treatment when rendered without third-party reimbursement.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-390, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-390, filed 10/30/95, effective 11/30/95.]

WAC 246-812-400 Denturist associations or societies. The president or chief executive officer of any denturist association or society within this state shall report to the secretary when an association or society determines that a denturist has committed unprofessional conduct or that a denturist may not be able to practice denturism with reasonable skill and safety to patients as the result of any mental or physical condition and constitutes an apparent risk to the public health, safety, or welfare. The report required by this section shall be made without regard to whether the license holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-400, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-400, filed 10/30/95, effective 11/30/95.]

WAC 246-812-410 Insurance carriers. The executive officer of every insurer, licensed under Title 48 RCW operating in the state of Washington, shall report to the secretary any evidence that a denturist has charged fees for denturist services not actually provided, or has otherwise committed unprofessional conduct.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-410, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-410, filed 10/30/95, effective 11/30/95.]

WAC 246-812-420 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to denturists shall send the secretary a complete report of any malpractice settlement, award or payment over five thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured denturist's incompetence or negligence in the practice of denturism. Such institution or organization shall also report the payment of three or more claims during a year as the result of alleged incompetence or negligence in the practice of denturism regardless of the dollar amount of the payment.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-420, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-420, filed 10/30/95, effective 11/30/95.]

WAC 246-812-430 Courts. The secretary requests the assistance of all clerks of trial courts within the state to report, to the secretary, all professional malpractice judgments and all criminal convictions of licensed denturists, other than for minor traffic violations.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-430, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-430, filed 10/30/95, effective 11/30/95.]

WAC 246-812-440 State and federal agencies. The secretary requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a denturist has been judged to have demonstrated incompetence or negligence in the practice of denturism, or has otherwise committed unprofessional conduct; or whose practice is impaired as a result of a mental, physical or chemical condition, to report to the secretary all professional malpractice judgments and decisions.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-440, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-440, filed 10/30/95, effective 11/30/95.]

WAC 246-812-450 Professional standards review organizations. Unless prohibited by federal or state law, every professional standards review organization operating within the state of Washington shall report to the secretary any conviction, determination, or finding that a license holder has committed an act which constitutes unprofessional conduct, or to report information which indicates that the license holder may not be able to practice their profession with reasonable skill and safety to consumers as a result of a mental or physical condition.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-450, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-450, filed 10/30/95, effective 11/30/95.]

WAC 246-812-460 Board conflict of interest. Members of the board shall not participate in a disciplinary case where their participation presents a conflict of interest or creates an appearance of a conflict of interest.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-460, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-460, filed 10/30/95, effective 11/30/95.]

INFECTION CONTROL

WAC 246-812-501 Purpose. The purpose of WAC 246-812-501 through 246-812-520 is to establish requirements for infection control in denturist offices to protect the health and well-being of the people of the state of Washington. For purposes of infection control, all denturist staff members and all patients shall be considered potential carriers of communicable diseases. Infection control procedures are required to prevent disease transmission from patient to denturist and staff, denturist and staff to patient, and from patient to patient. Every denturist is required to comply with the applicable standard of care in effect at the time of treatment. At a minimum, the denturist must comply with the requirements defined in WAC 246-812-520.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-501, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-501, filed 10/30/95, effective 11/30/95.]

WAC 246-812-510 Definitions. The following definitions pertain to WAC 246-812-501 through 246-812-520.

"Communicable diseases" means an illness caused by an infectious agent which can be transmitted from one person, animal, or object to another person by direct or indirect means including transmission via an intermediate host or vector, food, water or air.

"Decontamination" means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

"Direct care staff" are the denturist staff who directly provide denturist care to patients.

"Sterilize" means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-510, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-510, filed 10/30/95, effective 11/30/95.]

WAC 246-812-520 Use of barriers and sterilization techniques. The use of barriers and sterilization techniques is the primary means of assuring that there is the least possible chance of the transmission of communicable diseases from denturist and staff to patients, from patient to patient and from patient to denturist and staff. To prevent patient to patient cross contamination, instruments and supplies contaminated or likely to be contaminated with blood or saliva and touched during treatment must be sterilized between patients or discarded except as otherwise set forth below. Surfaces and equipment which are likely to be contaminated with blood or saliva and touched during treatment must be decontaminated or covered with a barrier which is discarded and replaced between patients except as otherwise set forth below:

(1) Denturists shall comply with the following barrier techniques:

(a) Gloves shall be used by the denturist and direct care staff during treatment which involves intraoral procedures or contact with items potentially contaminated with the patient's bodily fluids. Fresh gloves shall be used for every intraoral patient contact. Gloves shall not be washed or reused for any purpose. The same pair of gloves shall not be used, removed, and reused for the same patient at the same visit or for any other purpose. Gloves that have been used for denturist treatment shall not be reused for any nondenturist purpose.

(b) Masks shall be worn by the denturist and direct care staff when splatter or aerosol is likely.

(c) Unless effective surface decontamination methods are used, protective barriers shall be placed over areas which are likely to be touched during treatment, not removable to be sterilized, and likely to be contaminated by blood or saliva. These procedures must be followed between each patient. These include but are not limited to:

(i) Delivery unit;

(ii) Chair controls (not including foot controls);

(iii) Light handles;

(iv) Head rest;

(v) Instrument trays;

(vi) Treatment area and laboratory countertops/benches.

(d) Protective eyewear shields shall be worn by the denturist and direct care staff and provided to all patients during times when splatter or aerosol is expected.

(2) Denturists shall comply with the following sterilization requirements:

(a) Every denturist office shall have the capability to ultrasonically clean and sterilize contaminated items by autoclave, dry heat, unsaturated formaldehyde/alcohol vapor (such as MDT Chemiclave ®) or ethylene oxide, where adequate ventilation is provided. Sterilizers shall be tested by a biological spore test on at least a weekly basis. In the event of a positive biological spore test, the denturist shall take immediate remedial action to ensure the objectives of (a) of this subsection are accomplished. Documentation shall be maintained either in the form of a log reflecting dates and person(s) conducting the testing or copies of reports from an independent testing entity. The documentation shall be maintained for a period of at least five years.

(b) The following items shall be sterilized by an appropriate autoclave, dry heat, unsaturated formaldehyde/alcohol vapor (such as MDT Chemiclave ®) or ethylene oxide sterilization method between patients:

(i) Hand instruments;

(ii) Air-water syringe tips;

(iii) High volume evacuator tips;

(iv) Nose cone sleeves;

(v) Metal impression trays.

(c) Gross debris shall be removed from items prior to sterilization. Ultrasonic disinfectant solution cleaning shall be used whenever possible.

(d) Nondisposable items used in patient care which cannot be autoclaved, dry heat, unsaturated formaldehyde/alcohol vapor (such as MDT Chemiclave ®) or ethylene oxide sterilized shall be immersed and ultrasonically cleaned in a chemical sterilant. If such a technique is used, the solution shall be approved by the Environmental Protection Agency and used in accordance with the manufacturer's directions for sterilization.

(e) Items such as impressions contaminated with blood or saliva shall be thoroughly rinsed, appropriately disinfected, placed in and transported to the denturist laboratory in an appropriate case containment device that is properly sealed and separately labeled.

(f) In the laboratory: Ragwheels shall be sterilized or disinfected; patient pumice shall be discarded after each use; and, patient burrs and stones shall be sterilized or disinfected.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-520, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-520, filed 10/30/95, effective 11/30/95.]

SUBSTANCE ABUSE MONITORING

WAC 246-812-601 Purpose. The secretary recognizes the need to establish a means of proactively providing early recognition and treatment options for denturists whose competency may be impaired due to the abuse of drugs or alcohol. The secretary intends that such denturists be treated and their treatment monitored so that they can return to or continue to practice their profession in a way which safeguards the public. To accomplish this the secretary shall approve voluntary

substance abuse monitoring programs and shall refer denturists impaired by substance abuse to approved programs as an alternative to instituting disciplinary proceedings as defined in RCW 18.130.160.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-601, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-601, filed 10/30/95, effective 11/30/95.]

WAC 246-812-610 Definitions. The following general terms are defined within the context used in this chapter:

"Aftercare" is that period of time after intensive treatment that provides the denturist and the denturist's family with group or individual counseling sessions, discussions with other families, ongoing contact and participation in self-help groups and ongoing continued support of treatment program staff.

"Approved substance abuse monitoring program" or **"approved monitoring program"** is a program the secretary has determined meets the requirements of the law and the criteria established by the secretary in WAC 246-812-620 which enters into a contract with denturists who have substance abuse problems regarding the required components of the denturist's recovery activity and oversees the denturist's compliance with these requirements. Substance abuse monitoring programs do not provide evaluation or treatment to participating denturists.

"Approved treatment facility" is a facility approved by the bureau of alcohol and substance abuse, department of social and health services according to RCW 70.96A.020(2) or 69.54.030 to provide intensive alcoholism or drug treatment if located within Washington state. Drug and alcohol treatment programs located out-of-state must be equivalent to the standards required for approval under RCW 70.96A.020(2) or 69.54.030.

"Contract" is a comprehensive, structured agreement between the recovering denturist and the approved monitoring program stipulating the denturist's consent to comply with the monitoring program and its required components of the denturist's recovery activity.

"Health care professional" is an individual who is licensed, certified, or registered in Washington to engage in the delivery of health care to patients.

"Random drug screens" are laboratory tests to detect the presence of drugs of abuse in body fluids which are performed at irregular intervals not known in advance by the person being tested.

"Substance abuse" means the impairment, as determined by the secretary, of a denturist's professional services by an addiction to, a dependency on, or the use of alcohol, legend drugs, or controlled substances.

"Support group" is a group of health care professionals meeting regularly to support the recovery of its members. The group provides a confidential setting with a trained and experienced health care professional facilitator in which denturists may safely discuss drug diversion, licensure issues, return to work, and other professional issues related to recovery.

"Twelve-step groups" are groups such as alcoholics anonymous, narcotics anonymous, and related organizations based on a philosophy of anonymity, belief in a power outside of oneself, a peer group association, and self-help.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-610, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-610, filed 10/30/95, effective 11/30/95.]

WAC 246-812-620 Approval of substance abuse monitoring programs. The secretary shall approve the monitoring program(s) which shall participate in the substance abuse monitoring program. A monitoring program approved by the secretary may be contracted with an entity outside the department but within the state, out-of-state, or a separate structure within the department.

(1) The approved monitoring program shall not provide evaluation or treatment to the participating denturist.

(2) The approved monitoring program staff must have the qualifications and knowledge of both substance abuse and the practice of denturism as defined in this chapter to be able to evaluate:

(a) Clinical laboratories;

(b) Laboratory results;

(c) Providers of substance abuse treatment, both individuals and facilities;

(d) Support groups;

(e) The denturist work environment; and

(f) The ability of the denturist to practice with reasonable skill and safety.

(3) The approved monitoring program shall enter into a contract with the denturist and the secretary to oversee the denturist's compliance with the requirements of the program.

(4) The approved monitoring program may make exceptions to individual components of the contract on an individual basis.

(5) The approved monitoring program staff shall recommend, on an individual basis, whether a denturist shall be prohibited from engaging in the practice of denturism for a period of time and restrictions, if any, on the denturist's access to controlled substances in the work place.

(6) The approved monitoring program shall maintain records on participants.

(7) The approved monitoring program shall be responsible for providing feedback to the denturist as to whether treatment progress is acceptable.

(8) The approved monitoring program shall report to the secretary any denturist who fails to comply with the requirements of the monitoring program.

(9) The approved monitoring program shall receive from the secretary guidelines on treatment, monitoring, and limitations on the practice of denturism for those participating in the program.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-620, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-620, filed 10/30/95, effective 11/30/95.]

WAC 246-812-630 Participation in approved substance abuse monitoring program. (1) In lieu of disciplinary action, the denturist may accept secretary referral into the approved substance abuse monitoring program.

(a) The denturist shall undergo a complete physical and psychosocial evaluation before entering the approved moni-

toring program. This evaluation shall be performed by health care professional(s) with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The denturist shall enter into a contract with the secretary and the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The denturist shall undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The denturist shall agree to remain free of all mind-altering substances including alcohol except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101.

(iii) The denturist must complete the prescribed aftercare program of the intensive treatment facility, which may include individual and/or group psychotherapy.

(iv) The treatment counselor(s) shall provide reports to the approved monitoring program at specified intervals. Reports shall include treatment, prognosis, and goals.

(v) The denturist shall submit to random drug screening as specified by the approved monitoring program.

(vi) The denturist shall attend support groups facilitated by a health care professional and/or twelve-step group meetings as specified by the contract.

(vii) The denturist shall comply with specified employment conditions and restrictions as defined by the contract.

(viii) The denturist shall sign a waiver allowing the approved monitoring program to release information to the secretary if the denturist does not comply with the requirements of this contract.

(c) The denturist is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, and random drug screens.

(d) The denturist may be subject to disciplinary action under RCW 18.130.160, if the denturist does not consent to be referred to the approved monitoring program, does not comply with specified employment restrictions, or does not successfully complete the program.

(2) A denturist who is not being investigated by the secretary or subject to current disciplinary action or currently being monitored by the secretary for substance abuse may voluntarily participate in the approved substance abuse monitoring program without being referred by the secretary. Such voluntary participants shall not be subject to disciplinary action under RCW 18.130.160 for their substance abuse, and shall not have their participation made known to the secretary if they meet the requirements of the approved monitoring program as defined in subsection (1) of this section.

(3) The treatment and pretreatment records of license holders referred to or voluntarily participating in approved monitoring programs shall be confidential, shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena or admissible as evidence except for monitoring records reported to the disciplinary authority for cause as defined in subsection (1) of this section. Records held by the secretary under this section shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena except by the license holder.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-630, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-630, filed 10/30/95, effective 11/30/95.]

FEES

WAC 246-812-990 Denturist fees and renewal cycle. (1) Licenses must be renewed every other 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	$ 1,000.00
Examination	1,500.00
Reexamination, written	500.00
Reexamination, practical	500.00
License renewal	2,750.00
Late renewal penalty	300.00
Expired license reissuance	300.00
Inactive license renewal	1,500.00
Expired inactive license reissuance	300.00
Duplicate license	15.00
Certification of license	25.00
Multiple location licenses	50.00

[Statutory Authority: RCW 43.70.250 and chapter 18.30 RCW. 00-07-050, § 246-812-990, filed 3/8/00, effective 4/8/00. Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-990, filed 10/2/98, effective 11/2/98. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-812-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.30.070(3). 95-22-062, § 246-812-990, filed 10/30/95, effective 11/30/95.]

WAC 246-812-995 Conversion to a birthday renewal cycle. (1) The biennial license renewal date is changed to coincide with the practitioner's birthday.

(2) Renewal fees will be prorated during the transition period while renewal dates are changed to coincide with the practitioner's birthday.

(3) After the initial conversion to a staggered system, practitioners will renew their license every other year on their birthday at the current renewal rate.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-995, filed 10/2/98, effective 11/2/98. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-812-995, filed 2/13/98, effective 3/16/98.]

Chapter 246-814 WAC
ACCESS TO DENTAL CARE FOR CHILDREN

WAC

WAC 246-814-010 Purpose. The purpose of this chapter is to implement RCW 18.29.220 and 18.32.226. These laws are intended to improve access to dental care for low-income, rural, and other at-risk children by enhancing the authority of dental hygienists and dental assistants to provide dental sealant and fluoride varnish treatments in school-based programs. The department of health encourages partnerships

within geographical regions and among participants in the oral health care community in implementing this law.

[Statutory Authority: RCW 43.70.650. 02-21-128, § 246-814-010, filed 10/23/02, effective 11/23/02.]

WAC 246-814-020 Practices authorized. (1) **Dental hygienists.** Solely for purposes of providing services under this chapter, dental hygienists holding endorsements under this chapter may assess by determining the need for (i.e., the absence of gross carious lesions and sealants) and acceptability of dental sealant and/or fluoride varnish treatment for children in school-based programs and may apply dental sealants and fluoride varnish treatments, without the supervision of a licensed dentist. This determination does not include or involve diagnosing conditions or constitute a dental examination.

(2) **Dental assistants.** A dental assistant is currently defined by the Dental Quality Assurance Commission in WAC 246-817-510 as an unlicensed person working under the *close* supervision of a licensed dentist. Solely for purposes of this chapter, authorized dental assistants may apply dental sealants and fluoride varnish treatments to children in school-based programs under the *general* supervision of a Washington state licensed dentist, as described in this chapter.

(a) *Close supervision* requires the licensed supervising dentist to first determine the need for and acceptability of dental sealant and fluoride varnish treatments, refer the treatment and the dentist must be in the treatment facility when the treatment is provided.

(b) *General supervision* requires the licensed supervising dentist to first determine the need for and acceptability of dental sealant and fluoride varnish treatments, refer the treatment and the dentist does not have to be in the treatment facility when the treatment is provided.

(3) Dental assistants and their supervising dentists, as well as dental hygienists shall coordinate with local public health jurisdictions and local oral health coalitions prior to providing services under this chapter, consistent with RCW 18.29.220 and 18.32.226.

[Statutory Authority: RCW 43.70.650. 02-21-128, § 246-814-020, filed 10/23/02, effective 11/23/02.]

WAC 246-814-030 Application process and documentation of training required to qualify for endorsement. (1) The department of health has issued endorsements to all dental hygienists holding valid licenses on or before April 19, 2001, the effective date of RCW 18.29.220.

(2) Dental hygienists licensed after April 19, 2001, must obtain an endorsement to provide services under this chapter. Applicants must meet the additional requirements in RCW 18.29.220 and must submit the following to the department:

(a) Application for endorsement;

(b) Fee;

(c) Information of having a valid Washington state dental hygiene license for reference; and

(d) Proof of the completion of training that has incorporated the Washington state department of health sealant/fluoride varnish program guidelines as described in WAC 246-814-040(3).

(3) Dental assistants employed by a Washington state licensed dentist on or before April 19, 2001, are not required to obtain an endorsement but may voluntarily do so without having to meet the additional requirements in RCW 18.32.226.

(4) Dental assistants employed by a Washington state licensed dentist for two hundred hours after April 19, 2001, must obtain an endorsement to provide services under this chapter. Applicants must meet the additional requirements in RCW 18.32.226 and must submit the following to the department:

(a) Application for endorsement;

(b) Fee;

(c) Proof of two hundred hours of employment as a dental assistant by a Washington state licensed dentist that has included theoretical and clinical training in the application of dental sealants and fluoride varnish treatments, verified by a declaration provided by the licensed dentist who provided the training; and

(d) Proof of completion of training that has incorporated the Washington state department of health sealant/fluoride varnish program guidelines as described in WAC 246-814-040(3).

(5) Dental assistants and their supervising dentists, as well as dental hygienists should use the Washington state department of health sealant/fluoride varnish guidelines described in WAC 246-814-040 and other protocols that may be in place for the geographic region when coordinating with local public health jurisdictions. To assist the local public health jurisdictions and the practitioners in coordinating these services, a "letter of understanding" is recommended and would provide a means to address mutual concerns. It may include, but is not limited to:

(a) Data collection requirements;

(b) Delineation of responsibilities of the treatment providers and the local public health jurisdictions;

(c) Quality assurance mechanisms; and

(d) Communication with schools being served.

(6) Dental assistants and their supervising dentists, as well as dental hygienists shall coordinate with the local oral health coalitions by participating in oral health coalition meetings that may be held in the geographical region.

[Statutory Authority: RCW 43.70.650. 02-21-128, § 246-814-030, filed 10/23/02, effective 11/23/02.]

WAC 246-814-040 Training and the provision of services. (1) The "Washington state department of health sealant/fluoride varnish program guidelines" have been developed, maintained and distributed by the department of health in partnership with the oral health community and health care practitioners. To obtain copies of the "guidelines" contact the department of health.

(2) The Washington state department of health sealant/fluoride varnish program guidelines are designed to assist the local public health jurisdictions and oral health care communities in the planning, implementation, and evaluation of school-based dental sealant and fluoride varnish programs. Every school-based dental sealant and fluoride varnish pro-

gram should design their program to provide, at minimum, for the following:

(a) Assessing and targeting the population.

(b) Establishing community capacity and infrastructure.

(c) Determining staffing needs and training.

(d) Securing equipment and supplies.

(e) Developing policies, procedures and data collection forms.

(f) Scheduling schools/sites.

(g) Preparing sites for implementation.

(h) Providing services.

(i) Evaluating the process and outcomes.

(3) The Washington state department of health sealant/fluoride varnish program guidelines also provides the training required for dental hygienists and dental assistants providing services under this chapter. Applicants for endorsement must obtain training as contained in these specific guidelines, which can be met through any one of the following methods:

(a) Graduation from a dental assisting, dental hygiene or dental educational program, accredited by the American Dental Association, which has incorporated the Washington state department of health sealant/fluoride varnish program guidelines.

(b) Continuing education courses which teach the Washington state department of health sealant/fluoride varnish program guidelines.

(c) Individual training provided by a Washington licensed dentist, which has incorporated the Washington state department of health sealant/fluoride varnish program guidelines.

[Statutory Authority: RCW 43.70.650. 02-21-128, § 246-814-040, filed 10/23/02, effective 11/23/02.]

WAC 246-814-990 Endorsement fees for dental assistants and dental hygienists, renewal of endorsement not required. (1) Endorsements do not require renewal.

(2) Endorsement documents are issued to the qualified applicant, and are not the property of the employer or the supervisor.

(3) The following one-time, nonrefundable fee will be charged:

Dental assistant application/endorsement. $50

Dental hygiene application/endorsement. $50

[Statutory Authority: RCW 43.70.650. 02-21-128, § 246-814-990, filed 10/23/02, effective 11/23/02.]

Chapter 246-815 WAC
DENTAL HYGIENISTS

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-815-040 AIDS prevention and information education requirements. [Statutory Authority: RCW 18.29.130 and 70.24.270. 92-02-018 (Order 224), § 246-815-040, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-25-300, filed 11/2/88.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-815-060 Dismissal from examination. [Statutory Authority: Chapter 18.29 RCW and RCW 18.20.150(4). 95-16-102, § 246-815-060, filed 8/1/95, effective 9/1/95. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.29.031. 84-04-088 (Order PL 459), § 308-25-070, filed 2/1/84. Statutory Authority: RCW 43.24.020 and 43.24.024. 82-06-043 (Order 672), § 308-25-070, filed 3/2/82.] Repealed by 98-14-123, filed 7/1/98, effective 8/1/98. Statutory Authority: RCW 18.29.150 and 18.29.120.

246-815-070 Examination results. [Statutory Authority: Chapter 18.29 RCW and RCW 18.20.150(4). 95-16-102, § 246-815-070, filed 8/1/95, effective 9/1/95. Statutory Authority: RCW 18.29.150(2). 95-02-056, § 246-815-070, filed 1/3/95, effective 2/3/95. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-070, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 18.29 RCW, RCW 18.29.021, [18.29.]045 and [18.29.]130. 90-23-011 (Order 098), § 308-25-035, filed 11/13/90, effective 12/14/90. Statutory Authority: RCW 18.29.031. 86-09-014 (Order PL 585), § 308-25-035, filed 4/7/86.] Repealed by 98-14-123, filed 7/1/98, effective 8/1/98. Statutory Authority: RCW 18.29.150 and18.29.120.

246-815-080 Written examination review procedures. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.29.120(5). 90-12-068 (Order 064), § 308-25-037, filed 6/1/90, effective 7/2/90.] Repealed by 98-14-123, filed 7/1/98, effective 8/1/98. Statutory Authority: RCW 18.29.150 and 18.29.120.

246-815-090 Practical examination review procedures. [Statutory Authority: RCW 18.29.120(5). 92-15-033 (Order 284), § 246-815-090, filed 7/7/92, effective 8/7/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.29.120(5). 90-12-068 (Order 064), § 308-25-038, filed 6/1/90, effective 7/2/90.] Repealed by 98-14-123, filed 7/1/98, effective 8/1/98. Statutory Authority: RCW 18.29.150 and 18.29.120.

246-815-150 Renewal of licenses. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.24.020 and 43.24.024. 82-06-043 (Order 672), § 308-25-050, filed 3/2/82.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-815-300 Reinstatement of a dental hygiene expired license. [Statutory Authority: RCW 18.29.071. 94-04-005, § 246-815-300, filed 1/20/94, effective 2/20/94.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

WAC 246-815-020 Dental hygiene examination eligibility. (1) To be eligible to take the Washington dental hygiene examination, the applicant must meet the following requirements:

(a) The applicant must have successfully completed a dental hygiene education program approved by the secretary of the department of health pursuant to WAC 246-815-030.

(b) Applicants must complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

(c) The applicant must demonstrate knowledge of Washington law pertaining to the practice of dental hygiene.

(d) The applicant must complete the required application materials and pay the required fee.

(2) Applications for the dental hygiene examination are available from the department of health dental hygiene program. The completed application must be received by the department of health sixty days prior to the examination. The application must include:

(a) The required examination fee.

(b) Either the national board IBM card reflecting a passing score or a notarized copy of the national board certificate.

(c) Two photographs of the applicant taken within one year preceding the application.

(3) An official transcript or certificate of completion constitutes proof of successful completion from an approved dental hygiene education program. Applicants who will successfully complete the dental hygiene education program within forty-five days preceding the examination for which they are applying may provide documentation of successful completion by inclusion of their names on a verified list of students successfully completing the program from the dean or director of the education program. No other proof of successful completion is acceptable. An applicant may complete the application and be scheduled for the examination, but will not be admitted to the examination if the department of health has not received the required proof of successful completion.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-815-020, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.29 RCW and RCW 18.20.150(4). 95-16-102, § 246-815-020, filed 8/1/95, effective 9/1/95. Statutory Authority: RCW 18.29.130. 92-02-018 (Order 224), § 246-815-020, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 18.29 RCW, RCW 18.29.021, [18.29.]045 and [18.29.]130. 90-23-011 (Order 098), § 308-25-011, filed 11/13/90, effective 12/14/90.]

WAC 246-815-030 Education requirements for licensure applicants. (1) To be eligible for dental hygiene licensure, the applicant must have successfully completed a dental hygiene education program approved by the secretary of the department of health. The secretary adopts those standards of the American Dental Association Commission on Dental Accreditation relevant to the accreditation of dental hygiene schools, in effect in January, 1993. In implementing the adopted standards, the secretary approves those dental hygiene education programs which were accredited by the commission as of January 1993. Provided, That the accredited education program's curriculum includes:

(a) Didactic and clinical competency in the administration of injections of local anesthetic;

(b) Didactic and clinical competency in the administration of nitrous oxide analgesia;

(c) Didactic and clinical competency in the placement of restorations into cavities prepared by a dentist; and

(d) Didactic and clinical competency in the carving, contouring, and adjusting contacts and occlusions of restorations.

(2) Dental hygiene education programs approved by the secretary of the department of health pursuant to the American Dental Association Commission on Dental Accreditation standards in effect in January, 1993, whose curriculum does not include the didactic and clinical competency enumerated in (1)(a)-(d) above will be accepted if the applicant has successfully completed an expanded functions education program(s) approved pursuant to WAC 246-815-110, 246-815-120, and 246-815-130.

(3) A form will be provided in the department of health licensure application packages for the purpose of education verification.

[Statutory Authority: RCW 18.29.130. 94-05-053, § 246-815-030, filed 2/10/94 effective 3/13/94; 92-02-018 (Order 224), § 246-815-030, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-030, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 18.29 RCW, RCW 18.29.021, [18.29.]045 and [18.29.]130. 90-23-011 (Order 098), § 308-25-013, filed 11/13/90, effective 12/14/90.]

WAC 246-815-031 Dental hygiene expanded functions education requirement for licensure implementation. The dental hygiene education requirement for licensure regarding the didactic and clinical competency of the expanded functions referenced in WAC 246-815-030 (1)(a)-(d), (2) and (3) shall become effective February 1, 1993.

[Statutory Authority: RCW 18.29.130(6). 92-03-006 (Order 232), § 246-815-031, filed 1/3/92, effective 2/3/92; 91-11-065 (Order 172), § 246-815-031, filed 5/16/91, effective 6/16/91.]

WAC 246-815-050 Examination. (1) The dental hygiene examination will consist of both written and practical tests approved by the committee. An applicant seeking licensure in Washington by examination must successfully complete all of the following:

(a) The dental hygiene national board examination.

(b) The Washington written examination.

(c) The Washington restorative examination.

(d) The Western Regional Examining Board (WREB) dental hygiene patient evaluation/prophylaxis and local anesthetic examinations.

(2) The successful completion of the WREB dental hygiene examinations from May 8, 1992, and thereafter will be accepted.

(3) The committee may, at its discretion, give a test in any other phase of dental hygiene. Candidates will receive information concerning each examination.

(4) The applicant will comply with all written instructions provided by the department of health.

[Statutory Authority: Chapter 18.29 RCW and RCW 18.20.150(4). 95-16-102, § 246-815-050, filed 8/1/95, effective 9/1/95. Statutory Authority: RCW 18.29.120(2). 95-07-003, § 246-815-050, filed 3/2/95, effective 4/2/95. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-050, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 18.29 RCW, RCW 18.29.021, [18.29.]045 and [18.29.]130. 90-23-011 (Order 098), § 308-25-015, filed 11/13/90, effective 12/14/90. Statu-

tory Authority: RCW 18.29.031. 86-09-014 (Order PL 585), § 308-25-015, filed 4/7/86.]

WAC 246-815-100 Licensure by interstate endorsement of credentials. A license to practice as a dental hygienist in Washington may be issued pursuant to RCW 18.29.045 provided the applicant meets the following requirements:

(1) The applicant has successfully completed a dental hygiene education program which is approved by the secretary of the department of health pursuant to WAC 246-815-030.

(2) The applicant has been issued a valid, current, nonlimited license by successful completion of a dental hygiene examination in another state. The other state's current licensing standards must be substantively equivalent to the licensing standards in the state of Washington. The other state's examination must have included the following portions and minimum level of competency standards.

(a) Written tests - the written tests include:

(i) The National Board of Dental Hygiene examination.

(ii) A state written test covering the current dental hygiene subjects that are tested for Washington state.

(b) Practical tests - all portions shall be graded anonymously by calibrated practicing dental hygienists or dental hygienists and dentists. The calibration process shall consist of training sessions which include components to evaluate and confirm each examiners ability to uniformly detect known errors on pregraded patients and/or dentoforms. Examiners will be calibrated to the established standard of minimum level of competency. The examination must have equivalent patient selection criteria for the patient evaluation, prophylaxis and anesthesia portions. The current Washington state patient selection criteria for examination will be used as the basis of comparison at the time of application for licensure by interstate endorsement of credentials. The practical tests include:

(i) Patient evaluation clinical competency test which includes what is currently tested for the Washington state dental hygiene examination.

(ii) Prophylaxis clinical competency test which includes what is currently tested for the Washington state dental hygiene examination.

(iii) Anesthesia clinical competency test which includes what is currently tested for the Washington state dental hygiene examination.

(iv) Restorative test which includes what is currently tested for the Washington state dental hygiene examination.

(3) The applicant holds a valid current license, and has been currently engaged in clinical practice at any time within the previous year as a dental hygienist in another state or in the discharge of official duties in the United States Armed Services, Coast Guard, Public Health Services, Veterans' Bureau, or Bureau of Indian Affairs. Verification of licensure must be obtained from the state of licensure, and any fees for verification required by the state of licensure must be paid by the applicant.

(4) The applicant has not engaged in unprofessional conduct as defined in the Uniform Disciplinary Act in RCW 18.130.180 or is not an impaired practitioner under RCW 18.130.170 in the Uniform Disciplinary Act.

(5) Applicants must complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

(6) The applicant demonstrates to the secretary knowledge of Washington law pertaining to the practice of dental hygiene.

(7) The applicant completes the required application materials and pays the required application fee. Applications for licensure by interstate endorsement are available from the department of health dental hygiene program.

(8) If the secretary of the department of health finds that the other state's licensing standards are substantively equivalent except for a portion(s) of the examination, the applicant may take that portion(s) to qualify for interstate endorsement. That portion(s) of the exam must be successfully completed to qualify for interstate endorsement and an additional examination fee as well as the licensure by interstate endorsement fee shall be required.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-815-100, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.29 RCW and RCW 18.20.150(4). 95-16-102, § 246-815-100, filed 8/1/95, effective 9/1/95. Statutory Authority: RCW 18.29.045. 93-06-042A (Order 332), § 246-815-100, filed 2/24/93, effective 3/27/93. Statutory Authority: RCW 18.29.130. 92-02-018 (Order 224), § 246-815-100, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-100, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 18.29 RCW, RCW 18.29.021, [18.29.]045 and [18.29.]130. 90-23-011 (Order 098), § 308-25-041, filed 11/13/90, effective 12/14/90.]

WAC 246-815-110 Application procedures for approval of dental hygiene expanded functions education programs. (1) The representative of the education program must complete the required application materials and pay the required nonrefundable fee.

(2) Applications for approval of dental hygiene expanded functions education programs are available from the department of health, professional licensing services, dental hygiene program.

(3) The application shall include but is not limited to a self study guide which reflects WAC 246-815-120 and 246-815-130.

(4) The application may include a site visit and evaluation at the discretion of the secretary of the department of health.

(5) An approved dental hygiene expanded function education program shall report in writing all modifications of the approved program to the department of health and shall be required to pay the nonrefundable evaluation fee if the secretary of the department determines that the modification(s) substantially affects an area included in WAC 246-815-120.

(6) An approved dental hygiene expanded function education program shall apply for evaluation sixty days prior to the month and day of the initial approval date every four years and shall pay the required nonrefundable evaluation fee. Provided, That the approved dental hygiene expanded function education program has not been required to be evaluated due to modifications within one year prior to the required four year evaluation date.

[Statutory Authority: RCW 18.29.130. 92-02-018 (Order 224), § 246-815-110, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-110, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 18.29 RCW, RCW 18.29.021,

[18.29.]045 and [18.29.]130. 90-23-011 (Order 098), § 308-25-072, filed 11/13/90, effective 12/14/90.]

WAC 246-815-115 Exception application procedures for approval of dental hygiene expanded functions education programs. (1) This section applies only to dental hygiene programs:

(a) Currently accredited by the American Dental Association Commission on Dental Accreditation; and

(b) With accredited program curriculum that includes the administration of local anesthetic, administration of nitrous oxide analgesia and restorative dentistry.

(2) A program representative may apply for approval of a dental hygiene expanded function(s) education program by submitting to the department:

(a) An application on forms available from the department of health, professional licensing services, dental hygiene program, Olympia, Washington.

(b) The current and the proposed expanded function course outlines and syllabuses, and:

(i) An identification of the differences between the current and proposed courses;

(ii) Documentation of the differences between the current and proposed courses.

(3) The program representative shall not submit a self study guide or an application fee.

(4) The department may, at the secretary's discretion, conduct a site visit and evaluation.

(5) The representative of an approved expanded function education program shall:

(a) Report all modifications of the approved program to the department in writing; and

(b) Apply for evaluation every four years, sixty days prior to the month and day of the initial approval date. Provided, that the program has not been evaluated due to modifications within the year previous to the required evaluation date.

[Statutory Authority: RCW 18.29.130(6) and 18.29.021 (1)(a). 92-03-126 (Order 236), § 246-815-115, filed 1/21/92, effective 2/21/92.]

WAC 246-815-120 Standards required for approval of dental hygiene expanded functions education programs. The standards for approval by the secretary of the department of health of dental hygiene expanded functions education programs shall include:

(1) Administration. Administrative structure must insure the attainment of program goals. Administration must include formal provisions for program planning, development, staffing, direction, coordination and evaluation.

(2) Curriculum. The curriculum must be defined in terms of program goals, general and specific instructional objectives, learning experiences designed to achieve goals and objectives and evaluation procedures to assess attainment of goals and objectives.

(a) Instructional objectives shall be defined in the cognitive, psychomotor and affective domains which are consistent with and contributory to the attainment of program goals.

(b) Written documentation of all aspects of the curriculum, including comprehensive course outlines, must be prepared by the faculty.

(c) There must be mechanisms for ongoing curriculum evaluation, revision and implementation.

(3) Admissions. Admission of dental hygiene students must be based upon specific written criteria, procedures and policies.

(a) The program administrator and faculty, in cooperation with appropriate college personnel, shall establish admission criteria procedures and policies that will be followed in accepting students.

(b) Civil rights and nondiscriminatory policies must be observed in admitting students.

(4) Faculty. The program shall be staffed by faculty who are well qualified in curricular subject matter, dental hygiene functions and educational methodology.

(5) Facilities. Physical facilities and equipment must be adequate to permit achievement of dental hygiene program objectives. Facilities shall effectively accommodate the number of students, faculty and staff and include appropriate provisions for safety.

(6) Learning resources. A wide range of printed materials and instructional aids and equipment shall be available for utilization by students and faculty.

(7) Students. Policies and procedures to protect and serve students must be established and implemented.

(a) Ethical standards and policies to protect the students as consumers and avenues for appeal and due process must be provided.

(b) Student records should accurately reflect work accomplished in the program and be maintained in a secure manner.

(8) Assess outcomes. The program must regularly evaluate the degree to which its goals are being met through a formal assessment of outcomes. Approved programs must design and implement their own outcome measures to determine the degree to which their stated goals and objectives are met.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-120, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 18.29 RCW, RCW 18.29.021, [18.29.]045 and [18.29.]130. 90-23-011 (Order 098), § 308-25-073, filed 11/13/90, effective 12/14/90.]

WAC 246-815-130 Curriculum requirements for expanded functions dental hygiene education programs approval. (1) Curriculum for expanded function dental hygiene education programs approved by the secretary of the department of health shall include:

(a) Instruction in the administration of injections of a local anesthetic.

(i) The basic curriculum shall require didactic and clinical competency.

(ii) Demonstration of clinical proficiency in each of the following functions:

Infiltration: ASA, MSA, Nasopalatine, greater palatine.

Block: Long buccal, mental, inferior alveolar and PSA.

(b) Instruction in the administration of nitrous oxide analgesia. The basic curriculum shall require didactic and clinical competency.

(c) Instruction in restorative dentistry and specifically how to place restorations into a cavity prepared by the dentist and thereafter carve, contour, and adjust contacts and occlu-

sion of the restoration. The basic curriculum shall require didactic and clinical competency.

(2) Representatives of expanded function dental hygiene education programs may apply for approval of one or more of (1)(a)-(c) above. Approval of the specific expanded function(s) will be based on the applicable curriculum listed in (1)(a)-(c) above.

(3) It shall be the responsibility of the approved expanded functions education program to evaluate the students curriculum needs on an individual basis for successful completion of their approved program.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-130, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 18.29 RCW, RCW 18.29.021, [18.29.]045 and [18.29.]130. 90-23-011 (Order 098), § 308-25-074, filed 11/13/90, effective 12/14/90.]

WAC 246-815-140 Continuing education for dental hygienists. (1) Purposes. The secretary of the department of health in consultation with the dental hygiene examining committee has determined that the public health, safety and welfare will be served by requiring all holders of dental hygiene licenses granted under chapter 18.29 RCW to continue their education after receiving such licenses.

(2) Requirements. Licensed dental hygienists must complete 15 clock hours of continuing education as required in chapter 246-12 WAC, Part 7. A current CPR card must be maintained as part of this requirement.

(3) Acceptable continuing education. Continuing education must be dental related education for professional development as a dental hygienist. The 15 clock hours shall be obtained through continuing education courses, correspondence courses, college credit courses, dental hygiene examination standardization/calibration workshops and dental hygiene examination item writer workshops.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-815-140, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-140, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 18.29 RCW, RCW 18.29.021, [18.29.]045 and [18.29.]130. 90-23-011 (Order 098), § 308-25-180, filed 11/13/90, effective 12/14/90.]

WAC 246-815-160 Standards of dental hygiene conduct or practice. The purpose of defining standards of dental hygiene conduct or practice is to identify minimum responsibilities of the registered dental hygienist licensed in Washington in health care settings and as provided in the Dental Hygiene Practice Act, chapter 18.29 RCW, and the Uniform Disciplinary Act, chapter 18.130 RCW. The standards provide consumers with information about quality care and provides the secretary guidelines to evaluate safe and effective care. Upon entering the practice of dental hygiene, each individual assumes the responsibility, public trust, and a corresponding obligation to adhere to the standards of dental hygiene practice.

(1) Dental hygiene provision of care.

The dental hygienist shall:

(a) Accurately and systematically collect, permanently record, and update data on the general and oral health status of the client.

(b) Communicate collected data to the appropriate health care professional.

(c) Take into consideration the dental hygiene assessment, the client treatment goals, appropriate sequencing of procedures, and currently accepted scientific knowledge in developing a dental hygiene plan.

(i) The dental hygiene plan shall include preventative and therapeutic care to promote and maintain the clients' oral health.

(ii) Where appropriate, the dental hygiene plan shall be compatible with the treatment plan of other licensed health care professionals.

(d) Communicate the dental hygiene plan to the client and/or legal guardian.

The client and/or legal guardian or where appropriate other **health care professionals** are to be informed of the **progress** and **results** of dental hygiene care and clients' self-care.

(e) Continually re-evaluate client progress related to the attainment of their oral health goals. Implement additional dental hygiene treatment and client self-care as appropriate.

(2) Professional responsibilities.

The licensed dental hygienist shall have knowledge of the statutes and regulations governing dental hygiene practice and shall function within the legal scope of dental hygiene practice.

[Statutory Authority: RCW 18.29.130, 18.29.076 and 18.130.050. 92-02-018 (Order 224), § 246-815-160, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.29.076 and 18.130.050(12). 89-16-096 (Order PM 858), § 308-25-170, filed 8/2/89, effective 9/2/89.]

WAC 246-815-170 General provisions. (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Department" means the department of health.

(5) "Dental hygienist" means a person licensed pursuant to chapter 18.29 RCW.

(6) "Mentally or physically disabled dental hygienist" means a dental hygienist who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice dental hygiene with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

[Statutory Authority: RCW 18.29.130 and 18.130.070. 92-02-018 (Order 224), § 246-815-170, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-25-080, filed 6/30/89.]

WAC 246-815-180 Mandatory reporting. (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the dental hygienist being reported.

(c) The case number of any client whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-180, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-25-090, filed 6/30/89.]

WAC 246-815-190 Health care institutions. The chief administrator or executive officer or their designee of any hospital or nursing home shall report to the department when any dental hygienist's services are terminated or are restricted based on a determination that the dental hygienist has either committed an act or acts which may constitute unprofessional conduct or that the dental hygienist may be unable to practice with reasonable skill or safety to the client by reason of a mental or physical condition.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-190, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-25-100, filed 6/30/89.]

WAC 246-815-200 Dental hygienist associations or societies. The president or chief executive officer of any dental hygienist association or society within this state shall report to the department when an association or society determines that a dental hygienist has committed unprofessional conduct or that a dental hygienist may not be able to practice dental hygiene with reasonable skill and safety to clients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the license holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-200, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-25-110, filed 6/30/89.]

WAC 246-815-210 Health care service contractors and disability insurance carriers. The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that a dental hygienist has engaged in fraud in billing for services.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-210, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-25-120, filed 6/30/89.]

WAC 246-815-220 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to dental hygienists shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured dental hygienist's incompetency or negligence in the practice of dental hygiene. Such organization or institution shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the dental hygienist's alleged incompetence or negligence in the practice of dental hygiene.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-220, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-25-130, filed 6/30/89.]

WAC 246-815-230 Courts. The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of licensed dental hygienists, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-230, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-25-140, filed 6/30/89.]

WAC 246-815-240 State and federal agencies. The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a dental hygienist is employed to provide client care services, to report to the department whenever such a dental hygienist has been judged to have demonstrated his/her incompetency or negligence in the practice of dental hygiene, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled dental hygienist. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-240, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-25-150, filed 6/30/89.]

WAC 246-815-250 Cooperation with investigation. (1) A licensee must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the secretary of the department of health by submitting the requested items within fourteen calendar days of receipt of the request by either the licensee or their attorney, whichever is first. If the licensee fails to comply with the request within fourteen calendar days, the investigator will contact that individual or their attorney by telephone or letter as a reminder.

(2) Investigators may extend the time for response if the request for extension does not exceed seven calendar days. Any other requests for extension of time may be granted by the secretary or the secretary's designee.

(3) If the licensee fails to comply with the request within three business days after receiving the reminder, a subpoena will be served to obtain the requested items. A statement of

charges may be issued pursuant to RCW 18.130.180(8) for failure to cooperate. If there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(4) If the licensee complies with the request after the issuance of the statement of charges, the secretary or the secretary's designee will decide if the charges will be prosecuted or settled. If the charges are to be settled the settlement proposal will be negotiated by the secretary's designee. Settlements are not considered final until the secretary signs the settlement agreement.

[Statutory Authority: RCW 18.29.130 and 18.130.070. 92-02-018 (Order 224), § 246-815-250, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-250, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-25-160, filed 6/30/89.]

WAC 246-815-990 Dental hygiene fees 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 examination and reexamination	$100.00
Renewal	60.00
Late renewal penalty	50.00
Expired license reissuance	50.00
Credentialing application	300.00
Temporary license application	115.00
Duplicate license	15.00
Certification of license	25.00
Education program evaluation	200.00

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-815-990, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.29 RCW and RCW 18.20.150(4). 95-16-102, § 246-815-990, filed 8/1/95, effective 9/1/95. Statutory Authority: RCW 43.70.250. 94-02-059, § 246-815-990, filed 1/3/94, effective 3/1/94. Statutory Authority: RCW 43.70.250 and 1993 c 323. 93-16-073, § 246-815-990, filed 8/2/93, effective 9/2/93. Statutory Authority: RCW 43.70.250. 91-13-002 (Order 173), § 246-815-990, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250. 90-04-094 (Order 029), § 308-25-065, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43.24.086. 87-10-028 (Order PM 650), § 308-25-065, filed 5/1/87. Statutory Authority: 1983 c 168 § 12. 83-17-031 (Order PL 442), § 308-25-065, filed 8/10/83. Formerly WAC 308-25-060.]

Chapter 246-817 WAC

DENTAL QUALITY ASSURANCE COMMISSION

(Formerly chapters 246-816 and 246-818 WAC)

WAC

DENTISTS

LICENSURE—APPLICATION AND ELIGIBILITY REQUIREMENTS

GENERAL PRACTICE REQUIREMENTS AND PROHIBITIONS

DELEGATIONS OF DUTIES TO PERSONS NOT LICENSED AS DENTISTS

INFECTION CONTROL

ADMINISTRATION OF ANESTHETIC AGENTS FOR DENTAL PROCEDURES

SUBSTANCE ABUSE MONITORING PROGRAMS

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-817-201 Application for licensure—AIDS education requirements. [Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-201, filed 10/10/95, effective 11/10/95.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

DENTISTS

WAC 246-817-001 Purpose. The purpose of these rules is to further clarify and define chapter 18.32 RCW, Dentistry.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-001, filed 10/10/95, effective 11/10/95.]

WAC 246-817-010 Definitions. The following general terms are defined within the context used in this chapter.

"Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

"Clinics" are locations situated away from the School of Dentistry on the University of Washington campus, as recommended by the dean in writing and approved by the DQAC.

"Department" means the department of health.

"DQAC" means the dental quality assurance commission as established by RCW 18.32.0351.

"Facility" is defined as the building housing the School of Dentistry on the University of Washington campus, and other buildings, designated by the dean of the dental school and approved by the DQAC.

"HPQAD" means the health professions quality assurance division of the department of health.

"Office on AIDS" means that section within the department of health or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

"Secretary" means the secretary of the department of health or the secretary's designee.

"WREB" means the western regional examining board, a regional testing agency that provides clinical dental testing services.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-010, filed 10/10/95, effective 11/10/95.]

WAC 246-817-015 Adjudicative proceedings—Procedural rules for the dental quality assurance commission. The DQAC adopts the model procedural rules for adjudicative proceedings as adopted by the department of health and contained in chapter 246-11 WAC, including subsequent amendments.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-015, filed 10/10/95, effective 11/10/95.]

LICENSURE—APPLICATION AND ELIGIBILITY REQUIREMENTS

WAC 246-817-101 Dental licenses—Types authorized. The DQAC is granted the authority to issue the following types of dental licenses or permits:

(1) Licensure by examination standard. (RCW 18.32.040)

(2) Licensure without examination—Licensed in another state. (RCW 18.32.215)

(3) Faculty licensure. (RCW 18.32.195)

(4) Dental resident licensure. (RCW 18.32.195)

(5) Conscious sedation permits. (RCW 18.32.640)

(6) Anesthesia permits. (RCW 18.32.640)

(7) Temporary practice permits. (RCW 18.130.075)

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-101, filed 10/10/95, effective 11/10/95.]

WAC 246-817-110 Dental licensure—Initial eligibility and application requirements. To be eligible for Washington state dental licensure, the applicant shall complete an application provided by the dental HPQAD of the department of health, and shall include written documentation to meet the eligibility criteria for the license for which he/she is applying. Each applicant shall provide:

(1) Completed application and fee. The applicant shall submit a signed, notarized application and required fee. (Refer to WAC 246-817-990 for fee schedule.)

(2) Proof of graduation from a dental school approved by the DQAC. The DQAC adopts those standards of the American Dental Association's Commission on Accreditation which were relevant to accreditation of dental schools and current in May 1993 and has approved all and only those dental schools which were accredited by the commission as of May 1993. Other dental schools which apply for DQAC approval and which meet these adopted standards to the DQAC's satisfaction may be approved, but it is the responsibility of a school to apply for approval and of a student to ascertain whether or not a school has been approved.

(3) Certification of successful completion of the National Board Dental Examination Parts I and II. An original scorecard or a certified copy of the scorecard shall be accepted.

(4) Proof of graduation from an approved dental school. The only acceptable proof is an official, posted transcript sent directly from such school, or in the case of recent graduates, a verified list of graduating students submitted directly from the dean of the dental school. Graduates of nonaccredited dental schools must also meet the requirements outlined in WAC 246-817-160.

(5) A complete listing of professional education and experience including college or university (predental), and a complete chronology of practice history from the date of dental school graduation to present, whether or not engaged in activities related to dentistry.

(6) Applicants must complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

(7) Certification of malpractice insurance if available, including dates of coverage and any claims history.

(8) Written certification of any licenses held, submitted directly from another licensing entity, and including license number, issue date, expiration date and whether applicant has been the subject of final or pending disciplinary action.

(9) Proof of successful completion of an approved practical/clinical examination and a written jurisprudence

examination or any other examination approved by and administered under the direction of the DQAC.

(10) Photograph. A recent photograph, signed and dated, shall be attached to the application.

(11) Inquiries from other sources may be conducted as determined by the DQAC, including but not limited to the national practitioner data bank and drug enforcement agency. Applicants are responsible for any fees incurred in obtaining verification of requirements.

(12) Additional requirements for each license type as further defined.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-817-110, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-110, filed 10/10/95, effective 11/10/95.]

WAC 246-817-120 Examination content. An applicant seeking licensure in Washington by examination must successfully complete a written and practical examination approved by the DQAC.

(1) The examination will consist of:

(a) Written: Only national board exam accepted, except as provided in (c) of this subsection.

(b) Practical/practice: The DQAC accepts the Western Regional Examining Board's (WREB) clinical examination as its examination standard after January 1, 1995. The results of the WREB examination shall be accepted for five years immediately preceding application for state licensure.

(c) The DQAC may, at its discretion, give an examination in any other subject under (a) or (b) of this subsection, whether in written and/or practical form. The applicant shall receive information concerning such examination.

(2) An applicant for the clinical examination may obtain an application directly from the Western Regional Examining Board.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-120, filed 10/10/95, effective 11/10/95.]

WAC 246-817-130 Licensure without examination for dentists—Eligibility. The DQAC may grant licensure without an examination to dentists licensed in other states if they meet the requirements of WAC 246-817-110 and:

(1) Hold an active license, registration or certificate to practice dentistry, without restrictions, in another state, obtained by successful completion of an examination, if the other state's current licensing standards are substantively equivalent to the licensing standards of the state of Washington. The DQAC shall determine if the other state's current licensing standards are substantively equivalent to licensing standards in this state, pursuant to WAC 246-817-140.

(2) Are currently practicing clinical dentistry in another state pursuant to WAC 246-817-135(5).

(3) Agree to participate in a personal interview with the DQAC, if requested.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-130, filed 10/10/95, effective 11/10/95.]

WAC 246-817-135 Licensure without examination for dentists—Application procedure. The applicant is responsible for obtaining and furnishing to the DQAC all materials required to establish eligibility for a license without examination. In addition to the requirements defined in WAC 246-817-110 the following documentation must be provided:

(1) A statement by the applicant as to whether he/she has been the subject of any disciplinary action in the state(s) of licensure and whether he/she has engaged in unprofessional conduct as defined in RCW 18.130.180.

(2) A statement by the applicant that he/she is not an impaired practitioner as defined in RCW 18.130.170.

(3) A certification by the state board(s) of dentistry (or equivalent authority) that, based on successful completion of an examination, the applicant was issued a license, registration, certificate or privilege to practice dentistry, without restrictions, and whether he/she has been the subject of final or pending disciplinary action.

(4) Documentation to substantiate that standards defined in WAC 246-817-140 have been met.

(5) Proof that the applicant is currently engaged in the practice of clinical, direct patient care dentistry, in another state, and has been practicing for a minimum of five years within the seven years immediately preceding application, as demonstrated by the following information:

(a) Address of practice location(s);

(b) Length of time at the location(s);

(c) Certification of a minimum of twenty hours per week in clinical dental practice;

(d) A letter from all malpractice insurance carrier(s) defining years when insured and any claims history;

(e) Federal or state tax numbers;

(f) DEA numbers if any;

Dentists serving in the United States federal services as described in RCW 18.32.030(2), for the period of such service, need not provide (a) through (f) of this subsection, but must provide documentation from their commanding officer regarding length of service, duties and responsibilities including any adverse actions or restrictions. Such dental service, including service within the state of Washington, shall be credited toward the dental practice requirement.

Dentists employed by a dental school approved by the DQAC for the period of such dental practice, need not provide (a) through (f) of this subsection, but must provide documentation from the dean or appropriate administrator of the institution regarding the length and terms of employment and their duties and responsibilities, and any adverse actions or restrictions. Such dental practice, including practice within the state of Washington, shall be credited toward the dental practice requirement. Dental practice within a residency program shall be credited toward the dental practice requirement. A license may be revoked upon evidence of misinformation or substantial omission.

All information must be completed and received within one hundred eighty days of receipt of the initial application. Only completed applications will be reviewed by the DQAC, or its designee(s) at the next scheduled DQAC meeting or at other intervals as determined by the DQAC.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-135, filed 10/10/95, effective 11/10/95.]

WAC 246-817-140 Licensure without examination for dentists—Licensing examination standards. An applicant is deemed to have met Washington state examination standards if either subsection (1) or (2) of this section is met:

(1) The state in which the applicant received a license, following successful completion of an examination, currently administers or subscribes to an examination, which includes all components listed in subsection (2)(a) of this section and at least two of the components listed in subsection (2)(b) of this section.

(2) The applicant provides documentation that he/she has successfully completed an examination in another state which included all of the components listed in (a) of this subsection and at least two of the components listed in (b) of this subsection.

(a) The applicant must have successfully completed an examination which included/includes the following components:

(i) Oral diagnosis and treatment planning, written or clinical test.

(ii) Class II amalgam test on a live patient.

(iii) Cast gold test on a live patient restoring at least one proximal surface, from a Class II inlay up to and including a full cast crown.

(iv) Periodontal test on a live patient to include a documentation and patient evaluation as well as scaling and root planing of at least one quadrant.

(v) Use of a rubber dam during restorative procedures.

(vi) Removable prosthodontics written or clinical test.

(b) The examination included/includes at least two of the following characteristics or components:

(i) Standardization and calibration of examiners.

(ii) Anonymity between candidates and grading examiners.

(iii) Endodontic test which requires the obturation of at least one canal.

(iv) Other clinical procedures (i.e., composite, gold foil).

The DQAC shall publish a list of states or regional licensing examinations which on the date of publication of the list are considered to be substantively equivalent to the Washington state dental licensing standard. The list shall be updated periodically and available upon request.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-140, filed 10/10/95, effective 11/10/95.]

WAC 246-817-150 Licenses—Persons licensed or qualified out-of-state who are faculty at school of dentistry—Conditions. (1) The department shall provide an application for faculty licensure upon receipt of a written request from the dean of the University of Washington, School of Dentistry.

(2) Applicants for faculty licensure shall submit a signed, notarized application, including applicable fees, and other documentation as required by the DQAC.

(3) The dean of the University of Washington, School of Dentistry, or his designee, shall notify the department of health of any changes in employment status of any person holding a faculty license.

(4) Clinics situated away from the School of Dentistry on the University of Washington campus, must be recommended by the dean in writing and approved by the DQAC. The recommendation must list the rationale for including each location as a University of Washington School of Dentistry facility.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-817-150, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-150, filed 10/10/95, effective 11/10/95.]

WAC 246-817-160 Graduates of nonaccredited schools. The following requirements apply to persons who are graduates of dental schools or colleges not accredited by the American Dental Association Commission on Accreditation.

(1) A person who has been issued a degree of doctor of dental medicine or doctor of dental surgery by a nonaccredited dental school listed by the World Health Organization, or by a nonaccredited dental school approved by the DQAC, shall be eligible to take the examination in the theory and practice of the science of dentistry upon furnishing all of the following:

(a) Certified copies of dental school diplomas.

(b) Official dental school transcripts.

(c) Proof of identification by an appropriate governmental agency. Alternate arrangements may be made for political refugees.

(d) Effective February 1, 1985, satisfactory evidence of the successful completion of at least two additional predoctoral or postdoctoral academic years of dental school education at a dental school approved pursuant to WAC 246-817-110(2) and a certification by the dean of that school that the candidate has achieved the same level of didactic and clinical competence as expected of a graduate of that school.

(2) Upon completion of the requirements in subsection (1) of this section, an applicant under this section shall be allowed to take the examination pursuant to WAC 246-817-120 and shall be subject to the applicable provisions of WAC 246-817-110. This rule supersedes WAC 246-818-090 which provided applicants one opportunity to take and pass the clinical (practical) examination, in 1985, without meeting the post-graduate training requirement.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-160, filed 10/10/95, effective 11/10/95.]

WAC 246-817-170 Applications—Permits—Renewals for the administration of conscious sedation with multiple oral or parenteral agents or general anesthesia (including deep sedation). (1) To administer conscious sedation with parenteral or multiple oral agents or general anesthesia (including deep sedation), a dentist must first meet the requirements of this chapter, possess and maintain a current license pursuant to chapter 18.32 RCW and obtain a permit of authorization from the DQAC through the department. Application forms for permits, which may be obtained from the department, shall be fully completed and include the application fee.

(2) To renew a permit of authorization, which is valid for three years from the date of issuance, a permit holder shall fully and timely complete a renewal application form and:

(a) Demonstrate continuing compliance with this chapter.

(b) Produce satisfactory evidence of eighteen hours of continuing education as required by this chapter. The dentist must maintain records that can be audited and must submit course titles, instructors, dates attended, sponsors, and number of hours for each course every three years as required by this chapter.

(c) Pay any applicable renewal fee.

(3) Prior to the issuance or renewal of a permit for the use of general anesthesia, the DQAC may, at its discretion, require an on-site inspection and evaluation of the facility, equipment, personnel, licensee, and the procedures utilized by such licensee. Every person issued a permit under this article shall have an on-site inspection at least once in every five-year period, or at other intervals determined by the DQAC. An on-site inspection performed by a public or private organization may be accepted by the DQAC to satisfy the requirements of this section.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-170, filed 10/10/95, effective 11/10/95.]

WAC 246-817-175 Conscious sedation with parenteral or multiple oral agents—Education and training requirements—Application. (1) To obtain a permit of authorization to administer conscious sedation with parenteral or multiple oral agents, the dentist shall meet the requirements of subsection (2) of this section and submit an application and fee. Applications may be obtained from the dental HPQAD division.

(2) Training requirements: To administer conscious sedation with parenteral or multiple oral agents, the dentist must have successfully completed a postdoctoral course(s) of sixty clock hours or more which includes training in basic conscious sedation, physical evaluation, venipuncture, technical administration, recognition and management of complications and emergencies, monitoring, and supervised experience in providing conscious sedation to fifteen or more patients.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-175, filed 10/10/95, effective 11/10/95.]

WAC 246-817-180 General anesthesia (including deep sedation)—Education and training requirements. (1) Training requirements for dentists: To administer deep sedation or general anesthesia, the dentist must have current and documented proficiency in advanced cardiac life support. One method of demonstrating such proficiency is to hold a valid and current ACLS certificate or equivalent. A dentist must also meet one or more of the following criteria:

(a) Have completed a minimum of one year's advanced training in anesthesiology or related academic subjects, or its equivalent beyond the undergraduate dental school level, in a training program as outlined in Part 2 of *Teaching the Comprehensive Control of Pain and Anxiety in an Advanced Education Program*, published by the American Dental Association, Council on Dental Education, dated July 1993.

(b) Is a fellow of the American Dental Society of Anesthesiology.

(c) Is a diplomate of the American Board of Oral and Maxillofacial Surgery, or is eligible for examination by the American Board of Oral and Maxillofacial Surgery pursuant to the July 1, 1989, standards.

(d) Is a fellow of the American Association of Oral and Maxillofacial Surgeons.

(2) Only a dentist meeting the above criteria for administration of deep sedation or general anesthesia may utilize the services of a nurse licensed pursuant to chapter 18.79 RCW to administer deep sedation or general anesthesia under the close supervision of the dentist as defined in WAC 246-817-510.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-180, filed 10/10/95, effective 11/10/95.]

WAC 246-817-185 Temporary practice permits—Eligibility. (1) A temporary practice permit, as defined in RCW 18.130.075, shall be issued at the written request of an applicant:

(a) Licensed in another state, with licensing standards substantially equivalent to Washington, who applies for the dental examination and meets the eligibility criteria for the examination as outlined in this chapter; or

(b) Currently licensed and practicing clinical dentistry in another state, who applies for dental licensure without examination and meets the eligibility criteria for the licensure without examination program as outlined in this chapter.

(2) In addition to the requirements outlined in subsection (1)(a) or (b) of this section, the conditions of WAC 246-817-160 shall also be met for applicants who are graduates of dental schools or colleges not accredited by the American Dental Association Commission on Accreditation.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-185, filed 10/10/95, effective 11/10/95.]

WAC 246-817-186 Temporary practice permits—Issuance and duration. (1) Unless there is a basis for denial of the license or for issuance of a conditional license, the applicant shall be issued a temporary practice permit by the DQAC, upon:

(a) Receipt of a completed application form on which a request for a temporary practice permit is indicated;

(b) Payment of the appropriate application fee;

(c) Receipt of written verification of all dental licenses, whether active or not, attesting that the applicant has a dental license in good standing and is not the subject of any disciplinary action for unprofessional conduct or impairment;

(d) Receipt of disciplinary data bank reports.

(2) The temporary practice permit shall expire:

(a) Immediately upon issuance of a full, unrestricted dental license by the DQAC;

(b) Upon notice of failure of the dental examination;

(c) Upon issuance of a statement of intent to deny; or

(d) Within a maximum of one hundred twenty days.

(3) A temporary practice permit shall not be renewed, reissued or extended.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-186, filed 10/10/95, effective 11/10/95.]

WAC 246-817-210 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) Comply with the current statutory conditions;

(b) Meet the requirements of chapter 246-12 WAC, Part 2.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-817-210, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-210, filed 10/10/95, effective 11/10/95.]

GENERAL PRACTICE REQUIREMENTS AND PROHIBITIONS

WAC 246-817-301 Display of licenses. The license of any dentist, dental hygienist or other individual licensed pursuant to the laws of Washington to engage in any activity being performed in the premises under the supervision or control of a licensed dentist shall be displayed in a place visible to individuals receiving services in the premises, and readily available for inspection by any designee of the DQAC.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-301, filed 10/10/95, effective 11/10/95.]

WAC 246-817-310 Maintenance and retention of records. Any dentist who treats patients in the state of Washington shall maintain complete treatment records regarding patients treated. These records shall include, but shall not be limited to x-rays, treatment plans, patient charts, patient histories, correspondence, financial data and billing. These records shall be retained by the dentist for five years in an orderly, accessible file and shall be readily available for inspection by the DQAC or its authorized representative: X-rays or copies of records may be forwarded to a second party upon the patient's or authorized agent's written request. Also, office records shall state the date on which the records were released, method forwarded and to whom, and the reason for the release. A reasonable fee may be charged the patient to cover mailing and clerical costs.

Every dentist who operates a dental office in the state of Washington must maintain a comprehensive written and dated record of all services rendered to his/her patients. In offices where more than one dentist is performing the services the records must specify the dentist who performed the services. Whenever requested to do so, by the secretary or his/her authorized representative, the dentist shall supply documentary proof:

(1) That he/she is the owner or purchaser of the dental equipment and/or the office he occupies.

(2) That he/she is the lessee of the office and/or dental equipment.

(3) That he/she is, or is not, associated with other persons in the practice of dentistry, including prosthetic dentistry, and who, if any, the associates are.

(4) That he/she operates his office during specific hours per day and days per week, stipulating such hours and days.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-310, filed 10/10/95, effective 11/10/95.]

WAC 246-817-320 Report of patient injury or mortality. All licensees engaged in the practice of dentistry shall submit a complete report of any patient mortality or other incident which results in temporary or permanent physical or mental injury requiring hospitalization of said patient during, or as a direct result of dental procedures or anesthesia related thereto. This report shall be submitted to the DQAC within thirty days of the occurrence.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-320, filed 10/10/95, effective 11/10/95.]

WAC 246-817-330 Prescriptions. Every dentist who operates a dental office in the state of Washington must write a valid prescription to the dental laboratory or dental technician with whom he/she intends to place an order for the making, repairing, altering or supplying of artificial restorations, substitutes or appliances to be worn in the human mouth. A separate prescription must be submitted to the dental laboratory or dental technician for each patient's requirements. To be valid, such prescriptions must be written in duplicate and contain the date, the name and address of the dental laboratory or the dental technician, the name and address of the patient, description of the basic work to be done, the signature of the dentist serving the patient for whom the work is being done and the dentist's license certificate number. The original prescription shall be referred to the dental laboratory or the dental technician and the carbon copy shall be retained for three years, by the dentist, in an orderly, accessible file and shall be readily available for inspection by the secretary or his/her authorized representative.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-330, filed 10/10/95, effective 11/10/95.]

WAC 246-817-340 Recording requirements for all prescription drugs. An accurate record of any medication(s) prescribed or dispensed shall be clearly indicated on the patient history. This record shall include the date prescribed or the date dispensed, the name of the patient prescribed or dispensed to, the name of the medication, and the dosage and amount of the medication prescribed or dispensed.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-340, filed 10/10/95, effective 11/10/95.]

WAC 246-817-350 Recording requirement for scheduled drugs. When Schedule II, III, IV or V drugs as described in chapter 69.50 RCW are stocked by the dental office for dispensing to patients, an inventory control record must be kept in such a manner to identify disposition of such medicines. Such records shall be available for inspection by the secretary or his/her authorized representative.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-350, filed 10/10/95, effective 11/10/95.]

WAC 246-817-360 Prescribing, dispensing or distributing drugs. No dentist shall prescribe, dispense or distribute any controlled substance or legend drug for other than dental-related conditions.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-360, filed 10/10/95, effective 11/10/95.]

WAC 246-817-370 Nondiscrimination. It shall be unprofessional conduct for any dentist to discriminate or to permit any employee or any person under the supervision and control of the dentist to discriminate against any person, in the practice of dentistry, on the basis of race, color, creed or national origin, or to violate any of the provisions of any state or federal antidiscrimination law.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-370, filed 10/10/95, effective 11/10/95.]

WAC 246-817-380 Patient abandonment. The attending dentist, without reasonable cause, shall not neglect, ignore, abandon, or refuse to complete the current procedure for a patient. If the dentist chooses to withdraw responsibility for a patient of record, the dentist shall:

(1) Advise the patient that termination of treatment is contemplated and that another dentist should be sought to complete the current procedure and for future care; and

(2) Advise the patient that the dentist shall remain reasonably available under the circumstances for up to fifteen days from the date of such notice to render emergency care related to that current procedure.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-380, filed 10/10/95, effective 11/10/95.]

WAC 246-817-390 Representation of care, fees, and records. Dentists shall not represent the care being rendered to their patients or the fees being charged for providing such care in a false or misleading manner, nor alter patient records, such as but not limited to, misrepresenting dates of service or treatment codes.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-390, filed 10/10/95, effective 11/10/95.]

WAC 246-817-400 Disclosure of provider services. A dentist who is personally present, operating as a dentist or personally overseeing the operations being performed in a dental office, over fifty percent of the time that such office is being operated, shall identify himself/herself in any representation to the public associated with such office or practice and shall provide readily visible signs designating his/her name at such respective office entrances or office buildings. Any representation that omits such a listing of dentists is misleading, deceptive, or improper conduct. Dentists who are present or overseeing operations under this rule less than fifty percent of the time shall identify themselves to patients prior to services being initiated or rendered in any fashion. Every office shall have readily available a list of the names of dentists who are involved in such office less than fifty percent of the time.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-400, filed 10/10/95, effective 11/10/95.]

WAC 246-817-410 Disclosure of membership affiliation. It shall be misleading, deceptive or improper conduct for any dentist to represent that he/she is a member of any dental association, society, organization, or any component thereof where such membership in fact does not exist.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-410, filed 10/10/95, effective 11/10/95.]

WAC 246-817-420 Specialty representation. (1) It shall be misleading, deceptive or improper conduct for a dentist to represent or imply that he/she is a specialist or use any of the terms to designate a dental specialty such as:

(a) Endodontist
(b) Oral or maxillofacial surgeon
(c) Oral pathologist
(d) Orthodontist
(e) Pediatric dentist
(f) Periodontist
(g) Prosthodontist
(h) Public health

or any derivation of these specialties unless he/she is entitled to such specialty designation under the guidelines or requirements for specialties approved by the Commission on Dental Accreditation and the Council on Dental Education of the American Dental Association, or such guidelines or requirements as subsequently amended and approved by the DQAC, or other such organization recognized by the DQAC.

(2) A dentist not currently entitled to such specialty designation shall not represent that his/her practice is limited to providing services in a specialty area without clearly disclosing in the representation that he/she is a general dentist. A specialist who represents services in areas other than his/her specialty is considered a general dentist.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-420, filed 10/10/95, effective 11/10/95.]

WAC 246-817-430 A rule applicable to dental technicians. To be exempt from the law prohibiting the practice of dentistry, dental technicians must comply with the provisions of RCW 18.32.030(6). The form of the required prescription is defined in WAC 246-817-330.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-430, filed 10/10/95, effective 11/10/95.]

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.]

DELEGATIONS OF DUTIES TO PERSONS NOT LICENSED AS DENTISTS

WAC 246-817-501 Purpose. The purpose of WAC 246-817-501 through 246-817-570 is to establish guidelines on delegation of duties to persons who are not licensed to practice dentistry. The dental laws of Washington state authorized the delegation of certain duties to nondentist personnel and prohibit the delegation of certain other duties. By statute, the duties that may be delegated to a person not licensed to practice dentistry may be performed only under the supervision of a licensed dentist. The degree of supervision required to assure that treatment is appropriate and does not jeopardize the systemic or oral health of the patient varies with, among other considerations, the nature of the procedure and the qualifications of the person to whom the duty is delegated. The dentist is ultimately responsible for the services performed in his/her office and this responsibility cannot be delegated. In order to protect the health and well-being of the people of this state, the DQAC finds it necessary to adopt the following definitions and regulations.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-501, filed 10/10/95, effective 11/10/95.]

WAC 246-817-510 Definitions for WAC 246-817-501 through 246-817-570. "Close supervision" means that a licensed dentist whose patient is being treated has personally diagnosed the condition to be treated and has personally authorized the procedures to be performed. A dentist shall be physically present in the treatment facility while the procedures are performed. Close supervision does not require a dentist to be physically present in the operatory; however, an attending dentist must be in the treatment facility and be capable of responding immediately in the event of an emergency.

"Coronal polishing" means a procedure limited to the removal of plaque and stain from exposed tooth surfaces, utilizing an appropriate rotary instrument with rubber cap or brush and a polishing agent.

This procedure shall not be intended or interpreted as an oral prophylaxis as defined in WAC 246-817-510 a procedure specifically reserved to performance by a licensed dentist or dental hygienist. Coronal polishing may, however, be performed by dental assistants under close supervision as a portion of the oral prophylaxis. In all instances, however, a licensed dentist shall determine that the teeth need to be polished and are free of calculus or other extraneous material prior to performance of coronal polishing by a dental assistant.

"Debridement at the periodontal surgical site" means curettage and/or root planing after reflection of a flap by the supervising dentist. This does not include cutting of osseous tissues.

"Elevating soft tissues" is defined as part of a surgical procedure involving the use of the periosteal elevator to raise flaps of soft tissues. Elevating soft tissue is not a separate and distinct procedure in and of itself.

"General supervision" means supervision of dental procedures based on examination and diagnosis of the patient

and subsequent instructions given by a licensed dentist but not requiring the physical presence of the supervising dentist in the treatment facility during the performance of those procedures.

"Incising" is defined as part of the surgical procedure of which the end result is removal of oral tissue. Incising, or the making of an incision, is not a separate and distinct procedure in and of itself.

"Luxation" is defined as an integral part of the surgical procedure of which the end result is extraction of a tooth. Luxation is not a distinct procedure in and of itself. It is the dislocation or displacement of a tooth or of the temporomandibular articulation.

"Oral prophylaxis" means the preventive dental procedure of scaling and polishing which includes complete removal of calculus, soft deposits, plaque, stains and the smoothing of unattached tooth surfaces. The objective of this treatment shall be creation of an environment in which hard and soft tissues can be maintained in good health by the patient.

"Periodontal soft tissue curettage" means the closed removal of tissue lining the periodontal pocket, not involving the reflection of a flap.

"Root planing" means the process of instrumentation by which the unattached surfaces of the root are made smooth by the removal of calculus and/or deposits.

"Suturing" is defined as the readaption of soft tissue by use of stitches as a phase of an oral surgery procedure. Suturing is not a separate and distinct procedure in and of itself.

"Treatment facility" means a dental office or connecting suite of offices, dental clinic, room or area with equipment to provide dental treatment, or the immediately adjacent rooms or areas. A treatment facility does not extend to any other area of a building in which the treatment facility is located.

"Unlicensed person" means a person who is neither a dentist duly licensed pursuant to the provisions of chapter 18.32 RCW nor a dental hygienist duly licensed pursuant to the provisions of chapter 18.29 RCW.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-510, filed 10/10/95, effective 11/10/95.]

WAC 246-817-520 Acts that may be performed by unlicensed persons. A dentist may allow an unlicensed person to perform the following acts under the dentist's close supervision:

(1) Oral inspection, with no diagnosis.

(2) Patient education in oral hygiene.

(3) Place and remove the rubber dam.

(4) Hold in place and remove impression materials after the dentist has placed them.

(5) Take impressions solely for diagnostic and opposing models.

(6) Take impressions and wax bites solely for study casts.

(7) Remove the excess cement after the dentist has placed a permanent or temporary inlay, crown, bridge or appliance, or around orthodontic bands.

(8) Perform coronal polish.

(9) Give fluoride treatments.

(10) Place periodontal packs.

(11) Remove periodontal packs or sutures.

(12) Placement of a matrix and wedge for a silver restoration after the dentist has prepared the cavity.

(13) Place a temporary filling (as ZOE) after diagnosis and examination by the dentist.

(14) Apply tooth separators as for placement for Class III gold foil.

(15) Fabricate, place, and remove temporary crowns or temporary bridges.

(16) Pack and medicate extraction areas.

(17) Deliver a sedative drug capsule to patient.

(18) Place topical anesthetics.

(19) Placement of retraction cord.

(20) Polish restorations at a subsequent appointment.

(21) Select denture shade and mold.

(22) Acid etch.

(23) Apply sealants.

(24) Place dental x-ray film and expose and develop the films.

(25) Take intra-oral and extra-oral photographs.

(26) Take health histories.

(27) Take and record blood pressure and vital signs.

(28) Give preoperative and postoperative instructions.

(29) Assist in the administration of nitrous oxide analgesia or sedation, but shall not start the administration of the gases and shall not adjust the flow of the gases unless instructed to do so by the dentist. Patients must never be left unattended while nitrous oxide-oxygen analgesia or sedation is administered to them. The dentist must be present at chairside during the entire administration of nitrous oxide and oxygen analgesia or sedation if any other central nervous system depressant has been given to the patient. This regulation shall not be construed to prevent any person from taking appropriate action in the event of a medical emergency.

(30) Select orthodontic bands for size.

(31) Place and remove orthodontic separators.

(32) Prepare teeth for the bonding or orthodontic appliances.

(33) Fit and adjust headgear.

(34) Remove fixed orthodontic appliances.

(35) Remove and replace archwires and orthodontic wires.

(36) Take a facebow transfer for mounting study casts.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-520, filed 10/10/95, effective 11/10/95.]

WAC 246-817-530 An act that may be performed by unlicensed persons outside the treatment facility. Unlicensed persons may select shade for crowns or fixed prostheses with the use of a technique which does not contact the oral cavity to avoid contamination with blood or saliva. The procedure shall be performed pursuant to the written instructions and order of a licensed dentist.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-530, filed 10/10/95, effective 11/10/95.]

WAC 246-817-540 Acts that may not be performed by unlicensed persons. No dentist shall allow an unlicensed person who is in his/her employ or is acting under his/her supervision or direction to perform any of the following procedures:

(1) Any removal of or addition to the hard or soft natural tissue of the oral cavity.

(2) Any placing of permanent or semi-permanent restorations in natural teeth.

(3) Any diagnosis of or prescription for treatment of disease, pain, deformity, deficiency, injury, or physical condition of the human teeth or jaws, or adjacent structure.

(4) Any administration of general or injected local anesthetic of any nature in connection with a dental operation.

(5) Any oral prophylaxis, except coronal polishing as a part of oral prophylaxis as defined in WAC 246-817-510 and 246-817-520(8).

(6) Any scaling procedure.

(7) The taking of any impressions of the teeth or jaws, or the relationships of the teeth or jaws, for the purpose of fabricating any intra-oral restoration, appliances, or prosthesis. Not prohibited are the taking of impressions solely for diagnostic and opposing models or taking wax bites solely for study casts.

(8) Intra-orally adjust occlusal of inlays, crowns, and bridges.

(9) Intra-orally finish margins of inlays, crowns, and bridges.

(10) Cement or recement, permanently, any cast restoration or stainless steel crown.

(11) Incise gingiva or other soft tissue.

(12) Elevate soft tissue flap.

(13) Luxate teeth.

(14) Curette to sever epithelial attachment.

(15) Suture.

(16) Establish occlusal vertical dimension for dentures.

(17) Try-in of dentures set in wax.

(18) Insertion and post-insertion adjustments of dentures.

(19) Endodontic treatment—open, extirpate pulp, ream and file canals, establish length of tooth, and fill root canal.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-540, filed 10/10/95, effective 11/10/95.]

WAC 246-817-550 Acts that may be performed by licensed dental hygienists under general supervision. A dentist may allow a dental hygienist licensed under the provisions of chapter 18.29 RCW to perform the following acts under the dentist's general supervision:

(1) Oral inspection and measuring of periodontal pockets, with no diagnosis.

(2) Patient education in oral hygiene.

(3) Take intra-oral and extra-oral radiographs.

(4) Apply topical preventive or prophylactic agents.

(5) Polish and smooth restorations.

(6) Oral prophylaxis and removal of deposits and stains from the surfaces of the teeth.

(7) Record health histories.

(8) Take and record blood pressure and vital signs.

(9) Perform sub-gingival and supra-gingival scaling.

(10) Perform root planing.

(11) Apply sealants.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-550, filed 10/10/95, effective 11/10/95.]

WAC 246-817-560 Acts that may be performed by licensed dental hygienists under close supervision. In addition to the acts performed under WAC 246-817-520, a dentist may allow a dental hygienist licensed under the provisions of chapter 18.29 RCW to perform the following acts under the dentist's close supervision:

(1) Perform soft-tissue curettage.

(2) Give injections of a local anesthetic.

(3) Place restorations into the cavity prepared by the dentist, and thereafter could carve, contour, and adjust contacts and occlusion of the restoration.

(4) Administer nitrous oxide analgesia.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-560, filed 10/10/95, effective 11/10/95.]

WAC 246-817-570 Acts that may not be performed by dental hygienists. No dentist shall allow a dental hygienist duly licensed under the provisions of chapter 18.29 RCW who is in his/her employ or is acting under his/her supervision or direction to perform any of the following procedures:

(1) Any surgical removal of tissue of the oral cavity, except for soft-tissue curettage, as defined in WAC 246-817-510.

(2) Any prescription of drugs or medications requiring the written order or prescription of a licensed dentist or physician.

(3) Any diagnosis for treatment or treatment planning.

(4) The taking of any impression of the teeth or jaw, or the relationship of the teeth or jaw, for the purpose of fabricating any intra-oral restoration, appliances, or prosthesis. Not prohibited are the taking of impressions solely for diagnostic and opposing models or taking wax bites solely for study casts.

(5) Intra-orally adjust occlusal of inlays, crowns, and bridges.

(6) Intra-orally finish margins of inlays, crowns, and bridges.

(7) Cement or recement, permanently, any cast restorations or stainless steel crowns.

(8) Incise gingiva or other soft tissue.

(9) Elevate soft tissue flap.

(10) Luxate teeth.

(11) Curette to sever epithelial attachment.

(12) Suture.

(13) Establish occlusal vertical dimension for dentures.

(14) Try-in of dentures set in wax.

(15) Insertion and post-insertion adjustments of dentures.

(16) Endodontic treatment—open, extirpate pulp, ream and file canals, establish length of tooth, and fill root canal.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-570, filed 10/10/95, effective 11/10/95.]

INFECTION CONTROL

WAC 246-817-601 Purpose. The purpose of WAC 246-817-601 through 246-817-630 is to establish requirements for infection control in dental offices to protect the health and well-being of the people of the state of Washington. For purposes of infection control, all dental staff members and all patients shall be considered potential carriers of communicable diseases. Infection control procedures are required to prevent disease transmission from patient to doctor and staff, doctor and staff to patient, and from patient to patient. Every dentist is required to comply with the applicable standard of care in effect at the time of treatment. At a minimum, the dentist must comply with the requirements defined in WAC 246-817-620 and 246-817-630.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-601, filed 10/10/95, effective 11/10/95.]

WAC 246-817-610 Definitions. The following definitions pertain to WAC 246-817-601 through 246-817-660 which supersede WAC 246-816-701 through 246-816-740 which became effective May 15, 1992.

"Communicable diseases" means an illness caused by an infectious agent which can be transmitted from one person, animal, or object to another person by direct or indirect means including transmission via an intermediate host or vector, food, water or air.

"Decontamination" means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

"Direct care staff" are the dental staff who directly provide dental care to patients.

"Sterilize" means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-610, filed 10/10/95, effective 11/10/95.]

WAC 246-817-620 Use of barriers and sterilization techniques. The use of barriers and sterilization techniques is the primary means of assuring that there is the least possible chance of the transmission of communicable diseases from doctor and staff to patients, from patient to patient and from patient to doctor and staff. To prevent patient to patient cross contamination, instruments and supplies contaminated or likely to be contaminated with blood or saliva and touched during treatment must be sterilized between patients or discarded except as otherwise set forth below. Surfaces and equipment which are likely to be contaminated with blood or saliva and touched during treatment must be decontaminated or covered with a barrier which is discarded and replaced between patients except as otherwise set forth below:

(1) Dentists shall comply with the following barrier techniques:

(a) Gloves shall be used by the dentist and direct care staff during treatment which involves intra-oral procedures or contact with items potentially contaminated with the patient's bodily fluids. Fresh gloves shall be used for every intraoral patient contact. Gloves shall not be washed or reused for any purpose. The same pair of gloves shall not be used, removed, and reused for the same patient at the same visit or for any other purpose. Gloves that have been used for dental treatment shall not be reused for any nondental purpose.

(b) Masks shall be worn by the dentist and direct care staff when splatter or aerosol is likely. Masks shall be worn during surgical procedures except in those specific instances in which the dentist determines that the use of a mask would prevent the delivery of health care services or would increase the hazard and risk to his/her patient. In those circumstances where a dentist determines not to wear a mask during a surgical procedure, such determination shall be documented in the patient record.

(c) Unless effective surface decontamination methods are used, protective barriers shall be placed over areas of the dental operatory which are likely to be touched during treatment, not removable to be sterilized, and likely to be contaminated by blood or saliva. These procedures must be followed between each patient. These include but are not limited to:

(i) Delivery unit.

(ii) Chair controls (not including foot controls).

(iii) Light handles.

(iv) High volume evacuator and air-water syringe controls.

(v) X-ray heads and controls.

(vi) Head rest.

(vii) Instrument trays.

(viii) Low speed handpiece motors.

(d) Protective eyewear shall be worn by the dentist and direct care staff and offered to all patients during times when splatter or aerosol is expected.

(2) Dentists shall comply with the following sterilization requirements:

(a) Every dental office shall have the capability to ultrasonically clean and sterilize contaminated items by autoclave, dry heat, unsaturated formaldehyde/alcohol vapor (such as MDT Chemiclave ®) or ethylene oxide. Sterilizers shall be tested by biological spore test on at least a weekly basis. In the event of a positive biological spore test, the dentist shall take immediate remedial action to ensure the objectives of (a) of this subsection are accomplished. Documentation shall be maintained either in the form of a log reflecting dates and person(s) conducting the testing or copies of reports from an independent testing entity. The documentation shall be maintained for a period of at least five years.

(b) The following items shall be sterilized by an appropriate autoclave, dry heat, unsaturated formaldehyde/alcohol vapor (such as MDT Chemiclave ®) or ethylene oxide sterilization method between patients:

(i) Low speed handpiece contra angles, prophy angles and nose cone sleeves.

(ii) High speed handpieces.

(iii) Hand instruments.

(iv) Burs.

(v) Endodontic instruments.

(vi) Air-water syringe tips.

(vii) High volume evacuator tips.

(viii) Surgical instruments.

(ix) Sonic or ultrasonic periodontal scalers and tips.

(x) Surgical handpieces.

(c) Gross debris shall be removed from items prior to sterilization. Ultrasonic cleaning shall be used whenever possible.

(d) Nondisposable items used in patient care which cannot be autoclaved, dry heat, unsaturated formaldehyde/alcohol vapor (such as MDT Chemiclave ®) or ethylene oxide sterilized shall be immersed in a chemical sterilant. If such a technique is used, the solution shall be approved by the Environmental Protection Agency and used in accordance with the manufacturer's directions for sterilization.

(e) Items such as impressions contaminated with blood or saliva shall be thoroughly rinsed, placed in and transported to the dental laboratory in an appropriate case containment device that is properly sealed and labeled.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-620, filed 10/10/95, effective 11/10/95.]

WAC 246-817-630 Management of single use items. (1) Sterile disposable needles shall be used. The same needle may be recapped with a single-handed recapping technique or recapping device and subsequently reused for the same patient during the same visit.

(2) Single use items used in patient treatment which have been contaminated by saliva or blood shall be discarded and not reused. These include, but are not limited to, disposable needles, local anesthetic carpules, saliva ejectors, polishing discs, bonding agent brushes, prophy cups, prophy brushes, fluoride trays and interproximal wedges.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-630, filed 10/10/95, effective 11/10/95.]

ADMINISTRATION OF ANESTHETIC AGENTS FOR DENTAL PROCEDURES

WAC 246-817-701 Purpose. The purpose of WAC 246-817-701 through 246-817-795 is to govern the administration of sedation and general anesthesia by dentists licensed in the state of Washington in settings other than hospitals as defined in WAC 246-318-010(31) and ambulatory surgical facilities as defined in WAC 246-310-010(5), pursuant to the DQAC's authority in RCW 18.32.640(2).

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-701, filed 10/10/95, effective 11/10/95.]

WAC 246-817-710 Definitions for WAC 246-817-701 through 246-817-795. **"Analgesia"** is the diminution of pain in the conscious patient.

"Conscious sedation" is a minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation and/or verbal command, produced by a pharmacologic method, and that carries a margin of safety wide enough to render unintended loss of protective reflexes unlikely.

"General anesthesia" (to include deep sedation) is a controlled state of depressed consciousness or unconsciousness, accompanied by partial or complete loss of protective reflexes, including the ability to independently maintain an airway and respond purposefully to physical stimulation or verbal command, produced by a pharmacologic or nonpharmacologic method, or combination thereof.

"Local anesthesia" is the elimination of sensations especially pain, in one part of the body by the topical application or regional injection of a drug.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-710, filed 10/10/95, effective 11/10/95.]

WAC 246-817-720 Basic life support requirements. Whenever a licensee administers local anesthesia, nitrous oxide sedation, conscious sedation, or general anesthesia (including deep sedation) in an in-office or out-patient setting, the dentist and his/her staff providing direct patient care must have a current basic life support (BLS) certification. New staff hired shall be allowed thirty days from the date they are hired to obtain BLS certification.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-720, filed 10/10/95, effective 11/10/95.]

WAC 246-817-730 Local anesthesia. (1) Procedures for administration: Local anesthesia shall be administered only by a person qualified under this chapter and dental hygienists as provided in chapter 18.29 RCW.

(2) Equipment and emergency medications: All offices in which local anesthesia is administered must comply with the following recordkeeping and equipment standards:

(a) Dental records must contain an appropriate medical history and patient evaluation. Any adverse reactions shall be indicated.

(b) Office facilities and equipment shall include:

(i) Suction equipment capable of aspirating gastric contents from the mouth and pharynx.

(ii) Portable oxygen delivery system including full face masks and a bag-valve-mask combination with appropriate connectors capable of delivering positive pressure, oxygen-enriched ventilation to the patient.

(iii) A blood pressure cuff (sphygmomanometer) of appropriate size and stethoscope; or equivalent monitoring devices.

(3) A permit of authorization is not required.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-730, filed 10/10/95, effective 11/10/95.]

WAC 246-817-740 Nitrous oxide/oxygen sedation. (1) Training requirements: To administer nitrous oxide sedation, a dentist must have completed a course containing a minimum of fourteen hours of either predoctoral dental school or postgraduate instruction.

(2) Procedures for administration: Nitrous oxide shall be administered under the close supervision of a person qualified under this chapter and dental hygienists as provided in chapter 18.29 RCW. When administering nitrous oxide sedation, a second individual shall be on the office premises who can immediately respond to any request from the person administering the nitrous oxide. The patient shall be continuously observed while nitrous oxide is administered.

(3) Equipment and emergency medications: All offices in which nitrous oxide sedation is administered must comply with the following recordkeeping and equipment standards:

(a) Dental records must contain an appropriate medical history and patient evaluation. A notation must be made in the chart if any nitrous oxide and/or oxygen is dispensed.

(b) Office facilities and equipment shall include:

(i) Suction equipment capable of aspirating gastric contents from the mouth and pharynx.

(ii) Portable oxygen delivery system including full face masks and a bag-valve-mask combination with appropriate connectors capable of delivering positive pressure, oxygen-enriched ventilation to the patient.

(iii) A blood pressure cuff (sphygmomanometer) of appropriate size and stethoscope; or equivalent monitoring devices.

(4) Continuing education: A dentist who administers nitrous oxide sedation to patients must participate in seven hours of continuing education or equivalent every five years. The education must include instruction in one or more of the following areas: Sedation, physiology, pharmacology, nitrous oxide analgesia, patient evaluation, patient monitoring, medical emergencies, basic life support (BLS), or advanced cardiac life support (ACLS).

(5) A permit of authorization is not required.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-740, filed 10/10/95, effective 11/10/95.]

WAC 246-817-750 Conscious sedation with an oral agent. Conscious sedation with an oral agent includes the administration or prescription for a single oral sedative agent used alone or in combination with nitrous oxide sedation.

(1) Training requirements: In order to administer oral sedative agents, a dentist must have completed a course containing a minimum of fourteen hours of either predoctoral dental school or postgraduate instruction in the fields of pharmacology and physiology of oral sedative medications. Dentists must possess a valid United States Department of Justice (DEA) registration for the prescription of controlled substances.

(2) Procedures for administration: Oral sedative agents can be administered in the treatment setting or prescribed for patient dosage prior to the appointment. When nitrous oxide is administered concurrently, a second individual shall be on the office premises who can immediately respond to any request from the person administering the nitrous oxide. The patient shall be continuously observed while nitrous oxide is administered. Any adverse reactions shall be indicated in the records. If purposeful response of the patient to verbal command cannot be maintained under medication, periodic monitoring of pulse, respiration, and blood pressure or pulse oximetry shall be maintained. In such cases, these same parameters must be taken and recorded at appropriate intervals throughout the procedure and vital signs and level of consciousness shall be recorded prior to dismissal of the patient.

(3) Equipment and emergency medications: All offices in which oral sedation is administered or prescribed must comply with the following recordkeeping and equipment standards:

(a) Dental records must contain appropriate medical history and patient evaluation. Vital signs, dosage, and types of medications administered should be noted. If nitrous oxide-oxygen is used, proportions and duration of administration should be noted.

(b) Office facilities and equipment shall include:

(i) Suction equipment capable of aspirating gastric contents from the mouth and pharynx.

(ii) Portable oxygen delivery system including full face masks and a bag-valve-mask combination with appropriate connectors capable of delivering positive pressure, oxygen-enriched patient ventilation.

(iii) A blood pressure cuff (sphygmomanometer) of appropriate size and stethoscope; or equivalent monitoring devices.

(4) Continuing education: A dentist who administers or prescribes oral sedation for patients must participate in seven hours of continuing education or equivalent every five years. The education must include instruction in one or more of the following areas: Sedation, physiology, pharmacology, nitrous oxide analgesia, patient evaluation, patient monitoring, medical emergencies, basic life support (BLS), or advanced cardiac life support (ACLS).

(5) A permit of authorization is not required.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-750, filed 10/10/95, effective 11/10/95.]

WAC 246-817-760 Conscious sedation with parenteral or multiple oral agents. Conscious sedation with parenteral or multiple oral agents includes the prescription or administration of more than one oral agent to be used concurrently for the purposes of sedation either as a combined regimen or in association with nitrous oxide-oxygen. For purposes of this section, oral agents shall include any nonparenteral agents regardless of route of delivery. This also includes the parenteral administration of medications for the purpose of conscious sedation of dental patients.

(1) Procedures for administration: Multiple oral sedative agents may be administered in the treatment setting or prescribed for patient dosage prior to the appointment. In the treatment setting, a patient receiving conscious parenteral sedation must have that sedation administered by a person qualified under this chapter. Only a dentist meeting the above criteria for administration of conscious parenteral sedation may utilize the services of a nurse licensed pursuant to chapter 18.88 RCW to administer conscious parenteral sedation under the close supervision of the dentist as defined in WAC 246-817-510. An intravenous infusion shall be maintained during the administration of a parenteral agent. The person administering the medications must be continuously assisted by at least one individual experienced in monitoring sedated patients.

In the treatment setting, a patient experiencing conscious sedation with parenteral or multiple oral agents shall have visual and tactile observation as well as continual monitoring of pulse, respiration, and blood pressure and/or blood oxygen saturation. Unless prevented by the patient's physical or emotional condition, these vital sign parameters must be noted and recorded whenever possible prior to the procedure. In all cases these vital sign parameters must be noted and recorded

at the conclusion of the procedure. Blood oxygen saturation must be continuously monitored and recorded at appropriate intervals throughout any period of time in which purposeful response of the patient to verbal command cannot be maintained. The patient's level of consciousness shall be recorded prior to the dismissal of the patient and individuals receiving these forms of sedation must be accompanied by a responsible individual upon departure from the treatment facility. When verbal contact cannot be maintained during the procedure, continuous monitoring of blood oxygen saturation is required.

(2) Equipment and emergency medications: All offices in which parenteral or multiple oral sedation is administered or prescribed must comply with the following recordkeeping and equipment standards:

(a) Dental records must contain appropriate medical history and patient evaluation. Dosage and forms of medications dispensed shall be noted.

(b) Office facilities and equipment shall include:

(i) Suction equipment capable of aspirating gastric contents from the mouth and pharynx.

(ii) Portable oxygen delivery system including full face masks and a bag-valve-mask combination with appropriate connectors capable of delivering positive pressure, oxygen-enriched patient ventilation and oral and nasal pharyngeal airways of appropriate size.

(iii) A blood pressure cuff (sphygmomanometer) of appropriate size and stethoscope; or equivalent monitoring devices.

(iv) An emergency drug kit with minimum contents of:

-Sterile needles, syringes, and tourniquet
-Narcotic antagonist
-A and B adrenergic stimulant
-Vasopressor
-Coronary vasodilator
-Antihistamine
-Parasympatholytic
-Intravenous fluids, tubing, and infusion set
-Sedative antagonists for drugs used if available.

(3) Continuing education: A dentist who administers conscious parenteral or multi-agent oral sedation must participate in eighteen hours of continuing education or equivalent every three years. The education must include instruction in one or more of the following areas: Venipuncture, intravenous sedation, physiology, pharmacology, nitrous oxide analgesia, patient evaluation, patient monitoring, medical emergencies, basic life support (BLS), or advanced cardiac life support (ACLS).

(4) A permit of authorization is required. (See WAC 246-817-175 for training requirements.)

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-760, filed 10/10/95, effective 11/10/95.]

WAC 246-817-770 General anesthesia (including deep sedation). Deep sedation and general anesthesia must be administered by an individual qualified to do so under this chapter.

(1) Training requirements for monitoring personnel: In addition to those individuals necessary to assist the practitioner in performing the procedure, a trained individual must be present to monitor the patient's cardiac and respiratory functions. The individual monitoring patients receiving deep sedation or general anesthesia must have received a minimum of fourteen hours of documented training in a course specifically designed to include instruction and practical experience in use of all equipment required in this section. This must include, but not be limited to, the following equipment:

(a) Sphygmomanometer;

(b) Pulse oximeter;

(c) Electrocardiogram;

(d) Bag-valve-mask resuscitation equipment;

(e) Oral and nasopharyngeal airways;

(f) Defibrillator;

(g) Intravenous fluid administration set.

A course, or its equivalent, may be presented by an individual qualified under this section or sponsored by an accredited school, medical or dental association or society, or dental specialty association.

(2) Procedures for administration: Patients receiving deep sedation or general anesthesia must have continual monitoring of their heart rate, blood pressure, and respiration. In so doing, the licensee must utilize electrocardiographic monitoring and pulse oximetry. The patient's blood pressure, heart rate, and respiration shall be recorded at least every five minutes. During deep sedation or general anesthesia, the person administering the anesthesia and the person monitoring the patient, may not leave the immediate area.

During the recovery phase, the patient must be monitored continually by an individual trained to monitor patients recovering from general anesthesia or deep sedation. A discharge entry shall be made in the patient's record indicating the patient's condition upon discharge and the responsible party to whom the patient was discharged.

(3) Equipment and emergency medications: All offices in which general anesthesia (including deep sedation) is administered must comply with the following recordkeeping and equipment standards:

(a) Dental records must contain appropriate medical history and patient evaluation. Anesthesia records shall be recorded during the procedure in a timely manner and must include: Blood pressure, heart rate, respiration, blood oxygen saturation, drugs administered including amounts and time administered, length of procedure, any complications of anesthesia.

(b) Office facilities and equipment shall include:

(i) An operating theater large enough to adequately accommodate the patient on a table or in an operating chair and permit an operating team consisting of at least three individuals to freely move about the patient.

(ii) An operating table or chair which permits the patient to be positioned so the operating team can maintain the airway, quickly alter patient position in an emergency, and provide a firm platform for the administration of basic life support.

(iii) A lighting system which is adequate to permit evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit conclusion of any operation underway at the time of general power failure.

(iv) Suction equipment capable of aspirating gastric contents from the mouth and pharyngeal cavities. A backup suction device must be available.

(v) An oxygen delivery system with adequate full face masks and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate portable backup system.

(vi) A recovery area that has available oxygen, adequate lighting, suction, and electrical outlets. The recovery area can be the operating theater.

(vii) Ancillary equipment which must include the following:

(A) Laryngoscope complete with adequate selection of blades, spare batteries, and bulb.

(B) Endotracheal tubes and appropriate connectors.

(C) Oral airways.

(D) Tonsillar or pharyngeal suction tip adaptable to all office outlets.

(E) Endotracheal tube forceps.

(F) Sphygmomanometer and stethoscope.

(G) Adequate equipment to establish an intravenous infusion.

(H) Pulse oximeter.

(I) Electrocardiographic monitor.

(J) Synchronized defibrillator available on premises.

(c) Drugs. Emergency drugs of the following types shall be maintained:

(i) Vasopressor.

(ii) Corticosteroid.

(iii) Bronchodilator.

(iv) Muscle relaxant.

(v) Intravenous medications for treatment of cardiac arrest.

(vi) Narcotic antagonist. Sedative antagonist, if available.

(vii) Antihistaminic.

(viii) Anticholinergic.

(ix) Antiarrhythmic.

(x) Coronary artery vasodilator.

(xi) Antihypertensive.

(xii) Anticonvulsant.

(4) Continuing education: A dentist granted a permit to administer general anesthesia (including deep sedation) under this chapter, must participate in eighteen hours of continuing education every three years. A dentist granted a permit must maintain records that can be audited and must submit course titles, instructors, dates attended, sponsors, and number of hours for each course every three years. The education must be provided by organizations approved by the DQAC and must be in one or more of the following areas: General anesthesia, conscious sedation, physical evaluation, medical emergencies, monitoring and use of monitoring equipment, pharmacology of drugs and agents used in sedation and anesthesia, or basic life support (BLS), or advanced cardiac life support (ACLS).

(5) A permit of authorization is required.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-770, filed 10/10/95, effective 11/10/95.]

WAC 246-817-780 Mandatory reporting of death or significant complication. If a death or other life-threatening complication or permanent injury which may be a result of the administration of nitrous oxide, conscious sedation, deep sedation or general anesthesia, the dentist involved must submit a written report to the DQAC within thirty days of the incident.

The written report must include the following:

(1) Name, age, and address of the patient.

(2) Name of the dentist and other personnel present during the incident.

(3) Address of the facility or office where the incident took place.

(4) Description of the type of sedation or anesthetic being utilized at the time of the incident.

(5) Dosages, if any, of drugs administered to the patient.

(6) A narrative description of the incident including approximate times and evolution of symptoms.

(7) Additional information which the DQAC may require or request.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-780, filed 10/10/95, effective 11/10/95.]

WAC 246-817-790 Application of chapter 18.130 RCW. The provisions of the Uniform Disciplinary Act, chapter 18.130 RCW, apply to the permits of authorization that may be issued and renewed under this chapter.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-790, filed 10/10/95, effective 11/10/95.]

SUBSTANCE ABUSE MONITORING PROGRAMS

WAC 246-817-801 Intent. It is the intent of the legislature that the DQAC seek ways to identify and support the rehabilitation of dentists where practice or competency may be impaired due to the abuse of drugs including alcohol. The legislature intends that these dentists be treated so that they can return to or continue to practice dentistry in a way which safeguards the public. The legislature specifically intends that the DQAC establish an alternate program to the traditional administrative proceedings against such dentists.

In lieu of disciplinary action under RCW 18.130.160 and if the DQAC determines that the unprofessional conduct may be the result of substance abuse, the DQAC may refer the license holder to a voluntary substance abuse monitoring program approved by the DQAC.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-801, filed 10/10/95, effective 11/10/95.]

WAC 246-817-810 Terms used in WAC 246-817-801 through 246-817-830. "Aftercare" is that period of time after intensive treatment that provides the dentist or the dentist's family with group or individual counseling sessions, discussions with other families, ongoing contact and participation in self-help groups, and ongoing continued support of treatment and/or monitoring program staff.

"Approved substance abuse monitoring program" or **"approved monitoring program"** is a program the DQAC has determined meets the requirements of the law and the cri-

teria established by the DQAC in the Washington Administrative Code which enters into a contract with dentists who have substance abuse problems regarding the required components of the dentist's recovery activity and oversees the dentist's compliance with these requirements. Substance abuse monitoring programs may provide evaluation and/or treatment to participating dentists.

"Approved treatment facility" is a facility approved by the bureau of alcohol and substance abuse, department of social and health services according to RCW 18.130.175.

"Contract" is a comprehensive, structured agreement between the recovering dentist and the approved monitoring program wherein the dentist consents to comply with the monitoring program and the required components for the dentist's recovery activity.

"Dentist support group" is a group of dentists and/or other health professionals meeting regularly to support the recovery of its members. The group provides a confidential setting with a trained and experienced facilitator in which participants may safely discuss drug diversion, licensure issues, return to work, and other professional issues related to recovery.

"Random drug screens" are laboratory tests to detect the presence of drugs of abuse in bodily fluids collected under observation which are performed at irregular intervals not known in advance by the person to be tested.

"Substance abuse" is the impairment, as determined by the DQAC, of a dentist's professional services by an addiction to, a dependency on, or the use of alcohol, legend drugs, or controlled substances.

"Twelve-steps groups" are groups such as Alcoholics Anonymous, Narcotics Anonymous, and related organizations based on a philosophy of anonymity, belief in a power outside of oneself, peer group association, and self-help.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-810, filed 10/10/95, effective 11/10/95.]

WAC 246-817-820 Approval of substance abuse monitoring programs. The DQAC will approve the monitoring program(s) which will participate in the recovery of dentists. The DQAC will enter into a contract with the approved substance abuse monitoring program(s) on an annual basis.

(1) An approved monitoring program may provide evaluations and/or treatment to the participating dentists.

(2) An approved monitoring program staff must have the qualifications and knowledge of both substance abuse and the practice of dentistry as defined in this chapter to be able to evaluate:

(a) Drug screening laboratories;

(b) Laboratory results;

(c) Providers of substance abuse treatment, both individual and facilities;

(d) Dentists' support groups;

(e) The dentists' work environment; and

(f) The ability of the dentist to practice with reasonable skill and safety.

(3) An approved monitoring program shall enter into a contract with the dentist and the DQAC to oversee the dentist's compliance with the requirements of the program.

(4) An approved monitoring program staff shall evaluate and recommend to the DQAC, on an individual basis, whether a dentist will be prohibited from engaging in the practice of dentistry for a period of time and restrictions, if any, on the dentist's access to controlled substances in the work place.

(5) An approved monitoring program shall maintain records on participants.

(6) An approved monitoring program shall be responsible for providing feedback to the dentist as to whether treatment progress is acceptable.

(7) An approved monitoring program shall report to the DQAC any dentist who fails to comply with the requirements of the monitoring program.

(8) An approved monitoring program shall provide the DQAC with a statistical report on the program, including progress of participants, at least annually, or more frequently as requested by the DQAC.

(9) The approved monitoring program shall receive from the DQAC guidelines on treatment, monitoring, and/or limitations on the practice of dentistry for those participating in the program.

(10) An approved monitoring program shall provide for the DQAC a complete financial breakdown of cost for each individual dental participant by usage at an interval determined by the DQAC in the annual contract.

(11) An approved monitoring program shall provide for the DQAC a complete annual audited financial statement.

(12) An approved monitoring program shall enter into a written contract with the DQAC and submit monthly billing statements supported by documentation.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-820, filed 10/10/95, effective 11/10/95.]

WAC 246-817-830 Participation in approved substance abuse monitoring program. (1) In lieu of disciplinary action, the dentist may accept DQAC referral into an approved substance abuse monitoring program.

(a) The dentist shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation shall be performed by health care professionals with expertise in chemical dependency.

(b) The dentist shall enter into a contract with the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to the following:

(i) The dentist shall agree to remain free of all mind-altering substances, including alcohol, except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101.

(ii) The dentist shall submit to random drug screening as specified by the approved monitoring program.

(iii) The dentist shall sign a waiver allowing the approved monitoring program to release information to the DQAC if the dentist does not comply with the requirements of this contract.

(iv) The dentist shall undergo intensive substance abuse treatment in an approved treatment facility.

(v) The dentist must complete the prescribed aftercare program of the approved treatment facility, which may include individual and/or group psychotherapy.

(vi) The treatment counselor(s) shall provide reports, as requested by the dentist, to the approved monitoring program at specified intervals. Reports shall include treatment prognosis and goals.

(vii) The dentist shall attend dentists' support groups and/or twelve-step group meetings as specified by the contract.

(viii) The dentist shall comply with specified practice conditions and restrictions as defined by the contract.

(ix) Except for (b)(i) through (iii) of this subsection, an approved monitoring program may make an exception to the foregoing comments on individual contracts.

(c) The dentist is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, random drug screens, and therapeutic group sessions.

(d) The dentist may be subject to disciplinary action under RCW 18.130.160 and 18.130.180 if the dentist does not consent to be referred to the approved monitoring program, does not comply with specified practice restrictions, or does not successfully complete the program.

(2) A dentist who is not being investigated by the DQAC or subject to current disciplinary action, not currently being monitored by the DQAC for substance abuse, may voluntarily participate in the approved substance abuse monitoring program without being referred by the DQAC. Such voluntary participants shall not be subject to disciplinary action under RCW 18.130.160 and 18.130.180 for their substance abuse, and shall not have their participation made known to the DQAC if they meet the requirements of the approved monitoring program:

(a) The dentist shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation shall be performed by health care professional(s) with expertise in chemical dependency.

(b) The dentist shall enter into a contract with the approved substance abuse monitoring program to comply with the requirements of the program which may include, but not be limited to the following:

(i) The dentist shall undergo approved substance abuse treatment in an approved treatment facility.

(ii) The dentist shall agree to remain free of all mind-altering substances, including alcohol, except for medications prescribed by an authorized prescriber as defined in RCW 69.41.030 and 69.50.101.

(iii) The dentist must complete the prescribed aftercare program of the approved treatment facility, which may include individual and/or group psychotherapy.

(iv) The dentist must cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment prognosis and goals.

(v) The dentist shall submit to random observed drug screening as specified by the approved monitoring program.

(vi) The dentist shall attend dentists' support groups and/or twelve-step group meetings as specified by the contract.

(vii) The dentist shall comply with practice conditions and restrictions as defined by the contract.

(viii) The dentist shall sign a waiver allowing the approved monitoring program to release information to the DQAC if the dentist does not comply with the requirements of this contract.

(c) The dentist is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, random drug screens, and therapeutic group sessions.

(3) Treatment and pretreatment records shall be confidential as provided by law.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-830, filed 10/10/95, effective 11/10/95.]

WAC 246-817-990 Dentist fees 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 246-822 WAC
DIETITIANS OR NUTRITIONISTS

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-822-100 Cooperation with investigation. [Statutory Authority: RCW 18.138.070, 18.130.050 and 18.130.070. 92-02-018 (Order 224), § 246-822-100, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-177-090, filed 6/30/89.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.

246-822-110 AIDS prevention and information education requirements. [Statutory Authority: RCW 18.138.070, 18.130.050, 18.130.070 and 70.24.270. 92-02-018 (Order 224), § 246-822-110, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-177-100, filed 11/2/88.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-822-140 Certification renewal registration date. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.138.070. 89-03-035 (Order PM 814), § 308-177-140, filed 1/11/89.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.

WAC 246-822-010 Definitions. (1) "Accredited college or university" means a college or university accredited by a national or regional accrediting body recognized by the council on postsecondary education at the time the applicant completed the required education.

(2) "Continuous preprofessional experience" means a minimum of 900 hours of supervised competency-based practice in the field of dietetics accumulated over a maximum of thirty-six months. This competency-based practice should include, but not be limited to the following:

(a) Assuring that food service operations meet the food and nutrition needs of clients and target markets.

(b) Utilization of food, nutrition, and social services in community programs.

(c) Providing nutrition care through systematic assessment, planning, intervention, and evaluation of groups and individuals.

(d) Providing nutrition counseling and education to individuals and groups for health promotion, health maintenance, and rehabilitation.

(e) Applying current research information and methods to dietetic practice.

(f) Utilizing computer and other technology in the practice of dietetics.

(g) Integrating food and nutrition services in the health care delivery system.

(h) Promoting positive relationships with others who impact on dietetic service.

(i) Coordinating nutrition care with food service systems.

(j) Participating in the management of cost-effective nutrition care systems.

(k) Utilizing menu as the focal point for control of the food service system.

(l) Participating in the management of food service systems, including procurement, food production, distribution, and service.

(m) Participating in the management of human, financial, material, physical, and operational resources.

(n) Providing education and training to other professionals and supportive personnel.

(o) Engaging in activities that promote improved nutrition status of the public and advance the profession of dietetics.

(p) Recognizing the impact of political, legislative, and economic factors on dietetic practice.

(q) Utilizing effective communication skills in the practice of dietetics.

(r) Participating in the management of a quality assurance program.

(3) "Supervision" means the oversight and responsibility for the dietitian's or nutritionist's continued practice by a qualified supervisor. Methods of supervision may include face-to-face conversations, direct observation, or review of written notes or tapes.

(4) "Qualified supervisor" means a dietitian who is certified under this chapter or who is qualified for certification under this chapter.

(5) "Coordinated undergraduate program" means supervised dietetic practice that is part of a course of study.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.138.070. 89-17-071, § 308-177-115, filed 8/16/89, effective 9/16/89.]

WAC 246-822-020 General provisions. (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Department" means the department of health, whose address is:

Department of Health
Professional Licensing Services
1300 Quince St., P.O. Box 47870
Olympia, Washington 98504-7870

(5) "Dietitian or nutritionist" means a person certified pursuant to chapter 18.138 RCW.

(6) "Mentally or physically disabled dietitian or nutritionist" means a dietitian or nutritionist who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice dietetics or general nutrition services with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

[Statutory Authority: RCW 18.138.070, 18.130.050 and 18.130.070. 92-02-018 (Order 224), § 246-822-020, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-177-010, filed 6/30/89.]

WAC 246-822-030 Mandatory reporting. (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the dietitian or nutritionist being reported.

(c) The case number of any client whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-177-020, filed 6/30/89.]

WAC 246-822-040 Health care institutions. The chief administrator or executive officer or designee of any hospital or nursing home shall report to the department when any dietitian or nutritionist's services are terminated or are restricted based on a determination that the dietitian or nutritionist has either committed an act or acts which may constitute unprofessional conduct or that the dietitian or nutritionist may be unable to practice with reasonable skill or safety to clients by reason of a physical or mental condition.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-177-030, filed 6/30/89.]

WAC 246-822-050 Dietitian or nutritionist associations or societies. The president or chief executive officer of any dietitian or nutritionist association or society within this state shall report to the department when the association or society determines that a dietitian or nutritionist has committed unprofessional conduct or that a dietitian or nutritionist may not be able to practice dietetics or general nutrition services with reasonable skill and safety to clients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the certificate holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-177-040, filed 6/30/89.]

WAC 246-822-060 Health care service contractors and disability insurance carriers. The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that a dietitian or nutritionist has engaged in fraud in billing for services.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-177-050, filed 6/30/89.]

WAC 246-822-070 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to dietitians or nutritionists shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured dietitian or nutritionist's incompetency or negligence in the practice of dietetics or general nutrition services. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the dietitian or nutritionist's alleged incompetence or negligence in the practice of dietetics or general nutrition services.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-177-060, filed 6/30/89.]

WAC 246-822-080 Courts. The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of dietitians or nutritionists, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-177-070, filed 6/30/89.]

WAC 246-822-090 State and federal agencies. The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a dietitian or nutritionist is employed to provide patient care services, to report to the department whenever such a dietitian or nutritionist has been judged to have demonstrated his/her incompetency or negligence in the

practice of dietetics or general nutrition services, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled dietitian or nutritionist. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-177-080, filed 6/30/89.]

WAC 246-822-120 Application requirements. (1) Individuals applying for certification as a certified dietitian must submit:

(a) A completed application form with fee;

(b) Complete four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8; and

(c) Verification of current registration status with the commission on dietetic registration.

(2) Individuals applying for certification as a certified dietitian who have not passed the required written examination or who are not registered with the commission on dietetic registration must:

(a) Provide transcripts forwarded directly from the issuing college or university showing completion of a baccalaureate degree or higher in a major course of study in human nutrition, foods and nutrition, dietetics, or food management;

(b) Provide evidence of completion of a continuous preprofessional experience or coordinated undergraduate program in dietetics under the supervision of a qualified supervisor;

(c) Take and pass the required written examination; and

(d) Complete four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

(3) Individuals applying for certification as a certified nutritionist must submit:

(a) A completed application form with fee; and

(b) Documentation that the applicant meets the application requirements for certified dietitians, as set forth in subsection (1) or (2) of this section; or

(c) Transcripts forwarded directly from the issuing college or university showing completion of a masters or doctorate degree in one of the following subject areas: Human nutrition, nutrition education, foods and nutrition, or public health nutrition; and

(d) Complete four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-822-120, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.138.070, 18.130.050 and 18.130.070. 92-02-018 (Order 224), § 246-822-120, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.138.070. 89-17-071, § 308-177-120, filed 8/16/89, effective 9/16/89; 89-03-035 (Order PM 814), § 308-177-120, filed 1/11/89.]

WAC 246-822-130 Nutritionist minimum core curriculum. Training for certified nutritionist should include coursework at the collegiate level or equivalent in the following areas:

(1) Basic science - Which should include courses in one or more of the following:

(a) Physiology.

(b) Biochemistry.

(2) Foods - Which should include courses in one or more of the following:

(a) Selection.

(b) Composition.

(c) Food science.

(3) Nutritional science.

(4) Applied nutrition - Which should include courses in one or more of the following:

(a) Diet therapy.

(b) Nutrition of the life cycle.

(c) Cultural/anthropological nutrition.

(d) Public health nutrition.

(5) Counseling/education - Which should include courses in one or more of the following:

(a) Psychological counseling.

(b) Educational psychology.

(c) Communication.

(d) Psychology.

(e) Education.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.138.070. 89-17-071, § 308-177-130, filed 8/16/89, effective 9/16/89; 89-03-035 (Order PM 814), § 308-177-130, filed 1/11/89.]

WAC 246-822-150 Examinations. (1) A written examination will be given at least once annually to qualified applicants at a time and place determined by the secretary.

(2) Applications must be received sixty days in advance of the scheduled examination.

(3) Applicants who fail the examination shall submit the appropriate fee for reexamination.

[Statutory Authority: RCW 18.138.070, 18.130.050 and 18.130.070. 92-02-018 (Order 224), § 246-822-150, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.138.070. 89-17-071, § 308-177-160, filed 8/16/89, effective 9/16/89.]

WAC 246-822-160 Foreign degree equivalency. Applicants who obtained their education outside of the United States and its territories must have their academic degree(s) validated as substantially equivalent to the baccalaureate, master's, or doctorate degree conferred by a regionally accredited college or university recognized by the council on postsecondary education at the time the applicant completed the required degree.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.138.070. 89-17-071, § 308-177-180, filed 8/16/89, effective 9/16/89.]

WAC 246-822-170 Certification for dietitians—Grandfathering. An individual may be certified as a certified dietitian if he or she provides evidence of meeting criteria for registration with the commission on dietetic registration on June 9, 1988, and provides documentation of completion of the AIDS education requirements as set forth in WAC 246-822-110.

[Statutory Authority: RCW 18.138.070, 18.130.050 and 18.130.070. 92-02-018 (Order 224), § 246-822-170, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.138.070. 89-17-071, § 308-177-190, filed 8/16/89, effective 9/16/89.]

WAC 246-822-990 Dietitian and nutritionist fees and renewal cycle. (1) Certificates 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	Fee
Application	$75.00
Renewal	45.00
Late renewal penalty	45.00
Expired certificate reissuance	45.00
Duplicate certificate	15.00
Certification of certificate	25.00

[Statutory Authority: RCW 43.70.250. 99-08-101, § 246-822-990, filed 4/6/99, effective 7/1/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-822-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.250. 91-13-002 (Order 173), § 246-822-990, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250. 90-04-094 (Order 029), § 308-177-110, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 18.138.070. 89-17-071, § 308-177-110, filed 8/16/89, effective 9/16/89; 89-03-035 (Order PM 814), § 308-177-110, filed 1/11/89.]

Chapter 246-824 WAC
DISPENSING OPTICIANS

WAC

WAC 246-824-010 Definitions. (1) "Secretary" means the secretary of the department of health.

(2) "Primary supervisor" is a physician licensed under chapter 18.57 or 18.71 RCW, an optometrist licensed under chapter 18.53 RCW, or a dispensing optician licensed under chapter 18.34 RCW, who is responsible for the acts of the apprentice and provides the majority of the training and direct supervision received by the apprentice.

(3) "One year of apprenticeship" is 2,000 hours of training under the supervision of a licensed physician, optometrist or dispensing optician.

(4) "Direct supervision" means the supervising optometrist, physician, or dispensing optician shall:

(a) Inspect a substantial portion of the apprentice's work;

(b) Be physically present on the premises where the apprentice is working and available for consultation with the apprentice a minimum of 80% of the time claimed as apprenticeship training; and

(c) When fitting or adjusting contact lenses, "direct supervision" means the supervising optician, optometrist, or physician inspect all the apprentice's work and be physically present on the premises at all times.

[Statutory Authority: RCW 18.34.070, 43.70.040. 02-18-025, § 246-824-010, filed 8/23/02, effective 9/23/02. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.04.040. 78-07-073 (Order PL-289), § 308-26-005, filed 6/30/78; Order PL-106, § 308-26-005, filed 2/2/71.]

WAC 246-824-020 Registration of apprentices. (1) The primary supervisor shall apply for registration of an apprentice on forms provided by the secretary.

(2) Separate registrations shall be required if an individual receives his or her apprenticeship training from more than one primary supervisor.

(3) Once registered by the primary supervisor, the apprentice may thereafter, at the business or place of employment of the primary supervisor, receive training and direct supervision from a physician, optometrist or dispensing optician. No physician, optometrist or dispensing optician may have more than two apprentices in training or under their direct supervision at any one time.

(4) Only the apprenticeship training received subsequent to the date the apprentice was formally registered with the secretary will be credited toward the required 6,000 apprenticeship hours. No apprentice may engage in the work of a dispensing optician unless formally registered as an apprentice with the secretary. An apprentice must complete his or her apprenticeship training in no less than three or no more than six years.

(5) An individual registered by the Washington State Apprenticeship and Training Council or other similar program with substantially equivalent standards administered by an agency of the state of Washington may have dispensing optician training hours credited toward the required 6,000 apprenticeship hours, if:

(a) The program is approved by the secretary;

(b) The apprentice received training and direct supervision from a licensed physician, optometrist or dispensing optician; and

(c) The apprentice is formally registered as an apprentice with the secretary by the licensed physician, optometrist or dispensing optician who has provided or does provide the supervision referred to in (b) of this subsection.

(6) The primary supervisor and registered apprentice shall maintain a record of all apprenticeship hours. This record shall be verified by initial of both the primary supervisor and apprentice and shall be available upon request by the secretary or secretary's designee.

(7) The primary supervisor shall notify the secretary whenever the apprenticeship training is terminated and provide the total number of apprenticeship hours accumulated during the training period.

[Statutory Authority: RCW 18.34.070, 43.70.040. 02-18-025, § 246-824-020, filed 8/23/02, effective 9/23/02. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-824-020, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.17.060 and 18.130.070. 91-09-024 (Order 155), § 246-824-020, filed 4/10/91, effective 5/11/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-020, filed 12/27/90, effective 1/31/91; Order PL 241, § 308-26-010, filed 2/26/76; Order PL-106, § 308-26-010, filed 2/2/71.]

WAC 246-824-030 Comments. In order to facilitate comments on the apprentice's performance, the name, business address and business telephone number of the departmental supervisor or the supervising optician, optometrist or physician shall be posted in public view on the premises where the apprentice works.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.04.040. 78-07-073 (Order PL-289), § 308-26-011, filed 6/30/78.]

WAC 246-824-040 Application for examination. (1) An individual shall make application for examination, in accordance with RCW 18.34.070, on an application form prepared and provided by the secretary.

(2) The apprenticeship training requirement shall be supported with certification by the licensed individual (or individuals) who provided such training.

(3) If an applicant is unable to attend his or her scheduled examination, and so notifies the secretary in writing at least 7 days prior to the scheduled examination date, the applicant will be rescheduled at no additional charge. Otherwise, the fee will be forfeited. (Emergencies considered.)

(4) If an applicant takes the examination and fails to obtain a satisfactory grade, he or she may be scheduled to retake the examination by submitting an application and paying the statutory examination fee.

(5) Applications and fees for examination and all documents required in support of the application must be submitted to the division of professional licensing, department of health, at least sixty days prior to the scheduled examination. Failure to meet the deadline will result in the applicant not being scheduled until the next scheduled examination.

(6) Apprenticeship training shall be completed prior to the application deadline.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-824-040, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.250. 93-14-011, § 246-824-040, filed 6/24/93, effective 7/25/93. Statutory Authority: RCW 43.70.040 and chapter 18.34 RCW. 92-02-018 (Order 224), § 246-824-040, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.34.040 and 18.34.080. 84-08-019 (Order PL 464), § 308-26-015, filed 3/27/84; Order PL-106, § 308-26-015, filed 2/2/71.]

WAC 246-824-050 Approval of prescribed courses in opticianry. The secretary, pursuant to RCW 18.34.070, hereby adopts the accreditation standards of the Commission on Opticianry Accreditation, "Essentials of an Accredited Educational Program for Ophthalmic Dispensers," as adopted by the Commission on Opticianry Accreditation on July 1, 1990. The secretary approves all and only those institutions accredited by, and in good standing with, the Commission on Opticianry Accreditation in accordance with these accreditation standards as of July 1, 1990. Institutions approved by the secretary which have not been accredited by the Commission on Opticianry Accreditation are hereby required to obtain such accreditation on or before September 30, 1992. Graduates from institutions that have not received accreditation from the Commission on Opticianry Accreditation by that date will not be eligible to sit for the examination.

It is the responsibility of a student to ascertain whether or not a school has been approved by the secretary.

[Statutory Authority: RCW 43.17.060 and 18.130.070. 91-21-028 (Order 197), § 246-824-050, filed 10/8/91, effective 11/8/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.34.040 and 18.34.070(5). 80-01-070 (Order 327), § 308-26-016, filed 12/21/79.]

WAC 246-824-060 Dispensing optician examination. (1) Every qualified applicant shall pass an examination with a score of at least seventy percent in each of the three examination sections: Written contact lenses, written basic optical concepts to include anatomy and physiology, and practical. Subject to subsection (2), any applicant obtaining a score of less than 70% in any section will only be required to retake the section(s) in which a grade of less than 70% was obtained.

(2) Applicants failing an examination section may retake the section(s) failed at the next scheduled examination. Failure to pass the entire examination after three consecutive regularly scheduled examinations (emergencies may be considered) shall require reexamination on all three sections.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.34.040 and 18.34.080. 84-08-019 (Order PL 464), § 308-26-017, filed 3/27/84. Statutory Authority: RCW 18.34.080. 82-11-056 (Order PL 397), § 308-26-017, filed 5/13/82.]

WAC 246-824-065 Duties and responsibilities of the dispensing optician examining committee. The dispensing optician examining committee shall meet at such times as deemed necessary by the secretary to prepare and administer the state's licensing examinations and to provide technical expertise, advise, and make recommendations to the secretary on the administration of the dispensing optician statute.

[Statutory Authority: RCW 43.17.060 and 18.130.070. 91-21-028 (Order 197), § 246-824-065, filed 10/8/91, effective 11/8/91.]

WAC 246-824-070 Examination appeal procedures. (1) Any candidate who does not pass the examination may request informal review of his or her examination results by the dispensing optician examining committee. This request must be in writing and must be received by the department within thirty days of receipt of the examination results. The committee will not set aside its prior determination unless the candidate shows error in examination content or procedure, or bias, prejudice, or discrimination in the examination process. The committee will not consider any challenges to examination scores unless the total revised score on any examination section would result in a passing score on that section of the examination.

(2) The procedure for filing an informal review is as follows:

(a) Contact the department of health office in Olympia for an appointment to appear personally to review incorrect answers on the written portion of failed examination, and score sheets on the failed practical portion of the examination.

(b) The candidate will be provided a form to complete in the department of health office in Olympia in defense of examination answers.

(c) The candidate must specifically identify the challenged portion(s) of the examination and must state the specific reason or reasons why the candidate feels the results of the examination should be changed.

(3) Any candidate who is not satisfied with the result of the informal examination review may submit a request for a formal hearing to be held before the dispensing optician examining committee. This request must be in writing and must be received by the department within thirty days of receipt of the results of the committee's informal examination review. The written request must specifically identify the challenged portion(s) of the examination and must state the specific reason(s) why the candidate feels the results of the examination should be changed. The examining committee will not set aside its prior determination unless the candidate shows error in examination content or procedure, or bias, prejudice, or discrimination in the examination process. The committee will not consider any challenges to examination scores unless the total revised score on any individual examination section would result in a passing score on that section of the examination.

(4) The formal hearing will be held pursuant to the Administrative Procedure Act, chapter 34.05 RCW, and the model procedural rules for adjudicative proceeding of the department of health, chapter 246-10 WAC.

[Statutory Authority: RCW 18.34.070, 43.70.040. 02-18-025, § 246-824-070, filed 8/23/02, effective 9/23/02. Statutory Authority: RCW 43.70.040 and chapter 18.34 RCW. 92-02-018 (Order 224), § 246-824-070, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.24.060. 87-22-019 (Order PM 688), § 308-26-025, filed 10/27/87.]

WAC 246-824-071 Licensure by endorsement. (1) A license to practice as a dispensing optician may be issued without examination to an individual who is currently licensed in another state that has licensing standards substantially equivalent to those currently applicable in Washington state.

(2) The department will issue a license by endorsement upon receipt of:

(a) A completed application and application fee;

(b) The applicant will provide documentation from the state in which the applicant is currently licensed sufficient to establish that the state's licensing standards are substantially equivalent to the licensing standards currently applicable in Washington state;

(c) A completed open-book state law questionnaire;

(d) Documentation of completion of four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8;

(e) Verification from all states in which the applicant has ever held a license, whether active or inactive, indicating that the applicant is not subject to charges or disciplinary action for unprofessional conduct or impairment.

(3) If licensure by endorsement is not granted, and the applicant is otherwise qualified for the licensing examination, he or she may apply for licensure by examination in accordance with RCW 18.34.070 and WAC 246-824-040.

(4) Endorsement application fees may be applied towards the examination fee if licensure by endorsement is not granted.

[Statutory Authority: RCW 18.34.070, 43.70.040. 02-18-025, § 246-824-071, filed 8/23/02, effective 9/23/02. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-824-071, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.250. 93-14-011, § 246-824-071, filed 6/24/93, effective 7/25/93.]

WAC 246-824-072 Temporary permits. Eligibility requirements for temporary permits are the same for licensure by endorsement (WAC 246-824-071), therefore, no temporary permits will be issued. Individuals inquiring about temporary permits will be given information and an application for licensure by endorsement.

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-824-072, filed 6/24/93, effective 7/25/93.]

WAC 246-824-073 Retired active credential. A practitioner may obtain a retired active credential. Refer to the requirements of chapter 246-12 WAC, Part 5.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-824-073, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.250. 93-14-011, § 246-824-073, filed 6/24/93, effective 7/25/93.]

WAC 246-824-074 Inactive credential. A practitioner may obtain an inactive credential. Refer to the requirements of chapter 246-12 WAC, Part 4.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-824-074, filed 2/13/98, effective 3/16/98.]

WAC 246-824-075 Continuing education requirements for dispensing opticians. Purpose and scope. The purpose of these requirements is to ensure the continued high quality of services provided by the licensed dispensing optician. Continuing education consists of educational activities designed to review existing concepts and techniques and conveys information and knowledge about advances in the field of opticianry, so as to keep the licensed dispensing opticians abreast of current and forecasted developments in a rapidly changing field.

(1) Basic requirements. Licensed dispensing opticians must complete thirty hours of continuing education every three years as required in chapter 246-12 WAC, Part 7.

(2) Fifteen of the credit hours must relate to contact lenses.

(3) Qualification of program for continuing education credit. Courses offered by the organizations and methods listed in this section will be presumed to qualify as continuing education courses. The secretary reserves the authority to refuse to accept credits in any course if the secretary determines that the course did not provide information sufficient

in amount or relevancy to opticianry. Qualifying organizations and methods for the purposes of this section shall include in-class training, correspondence courses, video and/or audio tapes offered by any of the following:

(a) American board of opticianry;

(b) National academy of opticianry;

(c) Optical laboratories association;

(d) National contact lens examiners;

(e) Pacific coast contact lens society;

(f) Contact lens society of America;

(g) Opticians association of Washington;

(h) Opticianry colleges or universities approved by the secretary;

(i) Speakers sponsored by any of the above organizations;

(j) Any state or national opticianry association; and

(k) Additional qualifying organizations or associations as approved by the secretary.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-824-075, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.17.060 and 18.130.070. 91-09-024 (Order 155), § 246-824-075, filed 4/10/91, effective 5/11/91.]

WAC 246-824-080 General provisions. (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Department" means the department of health, whose address is:

Department of Health
Professional Licensing Services
1300 S.E. Quince St.
Olympia, Washington 98504

(5) "Dispensing optician" means a person licensed pursuant to chapter 18.34 RCW.

(6) "Mentally or physically disabled dispensing optician" means a dispensing optician who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice dispensing with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

[Statutory Authority: RCW 43.17.060 and 18.130.070. 91-09-024 (Order 155), § 246-824-080, filed 4/10/91, effective 5/11/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-26-055, filed 6/30/89.]

WAC 246-824-090 Mandatory reporting. (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the dispensing optician being reported.

(c) The case number of any patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-26-065, filed 6/30/89.]

WAC 246-824-100 Health care institutions. The chief administrator or executive officer of any hospital or nursing home or their designee shall report to the department when any dispensing optician's services are terminated or are restricted based on a determination that the dispensing optician has either committed an act or acts which may constitute unprofessional conduct or that the dispensing optician may be unable to practice with reasonable skill or safety to clients by reason of any mental or physical condition.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-26-075, filed 6/30/89.]

WAC 246-824-110 Dispensing optician associations or societies. The president or chief executive officer of any dispensing optician association or society within this state shall report to the department when the association or society determines that a dispensing optician has committed unprofessional conduct or that a dispensing optician may not be able to practice dispensing of optical goods with reasonable skill and safety to clients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the license holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-26-085, filed 6/30/89.]

WAC 246-824-120 Health care service contractors and disability insurance carriers. The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that a dispensing optician has engaged in fraud in billing for services.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-26-095, filed 6/30/89.]

WAC 246-824-130 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to dispensing opticians shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured dispensing optician's incompetency or negligence in the practice of opticianry. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the dispensing optician's alleged incompetence or negligence.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-26-105, filed 6/30/89.]

WAC 246-824-140 Courts. The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of licensed dispensing opticians, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-26-115, filed 6/30/89.]

WAC 246-824-150 State and federal agencies. The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a dispensing optician is employed to provide client care services, to report to the department whenever such a dispensing optician has been judged to have demonstrated his/her incompetency or negligence in the practice of opticianry, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled dispensing optician. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-26-125, filed 6/30/89.]

WAC 246-824-160 Cooperation with investigation. (1) A licensee must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the secretary of the department of health by submitting the requested items within fourteen calendar days of receipt of the request by either the licensee or their attorney, whichever is first. If the licensee fails to comply with the request within fourteen calendar days, the investigator will contact that individual or their attorney by telephone or letter as a reminder.

(2) Investigators may extend the time for response if the request for extension does not exceed seven calendar days. Any other requests for extension of time may be granted by the secretary or the secretary's designee.

(3) If the licensee fails to comply with the request within three business days after receiving the reminder, a subpoena will be served to obtain the requested items. A statement of charges may be issued pursuant to RCW 18.130.180(8) for failure to cooperate. If there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(4) If the licensee complies with the request after the issuance of the statement of charges, the secretary or the secretary's designee will decide if the charges will be prosecuted or settled. If the charges are to be settled the settlement proposal will be negotiated by the secretary's designee. Settlements are not considered final until the secretary signs the settlement agreement.

[Statutory Authority: RCW 43.70.040, 18.130.050, 18.130.070 and chapter 18.34 RCW. 92-02-018 (Order 224), § 246-824-160, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-26-135, filed 6/30/89.]

WAC 246-824-170 AIDS prevention and information education requirements. Applicants must complete four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-824-170, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.040, 70.24.270 and chapter 18.34 RCW. 92-02-018 (Order 224), § 246-824-170, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-26-200, filed 11/2/88.]

WAC 246-824-220 Retention of contact lens records. Dispensing opticians shall maintain contact lens records for a minimum of five years. Such records shall include:

(1) The written prescription;

(2) Base curve (posterior radius of curvature);

(3) Thickness when applicable;

(4) Secondary/peripheral curve, when applicable;

(5) Power of lens dispensed;

(6) Lens material, brand name and/or manufacturer;

(7) Diameter, when applicable;

(8) Suggested wearing schedule and care regimen;

(10) Color, when applicable;

[Statutory Authority: RCW 18.130.070, 43.17.060 and 43.70.040. 94-06-047, § 246-824-220, filed 3/1/94, effective 4/1/94.]

WAC 246-824-230 Minimum fitting equipment. Dispensing opticians shall have direct access to the following equipment while fitting contact lenses: Slitlamp or biomicroscope (for evaluation of the fit only), radioscope, diameter gauge, thickness gauge, lensometer, and keratometer.

[Statutory Authority: RCW 18.130.070, 43.17.060 and 43.70.040. 94-06-047, § 246-824-230, filed 3/1/94, effective 4/1/94.]

WAC 246-824-990 Dispensing optician fees 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
Optician:	
Full examination (or reexamination)	$200.00
Reexamination—Practical only	50.00
Reexamination—Written (basic) only	25.00
Reexamination—Written (contact lens) only	25.00
Renewal	125.00
Late renewal penalty	75.00
Expired license reissuance	62.50
Duplicate license	15.00
Certification of license	15.00
Apprentice registration	75.00
Endorsement application	100.00
Inactive license	35.00

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-824-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.250. 94-08-078, § 246-824-990, filed 4/5/94, effective 5/6/94; 93-14-011, § 246-824-990, filed 6/24/93, effective 7/25/93. Statutory Authority: RCW 43.70.040, 43.70.250 and chapter 18.34 RCW. 92-02-018 (Order 224), § 246-824-990, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.24.086. 87-10-028 (Order PM 650), § 308-26-045, filed 5/1/87.]

WAC 246-824-995 Conversion to a birthday renewal cycle. (1) The annual license renewal date is changed to coincide with the practitioner's birthday.

(2) Renewal fees will be prorated during the transition period while renewal dates are changed to coincide with the practitioner's birthday.

(3) After the initial conversion to a staggered system, practitioners will annually renew their license on their birthday at the current renewal rate.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-824-995, filed 2/13/98, effective 3/16/98.]

Chapter 246-826 WAC
HEALTH CARE ASSISTANTS

WAC

WAC 246-826-020 Delegation of functions to health care assistants. The authority to perform the functions authorized in chapter 18.135 RCW may only be personally delegated from one individual (the delegator) to another individual (the delegatee). The delegator can only delegate those functions that he or she can order within the scope of his or her license. A licensee who is performing a function at or under the direction of another may not further delegate that function. Functions may not be delegated unless a completed and current certification/delegation form is on file with the department of health.

[Statutory Authority: RCW 18.135.030. 92-02-018 (Order 224), § 246-826-020, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 85-06-018 (Order PL 515), § 308-175-010, filed 2/25/85.]

WAC 246-826-030 Supervision of health care assistants. A health care assistant may be supervised by either the practitioner who delegated the act or by a practitioner who could order the act under his or her own license. The practitioner who is supervising the health care assistant must be physically present and immediately available in the facility during the administration of injections. The supervising practitioner need not be present during procedures to withdraw blood.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 85-06-018 (Order PL 515), § 308-175-020, filed 2/25/85.]

WAC 246-826-040 Certification of health care assistants. Health care assistants' certification is valid for two years. The delegating practitioner or health care facility is responsible for certifying or recertifying health care assistants. An updated recertification form must be submitted if a health care assistant is to be delegated functions by a practitioner other than the delegating practitioner indicated on his or her delegation/certification form.

[Statutory Authority: RCW 18.135.030. 92-02-018 (Order 224), § 246-826-040, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 85-06-018 (Order PL 515), § 308-175-030, filed 2/25/85.]

WAC 246-826-050 Renewal of health care assistants. Updated certification/delegation forms must be submitted within two years from the date of the most recent certification on file with the department of health. It is the responsibility of every health care facility and health care practitioner who certifies health care assistants to submit the renewal forms and fees on or before certification expiration date.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-826-050, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.135.030. 92-02-018 (Order 224), § 246-826-050, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-040, filed 11/12/87; 85-06-018 (Order PL 515), § 308-175-040, filed 2/25/85.]

WAC 246-826-060 Department of health responsibilities. The department of health will maintain files with regard to certification of health care assistants and delegation of functions. Department of health will not approve training programs.

[Statutory Authority: RCW 18.135.030. 92-02-018 (Order 224), § 246-826-060, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-050, filed 11/12/87; 85-06-018 (Order PL 515), § 308-175-050, filed 2/25/85.]

WAC 246-826-070 Maintenance of listing of drugs and functions authorized. Each delegator must maintain a list of the specific medications/diagnostic agents and the route of administration of each that he or she has authorized for injection. Both the delegator and the delegatee shall sign the above list, indicating the date of each signature. The signed list shall be available for review by the secretary of the department of health or his/her designee.

[Statutory Authority: RCW 18.135.030. 92-02-018 (Order 224), § 246-826-070, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 85-06-018 (Order PL 515), § 308-175-060, filed 2/25/85.]

WAC 246-826-080 Medication and diagnostic agent list. The list of specific medications, diagnostic agents, and the route of administration of each that has been authorized for injection pursuant to RCW 18.135.065 shall be submitted to the secretary at the time of initial certification registration and again with every recertification registration. If any changes occur which alter the list, a new list with the delegator and delegatee's signatures must be submitted to the department within thirty days of the change. All submitted lists will be maintained in the department of health filed under the name of the certifying practitioner or facility and shall be available for review.

[Statutory Authority: RCW 18.135.030. 92-02-018 (Order 224), § 246-826-080, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-065, filed 11/12/87.]

WAC 246-826-090 Decertification or disciplinary actions. Any proceeding taken pursuant to these rules or chapter 18.135 RCW by the department of health, by the licensing authority of health care facilities or by the disciplinary board of the delegating or supervising health care practitioner shall be pursuant to the provisions of the Administrative Procedure Act, chapter 34.05 RCW.

[Statutory Authority: RCW 18.135.030 and 34.05.220. 92-02-018 (Order 224), § 246-826-090, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 85-06-018 (Order PL 515), § 308-175-070, filed 2/25/85.]

WAC 246-826-100 Health care assistant classification. Effective December 2001, there are seven categories of health care assistants:

(1) Category A assistants may perform venous and capillary invasive procedures for blood withdrawal.

(2) Category B assistants may perform arterial invasive procedures for blood withdrawal.

(3) Category C assistants may perform intradermal, subcutaneous and intramuscular injections for diagnostic agents and administer skin tests.

(4) Category D assistants may perform intravenous injections for diagnostic agents.

(5) Category E assistants may perform intradermal, subcutaneous and intramuscular injections for therapeutic agents and administer skin tests.

(6) Category F assistants may perform intravenous injections for therapeutic agents.

(7) Category G assistants may perform hemodialysis.

[Statutory Authority: RCW 18.135.030 and 18.135.020. 02-06-115, § 246-826-100, filed 3/6/02, effective 4/6/02. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-075, filed 11/12/87.]

WAC 246-826-110 Qualified trainer. Qualified trainers for health care assistant trainees are:

(1) Delegator with a minimum of two years of current experience (within the last five years) in the appropriate category in which they are providing the training.

(2) Delegatee from the appropriate category of health care assistants who has a minimum of two years experience obtained within the last five years in the appropriate procedures.

(3) Licensed nurses who meet the educational and experiential criteria for the appropriate category.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-085, filed 11/12/87.]

WAC 246-826-120 Provision of health care assistants training. The training of health care assistants may be provided either:

(1) Under a licensed physician, osteopathic physician, podiatrist or certified registered nurse with prescriptive authorization, who shall ascertain the proficiency of the health care assistant; or under a registered nurse, physician's assistant, osteopathic physician's assistant, health care assistant, or LPN acting under the direction of a licensed physician, osteopathic physician, podiatrist or certified registered nurse with prescriptive authorization who shall be responsible for determining the content of the training and for ascertaining the proficiency of the health care assistant; or

(2) In a training program provided by a post-secondary institution registered with the Washington state council for post- secondary education, or a community college approved by the Washington state board for community college education, or a vocational education program approved by the superintendent of public instruction, or in a private vocational school registered with the Washington state commission on vocational education, or in a program or post-secondary institution accredited by an accrediting agency recognized by the U.S. Department of Education.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-090, filed 11/12/87; 85-06-018 (Order PL 515), § 308-175-090, filed 2/25/85.]

WAC 246-826-130 Category A minimum requirements. Effective September 1, 1988, Category A assistants shall meet all of the following minimum requirements:

(1) Educational and occupational qualifications to perform venous and capillary invasive procedures for blood withdrawal:

(a) High school education or its equivalent;

(b) The ability to read, write, and converse in the English language; and

(c) Adequate physical ability, including sufficient manual dexterity to perform the requisite health care services.

(2) Training and instruction. The Category A assistant shall receive training, evaluation(s), and assessment of knowledge and skills to determine entry level competency in the following areas:

(a) Job responsibilities - to cover all areas of the responsibilities to be delegated which include ethical implications and patient confidentiality;

(b) Patient identification process;

(c) Identification of and relationship to licensed health care practitioner;

(d) Procedure requesting process, including forms used, accessing process, and collection patterns;

(e) Materials to be used;

(f) Anatomic considerations for performing such functions as venipuncture, capillary finger collection, heel sticks;

(g) Procedural standards and techniques for blood collection;

(h) Common terminology and practices such as medical classifications, standard diagnoses, test synonyms, background information on procedures, interferences;

(i) Physical layout of the work place, including patient care areas; and

(j) Safety requirements including the handling of infectious disease cases and the handling and disposal of biohazardous materials.

(3) Work experience. The Category A assistant should have the following work experience under the direct supervision of a qualified trainer:

(a) Practice technique in a simulated situation;

(b) Observe and perform procedures on patients until the trainee demonstrates proficiency to be certified at the minimum entry level of competency. The time and number of performances will vary with the specific procedure and skill of the trainee; and

(c) Document all training on a checklist appropriate to the facility and the duties and responsibilities of the trainee. This will be completed, signed by the qualified trainer, trainee and delegator and be placed in employee personnel file.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-095, filed 11/12/87.]

WAC 246-826-140 Category B minimum requirements. Effective September 1, 1988, Category B assistants shall meet all of the following minimum requirements:

(1) Educational and occupational qualifications to perform arterial invasive procedures for blood withdrawal:

(a) Minimum high school education or its equivalent with additional education to include but not be limited to anatomy, physiology, concepts of asepsis, and microbiology;

(b) The ability to read, write, and converse in the English language; and

(c) Adequate physical ability, including sufficient manual dexterity to perform the requisite health care services.

(2) Training and instruction. The Category B assistant shall receive training, evaluation(s), and assessment of knowledge and skills to determine entry level competency in the following areas:

(a) Job responsibilities - to cover all areas of the responsibilities to be delegated which include ethical implications and patient confidentiality;

(b) Patient identification process;

(c) Identification of and relationship to licensed health care practitioner;

(d) Procedure requesting process, including forms used, accessing process, and collection patterns;

(e) Materials to be used;

(f) Anatomic considerations for performing such functions as venipuncture, capillary finger collection, heel sticks, arterial puncture, line draws, and use of local anesthetic agents;

(g) Procedural standards and techniques for blood collection;

(h) Common terminology and practices such as medical classifications, standard diagnoses, test synonyms, background information on procedures, interferences;

(i) Physical layout of the work place, including patient care areas; and

(j) Safety requirements including the handling of infectious disease cases and the handling and disposal of biohazardous materials.

(3) Work experience. The Category B assistant should have the following work experience under the direct supervision of a qualified trainer:

(a) Practice technique in a simulated situation;

(b) Observe and perform procedures on patients until the trainee demonstrates proficiency to be certified at the minimum level of competency. The time and number of performances will vary with the specific procedure and skill of the trainee; and

(c) Document all training on a checklist appropriate to the facility and the duties and responsibilities of the trainee. This will be completed, signed by the qualified trainer, trainee, and delegator and be placed in employee personnel file.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-100, filed 11/12/87.]

WAC 246-826-150 Category C minimum requirements. Effective September 1, 1988, Category C assistants shall meet all of the following minimum requirements:

(1) Educational and occupational qualifications to perform intradermal (including skin tests), subcutaneous, and intramuscular injections for diagnostic agents:

(a) One academic year of formal education at the postsecondary level. Education shall include but not be limited to

anatomy, physiology, basic pharmacology, concepts of asepsis, and microbiology;

(b) The ability to read, write, and converse in the English language;

(c) Possess a basic knowledge of mathematics; and

(d) Adequate physical ability including sufficient manual dexterity to perform the requisite health care services.

(2) Training and instruction. The Category C assistant shall receive training, evaluation(s), and assessment of knowledge and skills to determine entry level competency in the following areas:

(a) Job responsibilities - to cover all areas of the responsibilities to be delegated which include ethical implications and patient confidentiality;

(b) Patient identification process;

(c) Identification of and relationship to licensed health care practitioner;

(d) Procedure requesting process to include, but not be limited to, forms used;

(e) Materials to be used;

(f) Anatomic considerations for performing injections;

(g) Procedures for injections of agents will include readily available written, current, organized information. For each agent there shall be instruction concerning dosage, technique, acceptable route(s) of administration and appropriate anatomic sites, expected reactions, possible adverse reactions, appropriate intervention for adverse reaction and risk to patient and employee;

(h) Common terminology and practices such as medical classifications, standard diagnoses, test synonyms, background information on procedures, interferences;

(i) Physical layout of the work place, including patient care areas; and

(j) Safety requirements including the handling of infectious disease cases and the handling and disposal of biohazardous materials.

(3) Work experience. The Category C assistant should have the following work experience under the direct supervision of a qualified trainer:

(a) Practice technique in a simulated situation;

(b) Observe and perform procedure on patients until the trainee demonstrates proficiency in each drug classification. The time and number of performances will vary with the specific procedure and skill of the trainee; and

(c) Document all health care assistants' training on a checklist appropriate to the facility and the duties and responsibilities of the trainee. This documentation will be completed, signed by the qualified trainer, trainee, and delegator and be placed in employee personnel file. The trainee must demonstrate minimum entry level skill proficiency before certification can be granted.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-105, filed 11/12/87.]

WAC 246-826-160 Category D minimum requirements. Effective September 1, 1988, Category D assistants shall meet all of the following minimum requirements:

(1) Educational and occupational qualifications to perform intravenous injections for diagnostic agents:

(a) Two academic years of formal education at the post-secondary level. Education shall include but not be limited to anatomy, physiology, basic pharmacology, mathematics, chemistry, concepts of asepsis, and microbiology;

(b) The ability to read, write, and converse in the English language; and

(c) Adequate physical ability including sufficient manual dexterity to perform the requisite health care services.

(2) Training and instruction. The Category D assistant shall receive training, evaluation(s), and assessment of knowledge and skills to determine entry level competency in the following areas:

(a) Job responsibilities - to cover all areas of the responsibilities to be delegated which include ethical implications and patient confidentiality;

(b) Patient identification process;

(c) Identification of and relationship to licensed health care practitioner;

(d) Procedure requesting process to include, but not be limited to, forms used;

(e) Materials to be used;

(f) Anatomic considerations for performing injections;

(g) Procedures for injections of agents will include readily available written, current, organized information. For each agent there shall be instruction concerning dosage, technique, acceptable route(s) of administration and appropriate anatomic sites, expected reactions, possible adverse reactions, appropriate intervention for adverse reaction and risk to patient and employee;

(h) Common terminology and practices such as medical classifications, standard diagnoses, test synonyms, background information on procedures, interferences;

(i) Physical layout of the work place, including patient care areas; and

(j) Safety requirements including the handling of infectious disease cases and the handling and disposal of biohazardous materials.

(3) Work experience. The Category D assistant should have the following work experience under the direct supervision of a qualified trainer:

(a) Practice technique in a simulated situation;

(b) Observe and perform procedure on patients until the trainee demonstrates proficiency in each drug classification. The time and number of performances will vary with the specific procedure and skill of the trainee; and

(c) Document all health care assistants' training on a checklist appropriate to the facility and the duties and responsibilities of the trainee. This documentation will be completed, signed by the qualified trainer, trainee, and delegator and be placed in employee personnel file. The trainee must demonstrate minimum entry level skill proficiency before certification can be granted.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-110, filed 11/12/87.]

WAC 246-826-170 Category E minimum requirements. Effective September 1, 1988, Category E assistants shall meet all of the following minimum requirements:

(1) Educational and occupational qualifications to perform intramuscular, intradermal (including skin tests), and subcutaneous injections for therapeutic agents:

(a) One academic year of formal education at the post-secondary level. Education shall include but not be limited to anatomy, physiology, pharmacological principles and medication administration, mathematics, concepts of asepsis, and microbiology;

(b) The ability to read, write, and converse in the English language; and

(c) Adequate physical ability including sufficient manual dexterity to perform the requisite health care services.

(2) Training and instruction. The Category E assistant shall receive training, evaluation(s), and assessment of knowledge and skills to determine entry level competency in the following areas:

(a) Job responsibilities - to cover all areas of the responsibilities to be delegated which include ethical implications and patient confidentiality;

(b) Patient identification process;

(c) Identification of and relationship to licensed health care practitioner;

(d) Procedure requesting process to include, but not be limited to, forms used;

(e) Materials to be used;

(f) Anatomic considerations for performing injections;

(g) Procedures for injections of agents will include readily available written, current, organized information. For each agent there shall be instruction concerning dosage, technique, acceptable route(s) of administration and appropriate anatomic sites, expected reactions, possible adverse reactions, appropriate intervention for adverse reaction, and risk to patient and employee;

(h) Common terminology and practices such as medical classifications, standard diagnoses, test synonyms, background information on procedures, interferences;

(i) Physical layout of the work place, including patient care areas; and

(j) Safety requirements including the handling of infectious disease cases and the handling and disposal of biohazardous materials.

(3) Work experience. The Category E assistant should have the following work experience under the direct supervision of a qualified trainer:

(a) Practice technique in a simulated situation;

(b) Observe and perform procedure on patients until the trainee demonstrates proficiency in each drug classification. The time and number of performances will vary with the specific procedure and skill of the trainee; and

(c) Document all health care assistants' training on a checklist appropriate to the facility and the duties and responsibilities of the trainee. This documentation will be completed, signed by the qualified trainer, trainee, and delegator and be placed in employee personnel file. The trainee must demonstrate minimum entry level skill proficiency before certification can be granted.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-115, filed 11/12/87.]

WAC 246-826-180 Category F minimum requirements. Effective September 1, 1988, Category F assistants shall meet all of the following minimum requirements:

(1) Educational and occupational qualifications to perform intravenous injections for therapeutic agents:

(a) Two academic years of formal education at the post-secondary level. Education shall include but not be limited to anatomy, physiology, pharmacological principles and medication administration, chemistry, mathematics, concepts of asepsis, and microbiology;

(b) The ability to read, write, and converse in the English language; and

(c) Adequate physical ability including sufficient manual dexterity to perform the requisite health care services.

(2) Training and instruction. The Category F assistant shall receive training, evaluation(s), and assessment of knowledge and skills to determine entry level competency in the following areas:

(a) Job responsibilities - to cover all areas of the responsibilities to be delegated which include ethical implications and patient confidentiality;

(b) Patient identification process;

(c) Identification of and relationship to licensed health care practitioner;

(d) Procedure requesting process to include, but not be limited to, forms used;

(e) Materials to be used;

(f) Anatomic considerations for performing injections;

(g) Procedures for injections of agents will include readily available written, current, organized information. For each agent there shall be instruction concerning dosage, technique, acceptable route(s) of administration and appropriate anatomic sites, expected reactions, possible adverse reactions, appropriate intervention for adverse reaction and risk to patient and employee;

(h) Common terminology and practices such as medical classifications, standard diagnoses, test synonyms, background information on procedures, interferences;

(i) Physical layout of the work place, including patient care areas; and

(j) Safety requirements including the handling of infectious disease cases and the handling and disposal of biohazardous materials.

(3) Work experience. The Category F assistant should have the following work experience under the direct supervision of a qualified trainer:

(a) Practice technique in a simulated situation;

(b) Observe and perform procedure on patients until the trainee demonstrates proficiency in each drug classification. The time and number of performances will vary with the specific procedure and skill of the trainee; and

(c) Document all health care assistants' training on a checklist appropriate to the facility and the duties and responsibilities of the trainee. This documentation will be completed, signed by the qualified trainer, trainee, and delegator and be placed in employee personnel file. The trainee must demonstrate minimum entry level skill proficiency before certification can be granted.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-180, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-120, filed 11/12/87.]

WAC 246-826-190 Grandfather clause. Currently certified health care assistants performing any of the practices authorized in RCW 18.135.010 may continue to be certified or recertified by demonstrating proficiency in the appropriate classification to a delegator as defined in RCW 18.135.020. Retraining or completion of a training program shall not be necessary if the health care assistant is able to so demonstrate. Eligibility for recertification by individuals certified under the provisions of this section shall not be restricted by change of employment.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-190, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-125, filed 11/12/87.]

WAC 246-826-200 Hospital or nursing home drug injection. (1) Class C, D, E, or F health care assistants working in a hospital or nursing home may administer the following types of drugs by injection as authorized and directed by a delegator and as permitted by the category of certification of the health care assistant:

Antihistamines
Antiinfective agents
Antineoplastic agents
Autonomic drugs
Blood derivatives
Blood formation and coagulation
Cardiovascular drugs
CNS agents
Diagnostic agents
Electrolytic, caloric and water balance
Enzymes
Gastrointestinal drugs
Gold compounds
Heavy metal antagonists
Hormones/synthetic substitutes
Local anesthetics
Oxytocics
Radioactive agents
Serums toxoids, vaccines
Skin and mucous membrane agents
Smooth muscle relaxants
Vitamins
Unclassified therapeutic agents

(2) The schedule of drugs in subsection (1) of this section shall not include any controlled substances as defined in RCW 69.50.101 (1)(d), any experimental drug and any cancer chemotherapy agent unless a delegator is physically present in the immediate area where the drug is administered.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-200, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-130, filed 11/12/87.]

WAC 246-826-210 Intravenous medications flow restrictions. (1) Category D and F assistants will be permitted to interrupt an IV, administer an injection, and restart at the same rate.

(2) Line draws may be performed by a Category B assistant only if the IV is stopped and restarted by a licensed practitioner.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-210, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-135, filed 11/12/87.]

WAC 246-826-230 AIDS prevention and information education requirements—Health care assistants. Applicants must complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-826-230, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.135.030 and 70.24.270. 92-02-018 (Order 224), § 246-826-230, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-230, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 90-14-131 (Order 069), § 308-175-200, filed 7/5/90, effective 8/5/90; 88-22-076 (Order PM 785), § 308-175-200, filed 11/2/88.]

WAC 246-826-300 Definitions. This section defines terms used in hemodialysis.

(1) "Hemodialysis technician" means a person certified as a health care assistant, category G, by the department of health, who is authorized under chapter 18.135 RCW and these rules to assist with the direct care of patients undergoing hemodialysis and to perform certain invasive procedures under proper delegation and supervision by health care practitioners.

(2) "Competency" means the demonstration of knowledge in a specific area and the ability to perform specific skills and tasks in a safe, efficient manner.

(3) "Hemodialysis" means a process by which dissolved substances are removed from a patient's body by diffusion from one fluid compartment to another across a semipermeable membrane.

(4) "Dialysis facility or center" means a place awarded conditional or unconditional status by the center for Medicaid/Medicare services to provide dialysis services. This does not include in the home setting.

(5) "Direct supervision" means the licensed health care practitioner, as required by or authorized by RCW 18.135.020, is physically present and accessible in the immediate patient care area and available to intervene, when necessary.

(6) "Preceptor" means the licensed health care practitioner, as required by or authorized by RCW 18.135.020, who supervises, trains, and/or observes students providing direct patient care in a dialysis facility or center.

(7) "Training monitor" means the certified hemodialysis technician who with limited accountability mentors skill building and monitors for safety. The training monitor does not replace or substitute for the preceptor.

(8) "End-stage renal disease" (ESRD) means the stage of renal impairment that appears irreversible and permanent, and requires either the replacement of kidney functions through renal transplantation or the permanent assistance of those functions through dialysis.

[Statutory Authority: RCW 18.135.030 and 18.135.020. 02-06-115, § 246-826-300, filed 3/6/02, effective 4/6/02.]

WAC 246-826-301 Hemodialysis technician, category G minimum requirements to perform hemodialysis. An individual may not function as or represent himself or herself as a hemodialysis technician, category G, unless that individual has satisfied the training and competency requirements of these rules. The individual in the process of completing training as a hemodialysis technician shall be identified as a trainee when present in any patient area of the facility. Applicants must meet all of the following minimum requirements prior to being certified as a health care assistant for category G:

(1) Minimum qualifications for hemodialysis technician, category G assistants to perform hemodialysis, the applicant must have:

(a) A high school education or its equivalent;

(b) The ability to read, write and converse in the English language;

(c) Basic math skills including the use of fractions and decimal points; and

(d) Adequate physical ability, including sufficient manual dexterity to perform the requisite health care services.

(2) Documentation of the satisfactory completion of a skills competency checklist equivalent to, or exceeding the competencies required by these rules.

(3) Training and experience. The hemodialysis technician, category G assistant shall receive training, evaluation(s), and assessment of knowledge and skills to determine minimum level competency, as required by WAC 246-826-302.

(4) The dialysis facility forwarding an application for certification as a hemodialysis technician must verify the applicant has satisfactorily completed all of the core competencies and minimum training standards for hemodialysis training programs required by chapter 18.135 RCW and these rules. The dialysis facility must verify that the applicant is sufficiently qualified, skilled, and knowledgeable to perform all procedures to be delegated to the applicant upon certification.

[Statutory Authority: RCW 18.135.030 and 18.135.020. 02-06-115, § 246-826-301, filed 3/6/02, effective 4/6/02.]

WAC 246-826-302 Minimum training standards for mandatory hemodialysis technician training programs. (1) Administration and organization: The hemodialysis technician training must be provided by a licensed health care practitioner, as required by RCW 18.135.020. The health care facility or health care practitioner shall be responsible for the development, implementation, and evaluation of the training program, and clinical experiences.

(2) Training program record retention requirements: The training program shall maintain the orientation checklists and any appropriate training documentation while the hemodialysis technician is employed with the health care facility or health care practitioner.

(3) The training program for new hemodialysis technicians must be a minimum of six to eight weeks. The hemodialysis technician shall complete training in both didactic and supervised clinical instruction. The training program shall (a) extend over a period of time sufficient to provide essential, sequenced learning experiences, which enables the trainee to develop competence and shall (b) show evidence of an organized pattern of instruction consistent with principles of learning and sound educational practices.

(4) Supervised clinical experience must provide opportunities for the application of theory and for the achievement of stated objectives in a patient care setting. Training through supervised clinical experience must include clinical learning experiences to develop the skills required by hemodialysis technicians to provide safe patient care. The preceptor must be physically accessible to the hemodialysis technician when the hemodialysis technician is in the patient care area.

(5) The dialysis facility may accept documentation of a hemodialysis technician's successful completion of training objectives in another dialysis facility or accredited academic institution if it is substantially equivalent to the core competencies described in WAC 246-826-303. The dialysis facility that accepts the documentation assumes responsibility for confirming the core competency of the hemodialysis technician.

[Statutory Authority: RCW 18.135.030 and 18.135.020. 02-06-115, § 246-826-302, filed 3/6/02, effective 4/6/02.]

WAC 246-826-303 Minimum standards of practice and core competencies of hemodialysis technicians. The following standards are the minimum competencies that a health care assistant, category G, must hold to be certified to practice in the state of Washington. The competencies are statements of skills and knowledge, and are written as descriptions of behaviors, which can be observed and measured. All competencies are performed, as required by chapter 18.135 RCW, under the direction and supervision of a health care practitioner as required by RCW 18.135.020. The level or depth of accomplishment of any given competency is appropriate to the "assisting" role of basic hemodialysis care under supervision of a health care practitioner.

Patient care.

(1) Data collection and communication. The hemodialysis technician must:

(a) Verify patient identification and dialysis prescription.

(b) Gather predialysis patient information necessary for treatment as required by facility protocols.

(c) Accurately calculate patient fluid removal and replacement needs.

(d) Monitor and verify treatment parameters during dialysis as required by facility protocols.

(e) Gather post dialysis patient information necessary to conclude treatment as required by facility protocols.

(f) Communicate and report patient, family or other care providers' concerns and/or needs to the nurse.

(g) Provide written documentation to the patient's medical record related to both routine treatment and unusual events.

(h) Recognize, report and document signs and symptoms related to:

(i) Hemodialysis vascular access complications.

(ii) Patient treatment complications.

(iii) Complications due to operator or equipment error.

(iv) Complications associated with allergic reactions.

(v) Complications associated with treatment anticoagulation.

(2) Basic hemodialysis treatment skills. The hemodialysis technician must be able to:

(a) Set up dialysis related supplies and equipment as required by a licensed health care practitioner prescription and facility policies and procedures.

(b) Prepare and mix additives to hemodialysis concentrates as required by facility procedure based on patient prescription.

(c) Prepare and administer heparin and sodium chloride solutions and intradermal, subcutaneous, or topical administration of local anesthetics during treatment in standard hemodialysis doses.

(d) Provide routine care for and cannulate hemodialysis vascular accesses for treatment as required by facility policies and procedures.

(e) Initiate hemodialysis treatment as required by facility policies and procedures.

(f) Provide routine care for, initiate, and terminate hemodialysis treatments using central catheters as required by facility protocols.

(g) Terminate hemodialysis treatment as required by facility policies and procedures.

(h) Provide routine care for equipment post dialysis including rinsing, disinfecting and shutting down as required by facility policies and procedures.

(i) Draw required samples for laboratory testing as required by facility protocols and procedures.

(3) Hemodialysis treatment interventions. The hemodialysis technician must be able to:

(a) Administer oxygen to patient by cannula or mask.

(b) Initiate CPR.

(c) Provide initial response to patient complications and emergencies during treatment per facility procedures, including, but not limited to, the administration of normal saline per facility protocol.

(d) Respond to equipment alarms and make necessary adjustments.

(4) Education and personal development for hemodialysis technicians: The hemodialysis technician should be able to demonstrate a basic understanding of the following subjects:

(a) General orientation subjects for the new hemodialysis technician.

(i) Common manifestations of renal failure.

(ii) Principles of dialysis.

(iii) Dialyzer and concentrate use and prescription.

(iv) Basic concepts of hemodialysis water treatment and dialyzer reuse.

(v) Principles of fluid management.

(vi) Hemodialysis treatment complications and emergencies.

(vii) Standard precautions and the use of aseptic techniques.

(viii) Hazardous chemical use in the hemodialysis setting.

(ix) Use and care of hemodialysis vascular accesses.

(x) Common laboratory testing procedures and critical alert values.

(xi) Basic concepts related to dialysis patient dietary/nutrition requirements.

(xii) Common psychosocial issues related to aging, chronic illness and dialysis therapy.

(b) Facility requirements as required by written policies and procedures. The hemodialysis technician must:

(i) Maintain current CPR certification.

(ii) Demonstrate an understanding of facility requirements related to infection control and the use of hazardous chemicals.

(iii) Demonstrate knowledge of facility disaster plans and emergency evacuation routes.

(c) The hemodialysis technician must be able to demonstrate a basic understanding of the proper body mechanics for patient and self.

(d) Maintaining patient confidentiality related to medical and personal information.

(e) The hemodialysis technician must be able to demonstrate a basic understanding of the patient's rights and responsibilities per facility policies.

(f) The hemodialysis technician must be able to demonstrate a basic understanding of the Uniform Disciplinary Act of the state of Washington, chapter 18.130 RCW.

(g) The hemodialysis technician must be able to demonstrate a basic understanding of the role of hemodialysis technician patient care as it relates to professional interactions with:

(i) Patients, family members and other care providers.

(ii) Supervisory and administrative health care providers.

(iii) Peers and other facility employees.

[Statutory Authority: RCW 18.135.030 and 18.135.020. 02-06-115, § 246-826-303, filed 3/6/02, effective 4/6/02.]

WAC 246-826-990 Health care assistant fees and renewal cycle. (1) Certificates must be renewed every two years as provided in WAC 246-826-050 and chapter 246-12 WAC, Part 2.

(2) The following nonrefundable fees will be charged:

Title of Fee	Fee
First certification	$35.00
Renewal	33.00
Expired certificate reissuance	33.00
Recertification	35.00
Duplicate	15.00

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-826-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.250. 91-13-002 (Order 173), § 246-826-990, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250. 90-04-094 (Order 029), § 308-175-140, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-140, filed 11/12/87.]

Chapter 246-828 WAC
HEARING AND SPEECH

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-828-005 Fitting and dispensing activities requiring license defined. [Statutory Authority: RCW 18.35.161. 98-06-079, § 246-828-005, filed 3/3/98, effective 4/3/98. Statutory Authority: RCW 18.35.161(1). 93-07-009 (Order 339B), § 246-828-005, filed 3/5/93, effective 4/5/93.] Repealed by 98-15-089, filed 7/16/98, effective 8/16/98. Statutory Authority: RCW 18.35.010.

246-828-015 Temporary credentialing standards. [Statutory Authority: RCW 18.35.080(2). 97-04-042, § 246-828-015, filed 1/31/97, effective 1/31/97.] Repealed by 98-15-089A, filed 7/16/98, effective 8/16/98. Statutory Authority: RCW 18.35.080.

246-828-050 Refunds on examination fee. [Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-050, filed 5/8/91, effective 6/8/91; Order PL 159, § 308-50-040, filed 2/8/74.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-828-060 Trainees—General information. [Statutory Authority: RCW 18.35.161. 94-11-108, § 246-828-060, filed 5/18/94, effective 6/18/94; 91-11-031 (Order 165B), recodified as § 246-828-060, filed 5/8/91, effective 6/8/91; 84-19-018 (Order PL 478), § 308-50-090, filed 9/12/84; Order PL 159, § 308-50-090, filed 2/8/74.] Repealed by 97-20-102, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 18.35.161.

246-828-065 Trainees—Supervision. [Statutory Authority: RCW 18.35.161. 94-11-108, § 246-828-065, filed 5/18/94, effective 6/18/94.] Repealed by 97-20-102, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 18.35.161.

246-828-110 Bait advertising. [Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-110, filed 5/8/91, effective 6/8/91; Readopted by 84-14-100 (Order PL 469), § 308-50-140, filed 7/3/84; Order PL 159, § 308-50-140, filed 2/8/74.] Repealed by 99-07-020, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 18.35.161.

246-828-120 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Misrepresenting products, services, personnel or material facts. [Statutory Authority: RCW 18.35.161 (1) and (3). 95-19-017, § 246-828-120, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-120, filed 5/8/91, effective 6/8/91; 84-19-018 (Order PL 478), § 308-50-150, filed 9/12/84; Order PL 159, § 308-50-150, filed 2/8/74.] Repealed by 99-07-020, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 18.35.161.

246-828-130 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Guarantees and warranties. [Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-130, filed 5/8/91, effective 6/8/91; Readopted by 84-14-100 (Order PL 469), § 308-50-160, filed 7/3/84; Order PL 159, § 308-50-160, filed 2/8/74.] Repealed by 99-07-020, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 18.35.161.

246-828-140 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Character of business, etc. [Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-140, filed 5/8/91, effective 6/8/91; Readopted by 84-14-100 (Order PL 469), § 308-50-170, filed 7/3/84; Order PL 159, § 308-50-170, filed 2/8/74.] Repealed by 99-07-020, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 18.35.161.

246-828-150 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Use of physician. [Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-150, filed 5/8/91, effective 6/8/91; Readopted by 84-14-100 (Order PL 469), § 308-50-180, filed 7/3/84; Order PL 159, § 308-50-180, filed 2/8/74.] Repealed by 99-07-020, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 18.35.161.

246-828-160 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Use of words "prescription," "diagnosis," etc. [Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-160, filed 5/8/91, effective 6/8/91; Readopted by 84-14-100 (Order PL 469), § 308-50-190, filed 7/3/84; Order PL 261, § 308-50-190, filed 12/21/76; Order PL 190, § 308-50-190, filed 5/23/75; Order PL 159, § 308-50-190, filed 2/8/74.] Repealed by 99-07-020, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 18.35.161.

246-828-170 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Deception as to visibility, construction, etc. [Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-170, filed 5/8/91, effective 6/8/91; Readopted by 84-14-100 (Order PL 469), § 308-50-200, filed 7/3/84; Order PL 159, § 308-50-200, filed 2/8/74.] Repealed by 99-07-020, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 18.35.161.

246-828-180 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Deception as to batteries. [Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-180, filed 5/8/91, effective 6/8/91; Readopted by 84-14-100 (Order PL 469), § 308-50-210, filed 7/3/84; Order PL 159, § 308-50-210, filed 2/8/74.] Repealed by 99-07-020, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 18.35.161.

246-828-190 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Deception representing novelty of products. [Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-190, filed 5/8/91, effective 6/8/91; 84-14-100 (Order PL 469), § 308-50-220, filed 7/3/84; Order PL 159, § 308-50-220, filed 2/8/74.] Repealed by 99-07-020, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 18.35.161.

246-828-200 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Advertising of parts, accessories or components. [Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-200, filed 5/8/91, effective 6/8/91; Readopted by 84-14-100 (Order PL 469), § 308-50-240, filed 7/3/84; Order PL 159, § 308-50-240, filed 2/8/74.] Repealed by 99-07-020, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 18.35.161.

246-828-210 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Endorsements, etc. [Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-210, filed 5/8/91, effective 6/8/91; Readopted by 84-14-100 (Order PL 469), § 308-50-250, filed 7/3/84; Order PL 159, § 308-50-250, filed 2/8/74.] Repealed by 99-07-020, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 18.35.161.

246-828-230 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Association with the state of Washington. [Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-230, filed 5/8/91, effective 6/8/91; 85-05-020 (Order PL 518), § 308-50-270, filed 2/13/85; Readopted by 84-14-100 (Order PL 469), § 308-50-270, filed 7/3/84; Order PL 159, § 308-50-270, filed 2/8/74.] Repealed by 99-07-020, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 18.35.161.

246-828-240 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Tests, acceptance or approval. [Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-240, filed 5/8/91, effective 6/8/91; Readopted by 84-14-100 (Order PL 469), § 308-50-280, filed 7/3/84; Order PL 159, § 308-50-280, filed 2/8/74.] Repealed by 99-07-020, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 18.35.161.

246-828-250 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Use, imitation or simulation of trademarks, etc. [Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-250, filed 5/8/91, effective 6/8/91; Readopted by 84-14-100 (Order PL 469), § 308-50-290, filed 7/3/84; Order PL 159, § 308-50-290, filed 2/8/74.] Repealed by 99-07-020, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 18.35.161.

246-828-260 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Defamation of competitors or false disparagement of their products. [Statutory Authority: RCW 18.35.161. 91-11-032 (Order 166B), § 246-828-260, filed 5/8/91, effective 6/8/91; 91-11-031 (Order 165B), recodified as § 246-828-260, filed 5/8/91, effective 6/8/91; Readopted by 84-14-100 (Order PL 469), § 308-50-295, filed 7/3/84; Order PL 190, § 308-50-295, filed 5/23/75.] Repealed by 99-07-020, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 18.35.161.

246-828-280 Documentation of referrals. [Statutory Authority: RCW 18.35.161. 98-06-079, § 246-828-280, filed 3/3/98, effective 4/3/98; 91-11-031 (Order 165B), recodified as § 246-828-280, filed 5/8/91, effective 6/8/91; 85-10-024 (Order PL 526), § 308-50-320, filed 4/24/85; Order PL 159, § 308-50-320, filed 2/8/74.] Repealed by 99-20-063, filed 10/1/99, effective 11/1/99. Statutory Authority: RCW 18.35.161.

246-828-310 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Misrepresenting products, services, personnel or other material facts during telephone solicitations. [Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-310, filed 5/8/91, effective 6/8/91; 85-05-020 (Order PL 518), § 308-50-380, filed 2/13/85.] Repealed by 99-07-020, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 18.35.161.

246-828-340 Surety bonding—Security in lieu of bonding. [Statutory Authority: RCW 18.35.161. 98-06-079, § 246-828-340, filed 3/3/98, effective 4/3/98. Statutory Authority: RCW 18.35.161(1). 93-07-010 (Order 340B), § 246-828-340, filed 3/5/93, effective 4/5/93. Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-340, filed 5/8/91, effective 6/8/91; 85-10-024 (Order PL 526), § 308-50-410, filed 4/24/85.] Repealed by 99-07-019, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 18.35.161.

246-828-400 Temporary practice permits—Scope and purpose.[Statutory Authority: RCW 18.35.161 (1) and (3). 95-19-017, § 246-828-400, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 18.35.161(3). 93-07-008 (Order 341B), § 246-828-400, filed 3/5/93, effective 4/5/93.] Repealed by 97-20-104, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 18.35.161.

246-828-410 Definitions. [Statutory Authority: RCW 18.35.161 (1) and (3). 95-19-017, § 246-828-410, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 18.35.161(3). 93-07-008 (Order 341B), § 246-828-410, filed 3/5/93, effective 4/5/93.] Repealed by 97-20-104, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 18.35.161.

246-828-420 Issuance of temporary practice permits. [Statutory Authority: RCW 18.35.161(3). 93-07-008 (Order 341B), § 246-828-420, filed 3/5/93, effective 4/5/93.] Repealed by 97-20-104, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 18.35.161.

246-828-430 Duration of temporary practice permits. [Statutory Authority: RCW 18.35.161(3). 93-07-008 (Order 341B), § 246-828-430, filed 3/5/93, effective 4/5/93.] Repealed by 97-20-104, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 18.35.161.

246-828-520 Effective date of requirement. [Statutory Authority: RCW 18.35.161(3). 93-07-007 (Order 342B), § 246-828-520, filed 3/5/93, effective 4/5/93.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-828-540 Qualification of program for continuing education credit. [Statutory Authority: RCW 18.35.161(3). 93-07-007 (Order 342B), § 246-828-540, filed 3/5/93, effective 4/5/93.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-828-560 Certification of compliance. [Statutory Authority: RCW 18.35.161 (1) and (3). 95-19-017, § 246-828-560, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 18.35.161(3). 93-07-007 (Order 342B), § 246-828-560, filed 3/5/93, effective 4/5/93.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

WAC 246-828-020 Examinations. (1) The examination required of hearing instrument fitter/dispenser license applicants shall be a written examination.

(a) The minimum passing grade shall be seventy or greater to pass the required examination for licensure.

(b) Applications for examinations shall be received by the department at least sixty days prior to the date of the scheduled examination. If the application is received less than sixty days before the next scheduled examination, the applicant will be scheduled for the second examination following receipt of the application.

(c) A national examination or examination administered by another licensing jurisdiction approved by the board may be accepted in lieu of the board's written examination.

(2) The examination required of all audiology certificate applicants shall be the National Examination in Audiology (NESPA), including a passing examination score of six hundred or greater and written hearing instrument fitter/dispenser examination described in subsection (1) of this section, including a passing examination score of seventy or greater.

(3) The examination required of speech-language pathologist certificate applicants shall be the National Examination in Speech Language Pathology (NESPA), including a passing examination score of six hundred or greater.

[Statutory Authority: RCW 18.35.040 and 18.35.161. 98-13-110, § 246-828-020, filed 6/17/98, effective 7/18/98. Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-020, filed 5/8/91, effective 6/8/91. Statutory Authority: RCW 18.35.161(4). 89-08-096 (Order PM 828), § 308-50-010, filed 4/5/89. Statutory Authority: RCW 18.35.161(3). 87-14-030 (Order PM 654), § 308-50-010, filed 6/26/87. Statutory Authority: RCW 18.35.161. 84-08-062 (Order PL 463), § 308-50-010, filed 4/4/84; Order PL 190, § 308-50-010, filed 5/23/75; Order PL 159, § 308-50-010, filed 2/8/74.]

WAC 246-828-025 Definitions. (1) "Board-approved institution of higher education" means an institution offering a Washington higher education coordinating board-accredited program in audiology or speech-language pathology leading to a master's degree, or an equivalent program as determined by the board.

(2) "Postgraduate professional work experience" means a full-time professional experience, or the part-time equiva-

lent, involving direct patient/client contact, consultations, record keeping, and administrative duties relevant to a bona fide program of clinical work.

(a) "Full-time professional experience" means a minimum of 30 hours per week over 36 weeks. Postgraduate professional work experience cannot be obtained in fewer than 36 weeks.

(b) "Part-time equivalent" means any of the following:

(i) 15-19 hours per week over 72 weeks;

(ii) 20-24 hours per week over 60 weeks;

(iii) 25-29 hours per week over 48 weeks.

(c) Professional experience of fewer than 15 hours per week cannot be counted toward postgraduate professional work experience.

[Statutory Authority: RCW 18.35.040(2) and 18.35.161. 98-13-109, § 246-828-025, filed 6/17/98, effective 7/18/98.]

WAC 246-828-030 Reexaminations. (1) Should an applicant fail any part of the hearing instrument fitter/dispenser examination, he/she may apply to the department to retake the failed part of the examination.

(2) All reexaminations shall be conducted at the next regularly scheduled examination.

(3) Any person who fails to qualify for licensure after three consecutive regularly scheduled examinations shall be required to take the entire examination. A waiver may be granted upon a showing of emergency circumstances.

[Statutory Authority: RCW 18.35.161. 98-06-079, § 246-828-030, filed 3/3/98, effective 4/3/98; 91-11-031 (Order 165B), recodified as § 246-828-030, filed 5/8/91, effective 6/8/91; 89-04-017 (Order PM 818), § 308-50-020, filed 1/23/89. Statutory Authority: RCW 18.35.161(3). 87-14-030 (Order PM 654), § 308-50-020, filed 6/26/87. Statutory Authority: RCW 18.35.161. 84-19-019 (Order PL 479), § 308-50-020, filed 9/12/84; Order PL 222, § 308-50-020, filed 11/5/75; Order PL 159, § 308-50-020, filed 2/8/74.]

WAC 246-828-040 Examination review and appeal procedures. (1) Each applicant who takes the examination for licensure and does not pass any part of the examination shall be provided information indicating the area of the examination in which the applicant was deficient with the notice of the examination results.

(2) Any applicant who does not pass a part of the examination may request an informal review by the board of his or her examination results. This request must be in writing and must be received by the department within thirty days of the postmark of the notice of examination results.

(3) The procedure for the informal review is as follows:

(a) An applicant submitting a written request for an informal review by the deadline described in subsection (2) of this section shall be contacted by the department to arrange an appointment to appear personally in the Olympia office to review the part or parts of the examination failed.

(b) The applicant shall be provided a form to complete in the Olympia office in defense of examination answers and/or examination performance.

(c) The applicant shall be identified only by applicant number for the purpose of this procedure. Letters of reference or requests for special consideration shall not be read or considered by the board.

(d) That applicant may bring textbooks or published material for use in completing the informal review, but such material must be retained by the Olympia office until the board has completed the informal review request submitted by the applicant.

(e) The applicant shall not be allowed to take any notes or materials from the office upon leaving.

(f) The information submitted to the board for its consideration in the informal review must state the specific reason or reasons why the results of the examination should be changed. The board shall not modify examination results unless the applicant can prove or show conclusive evidence of error in examination content or procedure, or bias, prejudice, or discrimination in the examination process. The board shall not consider a challenge to the examination unless the total revised score including the questions or sections to be reviewed could result in a passing score in the examination.

(g) The board shall schedule a closed session meeting to conduct the informal review of the material submitted by the applicant.

(h) The applicant shall be notified in writing of the results of the informal review.

(4) Any applicant who is not satisfied with the result of the examination review may request that a formal hearing be held before the board pursuant to the Administrative Procedure Act. Such a hearing request must be received by the department within thirty days of postmark of the notification of the result of the board's informal review of the applicant's examination results. The request must be in writing and must state the specific reasons why the results of the examination should be changed. The board shall not modify examination results unless the applicant can prove or show conclusive evidence of error in examination content or procedure, or bias, prejudice, or discrimination in the examination process. The board shall not consider a challenge to the examination unless the total revised score including the questions or sections to be reconsidered could result in a passing score in the examination.

(5) The hearing shall not be scheduled until the applicant and the state's attorney have appeared before an administrative law judge for a prehearing conference to consider the following:

(a) The simplification of issues;

(b) The necessity of amendments to the notice of specific reasons for the examination result modification;

(c) The possibility of obtaining stipulations, admission of facts and documents;

(d) The limitation of the number of expert witnesses;

(e) A schedule for completion of all discovery; and,

(f) Such other matters as may aid in the disposition of the proceeding.

(6) The administrative law judge shall enter an order which recites the actions taken at the conference, the amendments allowed to the pleadings and the agreements made by the parties or their qualified representatives as to any of the matters considered, including the settlement or simplification of issues, and which limits the issues for hearing to those not disposed of by admissions or agreements; and such order shall control the subsequent course of the proceeding unless modified for good cause by subsequent prehearing order.

(7) Applicants shall receive at least twenty days notice of the time and place of the formal hearing. The hearing shall be

restricted to the specific reasons the applicant has identified as the basis for a change in the examination score.

[Statutory Authority: RCW 18.35.161 (1) and (3). 95-19-017, § 246-828-040, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-040, filed 5/8/91, effective 6/8/91; 89-14-007 (Order PM 848), § 308-50-035, filed 6/22/89; 89-04-017 (Order PM 818), § 308-50-035, filed 1/23/89. Statutory Authority: RCW 18.35.161(3). 87-14-030 (Order PM 654), § 308-50-035, filed 6/26/87.]

WAC 246-828-045 Interim permit. Interim permit requirements.

(1) The department will issue an interim permit to any applicant who has shown to the satisfaction of the department that the applicant:

(a) Is supervised by a speech-language pathologist or audiologist certified under chapter 18.35 RCW, in good standing for at least two years unless otherwise approved by the board.

(i) Supervision includes the personal and direct involvement of the supervisor. The supervisor must directly observe diagnostic and therapeutic procedures.

(ii) All purchase agreements for the sale of hearing instruments must be signed by the supervisor and the permit holder.

(iii) No certified audiologist or speech-language pathologist under chapter 18.35 RCW may assume the responsibility for more than one permit holder.

(iv) The supervisor is responsible for all acts of the interim permit holder in connection with audiology or speech-language pathology services during the duration of the permit.

(b) Has paid the application and permit fee.

(c) Has not committed unprofessional conduct as specified by the Uniform Disciplinary Act or chapter 18.35 RCW.

(2) The provisions of RCW 18.35.030, 18.35.110, 18.35.120 shall apply to any person issued an interim permit. A person issued an audiology interim permit may engage in the fitting and dispensing of hearing instruments.

(3) The interim permit shall contain the name and title of the certified supervisor under chapter 18.35 RCW who is supervising the permit holder. The supervisor shall execute and submit to the department acknowledgment of responsibility for all acts of the permit holder in connection with audiology or speech-language pathology services.

Interim permit period.

(4) The interim permit period is divided into three equal segments. The supervisor must complete a minimum of:

(a) No less than thirty-six supervisory activities spaced uniformly throughout the year.

(b) At least eighteen on-site observations (one hour equals one on-site observation). At least six on-site observations must be accrued during each segment (up to six hours may be accrued in one day).

(c) Eighteen other monitoring activities, at least six per segment.

(d) Upon the completion of each segment the supervisor must submit documentation of completion to the department on a form provided by the department.

(e) A review of all purchase agreements in the fitting and dispensing of hearing instruments prior to signing. All purchase agreements will be signed by the supervisor.

(5) The interim permit is valid for one year or for the duration of the postgraduate experience. The interim permit will expire one year from the date of its issuance. The board may extend the permit an additional six months.

Supervisor delegation.

(6) Portions of the supervisory activities including the supervision in hearing instrument fitting and dispensing may be obtained in another facility and may be under the supervision of another certified speech-language pathologist or audiologist as delegated by the supervisor of record.

(a) The audiologist supervisor of record may delegate the supervision of hearing instrument fitting and dispensing to a licensed hearing instrument fitter/dispenser who has been licensed in good standing for at least two years.

(b) Delegation of the responsibility of supervision must be approved by the department.

(7) The department may approve transfer of a permit holder to another eligible supervisor upon the written request of either the supervisor or the permit holder.

(8) It is the responsibility of the permit holder to immediately report the termination of the supervisor to the department in writing, by certified mail.

(9) The supervisor of a permit holder who desires to terminate the responsibility as supervisor must immediately notify the department in writing, by certified mail, of the termination. The supervisor is responsible for the permit holder until such time as the notification of termination to the department is deposited in the United States mail.

[Statutory Authority: RCW 18.35.161(3) and 18.35.060(6). 99-08-102, § 246-828-045, filed 4/6/99, effective 5/7/99.]

WAC 246-828-055 Apprenticeship program—Definitions. For the purposes of this chapter, these terms shall be defined as follows:

(1) "Sponsor" means the licensed hearing instrument fitter/dispenser or certified audiologist who is registered with the department of health to provide sponsorship to an apprentice. The sponsor must be licensed or certified in good standing as a hearing instrument fitter/dispenser or audiologist with the state of Washington for at least two years.

(2) "Direct supervision" means that the sponsor is physically present and in the same room with the apprentice, observing the testing, fitting and dispensing activities of the apprentice at all times.

(3) "Sponsor in good standing" means a sponsor whose license or certificate has not been subject to sanctions under RCW 18.130.160 in the last two years.

[Statutory Authority: RCW 18.35.040 and 18.35.161. 97-15-128, § 246-828-055, filed 7/23/97, effective 8/23/97. Statutory Authority: RCW 18.35.161. 94-11-108, § 246-828-055, filed 5/18/94, effective 6/18/94.]

WAC 246-828-061 Requirements for apprenticeship training waiver. Requests to the board to waive all or part of the required apprenticeship training "in recognition of formal education in fitting and dispensing of hearing instruments or in recognition of previous licensure in Washington or in

another state, territory or the District of Columbia" as defined in RCW 18.35.040 (1)(b) will be reviewed as follows:

(1) The board may waive part or all of the apprenticeship training in recognition of formal education in hearing instrument technology that is a certificate program at least six months in duration and is governed under the Washington state board of community and technical colleges or the equivalent agency in another state, territory, or the District of Columbia. The program must include instruction in all subject areas listed in WAC 246-828-070(2).

(2) The board may waive part or all of the apprenticeship training in recognition of:

(a) Current licensure or certification in Washington or in another state, territory, or the District of Columbia for a minimum of two years in good standing; or

(b) Previous licensure or certification, in good standing that has not been inactive for more than five years.

(3) Applicants requesting that the apprenticeship training requirement be waived that do not meet the criteria of subsection (1) or (2) of this section will be denied.

[Statutory Authority: RCW 18.35.040 and [18.35.]161.3[(3)]. 99-19-059, § 246-828-061, filed 9/15/99, effective 10/16/99.]

WAC 246-828-070 Apprenticeship program—Minimum training requirements. (1) An apprenticeship program will be at least six months in duration. The apprentice is in an apprenticeship program for a minimum of ten hours each week. The apprentice is under the direct supervision of the sponsor at all times when performing the functions of a hearing instrument fitter/dispenser apprentice. An apprentice must hold a valid hearing instrument fitter/dispenser permit. An apprentice must complete the National Hearing Aid Society home study course and submit proof of passing the home study course final examination and complete all stages of the apprenticeship program prior to taking the Washington state examination. If the apprentice passes the home study course final examination but fails the Washington state licensure examination, the apprentice will not have to repeat the home study course before the next available Washington state licensure examination. The apprenticeship program is divided into three stages:

(a) Stage 1 is at least 1 month in duration. During this stage, the apprentice may perform audiometric tests, and make ear mold impressions and modifications. The sponsor is physically present, in the same room at all times when the apprentice is performing these functions. The apprentice can not recommend the selection of a hearing instrument, dispense a hearing instrument, or counsel a client.

(b) Stage 2 - at least 2 months. During this stage the apprentice may perform all tasks in Stage 1, recommend the selection of a hearing instrument, and counsel a client. The sponsor is physically present, in the same room at all times when the apprentice is performing these functions. The apprentice can not dispense a hearing instrument.

(c) Stage 3 - at least 3 months. During this stage the apprentice may perform all the tasks in Stage 1 and 2 and dispense hearing instruments, but the sponsor is physically present in the same room at the time a hearing instrument is delivered to the client. The receipt required by RCW 18.35.-030 must have the signatures and the license/permit numbers of the sponsor and apprentice. The title of the sponsor and apprentice is next to the respective signatures.

(2) It is the sponsor's responsibility to provide instruction and guidance, in order to adequately prepare the apprentice for practice as a hearing instrument fitter/dispenser and for the written and practical examinations. Training received by an apprentice during the apprenticeship program must include at least the following subject areas:

(a) Chapters 18.35 and 18.130 RCW, and chapter 246-828 WAC;

(b) Physics of sound;

(c) Anatomy of the outer, middle and inner ear;

(d) Otoscopy;

(e) Hearing disorders: Conductive hearing loss, sensorineural hearing loss, mixed hearing loss, central auditory processing disorder, nonorganic hearing loss;

(f) Diseases of the ear;

(g) Current criteria for medical referral;

(h) Pure tone audiometry, air conduction and bone conduction;

(i) Masking for pure tone audiometry: Rationale; methods; techniques;

(j) Speech audiometry;

(k) Masking for speech audiometry: Rationale; methods; techniques;

(l) Sound field testing;

(m) Audiogram analysis and interpretation;

(n) Proper ear/ears selection: Hearing instrument selection/modifications (evaluating fitting criteria);

(o) Cros/bi-cros: Rationale and its application;

(p) Hearing aid measurements (ANSI) standard);

(q) Interpretation of hearing instruments specification data;

(r) Impression technique;

(s) Earmolds: Shell design and their effects on frequency response;

(t) Types and styles of hearing instruments; components, functions, and benefits;

(u) Dispensing hearing instruments and counseling on usage and care.

(3) The sponsor must file a report with the department at the end of each stage of the apprentice program; this report must be filed no later than ten days after the completion of each stage. The sponsor must certify that the educational and training objectives of each stage have been met and the number of hours of training provided.

(4) The apprenticeship program begins at the date of department approval, unless the board specifies another date.

(5) Transfer of apprentice to another sponsor. The department may approve transfers of an apprentice to another eligible sponsor, prior to the completion of the apprenticeship program, upon the request of either the sponsor or the apprentice.

(a) An apprentice who changes his or her sponsor for any reason must not continue his or her apprenticeship status with a new sponsor until a new apprenticeship application and fee has been filed and approved by the department.

(b) It is the apprentice's responsibility to report the loss of such sponsorship to the department in writing within ten

days of such occurrence and to stop the practice of fitting and dispensing.

(c) The sponsor of an apprentice who desires to terminate the responsibilities of sponsorship must provide the apprentice two weeks written notice of such termination, stating reasons for termination, and shall immediately notify the department, by registered or certified mail, of the sponsorship termination and the reasons for termination.

(d) In the event the apprentice terminates the program, the sponsor must notify the department immediately by registered or certified mail.

The sponsor is responsible for the apprentice until such time as the notification of termination to the department is deposited in the United States mail.

(e) Whenever a transfer is approved, credit is transferred for the completed stages of the apprenticeship program.

(f) Transfer of credit for stages uncompleted is subject to review and approval by the board.

[Statutory Authority: RCW 18.35.040 and 18.35.161. 97-15-128, § 246-828-070, filed 7/23/97, effective 8/23/97. Statutory Authority: RCW 18.35.161 (1) and (3). 95-19-017, § 246-828-070, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 18.35.161. 94-11-108, § 246-828-070, filed 5/18/94, effective 6/18/94; 91-11-031 (Order 165B), recodified as § 246-828-070, filed 5/8/91, effective 6/8/91; 84-08-062 (Order PL 463), § 308-50-100, filed 4/4/84; Order PL 159, § 308-50-100, filed 2/8/74.]

WAC 246-828-075 Student supervisors—Scope and definitions. (1) Students enrolled in an accredited education or training program may perform the duties of a hearing instrument fitter/dispenser in the course of their training if under the supervision of a Washington state licensed hearing instrument fitter/dispenser or certified audiologist. Supervision shall mean that the licensee/certificate holder is physically present on the premises at all times.

(2) An accredited education or training program shall be defined as any course of study in the field of fitting and dispensing hearing instruments that is offered by a school or program recognized by the state of Washington.

(3) The student shall at all times wear an identification badge readily visible to the public which identifies him or her as a student.

(4) The licensed/certified supervisor shall be responsible for all acts of the student.

[Statutory Authority: RCW 18.35.161. 98-06-079, § 246-828-075, filed 3/3/98, effective 4/3/98. Statutory Authority: RCW 18.35.161 (1) and (3). 95-19-017 § 246-828-075, filed 9/7/95, effective 10/8/95.]

WAC 246-828-080 Minimum standards of equipment. Minimum equipment in the fitting and dispensing of hearing instruments shall include:

(1) Access to a selection of hearing instrument models, and hearing instrument supplies and services sufficiently complete to accommodate the various user needs.

(2) Facilities for the personal comfort of customers.

(3) A test environment with background noise no greater than current American National Standards Institute specifications (S3.1-1960 (R-1971)) plus 15 dB. When nonstandard environments must be used, appropriate procedures shall be employed and documented.

(4) Pure tone audiometer calibrated in accordance with WAC 246-828-090.

(5) Equipment appropriate for conducting speech audiometry (testing).

[Statutory Authority: RCW 18.35.161. 98-06-079, § 246-828-080, filed 3/3/98, effective 4/3/98. Statutory Authority: RCW 18.35.161 (1) and (3). 95-19-017 § 246-828-080, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-080, filed 5/8/91, effective 6/8/91; 84-19-019 (Order PL 479), § 308-50-110, filed 9/12/84; Order PL 159, § 308-50-110, filed 2/8/74.]

WAC 246-828-090 Standards for equipment calibration. (1) All electronic equipment utilized by licensees/certificate holders for the determination of audiometric thresholds for pure tones and for speech shall conform to all current standards of the American National Standards Institute. Licensees/certificate holders shall insure that all such audiometric equipment has been evaluated electrically and acoustically at least once each year, adjusted or repaired if necessary, and that conformity with such standards was determined at that time. Records of such calibration shall be permanently maintained by licensees/certificate holders and shall be available for inspection at any time by the department. No licensee/certificate holder shall be permitted to certify as to the calibration of his own equipment unless authorized to do so by the department. In addition, all licensees/certificate holders shall utilize routine procedures for the daily inspection of audiometric equipment, or prior to use if used less often than on a daily basis, to generally determine that it is in normal working order.

(2) Hearing instruments, assistive listening devices, and electronic equipment used for assessment and/or monitoring of auditory and vestibular function shall be maintained according to manufacturer's specifications.

(3) All instrumental technology used to diagnose and/or treat disorders of communication, swallowing and hearing shall be maintained in proper working order and be properly calibrated according to accepted standards.

[Statutory Authority: RCW 18.35.161. 98-06-079, § 246-828-090, filed 3/3/98, effective 4/3/98. Statutory Authority: RCW 18.35.161 (1) and (3). 95-19-017 § 246-828-090, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-090, filed 5/8/91, effective 6/8/91; 84-08-062 (Order PL 463), § 308-50-120, filed 4/4/84; Order PL 159, § 308-50-120, filed 2/8/74.]

WAC 246-828-095 Audiology minimum standards of practice. Certified audiologists are independent practitioners who provide a comprehensive array of services related to the identification, assessment, habitation/rehabilitation and prevention of auditory and vestibular impairments.

Audiologists serve in a number of roles including but not limited to clinician, therapist, teacher, consultant, researcher, and administrator. Audiologists provide services in hospitals, clinics, schools, nursing facilities, care centers, private practice and other settings in which audiological services are relevant. Audiologists provide services to individuals of all ages.

Audiologists must engage in and supervise only those aspects of the profession that are within the scope of their education, training and experience.

Standard procedures for providing audiology services may include one or more of the following:

(1) Case history to include:

(a) Documentation of referrals.

(b) Historical review of the nature, onset, progression and stability of the hearing problem, and associated otic and/or vestibular symptoms.

(c) Review of communication difficulties.

(d) Review of medical, pharmacology, vocational, social and family history pertinent to the etiology, assessment and management of the underlying hearing disorder.

(2) Physical examination of the external ear includes:

(a) Otoscopic examination of the external auditory canal to detect:

(i) Congenital or traumatic abnormalities of the external canal or tympanic membrane.

(ii) Inflammation or irritation of the external canal or tympanic membrane.

(iii) Perforation of the tympanic membrane and/or discharge from the external canal.

(iv) A foreign body or impacted cerumen in the external canal.

(b) Cerumen management to clean the external canal and to remove excess cerumen for the preservation of hearing.

(c) Referral for otologic evaluation and/or treatment when indicated.

(3) Identification of audiometry:

(a) Hearing screening administered as needed, requested, or mandated for those persons who may be identified as at risk for hearing impairment.

(b) Referral of persons who fail the screening for rescreening, audiologic assessment and/or for medical or other examination and services.

(c) Audiologists may perform speech and language screening measures for initial identification and referral.

(4) Assessment of auditory function includes:

(a) The administration of behavioral and/or objective measures of the peripheral and central auditory system to determine the presence, degree and nature of hearing loss or central auditory impairment, the effect of the hearing impairment on communication, and/or the site of the lesion within the auditory system. Assessment may also include procedures to detect and quantify nonorganic hearing loss.

(i) When traditional audiometric techniques cannot be employed as in infants, children or multiple impaired clients, developmentally appropriate behavioral and/or objective measures may be employed.

(ii) Assessment and intervention of central auditory processing disorders in which there is evidence of communication disorders may be provided in collaboration with other professionals.

(b) Interpretation of measurement recommendations for habilitative/rehabilitative management and/or referral for further evaluation and the counseling of the client and family.

(5) Assessment of vestibular function includes administration and interpretation of behavioral and objective measures of equilibrium to detect pathology within the vestibular system, to determine the site of lesion, to monitor changes in balance and to determine the contribution of visual, vestibular and proprioceptive systems to balance.

(6) Habilitation/rehabilitation of auditory and vestibular disorders may include:

(a) Aural rehabilitation therapy.

(b) Fitting and dispensing of hearing instruments and assistive listening devices.

(c) Habilitative and rehabilitative nonmedical management of disorders of equilibrium.

(7) Industrial and community hearing conservation programs.

(8) Intraoperative neurophysiologic monitoring.

(9) Standardized and nonstandardized procedures may be employed for assessment, habilitation/rehabilitation of auditory and vestibular disorders. When standardized procedures are employed they must be conducted according to the standardized procedure or exception documented. Nonstandardized measures must be conducted according to established principles and procedures of the profession.

[Statutory Authority: RCW 18.35.161 (3) and (10). 98-14-055, § 246-828-095, filed 6/26/98, effective 7/27/98.]

WAC 246-828-100 Hearing instrument fitting dispensing—Minimal standards of practice. Minimum procedures in the fitting and dispensing of hearing instruments shall include:

(1) Obtain case history to include the following:

(a) As required by WAC 246-828-280, documentation of referrals, or as otherwise required by this chapter.

(b) Historical evaluation to include inquiry regarding hearing loss, onset of loss, and any associated symptoms including significant noise in the ears, vertigo, acute or chronic dizziness, nausea, earaches, or other such discomfort which may indicate the presence of medical illness. Specific inquiry should be made to determine if hearing loss has been sudden or rapidly progressive in the past ninety days, if there has been any active drainage or infection in ears during the past ninety days, and if there are any specific physical problems which may relate to the use of a hearing instrument.

(2) Examination of the ears should be done to reasonably determine if any of the following conditions exist:

(a) Impacted ear wax.

(b) Foreign body within the ear canal.

(c) Discharge in the ear canal.

(d) Presence of inflammation or irritation of the ear canal.

(e) Perforation of the ear drum.

(f) Any other abnormality.

(3) Hearing testing shall be performed to include the following:

(a) Hearing loss, or residual hearing, shall be established for each ear using pure tone threshold audiometry by air and bone conduction with effective masking as required.

(b) Appropriate live voice or recorded speech audiometry by ear phones to determine the following: Speech reception threshold, most comfortable level, uncomfortable level, and the speech discrimination percent.

(c) Hearing testing shall be conducted in the appropriate environment as required by WAC 246-828-080, minimum standards of equipment, or as otherwise required by this chapter.

(d) When pure tone audiometry indicates an air-bone gap of 15db or more, 500, 1000, and 2000 Hz, the presence of unilateral hearing loss, or any inconsistent audiometric findings, the client shall be advised of the potential help available

through medical treatment. Should the client decline to consider such methods, or if the client has previously been appropriately treated or has been advised against such procedures, an appropriate notation shall be made in the client's record.

(e) In the event a client is referred to a licensee by an M.A. audiologist, otologist, otolaryngologist, or by a fitter/dispenser duly licensed under chapter 18.35 RCW, and the audiometric results obtained within the previous six months are provided to the licensee as a part of this referral, the applicable provisions of WAC 246-828-100 shall not be required. However, a confirmatory audiometric examination is recommended.

(4) Medical evaluation requirements:

(a) If the prospective hearing instrument user is eighteen years of age or older, the hearing instrument dispenser may afford the prospective user an opportunity to waive the medical evaluation requirements of (b) of this subsection provided that the hearing instrument dispenser:

(i) Informs the prospective user that the exercise of the waiver is not in the user's best health interest;

(ii) Does not in any way actively encourage the prospective user to waive such a medical evaluation;

(iii) Affords the prospective user the opportunity to sign the following statement:

I have been advised by (hearing instrument fitter/dispenser name) that the Food and Drug Administration has determined that my best health interest would be served if I had a medical evaluation before purchasing a hearing instrument; and

(iv) Provides the prospective user with a copy of the signed waiver statement.

(b) Except as provided in (a) of this subsection, a hearing instrument dispenser shall not sell a hearing instrument unless the prospective user has presented to the hearing instrument dispenser a written statement signed by a licensed physician that states that the patient's hearing loss has been medically evaluated and the patient may be considered a candidate for a hearing instrument. The medical evaluation must have taken place within the preceding six months.

(5) Selection and fitting of the hearing instrument shall include the following:

(a) Provide information regarding the selection of the most appropriate method and model for amplification for the needs of the client.

(b) Provide the user with the cost of the recommended instruments and services.

(c) Provide for or have available an appropriate custom made ear mold.

(d) Provide final fitting of the hearing instrument to ensure physical and operational comfort.

(e) Provide adequate instructions and appropriate post-fitting adjustments to ensure the most successful use of the hearing instrument.

(6) Keeping records on every client to whom the licensee/certificate holder renders service in connection with the dispensing of a hearing instrument. Such records shall be preserved for at least three years after the dispensing of the first hearing instrument to the client. If other hearing instruments are subsequently dispensed to that client, cumulative records must be maintained for at least three years after the latest dispensing of an instrument to that client. The records must be available for the department inspection and will include:

(a) Client's case history.

(b) Source of referral and appropriate documents.

(c) Medical clearance for the hearing instrument user or the waiver set forth in subsection (4)(a)(iii) of this section which has been signed after being fully informed that it is in the best health interest to seek medical evaluation.

(d) Copies of any contracts and receipts executed in connection with the fitting and dispensing of each hearing instrument provided.

(e) A complete record of tests, test results, and services provided except for minor services.

(f) All correspondence specifically related to the service given the client or the hearing instrument or instruments dispensed to the client.

[Statutory Authority: RCW 18.35.161. 98-06-079, § 246-828-100, filed 3/3/98, effective 4/3/98. Statutory Authority: RCW 18.35.161 (1) and (3). 95-19-017 § 246-828-100, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-100, filed 5/8/91, effective 6/8/91; 89-04-017 (Order PM 818), § 308-50-130, filed 1/23/89; 84-19-018 (Order PL 478), § 308-50-130, filed 9/12/84; Order PL 159, § 308-50-130, filed 2/8/74.]

WAC 246-828-105 Speech-language pathology—Minimum standards of practice. Certified speech-language pathologists are independent practitioners who provide a comprehensive array of services related to the identification, assessment, habilitation/rehabilitation, of communication disorders and dysphagia. Speech-language pathologists serve in a number of roles including but not limited to clinician, therapist, teacher, consultant, researcher, and administrator. Speech-language pathologists provide services in hospitals, clinics, schools, nursing facilities, care centers, private practice, and other settings in which speech-language pathology services are relevant. Speech-language pathologists provide services to individuals of all ages.

Services must be provided and products dispensed only when benefit can reasonably be expected. All services provided and products dispensed must be evaluated for effectiveness. A certified speech-language pathologist must engage in and supervise only those aspects of the profession that are within the scope of their education, training, and experience. Speech-language pathologists must provide services appropriate to each individual in his or her care, which may include one or more of the following standard procedures:

(1) Case history, to include the following:

(a) Documentation of referral.

(b) Review of the communication, cognitive and/or swallowing problem.

(c) Review of pertinent medical, pharmacological, social and educational status.

(2) Examination of the oral mechanism for the purposes of determining adequacy for speech communication and swallowing.

(3) Screening to include: Speech and language.

(a) Hearing screening, limited to pure-tone air conduction and screening tympanometry.

(b) Swallowing screening. Children under the age of three years who are considered at risk are assessed, not screened;

(4) Assessment may include the following:

(a) Language may include parameters of phonology, morphology, syntax, semantics, and pragmatics; and include receptive and expressive communication in oral, written, graphic and manual modalities;

(b) Speech may include articulation, fluency, and voice (including respiration, phonation and resonance). Treatment shall address appropriate areas;

(c) Swallowing;

(d) Cognitive aspects of communication may include communication disability and other functional disabilities associated with cognitive impairment;

(e) Central auditory processing disorders in collaboration with other qualified professionals;

(f) Social aspects of communication may include challenging behaviors, ineffective social skills, lack of communication opportunities;

(g) Augmentative and alternative communication include the development of techniques and strategies that include selecting, and dispensing of aids and devices (excluding hearing instruments) and providing training to individuals, their families, and other communication partners in their use.

(5) Habilitation/rehabilitation of communication and swallowing to include the following:

(a) Treatment of speech disorders including articulation, fluency and voice.

(b) Treatment of language disorders including phonology, morphology, syntax, semantics, and pragmatics; and include receptive and expressive communication in oral, written, graphic and manual modalities.

(c) Treatment of swallowing disorders.

(d) Treatment of the cognitive aspects of communication.

(e) Treatment of central auditory processing disorders in which there is evidence of speech, language, and/or other cognitive communication disorders.

(f) Treatment of individuals with hearing loss, including aural rehabilitation and related counseling.

(g) Treatment of social aspects of communication, including challenging behaviors, ineffective social skills, and lack of communication opportunities.

(6) All services must be provided with referral to other qualified resources when appropriate.

[Statutory Authority: RCW 18.35.161 (3) and (10). 99-19-058, § 246-828-105, filed 9/15/99, effective 10/16/99; 98-14-055, § 246-828-105, filed 6/26/98, effective 7/27/98.]

WAC 246-828-220 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Used or rebuilt products. (1) A licensee may not represent, directly or indirectly, that any industry product or part thereof is new, unused, or rebuilt, when such is not the fact.

(2) In the marketing of a hearing aid which has been used, or which contains used parts, a licensee shall make full and nondeceptive disclosure of such fact in all advertising and promotional literature relating to the product, on the container, box or package in which such product is packed or enclosed and, if the product has the appearance of being new, on the product itself. The required disclosure may be made by use of such words as "used," "secondhand," "repaired," or "rebuilt," whichever most accurately describes the product involved.

(3) A licensee shall not misrepresent the identity of the rebuilder of a hearing aid. If the rebuilding of a hearing aid was done by other than the original manufacturer, a licensee shall disclose such fact wherever the original manufacturer is identified.

[Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-220, filed 5/8/91, effective 6/8/91; Readopted by 84-14-100 (Order PL 469), § 308-50-260, filed 7/3/84; Order PL 159, § 308-50-260, filed 2/8/74.]

WAC 246-828-270 Personal disclosure. A licensee/certificate holder who contacts a prospective purchaser away from the licensee's/certificate holder's place of business must:

(1) When the contact is in person, present the prospective purchaser with written notice of:

(a) His or her name, the name of his or her business firm, his or her business address and telephone number;

(b) The number of his or her license/certificate.

(2) Telephone contact with prospective purchasers must disclose the name of the licensee/certificate holder, name and location of his or her principal establishment and purpose of call.

(3) When the contact is through a direct mail piece or other advertising initiated by the licensee/certificate holder, clearly show on all promotional items the business/establishment name, the principal establishment address and telephone number, not just the address or telephone number where he/she will be on given days.

(4) A principal establishment is one which is bonded pursuant to RCW 18.35.240.

[Statutory Authority: RCW 18.35.161. 98-06-079, § 246-828-270, filed 3/3/98, effective 4/3/98; 91-11-032 (Order 166B), § 246-828-270, filed 5/8/91, effective 6/8/91; 91-11-031 (Order 165B), recodified as § 246-828-270, filed 5/8/91, effective 6/8/91; 85-23-065 (Order PL 563), § 308-50-310, filed 11/19/85; Order PL 159, § 308-50-310, filed 2/8/74.]

WAC 246-828-290 Purchaser recision rights. In addition to the receipt and disclosure information required by RCW 18.35.030, 18.35.185, 63.14.040 and 63.14.120, every retail agreement for the sale of hearing instruments shall contain or have attached the following notice to buyer in twelve point type or larger. The language in part 1 under "Notice to Buyer" is intended to have the same legal effect as the notices required in RCW 63.14.040(2) and 63.14.120(3) and may be substituted for those notices.

The rights summarized in the "Notice to Buyer" must be made known to the purchaser before the contract is executed. The licensee or certificate holder must provide this "Notice to Buyer" in writing to the purchaser. The purchaser must demonstrate knowledge of these rights by initialing each numbered section of the "Notice to Buyer" and by signing his or her name in the appropriate space following the "Notice to Buyer."

Notice to Buyer

Do not sign this agreement before you read it or if any spaces intended for the agreed terms are blank.

You are entitled to receive a copy of this agreement at the time you sign it.

The seller's business address must be shown on the agreement.

Section 1 CANCELLATION - WITHIN THREE DAYS

Purchaser's Initial .....

You may cancel this agreement within three days, without explaining your reasons, if the seller solicited it in person and you signed it at a place other than the seller's business address.

To cancel this agreement without explaining your reasons, you must notify the seller in writing that you are canceling the agreement. You may deliver the written notice to the seller at the seller's business address. Alternatively, you may send the written notice by certified mail, return receipt requested, to the seller at the seller's business address.

Your written notice must be mailed or delivered by midnight of the third business day after you signed this agreement.

Any merchandise you received under this agreement must be in its original condition. You must return it to the seller or make it available to the seller at the same place it was delivered to you.

The seller must refund to you all deposits, including any down payment, and must return to you all goods traded in as part of the agreement.

You will incur no additional liability for canceling the agreement.

Section 2 RECISION - WITHIN THIRTY DAYS

Purchaser's Initial .....

You may rescind (or terminate) the agreement within thirty days, for reasonable cause. This thirty-day period is called the "recision period."

To rescind this agreement, you must notify the seller in writing that you are rescinding the agreement for reasonable cause pursuant to RCW 18.35.185(1). (Reasonable cause does not include cosmetic concerns or a mere change of mind.) You may deliver the written notice to the seller at the seller's business address. Alternatively, you may send the written notice by certified mail, return receipt requested, to the seller at the seller's business address.

Your written notice must be mailed or delivered by midnight of the thirtieth day after delivery of the hearing instrument.

Any merchandise you received under this agreement must be in its original condition, except for normal wear and tear. You must return it to the seller or make it available to the seller at the same place it was delivered to you.

The seller must refund to you all deposits, including any down payment, and must return to you all goods traded in as part of the agreement. However, for each hearing instrument you return, the seller may keep either one hundred fifty dollars or fifteen percent of the total purchase price, whichever is less. The seller also may deduct any costs incurred in making traded-in goods ready for resale.

The seller must refund your money and return your traded goods, or have them postmarked and in the mail to you, within ten business days after receiving your notice of recision.

You will incur no additional liability for rescinding the agreement.

Section 3 EXTENSION OF RECISION PERIOD

Purchaser's Initial .....

If you notify the seller within the thirty-day recision period that your hearing instrument has developed a problem that constitutes reasonable cause to rescind the agreement or that prevents you from evaluating your hearing instrument, the seller must extend the recision period. The recision period stops running on the date you notify the seller of the problem and starts running again on the date the seller notifies you that your hearing instrument is ready for redelivery.

You and the seller may agree to a recision period longer than thirty days.

Whenever the recision period is extended, the seller must provide you written notice of the last date upon which you may demand a refund and return of traded goods.

Signature of Purchaser	Date
Signature of Seller	Date
Delivery Acknowledgment - Signature of Purchaser	Date

[Statutory Authority: RCW 18.35.161. 02-14-052, § 246-828-290, filed 6/27/02, effective 7/28/02. Statutory Authority: RCW 18.35.161 and 18.35.185(2). 99-08-103, § 246-828-290, filed 4/6/99, effective 7/5/99. Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-290, filed 5/8/91, effective 6/8/91; 86-09-064 (Order PL 586), § 308-50-330, filed 4/17/86; Order PL 190, § 308-50-330, filed 5/23/75; Order PL 159, § 308-50-330, filed 2/8/74.]

WAC 246-828-295 Inactive credential. A practitioner may obtain an inactive credential. Refer to the requirements of chapter 246-12 WAC, Part 4.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-828-295, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.35.161 (1) and (3). 95-19-017, § 246-828-295, filed 9/7/95, effective 10/8/95.]

WAC 246-828-300 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, and the practitioner has been in active practice in another United States jurisdiction, the practitioner must:

(a) Submit verification of active practice from any other United States jurisdiction;

(b) Meet the requirements of chapter 246-12 WAC, Part 2.

(3) If the license has expired for over three years, and the practitioner has not been in active practice in another United States jurisdiction, the practitioner must:

(a) Successfully pass the examination as provided in RCW 18.35.050;

(b) Meet the requirements of chapter 246-12 WAC, Part 2.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-828-300, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.35.161 (1) and (3). 95-19-017, § 246-828-300, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-300, filed 5/8/91, effective 6/8/91; 89-04-017 (Order PM 818), § 308-50-350, filed 1/23/89. Statutory Authority: 1983 c 39 § 7. 83-23-056 (Order PL 447), § 308-50-350, filed 11/15/83.]

WAC 246-828-320 Minimum standards for fitting and dispensing locations. (1) The hours of business of each hearing instrument establishment shall be prominently and continuously displayed and visible to the public at each regular place or places of business owned or operated by that establishment.

(2) All such regular place or places of business or any activities emanating therefrom shall meet the minimum standards for facilities and equipment essential for the testing of hearing and the fitting and dispensing of hearing instruments as set forth in WAC 246-828-080.

(3) The term "place or places of business" means a location where a licensee/certificate holder engages or intends to engage in the fitting and dispensing of hearing instruments at a permanent address(es) open to the public on a regular basis.

[Statutory Authority: RCW 18.35.161. 98-06-079, § 246-828-320, filed 3/3/98, effective 4/3/98. Statutory Authority: RCW 18.35.161 (1) and (3). 95-19-017 § 246-828-320, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-320, filed 5/8/91, effective 6/8/91; 85-10-024 (Order PL 526), § 308-50-390, filed 4/24/85.]

WAC 246-828-330 Notice of availability and location of follow-up services. Every licensee/certificate holder shall provide to a hearing instrument purchaser, in writing prior to the signing of the contract, notice of availability of services. The notice shall include the specific location of the follow-up service, including date and time if applicable.

[Statutory Authority: RCW 18.35.161. 98-06-079, § 246-828-330, filed 3/3/98, effective 4/3/98; 91-11-031 (Order 165B), recodified as § 246-828-330, filed 5/8/91, effective 6/8/91; 85-10-024 (Order PL 526), § 308-50-400, filed 4/24/85.]

WAC 246-828-350 Reasonable cause for recision. The purchaser of the hearing instrument(s) may rescind the purchase and recover moneys in accordance with RCW 18.35.190(2) for reasonable cause. The term "reasonable cause" is defined to include the following:

(1) Any material misstatement of fact or misrepresentation by the licensee/certificate holder regarding the hearing instrument(s) or fitting and dispensing services to be provided which the purchaser relied on or which induced the purchaser into making the agreement;

(2) Failure by the licensee/certificate holder to provide the purchaser with the hearing instrument(s) and fitting and dispensing services which conform to those specified in the purchase agreement between the parties;

(3) Diagnosis of a medical condition unknown to the purchaser at the time of purchase, which precludes the purchaser from using the hearing instrument(s);

(4) Failure by the licensee/certificate holder to remedy a significant material defect of the hearing instrument(s) within a reasonable period of time in accordance with RCW 18.35.190 (2)(c);

(5) The hearing instrument(s) and/or fitting and dispensing services would not be in accordance with accepted practices of the industry; and

(6) The licensee/certificate holder fails to meet any standard of conduct prescribed in the laws regarding the fitting and dispensing of hearing instruments and this failure adversely affects in any way the transaction which the purchaser seeks to rescind.

[Statutory Authority: RCW 18.35.161. 98-06-079, § 246-828-350, filed 3/3/98, effective 4/3/98; 91-11-031 (Order 165B), recodified as § 246-828-350, filed 5/8/91, effective 6/8/91; 89-04-017 (Order PM 818), § 308-50-420, filed 1/23/89; 86-09-064 (Order PL 586), § 308-50-420, filed 4/17/86.]

WAC 246-828-360 Procedure for declaratory ruling. (1) In accord with RCW 34.05.240, on petition of any interested person, the board may issue a declaratory ruling with respect to the applicability to any person, property, or state of facts of any rule or statute enforceable by it.

(2) Such interested person shall submit the petition for declaratory ruling in written form to the board's departmental staff.

(3) The petition shall set forth, at a minimum, the following:

(a) The name of the person(s) seeking the ruling,

(b) The person's or persons' interest in the subject matter of the petition,

(c) The rule or statute at issue,

(d) A concise statement of the facts at issue, and

(e) A statement by the petitioner that he or she understands that he or she waives any possible objections to the board's fitness to hear the same matter as a disciplinary case should the board decline to issue a declaratory ruling or should the board issue a ruling contrary to the petitioner(s) argument and the facts otherwise warrant prosecution.

(4) The board shall make the preliminary decision whether or not to accept the petition at the first meeting subsequent to the department's receipt of the request or as soon thereafter as reasonably possible.

(5) If the board accepts the petition, the matter may be referred to committee, but shall ultimately be decided by a quorum of the board.

(6) The party or parties to the petition may request leave to present argument which may or may not be heard at the discretion of the board.

(7) The ruling shall be binding, pursuant to RCW 34.05.240, if issued after argument and stated to be binding between the board and the petitioner.

[Statutory Authority: RCW 18.35.161 (1) and (3). 95-19-017, § 246-828-360, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-360, filed 5/8/91, effective 6/8/91; 86-09-064 (Order PL 586), § 308-50-430, filed 4/17/86.]

WAC 246-828-370 AIDS prevention and information education requirements. Applicants must complete four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-828-370, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.35.161 (1) and (3). 95-19-017, § 246-828-370, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-370, filed 5/8/91, effective 6/8/91. Statutory Authority: 1988 c 206 § 604. 88-23-106 (Order PM 797), § 308-50-500, filed 11/22/88.]

WAC 246-828-500 Citation and purpose. The purpose of these rules is to require licensed hearing aid fitters and dispensers to continue their professional education as a condition of maintaining a license to practice the fitting and dispensing of hearing aids in this state.

[Statutory Authority: RCW 18.35.161(3). 93-07-007 (Order 342B), § 246-828-500, filed 3/5/93, effective 4/5/93.]

WAC 246-828-510 Continuing education. (1) Licensed hearing instrument fitter/dispensers must complete ten hours of continuing education as required in chapter 246-12 WAC, Part 7.

(2) A maximum of two hours may be in the area of practice management. Practice management includes, but is not limited to, marketing, computer recordkeeping, and personnel issues.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-828-510, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.35.161(3). 93-07-007 (Order 342B), § 246-828-510, filed 3/5/93, effective 4/5/93.]

WAC 246-828-530 Exceptions for continuing education. An exception for continuing education requirements includes, but is not limited to, severe illness.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-828-530, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.35.161 (1) and (3). 95-19-017, § 246-828-530, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 18.35.161(3). 93-07-007 (Order 342B), § 246-828-530, filed 3/5/93, effective 4/5/93.]

WAC 246-828-550 Programs approved by the board on fitting and dispensing of hearing aids. Completion of the following are deemed to qualify an individual for continuing education credit:

(1) Attendance at a continuing education program having a featured speaker(s) or panel which has been approved by an industry-recognized local, state, national, or international organization.

(2) Participation as a speaker or panel member in a continuing education program which has been approved by an industry-recognized local, state, national, or international organization. A maximum of two hours of such participation may be applied towards the total ten hours required.

(3) Completion as a student, of a written, video, or audio continuing education program which has been approved by an industry-recognized local, state, national, or international organization. Only such programs which have accompanying required tests of comprehension upon completion and are independently graded shall be accepted.

[Statutory Authority: RCW 18.35.161 (1) and (3). 95-19-017, § 246-828-550, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 18.35.161(3). 93-07-007 (Order 342B), § 246-828-550, filed 3/5/93, effective 4/5/93.]

WAC 246-828-570 Adjudicative proceedings. The board adopts the model procedural rules for adjudicative proceedings as adopted by the department of Health and contained in chapter 246-11 WAC, including subsequent amendments.

[Statutory Authority: RCW 18.35.161(3). 93-17-044, § 246-828-570, filed 8/12/93, effective 9/12/93.]

WAC 246-828-990 Hearing aid fitter/dispenser, audiologist and speech language pathologists fees and renewal cycle. (1) Licenses and certificates 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 for fitter/dispensers:

Title of Fee	Fee
Fitter/dispenser:	
License application	$125.00
Initial license	100.00
Renewal	200.00
Written Exam	100.00
Practical Exam	200.00
Apprentice permit	85.00
Inactive license	75.00
Late renewal penalty	100.00
Expired license reissuance	100.00
Expired inactive license reissuance	50.00
License verification	15.00
Wall certificate	15.00
Duplicate license	15.00

(3) The following nonrefundable fees will be charged for audiologists:

Certificate application	125.00
Initial certificate	100.00
Renewal	200.00
Written Examination	100.00
Practical Examination	200.00
Interim permit	100.00
Inactive certificate	75.00
Late renewal penalty	100.00
Expired certificate reissuance	100.00
Expired inactive certificate reissuance	50.00
Certificate verification	15.00
Wall certificate	15.00
Duplicate certificate	15.00

(4) The following nonrefundable fees will be charged for speech/language pathologist:

Certificate application	125.00
Initial certificate	100.00
Renewal	200.00
Written Examination	100.00
Practical Examination	200.00
Interim permit	100.00
Inactive certificate	75.00
Late renewal penalty	100.00
Expired certificate reissuance	100.00
Expired inactive certificate reissuance	50.00
Certificate verification	15.00

Title of Fee	Fee
Wall certificate	15.00
Duplicate certificate	15.00

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-828-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.35.090 and 43.70.250. 97-04-043, § 246-828-990, filed 1/31/97, effective 1/31/97. Statutory Authority: RCW 18.35.161 (1) and (3). 95-19-017, § 246-828-990, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 43.70.250. 94-08-038, § 246-828-990, filed 3/31/94, effective 5/1/94; 93-14-011, § 246-828-990, filed 6/24/93, effective 7/25/93; 91-13-002 (Order 173), § 246-828-990, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 43.70.040. 91-11-030 (Order 139), recodified as § 246-828-990, filed 5/8/91, effective 6/8/91. Statutory Authority: RCW 43.70.250. 90-04-094 (Order 029), § 308-50-440, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43.24.086. 87-18-031 (Order PM 667), § 308-50-440, filed 8/27/87.]

Chapter 246-830 WAC
MASSAGE PRACTITIONERS

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-830-030 Reciprocity. [Statutory Authority: RCW 18.108.025. 91-01-077 (Order 102B), recodified as § 246-830-030, filed 12/17/90, effective 1/31/91; 88-19-048 (Order PM 770), § 308-51-021, filed 9/14/88.] Repealed by 94-13-181, filed 6/21/94, effective 7/22/94. Statutory Authority: RCW 18.108.025(1).

246-830-050 AIDS prevention and information education requirements. [Statutory Authority: RCW 18.108.085 and 70.24.270. 92-02-018 (Order 224), § 246-830-050, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-830-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-51-320, filed 11/2/88.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-830-220 Grading of examinations. [Statutory Authority: RCW 18.108.025. 91-01-077 (Order 102B), recodified as § 246-830-220, filed 12/17/90, effective 1/31/91; 88-11-011 (Order PM 725), § 308-51-110, filed 5/10/88. Statutory Authority: RCW 18.108.020 and 18.108.070. 85-01-043 (Order PL 501), § 308-51-110, filed 12/13/84. Statutory Authority: RCW 18.108.020. 79-10-042 (Order 314, Resolution No. 9/79), § 308-51-110, filed 9/13/79; Order PL 248, § 308-51-110, filed 5/25/76.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.

246-830-230 Frequency and location of examinations. [Statutory Authority: RCW 18.108.025(1). 95-11-108, § 246-830-230, filed 5/23/95, effective 6/23/95. Statutory Authority: RCW 18.108.085. 92-02-018 (Order 224), § 246-830-230, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 18.108.025. 91-01-077 (Order 102B), recodified as § 246-830-230, filed 12/17/90, effective 1/31/91; 90-13-005 (Order 053), § 308-51-120, filed 6/7/90, effective 7/8/90. Statutory Authority: RCW 18.108.020. 83-23-077 (Order PL 448), § 308-51-120, filed 11/18/83; 80-01-017 (Order PL 330, Resolution No. 12/79), § 308-51-120, filed 12/13/79; Order PL 248, § 308-51-120, filed 5/25/76.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.

246-830-240 Examination appeal procedures. [Statutory Authority: RCW 18.108.025. 91-01-077 (Order 102B), recodified as § 246-830-240, filed 12/17/90, effective 1/31/91; 88-11-011 (Order PM 725), § 308-51-125, filed 5/10/88. Statutory Authority: RCW 18.108.020. 87-21-049 (Order PM 685), § 308-51-125, filed 10/15/87.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.

246-830-250 Reexamination. [Statutory Authority: RCW 18.108.025. 91-01-077 (Order 102B), recodified as § 246-830-250, filed 12/17/90, effective 1/31/91; 90-13-005 (Order 053), § 308-51-130, filed 6/7/90, effective 7/8/90. Statutory Authority: RCW 18.108.020. 80-04-012 (Order PL 336), § 308-51-130, filed 3/10/80; Order PL 248, § 308-51-130, filed 5/25/76.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.

246-830-255 Time limitation on initial application for licensure. [Statutory Authority: RCW 18.108.025(1). 94-13-181, § 246-830-255, filed 6/21/94, effective 7/22/94.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.

246-830-260 Special examination. [Statutory Authority: RCW 18.108.025. 91-01-077 (Order 102B), recodified as § 246-830-260, filed 12/17/90, effective 1/31/91; 88-19-048 (Order PM 770), § 308-51-140, filed 9/14/88; 88-11-011 (Order PM 725), § 308-51-140, filed 5/10/88; Order PL 248, § 308-51-140, filed 5/25/76.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.

246-830-270 Reexamination for assurance of competency. [Statutory Authority: RCW 18.108.085. 92-02-018 (Order 224), § 246-830-270, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 18.108.025. 91-01-077 (Order 102B), recodified as § 246-830-270, filed 12/17/90, effective 1/31/91; 88-11-011 (Order PM 725), § 308-51-220, filed 5/10/88.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.

246-830-280 Dismissal from examination. [Statutory Authority: RCW 18.108.025(1). 94-13-181, § 246-830-280, filed 6/21/94, effective 7/22/94.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.

246-830-410 Definitions. [Statutory Authority: RCW 18.108.025(1). 94-13-181, § 246-830-410, filed 6/21/94, effective 7/22/94. Statutory Authority: RCW 18.108.025. 92-15-153 (Order 291B), § 246-830-410, filed 7/22/92, effective 8/22/92; 91-01-077 (Order 102B), recodified as § 246-830-410, filed 12/17/90, effective 1/31/91; 88-13-038 (Order PM 739), § 308-51A-010, filed 6/9/88.] Repealed by 95-11-108, filed 5/23/95, effective 6/23/95. Statutory Authority: RCW 18.108.025(1).

246-830-465 Effective date of requirement. [Statutory Authority: RCW 18.108.025(1). 94-13-181, § 246-830-465, filed 6/21/94, effective 7/22/94.] Repealed by 98-05-060,

filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-830-470 Exemptions. [Statutory Authority: RCW 18.108.025(1). 94-13-181, § 246-830-470, filed 6/21/94, effective 7/22/94.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-830-480 Certification of compliance. [Statutory Authority: RCW 18.108.025(1). 94-13-181, § 246-830-480, filed 6/21/94, effective 7/22/94.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-830-690 Cooperation with investigation. [Statutory Authority: RCW 18.108.085, 18.130.050 and 18.130.070. 92-02-018 (Order 224), § 246-830-690, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-830-690, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-51-310, filed 6/30/89.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.

MISCELLANEOUS

WAC 246-830-005 Definitions. For the purpose of administering chapter 18.108 RCW, the following definitions shall apply:

(1) "Massage" is as defined in RCW 18.108.010.

(2) "Massage school" is an institution which has the sole purpose of offering training in massage therapy.

(3) "Massage program" is training in massage therapy offered by an academic institution which also offers training in other areas of study. A program is an established area of study offered on a continuing basis.

(4) "Apprenticeship program" is defined for the purposes of this chapter as training in massage administered by an apprenticeship trainer that satisfies the educational requirements for massage set forth in WAC 246-830-430, 246-830-440, and 246-830-450. This training shall be offered by an apprenticeship trainer to no more than three apprentices at one time and shall be completed within two years.

(5) "Apprenticeship trainer" is defined as a massage practitioner licensed in the state of Washington with not less than five current years of experience in full-time practice.

(6) "Apprentice" is defined as an individual enrolled in an apprenticeship program, and shall be held to the same standards as students in schools or programs.

(7) "Student" shall mean an individual currently enrolled in an approved school, program, or apprenticeship program, who is practicing massage solely for the purposes of education as is incidental to their current course work and who is not receiving compensation for said practice.

(8) "Direct supervision" shall mean a faculty member is on the premises, is quickly and easily available and the client has been examined by the faculty member at such time as acceptable massage practice requires.

[Statutory Authority: RCW 18.108.025(1) and 18.108.085 (1)(a). 96-22-098, § 246-830-005, filed 11/6/96, effective 12/7/96. Statutory Authority: RCW 18.108.025(1). 95-11-108, § 246-830-005, filed 5/23/95, effective 6/23/95.]

WAC 246-830-010 Meetings of the board. The board shall meet as needed throughout the year to accomplish the business of the board. The meeting dates are listed in the Washington State Register. Information regarding meetings of the board may be obtained by contacting: Department of Health, Board of Massage, P.O. Box 47869, 1300 Quince St. SE, Olympia, WA 98504-7869.

[Statutory Authority: RCW 18.108.025(1). 94-13-181, § 246-830-010, filed 6/21/94, effective 7/22/94.]

WAC 246-830-020 Applications. Application forms for licensure shall be prepared by the secretary and shall provide for the statement of all information required for the license in question. An applicant shall be required to furnish to the secretary a current photograph of passport size, approximately two inches by two inches, with the original application and satisfactory evidence to establish that all requirements for the license have been fulfilled by the applicant, including the requirement that the applicant be of good moral character and is not in violation of chapter 18.130 RCW.

[Statutory Authority: RCW 18.108.085. 92-02-018 (Order 224), § 246-830-020, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 18.108.025. 91-01-077 (Order 102B), recodified as § 246-830-020, filed 12/17/90, effective 1/31/91; 88-11-011 (Order PM 725), § 308-51-010, filed 5/10/88. Statutory Authority: RCW 18.108.020 and 18.108.070. 85-01-043 (Order PL 501), § 308-51-010, filed 12/13/84. Statutory Authority: RCW 18.108.020. 81-11-005 (Order PL 379), § 308-51-010, filed 5/11/81; Order PL 255, § 308-51-010, filed 8/20/76; Order PL 231, § 308-51-010, filed 10/30/75.]

WAC 246-830-035 Licensing without examination. (1) A license to practice massage shall be issued without examination provided an individual holds a current license to practice massage in another jurisdiction that has examination and education requirements substantially equivalent to those in Washington.

(2) An individual applying for a license without examination shall submit to the department:

(a) A completed application on a form provided by the department;

(b) The required nonrefundable application fee;

(c) Documentation that the examination and education requirements of the other jurisdiction are substantially equivalent to those in Washington;

(d) Successful completion of an open book test provided by the department which demonstrates a working knowledge of Washington law as contained in chapters 18.108 and 18.130 RCW, and chapter 246-830 WAC;

(e) Applicants must complete four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8;

(f) Written certification from all jurisdictions in which the applicant has practiced massage verifying that the applicant has a record of good standing and has not been the subject of any disciplinary action.

(3) Restrictions:

(a) All applicants shall be subject to the grounds for denial or issuance of a license conditioned on the applicant's compliance with an order entered pursuant to RCW 18.130.160;

(b) An individual who has failed the Washington state licensing examination shall not be eligible for licensing without examination.

(4) If application for licensing without examination is denied, the applicant may apply for licensing as set forth in RCW 18.108.070.

(5) A license issued without examination is subject to an original license fee and all other renewal requirements set forth in this chapter.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-830-035, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.108.025(1). 94-13-181, § 246-830-035, filed 6/21/94, effective 7/22/94.]

WAC 246-830-040 Equipment and sanitation. (1) All practitioners utilizing hydrotherapies including but not limited to cabinet, vapor or steam baths, whirlpool, hot tub or tub baths shall have available adequate shower facilities.

(2) All cabinets, showers, tubs, basins, massage or steam tables, hydrotherapy equipment, and all other fixed equipment used shall be thoroughly cleansed and shall be rendered free from harmful organisms by the application of an accepted bactericidal agent.

(3) Combs, brushes, shower caps, mechanical, massage and hydrotherapy instruments, or bathing devices that come in contact with the body shall be sterilized or disinfected by modern and approved methods and instruments. Devices, equipment or parts thereof having been used on one person shall be sterilized or disinfected before being used on another person.

(4) Impervious material shall cover, full length, all massage tables or pads, directly under fresh sheets and linens or disposable paper sheets.

(5) All single service materials and clean linen such as sheets, towels, gowns, pillow cases and all other linens used in the practice of massage, shall be furnished by the practitioner for the use of each client. Linens shall be stored in a sanitary manner.

(6) All towels and linens used for one person shall be laundered or cleaned before they are used by any other person.

(7) All soiled linens shall be immediately placed in a covered receptacle.

(8) Soap and clean towels shall be provided by the practitioner for use by clients and employees.

(9) All equipment shall be clean, well maintained and in good repair.

[Statutory Authority: RCW 18.108.025. 91-01-077 (Order 102B), recodified as § 246-830-040, filed 12/17/90, effective 1/31/91; 88-11-011 (Order PM 725), § 308-51-050, filed 5/10/88; Order PL 231, § 308-51-050, filed 10/30/75.]

EXAMINATION

WAC 246-830-201 Scope of examination. (1) The examination for a massage practitioner's license shall, except as noted in subsection (2) of this section, consist of written questions as well as a practical demonstration of massage therapy.

(2) An applicant handicapped by blindness will not be subject to a written examination. A blind applicant will be asked questions orally to appropriately test the range and depth of his/her knowledge of the subjects shown in subsection (3) of this section.

(3) Questions will be sufficient in number to satisfy the board of massage that the applicant has been given an adequate opportunity to express his or her knowledge relating to subjects as stated in RCW 18.108.073(2).

(4) The practical demonstration of massage will be conducted before the examiner(s) and the applicant will be required to perform massage therapy. The following will be evaluated:

(a) Professional manner,

(b) Lubrication,

(c) Overall demonstration of work: Pressure, rhythm, smoothness, organization,

(d) Interaction with client,

(e) Effleurage,

(f) Petrissage,

(g) Friction,

(h) Vibration,

(i) Tapotement,

(j) Joint demonstration and Swedish gymnastics,

(k) Specific muscle demonstration,

(l) Client endangerment,

(m) Draping and turning,

(n) Treatment of various conditions.

[Statutory Authority: RCW 18.108.025. 91-01-077 (Order 102B), recodified as § 246-830-201, filed 12/17/90, effective 1/31/91; 88-11-011 (Order PM 725), § 308-51-100, filed 5/10/88. Statutory Authority: RCW 18.108.020 and 18.108.070. 85-01-043 (Order PL 501), § 308-51-100, filed 12/13/84. Statutory Authority: RCW 18.108.020. 80-01-018 (Order PL 329, Resolution No. 12/79), § 308-51-100, filed 12/13/79; Order PL 248, § 308-51-100, filed 5/25/76.]

WAC 246-830-290 Documents in a foreign language. All application documents submitted in a foreign language shall be accompanied by an accurate translation of those documents into English. Translated documents shall bear a notarized affidavit certifying that the translator is competent in both the language of the document and the English language and that the translation is a true and complete translation of the foreign language original. Costs of translation of all documents shall be at the expense of the applicant.

[Statutory Authority: RCW 18.108.025(1). 94-13-181, § 246-830-290, filed 6/21/94, effective 7/22/94.]

EDUCATION

WAC 246-830-401 Scope and purpose. (1) The minimum educational requirements for licensure to practice massage therapy in Washington is successful completion of a course of study from a massage school, program, or apprenticeship program approved by the board.

(2) The purpose of this chapter is to provide a set of standards and procedures by which massage schools, programs, or apprenticeship programs may obtain approval by the board in order that graduates of those schools, programs, or apprenticeship programs may be permitted to take examinations for licensure.

[Statutory Authority: RCW 18.108.025(1). 95-11-108, § 246-830-401, filed 5/23/95, effective 6/23/95. Statutory Authority: RCW 18.108.025. 92-15-153 (Order 291B), § 246-830-401, filed 7/22/92, effective 8/22/92; 91-01-077 (Order 102B), recodified as § 246-830-401, filed 12/17/90, effective 1/31/91; 88-13-038 (Order PM 739), § 308-51A-030, filed 6/9/88.]

WAC 246-830-420 Approval of school, program, or apprenticeship program. The board may accept proof of a national professional association's approval of a school or program based on standards and requirements which are substantially equivalent to those identified in this chapter, in lieu of the requirements contained in this chapter. Approval in this manner may be requested on a form provided by the department. The board will consider for approval any school, program, or apprenticeship program which meets the requirements as outlined in this chapter.

(1) Approval of any other school or program may be requested on a form provided by the department.

(2) Application for approval of a school or program, shall be made by the authorized representative of the school or the administrator of the apprenticeship agreement.

(3) The authorized representative of the school or the administrator of the apprenticeship program may request approval of the school or program, as of the date of the application or retroactively to a specified date.

(4) The application for approval of a school, program, or apprenticeship program shall include, but not be limited to, documentation required by the board pertaining to: Syllabus, qualifications of instructors, training locations, and facilities, outline of curriculum plan specifying all subjects and length in hours such subjects are taught, class objectives, and a sample copy of one of each of the following exams: Anatomy, physiology, and massage therapy.

(5) Any school, program, or apprenticeship program that is required to be licensed by private vocational education (see chapter 28C.10 RCW or Title 28B RCW), or any other statute, must complete these requirements before being considered by the board for approval.

(6) The board will evaluate the application and, if necessary, conduct a site inspection of the school, program, or apprenticeship program, prior to granting approval by the board.

(7) Upon completion of the evaluation of the application, the board may grant or deny approval or grant approval conditioned upon appropriate modification to the application.

(8) In the event the department denies an application or grants conditional approval, the authorized representative of the applicant's school or program may request a review within thirty days of the board's adverse decision/action. Should a request for review of an adverse action be made after thirty days following the board's action, the contesting party may obtain review only by submitting a new application.

(9) The authorized representative of an approved school, program or the administrator of an apprenticeship agreement shall notify the board of significant changes with respect to information provided on the application within sixty days.

(10) The board may inspect or review an approved school, program, or apprenticeship program at reasonable intervals for compliance. Approval may be withdrawn if the board finds failure to comply with the requirements of law, administrative rules, or representations in the application.

(11) The authorized representative of a school, program or administrator of an apprenticeship agreement must immediately correct the deficiencies which resulted in withdrawal of the board's approval.

[Statutory Authority: RCW 18.108.025(1). 95-11-108, § 246-830-420, filed 5/23/95, effective 6/23/95. Statutory Authority: RCW 18.108.025. 92-15-153 (Order 291B), § 246-830-420, filed 7/22/92, effective 8/22/92; 91-01-077 (Order 102B), recodified as § 246-830-420, filed 12/17/90, effective 1/31/91; 88-13-038 (Order PM 739), § 308-51A-020, filed 6/9/88.]

WAC 246-830-430 Training. (1) A massage education program shall have a curriculum and system of training consistent with its particular area of practice. The training in massage therapy shall consist of a minimum of five hundred hours. An hour of training is defined as fifty minutes of actual instructional time. Certification in American Red Cross first aid and American Heart Association CPR or the equivalent shall be required. This requirement is in addition to the five hundred hours of training in massage therapy. These five hundred hours are not to be completed in less than six months and shall consist of the following:

(a) One hundred thirty hours of anatomy, physiology, and kinesiology including palpation, range of motion, and physics of joint function. There must be a minimum of forty hours of kinesiology.

(b) Fifty hours of pathology including indications and contraindications consistent with the particular area of practice.

(c) Two hundred sixty-five hours of theory and practice of massage to include techniques, remedial movements, body mechanics of the practitioner, and the impact of techniques on pathologies. A maximum of fifty of these hours may include time spent in a student clinic. Hydrotherapy shall be included when consistent with the particular area of practice.

(d) Fifty-five hours of clinical/business practices, at a minimum to include hygiene, recordkeeping, medical terminology, professional ethics, business management, human behavior, client interaction, and state and local laws.

(2) To receive credit in an apprenticeship program for previous education, this education must have been completed within the five-year period prior to enrollment in the apprenticeship program.

(3) Students attending schools and programs outside the state of Washington shall acquire a working knowledge of the laws of Washington state applying to massage therapy.

[Statutory Authority: RCW 18.108.025(1). 95-11-108, § 246-830-430, filed 5/23/95, effective 6/23/95; 94-13-181, § 246-830-430, filed 6/21/94, effective 7/22/94. Statutory Authority: RCW 18.108.025. 92-15-153 (Order 291B), § 246-830-430, filed 7/22/92, effective 8/22/92; 91-01-077 (Order 102B), recodified as § 246-830-430, filed 12/17/90, effective 1/31/91; 88-13-038 (Order PM 739), § 308-51A-040, filed 6/9/88.]

WAC 246-830-440 Curriculum—Academic standards—Faculty—Student clinic. (1) The curriculum of the school, program, or apprenticeship program shall be designed and presented to meet or exceed the requirement of five hundred hours.

(2) Academic standards. The school, program or apprenticeship trainer shall regularly evaluate the quality of its instruction and have a clearly defined set of standards of competence required of its students. Promotion to each successive phase of the program and graduation shall be dependent on mastery of the knowledge and skills presented in the program.

(3) Faculty. Apprenticeship trainers and faculty members shall be qualified by training and experience to give effective instruction in the subject(s) taught. The apprenticeship trainer and faculty should develop and evaluate the curriculum instructional methods and facilities; student discipline, welfare, and counseling; assist in the establishment of administrative and educational policies, and scholarly and professional growth. Schools, programs, or apprenticeship programs shall not discriminate on the basis of sex, race, age, color, religion, physical handicap, or national or ethnic origin in the recruitment and hiring of faculty.

(4) Student clinic (optional program). The clinical facilities shall be adequate in size, number, and resources to provide for student practice of massage on the general public. There shall be properly equipped rooms for consultations, massage therapy or treatment, and equipment as required in the practice of massage. A faculty member who is a licensed massage practitioner and adequately experienced in massage therapy must be present in the clinic at all times the clinic is open and in direct supervision of, and have final decision in, the massage therapy which is rendered to clients by students.

[Statutory Authority: RCW 18.108.025(1). 95-11-108, § 246-830-440, filed 5/23/95, effective 6/23/95. Statutory Authority: RCW 18.108.025. 92-15-153 (Order 291B), § 246-830-440, filed 7/22/92, effective 8/22/92; 91-01-077 (Order 102B), recodified as § 246-830-440, filed 12/17/90, effective 1/31/91; 88-13-038 (Order PM 739), § 308-51A-050, filed 6/9/88.]

WAC 246-830-450 Health, sanitation, and facility standards. All schools, programs, and apprenticeship programs shall have adequate facilities and equipment available for students learning massage therapy. All facility equipment shall be maintained in accordance with local rules and ordinances in addition to those imposed by chapter 246-830 WAC. Instructional and practice equipment shall be similar to that found in common occupational practice. An adequate reference library, appropriate to the subjects being taught, shall be available.

[Statutory Authority: RCW 18.108.025(1). 95-11-108, § 246-830-450, filed 5/23/95, effective 6/23/95. Statutory Authority: RCW 18.108.025. 92-15-153 (Order 291B), § 246-830-450, filed 7/22/92, effective 8/22/92; 91-01-077 (Order 102B), recodified as § 246-830-450, filed 12/17/90, effective 1/31/91; 88-13-038 (Order PM 739), § 308-51A-060, filed 6/9/88.]

WAC 246-830-460 Continuing education requirement—Amount. Licensed massage therapists must complete sixteen hours of continuing education every two years as required in chapter 246-12 WAC, Part 7.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-830-460, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.108.025(1). 94-13-181, § 246-830-460, filed 6/21/94, effective 7/22/94.]

WAC 246-830-475 Qualification of program for continuing education credit. Completion of a formal program of learning which serves to enhance the professional knowledge and development of the licensee shall qualify as continuing education credit. For the purposes of this chapter, a formal program of learning shall be defined as any of the following:

(1) Attendance at a local, state, national or international continuing education program having a featured speaker;

(2) First aid, CPR or emergency related classes;

(3) Viewing of educational video tapes not to exceed four credits;

(4) Teaching a seminar for the first time, not to exceed eight hours;

(5) Business and management courses not to exceed six hours;

(6) Specialized training in an aspect of massage therapy provided by an individual who has expertise in that area, has been licensed in this state for no less than three years, and who charges a fee;

(7) Courses from a state, county, or city school or program or approved massage school, program, or apprenticeship trainer in massage therapy or related topics; or

(8) Training provided by a health care professional certified or licensed in their area of expertise.

[Statutory Authority: RCW 18.108.025(1). 95-11-108, § 246-830-475, filed 5/23/95, effective 6/23/95; 94-13-181, § 246-830-475, filed 6/21/94, effective 7/22/94.]

WAC 246-830-485 Somatic education training program exemption. (1) The secretary will consider approval for exemption from this chapter any individual who has completed a somatic education program that has a professional organization with a permanent administrative location that oversees the practice of somatic education training and that has the following:

(a) Standards of practice;

(b) A training accreditation process;

(c) An instructor certification process;

(d) A practitioner certification process;

(e) A code of ethics or code of professional conduct.

(2) An authorized representative shall submit a request for approval of a program on forms provided by the secretary.

(3) The secretary or designee will evaluate the training program and grant approval or denial. If denied, applicants will be given the opportunity to appeal through the brief adjudicative hearing process as authorized in chapter 246-10 WAC.

(4) The secretary may request from an approved training program, and the program shall provide, updated information every three years to ensure the program's compliance with this rule. Approval may be withdrawn if the program fails to maintain the requirements of this rule. Where a determination has been made that the program no longer meets the requirements of this rule and a decision is made to withdraw approval, an approved program may appeal through the brief adjudicative proceeding as authorized in chapter 246-10 WAC.

[Statutory Authority: Chapter 18.108 RCW. 00-07-086, § 246-830-485, filed 3/15/00, effective 4/15/00.]

DISCIPLINARY

WAC 246-830-610 Definitions. For the purposes of WAC 246-830-610 through 246-830-690, the following words and phrases shall have the following meanings unless the context clearly indicates otherwise.

(1) "Department" means the department of health, whose address is:

Department of Health
Health Professions Quality Assurance Division
P.O. Box 1099
Olympia, Washington 98507-1099

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Massage practitioner" means an individual licensed under chapter 18.108 RCW.

(4) "Mentally or physically disabled massage practitioner" means a massage practitioner who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice massage therapy with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

(5) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(6) "Unprofessional conduct" means the conduct described in RCW 18.130.180.

[Statutory Authority: RCW 18.108.025(1). 95-11-108, § 246-830-610, filed 5/23/95, effective 6/23/95. Statutory Authority: RCW 18.108.085 and 18.130.050. 92-02-018 (Order 224), § 246-830-610, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-830-610, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-51-230, filed 6/30/89.]

WAC 246-830-620 Mandatory reporting. (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the massage practitioner being reported.

(c) The case number of any client whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-830-620, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-51-240, filed 6/30/89.]

WAC 246-830-630 Health care institutions. The chief administrator or executive officer of any hospital or nursing home or their designee shall report to the department when any massage practitioner's services are terminated or are restricted based on a determination that the massage practitioner has either committed an act or acts which may constitute unprofessional conduct or that the massage practitioner may be unable to practice with reasonable skill or safety to clients by reason of any mental or physical condition.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-830-630, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-51-250, filed 6/30/89.]

WAC 246-830-640 Massage practitioner associations or societies. The president or chief executive officer of any massage practitioner association or society within this state shall report to the department when the association or society determines that a massage practitioner has committed unprofessional conduct or that a massage practitioner may not be able to practice massage therapy with reasonable skill and safety to clients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the license holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-830-640, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-51-260, filed 6/30/89.]

WAC 246-830-650 Health care service contractors and disability insurance carriers. The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that a massage practitioner has engaged in fraud in billing for services.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-830-650, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-51-270, filed 6/30/89.]

WAC 246-830-660 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to massage practitioners shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured massage practitioner's incompetency or negligence in the practice of massage. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the massage practitioner's alleged incompetence or negligence in the practice of massage therapy.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-830-660, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-51-280, filed 6/30/89.]

WAC 246-830-670 Courts. The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of licensed massage practitioners, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-830-670, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-51-290, filed 6/30/89.]

WAC 246-830-680 State and federal agencies. The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a massage practitioner is employed to provide client care services, to report to the department whenever such a massage practitioner has been judged to have demonstrated his/her incompetency or negligence in the practice of massage therapy, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled massage practitioner. These requirements do not supersede any state or federal law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-830-680, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-51-300, filed 6/30/89.]

FEES

WAC 246-830-990 Massage 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
Written examination and reexamination	$ 65.00
Practical examination and reexamination	50.00
Initial license	55.00
Renewal	40.00
Late renewal penalty	40.00
Expired license reissuance	40.00
Certification of license	10.00
Duplicate license	10.00

[Statutory Authority: RCW 43.70.250. 99-08-101, § 246-830-990, filed 4/6/99, effective 7/1/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-830-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.108.025(1). 95-11-108, § 246-830-990, filed 5/23/95, effective 6/23/95. Statutory Authority: RCW 43.70.250. 93-14-011, § 246-830-990, filed 6/24/93, effective 7/25/93. Statutory Authority: RCW 18.108.085 and 43.70.250. 92-02-018 (Order 224), § 246-830-990, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-830-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.24.086. 88-24-042 (Order PM 788), § 308-51-210, filed 12/6/88; 87-18-031 (Order PM 667), § 308-51-210, filed 8/27/87.]

Chapter 246-834 WAC
MIDWIVES

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-834-350 Cooperation with investigation. [Statutory Authority: RCW 18.50.135, 18.50.045, 18.130.050 and 18.130.070. 92-02-018 (Order 224), § 246-834-350, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-350, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-115-350, filed 6/30/89.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.

246-834-500 AIDS prevention and information education requirements. [Statutory Authority: RCW 18.50.135, 18.50.045 and 70.24.270. 92-02-018 (Order 224), § 246-834-500, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-500, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-115-500, filed 11/2/88.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

WAC 246-834-010 Definitions. (1) Academic director as used in these rules means the individual who is responsible for planning, organizing and implementing all aspects of the curriculum of a midwifery education program.

(2) Health care provider as used in RCW 18.50.108 means any licensed physician who is engaged in active clinical obstetrical practice.

(3) Nursing education as used in these rules means completion of courses for credit in a school that is approved to train persons for licensure as registered nurses or licensed practical nurses, or courses in other formal training programs which include instruction in basic nursing skills.

(4) Practical midwifery experience as used in these rules means performance in midwifery functions, prior to obtaining a license, that is verified by affidavit, testimony or other sworn written documentation that verifies that the experience and its documentation is equivalent to that required of regularly enrolled midwifery students.

(5) Preceptor. A preceptor is a licensed or legally practicing obstetric practitioner who assumes responsibility for supervising the practical (clinical obstetric) experience of a student midwife. The preceptor shall be physically present whenever the student is managing a birth, and shall evaluate in writing the student's overall performance.

(6) Supervision means the observation and evaluation of a student midwife's practical performance. A supervisor need

not be physically present in nonbirth situations. However, when a student midwife undertakes managing a birth, the supervisor must be physically present.

(7) Survey visit is an information gathering and observational visit intended to provide the basis for the director's assessment of a school's compliance with all aspects of chapter 18.50 RCW.

[Statutory Authority: RCW 18.50.135 and 18.50.045. 92-02-018 (Order 224), § 246-834-010, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 85-23-044 (Order PL 566), § 308-115-050, filed 11/18/85; 82-19-079 (Order PL 406), § 308-115-050, filed 9/21/82.]

WAC 246-834-050 Examination requirements for licensure as a midwife. This rule provides the minimum examination requirements for licensure as a midwife.

(1) The midwifery examination offered by the North American Registry of Midwives (NARM) is the official examination for midwifery licensure. All applicants must complete this examination with a passing score. This examination shall be offered by the department of health midwifery program twice a year. If the applicant passes the examination within two years prior to applying for a Washington license, the department will accept the results.

(2) In addition to the NARM examination, all applicants must pass the Washington state specific component examination.

[Statutory Authority: RCW 18.50.060. 99-03-064, § 246-834-050, filed 1/18/99, effective 2/18/99.]

WAC 246-834-060 Application requirements for licensure as a midwife. This rule provides the requirements for application for a midwife license.

(1) All applicants must submit a Washington state application for licensure, along with the applicable fees specified in WAC 246-830-990 and additional documentation as specified below. Applications must be received fifty-six days prior to the examination.

(2) Applicants must submit the following documentation:

(a) Transcripts sent directly from an approved school which indicate the applicant has received a certificate or diploma in midwifery. Those applicants applying under WAC 246-834-220 will be exempted from this requirement.

(b) One current passport type photograph, signed and dated across the bottom of the photo or on the back.

(c) Proof of high school graduation or passing the general educational development test.

(d) A current plan for consultation, emergency transfer and transport.

(e) Verification of seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

(f) Applicants with disabilities who wish to request special accommodations must do so when submitting their application.

(g) Applicants who have passed the NARM examination within the past two years must have verification of the examination results sent directly from NARM to the department.

(3) It is the applicant's responsibility to complete an application for the NARM examination and submit the application along with the NARM examination fee directly to NARM. A NARM application and instructions will be provided in the state application packet sent to the applicant.

[Statutory Authority: RCW 18.50.060. 99-03-064, § 246-834-060, filed 1/18/99, effective 2/18/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-834-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.50.135 and 18.50.045. 92-02-018 (Order 224), § 246-834-060, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 82-19-079 (Order PL 406), § 308-115-060, filed 9/21/82.]

WAC 246-834-065 Application for examination—Out-of-state education. (1) A midwife not licensed in the state of Washington may sit for the licensing examination without completing the required coursework or the midwife-in-training program provided the midwife meets the following requirements:

(a) Has completed a program preparing candidates to practice as a midwife provided such program is equivalent to the minimum course requirements of approved midwifery programs in Washington at the time of applicant's program completion. Proof of equivalency shall be submitted by the applicant with the application.

(b) The transcript of the applicant's completed midwifery program verifies that:

(i) All courses were completed with a grade of C (pass) or better; and

(ii) At least fifteen managed births were completed under the preceptorship of an experienced midwife approved by the candidate's educational program.

(c) If managed births completed under the preceptorship in (b)(ii) of this subsection are less than fifty, then affidavits of births the applicant has managed must be submitted in a sufficient number to prove that the applicant has managed a total of at least fifty births.

(2) The applicant shall submit to the department:

(i) A complete notarized application with the required fee.

(ii) Notarized copies of educational preparation or an official transcript verifying educational preparation or an official transcript verifying educational preparation to practice midwifery.

(iii) Declarations of managed births as required in subsection (1)(c) of this section.

(3) Applicants must demonstrate completion of seven clock hours of AIDS education as provided in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-834-065, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-065, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 89-16-037 (Order PM 856), § 308-115-065, filed 7/25/89, effective 8/25/89.]

WAC 246-834-070 Release of examination results. (1) Applicants shall be notified of examination results. All notices shall be by mail. The minimum passing score for both the NARM examination and the Washington state specific component examination is 75.

(2) Applicants who pass both the NARM examination and the Washington state specific component examination and meet all eligibility requirements shall receive a license to practice as a midwife, unless there are grounds for disciplinary action under chapter 18.130 RCW.

(3) Applicants who fail shall receive notice of their eligibility to be reexamined, and of the procedure for applying for reexamination.

(4) Results of the examination will not be released to anyone except as provided above unless release is authorized by the applicant in writing.

[Statutory Authority: RCW 18.50.060. 99-03-064, § 246-834-070, filed 1/18/99, effective 2/18/99. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 82-19-079 (Order PL 406), § 308-115-070, filed 9/21/82.]

WAC 246-834-080 Failures. (1) An applicant who has failed either the NARM examination or the Washington state specific component examination or both must retake and pass the examination(s) which he or she failed. The applicant may sit for the examination if he or she:

(a) Applies to the department at least fifty-six days prior to the next scheduled examination; and

(b) Pays any required fee as specified in WAC 246-834-990.

(2) Applicants who fail the second retest shall be required to submit evidence to the secretary of completion of an individualized program of study approved in advance by the department prior to retaking the examination.

(3) Applicants may have their examination hand-scored by submitting a request and appropriate fee directly to NARM within ninety days of the examination administration. A copy of their request must be sent to the department. The department will inform the applicant of the results of the hand-scored examination.

[Statutory Authority: RCW 18.50.060. 99-03-064, § 246-834-080, filed 1/18/99, effective 2/18/99. Statutory Authority: RCW 18.50.135 and 18.50.045. 92-02-018 (Order 224), § 246-834-080, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 82-19-079 (Order PL 406), § 308-115-080, filed 9/21/82.]

WAC 246-834-090 Purpose of accreditation of midwifery educational programs. The secretary provides for accreditation of midwifery educational programs for the following reasons:

(1) To ensure that only qualified midwives will be licensed to practice in the state of Washington.

(2) To ensure the safe practice of midwifery by setting minimum standards for midwifery educational programs that prepare persons for licensure as midwives.

(3) To ensure that each midwifery educational program has flexibility to develop and implement its program of study and that it is based on minimum standards for accredited schools of midwifery provided herein.

(4) To ensure that standards for each accredited midwifery program promote self evaluation.

(5) To assure the graduates of accredited schools of their eligibility for taking the licensing examination for midwives.

[Statutory Authority: RCW 18.50.135 and 18.50.045. 92-02-018 (Order 224), § 246-834-090, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 82-19-079 (Order PL 406), § 308-115-090, filed 9/21/82.]

WAC 246-834-100 Philosophy, purpose and objectives of an accredited midwifery educational program. The philosophy, purpose and objectives of an accredited midwifery educational program shall be stated clearly and shall be in written form.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 82-19-079 (Order PL 406), § 308-115-100, filed 9/21/82.]

WAC 246-834-110 Advisory body. Each institution that offers a midwifery educational program shall appoint an advisory body composed of health professionals, midwives and public members. The group should have a minimum of five members and should meet regularly. Functions of the advisory body shall include but not be limited to the following:

(1) Promoting communication between the community and the school;

(2) Making recommendations on the curriculum, student selection and faculty;

(3) Informing the school about needs in midwifery education and practices; and

(4) Being informed about the school's finances.

In institutions whose advisory bodies are provided for by statute, or rule as in the case of public community colleges, universities and vocational-technical institutes, it can be presumed that the advisory body provided for meets these requirements.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 82-19-079 (Order PL 406), § 308-115-110, filed 9/21/82.]

WAC 246-834-120 Learning sites. (1) Learning sites utilized by accredited midwifery educational programs shall:

(a) Include a variety of sites in addition to the school that may be used for student experience. These may include, but need not be limited to, hospitals, clinics, offices of health professionals and health centers.

(b) Provide learning experiences of sufficient number and variety that students can achieve the course/curriculum objectives and requirements of the statute.

(2) Written agreements shall be maintained between the school and any supervising clinicians and faculty. Such agreements shall be reviewed periodically by the parties and shall state the responsibilities and privileges of each party.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 82-19-079 (Order PL 406), § 308-115-120, filed 9/21/82.]

WAC 246-834-130 Staffing and teacher qualifications. At the time of application for accreditation pursuant to WAC 246-834-180, the school shall provide proof of the following:

(1) That the academic director for the midwifery program is either (a) a midwife licensed under chapter 18.50

RCW or (b) a nurse midwife (ARNP) licensed under chapter 18.88 RCW or (c) has been educated in a midwifery program having standards comparable to standards in Washington and has experience in legal midwifery clinical practice.

(2) That the clinical faculty and preceptors either (a) hold a current license in the jurisdiction where they practice and demonstrate expertise in the subject area to be taught, or (b) are legally engaged in an active clinical practice and demonstrate expertise in the subject area to be taught.

(3) That each member of the faculty either (a) holds a certificate or degree in midwifery or the subject area to be taught, or (b) has no less than three years of experience in the subject area to be taught.

[Statutory Authority: RCW 18.50.135 and 18.50.045. 92-02-018 (Order 224), § 246-834-130, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.045. 86-16-012 (Order PM 608), § 308-115-130, filed 7/25/86. Statutory Authority: RCW 18.50.135. 82-19-079 (Order PL 406), § 308-115-130, filed 9/21/82.]

WAC 246-834-140 Curriculum. (1) The basic curriculum shall be at least three academic years, and shall consist of both didactic and clinical instruction sufficient to meet the educational standards of the school and of chapter 18.50 RCW. However, the school may shorten the length of time for the program after consideration of the student's documented education and experience in the required subjects, if the applicant is a registered nurse under chapter 18.88 RCW, a licensed practical nurse under chapter 18.78 RCW, or has had previous nursing education or practical midwifery experience. The midwifery training shall not be reduced to a period of less than two academic years. Each student must undertake the care of not less than fifty women in each of the prenatal, intrapartum and early postpartum periods. The care of up to thirty five women in each of the periods may be undertaken as a part of previous nursing education or practical midwifery experience as defined in WAC 246-834-010(5). No less than fifteen women must be cared for in each period while enrolled in the school from which the student graduates. The student need not see the same women throughout each of the periods. A candidate for licensure must observe an additional fifty women in the intrapartum period in order to qualify for licensure. Up to thirty five of these observations may be as a part of previous nursing education or practical midwifery experience as defined in WAC 246-834-010(5). No less than fifteen women must be observed in the intrapartum period while enrolled in the school from which the student graduates.

(2) Each school must ensure that the students receive instructions in the following instruction area:

(a) Instruction in basic sciences (including biology, physiology, microbiology, anatomy with emphasis on female reproductive anatomy, genetics and embryology) normal and abnormal obstetrics and gynecology, family planning techniques, childbirth education, nutrition both during pregnancy and lactation, breast feeding, neonatology, epidemiology, community care, and medicolegal aspects of midwifery.

(b) Instruction in basic nursing skills and clinical skills, including but not limited to vital signs, perineal prep, enema, catheterization, aseptic techniques, administration of medications both orally and by injection, local infiltration for anesthesia, venipuncture, administration of intravenous fluids, infant and adult resuscitation, and charting.

(c) Clinical practice in midwifery which includes care of women in the prenatal, intrapartal and early postpartum periods, in compliance with RCW 18.50.040.

(3) Provision shall be made for systematic, periodic evaluation of the curriculum.

(4) Any proposed major curriculum revision shall be presented to the secretary at least three months prior to implementation.

[Statutory Authority: RCW 18.50.135 and 18.50.045. 92-02-018 (Order 224), § 246-834-140, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 87-21-011 (Order PM 686), § 308-115-140, filed 10/9/87; 85-23-044 (Order PL 566), § 308-115-140, filed 11/18/85; 82-19-079 (Order PL 406), § 308-115-140, filed 9/21/82.]

WAC 246-834-150 Students. (1) Written policies and procedures for selection, admission, promotion, graduation and withdrawal of students shall be available.

(2) Courses completed prior to enrollment in the midwifery school should have been completed within ten years of enrollment and must be documented by official transcript in order for reduction of basic requirements to be considered.

(3) Students who seek admission by transfer from another midwifery educational program shall meet the equivalent of the school's current standards for those regularly enrolled. The school may grant credit for the care of up to thirty five women in each of the periods undertaken as a part of previous midwifery education. No less than fifteen women must be cared for in each period while enrolled in the school from which the student graduates. The student need not see the same women throughout each of the periods. A candidate for licensure must observe an additional fifty women in the intrapartum period in order to qualify for licensure. Up to thirty five of these observations may be as a part of previous midwifery education. No less than fifteen women must be observed in the intrapartum period while enrolled in the school from which the student graduates.

(4) Individuals may request advanced placement on the basis of their previous practical midwifery experience as specified in RCW 18.50.040(2) and WAC 246-834-010(5) but in no case shall a school grant credit for more than thirty-five of the fifty required managed births. At least fifteen of the managed births must be undertaken while enrolled in the school granting advanced placement.

(5) Each school shall maintain a comprehensive system of student records.

[Statutory Authority: RCW 18.50.135 and 18.50.045. 92-02-018 (Order 224), § 246-834-150, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 85-23-044 (Order PL 566), § 308-115-150, filed 11/18/85; 82-19-079 (Order PL 406), § 308-115-150, filed 9/21/82.]

WAC 246-834-160 Student midwife permit. (1) A permit may be issued to any individual who has:

(a) Successfully completed an accredited midwifery program as specified in RCW 18.50.040 (2)(a) and (b); and

(b) Undertaken the care of not less than fifty women in each of the prenatal, intrapartum and early postpartum peri-

ods as required by RCW 18.50.040 (2)(c) and by these rules; and

(c) Satisfactorily completed the licensing examination required by RCW 18.50.060; and

(d) Filed a completed application for student midwife permit accompanied by a nonrefundable fee as specified in WAC 246-834-990.

(2) The student midwife permit authorizes the individuals to practice and observe fifty women in the intrapartum period under the supervision of a licensed midwife, licensed physicians or CRN (nurse midwife).

[Statutory Authority: RCW 18.50.135 and 18.50.045. 92-02-018 (Order 224), § 246-834-160, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 82-19-079 (Order PL 406), § 308-115-160, filed 9/21/82.]

WAC 246-834-170 Reports to the department of health by accredited midwifery educational programs. (1) An annual report on the program and its progress for the period July 1 to June 30 shall be submitted to the department by each midwifery educational program on forms supplied by the department.

(2) Written notification shall be sent to the department regarding major changes relating to, but not limited to, the following:

(a) Change in the administrator or academic director.

(b) Organizational change.

(c) Changes in extended learning sites.

The information submitted to the department of health shall include the reason for the proposed change.

(3) The secretary may require submission of additional reports.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-834-170, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.50.135 and 18.50.045. 92-02-018 (Order 224), § 246-834-170, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 82-19-079 (Order PL 406), § 308-115-170, filed 9/21/82.]

WAC 246-834-180 Application for accreditation. Applicants for accreditation as midwifery educational programs shall:

(1) Apply for accreditation using a form provided by the secretary.

(2) Comply with the department's accreditation procedures and obtain accreditation before its first class graduates, in order for these graduates to be eligible to take the state licensing examination.

The accreditation will be based on, but not limited to, the quality of the curriculum and the qualifications of the faculty and preceptors.

[Statutory Authority: RCW 18.50.135 and 18.50.045. 92-02-018 (Order 224), § 246-834-180, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-180, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.045. 86-16-012 (Order PM 608), § 308-115-180, filed 7/25/86. Statutory Authority: RCW 18.50.135. 82-19-079 (Order PL 406), § 308-115-180, filed 9/21/82.]

WAC 246-834-190 School survey visits. The secretary's designee shall make survey visits to midwifery educational programs:

(1) At least annually during the first three years of operation, and

(2) At least every two years after the new school's first three years of operation or more often at the discretion of the secretary.

(3) The cost of a survey visit to a midwifery educational program outside the state of Washington shall be borne by the program requesting accreditation.

[Statutory Authority: RCW 18.50.135 and 18.50.045. 92-02-018 (Order 224), § 246-834-190, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-190, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 85-23-044 (Order PL 566), § 308-115-190, filed 11/18/85; 82-19-079 (Order PL 406), § 308-115-190, filed 9/21/82.]

WAC 246-834-200 Appeal of department of health decisions. A school of midwifery aggrieved by a department decision affecting its accreditation may appeal the decision pursuant to chapter 18.50 RCW and the Administrative Procedure Act, chapter 34.05 RCW.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-834-200, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.50.135, 18.50.045 and 34.05.220. 92-02-018 (Order 224), § 246-834-200, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-200, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 82-19-079 (Order PL 406), § 308-115-200, filed 9/21/82.]

WAC 246-834-210 Closure of an accredited school of midwifery. (1) When an organization decides to discontinue its school of midwifery, written notification of the planned closure should be sent to the department.

(2) A school in the process of closing shall remain accredited until the students who are enrolled at the time the department receives the notice of planned closure have been graduated, provided that the minimum standards are maintained by the school.

(3) When a closing midwifery school's last students graduate, its accreditation shall terminate.

(4) A closing midwifery school shall provide for safe storage of vital school records and should confer with the secretary concerning the matter.

[Statutory Authority: RCW 18.50.135 and 18.50.045. 92-02-018 (Order 224), § 246-834-210, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-210, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 82-19-079 (Order PL 406), § 308-115-210, filed 9/21/82.]

WAC 246-834-220 Credit toward educational requirements for licensure. (1) Applicants not meeting the minimum requirements set forth in WAC 246-834-060 may apply to the department for licensure by submitting the following:

(a) A completed, notarized application on a form provided by the department accompanied by a nonrefundable fee as specified in WAC 308-115-405;

(b) Credit for academic courses:

(i) Certification by an accrediting body, which has been approved by the department, of completed academic and con-

tinuing education courses as required in RCW 18.50.040 (2)(b) for which the applicant has received a grade of "C" or better. A certified copy of the courses taken and grades or scores achieved shall be submitted by the accrediting body directly to the department; or

(ii) Completion of challenge examinations approved by the department with a minimum score of 75% for any academic subject required in RCW 18.50.040 (2)(b). Challenge examinations shall be administered a minimum of twice a year. An applicant for challenge examination must file a completed application for each examination along with the required fee with the department at least 45 days prior to the examination.

(c) A prospectus for permission to undertake a midwife-in-training program. Such a program shall be on such terms as the department finds necessary to assure that the applicant meets the minimum statutory requirements for licensure set forth in RCW 18.50.040, and shall include, but not be limited to the following:

(i) The program shall be under the guidance and supervision of a preceptor, and shall be conducted for a period of not more than five years;

(ii) The program shall be designed to provide for individual learning experiences and instruction based upon the applicant's academic background, training, and experience;

(iii) The prospectus for the program shall be submitted on an approved form, signed by the preceptor, and approved by the department prior to the commencement of the program. Any changes in the program shall be reported within 30 days in writing to the department, and the department may withdraw the approval given, or alter the conditions under which approval was originally given, if the department finds that the program as originally submitted and approved has not been or is not being followed.

(2) The midwife-in-training program prospectus must include the following components:

(a) A plan for completion of required academic subjects required in RCW 18.50.040 (2)(b);

(b) Planned reading and written assignments;

(c) A project including at least one problem-solving component to be submitted in writing. The problem-solving component should include the definition of an acknowledged problem, the method of approach to the problem, the listing of possible alternatives, the actions taken, evaluation, and final recommendations to improve care given;

(d) Other planned learning experiences including acquisition of knowledge about other health and welfare agencies in the community;

(e) A quarterly written report, on an approved form, submitted to the department by the trainee, which shall include a detailed outline of progress toward meeting the objectives of the prospectus during the reporting period;

(f) The program must provide for a broad range of experience with a close working relationship between preceptor and the trainee. Toward that end, as a general rule, no program will be approved which would result in an individual preceptor supervising more than two midwives-in-training simultaneously. Exception to this rule may be granted by the department in unusual circumstances;

(g) The department may, in an individual case, require additional approved education, based upon assessment of the individual applicant's background, training and experience.

(3) Upon approval of the application, a trainee permit will be issued which enables the trainee to practice under the supervision of a preceptor. The permit shall expire within one year of issuance and may be extended as provided by rule.

(4) The trainee shall provide documentation of care given as follows:

(a) Records of no more than thirty-five women to whom the trainee has given care in each of the prenatal, intrapartum, and early postpartum periods, although the same women need not have been seen through all three periods. These records must contain affidavits from the clients certifying that the care was given. If a client is unavailable to sign an affidavit, an affidavit from a preceptor or a certified copy of the birth certificate may be substituted. The care may have been given prior to the beginning of the midwife-in-training program or during the trainee period;

(b) After being issued a trainee permit, the trainee must manage care in the prenatal, intrapartum, and early postpartum period of fifteen women under the supervision of the preceptor. These women shall be in addition to the women whose records were used to meet the conditions of (a) of this subsection. The preceptor shall submit, on approved forms, completed check-lists of skills and experiences when this requirement has been met;

(c) Evidence, on an approved form, of observing 50 deliveries in addition to those specified in (b) of this subsection. The deliveries may have been observed prior to the beginning of the midwife-in-training program or may be observed during the trainee period.

(5) Upon satisfactory completion of subsections (1)(a) through (4)(c) of this section, the trainee is eligible to apply for the examination.

[Statutory Authority: RCW 18.50.135 and 18.50.045. 92-02-018 (Order 224), § 246-834-220, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-220, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.040(3) and 18.50.115. 88-12-040 (Order PM 732), § 308-115-220, filed 5/27/88.]

WAC 246-834-230 Preceptor for midwife-in-training program. (1) In reviewing a proposed midwife-in-training program, the department shall use the following criteria in assessing the qualifications and determining the responsibilities of the preceptor:

(a) Qualifications of preceptor:

(i) The preceptor shall have demonstrated the ability and skill to provide safe, quality care;

(ii) The preceptor shall have demonstrated continued interest in professional development beyond the requirements of basic licensure;

(iii) The preceptor shall participate in and successfully complete any preceptor workshop or other training deemed necessary by the department; and,

(iv) The preceptor shall be licensed in the state of Washington. Exception to this rule may be granted by the department in unusual circumstances.

(b) Responsibilities of the preceptor:

(i) The preceptor shall monitor the educational activities of the trainee and shall have at least one conference with the trainee quarterly to discuss progress;

(ii) The preceptor shall submit quarterly progress reports on approved forms to the department, and,

(iii) The preceptor shall maintain and submit the checklists as specified in WAC 246-834-220 (4)(b).

[Statutory Authority: RCW 18.50.135 and 18.50.045. 92-02-018 (Order 224), § 246-834-230, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-230, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.040(3) and 18.50.115. 88-12-040 (Order PM 732), § 308-115-230, filed 5/27/88.]

WAC 246-834-240 Trainee permit for midwife-in-training program. (1) A trainee permit may be issued to any individual who has:

(a) Been approved for a midwife-in-training program; and,

(b) Filed a completed application accompanied by a nonrefundable fee.

(2) The trainee permit authorizes individuals to manage care as required in WAC 246-834-220 (4)(b).

(3) Permits will be issued yearly for the duration of the trainee's midwife-in-training program.

[Statutory Authority: RCW 18.50.135 and 18.50.045. 92-02-018 (Order 224), § 246-834-240, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-240, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.040(3) and 18.50.115. 88-12-040 (Order PM 732), § 308-115-240, filed 5/27/88.]

WAC 246-834-250 Legend drugs and devices. (1) Licensed midwives may purchase and use legend drugs and devices which are deemed integral to providing safe care to the public. Such devices include the following:

(a) Dopplers, syringes, needles, phlebotomy equipment, suture, urinary catheters, intravenous equipment, heparin locks, amnihooks, and "DeLee type" mucous traps;

(b) Pharmacies may fill orders for diaphragms which have been issued by licensed midwives for postpartum women.

(2) In addition to medications listed in RCW 18.50.115, licensed midwives may administer the following medications:

(a) Intravenous fluids limited to Lactated Ringers, 5% Dextrose with Lactated Ringers, and 5% Dextrose with water;

(b) Heparin for use in heparin locks, Epinephrine for use in allergic reactions, and Magnesium Sulphate shall be used according to midwifery advisory committee established protocols. Such protocols shall state the indications for use, the dosage and the administration of these medications.

(c) Licensed midwives may obtain and administer Rubella vaccine to non-immune postpartum women.

(3) The client's records shall contain documentation of all medications administered.

(4) Whenever Epinephrine or Magnesium Sulfate is administered, a report, on approved forms, shall be submitted within thirty days to the midwifery advisory committee.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-250, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.040(3) and 18.50.115. 88-12-040 (Order PM 732), § 308-115-250, filed 5/27/88.]

WAC 246-834-260 General provisions. (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Department" means the department of health, whose address is:

Department of Health
Midwifery Program
1300 S.E. Quince St.
P.O. Box 47864
Olympia, Washington 98504-7864

(5) "Midwife" means a person licensed pursuant to chapter 18.50 RCW.

(6) "Mentally or physically disabled midwife" means a midwife who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice midwifery with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-834-260, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.50.135, 18.50.045, 18.130.050 and 18.130.070. 92-02-018 (Order 224), § 246-834-260, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-260, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-115-260, filed 6/30/89.]

WAC 246-834-270 Mandatory reporting. (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the midwife being reported.

(c) The case number of any patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-270, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-115-270, filed 6/30/89.]

WAC 246-834-280 Health care institutions. The chief administrator or executive officer or their designee of any hospital or nursing home shall report to the department when any midwife's services are terminated or are restricted based on a determination that the midwife has either committed an act or acts which may constitute unprofessional conduct or that the midwife may be unable to practice with reasonable skill or safety to clients by reason of any mental or physical condition.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-280, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-115-280, filed 6/30/89.]

WAC 246-834-290 Midwifery associations or societies. The president or chief executive officer of any midwifery association or society within this state shall report to the department when the association or society determines that a midwife has committed unprofessional conduct or that a midwife may not be able to practice midwifery with reasonable skill and safety to patients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the license holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-290, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-115-290, filed 6/30/89.]

WAC 246-834-310 Health care service contractors and disability insurance carriers. The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that a midwife has engaged in fraud in billing for services.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-310, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-115-310, filed 6/30/89.]

WAC 246-834-320 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to midwives shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured midwife's incompetency or negligence in the practice of midwifery. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the midwife's alleged incompetence or negligence in the practice of midwifery.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-320, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-115-320, filed 6/30/89.]

WAC 246-834-330 Courts. The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of licensed midwives, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-330, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-115-330, filed 6/30/89.]

WAC 246-834-340 State and federal agencies. The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a midwife is employed to provide patient care services, to report to the department whenever such a midwife has been judged to have demonstrated his/her incompetency or negligence in the practice of midwifery, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled midwife. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-340, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-115-340, filed 6/30/89.]

WAC 246-834-400 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) Demonstrate competence to the standards established by the secretary;

(b) Meet the requirements of chapter 246-12 WAC, Part 2.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-834-400, filed 2/13/98, effective 3/16/98.]

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

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.

246-836-070 Renewal of licenses. [Statutory Authority: RCW 18.36A.060. 92-02-018 (Order 224), § 246-836-070, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060. 88-14-009 (Order PM 742), § 308-34-160, filed 6/24/88.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.

246-836-090 License reinstatement. [Statutory Authority: RCW 18.36A.060. 92-02-018 (Order 224), § 246-836-090, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060. 88-14-009 (Order PM 742), § 308-34-190, filed 6/24/88.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-836-190 Postgraduate hours in the study of mechanotherapy. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-190, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060(1). 89-02-051 (Order PM 815), § 308-34-470, filed 1/3/89.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.

246-836-320 General provisions. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-320, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-130-320, filed 6/30/89.] Repealed by 92-02-018 (Order 224), filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 18.36A.060.

246-836-400 Cooperation with investigation. [Statutory Authority: RCW 18.36A.060, 18.130.050 and 18.130.070. 92-02-018 (Order 224), § 246-836-400, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-400, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-130-400, filed 6/30/89.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.

WAC 246-836-010 Definitions. For the purposes of this chapter, the following words and phrases shall have the following meanings unless the context clearly indicates otherwise.

(1) "Department" means the department of health, whose address is:

Department of Health
Professional Licensing Service
P.O. Box 1099
Olympia, Washington 98507

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Mentally or physically disabled naturopath" means a naturopath who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice naturopathy with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

(4) "Naturopath" means a person licensed pursuant to chapter 18.36A RCW.

(5) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(6) "Unprofessional conduct" means the conduct described in RCW 18.130.180.

[Statutory Authority: RCW 18.36A.060. 92-02-018 (Order 224), § 246-836-010, filed 12/23/91, effective 1/23/92.]

WAC 246-836-020 Eligibility for licensure examination. (1) Graduates holding a degree/diploma from a college of naturopathic medicine approved by Washington state department of health shall be eligible to take the examination, provided all other requirements of RCW 18.36A.090 are met.

(2) All applicants shall file with the department a completed application, with the required fee, at least 60 days prior to the exam.

(3) Applicants shall request that the college of naturopathic medicine send official transcripts directly to the department.

(4) Applicants who have filed the required applications, whose official transcript has been received by the department, and who meet all qualifications shall be notified of their eligibility, and only such applicants will be admitted to the exam.

[Statutory Authority: RCW 18.36A.060. 92-02-018 (Order 224), § 246-836-020, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060. 88-14-009 (Order PM 742), § 308-34-110, filed 6/24/88.]

WAC 246-836-030 Licensure examination. (1) The licensure examination shall consist of the following components and tests:

(a) Basic science component which may include but not be limited to tests in the following subjects: Pathology, anatomy, physiology, microbiology and biochemistry.

(b) Clinical science component which may include but not be limited to tests in the following subjects: Physical diagnosis; nutrition; physical medicine; botanical medicines and toxicology; psychological and lifestyle counseling; emergency medicine, basic skills and public health; lab and x-ray diagnosis.

(c) Law of the state and administrative regulations as they relate to the practice of naturopathic medicine.

(d) The department, at its discretion, may require tests in other subjects. Candidates will receive information concerning additional tests prior to the examination.

(2) Candidates may take the basic science component of the exam after two years of training. A candidate who has achieved a passing score on the basic science component after two years of training must achieve a passing score on the clinical science component and the state law test within twenty-seven months after graduation; otherwise, the candidate's basic science component exam results will be null and void and the candidate must again take the basic science component of the exam. All exam candidates are required to obtain a passing score on all tests before a license is issued. A candidate who takes the basic science component of the exam after two years of training must submit an application for reexamination, along with reexamination fees, to take the clinical science component and the state law test at a later exam administration.

(3) Examinations shall be conducted twice a year.

(4) The minimum passing score for each test in the examination is seventy-five.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060. 88-14-009 (Order PM 742), § 308-34-120, filed 6/24/88.]

WAC 246-836-040 Release of examination results. (1) Candidates shall be notified of examination results by mail only.

(2) Candidates who successfully complete all components and tests of the examination shall receive a license to practice as a naturopathic physician provided all other requirements are met.

(3) Candidates who fail any test in the examination shall be so notified and shall be sent an application to retake the examination.

(4) A candidate's examination scores shall be released only to the candidate unless the candidate has requested, in writing, that the examination scores also be released to a specific school, individual, or entity.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060. 88-14-009 (Order PM 742), § 308-34-130, filed 6/24/88.]

WAC 246-836-050 Reexaminations. (1) A candidate wishing to retake the examination or any portion thereof must file with the department the required reexamination fees and an application to retake the examination at least sixty days before the administration of the exam.

(2) A candidate must retake the entire basic science component if he or she failed to achieve a passing score in three or more basic science tests. A candidate must retake the entire clinical science component if he or she failed to achieve a passing score in four or more clinical science tests. A candidate must retake any test(s) for which the candidate failed to achieve a passing score.

(3) A candidate who failed to achieve a passing score in three or more basic science tests and/or four or more clinical science tests must achieve a passing score on those tests within the next two administrations of the examination. A candidate who does not achieve a passing score within those next two administrations of the exam will be required to retake the entire component.

(4) A candidate must achieve passing scores on all tests in the entire exam within a twenty-seven month period; otherwise the candidate's exam results are null and void and the candidate must retake the entire exam. Provided: WAC 246-836-030(2) shall apply to a candidate who took the basic science component of the exam after two years in training.

(5) A candidate is required to pay a reexamination fee to retake the exam or any portion thereof.

(6) A candidate who took the basic science component of the exam after two years of training must submit an application for reexamination, along with reexamination fees, to take the clinical science component and the state law test at a later exam administration.

[Statutory Authority: RCW 18.36A.060. 92-02-018 (Order 224), § 246-836-050, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060. 88-14-009 (Order PM 742), § 308-34-140, filed 6/24/88.]

WAC 246-836-080 Continuing competency program. (1) Licensed naturopathic physicians must demonstrate completion of 20 hours of continuing education as provided in chapter 246-12 WAC, Part 7. Only courses in diagnosis and therapeutics as listed in RCW 18.36A.040 shall be eligible for credit.

(2) In emergency situations, such as personal or family illness, the department may in its discretion, for good cause shown, waive all or part of the continuing education requirement for a particular one year period for an individual licensee. The department may require such verification of the emergency as is necessary to prove its existence.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-836-080, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.36A.060. 92-02-018 (Order 224), § 246-836-080, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060. 88-14-009 (Order PM 742), § 308-34-180, filed 6/24/88.]

WAC 246-836-100 Applicants educated and/or licensed in another country. (1) Applicants for licensure educated in a country outside the United States or its territories shall meet the following requirements for licensure.

(a) Satisfactory completion of a basic naturopathic medical program in a naturopathic school or college officially approved by the country where the school is located.

(i) The naturopathic education program at the time of graduation shall be equivalent to or exceed the minimum required standards for Washington state approved colleges of naturopathic medicine.

(ii) Any deficiencies in the naturopathic medical program shall be satisfactorily completed in a Washington state approved college of naturopathic medicine.

(b) Applicants licensed under the laws of a country outside of the United States or its territories shall be required to take the current licensing examinations noted in WAC 246-836-030: Provided, That those persons meeting the requirements of WAC 246-836-110, (Licensing by endorsement), are exempt from this requirement.

(c) All other requirements of chapter 18.36A RCW and this chapter must be met, including the requirement that the applicant be of good moral character; not have engaged in unprofessional conduct; and not be unable to practice with reasonable skill and safety as a result of a physical or mental impairment.

(2) Applicants for examination shall:

(a) File with the department a completed notarized license application with the required fee at least sixty days prior to examination.

(b) Request the college of naturopathic medicine to submit an official transcript directly to the department.

(c) Request the licensing agency in the country of original license to submit evidence of licensure to the department.

(d) If the applicant's original documents (education and licensing) are on file in another state, the applicant may request that the other state send to the department notarized copies in lieu of the originals.

[Statutory Authority: RCW 18.36A.060. 92-02-018 (Order 224), § 246-836-100, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060(1). 89-02-051 (Order PM 815), § 308-34-310, filed 1/3/89.]

WAC 246-836-110 Licensing by endorsement. A license to practice as a naturopathic physician in the state of Washington may be issued without examination at the discretion of the secretary provided the applicant meets all of the following requirements:

(1) The candidate has graduated from and holds a degree/diploma from a college of naturopathic medicine approved by the state or jurisdiction where the school is located and which prepares candidates for licensure as a naturopathic physician: Provided, That such program at the time of the candidate's graduation is equivalent to or exceeds the minimum naturopathic medical educational standards required for Washington state approved schools;

(2) The candidate holds a current valid license in good standing to practice as a naturopathic physician in another state or jurisdiction. Official written verification of such licensure status must be received by the department from the other state or jurisdiction;

(3) The candidate has completed and filed with the department a notarized application for licensure by endorsement, a true and correct copy of the current valid license, and the required application fee;

(4) The candidate has successfully passed a naturopathic physician licensure examination in another state or jurisdiction.Written official verification of successful completion of the licensure examination and of licensure in good standing must be requested of the state or jurisdiction by the candidate and must be received by the department directly from the state or jurisdiction;

(5) The candidate must meet all other requirements of chapter 18.36A RCW and this chapter, including the requirement that the applicant be of good moral character; not have engaged in unprofessional conduct; and not be unable to practice with reasonable skill and safety as a result of a physical or mental impairment; and

(6) The state or jurisdiction in which the candidate is currently licensed grants similar privilege of licensure without examination to candidates who are licensed in Washington as naturopathic physicians.

[Statutory Authority: RCW 18.36A.060. 92-02-018 (Order 224), § 246-836-110, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060(1). 89-02-051 (Order PM 815), § 308-34-320, filed 1/3/89.]

WAC 246-836-120 Reciprocity or waiver of examination requirements. Reciprocity or waiver of examination requirements may be granted for certain examinations administered by other states or jurisdictions. These examinations must include the clinical and the basic science sections. The minimum passing score will depend upon the quality of the examination, but must be equivalent to or better than the score of seventy-five which is required in WAC 246-836-030. Reciprocity or waiver shall be in accordance with the reciprocal agreement in place with that state or jurisdiction.

[Statutory Authority: RCW 18.36A.060. 92-02-018 (Order 224), § 246-836-120, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060(1). 89-02-051 (Order PM 815), § 308-34-330, filed 1/3/89.]

WAC 246-836-130 Approval of colleges of naturopathic medicine. (1) The minimum educational requirement for licensure to practice naturopathic medicine in Washington is graduation from a naturopathic college approved by the secretary which teaches adequate courses in all subjects necessary to the practice of naturopathic medicine.

(2) These rules provide the standards and procedures by which naturopathic colleges may obtain approval by the secretary in order that graduates of those schools may be permitted to take examinations for license.

[Statutory Authority: RCW 18.36A.060. 92-02-018 (Order 224), § 246-836-130, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060(1). 89-02-051 (Order PM 815), § 308-34-410, filed 1/3/89.]

WAC 246-836-140 Provisional approval of colleges of naturopathic medicine. Provisional approval is the initial approval given to a previously unapproved program while the program is undergoing the process of gaining full program approval. The secretary may grant provisional approval to a naturopathic college which has been in continuous operation for at least one year. Provisional approval may be granted for a period not to exceed two and one-half years and may not be renewed or extended. Provisional approval shall neither imply nor assure eventual approval.

(1) In order to obtain provisional approval, a naturopathic college must demonstrate compliance with, or adequate planning and resources to achieve compliance with, the standards contained in this chapter and chapter 18.36A RCW.

(2) The procedures for application, examination, review and revocation of provisional approval shall be the same as those specified for full approval in this chapter.

[Statutory Authority: RCW 18.36A.060. 92-02-018 (Order 224), § 246-836-140, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060(1). 89-02-051 (Order PM 815), § 308-34-420, filed 1/3/89.]

WAC 246-836-150 Full approval of colleges of naturopathic medicine. (1) Full approval of a college of naturopathic medicine is the approval given a program that meets the requirements of chapter 18.36A RCW and this chapter. Colleges of naturopathic medicine seeking approval shall apply to the secretary on a form and in a manner prescribed by the secretary.

(2) The secretary may grant full approval to naturopathic colleges which have demonstrated compliance with the standards contained in this chapter and chapter 18.36A RCW.

(3) To be eligible for full approval a naturopathic college must have been in continuous operation for a period of at least three years.

(4) After approval by the secretary, periodic reports may be required. Failure to conform to or maintain established standards may result in loss of approval. No naturopathic college shall receive approval for a period longer than five years. Prior to the expiration of the period of approval, the college must apply to the secretary for renewal of approval. The secretary shall review the application and make a final decision of approval or disapproval in not more than one hundred twenty days.

(5) If a naturopathic college fails to maintain the required standards or fails to report significant institutional changes, including changes in location, within ninety days of the change, the secretary may revoke or suspend approval. The secretary may contact a naturopathic college at any time, either through an evaluation committee or representative, to audit, inspect or gather information concerning the operating of the school or college.

(6) After suspension of approval of a naturopathic college, the secretary may reinstate approval upon receipt of satisfactory evidence that the college meets the standards of chapter 18.36A RCW and this chapter.

(7) After revocation of approval of a naturopathic college, a college may seek provisional approval, if otherwise qualified.

[Statutory Authority: RCW 18.36A.060. 92-02-018 (Order 224), § 246-836-150, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060(1). 89-02-051 (Order PM 815), § 308-34-430, filed 1/3/89.]

WAC 246-836-160 Unapproved college of naturopathic medicine. An "unapproved college of naturopathic medicine" is a program that has been removed from the secretary's list of approved colleges of naturopathic medicine for failure to meet the requirements of chapter 18.36A RCW and/or this chapter, or a program that has never been approved by the secretary.

[Statutory Authority: RCW 18.36A.060. 92-02-018 (Order 224), § 246-836-160, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060(1). 89-02-051 (Order PM 815), § 308-34-440, filed 1/3/89.]

WAC 246-836-170 Appeal of secretary's decisions. A college of naturopathic medicine deeming itself aggrieved by a decision of the secretary affecting its approval status shall have the right to appeal the secretary's decision in accordance with the provisions of the Administrative Procedure Act, chapter 34.05 RCW.

[Statutory Authority: RCW 18.36A.060 and 34.05.220. 92-02-018 (Order 224), § 246-836-170, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060(1). 89-02-051 (Order PM 815), § 308-34-450, filed 1/3/89.]

WAC 246-836-180 Standards for approval of colleges of naturopathic medicine. The following standards shall be used by the secretary in considering a naturopathic college's application for approval:

(1) Objectives. The objectives of the institution shall be clearly stated and address the preparation for the naturopathic physician to provide patient care. The implementation of the objectives should be apparent in the administration of the institution, individual course objectives, and in the total program leading to graduation.

(2) Organization. The institution shall be incorporated under the laws of the state of its residence as an education corporation. Control shall be vested in a board of directors composed of naturopathic physicians and others. No less than one-third plus one of the directors shall be naturopathic physicians. Under no circumstances shall more than one-third of the directors have administrative or instructional positions in the college. The directors must demonstrate collective responsibility in their knowledge of, and policy decisions consistent with, the objectives of the college; support of college programs and active participation in college governance; and selection and oversight of the chief administrative officer.

(3) Administration. The education and experience of directors, administrators, supervisors, and instructors should be sufficient to ensure that the student will receive educational services consistent with institutional objectives. The administration of the institution shall be such that the lines of authority are clearly drawn. The institution shall present with its application a catalog and a brief, narrative explanation of how the administration of the institution is, or is to be, orga-

nized and how the administrative responsibility for each of the following is, or is to be, managed:

(a) Faculty and staff recruitment;

(b) Personnel records management;

(c) Faculty pay scale and policies;

(d) Standards and practices relating to evaluation, improvement of instruction, promotion, retention and tenure;

(e) Admissions policies including procedures used to solicit students;

(f) Development and administration of policies governing rejection and retention of students, job placement, and student counseling and advising services;

(g) Curriculum requirements;

(h) Tuition and fee policies; and

(i) Financial management policies.

(4) Financial condition. The institution shall demonstrate its financial stability by submitting certified audits once every three years and, reports, or other appropriate evidence annually.

(5) Records. The institution shall maintain an adequately detailed system of records for each student beginning with application credentials through the entire period of attendance. The records, including matriculation, attendance, grades, disciplinary action and financial accounts, shall be the permanent property of the institution, to be safeguarded from all hazards and not to be loaned or destroyed.

(6) Educational credentials.

(a) Upon satisfactory completion of the educational program, the student shall receive a degree from the institution indicating that the course of study has been satisfactorily completed by the student.

(b) In addition, for each student who graduates or withdraws, the institution shall prepare, permanently file, and make available a transcript which specifies all courses completed. Each course entry shall include a title, the number of credits awarded, and a grade. The transcript shall separately identify all credits awarded by transfer or by examination.

(c) Upon request, all student records and transcripts shall be made available to the secretary.

(7) Catalog. The institution shall publish a current catalog at least every two years containing the following information:

(a) Name and address of the school;

(b) Date of publication;

(c) Admission requirements and procedures;

(d) A statement of tuition and other fees or charges for which a student is responsible and a statement on refund policies;

(e) A school calendar designating the beginning and ending dates of each term, vacation periods, holidays, and other dates of significance to students;

(f) Objectives of the institution;

(g) A list of trustees (directors), administrative officers and faculty members including titles and academic qualifications;

(h) A statement of policy about standards of progress required of students, including the grading system, minimum satisfactory grades, conditions for interruption for unsatisfactory progress, probation, and reentry, if any;

(i) A description of each course indicating the number of hours and course content, and its place in the total program;

(j) A description of facilities and major equipment, including library, laboratory and clinical training facilities;

(k) Statements on the nature and availability of student financial assistance, counseling, housing, and placement services, if any;

(l) A statement indicating whether the school is recognized by other agencies or associations for the licensing or certification of naturopathic physicians; and

(m) Any other material facts concerning the institution which are reasonably likely to affect the decision of the potential student.

(8) Admission policies and procedures. The institution shall not deny admission to a prospective student because of sex, race, color, religion, physical handicap and/or ethnic origin.

(9) Attendance. The institution shall have a written policy relative to attendance.

(10) Curriculum. The curriculum of the institution shall be designed and presented to meet or exceed the requirements of this chapter. Each student shall complete a minimum of three thousand hours instruction, which shall include no less than two hundred post-graduate hours in the study of mechanotherapy. A minimum total clinical training shall be one thousand one hundred hours, of which no less than eight hundred hours shall be training with student actively involved in diagnosis and treatment in accordance with RCW 18.36A.-050(3). The remainder, if any, may be preceptorships overseen by the college. The clinical training shall be in naturopathic procedures. The following standards are intended not as an exact description of a college's curriculum, but rather as guidelines for the typical acceptable program. It is expected that the actual program taught by each naturopathic college will be prepared by the academic departments of the college to meet the needs of their students and will exceed the outline present here. The secretary's policy is to preserve the autonomy and uniqueness of each naturopathic college, and to encourage innovative and experimental programs to enhance the quality of education in colleges of naturopathic medicine.

(a) Basic science
Anatomy (includes histology and embryology)
Physiology
Pathology
Biochemistry
Public health (includes public health, genetics, microbiology, immunology)
Naturopathic philosophy
Pharmacology

(b) Clinical sciences

(i) Diagnostic courses
Physical diagnosis
Clinical diagnosis
Laboratory diagnosis
Radiological diagnosis

(ii) Therapeutic courses
Matera medica (botanical medicine)
Homeopathy
Nutrition

Physical medicine
(includes mechanical and manual manipulation, hydrotherapy, and electrotherapy)
Psychological medicine

(iii) Specialty courses
Organ systems (cardiology, dermatology, endocrinology, EENT, gastroenterology)
Human development (gynecology, obstetrics, pediatrics, geriatrics)
State law and regulations as they relate to the practice of naturopathy
Medical emergencies
Office procedures

(iv) Clinical externship/preceptorship

(11) Academic standards. The institution must regularly evaluate the quality of its instruction and have a clearly defined set of standards of competence required of its students. Promotion to each successive phase of the program and graduation shall be dependent on mastery of the knowledge and skills presented in the program.

(12) Faculty. Faculty members shall be qualified by training and experience to give effective instruction in the subject(s) taught; advanced degrees in their respective disciplines are expected. The faculty should participate in development and evaluation of curriculum instructional methods and facilities; student discipline, welfare, and counseling; establishment of administrative and educational policies; scholarly and professional growth. Provisions shall be made to allow and encourage faculty involvement in these noninstructional functions, including a plan for peer observation and evaluation among faculty. The institution shall not discriminate on the basis of sex, race, age, color, religion, physical handicap, or national or ethnic origin in the recruitment and hiring of faculty. The institution shall have stated policies on faculty hiring, compensation, fringe benefits, tenure, retirement, firing, grievance and appeals procedures. The institution shall submit to the secretary for each faculty member a resume which includes the following information.

(a) Academic rank or title;

(b) Degree(s) held, the institution(s) that conferred the degree(s), the date(s) thereof, and whether earned or honorary;

(c) Other qualifying training or experience;

(d) Name and course number of each course taught;

(e) Other noninstructional responsibilities, if any, and the proportion of the faculty member's time devoted to them; and

(f) The length of time associated with the institution.

(13) Library. The library shall be staffed, equipped and organized to adequately support the instruction, and research of students and faculty.

(14) Clinical training. The clinical facilities shall be adequate in size, number and resources to provide all aspects of naturopathic diagnosis and treatment. There shall be properly equipped rooms for consultation, physical examination and therapy, and a pharmacy, laboratory, and radiological equipment each consistent with the definition of practice in chapter 18.36A RCW as now or hereafter amended. A licensed and adequately experienced naturopathic physician must be in direct supervision of and have final decision in the diagnosis and treatment of patients by students, and must be present in the clinic at all times when the clinic is open.

(15) Physical plant, materials and equipment. The institution shall own or enjoy the full use of buildings and equipment adequate to accommodate the instruction of its students, and administrative and faculty offices. There shall be adequate facilities of the safekeeping of valuable records. The plant and grounds, equipment and facilities shall be maintained in an efficient, sanitary, and presentable condition. All laws relating to safety and sanitation and other regulations concerning public buildings shall be observed. There shall be sufficient personnel employed to carry out proper maintenance.

(16) Cancellation and refund policy. The institution shall maintain a fair and equitable policy regarding refund of the unused portion of tuition fees and other charges in the event a student fails to enter the course, or withdraws at any time prior to completion of the course. Such a policy shall be in keeping with generally accepted practices of institutions of higher education.

(17) Other information. The applicant institution shall provide any other information about the institution and its programs as required by the secretary.

[Statutory Authority: RCW 18.36A.060. 92-02-018 (Order 224), § 246-836-180, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-180, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060(1). 89-02-051 (Order PM 815), § 308-34-460, filed 1/3/89.]

WAC 246-836-200 Site review procedures for approval of college of naturopathic medicine. The secretary may send a representative or an examining or evaluation committee to inspect any institution requesting approval as a college of naturopathic medicine. Such inspections may be at any reasonable time during the normal operating hours of the institution. The report of the representative or committee and the institution's response shall be submitted as part of the documentation necessary for the secretary's action on the institution's application for approval. Expenses incurred for the site review shall be the responsibility of the program requesting approval.

[Statutory Authority: RCW 18.36A.060. 92-02-018 (Order 224), § 246-836-200, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-200, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060(1). 89-02-051 (Order PM 815), § 308-34-480, filed 1/3/89.]

WAC 246-836-210 Authority to use, prescribe, dispense and order. Licensed naturopaths may use, prescribe, dispense, and order certain medicines of mineral, animal, and botanical origin including the following:

(1) Nonlegend medicines derived from animal organs, tissues, and oils, minerals, and plants administered orally and topically.

(2) Legend topical ointments, creams, and lotions containing antiseptics.

(3) Legend topical, local anesthetics applied to superficial structures for use during minor office procedures as appropriate. Topical local anesthetic means the local application of anesthetic which may be injected into the intradermal

subcutaneous layers of the skin only to the extent necessary to care for superficial lacerations, abrasions and the removal of foreign bodies located in superficial structures not to include the eye.

(4) Legend vitamins, minerals, trace minerals, and whole gland thyroid.

(5) Nondrug contraceptive devices except intrauterine devices.

(6) All homeopathic preparations.

(7) Intramuscular injections limited to vitamin B-12 preparations and combinations when clinical or laboratory evaluation has indicated vitamin B-12 deficiency.

(8) Immunizing agents approved by the Bureau of Biologics, United States Food and Drug Administration and listed in the current *Recommendations of the United States Public Health Services Immunizations Practices Advisory Committee* (ACIP) or the *Report of the Committee of Infectious Diseases* published by the American Academy of Pediatrics.

(9) Legend substances as exemplified in traditional botanical and herbal pharmacopeia as identified by a list of substances to be developed by the secretary.

[Statutory Authority: RCW 18.36A.060 [(1)](a). 92-06-020 (Order 247), § 246-836-210, filed 2/25/92, effective 3/27/92.]

WAC 246-836-330 Mandatory reporting. (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the naturopath being reported.

(c) The case number of any patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-330, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-130-330, filed 6/30/89.]

WAC 246-836-340 Health care institutions. The chief administrator or executive officer or their designee of any hospital or nursing home shall report to the department when any naturopath's services are terminated or are restricted based on a determination that the naturopath has either committed an act or acts which may constitute unprofessional conduct or that the naturopath may be unable to practice with reasonable skill or safety to clients by reason of any mental or physical condition.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-340, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-130-340, filed 6/30/89.]

WAC 246-836-350 Naturopathic associations or societies. The president or chief executive officer of any naturopathic association or society within this state shall report to the department when the association or society determines that a naturopath has committed unprofessional conduct or that a naturopath may not be able to practice naturopathy with reasonable skill and safety to patients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the license holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-350, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-130-350, filed 6/30/89.]

WAC 246-836-360 Health care service contractors and disability insurance carriers. The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that a naturopath has engaged in fraud in billing for services.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-360, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-130-360, filed 6/30/89.]

WAC 246-836-370 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to naturopaths shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured naturopath's incompetency or negligence in the practice of naturopathy. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the naturopath's alleged incompetence or negligence in the practice of naturopathy.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-370, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-130-370, filed 6/30/89.]

WAC 246-836-380 Courts. The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of licensed naturopaths, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-380, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-130-380, filed 6/30/89.]

WAC 246-836-390 State and federal agencies. The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a naturopath is employed to provide patient care services, to report to the department whenever such a naturopath has been judged to have demonstrated his/her incompetency or negligence in the practice of naturopathy, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled naturopath. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-390, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-130-390, filed 6/30/89.]

WAC 246-836-410 AIDS prevention and information education requirements. Applicants must complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-836-410, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.36A.060 and 70.24.270. 92-02-018 (Order 224), § 246-836-410, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-410, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-130-410, filed 11/2/88.]

WAC 246-836-990 Naturopathic physician licensing fees 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	Amount
Application initial/retake	50.00
State examination (initial/retake)	50.00
Initial license	50.00
License renewal	450.00
Late renewal penalty	225.00
Expired license reissuance	225.00
Duplicate license	15.00
Certification of license	15.00
Application for reciprocity	50.00

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-836-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.250. 93-14-011, § 246-836-990, filed 6/24/93, effective 7/25/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250. 90-13-084 (Order 066), § 308-34-170, filed 6/20/90, effective 7/21/90; 90-04-094 (Order 029), § 308-34-170, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43.24.086. 88-20-075 (Order 783), § 308-34-170, filed 10/5/88. Statutory Authority: RCW 18.36A.060. 88-14-009 (Order PM 742), § 308-34-170, filed 6/24/88.]

Chapter 246-840 WAC
PRACTICAL AND REGISTERED NURSING

WAC

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-380, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-130-380, filed 6/30/89.]

WAC 246-836-390 State and federal agencies. The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a naturopath is employed to provide patient care services, to report to the department whenever such a naturopath has been judged to have demonstrated his/her incompetency or negligence in the practice of naturopathy, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled naturopath. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-390, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-130-390, filed 6/30/89.]

WAC 246-836-410 AIDS prevention and information education requirements. Applicants must complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-836-410, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.36A.060 and 70.24.270. 92-02-018 (Order 224), § 246-836-410, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-410, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-130-410, filed 11/2/88.]

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Duplicate license	15.00
Certification of license	15.00
Application for reciprocity	50.00

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-836-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.250. 93-14-011, § 246-836-990, filed 6/24/93, effective 7/25/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250. 90-13-084 (Order 066), § 308-34-170, filed 6/20/90, effective 7/21/90; 90-04-094 (Order 029), § 308-34-170, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43.24.086. 88-20-075 (Order 783), § 308-34-170, filed 10/5/88. Statutory Authority: RCW 18.36A.060. 88-14-009 (Order PM 742), § 308-34-170, filed 6/24/88.]

Chapter 246-840 WAC
PRACTICAL AND REGISTERED NURSING

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-840-100 AIDS education and training. [Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-100, filed 6/18/97, effective 7/19/97.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-840-110 Renewal of licenses. [Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-110, filed 6/18/97, effective 7/19/97.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-840-113 Impaired practical nurse program—Content—License surcharge. [Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-113, filed 6/18/97, effective 7/19/97.] Repealed by 99-01-099, filed 12/17/98, effective 1/17/99. Statutory Authority: Chapter 18.79 RCW.

246-840-115 Responsibility for maintaining mailing address. [Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-115, filed 6/18/97, effective 7/19/97.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-840-315 Clinical specialist in psychiatric/mental health nursing. [Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-315, filed 6/18/97, effective 7/19/97.] Repealed by 00-21-119, filed 10/18/00, effective 11/18/00. Statutory Authority: RCW 18.79.110 and 18.79.050.

246-840-430 Termination of ARNP prescriptive authorization. [Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-430, filed 6/18/97, effective 7/19/97.] Repealed by 00-21-119, filed 10/18/00, effective 11/18/00. Statutory Authority: RCW 18.79.110 and 18.79.050.

246-840-440 Prescriptive authorization period. [Statutory Authority: RCW 43.70.280. 98-05-060, § 246-840-440, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-440, filed 6/18/97, effective 7/19/97.] Repealed by 00-21-119, filed 10/18/00, effective 11/18/00. Statutory Authority: RCW 18.79.110 and 18.79.050.

246-840-715 Standards/competencies. [Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-715, filed 6/18/97, effective 7/19/97.] Repealed by 02-06-117, filed 3/6/02, effective 4/6/02. Statutory Authority: RCW 18.79.110.

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 246-840-010 Definitions. (1) "Auxiliary services" are all nursing services provided to patients by persons other than the licensed practical nurse, the registered nurse and the nursing student.

(2) "Beginning practitioner" means a newly licensed nurse beginning to function in the nurse role.

(3) "Behavioral objectives" means the measurable outcomes of specific content.

(4) "Client" means the person who receives the services of the practical nurse or registered nurse.

(5) "Client advocate" means a supporter of client rights and choices.

(6) "Commission" means the Washington state nursing care quality assurance commission.

(7) "Competencies" means the tasks necessary to perform the standards.

(8) "Conceptual framework" means the theoretical base around which the curriculum is developed.

(9) "Conditional approval" of a school of nursing is the approval given a school of nursing that has failed to meet the requirements of the law and the rules and regulations of the commission, and it specifies conditions that must be met within a designated time to rectify the failure.

(10) "Delegation" means the licensed practical nurse or registered nurse transfers the performance of selected nursing tasks to competent individuals in selected situations. The licensed practical nurse or registered nurse delegating the task retains the responsibility and accountability for the nursing care of the client. The licensed practical nurse or registered nurse delegating the task supervises the performance of the unlicensed person;

(a) Nursing acts delegated by the licensed practical nurse or registered nurse shall:

(i) Be within the area of responsibility of the licensed practical nurse or registered nurse delegating the act;

(ii) Be such that, in the opinion of the licensed practical nurse or registered nurse, it can be properly and safely performed by the person without jeopardizing the patient welfare;

(iii) Be acts that a reasonable and prudent licensed practical nurse or registered nurse would find are within the scope of sound nursing judgment.

(b) Nursing acts delegated by the licensed practical nurse or registered nurse shall not require the unlicensed person to exercise nursing judgment nor perform acts which must only be performed by a licensed practical nurse or registered nurse, except in an emergency situation (RCW 18.79.240 (1)(b) and (2)(b)).

(c) When delegating a nursing act to an unlicensed person it is the registered nurse who shall:

(i) Make an assessment of the patient's nursing care need before delegating the task;

(ii) Instruct the unlicensed person in the delegated task or verify competency to perform or be assured that the person is competent to perform the nursing task as a result of the systems in place by the health care agency;

(iii) Recognize that some nursing interventions require nursing knowledge, judgment, and skill and therefore may not lawfully be delegated to unlicensed persons.

(11) Direction and Supervision:

(a) "Supervision" of licensed or unlicensed nursing personnel means the provision of guidance and evaluation for

the accomplishment of a nursing task or activity with the initial direction of the task or activity; periodic inspection of the actual act of accomplishing the task or activity; and the authority to require corrective action.

(b) "Consulting capacity" shall mean the recommendations to a professional entity, employed at that facility, which may be accepted, rejected, or modified. These recommendations shall not be held out as providing nursing services by the consulting nurse to the patient or public.

(c) "Direct supervision" shall mean the licensed registered nurse is on the premises, is quickly and easily available and the patient has been assessed by the licensed registered nurse prior to the delegation of the duties to any caregiver.

(d) "Immediate supervision" shall mean the registered nurse is on the premises and is within audible and visual range of the patient and the patient has been assessed by the registered nurse prior to the delegation of duties to any caregiver.

(e) "Indirect supervision" shall mean the registered nurse is not on the premises but has given either written or oral instructions for the care and treatment of the patient and the patient has been assessed by the registered nurse prior to the delegation of duties to any caregiver.

(12) "Extended learning sites" refers to any area external to the parent organization selected by faculty for student learning experiences.

(13) "Faculty" means persons who are responsible for the educational program of the school of nursing and who hold faculty appointment in the school.

(14) "Full approval" of a school of nursing is the approval given a school of nursing that meets the requirements of the law and the rules and regulations of the commission.

(15) "Minor nursing services." The techniques and procedures used by the nursing profession are extremely difficult to categorize as major or minor nursing services. The important factor with which this law is concerned is the determination of which nursing person and at what level of preparation that person may perform said technique or procedure in relation to the condition of a given patient, and this kind of determination rests with the registered nurse.

(16) "Minimum standards of competency" means the functions that are expected of the beginning level nurse.

(17) "Nurse administrator" is an individual who meets the qualifications contained in WAC 246-840-555 and who has been designated as the person primarily responsible for the direction of the program in nursing. Titles for this position may include, among others, dean, director, coordinator or chairperson.

(18) The phrase "nursing aide" used in RCW 18.79.240 (1)(c) shall mean a "nursing technician." "Nursing technician" is a nursing student currently enrolled in a commission or state board of nursing approved nursing education program and employed for the purpose of giving help, assistance and support in the performance of those services which constitute the practice of registered nursing. The nursing student shall use the title "nursing technician" while employed.

(19) "Nursing student" is a person currently enrolled in an approved school of nursing.

(20) "Philosophy" means the beliefs and principles upon which the curriculum is based.

(21) "Program" means a division or department within a state supported educational institution, or other institution of higher learning charged with the responsibility of preparing persons to qualify for the licensing examination.

(22) "Provisional approval" of schools of nursing is the approval given a new school of nursing based on its proposed program prior to the admission of its first class.

(23) "Registered nurse" as used in these rules shall mean a nurse as defined by RCW 18.79.030(1).

(24) "School" means an educational unit charged with the responsibility of preparing persons to practice as practical nurses or registered nurses. Three types of basic schools of nursing are distinguished by the certificate awarded to the graduate. Schools of nursing within colleges and universities award the associate degree or baccalaureate degree. Schools of nursing sponsored by a hospital award a diploma.

(25) "Standards" means the overall behavior which is the desired outcome.

(26) "Terminal objectives" means the statements of goals which reflect the philosophy and are the measurable outcomes of the total curriculum.

(27) An "unapproved school of nursing" is a school of nursing that has been removed from the list of approved schools for failure to meet the requirements of the law and the rules and regulations of the commission or a school that has never been approved by the commission.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-840-010, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-010, filed 6/18/97, effective 7/19/97.]

WAC 246-840-020 Documents issued to nurses in Washington. The following documents are the only documents issued to nurses in Washington.

(1) Active license. A license is issued upon completion of all requirements for licensure, confers the right to use the title licensed practical nurse or licensed registered nurse and the use of its abbreviation, L.P.N. or R.N., and to practice as a licensed practical nurse or registered nurse in the state of Washington.

A student who has graduated from a basic professional nursing course and who is pursuing a baccalaureate degree in nursing, an advanced degree in nursing or an advanced certification in nursing shall hold an active Washington RN license before participating in the practice of nursing as required to fulfill the learning objectives in a clinical course.

Exception to this requirement may be granted by the commission on an individual basis upon a petition submitted by the dean or director of a school of nursing, on a case-by-case basis.

(a) The exception allows the student to practice in a clinical setting only under the direct supervision of an RN faculty member. The commission requires that any RN faculty member supervising these students meet the requirements of direct supervision as defined in WAC 246-840-010 (13)(c)(ii) and, in addition, that supervising faculty document that all clients under the care of the student be assessed by the RN faculty each clinical day.

(b) The dean or director of the school of nursing shall ensure that each faculty member who supervises these students be provided a copy of these rules and be assigned in a manner that allows for direct supervision.

(c) Nursing students who participate in clinical courses under this section are not eligible for the nursing technician role.

(2) Inactive license. A license issued to a person previously holding an active license in this state, is in good standing and does not practice in Washington state. Refer to chapter 246-12 WAC, Part 4.

(3) Limited educational license. A limited educational license may be issued to a person who has been on inactive or lapsed status for three years or more and who wishes to return to active status. A limited educational license does not authorize practice for employment.

(4) Advanced registered nurse practitioner (ARNP) recognition document. An ARNP recognition document may be issued to any person who meets the requirements of the commission as contained in WAC 246-840-300. Only persons holding this recognition document shall have the right to use the title "advanced registered nurse practitioner" or the abbreviation "ARNP" or any title or abbreviation which may indicate that the person is entitled to practice at an advanced and specialized level as a nurse practitioner, a specialized nurse practitioner, a nurse midwife, or a nurse anesthetist. This document authorizes the ARNP to engage in the scope of practice allowed for his or her specialty area and is valid only with a current registered nurse license.

(5) ARNP interim permit. An interim permit may be issued following satisfactory completion of an advanced formal education program, registration for the first certification examination of an approved program following completion of the education and filing of an application, fee and requested documentation. If the applicant passes the examination the department shall grant advanced registered nurse practitioner status. If the applicant fails the examination, the interim permit shall expire upon notification and is not renewable.

(6) ARNP prescriptive authorization. A notation of prescriptive authorization may be placed on the ARNP recognition document issued to any person who meets the requirements of the commission as contained in WAC 246-840-410. This authorizes the ARNP to prescribe drugs within his or her scope of practice and is valid only with a current registered nurse license.

[Statutory Authority: RCW 18.79.110. 99-10-079, § 246-840-020, filed 5/4/99, effective 6/4/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-840-020, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-020, filed 6/18/97, effective 7/19/97.]

WAC 246-840-030 Examination and licensure. (1) Graduates from Washington state board approved schools of nursing holding a degree/diploma from such a school shall be eligible to write the examination provided all other requirements are met.

(2) Graduates from a nursing school approved by a board of nursing in another U.S. jurisdiction shall be eligible to take the examination provided that:

(a) The nursing school meets the minimum standards approved for state board school of nursing in Washington at the time of the applicant's graduation;

(b) Graduate has completed all institutional requirements for the degree/diploma in nursing education per attestation from the administrator of the approved nursing education program;

(c) All other requirements of the statute and regulations shall be met.

(3) Graduates of a nontraditional school of nursing which meet the requirements of subsection (2)(a), (b) and (c) of this section, are eligible to take the registered nurse examination provided that the following conditions are met: (For purposes of this section, nontraditional schools of nursing are defined as schools that have curricula which do not include a faculty supervised teaching/learning component in clinical settings.)

(a) The candidate is a licensed practical nurse in Washington state; and

(b) There is documentation of at least two hundred hours of supervised clinical experience (preceptorship) in the role of a registered nurse. The required elements of a preceptorship are as follows:

(i) Acceptable clinical sites - Acceptable clinical sites include acute care or subacute care settings or skilled nursing facilities. Other sites must be approved by the commission.

(ii) Qualifications of preceptor (instructor) - The preceptor must be a licensed registered nurse in Washington state with at least two years experience in a practice setting and have no history of disciplinary actions. The candidate must provide documentation that the preceptor meets these requirements when he/she applies for licensure and must also provide a written agreement between the candidate and the preceptor (or facility) that preceptorship supervision will occur.

(iii) Experiences in the preceptorship - Experiences must include delegation and supervision, decision making and critical thinking, patient assessment as part of the nursing process and evaluation of care. A checklist, provided by the commission, must be completed by the preceptor which indicates the candidate's satisfactory completion of the identified skills. This checklist must be submitted with the candidate's application for licensure; and

(c) The candidate receives a satisfactory evaluation from their preceptor meeting commission requirements as previously identified ((b)(iii) of this subsection); and

(d) All other requirements of the nursing statute and regulations are met.

(4) In order to be eligible for licensure by examination the applicant shall have satisfactorily completed an approved practical nursing program, fulfilling all the basic course content as stated in WAC 246-840-575, or its equivalent as determined by the board. Every applicant must have satisfactorily completed an approved practical nursing program within two years of the date of the first examination taken or the applicant must meet other requirements of the board to determine current theoretical and clinical knowledge of practical nursing practice.

(5) An applicant who has not completed an approved practical nurse program must establish evidence of successful

completion of nursing and related courses at an approved school preparing persons for licensure as registered nurses, which courses include personal and vocational relationships of the practical nurse, basic science and psychosocial concepts, theory and clinical practice in medications and the nursing process, and theory and clinical practice in medical, surgical, geriatric, pediatric, obstetric and mental health nursing. These courses must be equivalent to those same courses in a practical nursing program approved by the board.

(6) A notice of eligibility for admission to the licensing examination may be issued to all new graduates from board approved practical nursing programs after the filing of a completed application, payment of the application fee, and official notification from the program certifying that the individual has satisfactorily completed all requirements for the diploma/certification.

(7) All other requirements of the statute and regulations shall be met.

[Statutory Authority: Chapter 18.79 RCW. 99-01-098, § 246-840-030, filed 12/17/98, effective 1/17/99. Statutory Authority: RCW 18.79.160. 97-17-015, § 246-840-030, filed 8/8/97, effective 9/8/97.]

WAC 246-840-040 Filing of application for licensing examination. (1) All applicants must file with the Washington state nursing commission a completed application, with the required fee sixty days prior to the anticipated date of examination.

(2) Applicants must request the school of nursing to send an official transcript directly to the Washington state nursing commission. The transcript must contain adequate documentation to verify that statutory requirements are met and shall include course names and credits accepted from other programs.

(3) Applicants must also file an examination application, along with the required fee directly with the testing service.

(4) Applicants who have filed the required applications and met all qualifications will be notified of their eligibility, and only such applicants will be admitted to the examination.

(5) Applicants must submit with the application one recent U.S. passport identification photograph of the applicant unmounted and signed by the applicant across the front.

(6) Applicants must complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-840-040, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-040, filed 6/18/97, effective 7/19/97.]

WAC 246-840-050 Licensing examination. (1) The current series of the National Council of the State Boards of Nursing Registered Nurse or Practical Nurse Licensing Examination (NCLEX-RN or NCLEX-PN) Computerized Adaptive Test (NCLEX CAT) shall be the official examinations for nurse licensure. In order to be licensed in this state, all nurse applicants shall take and pass the National Council Licensure Examination (NCLEX-RN or NCLEX-PN) within four attempts and within two years of completion of the nursing program.

(2) The NCLEX will consist of a Computerized Adaptive Test that will be individualized with the score for the examination reported as either pass or fail. Specific parameters of the exam will be as prescribed by contract with National Council of State Boards of Nursing, Inc. (NCSBN).

(3) Examinations shall be conducted throughout the year.

(4) The executive director of the commission shall negotiate with NCSBN for the use of the NCLEX CAT.

(5) The examination shall be administered in accord with the NCSBN security measures and contract. All appeals of examination results shall be managed in accord with policies in the NCSBN contract.

[Statutory Authority: RCW 18.79.110. 99-13-086, § 246-840-050, filed 6/14/99, effective 7/15/99. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-050, filed 6/18/97, effective 7/19/97.]

WAC 246-840-060 Release of results of examination. (1) Candidates shall be notified regarding the examination results by mail only.

(2) Candidates who pass shall receive a license to practice as a licensed practical nurse or registered nurse provided all other requirements are met.

(3) Candidates who fail shall receive a letter of notification regarding their eligibility to rewrite the examination.

(4) The candidate's examination results will be maintained in his/her application file in the health professions quality assurance division, department of health.

[Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-060, filed 6/18/97, effective 7/19/97.]

WAC 246-840-070 Failures—Repeat examination. (1) The retest may be scheduled no sooner than ninety days following the date of the last exam taken.

(2) Request to retake the exam must be submitted to the commission no less than forty-five days prior to the anticipated test date.

(3) Candidates who fail the examination will be permitted to retake the examination three times within the two-year period from the month of completion of the nursing program.

(4) Candidates who fail to pass the examination within the time period specified in subsection (3) of this section shall be required to complete a program of study approved by the commission. Upon successful completion of the approved program, the candidate shall be required to take the examination.

[Statutory Authority: RCW 18.79.110. 99-13-086, § 246-840-070, filed 6/14/99, effective 7/15/99. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-070, filed 6/18/97, effective 7/19/97.]

WAC 246-840-080 Licensure of graduates of foreign schools of nursing. (1) Applicants for licensure educated in a country outside the United States or its territories must meet the following requirements for licensure:

(a) Satisfactory completion of a basic nursing education program approved in the country of original licensure.

(i) The nursing education program must be equivalent to the minimum standards prevailing for commission or state board approved schools of nursing in Washington at the time of graduation.

(ii) Any deficiencies in the nursing program (theory and clinical practice in medical, psychiatric, obstetric, surgical

and pediatric nursing) must be satisfactorily completed in a state board approved school of nursing.

(b) Screening exams:

FOR PRACTICAL NURSES:

Satisfactory passage of the test of English as a foreign language (TOEFL). All applicants with nursing educations obtained in countries outside of the United States and never before licensed in another jurisdiction or territory of the United States, shall be required to take the TOEFL and attain a minimum score of fifty in each section. Once an applicant obtains a score of fifty in a section, the board will require reexamination and passage only in the section(s) failed. Passage of all sections of the TOEFL must be attained and the applicant must cause TOEFL services to forward directly to the board a copy of the official examinee's score record. These results must be timely received with the individual's application before the NCLEX can be taken. Exceptions may be made, in the commission's discretion and for good cause, to this requirement.

FOR REGISTERED NURSES:

Satisfactory passage of the screening examination for foreign nurses. As of May 1, 1981, all applicants from countries outside the United States, and never before licensed in one of the United States jurisdictions shall have passed the commission on graduates of foreign nursing schools (CGFNS) qualifying examination.

(c) Applicants licensed under the laws of a country outside the United States or its territories shall be required to take the current series of the National Council of State Boards of Nursing Licensing exam for Practical or Registered Nurse (NCLEX-PN or NCLEX-RN) as provided in WAC 246-840-050: Provided, That those persons meeting the requirements of WAC 246-840-090(7) are exempt from this requirement; or show evidence of having already successfully passed the state board licensing examination for practical or registered nurses in another jurisdiction or territory of the United States with the passing standard required in Washington.

(d) All other requirements of the statute and regulation must be met.

(2) Applicants for examination must:

(a) File with the nursing commission a completed license application with the required fee sixty days prior to the anticipated date of the examination.

(b) Request the school of nursing to submit an official transcript directly to the health professions quality assurance division of department of health. The transcript shall contain the date of graduation and the credential conferred, and shall be in English or accompanied by an official English translation notarized as a true and correct copy.

(c) Applicants shall also file an examination application, along with the required fee directly with the testing service.

(d) Applicants must demonstrate completion of seven clock hours of AIDS education as provided in chapter 246-12 WAC, Part 8.

(e) Request the licensing agency in the country of original license to submit evidence of licensure.

(f) Submit a notarized copy of the certificate issued by the CGFNS or results of TOEFL exam.

(g) If the applicant's original documents (education and licensing) are on file in another state or with the CGFNS, the applicant may request that the state board or the CGFNS send notarized copies in lieu of the originals.

(h) Submit one recent passport sized photograph of the applicant unmounted and signed by the applicant across the front.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-840-080, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-080, filed 6/18/97, effective 7/19/97.]

WAC 246-840-090 Licensure by interstate endorsement. A license to practice as a nurse in Washington may be issued without examination provided the applicant meets all of the following requirements:

FOR PRACTICAL NURSE PROGRAMS:

(1) The applicant has graduated and holds a credential from:

(a) A commission or state board approved program preparing candidates for licensure as a practical nurse; or

(b) Its equivalent as determined by the commission, which program must fulfill the minimum requirement for commission or state board approved practical nursing programs in Washington at the time of graduation.

(2) Applicants shall have passed a state board constructed test, the SBTPE (state board test pool examination), or NCLEX in their original state of licensure within four attempts and within two years of completion of the nursing program.

(3) The applicant held or currently holds a license to practice as a practical nurse in another state or territory. If the license is lapsed or inactive for three years or more, the applicant must successfully complete a commission approved refresher course before an active Washington license is issued.

(4) That grounds do not exist for denial under chapter 18.130 RCW.

(5) The applicant shall:

(a) Submit a completed application with the required fee.

(b) Applicants must complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

FOR REGISTERED NURSE PROGRAMS:

(6) The applicant has graduated and holds a degree/diploma from a commission or state board approved school of nursing preparing candidates for licensure as a registered nurse provided such nursing program is equivalent to the minimum nursing educational standards prevailing for commission or state board approved schools of nursing in Washington at the time of the applicant's graduation.

(a) Applicants who were licensed prior to January 1, 1953, must have scored at least seventy-five percent on the commission or state board examination in the state of original licensure.

(i) Applicants licensed after January 1, 1953, but before June 1, 1982, must have passed the state board test pool examination for registered nurse licensure with a minimum standard score of 350 in each test.

(ii) Applicants licensed after July 1, 1982, must have passed with a minimum standard score as established by contract with the National Council of State Boards of Nursing.

(b) The applicant holds a valid current license to practice as a registered nurse in another state or territory.

(c) Applicants must complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

(d) The application must be completed and notarized, the fee must be filed with the application. A notarized copy of a valid current license shall be filed with the application.

(e) Verification of licensure by examination must be obtained from the state or territory of original licensure. Any fee for verification required by the state or territory of original license must be paid by the applicant.

(7) Applicants from countries outside the United States who were granted a license in another United States jurisdiction or territory prior to December 31, 1971, and who were not required to pass the state board test pool examination must meet the following requirements:

(a) The nursing education program must meet the minimum approved standards prevailing for schools of nursing in Washington at the time of the applicant's graduation.

(b) The applicant holds a valid current license to practice as a registered nurse in another United States jurisdiction or territory.

(c) The applicant must submit to the commission:

(i) A complete notarized application. The fee must be filed with the application.

(ii) Verification of original licensure obtained in the United States jurisdiction or territory.

(iii) Notarized copies of educational preparation and licensure by examination submitted directly from the country of original licensure or from the state commission or territory of original United States licensure.

(iv) Verification of current nursing practice for three years prior to application for Washington licensure.

(v) Applicants must complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

(d) The applicant shall meet all requirements of chapter 18.79 RCW and regulations of the commission.

[Statutory Authority: RCW 18.79.110. 99-13-086, § 246-840-090, filed 6/14/99, effective 7/15/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-840-090, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-090, filed 6/18/97, effective 7/19/97.]

WAC 246-840-105 Brief adjudicative proceedings—Denials based on failure to meet education, experience, or examination prerequisites for licensure. The commission adopts RCW 34.05.482 and 34.05.485 through 34.05.494 for adjudicative proceedings requested by applicants, who are denied a license under chapter 18.79 RCW or chapter 246-840 WAC for failure to meet the education, experience, or examination prerequisites for licensure. The sole issue at the adjudicative proceeding shall be whether the applicant meets the education, experience, and examination prerequisites for the issuance of a license.

[Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-105, filed 6/18/97, effective 7/19/97.]

WAC 246-840-111 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 more than three years and the practitioner has been in active practice in another United States jurisdiction, the practitioner must:

(a) Submit verification of active practice from any other United States jurisdiction;

(b) Meet the requirements of chapter 246-12 WAC, Part 2.

(3) If the license has expired for more than three years and the practitioner has not been in active practice in another United States jurisdiction, the practitioner must:

(a) Successfully complete a commission approved refresher course. The practitioner will be issued a limited educational license to enroll in the refresher course. The limited educational license is valid only while working under the direct supervision of a preceptor and is not valid for employment as a licensed practical or registered nurse;

(b) Meet the requirements of chapter 246-12 WAC, Part 2.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-840-111, filed 2/13/98, effective 3/16/98.]

WAC 246-840-120 Inactive credential. (1) A practitioner may obtain an inactive credential. Refer to the requirements of chapter 246-12 WAC, Part 4.

(2) Practitioners with an inactive credential for three years or less who wish to return to active status must meet the requirements of chapter 246-12 WAC, Part 4.

(3) Practitioners with an inactive credential for more than three years, who have been in active practice in another United States jurisdiction, and wish to return to active status must:

(a) Submit verification of active practice from any other United States jurisdiction;

(b) Meet the requirements of chapter 246-12 WAC, Part 4.

(4) Practitioners with an inactive credential for more than three years, who have not been in active practice in another United States jurisdiction, and wish to return to active status must:

(a) Successfully complete a commission approved refresher course. The practitioner will be issued a limited educational license to enroll in the refresher course. The limited educational license is valid only while working under the direct supervision of a preceptor and is not valid for employment as a licensed practical or registered nurse;

(b) Meet the requirements of chapter 246-12 WAC, Part 4.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-840-120, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-120, filed 6/18/97, effective 7/19/97.]

WAC 246-840-130 Criteria for approved refresher course. (1) Philosophy, purpose and objectives.

(a) Philosophy, purpose and objectives of the course shall be clearly stated and available in written form. They shall be consistent with the definition of nursing as outlined in chapter 18.79 RCW.

(b) Objectives reflecting the philosophy shall be stated in behavioral terms and describe the capabilities and competencies of the graduate.

(2) Faculty.

(a) All nurse faculty shall hold a current license to practice as a registered nurse in the state of Washington.

(b) All faculty shall be qualified academically and professionally for their respective areas of responsibility.

(c) All faculty shall be qualified to develop and implement the program of study.

(d) Faculty shall be sufficient in number to achieve the stated program objectives.

(e) The maximum faculty to student ratio in the clinical area shall be 1 to 12. Exceptions shall be justified to and approved by the commission.

(3) Course content.

(a) The course content, length, methods of instruction and learning experiences shall be consistent with the philosophy and objectives of the course. Outlines and descriptions of all learning experiences shall be available in writing.

FOR PRACTICAL NURSE PROGRAMS:

(b) The course content shall consist of a minimum of sixty hours of theory content and one hundred twenty hours of clinical practice.

(c) The theory course content shall include, but not be limited to, a minimum of sixty hours in current basic concepts of:

(i) Nursing process;

(ii) Pharmacology;

(iii) Review of the concepts in the areas of:

(A) Practical nursing today including legal expectations;

(B) Basic communications and observational practices needed for identification, reporting, and recording patient needs; and

(C) Basic physical, biological, and social sciences necessary for practice; and

(iv) Review and updating of practical nursing knowledge and skills to include, but not be limited to, concepts of fundamentals, medical/surgical, parent/child, geriatric, and mental health nursing.

(d) The clinical course content shall include a minimum of one hundred twenty hours of clinical practice in the area(s) listed in (c) of this subsection. Exceptions shall be justified to and approved by the commission.

FOR REGISTERED NURSE PROGRAMS:

(e) The course content shall consist of a minimum of forty hours core course content, forty hours of specialty course content, and one hundred sixty hours of clinical practice in the specialty area.

(f) The core course content shall include, but not be limited to, a minimum of forty hours of theory in current basic concepts of:

(i) Nursing process;

(ii) Pharmacology;

(iii) Review of the concepts in the areas of:

(A) Professional nursing today including legal expectations;

(B) Basic communications and observational practices needed for identification, reporting, and recording patient needs; and

(C) Basic physical, biological and social sciences necessary for practice; and

(iv) Review and updating of basic nursing knowledge.

(g) The specialty course content shall include, but not be limited to, a minimum of forty hours of theory in current specialty nursing practice concepts of basic nursing related to the special area of interest such as surgical; pediatrics; obstetrics; psychiatric; acute, intensive, or extended care nursing; or community health nursing.

(h) The clinical course content shall include a minimum of one hundred sixty hours of clinical practice in the specialty area(s) listed in (c) and (d) of this subsection. Exceptions shall be justified to and approved by the commission.

FOR BOTH REGISTERED NURSE AND PRACTICAL NURSE PROGRAMS:

(4) Evaluation.

(a) Evaluation methods shall be used to measure the student's achievement of the stated theory and clinical objectives.

(b) The course shall be periodically evaluated by faculty and students.

(5) Admission requirements.

(a) Any person holding an inactive practical or registered nurse license in another state may apply for a limited educational license provided that the applicant meets the requirements of WAC 246-840-120.

(b) Requirements for admission shall be available in writing.

(c) All students shall hold a current valid license or hold (apply and be eligible for) a limited educational license approved by the commission.

(6) Records.

(a) Evidence that the student has successfully completed the course and met the stated objectives shall be kept on file.

(b) The refresher course provider shall submit a certification of successful completion of the course to the commission office.

(7) Refresher courses taken outside of the state of Washington shall be reviewed individually for approval by the commission prior to starting the course.

[Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-130, filed 6/18/97, effective 7/19/97.]

ADVANCED PRACTICE

WAC 246-840-299 Definitions. (1) Advanced nursing practice: Advanced nursing practice is the delivery of expert nursing care by registered nurses who have acquired experience and formal education in specialized areas. A nurse with this preparation may qualify as ARNP as delineated in WAC 246-840-300.

(2) Advanced registered nurse practitioner (ARNP): An ARNP is a registered nurse who has had formal graduate education and has achieved national specialty certification for the nurse practitioner, nurse anesthetist or nurse midwife role.

[Statutory Authority: RCW 18.79.110 and 18.79.050. 00-21-119, § 246-840-299, filed 10/18/00, effective 11/18/00.]

WAC 246-840-300 Advanced registered nurse practitioner. An advanced registered nurse practitioner is a registered nurse prepared in a formal educational program to assume primary responsibility for continuous and comprehensive management of a broad range of patient care, concerns and problems. Advanced registered nurse practitioners function within the specialty scopes of practice and/or description of practice and/or standards of care developed by national professional organizations and reviewed and approved by the commission. These statements form the basis for selection of test items or competency based evaluation processes and are derived from standard educational curricula for certain practice areas. ARNP members of the commission will review these statements on a biennial basis and will present substantive changes to the full commission for approval or disapproval. Advanced registered nurse practitioners are prepared and qualified to assume primary responsibility and accountability for the care of their patients. This practice is grounded in nursing and incorporates the use of independent judgment as well as collaborative interaction with other health care professionals when indicated in the assessment and management of wellness and conditions as appropriate to the ARNP's area of specialization.

Within the scope of the advanced registered nurse practitioner's knowledge, experience and specialty scope of practice statement(s), licensed advanced registered nurse practitioners may perform the following functions:

- Examine patients and establish medical diagnoses by client history, physical examination and other assessment criteria;
- Admit patients to health care facilities;
- Order, collect, perform and interpret laboratory tests;
- Initiate requests for radiographic and other testing measures;
- Identify, develop, implement and evaluate a plan of care and treatment for patients to promote, maintain and restore health;
- Prescribe medications when granted authority under this chapter;
- Refer clients to other health care practitioners or facilities.

An advanced registered nurse practitioner:

(1) Shall hold a current license to practice as a registered nurse in Washington;

(2) Shall have completed a formal advanced nursing education meeting the requirements of WAC 246-840-305;

(3) Shall present documentation of initial certification credential granted by a national certifying body recognized by the commission, approved ARNP specialty whose certification program is approved by the commission and subsequently maintain currency and competency as defined by the certifying body;

(4) Copies of statements of scope of practice or practice descriptions are maintained in the nursing commission's office. Specialty designations recognized by the commission and the date of the commission approved statement of scope of practice or practice description are:

(a) Family Nurse Practitioner (FNP) (American Nurses Association, 1998; American Academy of Nurse Practitioners, 1992).

(b) Women's Health Nurse Practitioner (WHNP) (American Association of Women's Health, Obstetric, and Neonatal Nurses, 1997).

(c) Pediatric Nurse Practitioner (PNP) (National Association of Pediatric Nurse Associates and Practitioners, 2000; American Nurses Association, 1998).

(d) Adult Nurse Practitioner (ANP) (American Nurses Association, 1998; American Academy of Nurse Practitioners, 1992).

(e) Geriatric Gerontological Nurse Practitioner (GNP) (American Nurses Association, 1998).

(f) Certified Nurse Midwife (CNM) (American College of Nurse Midwives, 1997).

(g) Certified Registered Nurse Anesthetist (CRNA) (American Association of Nurse Anesthetists, 1996).

(h) School Nurse Practitioner (American Nurses Association, 1998).

(i) Neonatal Nurse Practitioner (NNP) (American Association of Women's Health, Obstetric, and Neonatal Nurses, 1997).

(j) Psychiatric Nurse Practitioner or Clinical Specialist in Psychiatric-Mental Health Nursing (American Nurses Association, 1998).

(k) Acute Care Nurse Practitioner (American Nurses Association, 1998).

(5) Shall be held individually accountable for practice based on and limited to the scope of his/her education, demonstrated competence, and advanced nursing experience;

(6) Shall obtain instruction, supervision, and consultation as necessary before implementing new or unfamiliar techniques or practices;

(7) Shall be responsible for maintaining current knowledge in his/her field of practice;

(8) Must be prepared to show documentation of any additional formal education, skills training, or supervised clinical practice beyond the basic ARNP preparation; and

(9) May choose to limit his or her area of practice within the recognized specialty or specialties.

(10) If recognized in more than one specialty area, must obtain and maintain certification in all areas and must obtain formal education and training for each area of specialization.

[Statutory Authority: RCW 18.79.110 and 18.79.050. 00-21-119, § 246-840-300, filed 10/18/00, effective 11/18/00. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-300, filed 6/18/97, effective 7/19/97.]

WAC 246-840-305 Criteria for formal advanced nursing education meeting the requirement for ARNP licensure. The college or university graduate education program which prepares the registered nurse for eventual licensure as an ARNP shall have as its primary purpose the preparation of advanced practice nurses for roles as defined in WAC 246-840-300. Documentation that may be requested to substantiate preparation for the ARNP role may include, but shall not be limited to:

(1) The philosophy, purpose, and objectives of the program, which are clearly defined and available in written form.

(2) The objectives reflecting the philosophy which are written in outcomes that describe the competencies of the graduate.

(3) Administrative policies of the program, which include:

(a) Clearly stated admission criteria, available in written form.

(b) Provision of official evidence that the student has completed the program successfully.

(c) Documentation that the program is conducted by an accredited college or university.

(4) Evidence that faculty meet the following requirements:

(a) Inclusion of faculty who are currently authorized to assume primary responsibility for patient care in the given specialty.

(b) Only medical faculty who are authorized to practice.

(c) The number of qualified faculty in the specialty area available to develop and implement the program is adequate.

(d) Preceptors who participate in teaching, supervising, and evaluating students. Criteria are in place for selection and functioning of preceptors. Preceptors guide students and communicate with faculty regarding student progress.

(5) Curriculum of the advanced nursing practice program which reflects:

(a) Course content that is consistent with the philosophy and objectives of the program.

(b) The coordinated, formal program of study shall be based on defined outcome competencies. Minimal course requirements shall include:

- Advanced physiology/pathophysiology
- Advanced health assessment
- Diagnostic theory and medical management of health care problems
- Advanced pharmacotherapeutics
- A minimum of 500 hours in direct patient care in the ARNP role with clinical preceptor supervision and faculty oversight
- Role of the ARNP.

(c) Before January 1, 1995, content that requires a minimum of one academic year for completion.

(d) After January 1, 1995, content that culminates in a graduate degree with a concentration in advanced nursing practice.

(e) If the formal educational program to prepare for the advanced nursing practice role is taken after completion of the graduate degree, the candidate must submit evidence that the practitioner preparation program, as stated in (e)(ii) of this subsection, is equivalent to that leading to a graduate degree in advanced practice specialty.

(6) Outlines and descriptions of curriculum content which are available in written form.

[Statutory Authority: RCW 18.79.110 and 18.79.050. 00-21-119, § 246-840-305, filed 10/18/00, effective 11/18/00. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-305, filed 6/18/97, effective 7/19/97.]

WAC 246-840-310 Use of nomenclature. Any person who qualifies under WAC 246-840-300 and whose application for advanced registered nurse practitioner designation has been approved by the commission shall be designated as an advanced registered nurse practitioner and shall have the right to use the title "advanced registered nurse practitioner" or nurse practitioner and the abbreviation following the nurse's name shall read "ARNP" and the title or abbreviation designated by the approved national certifying body. No other person shall assume such title or use such abbreviation. No other person shall use any other title, words, letters, signs or figures to indicate that the person using same is recognized as an advanced registered nurse practitioner and:

(1) Family nurse practitioner, FNP; or

(2) Women's health care nurse practitioner, WHCNP; or

(3) Pediatric nurse practitioner/associate, PNP/PNA; or

(4) Adult nurse practitioner, ANP; or

(5) Geriatric nurse practitioner, GNP; or

(6) Certified nurse midwife/nurse midwife, CNM; or

(7) Certified registered nurse anesthetist, CRNA; or

(8) School nurse practitioner, SNP; or

(9) Neonatal nurse practitioner, NNP; or

(10) Clinical nurse specialist in psychiatric/mental health nursing or psychiatric nurse practitioners; or

(11) Acute care nurse practitioner, ACNP.

[Statutory Authority: RCW 18.79.110 and 18.79.050. 00-21-119, § 246-840-310, filed 10/18/00, effective 11/18/00. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-310, filed 6/18/97, effective 7/19/97.]

WAC 246-840-311 ARNP previously adopted specialties. (1) The nursing care quality assurance commission recognizes the need to provide for renewing the licenses of advanced registered nurse practitioners certified in:

(a) Community health nurse;

(b) Maternal/GYN/neonatal nurse;

(c) Medical/surgical nursing;

(d) Occupational health nurse;

(e) Neurosurgical nursing; or

(f) Enterostomal therapy.

(2) Failure to renew. If any current credential holder of one or more of the above six categories fails to renew his or her credential(s), then upon the expiration of the current credential listed above, the nursing care quality assurance commission will not renew or recognize the specialty certification(s) listed above for that individual according to the requirements of WAC 246-840-360.

(3) Existing licenses only. This rule applies only to existing licensees issued credentials in the above six categories by the Washington state nursing care quality assurance commission. No new applications will be accepted for certification in the above six categories.

[Statutory Authority: RCW 18.79.110. 02-20-077, § 246-840-311, filed 9/30/02, effective 10/31/02.]

WAC 246-840-320 Certification and certification program. (1) Certification is a form of credentialing, under sponsorship of a national certifying body that recognizes specialized and advanced nursing practice.

(2) A certification program shall be based on:

(a) A scope of practice statement as identified in WAC 246-840-300 shall denote the dimension and boundary, the focus, and the standards of specialized and advanced nursing practice in the area of certification.

(b) A formal program of study requirement in the area of certification which shall:

(i) Be based on measurable objectives that relate directly to the scope of practice;

(ii) Include theoretical and clinical content directed to the objectives; and

(iii) Be equivalent to at least one academic year. A preceptorship which is part of the formal program shall be included as part of the academic year. Current practice in the area of certification will not be accepted as a substitute for the formal program of study.

(c) The process of certification shall:

(i) Measure the theoretical and clinical content denoted in the scope of practice;

(ii) Be developed in accordance with generally accepted standards of validity and reliability;

(iii) Be only to registered nurses who have successfully completed the program of study referred to in (b) of this subsection; and

(iv) The certification program must successfully meet the criteria of the National Commission on Certifying Agencies, the third-party organization which periodically reviews the exam integrity, exam content and administrative processes of the certifying organization.

(3) The commission shall periodically review each certification program and may discontinue approval in the event that a certification program no longer meets the requirements of subsection (2) of this section.

[Statutory Authority: RCW 18.79.110 and 18.79.050. 00-21-119, § 246-840-320, filed 10/18/00, effective 11/18/00. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-320, filed 6/18/97, effective 7/19/97.]

WAC 246-840-330 Commission approval of certification programs and commission recognition of new specialties. (1) The commission shall review each certification program at least once every four years. The review will occur at a commission business meeting. The commission may discontinue approval in the event that a certification program no longer meets the criteria of WAC 246-840-320.

(2) The commission shall notify licensees of pending review and may request that further information be provided regarding compliance with the provisions of WAC 246-840-320(2).

(3) Schools contemplating the development of a new ARNP specialty may request that new specialties and related certification programs be considered for ARNP designation through the rule-making process.

[Statutory Authority: RCW 18.79.110 and 18.79.050. 00-21-119, § 246-840-330, filed 10/18/00, effective 11/18/00. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-330, filed 6/18/97, effective 7/19/97.]

WAC 246-840-340 Application requirements for ARNP. A registered nurse applicant for licensure as an ARNP shall:

(1) Submit a completed application and fee as specified in WAC 246-840-990.

(2) Meet the requirements of WAC 246-840-300 and 246-840-305. The following documents must be submitted as evidence to these requirements:

(a) An official transcript received by the commission directly from the formal advanced nursing education program showing all courses, grades, degree or certificate granted, official seal and appropriate registrar or program director's signature.

(b) Program objectives and course descriptions.

(c) Documentation from program director or faculty specifying the area of specialty, unless such is clearly indicated on the official transcript.

(3) Have graduated from an advanced nursing education program, as defined in WAC 246-840-300, within five years of application; if longer than five years have practiced a minimum of one thousand five hundred hours in an expanded specialty role within five years immediately preceding application.

(4) Submit evidence of certification by a certification program approved by the commission.

(5) Persons not meeting the educational requirements in subsection (2) of this section may be licensed if:

(a) Certified prior to December 31, 1994, by a national certifying organization recognized by the commission at the time certification was granted; and

(b) Recognized as an advanced registered nurse practitioner by another jurisdiction prior to December 31, 1994; and

(c) Completed an advanced registered nurse practitioner program equivalent to one academic year.

(6) Persons not meeting the requirements in subsection (3) of this section may be licensed following successful completion of five hundred hours of clinical practice supervised by an advanced registered nurse practitioner or a physician (licensed under chapter 18.71 or 18.57 RCW) in the same specialty area. Following completion of the supervised practice, the supervisor must submit an evaluation to the commission and verify that the applicant's knowledge and skills are at a safe and appropriate level.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-840-340, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-340, filed 6/18/97, effective 7/19/97.]

WAC 246-840-345 ARNP designation in more than one area of specialty. (1) An applicant who wishes to be recognized in more than one ARNP area of specialization and title shall be required to submit separate application and nonrefundable fee for each area.

(2) All requirements in WAC 246-840-300 through 246-840-370 must be met for each area of specialization.

[Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-345, filed 6/18/97, effective 7/19/97.]

WAC 246-840-350 Application requirements for ARNP interim permit. A registered nurse who has completed advanced formal education and registered for a commission approved national certification examination may be issued an interim permit to practice specialized and advanced nursing pending notification of the results of the first certification examination. The holder of an ARNP permit must use the title graduate registered nurse practitioner (GRNP).

(1) An applicant for ARNP interim permit must:

(a) Submit a completed application on a form provided by the commission accompanied by a fee as specified in WAC 246-840-990; and

(b) Submit documentation of completion of advanced formal education in the area of specialty; and

(c) Submit documentation of registration for the first certification examination administered by an approved certification program following completion of advanced formal education; and

(d) Hold a current license to practice as a registered nurse in Washington.

(2) The permit expires when advanced registered nurse practitioner status is granted. If the applicant fails the examination, the interim permit will expire upon notification and is not renewable.

(3) An applicant who does not write the examination on the date scheduled must immediately return the permit to the department of health.

(4) The interim permit authorizes the holder to perform the functions of advanced and specialized nursing practice as described in this section.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-840-350, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-350, filed 6/18/97, effective 7/19/97.]

WAC 246-840-360 Renewal of ARNP designation. The applicant must:

(1) Maintain a current registered nurse license in Washington.

(2) Submit evidence of current certification by her/his certifying body in all specialty areas.

(3) Provide documentation of thirty contact hours (a contact hour is fifty minutes) of continuing education during the renewal period in the area of certification derived from any combination of the following approved by the commission:

(a) Formal academic study;

(b) Continuing education offerings.

(4) Attest, on forms provided by the commission, to having a minimum of two hundred fifty hours of specialized and advanced nursing practice within the preceding biennium providing direct patient care services. The commission may perform random audits of licensee's attestations.

(5) Comply with the requirements of chapter 246-12 WAC, Part 2.

[Statutory Authority: RCW 18.79.110 and 18.79.050. 00-21-119, § 246-840-360, filed 10/18/00, effective 11/18/00. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-840-360, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-360, filed 6/18/97, effective 7/19/97.]

WAC 246-840-365 Return to active ARNP status from inactive or expired status. Persons on inactive or expired status who do not hold a current active license in any other United States jurisdiction and who wish to return to active status must apply for reinstatement of ARNP licensure. This requires:

(1) Current RN license in the state of Washington.

(2) Evidence of current certification by his/her certifying body.

(3) Documentation of thirty contact hours of continuing education in the area of specialty during the last two years.

(4) Two hundred fifty hours of precepted/supervised advanced clinical practice supervised by an ARNP or physician in the same specialty within the last year.

(5) If the license has been expired, meet the requirements of chapter 246-12 WAC, Part 2.

(6) If the licensee has been on inactive status, meet the requirements of chapter 246-12 WAC, Part 4.

During the time of the preceptorship, the nurse will be practicing under RN license and will not use the designation ARNP.

ARNP licensure must be reinstated before reapplying for prescriptive authority. At that time the CE requirement will be the same as if applying for prescriptive authority for the first time, as in WAC 246-840-410.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-840-365, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-365, filed 6/18/97, effective 7/19/97.]

WAC 246-840-370 Termination of ARNP designation by the commission. ARNP designation may be terminated by the commission when the ARNP has:

(1) Practiced outside the scope of practice denoted for the area of certification; or

(2) Been found in violation of any provision of RCW 18.79.250 or 18.130.180.

[Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-370, filed 6/18/97, effective 7/19/97.]

WAC 246-840-400 ARNP with prescriptive authorization. An advanced registered nurse practitioner licensed under chapter 18.79 RCW when authorized by the nursing commission may prescribe drugs pursuant to applicable state and federal laws. The ARNP when exercising prescriptive authority is accountable for competency in:

(1) Patient selection;

(2) Problem identification through appropriate assessment;

(3) Medication and/or device selection;

(4) Patient education for use of therapeutics;

(5) Knowledge of interactions of therapeutics, if any;

(6) Evaluation of outcome; and

(7) Recognition and management of complications and untoward reactions.

[Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-400, filed 6/18/97, effective 7/19/97.]

WAC 246-840-410 Application requirements for ARNP with prescriptive authority. An advanced registered nurse practitioner who applies for authorization to prescribe drugs must:

(1) Be currently designated as an advanced registered nurse practitioner in Washington.

(2) Provide evidence of completion of thirty contact hours of education in pharmacotherapeutics related to the applicant's scope of specialized and advanced practice and:

(a) Include pharmacokinetic principles and their clinical application and the use of pharmacological agents in the prevention of illness, restoration, and maintenance of health.

(b) Are obtained within a two-year time period immediately prior to the date of application for prescriptive authority.

(c) Are obtained from the following:

(i) Study within the advanced formal educational program; and/or

(ii) Continuing education programs.

Exceptions shall be justified to and approved by the commission.

(3) Submit a completed, notarized application on a form provided by the commission accompanied by a fee as specified in WAC 246-840-990.

[Statutory Authority: RCW 18.79.110 and 18.79.050. 00-21-119, § 246-840-410, filed 10/18/00, effective 11/18/00. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-840-410, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-410, filed 6/18/97, effective 7/19/97.]

WAC 246-840-420 Authorized prescriptions by the ARNP with prescriptive authority. (1) Prescriptions for drugs shall comply with all applicable state and federal laws.

(2) Prescriptions shall be signed by the prescriber with the initials ARNP.

(3) Prescriptions for controlled substances in Schedules I through IV are prohibited by RCW 18.79.240 (1)(r).

(4) Any ARNP with prescriptive authorization who prescribes Schedule V controlled substances shall register with the drug enforcement administration.

[Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-420, filed 6/18/97, effective 7/19/97.]

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 termi-

nated, 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.]

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 246-840-450 Renewal. ARNP with prescriptive authorization must be renewed every two years. For renewal of ARNP with prescriptive authorization, the licensee must:

(1) Meet the requirements of WAC 246-840-360 (1), (2), and (3).

(2) Provide documentation of fifteen additional contact hours of continuing education during the renewal period in pharmacotherapeutics related to licensee's scope of practice. This continuing education must meet the requirements of WAC 246-840-410 (3)(a) and chapter 246-12 WAC, Part 7.

(3) Submit a completed and notarized renewal application with a nonrefundable fee as specified in WAC 246-840-990. If the licensee fails to renew his or her prescriptive authorization prior to the expiration date, then the individual is subject to the late renewal fee specified in WAC 246-840-990 and chapter 246-12 WAC, Part 2.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-840-450, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-450, filed 6/18/97, effective 7/19/97.]

WAC 246-840-500 Philosophy governing approval of nursing education programs. While the commission herein has established minimum standards for approved schools of nursing, it believes that each school of nursing should have flexibility in developing and implementing its philosophy, purposes, and objectives. Such development and implementation should be based not only upon the minimum standards for approved schools of nursing, but also upon sound educational and professional principles for the preparation of registered and practical nurses to meet current and future nursing needs of the public. The commission believes that there must be congruence between the total program activities of the school of nursing and its stated philosophy, purpose and objectives.

The commission further believes that the minimum standards for approved schools of nursing can be useful to schools of nursing by promoting self-evaluation which may lead to program development and improvement.

[Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-500, filed 10/16/95, effective 11/16/95.]

WAC 246-840-505 Purposes of commission approval of nursing education programs. The commission approves nursing education programs for the following purposes:

(1) To assure preparation for the safe practice of nursing by setting minimum standards for nursing education programs preparing persons for licensure as registered nurses or practical nurses;

(2) To provide guidance for the development of new nursing education programs;

(3) To foster continued improvement of established nursing education programs;

(4) To provide criteria for the commission to evaluate new or established nursing education programs;

(5) To assure the student adequate educational preparation;

(6) To assure eligibility for admission to the licensing examinations for registered or practical nurses, and to facilitate interstate endorsement of graduates of commission approved schools of nursing.

[Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-505, filed 10/16/95, effective 11/16/95.]

WAC 246-840-510 Approval of nursing education programs. (1) Application for program development.

(a) An educational institution wishing to establish a program in nursing shall:

(i) Submit to the commission at least eighteen months in advance of expected opening date a statement of intent to establish a nursing education program.

(ii) Submit to the commission, along with the statement of intent, a feasibility study to include at least the following information:

(A) Nursing studies documenting the need for entry level nurses in the area.

(B) Purposes and classification of the program.

(C) Availability of qualified faculty.

(D) Budgeted faculty positions.

(E) Availability of adequate clinical facilities for the program.

(F) Availability of adequate academic facilities for the program.

(G) Potential effect on other nursing programs in the area.

(H) Evidence of financial resources adequate for the planning, implementation, and continuation of the program.

(I) Anticipated student population.

(J) Tentative time schedule for planning and initiating the program.

(iii) Respond to the commission's request(s) for additional information.

(b) The commission shall either grant or withhold approval for program development.

(2) Program development.

(a) At least twelve months in advance of the anticipated admission of students, the organization shall appoint a qualified nurse administrator to develop a proposed nursing education program. The proposed program plan shall include:

(i) Purpose, philosophy, and objectives.

(ii) Organization and administration.

(iii) Budget.

(iv) Resources, facilities, and services.

(v) Provisions for faculty, including qualifications, responsibilities, organization, and faculty/student ratio.

(vi) Curriculum, including course descriptions and course outlines.

(vii) Policies and procedures for student selection, admission, progression, withdrawal and graduation, and record system.

(viii) Projected plans for the orderly expansion of the program.

(b) The nurse administrator shall submit to the commission a written report of the proposed program plan at least five weeks prior to a scheduled commission meeting at which time the plan is to be reviewed. This review shall take place six months prior to the scheduled opening date of the program.

(c) A survey visit will be conducted by a representative of the commission before a decision regarding approval is rendered.

(d) Students may not be admitted to the program until approval has been granted by the commission.

(e) The nurse administrator of the program and other administrative officers of the organization shall attend the commission meeting to present the formal application and clarify and amplify materials included in the written report of the proposed program plan.

(f) The commission shall either grant or withhold provisional approval of the proposed nursing program.

(3) Provisional approval.

(a) The school shall submit course outlines to the commission for review and approval at least three months prior to offering the course;

(b) The school shall submit progress reports as requested by the commission; and

(c) Survey visits shall be scheduled as deemed necessary by the commission during the period of provisional approval.

(4) Full approval.

(a) A self-evaluation report of compliance with the standards for nursing education shall as identified in WAC 246-840-550 through 246-840-575 be submitted within three months following graduation of the first class, and a survey visit shall be made for consideration of full approval of the program.

(b) The commission will review the self-evaluation report, survey reports and added materials for full approval of the nursing education program only at scheduled commission meetings.

(c) The self-evaluation report, added materials and survey reports shall be in the commission office at least five weeks prior to the commission meeting.

(5) Satellite nursing education programs. An approved nursing education program wishing to initiate an off-campus, extended or satellite nursing program must submit a plan to the commission demonstrating that:

(a) A need for entry level nurses exists in the area.

(b) Faculty on-site meet all the requirements and qualifications of the parent nursing education program.

(c) Adequate clinical facilities are available and meet the requirements of the parent program.

(d) Academic facilities and resources are comparable to those of the parent program.

[Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-510, filed 10/16/95, effective 11/16/95.]

WAC 246-840-520 Periodic evaluation of approved programs. (1) To ensure continuing compliance with the plan and standards of nursing education, all nursing education programs will be surveyed and reevaluated for continued approval every eight years. More frequent visits may occur as deemed necessary by the commission or at the request of the nursing education program.

(a) The survey visit will be made by representative(s) of the commission on dates mutually agreeable to the commission and the nursing education program.

(b) Announcement of a survey visit will be sent to programs at least twelve months in advance of the visit.

(c) Prior to the survey a program shall submit a self-evaluation report which provides evidence of compliance with the standards of nursing education as identified in WAC 246-840-550 through 246-840-575.

(d) The self-evaluation report prepared for the national nursing accreditation body may be substituted in lieu of the commission's survey report for that year if a national accreditation survey is scheduled concurrently. Where appropriate the survey will be made in conjunction with a national accreditation visit. An addendum to the report for the national accreditation survey must be submitted to address requirements of the state not considered by the national accrediting body.

(e) A draft of the survey visit report will be made available to the school for review and corrections in statistical data and for response to issues raised.

(f) Following the commission's review and decision, written notification regarding approval of the program and the commission comments and recommendations will be sent to the administrator of the nursing education program.

(2) Any proposed major curriculum revision, such as changes affecting the philosophy and objectives, significant course content changes, or changes in the length of the program, shall be presented to the commission for approval at least three months prior to implementation.

(3) Annual reports will be submitted on forms provided by the commission.

[Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-520, filed 10/16/95, effective 11/16/95.]

WAC 246-840-525 Commission action following survey visits. (1) Whenever a matter directly concerning a nursing program is being considered by the commission, any commission member who is associated with the program shall not participate in the deliberation or decision-making action of the commission.

(2) Each program shall be evaluated in terms of its conformance to the curriculum standards as provided in this chapter.

(3) The commission shall give written notice to the educational institution and the nurse administrator of the nursing program information regarding its decision on the program's approval status.

(4) Continuing full approval shall be granted a nursing program that meets the requirements of the law and rules and regulations of the commission. Full approval may carry recommendations for improvement and for correcting deficiencies.

(5) If the commission determines that an approved nursing program is not maintaining the curriculum standards required for approval, the commission shall give written notice specifying the deficiencies and shall designate the period of time in which the deficiencies must be corrected. The program's approval shall be suspended if a program fails to correct the deficiencies within the specified period of time.

[Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-525, filed 10/16/95, effective 11/16/95.]

WAC 246-840-530 Denial, conditional approval or withdrawal of approval. (1) The commission may deny approval to new programs when it determines that a nursing education program fails substantially to meet the standards for nursing education as contained in WAC 246-840-550 through 246-840-575. All such commission actions shall be in accordance with the Washington Administrative Procedure Act and/or the administrative rules and regulations of the commission.

(2) Conditional approval shall be granted a nursing education program that has failed to meet the minimum standards contained in the law and the rules and regulations of the commission.

(a) Conditions that must be met within a designated time period shall be specified in writing.

(b) A conditionally approved program shall be reviewed at the end of the designated time period. Such review shall result in one of the following actions:

(i) Restoration of full approval;

(ii) Continuation of conditional approval for a specified period of time; or

(iii) Withdrawal of approval.

(3) The commission may withdraw approval from existing programs when it determines that a nursing education program fails substantially to meet the standards for nursing education as contained in WAC 246-840-550 through 246-840-575. All such actions shall be effected in accordance with the Administrative Procedure Act and/or the administrative rules and regulations of the commission.

[Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-530, filed 10/16/95, effective 11/16/95.]

WAC 246-840-535 Reinstatement of approval. The commission may consider reinstatement of withdrawn approval of a nursing education program upon submission of satisfactory evidence that the program meets the standards of nursing education, WAC 246-840-550 through 246-840-575.

[Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-535, filed 10/16/95, effective 11/16/95.]

WAC 246-840-540 Appeal of commission decisions. A nursing education program deeming itself aggrieved by a decision of the commission affecting its approval status shall have the right to appeal the commission's decision in accordance with the provisions of chapter 18.79 RCW and the Administrative Procedure Act, chapter 34.05 RCW.

[Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-540, filed 6/18/97, effective 7/19/97. Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-540, filed 10/16/95, effective 11/16/95.]

WAC 246-840-545 Closing of an approved nursing education program. (1) Voluntary closing. When a governing institution decides to close a program it shall notify the commission in writing, stating the reason, plan, and date of intended closing. The governing institution may choose one of the following closing procedures:

(a) The program shall continue until the last class enrolled is graduated.

(i) The program shall continue to meet the standards for approval, WAC 246-840-550 through 246-840-575 until all of the enrolled students have graduated.

(ii) The date of closure is the date on the degree, diploma, or certificate of the last graduate.

(iii) The commission shall be notified by the governing institution of the closing date.

(b) The program shall close after assisting in the transfer of students to other approved programs.

(i) The program shall continue to meet the standard required for approval, WAC 246-840-550 through 246-840-575 until all students are transferred.

(ii) A list of the names of students who have been transferred to approved programs and the date on which the last student was transferred shall be submitted to the commission by the governing institution.

(iii) The date on which the last student was transferred shall be the closing date of the program.

(c) Custody of records.

(i) If the program closes but the governing institution continues to function, it shall assume responsibility for the records of the students and graduates. The commission shall be advised of the arrangements made to safeguard the records.

(ii) If the governing institution ceases to exist, the academic records of each student and graduate shall be transferred to the commission for safekeeping.

(iii) The commission shall be consulted about the disposition of all other records.

(2) Closing as a result of withdrawal of approval. When the commission withdraws approval of a nursing education program, the governing institution shall comply with the following procedures:

(a) Students of the program shall be notified in writing of their status and options for transfer to an approved program.

(b) The program shall close after assisting in the transfer of students to other approved programs. A time frame for the transfer process will be established by the commission.

(c) A list of the names of students who have transferred to approved programs and the date on which the last student was transferred shall be submitted to the commission by the governing institution.

(d) Custody of records.

(i) If the governing institution continues to function, it shall assume responsibility for the records of the students and the graduates. The commission shall be advised of the arrangements made to safeguard the records.

(ii) If the governing institution ceases to exist, the academic records of each student and graduate shall be transferred to the commission for safekeeping.

(iii) The commission shall be consulted about the disposition of all other records.

[Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-545, filed 10/16/95, effective 11/16/95.]

WAC 246-840-550 Purpose, philosophy, and objectives for approved nursing education programs. (1) The purpose, philosophy, and objectives of the program shall be stated clearly and shall be available in written form. They shall be consistent with the definitions of nursing practice as outlined in RCW 18.79.040 and 18.79.060.

(2) The nursing education program shall have a statement of philosophy that is consistent with the philosophy of the governing institution.

(3) The objectives shall be consistent with the philosophy and shall describe the cognitive, affective, and psychomotor capabilities of the graduate.

[Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-550, filed 10/16/95, effective 11/16/95.]

WAC 246-840-555 Organization and administration for approved nursing education programs. (1) The nursing education program shall be an integral part of the accredited governing institution. The governing institution accreditation must be by an approved accrediting body.

(2) The relationship of the nursing education program to other units within the governing institution shall be clearly delineated.

(3) The nursing education program shall be organized with clearly defined authority, responsibility, and channels of communication.

(4) The nursing education faculty shall be involved in determining academic policies and procedures of the nursing program.

(5) The nursing education program shall allow student participation in committees in the determination of program policies and procedures, curriculum planning and evaluation.

(6) The nursing education program shall be administered by a registered nurse currently licensed in this state with the following qualifications:

(a) In a program offering practical nursing education or associate degree, a minimum of a masters with a major in nursing, preparation in education and administration, and at least five years of professional experience as a registered nurse including two years of experience in nursing education. Exceptions allowed without prior commission approval:

(i) Current tenured faculty.

(ii) Ongoing reappointment of instructors or faculty prior to November 16, 1995.

(b) In a program offering the baccalaureate degree in nursing, a masters degree with a major in nursing, a doctoral degree in nursing or a related field, preparation in education and administration, and at least five years of experience as a registered nurse including two years of experience in nursing education at the baccalaureate level.

(7) The administrator of the nursing education program shall be responsible for creation and maintenance of an environment conducive to teaching and learning through:

(a) Facilitation of the development, implementation and evaluation of the curriculum.

(b) Liaison with central administration and other units of the governing institution.

(c) Facilitation of faculty development and performance review consistent with the policies of the institution. Encourage faculty to seek ways of improving clinical skills and methods of demonstrating continued clinical competence.

(d) Facilitation of faculty recruitment and appointment. The administration of the program is encouraged to establish a goal for acquiring faculty with diversity in ethnicity, gender, clinical specialty and experience that would be representative of the students enrolled in the program.

(e) Recommendation of faculty for appointment, promotion, tenure, and retention consistent with the policies of the institution.

(f) Facilitation of the development of long-range goals and objectives for the nursing program.

(g) Facilitation of recruitment, selection, and advisement of students.

(h) Assurance that the rules and regulations of the state nursing commission are effectively implemented.

(i) Notifying the commission of any major changes in the program or its administration.

(8) The administrator of the nursing education program shall have designated time provided to conduct relevant administrative duties and responsibilities.

[Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-555, filed 10/16/95, effective 11/16/95.]

WAC 246-840-560 Resources, facilities, and services for approved nursing education programs. (1) Classrooms, laboratories, and conference rooms shall be available and shall be adequate in size, number, and type according to the number of students and the educational purposes for which the rooms are to be used.

(2) Offices shall be available and adequate in size, number, and type to provide faculty with opportunity for uninterrupted work and privacy for the conferences with students. Adequate space shall be provided for clerical staff, records, files, and other equipment.

(3) Clinical facilities.

(a) A variety of sites shall be utilized for learning experiences to enable the student to observe and practice safe nursing care of persons at each stage of the human life cycle.

These experiences shall include opportunities for the student to learn and provide nursing care to clients in the areas of acute and chronic illnesses, promotion and maintenance of wellness, prevention of illness, rehabilitation and support in death. Clinical experiences shall include opportunities to learn and provide care to clients from diverse ethnic and cultural backgrounds. The emphasis placed on these areas and the scope encompassed shall be in keeping with the purpose, philosophy and objectives of the program. The experiences may include, but need not be limited to, hospitals, clinics, offices of health professionals, health centers, nursery schools, elementary and secondary schools, rehabilitation centers, mental health clinics, public health departments, and extended care resources.

(b) Clinical facilities shall be selected to provide learning experience of sufficient number and kind for student achievement of the course/curriculum objectives. The number of hours of class and clinical practice opportunities and distribution of these shall be in direct ratio to the amount of time necessary for the student at the particular stage of development to accomplish the objectives.

(c) Clinical facilities shall be approved by the appropriate accreditation or licensing evaluation bodies, if such exist.

(d) Throughout the program the total hours of class and required clinical practice opportunities shall not exceed forty hours per week.

(4) Library facilities shall be provided for use by the faculty and students. Physical facilities, hours, and scope and currency of learning resources shall be appropriate for the purpose of the program and for the number of faculty and students.

(5) Periodic evaluations of resources, facilities, and services shall be conducted by the administration, faculty, and/or students.

(6) Adequate financial support for faculty, support personnel, equipment, supplies, and services shall be demonstrated.

[Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-560, filed 10/16/95, effective 11/16/95.]

WAC 246-840-565 Students in approved nursing education programs. (1) The approved nursing education program shall:

(a) Provide in writing policies and procedures for selection, admission, progression, graduation, withdrawal, and dismissal. These policies shall be consistent with the policies of the governing institution. Where necessary, policies specific to nursing students may be adopted if justified by the nature and purposes of the nursing program.

(b) Maintain a system of student records.

(c) Provide a written statement of student rights and responsibilities.

(d) Require that students who seek admission by transfer from another approved nursing education program, or readmission for completion of the program, shall meet the equivalent of the program's current standards.

(2) The nursing education program shall provide the student in an ADN or BSN program with information on the legal definition and parameters of the nursing technician role, as in WAC 246-840-010(19) and 246-840-840. Such information shall be provided prior to the time of completion of the first clinical course and shall clearly advise the student of their responsibilities, should they choose to be employed as a nursing technician.

[Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-565, filed 6/18/97, effective 7/19/97. Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-565, filed 10/16/95, effective 11/16/95.]

WAC 246-840-570 Faculty in approved nursing education programs. (1) There shall be a sufficient number of qualified faculty with adequate diversity of expertise in nursing to meet the purposes and objectives of the nursing education program.

(2) The maximum ratio of faculty to students in clinical areas involving direct care of patients or clients shall be one faculty member to twelve students. A lower ratio may be required by the commission of nursing for students in initial or highly complex learning situations. Factors to be considered in determining the ratio are:

(a) The preparation and expertise of the faculty member;

(b) The objectives to be achieved;

(c) The level of students;

(d) The number, type, and conditions of patients;

(e) The number, type, location, and physical layout of clinical facilities being used for a particular course(s).

(3) Nursing faculty, including those in career ladder programs, shall have the following qualifications:

(a) A current license to practice as a registered nurse in Washington.

(b) A masters degree with a major in nursing from an accredited college or university shall be the minimum requirement for faculty appointment in a program preparing registered nurses.

A Baccalaureate degree with a major in nursing from an accredited college or university shall be the minimum requirement for faculty appointment in program preparing practical nurses only.

(i) Exceptions allowed without prior commission approval:

(A) Current tenured faculty.

(B) Ongoing reappointment of instructors or faculty prior to November 3, 1995.

(C) Temporary faculty replacement for less than three quarters or two semesters.

(ii) Exceptions allowed with prior commission approval:

(A) Temporary short-term faculty appointment of less than one academic year.

(B) Faculty specializing in a highly selected clinical area such as an operating room.

(c) Clinical experience as a registered nurse relevant to area(s) of responsibility.

(4) Nonnurse faculty must have academic and professional education and experience in their field of specialization.

(5) Faculty shall be responsible for:

(a) Developing, implementing, and evaluating the purpose, philosophy, and objectives of the nursing education program.

(b) Designing, implementing, and evaluating the curriculum.

(c) Developing and evaluating student admission, progression, retention, and graduation policies within the framework of the policies of the governing institution.

(d) Participating in or providing for academic advising and guidance of students.

(e) Evaluating student achievement, in terms of curricular objectives as related to both nursing knowledge and practice.

(f) Selecting, guiding, and evaluating student learning.

(g) Participating in activities to improve their own nursing competency in area(s) of responsibility and to demonstrate current clinical competency.

[Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-570, filed 10/16/95, effective 11/16/95.]

WAC 246-840-575 Curriculum for approved nursing education programs. (1) The basic curriculum shall not be less than two academic years for preparation of a registered nurse. The basic curriculum shall not be less than nine months or forty weeks for preparation of a practical nurse.

(2) The length, organization, content, methods of instruction, and placement of courses shall be consistent with the philosophy of the program.

(3) The curriculum shall include:

FOR PRACTICAL NURSE PROGRAMS:

(a) Concepts of social, behavioral, and related foundation subjects which may be integrated, combined or presented as separate courses.

(i) Normal growth and development.

(ii) Psychology - social facts and principles; communication techniques and defense mechanisms, normal and abnormal behavior; loss, grief and dying.

(iii) Personal and vocational relationships.

(b) Biological and related foundation subjects, which may be integrated, combined or presented as separate courses.

(i) Anatomy and physiology.

(ii) Microbiology - elementary concepts.

(iii) Chemistry and physics - elementary concepts.

(iv) Nutrition and diet therapy.

(v) Pharmacology and applied mathematics.

(c) Principles and practice of practical nursing consistent with the practical nursing role of the beginning practitioner as provided by the standards of competency identified in WAC 246-838-260.

(i) Nursing ethics, nursing history and trends, vocational and legal aspects of nursing.

(ii) Medical and surgical nursing.

(iii) Parent/child nursing with only an assisting role in the care of clients during labor and delivery and those with complications.

(iv) Geriatric nursing.

(v) Mental health nursing.

(vi) All nursing courses shall include components of restorative, rehabilitative and supportive care.

(vii) Laboratory and clinical practice in the functions of the practical nurse, including but not limited to, administration of medications, common medical surgical techniques and related client teaching.

(viii) Concepts of client care management.

FOR REGISTERED NURSE PROGRAMS:

(a) Instruction in the physical and biological sciences and shall include content drawn from the areas of anatomy and physiology, physics, chemistry, microbiology, pharmacology and nutrition, which may be integrated, combined, or presented as separate courses.

(b) Instruction in the social and behavioral sciences and shall include content drawn from the areas of communications, psychology, sociology and anthropology, which may be integrated, combined, or presented as separate courses.

(c) Theory and clinical experiences in the areas of medical nursing, surgical nursing, obstetric nursing, nursing of children and psychiatric nursing, which may be integrated, combined, or presented as separate courses. Baccalaureate programs also shall include theory and clinical experiences in community health nursing.

(d) History, trends, and legal and ethical issues pertaining to the nursing profession, which may be integrated, combined, or presented as separate courses. Baccalaureate programs shall include study of research principles.

(e) Opportunities for the student to learn assessment of needs, planning, implementation, and evaluation of nursing care for diverse individuals and groups. Baccalaureate programs shall include the study and practice of leadership.

(f) Clinical experiences in the care of persons at each stage of the human life cycle. These experiences shall include opportunities for the student to learn and have direct involvement in, responsibility and accountability for nursing care in the areas of acute and chronic illnesses, promotion and maintenance of wellness. The emphasis placed on these areas, the scope encompassed, and other allied experiences offered shall be in keeping with the purpose, philosophy, and objectives of the program.

(g) Opportunities for the student to participate in multidisciplinary health care.

[Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-575, filed 10/16/95, effective 11/16/95.]

WAC 246-840-700 Standards of nursing conduct or practice. (1) The purpose of defining standards of nursing conduct or practice through WAC 246-840-700 and 246-840-710 is to identify responsibilities of the professional registered nurse and the licensed practical nurse in health care settings and as provided in the Nursing Practice Act, chapter 18.79 RCW. Violation of these standards may be grounds for disciplinary action under chapter 18.130 RCW. Each individual, upon entering the practice of nursing, assumes a measure of responsibility and public trust and the corresponding obligation to adhere to the professional and ethical standards of nursing practice. The nurse shall be responsible and accountable for the quality of nursing care given to clients. This responsibility cannot be avoided by accepting the orders or directions of another person. The standards of nursing conduct or practice include, but are not limited to the following;

(2) The nursing process is defined as a systematic problem solving approach to nursing care which has the goal of facilitating an optimal level of functioning and health for the client, recognizing diversity. It consists of a series of phases:

Assessment and planning, intervention and evaluation with each phase building upon the preceding phases.

(a) **Registered Nurse:** Minimum standards for registered nurses include the following:	(b) **Licensed Practical Nurse:** Minimum standards for licensed practical nurses include the following:
(i) **Standard I Initiating the Nursing Process:**	(i) **Standard I - Implementing the Nursing Process:** The practical nurse assists in implementing the nursing process;
(A) **Assessment and Analysis:** The registered nurse initiates data collection and analysis that includes pertinent objective and subjective data regarding the health status of the clients. The registered nurse is responsible for ongoing client assessment, including assimilation of data gathered from licensed practical nurses and other members of the health care team;	(A) **Assessment:** The licensed practical nurse makes basic observations, gathers data and assists in identification of needs and problems relevant to the clients, collects specific data as directed, and, communicates outcomes of the data collection process in a timely fashion to the appropriate supervising person;
(B) **Nursing Diagnosis/Problem Identification:** The registered nurse uses client data and nursing scientific principles to develop nursing diagnosis and to identify client problems in order to deliver effective nursing care;	(B) **Nursing Diagnosis/Problem Identification:** The licensed practical nurse provides data to assist in the development of nursing diagnoses which are central to the plan of care;
(C) **Planning:** The registered nurse shall plan nursing care which will assist clients and families with maintaining or restoring health and wellness or supporting a dignified death;	(C) **Planning:** The licensed practical nurse contributes to the development of approaches to meet the needs of clients and families, and, develops client care plans utilizing a standardized nursing care plan and assists in setting priorities for care;
(D) **Implementation:** The registered nurse implements the plan of care by initiating nursing interventions through giving direct care and supervising other members of the care team; and	(D) **Implementation:** The licensed practical nurse carries out planned approaches to client care and performs common therapeutic nursing techniques; and
(E) **Evaluation:** The registered nurse evaluates the responses of individuals to nursing interventions and is responsible for the analysis and modification of the nursing care plan consistent with intended outcomes;	(E) **Evaluation:** The licensed practical nurse, in collaboration with the registered nurse, assists with making adjustments in the care plan. The licensed practical nurse reports outcomes of care to the registered nurse or supervising health care provider;
(ii) **Standard II Delegation and Supervision:** The registered nurse is accountable for the safety of clients receiving nursing service by:	(ii) **Standard II Delegation and Supervision:** Under direction, the practical nurse is accountable for the safety of clients receiving nursing care:
(A) Delegating selected nursing functions to others in accordance with their education, credentials, and demonstrated competence as defined in WAC 246-840-010(10);	(A) The practical nurse may delegate selected nursing tasks to competent individuals in selected situations, in accordance with their education, credentials and competence as defined in WAC 246-840-010(10);
(B) Supervising others to whom he/she has delegated nursing functions as defined in WAC 246-840-010(10);	(B) The licensed practical nurse in delegating functions shall supervise the persons to whom the functions have been delegated;
(C) Evaluating the outcomes of care provided by licensed and other paraprofessional staff; and	(C) The licensed practical nurse reports outcomes of delegated nursing care tasks to the RN or supervising health care provider; and
(D) The registered nurse may delegate certain additional acts to certain individuals in community-based long-term care settings as provided by WAC 246-840-910 through 246-840-980 and WAC 246-841-405;	(D) In community based long-term care settings as provided by WAC 246-840-910 through 246-840-980 and WAC 246-841-405, the practical nurse may delegate only personal care tasks to qualified care givers;
(iii) **Standard III Health Teaching.** The registered nurse assesses learning needs including learning readiness for patients and families, develops plans to meet those learning needs, implements the teaching plan and evaluates the outcome.	(iii) **Standard III Health Teaching.** The practical nurse assists in health teaching of clients and provides routine health information and instruction recognizing individual differences.

(3) **The following standards apply to registered nurses and licensed practical nurses:**

(a) The registered nurse and licensed practical nurse shall communicate significant changes in the client's status to appropriate members of the health care team. This communication shall take place in a time period consistent with the client's need for care. Communication is defined as a process by which information is exchanged between individuals through a common system of speech, symbols, signs, and written communication or behaviors that serves as both a means of gathering information and of influencing the behavior, actions, attitudes, and feelings of others; and

(b) The registered nurse and licensed practical nurse shall document, on essential client records, the nursing care given and the client's response to that care; and

(c) The registered nurse and licensed practical nurse act as client advocates in health maintenance and clinical care.

(4) **Other responsibilities:**

(a) The registered nurse and the licensed practical nurse shall have knowledge and understanding of the laws and rules regulating nursing and shall function within the legal scope of nursing practice;

(b) The registered nurse and the licensed practical nurse shall be responsible and accountable for his or her practice based upon and limited to the scope of his/her education, demonstrated competence, and nursing experience consistent with the scope of practice set forth in this document; and

(c) The registered nurse and the licensed practical nurse shall obtain instruction, supervision, and consultation as necessary before implementing new or unfamiliar techniques or procedures which are in his/her scope of practice.

(d) The registered nurse and the licensed practical nurse shall be responsible for maintaining current knowledge in his/her field of practice; and

(e) The registered nurse and the licensed practical nurse shall respect the client's right to privacy by protecting confidential information and shall not use confidential health care information for other than legitimate patient care purposes or as otherwise provided in the Health Care Information Act, chapter 70.02 RCW.

[Statutory Authority: RCW 18.79.110. 02-06-117, § 246-840-700, filed 3/6/02, effective 4/6/02. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-700, filed 6/18/97, effective 7/19/97.]

WAC 246-840-705 Functions of a registered nurse and a licensed practical nurse.

(1) **Registered Nurses:**	(2) **Licensed Practical Nurses:**
The registered nurse performs acts that require substantial knowledge, judgment and skill based on the principles of biological, behavioral, health, and nursing sciences. Such acts are grounded in the elements of the nursing process which includes, but is not limited to, the assessment, analysis, diagnosis, planning, implementation and evaluation of nursing care and health teaching in the maintenance and the promotion of health or prevention of illness of others and the support of a dignified death. The registered nurse using specialized knowledge can perform the activities of administration, supervision, delegation and evaluation of nursing practice; and	The licensed practical nurse performs services requiring knowledge, skill and judgment necessary for carrying out selected aspects of the designated nursing regimen. The licensed practical nurse recognizes and is able to meet the basic needs of the client, and gives nursing care under the direction and supervision, to clients in **routine** nursing situations. A routine nursing situation is one that is relatively free of complexity, and the clinical and behavioral state of the client is relatively stable, requires care based upon a comparatively fixed and limited body of knowledge. In **complex** nursing care situations the licensed practical nurse functions as an assistant to the registered nurse and facilitates client care by carrying out selected aspects of the designated nursing regimen to assist the registered nurse in the performance of nursing care; and
(3) **Registered Nurses:**	(4) **Licensed Practical Nurses:**
The registered nurse functions in an **independent role** when utilizing the nursing process as defined in WAC 246-840-700(2) to meet the complex needs of the client.	The licensed practical nurse functions in an **interdependent** role to deliver care as directed and assists in the revision of care plans in collaboration with the registered nurse. The licensed practical nurse functions in a **dependent** role when executing a medical regimen under the direction and supervision of an advanced registered nurse practitioner, licensed physician and/or surgeon, dentist, osteopathic physician and/or surgeon, physician assistant, osteopathic physician assistant, podiatric physician and/or surgeon, or naturopathic physician. A licensed practical nurse may not accept delegation of acts not within his or her scope of practice.
In an interdependent role as a member of a healthcare team, the registered nurse functions to coordinate and evaluate the care of the client and independently revises the plan and delivery of nursing care. The registered nurse functions in an interdependent **role** when executing a medical regimen under the direction of an advanced registered nurse practitioner, licensed physician and/or surgeon, dentist,	This shall not be construed as authorizing an independent role for the LPN.

osteopathic physician and/or surgeon, physician assistant, osteopathic physician assistant, podiatric physician and/or surgeon, or naturopathic physician. A registered nurse may not accept delegation of acts not within his or her scope of practice.

[Statutory Authority: RCW 18.79.110. 02-06-117, § 246-840-705, filed 3/6/02, effective 4/6/02. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-705, filed 6/18/97, effective 7/19/97.]

WAC 246-840-710 Violations of standards of nursing conduct or practice. The following conduct may subject a nurse to disciplinary action under the Uniform Disciplinary Act, chapter 18.130 RCW:

(1) Engaging in conduct described in RCW 18.130.180;

(2) Failure to adhere to the standards enumerated in WAC 246-840-700 which may include, but are not limited to:

(a) Failing to assess and evaluate a client's status or failing to institute nursing intervention as required by the client's condition;

(b) Willfully or repeatedly failing to report or document a client's symptoms, responses, progress, medication, or other nursing care accurately and/or legibly;

(c) Willfully or repeatedly failing to make entries, altering entries, destroying entries, making incorrect or illegible entries and/or making false entries in employer or employee records or client records pertaining to the giving of medication, treatments, or other nursing care;

(d) Willfully or repeatedly failing to administer medications and/or treatments in accordance with nursing standards;

(e) Willfully or repeatedly failing to follow the policy and procedure for the wastage of medications where the nurse is employed or working;

(f) Nurses shall not sign any record attesting to the wastage of controlled substances unless the wastage was personally witnessed;

(g) Willfully causing or contributing to physical or emotional abuse to the client;

(h) Engaging in sexual misconduct with a client as defined in WAC 246-840-740; or

(i) Failure to protect clients from unsafe practices or conditions, abusive acts, and neglect;

(3) Failure to adhere to the standards enumerated in WAC 246-840-700(2) which may include:

(a) Delegating nursing care function or responsibilities to a person the nurse knows or has reason to know lacks the ability or knowledge to perform the function or responsibility, or delegating to unlicensed persons those functions or responsibilities the nurse knows or has reason to know are to be performed only by licensed persons. This section should not be construed as prohibiting delegation to family members and other caregivers exempted by RCW 18.79.040(3), 18.79.050, 18.79.060 or 18.79.240; or

(b) Failure to supervise those to whom nursing activities have been delegated. Such supervision shall be adequate to prevent an unreasonable risk of harm to clients;

(4)(a) Performing or attempting to perform nursing techniques and/or procedures for which the nurse lacks the appropriate knowledge, experience, and education and/or failing to obtain instruction, supervision and/or consultation for client safety;

(b) Violating the confidentiality of information or knowledge concerning the client, except where required by law or for the protection of the client; or

(c) Writing prescriptions for drugs unless authorized to do so by the commission;

(5) Other violations:

(a) Appropriating for personal use medication, supplies, equipment, or personal items of the client, agency, or institution. The nurse shall not solicit or borrow money, materials or property from clients;

(b) Practicing nursing while affected by alcohol or drugs, or by a mental, physical or emotional condition to the extent that there is an undue risk that he or she, as a nurse, would cause harm to him or herself or other persons; or

(c) Willfully abandoning clients by leaving a nursing assignment, when continued nursing care is required by the condition of the client(s), without transferring responsibilities to appropriate personnel or caregiver;

(d) Conviction of a crime involving physical abuse or sexual abuse including convictions of any crime or plea of guilty, including crimes against persons as defined in chapter 43.830 RCW and crimes involving the personal property of a patient, whether or not the crime relates to the practice of nursing; or

(e) Failure to make mandatory reports to the Nursing Care Quality Assurance Commission concerning unsafe or unprofessional conduct as required in WAC 246-840-730;

Other:

(6) The nurse shall only practice nursing in the state of Washington with a current Washington license;

(7) The licensed nurse shall not permit his or her license to be used by another person;

(8) The nurse shall have knowledge of the statutes and rules governing nursing practice and shall function within the legal scope of nursing practice;

(9) The nurse shall not aid, abet or assist any other person in violating or circumventing the laws or rules pertaining to the conduct and practice of professional registered nursing and licensed practical nursing; or

(10) The nurse shall not disclose the contents of any licensing examination or solicit, accept or compile information regarding the contents of any examination before, during or after its administration.

[Statutory Authority: RCW 18.79.110. 02-06-117, § 246-840-710, filed 3/6/02, effective 4/6/02. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-710, filed 6/18/97, effective 7/19/97.]

WAC 246-840-720 Mitigating circumstances. The commission recognizes that there may be circumstances inherent to various practice settings that may affect the commission's decision whether to issue a statement of charges, to

make a finding of unprofessional conduct, or to determine a sanction.

[Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-720, filed 6/18/97, effective 7/19/97.]

WAC 246-840-730 Mandatory reporting. Mandatory reporting assists the nursing care quality assurance commission (nursing commission) in protecting the public health and safety through the discovery of unsafe or substandard nursing practice or conduct. These rules are intended to define the information that is to be reported and the obligation of nurses and others to report.

The nursing commission does not intend every minor nursing error to be reported or that mandatory reporting serve as a substitute for employer-based disciplinary action.

Who must make reports and what must be reported to the nursing commission?

(1) Any person, including, but not limited to, registered nurses, practical nurses, advanced registered nurse practitioners, health care facilities and governmental agencies shall always report the following, except as provided for in subsections (2) and (3) of this section:

(a) Information that a nurse may not be able to practice with reasonable skill and safety as a result of a mental or physical condition;

(b) Information regarding a conviction, determination or finding, including employer-based disciplinary action, that a nurse has committed an act that would constitute unprofessional conduct, as defined in RCW 18.130.180, including violations of chapter 246-840 WAC, including, but not limited to:

(i) Conviction of any crime or plea of guilty, including crimes against persons as defined in chapter 43.830 RCW, and crimes involving the personal property of a patient, whether or not the crime relates to the practice of nursing;

(ii) Conduct which leads to dismissal from employment for cause related to unsafe nursing practice or conduct in violation of the standards of nursing;

(iii) Conduct which reasonably appears to be a contributing factor to the death of a patient;

(iv) Conduct which reasonably appears to be a contributing factor to the harm of a patient that requires medical intervention;

(v) Conduct which reasonably appears to violate accepted standards of nursing practice and reasonably appears to create a risk of physical and/or emotional harm to a patient;

(vi) Conduct involving a pattern of repeated acts or omissions of a similar nature in violation of the standards of nursing that reasonably appears to create a risk to a patient;

(vii) Drug trafficking;

(viii) Conduct involving the misuse of alcohol, controlled substances or legend drugs, whether or not prescribed to the nurse, where such conduct is related to nursing practice or violates any other drug or alcohol-related nursing commission law;

(ix) Conduct involving sexual contact with a patient under RCW 18.130.180(24) or other sexual misconduct in violation of nursing commission law under WAC 246-840-740;

(x) Conduct involving patient abuse, including physical, verbal and emotional;

(xi) Conduct indicating unfitness to practice nursing or that would diminish the nursing profession in the eyes of the public;

(xii) Conduct involving fraud related to nursing practice;

(xiii) Conduct involving practicing beyond the scope of the nurse's license;

(xiv) Nursing practice, or offering to practice, without a valid nursing permit or license, including practice on a license lapsed for nonpayment of fees;

(xv) Violation of a disciplinary sanction imposed on a nurse's license by the nursing commission.

(2) Persons who work in federally funded substance abuse treatment programs are exempt from these mandatory reporting requirements to the extent necessary to comply with 42 CFR Part 2.

(3) Persons who work in approved substance abuse monitoring programs under RCW 18.130.175 are exempt from these mandatory reporting rules to the extent required to comply with RCW 18.130.175(3) and WAC 246-840-780(3).

How is a report made to the nursing commission?

(4) In providing reports to the nursing commission, a person may call the nursing commission office for technical assistance in submitting a report. Reports are to be submitted in writing and include the name of the nurse, licensure identification, if available, the name of the facility, the names of any patients involved, a brief summary of the specific concern which is the basis for the report, and the name, address and telephone number of the individual submitting the report.

(5) Failure of any licensed nurse to comply with these reporting requirements may constitute grounds for discipline under chapter 18.130 RCW.

What are the criteria for whistleblower protection?

(6) Whistleblower criteria is defined in chapter 246-15 WAC and RCW 43.70.075.

[Statutory Authority: RCW 18.79.110. 00-01-186, § 246-840-730, filed 12/22/99, effective 1/22/00. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-730, filed 6/18/97, effective 7/19/97.]

WAC 246-840-740 Sexual misconduct prohibited. (1) **What is the nursing commission's intent in prohibiting this type of misconduct?**

Sexual or romantic conduct with a client or the client's family is serious misconduct because it harms the nurse/client relationship and interferes with the safe and effective delivery of nursing services. A nurse does not need to be "assigned" to the client in order for the nurse/client relationship to exist. The role of the nurse in the nurse/client relationship places the nurse in the more powerful position and the nurse must not abuse this power. Under certain circumstances, the nurse/client relationship continues beyond the termination of nursing services. Not only does sexual or romantic misconduct violate the trust and confidence held by health care clients towards nursing staff, but it also undermines public confidence in nursing. Nurses can take measures to avoid allegations of such misconduct by establishing and maintaining professional boundaries in dealing with their clients.

(2) **What conduct is prohibited?**

Nurses shall never engage, or attempt to engage, in sexual or romantic conduct with clients, or a client's immediate family members or significant others. Such conduct does not have to involve sexual contact. It includes behaviors or expressions of a sexual or intimately romantic nature. Sexual or romantic conduct is prohibited whether or not the client, family member or significant other initiates or consents to the conduct. Such conduct is also prohibited between a nursing educator and student.

Regardless of the existence of a nurse/client relationship, nurses shall never use patient information derived through their role as a health care provider to attempt to contact a patient in pursuit of a nurse's own sexual or romantic interests or for any other purpose other than legitimate health care.

(3) **What should a nurse do to avoid allegations of sexual or romantic misconduct?**

Establishing and maintaining professional boundaries is critical to avoiding even the appearance of sexual or romantic misconduct. Nurses can take certain preventative steps to make sure safeguards are in place at all times, such as:

(a) Setting appropriate boundaries with patients, physically and verbally, at the outset of professional relationships, and documenting such actions and the basis for such actions;

(b) Consulting with supervisors regarding difficulties in establishing and maintaining professional boundaries with a given client; and/or

(c) Seeking reassignment to avoid incurring a violation of these rules.

(4) **What about former clients?**

A nurse shall not engage or attempt to engage a former client, or former client's immediate family member or significant other, in sexual or romantic conduct if such conduct would constitute abuse of the nurse/client relationship. The nurse/client relationship is abused when a nurse uses and/or benefits from the nurse's professional status and the vulnerability of the client due to the client's condition or status as a patient.

(a) Due to the unique vulnerability of mental health and chemical dependency clients, nurses are prohibited from engaging in or attempting to engage in sexual or romantic conduct with such former clients, or their immediate family or significant other, for a period of at least two years after termination of nursing services. After two years, sexual or romantic conduct may be permitted with a former mental health or chemical dependency client, but only if the conduct would not constitute abuse of the nurse/client relationship.

(b) Factors which the commission may consider in determining whether there was abuse of the nurse/client relationship include, but are not limited to:

(i) The amount of time that has passed since nursing services were terminated;

(ii) The nature and duration of the nurse/client relationship, the extent to which there exists an ongoing nurse/client relationship following the termination of services, and whether the client is reasonably anticipated to become a client of the nurse in the future;

(iii) The circumstances of the cessation or termination of the nurse/client relationship;

(iv) The former client's personal history;

(v) The former client's current or past mental status, and whether the client has been the recipient of mental health services;

(vi) The likelihood of an adverse impact on the former client and others;

(vii) Any statements or actions made by the nurse during the course of treatment suggesting or inviting the possibility of sexual or romantic conduct;

(viii) Where the conduct is with a client's immediate family member or significant other, whether such a person is vulnerable to being induced into such relationship due to the condition or treatment of the client or the overall circumstances.

(5) **Are there situations where these rules do not apply?**

These rules do not prohibit:

(a) The provision of nursing services on an urgent, unforeseen basis where circumstances will not allow a nurse to obtain reassignment or make an appropriate referral;

(b) The provision of nursing services to a spouse, or family member, or any other person who is in a preexisting, established relationship with the nurse where no evidence of abuse of the nurse/client relationship exists.

[Statutory Authority: RCW 18.130.180(24). 99-04-051, § 246-840-740, filed 1/28/99, effective 2/28/99.]

WAC 246-840-745 Adjudicative proceedings. The commission adopts the model procedural rules for adjudicative proceedings as adopted by the department of health and contained in chapter 246-11 WAC, including subsequent amendments.

[Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-745, filed 6/18/97, effective 7/19/97.]

WAC 246-840-747 Appearance and practice before agency—Standards of ethical conduct. All persons appearing in proceedings before the commission in a representative capacity shall conform to the standards of ethical conduct required of attorneys before the courts of Washington. If any such person does not conform to such standards, the commission may decline to permit such person to appear in a representative capacity in any proceeding before it.

[Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-747, filed 6/18/97, effective 7/19/97.]

WAC 246-840-750 Philosophy governing voluntary substance abuse monitoring programs. The commission recognizes the need to establish a means of proactively providing early recognition and treatment options for licensed practical nurses or registered nurses whose competency may be impaired due to the abuse of drugs or alcohol. The commission intends that such nurses be treated and their treatment monitored so that they can return to or continue to practice their profession in a way which safeguards the public. To accomplish this the commission shall approve voluntary substance abuse monitoring programs and shall refer licensed practical nurses or registered nurses impaired by substance abuse to approved programs as an alternative to instituting disciplinary proceedings as defined in RCW 18.130.160.

[Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-750, filed 6/18/97, effective 7/19/97.]

WAC 246-840-760 Terms used in WAC 246-840-750 through 246-840-780. (1) "Approved substance abuse monitoring program" or "approved monitoring program" is a program the commission has determined meets the requirements of the law and the criteria established by the commission in WAC 246-840-770 which enters into a contract with nurses who have substance abuse problems regarding the required components of the nurse's recovery activity and oversees the nurse's compliance with these requirements. Substance abuse monitoring programs do not provide evaluation or treatment to participating nurses.

(2) "Contract" is a comprehensive, structured agreement between the recovering nurse and the approved monitoring program wherein the nurse consents to comply with the monitoring program and its required components of the nurse's recovery activity.

(3) "Approved treatment facility" is a facility approved by the bureau of alcohol and substance abuse, department of social and health services according to chapter 70.96A RCW or RCW 69.54.030 to provide concentrated alcoholism or drug treatment if located within Washington state. Drug and alcohol treatment programs located out-of-state must be equivalent to the standards required for approval under chapter 70.96A RCW or RCW 69.54.030.

(4) "Substance abuse" means the impairment, as determined by the commission, of a nurse's professional services by an addiction to, a dependency on, or the use of alcohol, legend drugs, or controlled substances.

(5) "Aftercare" is that period of time after intensive treatment that provides the nurse and the nurse's family with group or individual counseling sessions, discussions with other families, ongoing contact and participation in self-help groups and ongoing continued support of treatment program staff.

(6) "Nurse support group" is a group of nurses meeting regularly to support the recovery of its members. The group provides a confidential setting with a trained and experienced nurse facilitator in which nurses may safely discuss drug diversion, licensure issues, return to work and other professional issues related to recovery.

(7) "Twelve-step groups" are groups such as alcoholics anonymous, narcotics anonymous, and related organizations based on a philosophy of anonymity, belief in a power outside of oneself, peer group association, and self-help.

(8) "Random drug screens" are laboratory tests to detect the presence of drugs of abuse in body fluids which are performed at irregular intervals not known in advance by the person to be tested.

[Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-760, filed 6/18/97, effective 7/19/97.]

WAC 246-840-770 Approval of substance abuse monitoring programs. The commission will approve the monitoring program(s) which will participate in the commission's substance abuse monitoring program. A monitoring program approved by the commission may be contracted with an entity outside the department but within the state, out-of-state, or a separate structure within the department.

(1) The approved monitoring program will not provide evaluation or treatment to the participating nurses.

(2) The approved monitoring program staff must have the qualifications and knowledge of both substance abuse and the practice of nursing as defined in this chapter to be able to evaluate:

(a) Clinical laboratories;

(b) Laboratory results;

(c) Providers of substance abuse treatment, both individuals and facilities;

(d) Nurses' support groups;

(e) The nursing work environment; and

(f) The ability of the nurse to practice with reasonable skill and safety.

(3) The approved monitoring program will enter into a contract with the nurse and the commission to oversee the nurse's compliance with the requirements of the program.

(4) The approved monitoring program may make exceptions to individual components of the contract on an individual basis.

(5) The approved monitoring program staff will determine, on an individual basis, whether a nurse will be prohibited from engaging in the practice of nursing for a period of time and restrictions, if any, or the nurse's access to controlled substances in the work place.

(6) The approved monitoring program shall maintain records on participants.

(7) The approved monitoring program will be responsible for providing feedback to the nurse as to the acceptability of treatment progress.

(8) The approved monitoring program shall report to the commission any nurse who fails to comply with the requirement of the monitoring program.

(9) The approved monitoring program shall provide the commission with a statistical report on the program, including progress of participants, at least annually.

(10) The approved monitoring program shall receive from the commission guidelines on treatment, monitoring, and limitations on the practice of nursing for those participating in the program.

[Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-770, filed 6/18/97, effective 7/19/97.]

WAC 246-840-780 Participants entering the approved substance abuse monitoring program must agree to the following conditions. (1)(a) The nurse shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by health care professional(s) with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The nurse shall enter into a contract with the commission and the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The nurse will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The nurse will agree to remain free of all mind-altering substances including alcohol except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101.

(iii) The nurse must complete the prescribed aftercare, which may include individual and/or group psychotherapy.

(iv) The nurse must cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment prognosis and goals.

(v) The nurse will submit to random drug screening as specified by the approved monitoring program.

(vi) The nurse will attend nurses' support groups facilitated by a nurse and/or twelve-step group meetings as specified by the contract.

(vii) The nurse will comply with specified employment conditions and restrictions as defined by the contract.

(viii) The nurse shall sign a waiver allowing the approved monitoring program to release information to the commission if the nurse does not comply with the requirements of this contract.

(c) The nurse is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, and random drug screens.

(d) The nurse may be subject to disciplinary action under RCW 18.130.160 if the nurse does not participate in the approved monitoring program, does not comply with specified employment restrictions, or does not successfully complete the program.

(2) A nurse who is not being investigated by the commission or subject to current disciplinary action or currently being monitored by the commission for substance abuse may voluntarily participate in the approved substance abuse monitoring program without being referred by the commission.

(a) The nurse shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by health care professional(s) with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The nurse shall enter into a contract with the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The nurse will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The nurse will agree to remain free of all mind-altering substances including alcohol except for medications prescribed by an authorized prescriber as defined in RCW 69.41.030 and 69.50.101.

(iii) The nurse must complete the prescribed aftercare program of the intensive treatment facility, which may include individual and/or group psychotherapy.

(iv) The nurse must cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment prognosis and goals.

(v) The nurse will submit to random drug screening as specified by the approved monitoring program.

(vi) The nurse will attend nurses' support groups facilitated by a nurse and/or twelve-step group meetings as specified by the contract.

(vii) The nurse will comply with employment conditions and restrictions as defined by the contract.

(viii) The nurse shall sign a waiver allowing the approved monitoring program to release information to the commission if the nurse does not comply with the requirements of this contract.

(c) The nurse is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment and random drug screens.

(3) The treatment and pretreatment records of license holders referred to or voluntarily participating in approved monitoring programs shall be confidential, shall be exempt from RCW 42.17.250 through 42.17.450, and shall not be subject to discovery by subpoena or admissible as evidence except for monitoring records reported to the disciplinary authority for cause as defined in subsections (1) and (2) of this section. Records held by the commission under this section shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena except by the license holder.

[Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-780, filed 6/18/97, effective 7/19/97.]

WAC 246-840-800 Scope of practice—Advisory opinions. (1) The commission may issue advisory opinions in response to questions put to it by professional health associations, nursing practitioners and consumers concerning the authority of various categories of nursing personnel to perform particular acts. Such questions must be presented in writing to the department staff.

(2) Questions may be referred to a committee of the commission. Upon such referral, the committee shall develop a draft response which shall be presented to the full commission at a public meeting for ratification, rejection or modification. The committee may, at its discretion, consult with health care practitioners for assistance in developing its draft response.

(3) If the commission issues an opinion on a given issue, such opinion shall be provided to the requesting party and shall be included in the commission minutes.

(4) Each opinion issued shall include a clear statement to the effect that:

(a) The opinion is advisory and intended for the guidance of the requesting party only; and

(b) The opinion is not legally binding and does not have the force and effect of a duly promulgated regulation or a declaratory ruling by the commission.

(5) In no event shall this section be construed to supersede the authority of the commission to adopt rules related to the scope of practice nor shall it be construed to restrict the ability of any person to propose a rule or to seek a declaratory judgment from the commission.

[Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-800, filed 6/18/97, effective 7/19/97.]

WAC 246-840-810 Provision for continuity of drug therapy for residents. When a resident of a long-term care

facility has the opportunity for an unscheduled therapeutic leave that would be precluded by the lack of an available pharmacist to dispense drugs prescribed by an authorized practitioner, a registered nurse designated by the facility and its consultant or staff pharmacist and who agrees to such designation, may provide the resident or a responsible person with up to a seventy-two-hour supply of a prescribed drug or drugs for use during that leave from the resident's previously dispensed package of such drugs. The drugs shall only be provided in accordance with protocols developed by the pharmaceutical services committee and shall be available for inspection. These protocols shall include the following:

(1) Criteria as to what constitutes an unscheduled therapeutic leave requiring the provision of drugs by the registered nurse;

(2) Procedures for repackaging and labeling the limited supply of previously dispensed drugs by the designated registered nurse that comply with all state and federal laws concerning the packaging and labeling of drugs;

(3) Provision to assure that none of the medication provided to the resident or responsible person may be returned to the resident's previously dispensed package of such drug or to the facility's stock.

(4) Assurance that the RN informs the resident or responsible person of:

(a) The name, strength and quantity of drug provided;

(b) The proper administration of the drug;

(c) Potential adverse responses to the drug; and

(d) What actions to take should adverse responses occur.

(5) Provision for documenting by the RN in the resident's health record:

(a) Date and time of unscheduled leave;

(b) Name, strength and quantity of drug provided;

(c) Name of person to whom the drug was given and by whom it was given; and

(d) Confirmation that information described in subsection (2) of this section was provided.

See WAC 246-865-070 for related regulations regarding this practice.

[Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-810, filed 6/18/97, effective 7/19/97.]

WAC 246-840-820 Provision for clean, intermittent catheterization in schools. Public school districts and private schools that offer classes for any of the grades kindergarten through twelve may provide for clean, intermittent catheterization of students or assisted self-catheterization of students who are in the custody of the school district at the time in accordance with the following rules:

(1) The student's file shall contain a written request from the parent(s) or guardian for the clean, intermittent catheterization of the student.

(2) The student's file shall contain written permission from the parent(s) or guardian for the performance of the clean, intermittent catheterization procedure by the nonlicensed school employee.

(3) The student's file shall contain a current written order for clean, intermittent catheterization from the student's physician and shall include written instructions for the procedure. The order shall be reviewed and/or revised each school year.

(4) The student's file shall contain written, current, and unexpired instructions from a registered nurse licensed under chapter 18.79 RCW regarding catheterization which include:

(a) A designation of the school district or private school employee or employees who may provide for the catheterization; and

(b) A description of the nature and extent of any required supervision.

(5) The service shall be offered to all handicapped students and may be offered to the nonhandicapped students, at the discretion of the school board.

(6) The registered nurse shall develop instructions specific to the needs of the student. These shall be made available to the nonlicensed school employee and shall be updated each school year.

(7) The supervision of the self-catheterizing student shall be based on the needs of the student and the skill of the nonlicensed school employee.

(8) The registered nurse, designated by the school board, shall be responsible for the training of the nonlicensed school employees who are assigned to perform clean, intermittent catheterization of the students.

(9) The training of the nonlicensed school employee shall include but not be limited to:

(a) An initial in-service training, length determined by the registered nurse.

(b) An update of the instructions and a review of the procedure each school year.

(c) Anatomy, physiology, and pathophysiology of the urinary system including common anomalies for the appropriate age group served.

(d) Techniques common to the urinary catheterization procedure.

(e) Identification and care of the required equipment.

(f) Common signs and symptoms of infection and recommended procedures to prevent the development of infections.

(g) Identification of the psychosocial needs of the parent/guardian and the students with emphasis on the needs for privacy and confidentiality.

(h) Documentation requirements.

(i) Communication skills including the requirements for reporting to the registered nurse or the physician.

(j) Medications commonly prescribed for the clean, intermittent catheterization patient and their side effects.

(k) Contraindications for clean, intermittent catheterization and the procedure to be followed if the nonlicensed school employee is unable to catheterize the student.

(l) Training in catheterization specific to the student's needs.

(m) Developmental growth patterns of the appropriate age group served.

(n) Utilization of a teaching model to demonstrate catheterization techniques with return demonstration performed by the nonlicensed school employee, if a model is available.

(10) The training of the nonlicensed school employee shall be documented in the employee's permanent file.

[Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-820, filed 6/18/97, effective 7/19/97.]

WAC 246-840-830 Determination and pronouncement of death by a licensed registered nurse. A registered nurse may determine and pronounce death, but shall not certify death as defined in RCW 70.58.160 unless the registered nurse is a licensed ARNP as defined in WAC 246-840-300.

(1) A registered nurse may assume responsibility for the determination and pronouncement of death only if there are written policies and procedures relating to the determination and pronouncement of death in the organization with which the registered nurse is associated as an employee or by contract, provided:

(a) The decedent was under the care of a health care practitioner qualified to certify cause of death; and

(b) The decedent was a patient of the organization with which the registered nurse is associated; and

(c) There is a "do not resuscitate order" in the patient's record when the decedent was assisted by mechanical life support systems at the time of determination and pronouncement of death.

(2) A registered nurse who assumes responsibility for the determination and pronouncement of death shall be knowledgeable of the laws and regulations regarding death and human remains which affect the registered nurse's practice of this responsibility.

(3) A registered nurse who assumes responsibility for the determination and pronouncement of death shall:

(a) Perform a physical assessment of the patient's condition;

(b) Insure that family and physician and other caregivers are notified of the death; and

(c) Document the findings of the assessment and notification in all appropriate records.

[Statutory Authority: RCW 70.58.170, 70.58.180 and 2000 c 133. 00-17-179, § 246-840-830, filed 8/23/00, effective 9/23/00. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-830, filed 6/18/97, effective 7/19/97.]

WAC 246-840-840 Nursing technician. The purpose of the role of nursing technician is to provide opportunity for students enrolled in an ADN or BSN program to gain work experience within the limits of their education, but not limited to the scope of functions of nursing assistant - certified.

(1) The nursing technician is as defined in WAC 246-840-010(19).

(2) The nursing technician shall have knowledge and understanding of the laws and rules regulating the nursing technician and shall function within the legal scope of nursing practice.

(3) The nursing technician shall be responsible and accountable for practicing within the scope and guidelines of policies defined by the employing agency.

(4) The nursing technician shall not be employed by a temporary agency.

[Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-840, filed 6/18/97, effective 7/19/97.]

WAC 246-840-850 Use of nomenclature. (1) Any person who meets the qualifications under WAC 246-840-010(19) and 246-840-860 shall use the title nursing technician and this title shall not be abbreviated.

(2) No other person shall assume such title.

[Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-850, filed 6/18/97, effective 7/19/97.]

WAC 246-840-860 Nursing technician criteria. To be eligible for employment as a nursing technician a student must meet the following criteria:

(1) Satisfactory completion of at least one academic term (quarter or semester) of a nursing program approved by a commission or board of nursing (ADN, diploma, or BSN). The term must have included a clinical component.

(2) Currently enrolled in a nursing commission approved program will be considered to include:

(a) All periods of regularly planned educational programs and all school scheduled vacations and holidays.

(b) The period of time of notification to the commission of completion of nursing education, following graduation and application for examination, not to exceed ninety days from the date of graduation.

(c) Current enrollment will not be construed to include:

(i) Leaves of absence or withdrawal, temporary or permanent, from the nursing educational program.

(ii) Students enrolled in nursing department classes who are solely enrolled in academic nonnursing supporting course work, whether or not those courses are required for the nursing degree.

(iii) Students who are awaiting the opportunity to reenroll in nursing courses.

[Statutory Authority: RCW 18.79.160. 97-17-049, § 246-840-860, filed 8/15/97, effective 9/15/97.]

WAC 246-840-870 Functions of the nursing technician. The nursing technician:

(1) Shall function only under the supervision of the registered nurse.

(2) May gather information about patients and administer care to patients.

(3) Shall not be responsible for performing the ongoing assessment, planning, implementation, and evaluation of the care of patients.

(4) Shall never function as an independent practitioner, as a team leader, charge nurse, or in a supervisory capacity.

(5) May administer medications only under the direct supervision of a registered nurse and within the limits described in this section. "Direct supervision" means that the registered nurse is on the premises, is quickly and easily available, and that the patients have been assessed by the registered nurse prior to the delegation of the medication duties to the nursing technician. The nursing technician shall not administer chemotherapy, blood or blood products, intravenous medications, scheduled drugs, nor carry out procedures on central lines.

There shall be written documentation from the nursing education program attesting to the nursing technician's preparation in the procedures of medication administration.

[Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-870, filed 6/18/97, effective 7/19/97.]

WAC 246-840-880 Functions of the registered nurse supervising the nursing technician. The registered nurse:

(1) Is accountable at all times for the client's safety and well-being.

(2) Is responsible at all times for the nursing process as delineated in WAC 246-840-700 and this responsibility cannot be delegated.

(3) Shall maintain at all times an awareness of the care activities of the nursing technician and of the current assessment of the patient.

(4) Shall be available at all times to the nursing technician and shall be physically present within the health care facility.

[Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-880, filed 6/18/97, effective 7/19/97.]

WAC 246-840-890 Responsibilities of the employing facility. The employer of the nursing technician shall:

(1) Verify the nursing technician's enrollment in a nursing education program approved by the state board of nursing or commission in the state in which the program is located.

(2) Verify satisfactory completion of each academic term (semester or quarter) within two weeks of completion date.

(3) Obtain written documentation from the approved nursing education program of the nursing technician's current level of education preparation and his/her knowledge and skills.

(4) Assign the nursing technician to perform only to the level identified in subsection (3) of this section.

(5) Provide the nursing technician from an educational program approved by a state board of nursing or commission other than the Washington nursing commission with board authorized information on the legal definition and parameters of the nursing technician role, as in WAC 246-840-010(19) and 246-840-840 through 246-840-870. Such information shall be provided prior to the commencement of patient care activities by the nursing technician. The facility shall obtain written verification from the nursing technician of receipt and review of this information and the facility shall retain the written verification for a minimum of three years from the last date of employment.

(6) Advise the commission of the names and addresses of the nursing technician and the name and address of the nursing education program for any and all nursing technicians employed at the facility.

(7) Identify the student nurse as a "nursing technician."

[Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-890, filed 6/18/97, effective 7/19/97.]

WAC 246-840-900 Responsibilities of the nurse administrator. The nursing administrator or designee shall:

(1) Ensure that the nursing technician has been thoroughly oriented to the facility.

(2) Ensure that WAC 246-840-890 (3), (4), (5), (6), and (7) are accomplished prior to patient care assignments.

(3) Observe, evaluate, and document the skill level of the nursing technician in the administration of oral, intermuscular, and subcutaneous medication and nursing care skills.

(4) Convey in writing to all facility departments the scope within which the nursing technician may practice.

(5) Provide the supervising licensed registered nurse a written job description for the nursing technician.

[Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-900, filed 6/18/97, effective 7/19/97.]

DELEGATION OF NURSING CARE TASKS IN COMMUNITY BASED CARE SETTINGS

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 246-840-990 Fees and renewal cycle. (1) Licenses for practical nurse and registered nurse must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2.

(2) Licenses for advanced registered nurse must be renewed every two years on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2.

(3) The following nonrefundable fees shall be charged by the health professions quality assurance division of the department of health. Persons who hold an RN and an LPN license shall be charged separate fees for each license. Persons who are licensed as an advanced registered nurse practitioner in more than one specialty will be charged a fee for each specialty:

RN/LPN fees:

Title of Fee	Fee
Application (initial or endorsement)	$65.00
License renewal	50.00
Late renewal penalty	50.00
Expired license reissuance	50.00
Inactive renewal	20.00
Expired inactive license reissuance	20.00
Inactive late renewal penalty	10.00
Duplicate license	20.00
Verification of licensure/education (written)	25.00

Advanced registered nurse fees:

Title of Fee	Fee
ARNP application with or without prescriptive authority (per speciality)	$65.00
ARNP renewal with or without prescriptive authority (per speciality)	50.00
ARNP late renewal penalty (per speciality)	50.00
ARNP duplicate license (per speciality)	20.00
ARNP written verification of license (per speciality)	25.00

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-840-990, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. 97-23-075, § 246-840-990, filed 11/19/97, effective 1/12/98. Statutory Authority: RCW 18.79.200. 95-12-021, § 246-840-990, filed 5/31/95, effective 7/1/95.]

Chapter 246-841 WAC
NURSING ASSISTANTS

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-841-710 General provisions. [Statutory Authority: RCW 18.88A.050, 18.130.050 and 18.130.080. 92-02-018 (Order 224), § 246-841-710, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-841-710, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-173-010, filed 6/30/89.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.

246-841-730 Courts. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-841-730, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-173-070, filed 6/30/89.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.

246-841-740 State and federal agencies. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-841-740, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-173-080, filed 6/30/89.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.

246-841-750 Cooperation with investigation. [Statutory Authority: RCW 18.88A.050, 18.130.050 and 18.130.080. 92-02-018 (Order 224), § 246-841-750, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-841-750, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-173-090, filed 6/30/89.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.

WAC 246-841-400 Standards of practice and competencies of nursing assistants. The following standards are supported by statements of the competencies that a nursing assistant must hold to meet the standard to be certified to practice in the state of Washington. The competencies are statements of skills and knowledge, and are written as descriptions of behaviors which can be observed and measured. All competencies are performed, as per RCW 18.88A.-030, under the direction and supervision of a licensed (registered) nurse or licensed practical nurse. The level or depth of accomplishment of any given competency is as appropriate to the "assisting" role of basic nursing care under supervision of the licensed nurse.

(1) Basic technical skills. The nursing assistant demonstrates basic technical skills which facilitates an optimal level of functioning for the client, recognizing individual, cultural, and religious diversity. Competencies:

(a) Demonstrates proficiency in cardiopulmonary resuscitation (CPR).

(b) Takes and records vital signs.

(c) Measures and records height and weight.

(d) Measures and records fluid and food intake and output of client.

(e) Recognizes and reports abnormal signs and symptoms of common diseases and conditions.

(f) Demonstrates sensitivity to client's emotional, social, and mental health needs.

(g) Makes observations of client's environment to ensure safety and comfort of client.

(h) Participates in care planning and nursing reporting process.

(2) Personal care skills. The nursing assistant demonstrates basic personal care skills. Competencies:

(a) Assists client with bathing, mouth care, and skin care.

(b) Assists client with grooming and dressing.

(c) Provides toileting assistance to client.

(d) Assists client with eating and hydration.

(e) Utilizes proper feeding techniques.

(3) Mental health and social service needs. The nursing assistant demonstrates the ability to identify the psychosocial characteristics of all clients including persons with mental retardation, mental illness, dementia, Alzheimer's disease, and related disorders. Competencies:

(a) Modifies his/her own behavior in response to the client's behavior.

(b) Identifies adaptations necessary to accommodate the aging process.

(c) Provides training in, and the opportunity for, self care according to clients' capabilities.

(d) Demonstrates skills supporting client's personal choices.

(e) Identifies ways to use the client's family as a source of emotional support for the patient.

(4) Basic restorative services. The nursing assistant incorporates principles and skills of restorative nursing in providing nursing care. Competencies:

(a) Demonstrates knowledge and skill in using assistive devices in ambulation, eating, and dressing.

(b) Demonstrates knowledge and skill in the maintenance of range of motion.

(c) Demonstrates proper techniques for turning/positioning client in bed and chair.

(d) Demonstrates proper techniques for transferring client.

(e) Demonstrates knowledge about methods for meeting the elimination needs of clients.

(f) Demonstrates knowledge and skill for the care and use of prosthetic devices.

(5) Clients' rights and promotion of clients' independence. The nursing assistant demonstrates behavior which maintains and respects clients' rights and promotes clients' independence, regardless of race, religion, life-style, sexual preference, disease process, or ability to pay. Competencies:

(a) Recognizes that the client has the right to participate in decisions about his/her care.

(b) Recognizes and respects the clients' need for privacy and maintenance of confidentiality.

(c) Promotes and respects the client's right to make personal choices to accommodate their needs.

(d) Reports client's concerns.

(e) Provides assistance in getting to and participating in activities.

(f) Provides care of client's personal possessions.

(g) Provides care which maintains the client free from abuse, mistreatment or neglect; and reports any instances to appropriate facility staff.

(h) Maintains the client's environment and care through appropriate nursing assistant behavior so as to minimize the need for physical and chemical restraints.

(6) Communication and interpersonal skills. The nursing assistant uses communication skills effectively in order to function as a member of the nursing team. Competencies:

(a) Reads, writes, speaks, and understands English at the level necessary for performing duties of the nursing assistant.

(b) Listens and responds to verbal and nonverbal communication in an appropriate manner.

(c) Recognizes how one's own behavior influences client's behavior and know resources for obtaining assistance in understanding client's behavior.

(d) Makes adjustments for client's physical or mental limitations.

(e) Uses terminology accepted in the health care facility to record and report observations and pertinent information.

(f) Records and reports observations, actions, and information accurately and timely.

(g) Demonstrates ability to explain policies and procedures before and during care of the client.

(7) Infection control. The nursing assistant uses procedures and techniques to prevent the spread of microorganisms. Competencies:

(a) Uses principles of medical asepsis and demonstrates infection control techniques and universal precautions.

(b) Explains how disease causing microorganisms are spread; lists ways that HIV and Hepatitis B can spread from one person to another.

(c) Demonstrates knowledge of cleaning agents and methods which destroy microorganisms on surfaces.

(8) Safety/emergency procedures. The nursing assistant demonstrates the ability to identify and implement safety/emergency procedures. Competencies:

(a) Provides adequate ventilation, warmth, light, and quiet measures.

(b) Uses measures that promote comfort, rest, and sleep.

(c) Promotes clean, orderly, and safe environment and equipment for the client.

(d) Identifies and utilizes measures for accident prevention.

(e) Identifies and demonstrates principles of body mechanics.

(f) Demonstrates proper use of protective devices in care of clients.

(g) Demonstrates knowledge of fire and disaster procedures.

(h) Identifies and demonstrates principles of health and sanitation in the service of food.

(i) Demonstrates the proper use and storage of cleaning agents and other potentially hazardous materials.

(9) Rules and regulations knowledge. The nursing assistant demonstrates knowledge of and is responsive to the laws and regulations which affect his/her practice including but not limited to: Client abuse and neglect, client complaint procedures, workers right to know, and the Uniform Disciplinary Act.

[Statutory Authority: RCW 18.88A.060. 91-23-077 (Order 214B), § 246-841-400, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-841-400, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-210, filed 9/21/90, effective 10/22/90.]

WAC 246-841-405 Nursing assistant delegation. Provision for delegation of certain tasks.

(1) Nursing assistants may perform the following tasks, when delegated by a registered nurse, for residents in certified community residential programs for the developmentally disabled, residents in licensed adult family homes, and to residents of licensed boarding homes contracting to provide assisted living services:

(a) Oral and topical medications and ointments;

(b) Nose, ear, eye drops, and ointments;

(c) Dressing changes and urinary catheterization using clean techniques;

(d) Suppositories, enemas, and ostomy care in established and healed condition;

(e) Blood glucose monitoring; and

(f) Gastrostomy feedings in established and healed condition.

(2) Any nursing assistant who receives authority to perform such delegated nursing task must, before performing any delegated task:

(a) For nursing assistants-registered, complete both the basic caregiver training and core delegation training as established by the department of social and health services.

(b) For nursing assistants-certified, complete the core delegation training as established by the department of social and health services.

(c) Comply with requirements and protocol established by the nursing care quality assurance commission in WAC 246-840-910 through 246-840-980.

(3) Any nursing assistant performing a delegated nursing care task pursuant to this section, shall perform the task:

(a) Only for the specific resident who was the subject of the delegation;

(b) Only with the resident's consent; and

(c) In compliance with all requirements and protocols established by the nursing care quality assurance commission in WAC 246-840-910 through 246-840-980.

(4) A nursing assistant may consent or refuse to consent to perform a delegated nursing care task listed in subsection (1) of this section, and shall be responsible for their own actions with regard to the decision to consent or refuse to consent and the performance of the delegated nursing care task.

[Statutory Authority: Chapter 18.88A RCW. 96-06-029, § 246-841-405, filed 2/28/96, effective 3/30/96.]

WAC 246-841-410 Purpose of review and approval of certified nursing assistant training programs. The board of nursing approves curriculum in nursing assistant education programs qualifying for admission to examination for certification for the following purposes:

(1) To assure preparation for safe practice as a nursing assistant by setting minimum standards for education programs.

(2) To provide guidance for the development of new training programs.

(3) To facilitate the career mobility of nursing assistants-certified in articulating into nursing educational programs in other levels of nursing.

(4) To identify training standards and achieved competencies of nursing assistants-certified in the state of Washington for the purpose of interstate communications and endorsements.

[Statutory Authority: RCW 18.88A.060. 91-23-077 (Order 214B), § 246-841-410, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-841-410, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-220, filed 9/21/90, effective 10/22/90.]

WAC 246-841-420 Requirements for nursing assistant education and training program approval. Those institutions or facilities seeking approval to offer a program of training which qualifies graduates to apply for certification, in addition to other agency program approval requirements, must:

(1) Request an application/guidelines packet from department of health, professional licensing. The packet will include forms and instructions for the program to submit:

(a) Program objectives.

(b) Curriculum content outline.

(c) Qualifications of program director and additional instructional staff.

(d) Agency agreements as appropriate.

(e) A sample lesson plan for one unit.

(f) A sample skills checklist.

(g) Description of physical resources.

(h) Statement of assurance of compliance with administrative guidelines.

(2) If a program currently in existence as an approved program on the date of implementation of this code, submit the completed application, including all forms, fees, and assurances as specified, within sixty days of the effective date of the code for review for reapproval of the program.

(3) If a program not currently holding approval status, submit the completed application packet and fees as instructed, with all forms and assurances as specified, sixty days prior to the anticipated start date of the first class offered by the institution.

(4) Agree to on-site survey of the training program, as requested by the board, on a date mutually agreed upon by the institution and the board. This on-site visit will be coordinated with other on-site review requirements when possible.

(5) Provide review and update of program information every year, or as requested by the board or educational agency.

(6) Comply with any future changes in education standards and guidelines in order to maintain approved status.

(7) Notify the board and education agency of any changes in overall curriculum plan or major curriculum content changes prior to implementation.

(8) Notify the board and education agency of changes in program director or instructors.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-841-420, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-230, filed 9/21/90, effective 10/22/90.]

WAC 246-841-430 Denial of approval or withdrawal of approval for programs for which the board is the approving authority. (1) The board may deny approval to new programs when it determines that a nursing assistant training program fails substantially to meet the standards for training as contained in WAC 246-841-470 through 246-841-510. All such board actions shall be in accordance with the Washington Administrative Procedure Act and/or the administrative rules and regulations of the board.

(2) The board may withdraw approval from existing programs when it determines that a nursing education program fails substantially to meet the standards for nursing assistant training as contained in WAC 246-841-470 through 246-841-510. All such actions shall be effected in accordance with the Administrative Procedure Act and/or the administrative rules and regulations of the board.

[Statutory Authority: RCW 18.88A.060. 91-23-077 (Order 214B), § 246-841-430, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-841-430, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-240, filed 9/21/90, effective 10/22/90.]

WAC 246-841-440 Reinstatement of approval. The board may consider reinstatement of withdrawn approval of a nursing assistant training program upon submission of satisfactory evidence that the program meets the standards of nursing assistant training, WAC 246-841-470 through 246-841-510.

[Statutory Authority: RCW 18.88A.060. 91-23-077 (Order 214B), § 246-841-440, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-841-440, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-245, filed 9/21/90, effective 10/22/90.]

WAC 246-841-450 Appeal of board decisions. A nursing assistant training program deeming itself aggrieved by a decision of the board affecting its approval status shall have the right to appeal the board's decision in accordance with the provisions of chapter 18.88 RCW and the Administrative Procedure Act, chapter 34.05 RCW.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-841-450, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-250, filed 9/21/90, effective 10/22/90.]

WAC 246-841-460 Closing of an approved nursing assistant training program. When a governing institution decides to close a program it shall notify the board in writing, stating the reason and the date of intended closing.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-841-460, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-255, filed 9/21/90, effective 10/22/90.]

WAC 246-841-470 Program directors and instructors in approved training programs. (1) The program director will be a registered nurse licensed in the state of Washington.

(2) The program director will meet the minimum qualifications for instructors as required by the superintendent of public instruction in chapter 180-77 WAC or the state board for community college education in chapter 131-16 WAC.

(3) The program director will complete a "train-the-trainer" program approved by the state or have demonstrated competence to teach adults as defined by the state.

(4) The program director will have a minimum of three years of experience as an RN, of which at least one year will be in direct patient care.

(5) Program director responsibilities:

(a) Develop and implement a curriculum which meets as a minimum the requirements of WAC 246-841-490.

(b) Assure compliance with and assume responsibility for all regulations as stipulated in WAC 246-841-480 through 246-841-510.

(c) Directly supervise each course offering.

(d) Create and maintain an environment conducive to teaching and learning.

(e) Select and supervise all other instructors involved in the course, to include clinical instructors.

(f) Assure that students are not asked to, nor allowed to, perform any clinical skill with patients or clients until first demonstrating the skill satisfactorily to an instructor in a practice setting.

(g) Assure evaluation of competency of knowledge and skills of students before issuance of verification of completion of the course.

(h) Assure that students receive a verification of completion when requirements of the course have been satisfactorily met.

(6) Additional instructional staff:

(a) The program director may select instructional staff to assist in the teaching of the course, teaching in their area of expertise.

(b) All instructional staff must have a minimum of one year experience within the past three years in caring for the elderly and/or chronically ill of any age.

A guest lecturer, or individual with expertise in a specific course unit may be utilized for the teaching of that unit, following the program director's review of the currency of the content.

(c) All instructional staff must be, where applicable, currently licensed, registered, and/or certified in their field in the state of Washington.

(d) Instructional staff may assist the program director in development of curriculum, teaching modalities, and evaluation but will in all cases be under the supervision of the program director.

[Statutory Authority: RCW 18.88A.060. 91-23-077 (Order 214B), § 246-841-470, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-841-470, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-260, filed 9/21/90, effective 10/22/90.]

WAC 246-841-480 Students (trainees) in approved training programs. (1) Students shall register with the department within three days of hire at a health care facility.

(2) Students shall wear name tags which clearly identify them as students or trainees at all times in interactions with patients, clients, and families.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-841-480, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-265, filed 9/21/90, effective 10/22/90.]

WAC 246-841-490 Core curriculum in approved training programs. (1) Curriculum will be competency based; that is composed of learning objectives and activities that will lead to the attainment of knowledge and skills required for the graduate to demonstrate mastery of the core competencies CNAs must hold, as per WAC 246-841-400.

(2) The program director will determine the amount of time required in the curriculum to achieve the objectives as above. The time designated will be expected to vary with characteristics of the learners and teaching/learning variables. In no case will the hours be less than eighty-five hours total, comprised of no less than thirty-five hours of classroom training and no less than fifty hours of clinical training.

(a) Of the thirty-five hours of classroom training, no less than seven hours must be in AIDS education and training, in the subject areas of: Epidemiology, pathophysiology, infection control guidelines, testing and counseling, legal and ethical issues, medical records, clinical manifestations and diagnosis, treatment and disease management, and psychosocial and special group issues.

(b) Training to orient the student to the health care facility and facility policies and procedures are not to be included in the minimum hours above.

(3) Each unit of the core curriculum will have:

(a) Behavioral objectives, that is statements of specific observable actions and behaviors that the learner is to perform or exhibit.

(b) An outline of information the learner will need to know in order to meet the objectives.

(c) Learning activities (that is, lecture, discussion, readings, film, clinical practice, etc.) that are designed to enable the student to achieve the stated objectives.

(4) Clinical teaching in a given competency area will be closely correlated with classroom teaching, to facilitate the integration of knowledge with manual skills.

(a) An identified instructor(s) will supervise clinical teaching/learning at all times. At no time will the ratio of students to instructor exceed ten students to one instructor in the clinical setting.

(5) The curriculum will include evaluation processes to assure mastery of competencies. Written and oral tests and clinical practical demonstrations are common methods. Students will not be asked to, nor allowed to, perform any clinical skill on patients or clients until first demonstrating the skill satisfactorily to an instructor in the practice setting.

[Statutory Authority: RCW 18.88A.060. 91-23-077 (Order 214B), § 246-841-490, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-841-490, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-270, filed 9/21/90, effective 10/22/90.]

WAC 246-841-500 Physical resources for approved education programs. (1) Classroom facilities must provide

adequate space, lighting, comfort, and privacy for effective teaching and learning.

(2) Adequate classroom resources, such as chalkboard, AV materials, written materials, etc., with which to accomplish program objectives must be available.

(3) Adequate resources must also be provided for teaching and practice of clinical skills and procedures, before implementation of such skills with patients or residents.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-841-500, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-275, filed 9/21/90, effective 10/22/90.]

WAC 246-841-510 Administrative procedures for approved nursing assistant training programs. (1) A student file will be established and maintained for each student enrolled which includes dates attended, evaluation (test) results, a skills evaluation checklist with dates of skills testing and signature of evaluator, and documentation of successful completion of the course, or other outcome.

Each student file will be maintained by the institution for a period of thirty-five years, and copies of documents made available to students who request them.

(2) Verification of successful completion of the course of training will be provided to the board of nursing on forms provided by the board.

(3) For those programs based in a health care facility: Training evaluation and verification of successful completion of the course, including mastery of the required knowledge and skills, will be determined by the program director separately from other employee/employer issues. Verification of completion will not be withheld from a student who has successfully met the requirements of the course.

(4) Programs which are not sponsored by a health care facility, must submit with their application for approval an affiliation agreement between the educational institution and the health care facility which will provide the program access to the experience needed for clinical teaching. This agreement must specify the rights and responsibilities of both parties, students and clients.

(5) Failure to adhere to administrative requirements for programs may result in withdrawal of approval status by the board.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-841-510, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-280, filed 9/21/90, effective 10/22/90.]

WAC 246-841-520 Expired license. (1) If the certificate has expired for three years or less, the practitioner must meet the requirements of chapter 246-12 WAC, Part 2.

(2) If the certificate has expired for over three years the practitioner must:

(a) Demonstrate competence to the standards established by the nursing care quality assurance commission;

(b) Meet the requirements of chapter 246-12 WAC, Part 2.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-841-520, filed 2/13/98, effective 3/16/98.]

WAC 246-841-610 AIDS prevention and information education requirements. Applicants must complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-841-610, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.88A.050, 18.130.050, 18.130.080 and 70.24.270. 92-02-018 (Order 224), § 246-841-610, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-841-610, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-173-100, filed 11/2/88.]

DISCIPLINARY PROCEDURES

WAC 246-841-720 Mandatory reporting. (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the nursing assistant being reported.

(c) The case number of any patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

(5) The administrator, executive officer, or their designee of any nursing home shall report to the department of health when any nursing assistant under chapter 18.130 RCW is terminated or such person's services are restricted based on a determination that the nursing assistant has committed an act or acts which may constitute unprofessional conduct as defined in RCW 18.130.180 or that the nursing assistant may be mentally or physically impaired as defined in RCW 18.130.170.

(6) The administrator, executive officer, or their designee of any nursing home shall report to the department of health when any person practices, or offers to practice as a nursing assistant in the state of Washington when the person is not registered or certified in the state; or when a person uses any title, abbreviation, card, or device to indicate the person is registered or certified when the person is not.

(7) The department of health requests the assistance of responsible personnel of any state or federal program operating in the state of Washington, under which a nursing assis-

tant is employed, to report to the department whenever such a nursing assistant is not registered or certified pursuant to this act or when such a nursing assistant has committed an act or acts which may constitute unprofessional conduct as defined in RCW 18.130.180 or may be mentally or physically impaired as defined in RCW 18.130.170.

[Statutory Authority: RCW 18.88A.050, 18.130.050 and 18.130.080. 92-02-018 (Order 224), § 246-841-720, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-841-720, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-173-020, filed 6/30/89.]

FEES

WAC 246-841-990 Nursing assistant—Fees and renewal cycle. (1) Certificates and 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 for registrations:

Title of Fee	Fee
Application - registration	$ 15.00
Renewal of registration	25.00
Duplicate registration	10.00
Registration late penalty	25.00
Expired registration reissuance	25.00

(3) The following nonrefundable fees will be charged for certifications:

Application for certification	15.00
Certification renewal	25.00
Duplicate certification	10.00
Certification late penalty	25.00
Expired registration reissuance	25.00

[Statutory Authority: RCW 18.88A.050(1). 99-24-062, § 246-841-990, filed 11/29/99, effective 12/30/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-841-990, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.88A RCW. 96-03-051, § 246-841-990, filed 1/12/96, effective 3/1/96. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-841-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250. 90-04-094 (Order 029), § 308-173-130, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43.24.086. 88-20-075 (Order 783), § 308-173-130, filed 10/5/88.]

Chapter 246-842 WAC

NURSING ASSISTANTS—NURSING HOMES—NURSING ASSISTANTS TRAINING PROGRAM

WAC

WAC 246-842-100 Standards of practice and competencies of nursing assistants. The following standards are supported by statements of the competencies that a nursing assistant must hold to meet the standard to be certified to practice in the state of Washington. The competencies are statements of skills and knowledge, and are written as descriptions of behaviors which can be observed and measured. All competencies are performed under the direction and supervision of a licensed (registered) nurse or licensed practical nurse. The level or depth of accomplishment of any given competency is as appropriate to the "assisting" role of basic nursing care under supervision of the licensed nurse.

(1) Basic technical skills. The nursing assistant demonstrates basic technical skills which facilitates an optimal level of functioning for the client, recognizing individual, cultural, and religious diversity. Competencies:

(a) Demonstrates proficiency in cardiopulmonary resuscitation (CPR).

(b) Takes and records vital signs.

(c) Measures and records height and weight.

(d) Measures and records fluid and food intake and output of client.

(e) Recognizes and reports abnormal signs and symptoms of common diseases and conditions.

(f) Demonstrates sensitivity to client's emotional, social, and mental health needs.

(g) Makes observations of client's environment to ensure safety and comfort of client.

(h) Participates in care planning and nursing reporting process.

(2) Personal care skills. The nursing assistant demonstrates basic personal care skills. Competencies:

(a) Assists client with bathing, mouth care, and skin care.

(b) Assists client with grooming and dressing.

(c) Provides toileting assistance to client.

(d) Assists client with eating and hydration.

(e) Utilizes proper feeding techniques.

(3) Mental health and social service needs. The nursing assistant demonstrates the ability to identify the psychosocial characteristics of all clients including persons with mental retardation, mental illness, dementia, Alzheimer's disease, and related disorders. Competencies:

(a) Modifies his/her own behavior in response to the client's behavior.

(b) Identifies adaptations necessary to accommodate the aging process.

(c) Provides training in, and the opportunity for, self care according to clients' capabilities.

(d) Demonstrates skills supporting client's personal choices.

(e) Identifies ways to use the client's family as a source of emotional support for the patient.

(4) Basic restorative services. The nursing assistant incorporates principles and skills of restorative nursing in providing nursing care. Competencies:

(a) Demonstrates knowledge and skill in using assistive devices in ambulation, eating, and dressing.

(b) Demonstrates knowledge and skill in the maintenance of range of motion.

(c) Demonstrates proper techniques for turning/positioning client in bed and chair.

(d) Demonstrates proper techniques for transferring client.

(e) Demonstrates knowledge about methods for meeting the elimination needs of clients.

(f) Demonstrates knowledge and skill for the care and use of prosthetic devices.

(5) Clients' rights and promotion of clients' independence. The nursing assistant demonstrates behavior which maintains and respects clients' rights and promotes clients' independence, regardless of race, religion, life-style, sexual preference, disease process, or ability to pay. Competencies:

(a) Recognizes that the client has the right to participate in decisions about his/her care.

(b) Recognizes and respects the clients' need for privacy and maintenance of confidentiality.

(c) Promotes and respects the client's right to make personal choices to accommodate their needs.

(d) Reports client's concerns.

(e) Provides assistance in getting to and participating in activities.

(f) Provides care of client's personal possessions.

(g) Provides care which maintains the client free from abuse, mistreatment or neglect; and reports any instances to appropriate facility staff.

(h) Maintains the client's environment and care through appropriate nursing assistant behavior so as to minimize the need for physical and chemical restraints.

(6) Communication and interpersonal skills. The nursing assistant uses communication skills effectively in order to function as a member of the nursing team. Competencies:

(a) Reads, writes, speaks, and understands English at the level necessary for performing duties of the nursing assistant.

(b) Listens and responds to verbal and nonverbal communication in an appropriate manner.

(c) Recognizes how one's own behavior influences client's behavior and know resources for obtaining assistance in understanding client's behavior.

(d) Makes adjustments for client's physical or mental limitations.

(e) Uses terminology accepted in the nursing facility to record and report observations and pertinent information.

(f) Records and reports observations, actions, and information accurately and timely.

(g) Demonstrates ability to explain policies and procedures before and during care of the client.

(7) Infection control. The nursing assistant uses procedures and techniques to prevent the spread of microorganisms. Competencies:

(a) Uses principles of medical asepsis and demonstrates infection control techniques and universal precautions.

(b) Explains how disease causing microorganisms are spread; lists ways that HIV and Hepatitis B can spread from one person to another.

(c) Demonstrates knowledge of cleaning agents and methods which destroy microorganisms on surfaces.

(8) Safety/emergency procedures. The nursing assistant demonstrates the ability to identify and implement safety/emergency procedures. Competencies:

(a) Provides adequate ventilation, warmth, light, and quiet measures.

(b) Uses measures that promote comfort, rest, and sleep.

(c) Promotes clean, orderly, and safe environment and equipment for the client.

(d) Identifies and utilizes measures for accident prevention.

(e) Identifies and demonstrates principles of body mechanics.

(f) Demonstrates proper use of protective devices in care of clients.

(g) Demonstrates knowledge of fire and disaster procedures.

(h) Identifies and demonstrates principles of health and sanitation in the service of food.

(i) Demonstrates the proper use and storage of cleaning agents and other potentially hazardous materials.

(9) Rules and regulations knowledge. The nursing assistant demonstrates knowledge of and is responsive to the laws and regulations which affect his/her practice including but not limited to: Client abuse and neglect, client complaint procedures, workers right to know, and the Uniform Disciplinary Act.

[Statutory Authority: Chapter 18.52A RCW. 91-23-077 (Order 214B), § 246-842-100, filed 11/19/91, effective 12/20/91. Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-100, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-110, filed 8/10/90, effective 9/10/90.]

WAC 246-842-110 Purpose of review and approval of nursing assistant training programs. The board of nursing approves nursing assistant education programs in health care facilities qualifying graduates for admission to the federally mandated examination for the following purposes:

(1) To assure preparation for safe practice as a nursing assistant by setting minimum standards for education programs.

(2) To provide guidance for the development of new training programs.

(3) To comply with federal and state laws and regulations affecting nursing assistant practice in nursing homes.

(4) To identify training standards and achieved competencies of nursing assistants in nursing homes in the state of Washington for the purpose of interstate communications and endorsements.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-110, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-120, filed 8/10/90, effective 9/10/90.]

WAC 246-842-120 Requirements for nursing assistant training program approval. Those institutions or facilities seeking approval to offer a program of training for nursing assistants in nursing homes which qualifies graduates for the certification examination shall:

(1) Request an application/guidelines packet from department of health, professional licensing. The packet will include forms and instructions for the program to submit:

(a) Program objectives.

(b) Program content outline.

(c) Qualifications of program director and additional instructional staff.

(d) Agency agreements as appropriate.

(e) A sample lesson plan for one unit.

(f) A sample skills checklist.

(g) Description of physical resources.

(h) Statement of assurance of compliance with administrative guidelines.

(2) If a program currently in existence as an approved program on the date of implementation of this regulation, submit the completed application, including all forms, fees, and assurances as specified, within sixty days of the effective date of the regulation for review for reapproval of the program.

(3) If a program not currently holding approval status, submit the completed application packet and fees as instructed, with all forms and assurances as specified, sixty days prior to the anticipated start date of the first class offered by the institution.

(4) Agree to on-site survey of the training program, as requested by the board, on a date mutually agreed upon by the institution and the board.

(5) Provide review and update of program information every year, or as requested by the board.

(6) Comply with any future changes in training standards and guidelines in order to maintain approved status.

(7) Notify the board of any changes in overall curriculum plan or major curriculum content changes prior to implementation.

(8) Notify the board of changes in program director or instructors.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-120, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-130, filed 8/10/90, effective 9/10/90.]

WAC 246-842-130 Denial of approval or withdrawal of approval for programs for which the board is the approving authority. (1) The board may deny approval to new programs when it determines that a nursing assistant training program fails substantially to meet the standards for training as contained in WAC 246-842-170 through 246-842-210. All such board actions shall be in accordance with the Washington Administrative Procedure Act and/or the administrative rules and regulations of the board.

(2) The board may withdraw approval from existing programs when it determines that a nursing education program fails substantially to meet the standards for nursing assistant training as contained in WAC 246-842-170 through 246-842-210. All such actions shall be effected in accordance with the Administrative Procedure Act and/or the administrative rules and regulations of the board.

[Statutory Authority: Chapter 18.52A RCW. 91-23-077 (Order 214B), § 246-842-130, filed 11/19/91, effective 12/20/91. Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-130, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-140, filed 8/10/90, effective 9/10/90.]

WAC 246-842-140 Reinstatement of approval. The board may consider reinstatement of withdrawn approval of a nursing assistant training program upon submission of satisfactory evidence that the program meets the standards of nursing assistant training, WAC 246-842-170 through 246-842-210.

[Statutory Authority: Chapter 18.52A RCW. 91-23-077 (Order 214B), § 246-842-140, filed 11/19/91, effective 12/20/91. Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-140, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-145, filed 8/10/90, effective 9/10/90.]

WAC 246-842-150 Appeal of board decisions. A nursing assistant training program deeming itself aggrieved by a decision of the board affecting its approval status shall have the right to appeal the board's decision in accordance with the provisions of chapter 18.88 RCW and the Administrative Procedure Act, chapter 34.05 RCW.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-150, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-150, filed 8/10/90, effective 9/10/90.]

WAC 246-842-160 Closing of an approved nursing assistant training program. When a facility decides to close a program it shall notify the board in writing, stating the reason and the date of intended closing.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-160, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-155, filed 8/10/90, effective 9/10/90.]

WAC 246-842-170 Program directors and instructors in approved training programs. (1) The program director will be a registered nurse licensed in the state of Washington.

(2) The program director will complete a "train-the-trainer" program approved by the state or have demonstrated competence to teach adults as defined by the state.

(3) The program director will have a minimum of three years of experience as an RN, of which at least one year will be in direct patient care.

(4) Program director responsibilities:

(a) Develop and implement a curriculum which meets as a minimum the requirements of WAC 246-842-190.

(b) Assure compliance with and assume responsibility for all regulations as stipulated in WAC 246-842-180 through 246-842-210.

(c) Directly supervise each course offering.

(d) Create and maintain an environment conducive to teaching and learning.

(e) Select and supervise all other instructors involved in the course, to include clinical instructors.

(f) Assure that students are not asked to, nor allowed to, perform any clinical skill with patients or clients until first demonstrating the skill satisfactorily to an instructor in a practice setting.

(g) Assure evaluation of competency of knowledge and skills of students before issuance of verification of completion of the course.

(h) Assure that students receive a verification of completion when requirements of the course have been satisfactorily met.

(5) Additional instructional staff:

(a) The program director may select instructional staff to assist in the teaching of the course, teaching in their area of expertise.

(b) All instructional staff must have a minimum of one year experience within the past three years in caring for the elderly and/or chronically ill of any age.

(c) A guest lecturer, or individual with expertise in a specific course unit may be utilized for the teaching of that unit, following the program director's review of the currency of the content.

(d) All instructional staff must be, where applicable, currently licensed, registered, and/or certified in their field in the state of Washington.

(e) Instructional staff may assist the program director in development of curriculum, teaching modalities, and evaluation but will in all cases be under the supervision of the program director.

[Statutory Authority: Chapter 18.52A RCW. 91-23-077 (Order 214B), § 246-842-170, filed 11/19/91, effective 12/20/91. Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-170, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-160, filed 8/10/90, effective 9/10/90.]

WAC 246-842-180 Students (trainees) in approved training programs. (1) Students shall register with the department within three days of hire at a health care facility.

(2) Students shall wear name tags which clearly identify them as students or trainees at all times in interactions with patients, clients, and families.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-180, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-165, filed 8/10/90, effective 9/10/90.]

WAC 246-842-190 Core curriculum in approved training programs. (1) Curriculum will be competency based; that is composed of learning objectives and activities that will lead to the attainment of knowledge and skills required for the graduate to demonstrate mastery of the core competencies nursing assistants-certified must hold, as per WAC 246-842-100.

(2) The program director will determine the amount of time required in the curriculum to achieve the objectives as above. The time designated will be expected to vary with characteristics of the learners and teaching/learning variables. In no case will the hours be less than eighty-five hours total, comprised of thirty-five hours of classroom training and fifty hours of clinical training.

(a) Of the thirty-five hours of classroom training, no less than seven hours must be in AIDS education and training, in the subject areas of: Epidemiology, pathophysiology, infection control guidelines, testing and counseling, legal and ethical issues, medical records, clinical manifestations and diagnosis, treatment and disease management, and psychosocial and special group issues.

(b) Training to orient the student to the health care facility and facility policies and procedures are not to be included in the minimum hours above.

(3) Each unit of the core curriculum will have:

(a) Behavioral objectives, that is statements of specific observable actions and behaviors that the learner is to perform or exhibit.

(b) An outline of information the learner will need to know in order to meet the objectives.

(c) Learning activities (that is, lecture, discussion, readings, film, clinical practice, etc.,) that are designed to enable the student to achieve the stated objectives.

(4) Clinical teaching in a given competency area will be closely correlated with classroom teaching, to facilitate the integration of knowledge with manual skills.

An identified instructor(s) will supervise clinical teaching/learning at all times. At no time will the ratio of students to instructor exceed ten students to one instructor in the clinical setting.

(5) The curriculum will include evaluation processes to assure mastery of competencies. Written and oral tests and clinical practical demonstrations are common methods. Students will not be asked to, nor allowed to, perform any clinical skill on patients or clients until first demonstrating the skill satisfactorily to an instructor in the practice setting.

[Statutory Authority: Chapter 18.52A RCW. 91-23-077 (Order 214B), § 246-842-190, filed 11/19/91, effective 12/20/91. Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-190, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-170, filed 8/10/90, effective 9/10/90.]

WAC 246-842-200 Physical resources for approved education programs. (1) Classroom facilities must provide adequate space, lighting, comfort, and privacy for effective teaching and learning.

(2) Adequate classroom resources, such as chalkboard, AV materials, written materials, etc., with which to accomplish program objectives must be available.

(3) Adequate resources must also be provided for teaching and practice of clinical skills and procedures, before implementation of such skills with patients or residents.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-200, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-175, filed 8/10/90, effective 9/10/90.]

WAC 246-842-210 Administrative procedures for approved nursing assistant training programs. (1) A student file will be established and maintained for each student enrolled which includes dates attended, evaluation (test) results, a skills evaluation checklist with dates of skills testing and signature of evaluator, and documentation of successful completion of the course, or other outcome.

Each student file will be maintained by the institution for a period of thirty-five years, and copies of documents made available to students who request them.

(2) Verification of successful completion of the course of training will be provided to the board of nursing on forms provided by the board.

(3) Training evaluation and verification of successful completion of the course, including mastery of the required

knowledge and skills, will be determined by the program director separately from other employee/employer issues. Verification of completion will not be withheld from a student who has successfully met the requirements of the course.

(4) Failure to adhere to administrative requirements for programs may result in withdrawal of approval status by the board.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-210, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-180, filed 8/10/90, effective 9/10/90.]

Chapter 246-843 WAC
NURSING HOME ADMINISTRATORS

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-843-001 Source of authority—Title. [Statutory Authority: RCW 18.52.061. 93-13-004 (Order 371B), § 246-843-001, filed 6/3/93, effective 7/4/93. Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-001, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), recodified as § 246-843-001, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14). 78-02-009 (Order PL 282), § 308-54-010, filed 1/6/78; Order PL 107, § 308-54-010, filed 3/3/71.] Repealed by 00-01-073, filed 12/13/99, effective 1/13/00. Statutory Authority: Chapters 18.52 and 34.05 RCW.

246-843-015 Nursing homes temporarily without an administrator. [Statutory Authority: Chapters 18.52 and 34.05 RCW. 00-01-071, § 246-843-015, filed 12/13/99, effective 1/13/00.] Repealed by 02-17-055, filed 8/15/02, effective 9/15/02. Statutory Authority: RCW 18.52.061. Later promulgation, see WAC 388-97-160(4).

246-843-030 Board of examiners—Meetings. [Statutory Authority: RCW 18.52.100. 91-06-060 (Order 141B), recodified as § 246-843-030, filed 3/1/91, effective 4/1/91; Order PL 107, § 308-54-030, filed 3/3/71.] Repealed by 00-01-073, filed 12/13/99, effective 1/13/00. Statutory Authority: Chapters 18.52 and 34.05 RCW.

246-843-050 Board of examiners—Officers and duties. [Statutory Authority: RCW 18.52.100. 91-06-060 (Order 141B), recodified as § 246-843-050, filed 3/1/91, effective 4/1/91; Order PL 107, § 308-54-050, filed 3/3/71.] Repealed by 00-01-073, filed 12/13/99, effective 1/13/00. Statutory Authority: Chapters 18.52 and 34.05 RCW.

246-843-060 Program manager—Hiring and duties. [Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-060, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), recodified as § 246-843-060, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14). 87-02-008 (Order PM 633), § 308-54-060, filed 12/29/86; Order PL 126, § 308-54-060, filed 6/1/72; Order PL 107, § 308-54-060, filed 3/3/71.] Repealed by 99-03-069, filed 1/18/99, effective 2/18/99. Statutory Authority: RCW 18.52.061.

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.

246-843-080 Application for examination. [Statutory Authority: RCW 18.52.061. 93-23-034, § 246-843-080, filed 11/10/93, effective 12/11/93. Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-080, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), recodified as § 246-843-080, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14). 87-02-008 (Order PM 633), § 308-54-080, filed 12/29/86; Order PL 107, § 308-54-080, filed 3/3/71.] Repealed by 00-01-072, filed 12/13/99, effective 1/13/00. Statutory Authority: Chapters 18.52, 34.05 RCW and RCW 18.130.075.

246-843-100 Disqualification—Reexamination. [Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-100, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), recodified as § 246-843-100, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14). 87-02-008 (Order PM 633), § 308-54-100, filed 12/29/86; Order PL 215, § 308-54-100, filed 11/5/75; Order PL 107, § 308-54-100, filed 3/3/71.] Repealed by 00-01-072, filed 12/13/99, effective 1/13/00. Statutory Authority: Chapters 18.52, 34.05 RCW and RCW 18.130.075.

246-843-110 Subjects for examination. [Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-110, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), recodified as § 246-843-110, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14). 87-02-008 (Order PM 633), § 308-54-110, filed 12/29/86; Order PL 107, § 308-54-110, filed 3/3/71.] Repealed by 00-01-072, filed 12/13/99, effective 1/13/00. Statutory Authority: Chapter 18.52, 34.05 RCW and RCW 18.130.075.

246-843-115 Examination procedures. [Statutory Authority: RCW 18.52.100. 91-24-022 (Order 216B), § 246-843-115, filed 11/25/91, effective 12/26/91.] Repealed by 00-01-072, filed 12/13/99, effective 1/13/00. Statutory Authority: Chapters 18.52, 34.05 RCW and RCW 18.130.075.

246-843-120 Grading examinations. [Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-120, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), recodified as § 246-843-120, filed 3/1/91, effective 4/1/91; 81-14-037 (Order PL 381), § 308-54-120, filed 6/29/81; Order PL 107, § 308-54-120, filed 3/3/71.] Repealed by 00-01-072, filed 12/13/99, effective 1/13/00. Statutory Authority: Chapters 18.52, 34.05 RCW and RCW 18.130.075.

246-843-122 Examination review procedures. [Statutory Authority: RCW 18.52.100. 91-24-022 (Order 216B), § 246-843-122, filed 11/25/91, effective 12/26/91.] Repealed by 00-01-072, filed 12/13/99, effective 1/13/00. Statutory Authority: Chapters 18.52, 34.05 RCW and RCW 18.130.075.

246-843-125 Continuing education credit for preceptors for administrators-in-training programs. [Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-125, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), recodified as § 246-843-125, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14) and 18.52.110. 80-01-057 (Order PL 328), § 308-54-125, filed 12/20/79.] Repealed by 00-01-074, filed 12/13/99, effective 1/13/00. Statutory Authority: Chapters 18.52 and 34.05 RCW.

246-843-155 Certification of compliance. [Statutory Authority: RCW 18.52.100. 91-06-060 (Order 141B), recodified as § 246-843-155, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14) and 18.52.110. 80-01-057 (Order PL 328), § 308-54-155, filed 12/20/79.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-843-158 Responsibility for maintaining mailing address on file with the board. [Statutory Authority: RCW 18.52.061. 93-23-034, § 246-843-158, filed 11/10/93, effective 12/11/93.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.

246-843-160 Licenses. [Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-160, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), recodified as § 246-843-160, filed 3/1/91, effective 4/1/91; 80-08-066 (Order 348), § 308-54-160, filed 7/1/80. Statutory Authority: RCW 18.52.070, 18.52.080 and 18.52.100(14). 78-02-009 (Order PL 282), § 308-54-160, filed 1/6/78; Order PL 107, § 308-54-160, filed 3/3/71.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-843-170 Temporary permits. [Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-170, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), recodified as § 246-843-170, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(11). 88-23-038 (Order PM 791), § 308-54-170, filed 11/9/88. Statutory Authority: RCW 18.52.100. 80-08-066 (Order 348), § 308-54-170, filed 7/1/80. Statutory Authority: RCW 18.52.100 (10) and (14). 78-02-009 (Order PL 282), § 308-54-170, filed 1/6/78; Order PL 107, § 308-54-170, filed 3/3/71.] Repealed by 00-01-072, filed 12/13/99, effective 1/13/00. Statutory Authority: Chapters 18.52, 34.05 RCW and RCW 18.130.075.

246-843-200 Standards of suitability and character. [Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-200, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), recodified as § 246-843-200, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14). 87-02-008 (Order PM 633), § 308-54-200, filed 12/29/86. Statutory Authority: RCW 18.52.100 (1) and (14). 78-02-009 (Order PL 282), § 308-54-200, filed 1/6/78; Order PL 107, § 308-54-200, filed 3/3/71.] Repealed by 99-03-068, filed 1/18/99, effective 2/18/99. Statutory Authority: RCW 18.52.061.

246-843-220 Complaints and hearing procedures. [Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-220, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), recodified as § 246-843-220, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.090(2), 18.52.150, 18.52.100 (4), (5), (6) and (14). 78-02-009 (Order PL 282), § 308-54-220, filed 1/6/78; Order PL 107, § 308-54-220, filed 3/3/71.] Repealed by 99-03-067, filed 1/18/99, effective 2/18/99. Statutory Authority: RCW 18.52.061.

246-843-225 Issuance of subpoenas—Administering oaths and affirmations—Ruling when board or hearing panel not in session. [Statutory Authority: RCW 18.52.100. 91-06-060 (Order 141B), recodified as § 246-843-225, filed 3/1/91, effective 4/1/91; 80-08-066 (Order 348), § 308-54-225, filed 7/1/80. Statutory Authority: RCW 18.52.155. 78-02-009 (Order PL 282), § 308-54-225, filed 1/6/78.] Repealed by 99-03-067, filed 1/18/99, effective 2/18/99. Statutory Authority: RCW 18.52.061.

246-843-240 Restoration and reinstatement of licenses. [Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-240, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), recodified as § 246-843-240, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14) and 18.52.120. 78-02-009 (Order PL 282), § 308-54-240, filed 1/6/78; Order PL 107, § 308-54-240, filed 3/3/71.] Repealed by 95-07-128, filed 3/22/95, effective 4/22/95. Statutory Authority: RCW 18.52.061.

246-843-250 Duplicate licenses. [Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-250, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), recodified as § 246-843-250, filed 3/1/91, effective 4/1/91; Order PL 107, § 308-54-250, filed 3/3/71.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-843-320 Renewal of licenses. [Statutory Authority: RCW 18.52.061. 95-07-128, § 246-843-320, filed 3/22/95, effective 4/22/95. Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-320, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), recodified as § 246-843-320, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14). 87-02-008 (Order PM 633), § 308-54-320, filed 12/29/86. Statutory Authority: RCW 43.24.140. 80-04-057 (Order 337), § 308-54-320, filed 3/24/80.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

WAC 246-843-010 General definitions. Terms used in these rules have the following meanings:

(1) "On-site, full-time administrator" is an individual in active administrative charge of one nursing home facility or collocated facilities, as licensed under chapter 18.51 RCW, a minimum of four days and an average of forty hours per week. Exception: "On-site, full-time administrator" in nursing homes with small resident populations, or in rural areas is an individual in active administrative charge of one nursing home facility, or collocated facilities, as licensed under chapter 18.51 RCW:

(a) A minimum of four days and an average of twenty hours per week at facilities with one to thirty beds; or

(b) A minimum of four days and an average of thirty hours per week at facilities with thirty-one to forty-nine beds.

(2) "Active administrative charge" is direct participation in the operating concerns of a nursing home. Operating concerns include, but are not limited to, interaction with staff and residents, liaison with the community, liaison with regulatory agencies, pertinent business and financial responsibilities, planning and other activities as identified in the most current job analysis published by the National Association of Boards of Examiners for Long-Term Care Administrators.

(3) "Person" means an individual and does not include the terms firm, corporation, institutions, public bodies, joint stock associations, and other such entities.

(4) "Nursing home administrator-in-training" means an individual in an administrator-in-training program approved by the board.

(5) "Secretary" means the secretary of the department of health or the secretary's designee.

(6) "Collocated facilities" means more than one licensed nursing facility situated on a contiguous or adjacent property, whether or not there are intersecting streets. Other criteria to qualify as a collocated facility would be determined by the nursing home licensing agency under chapter 18.51 RCW.

(7) "Recognized institution of higher learning" means an accredited degree granting institution in the United States or outside the United States that is listed in the directory of accredited institutions of postsecondary education published by the American Council on Education.

[Statutory Authority: Chapters 18.52 and 34.05 RCW. 00-01-071, § 246-843-010, filed 12/13/99, effective 1/13/00. Statutory Authority: RCW 18.52.061. 95-07-128, § 246-843-010, filed 3/22/95, effective 4/22/95; 93-13-004 (Order 371B), § 246-843-010, filed 6/3/93, effective 7/4/93. Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-010, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), recodified as § 246-843-010, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14). 87-02-008 (Order PM 633), § 308-54-020, filed 12/29/86; Order PL 107, § 308-54-020, filed 3/3/71.]

WAC 246-843-040 Duties and responsibilities. The board, with the assistance of the secretary, shall have the following duties and responsibilities, within the limits of chapter 18.52 RCW.

(1) Develop standards for individuals in order to receive a license as a nursing home administrator.

(2) Develop techniques, including examinations and investigations to determine whether an individual meets such standards for licensing:

(3) Approve licenses or temporary permits for individuals meeting requirements applicable to them.

(4) Discipline or deny a license holder or applicant under authority granted by RCW 18.130.160 or who fails to meet requirements of chapter 18.52 RCW.

(5) Investigate and take action on a report or complaint filed with the board or secretary that any individual licensed as a nursing home administrator has failed to comply with the requirements of chapter 18.52 RCW.

(6) Adopt rules necessary to carry out the functions of chapter 18.52 RCW.

(7) Implement requirements of chapter 18.52 RCW, including:

(a) Recommend hiring consultants to advise on matters requiring expert advice;

(b) Delegate work responsibilities to subcommittees of the board;

(c) Supervise the administrator-in-training program.

[Statutory Authority: Chapters 18.52 and 34.05 RCW. 00-01-073, § 246-843-040, filed 12/13/99, effective 1/13/00. Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-040, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), recodified as § 246-843-040, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14). 78-02-009 (Order PL 282), § 308-54-040, filed 1/6/78; Order PL 107, § 308-54-040, filed 3/3/71.]

WAC 246-843-070 Examination. (1) The board approves subjects of examination for license. The scope, content, form, and character of examination shall be the same for all candidates taking the examination.

(2) The examination consists of the National Association of Boards of Examiners for Long-Term Care Administrators (NAB) national examination.

(3) Subjects for examination may include, but not be limited to: Resident care management, personnel management, financial management, environmental management, and governance and management.

(4) Examinations shall be given at least semiannually at times and places designated by the department.

[Statutory Authority: Chapters 18.52, 34.05 RCW and RCW 18.130.075. 00-01-072, § 246-843-070, filed 12/13/99, effective 1/13/00. Statutory Authority: RCW 18.52.100. 91-06-060 (Order 141B), recodified as § 246-843-070, filed 3/1/91, effective 4/1/91; Order PL 107, § 308-54-070, filed 3/3/71.]

WAC 246-843-071 Application. (1) An applicant must pay applicable fees and submit an application for initial credential on forms approved by the secretary. Refer to chapter 246-12 WAC, Part 2.

(2) Applications shall be completed in every respect prior to the examination date.

[Statutory Authority: Chapters 18.52, 34.05 RCW and RCW 18.130.075. 00-01-072, § 246-843-071, filed 12/13/99, effective 1/13/00.]

WAC 246-843-073 Examination score. (1) An applicant for a nursing home administrator license is required to pass the national examination with a passing score established by the National Association of Boards of Examiners for Long-Term Care Administrators (NAB).

(2) The candidate shall be notified about their examination score in writing.

(3) The board and the department shall not disclose the candidate's score to anyone other than the candidate, unless requested to do so in writing by the candidate.

(4) The NAB examination is scored using a criterion-referenced method.

(5) A permanent record of the result of examination for each candidate shall be kept by the board.

[Statutory Authority: Chapters 18.52, 34.05 RCW and RCW 18.130.075. 00-01-072, § 246-843-073, filed 12/13/99, effective 1/13/00.]

WAC 246-843-090 Administrator-in-training. An applicant shall be approved to take an examination for licensure as a nursing home administrator after submitting evidence satisfactory to the board that the applicant meets the following requirements:

(1) Be at least twenty-one years old.

(2) Complete an application for licensure provided by the division of health professions quality assurance, department of health that includes all information and fees requested. Refer to chapter 246-12 WAC, Part 2.

(3) Submit documentation of a minimum of a baccalaureate degree from a recognized institution of higher learning.

(4) Completed an administrator-in-training (AIT) program as described below:

(a) A one thousand five hundred hour AIT program in a nursing home; or

(b) A one thousand hour AIT program for individuals with a minimum of two years experience as a department manager in a state licensed nursing home or hospital with supervisory and budgetary responsibility; or

(c) A five hundred hour AIT program in a nursing home for individuals with a minimum of two years experience in the last five years with supervisory and budgetary responsibility in one of the following positions or their equivalent:

Hospital administrator;

Assistant administrator in a state licensed nursing home or hospital;

Director of a hospital based skilled nursing facility;

Director of a subacute or transitional care unit;

Director of the department of nursing in a state licensed nursing home;

Health care consultant to the long-term care industry;

Director of community-based long-term care service.

(5) The AIT program shall be:

(a) Under the guidance and supervision of a qualified preceptor;

(b) Designed to provide for individual learning experiences and instruction based upon the person's academic background, training, and experience;

(c) Described in a prospectus signed by the preceptor. The prospectus shall include a description of the rotation through departments and is to be submitted to the board for approval before beginning an AIT program. Changes in the AIT program shall be immediately reported in writing to the board. The board may withdraw approval or alter conditions

under which approval was given if the board finds that the approved program has not been or is not being followed.

(6) The AIT program prospectus shall include the following components:

(a) A minimum of ninety percent of the required AIT program hours are spent in a rotation through each department of a resident occupied nursing home licensed under chapter 18.51 RCW;

(b) Project assignment including at least one problem-solving assignment to improve the nursing home or nursing home procedures. A description of the project is to be submitted in writing to the board for approval before beginning the AIT program. The description of the project should indicate the definition of the project and method of approach such as data gathering. A project report that includes possible alternatives, conclusions, and final recommendations to improve the facility or procedure is to be submitted to the board for approval at least ten days before the scheduled end date of the AIT program;

(c) Planned reading and writing assignments as designated by the preceptor; and

(d) Other planned learning experiences including learning about other health and social services agencies in the community.

(7) Quarterly written reports to the board shall include a detailed outline of AIT activities during the reporting period. Reports shall be submitted by both the AIT and preceptor.

(8) The program shall provide for a broad range of experience with a close working relationship between preceptor and trainee. Toward that end, no program shall be approved if the facility has a capacity of fewer than 50 beds. Exceptions to this general rule may be granted by the board in unusual circumstances.

[Statutory Authority: Chapters 18.52 and 34.05 RCW. 00-01-070, § 246-843-090, filed 12/13/99, effective 1/13/00. Statutory Authority: RCW 18.52.061. 95-07-128, § 246-843-090, filed 3/22/95, effective 4/22/95; 93-23-034, § 246-843-090, filed 11/10/93, effective 12/11/93; 93-13-004 (Order 371B), § 246-843-090, filed 6/3/93, effective 7/4/93. Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-090, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), recodified as § 246-843-090, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14). 87-02-008 (Order PM 633), § 308-54-090, filed 12/29/86; Order PL 260, § 308-54-090, filed 12/10/76; Order PL 164, § 308-54-090, filed 3/27/74, effective 1/1/75; Order PL 107, § 308-54-090, filed 3/3/71.]

WAC 246-843-093 Exemption. No AIT program is required for:

(1) An individual with a minimum of five years experience in the last seven years with extensive supervisory and budgetary responsibility in one of the following positions or their equivalent:

Hospital administrator;

Assistant administrator in a hospital or state licensed nursing home;

Director of a hospital based skilled nursing facility; or

Director of a subacute or transitional care unit.

(2) An individual who worked as a licensed nursing home administrator for a minimum of five years, in the past ten years, and whose license did not expire more than three years prior to application date.

(3) An individual who graduated from a long-term care program in a college approved by the National Association of Boards of Examiners for Long-Term Care Administrators.

(4) An individual who graduated from a degree program in a recognized educational institution that included a one thousand hour practical experience (practicum) in a nursing home. This practical experience shall be structured to allow a student a majority of time in a systematic rotation through each department of a resident-occupied nursing home. The practical experience shall include planned readings, writing, and project assignments. The practical experience shall include regular contact with the administrator of the facility in which the practical experience was completed.

[Statutory Authority: Chapters 18.52 and 34.05 RCW. 00-01-070, § 246-843-093, filed 12/13/99, effective 1/13/00.]

WAC 246-843-095 Preceptors for administrator-in-training programs. The preceptor shall submit a statement describing his or her qualifications and an agreement to perform the duties of a preceptor.

(1) Qualifications of preceptor:

(a) The preceptor shall be employed as a licensed nursing home administrator for an accumulation of at least three years.

(b) The preceptor shall be employed full time as the nursing home administrator in the facility where the administrator-in-training is trained.

(c) The preceptor shall have an unrestricted license.

(d) The preceptor shall participate in and successfully complete any preceptor workshop or other training deemed necessary by the board.

(2) Duties of the preceptor:

(a) The preceptor shall take the time necessary and have at least a weekly face-to-face conference with the AIT about the activities of the AIT relative to the training program and the nursing home.

(b) The preceptor shall evaluate the AIT and submit quarterly reports to the board on the progress of the AIT program.

(3) A preceptor shall supervise no more than two AITs at the same time.

[Statutory Authority: Chapters 18.52 and 34.05 RCW. 00-01-070, § 246-843-095, filed 12/13/99, effective 1/13/00. Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-095, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), recodified as § 246-843-095, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14). 87-02-008 (Order PM 633), § 308-54-095, filed 12/29/86. Statutory Authority: RCW 18.52.100 (2) and (14). 78-02-009 (Order PL 282), § 308-54-095, filed 1/6/78.]

WAC 246-843-130 Continuing education courses. A course provided to satisfy the continuing education requirement of licensed nursing home administrators shall meet the following conditions before being approved by the board:

(1) A request for approval shall be submitted on forms provided by the department at least one day prior to the start of the course;

(2) Such course of study shall consist of a minimum of one hour of organized instruction with the exception of board-approved self-study courses;

(3) Such course of study may include the following general subject areas or their equivalents, and shall be oriented to the nursing home administrator and reasonably related to the administration of nursing homes:

(a) Resident management;

(b) Personnel management;

(c) Financial management;

(d) Environmental management;

(e) Governance and management;

(f) Laws relating to Washington state nursing homes;

(4) Within one hundred eighty days after becoming licensed, nursing home administrators shall attend an approved course on laws relating to nursing homes in Washington. The board will grant retroactive credit to those licensees who obtain the required training as administrators-in-training under WAC 246-843-090. The board will approve state law training courses based on the following criteria.

A minimum of a six-hour program, with formal training objectives, that covers the following subjects: The requirements of chapter 18.52 RCW and essential areas of laws that apply to nursing homes regulated by the department of social and health services under chapter 388-97 WAC:

- Resident services, medical and social;
- Resident rights, including resident decision making, informed consent, advance directives and notices to residents;
- Enforcement;
- Criminal history inquiries;
- Differences between federal and state law.

(5) Such course of study shall issue certificates of attendance or other evidence satisfactory to the board.

[Statutory Authority: Chapters 18.52 and 34.05 RCW. 00-01-074, § 246-843-130, filed 12/13/99, effective 1/13/00. Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-130, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), recodified as § 246-843-130, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(11). 88-23-038 (Order PM 791), § 308-54-130, filed 11/9/88. Statutory Authority: RCW 18.52.100(14) and 18.52.110(2). 82-20-092 (Order PL 407), § 308-54-130, filed 10/6/82. Statutory Authority: RCW 18.52.100(14) and 18.52.110. 80-01-057 (Order PL 328), § 308-54-130, filed 12/20/79; Order PL 265, § 308-54-130, filed 3/21/77; Order PL 260, § 308-54-130, filed 12/10/76; Order PL 107, § 308-54-130, filed 3/3/71.]

WAC 246-843-150 Continuing education requirements for renewal of active license. (1) Licensed nursing home administrators must demonstrate completion of thirty-six hours of continuing education every two years as provided in chapter 246-12 WAC, Part 7.

(2) Licensees practicing solely out of Washington state are exempt from WAC 246-843-130(1) and must meet all other requirements.

(3) A preceptor for an administrator-in-training program may be granted continuing education credit of one hour per month of the AIT program. Credit as a preceptor is limited to sixteen hours of continuing education in any two-year period.

[Statutory Authority: RCW 18.52.061. 02-23-070, § 246-843-150, filed 11/19/02, effective 2/17/03. Statutory Authority: Chapter 18.52 and 34.05 RCW. 00-01-074, § 246-843-150, filed 12/13/99, effective 1/13/00. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-843-150, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-150, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), recodified as § 246-843-150, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14) and 18.52.110(2). 84-07-051 (Order PL 461), § 308-54-150, filed 3/21/84. Statutory Authority: RCW 18.52.110. 80-04-069 (Order 338), § 308-54-150, filed 3/26/80; Order PL 260, § 308-54-150, filed 12/10/76; Order PL 107, § 308-54-150, filed 3/3/71.]

WAC 246-843-162 AIDS prevention and information education requirements. Applicants must complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-843-162, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.52.100 and 70.24.270. 91-24-050 (Order 217B), § 246-843-162, filed 11/27/91, effective 12/28/91. Statutory Authority: RCW 18.52.100. 91-06-060 (Order 141B), recodified as § 246-843-162, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(11). 88-23-038 (Order PM 791), § 308-54-162, filed 11/9/88.]

WAC 246-843-180 Expired license. (1) To return to active status when the license has expired for three years or less, the practitioner must meet the requirements of WAC 246-12-040 (2)(a) or (b).

(2) To return to active status when the license has expired for over three years but less than five years, the practitioner must meet the requirements of WAC 246-12-040 (2)(c).

(3) To return to active status when the license has been expired for five years or more:

(a) If the practitioner has been in active practice as a licensed nursing home administrator in another jurisdiction during that time, the practitioner must:

(i) Meet the requirements of WAC 246-12-040 (2)(c); and

(ii) Provide proof of active practice; or

(b) If the practitioner has not been in active practice as a licensed nursing home administrator in another jurisdiction during that time, the practitioner must:

(i) Meet the requirements of WAC 246-12-040 (2)(c); and

(ii) Successfully complete the current licensing examination.

[Statutory Authority: RCW 18.52.061. 02-23-070, § 246-843-180, filed 11/19/02, effective 2/17/03. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-843-180, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.52.061. 93-13-004 (Order 371B), § 246-843-180, filed 6/3/93, effective 7/4/93. Statutory Authority: RCW 18.52.100. 91-24-022 (Order 216B), § 246-843-180, filed 11/25/91, effective 12/26/91; 91-06-060 (Order 141B), recodified as § 246-843-180, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14). 86-01-086 (Order PL 576), § 308-54-180, filed 12/18/85. Statutory Authority: RCW 18.52.100. 80-08-066 (Order 348), § 308-54-180, filed 7/1/80; Order PL 260, § 308-54-180, filed 12/10/76; Order PL 107, § 308-54-180, filed 3/3/71.]

WAC 246-843-205 Standards of conduct. Licensed nursing home administrators shall be on-site full time and in active administrative charge of the licensed nursing home, as licensed under chapter 18.51 RCW, in which they have consented to serve as administrator.

[Statutory Authority: Chapters 18.52 and 34.05 RCW. 00-01-067, § 246-843-205, filed 12/13/99, effective 1/13/00. Statutory Authority: RCW 18.52.061. 95-07-128, § 246-843-205, filed 3/22/95, effective 4/22/95; 93-13-004 (Order 371B), § 246-843-205, filed 6/3/93, effective 7/4/93. Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-205, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), recodified as § 246-843-205, filed 3/1/91, effective 4/1/91; Order PL 164, § 308-54-205, filed 3/27/74.]

WAC 246-843-230 Endorsement. (1) The board may endorse a nursing home administrator currently licensed in another state if that state requires qualifications substantially equivalent to qualifications required by RCW 18.52.071. To obtain a license by endorsement the applicant must:

(a) Pay applicable application fee;

(b) Submit an application on forms approved by the secretary;

(c) Submit a verification form from all states in which currently or previously licensed that verifies the applicant:

(i) Was or is currently licensed;

(ii) Has not had a nursing home administrator license revoked or suspended; and

(iii) Has passed the national examination;

(d) Submit a certified transcript of baccalaureate or higher degree, mailed to the department directly from the college or university;

(e) Have completed seven clock hours of AIDS education and training. Refer to chapter 246-12 WAC, Part 8.

(2) Applicants who are:

(a) Certified by the American College of Health Care Administrators (ACHCA) may submit verification of ACHCA certification in lieu of college degree transcript.

(b) Currently certified by ACHCA are exempt from taking the current NAB national examination.

(c) Licensed as a nursing home administrator in another state and who have previously passed the national examination are exempt from taking the current NAB national examination.

[Statutory Authority: Chapters 18.52, 34.05 RCW and RCW 18.130.075. 00-01-072, § 246-843-230, filed 12/13/99, effective 1/13/00. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-843-230, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-230, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), recodified as § 246-843-230, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14). 87-02-008 (Order PM 633), § 308-54-230, filed 12/29/86; Order PL 107, § 308-54-230, filed 3/3/71.]

WAC 246-843-231 Temporary practice permits. (1) A temporary practice permit may be issued for a period up to six months. A temporary practice permit holder is not eligible for a subsequent permit. A temporary practice permit shall be valid only for the specific nursing home for which it is issued and shall terminate upon the permit holder's departure from the nursing home, unless otherwise approved by the board. An applicant shall meet the following criteria:

(a) Submit temporary permit fee and application form approved by the secretary for initial credential;

(b) Submit verification from each state in which currently licensed that applicant is currently licensed and in good standing as a nursing home administrator in that state;

(c) Have a written agreement for consultation with a Washington state licensed nursing home administrator.

(2) Subsection (1)(b) of this section does not apply if the applicant is an administrator of a religious care facility acting under a limited licensed described in RCW 18.52.071.

[Statutory Authority: Chapters 18.52, 34.05 RCW and RCW 18.130.075. 00-01-072, § 246-843-231, filed 12/13/99, effective 1/13/00.]

WAC 246-843-330 Inactive license. (1) A practitioner may obtain an inactive license. Refer to the requirements of chapter 246-12 WAC, Part 4.

(2) To return to active status from inactive status if the license has been on inactive status for less than five years, the practitioner must meet the requirements of WAC 246-12-110.

(3) To return to active status from inactive status if the license has been on inactive status for five years or more:

(a) If the practitioner has been in active practice as a licensed nursing home administrator in another jurisdiction during that time, the practitioner must:

(i) Meet the requirements of WAC 246-12-110; and

(ii) Provide proof of active practice; or

(b) If the practitioner has not been in active practice as a licensed nursing home administrator in another jurisdiction during that time, the practitioner must:

(i) Meet the requirements of WAC 246-12-110; and

(ii) Successfully complete the current licensing examination.

[Statutory Authority: RCW 18.52.061. 02-23-070, § 246-843-330, filed 11/19/02, effective 2/17/03. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-843-330, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-330, filed 11/27/91, effective 12/28/91; 91-06-059 (Order 149B), § 246-843-330, filed 3/1/91, effective 4/1/91.]

WAC 246-843-340 Adjudicative proceedings. The board adopts the model procedural rules for adjudicative proceedings as adopted by the department of health and contained in chapter 246-11 WAC, including subsequent amendments.

[Statutory Authority: RCW 18.52.061. 93-23-034, § 246-843-340, filed 11/10/93, effective 12/11/93.]

WAC 246-843-990 Nursing home administrator fees 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 - Original license	$200.00
Administrator-in-training	100.00
Application - Endorsement	295.00
Temporary permit	190.00
Renewal	295.00
Inactive license renewal	110.00
Late renewal penalty	145.00
Expired license reissuance	147.50
Late renewal penalty - inactive	55.00
Expired inactive license reissuance	55.00
Duplicate license	15.00
Certification of license	15.00

[Statutory Authority: RCW 43.70.250, [43.70.]280 and chapter 18.52 RCW. 99-24-098, § 246-843-990, filed 11/30/99, effective 12/31/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-843-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.250 and chapter 18.52 RCW. 94-09-006, § 246-843-990, filed 4/11/94, effective 5/12/94. Statutory Authority: RCW 43.70.250. 93-14-011, § 246-843-990, filed 6/24/93, effective 7/25/93; 91-09-051 (Order 154), § 246-843-990, filed 4/16/91, effective 5/17/91. Statutory Authority: RCW 43.70.040. 91-06-058 (Order 138),

recodified as § 246-843-990, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 43.70.250. 90-04-094 (Order 029), § 308-54-315, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43.24.086. 87-18-031 (Order PM 667), § 308-54-315, filed 8/27/87. Statutory Authority: 1983 c 168 § 12. 83-17-031 (Order PL 442), § 308-54-315, filed 8/10/83. Formerly WAC 308-54-310.]

Chapter 246-845 WAC
NURSING POOL

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-845-020 Registration of a nursing pool. [Statutory Authority: RCW 18.52C.030. 92-02-018 (Order 224), § 246-845-020, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-845-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.52.030. 89-05-019 (Order PM 794), § 308-310-020, filed 2/10/89.] Repealed by 93-14-011, filed 6/24/93, effective 7/25/93. Statutory Authority: RCW 43.70.250.

246-845-030 Renewal of registration. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-845-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.52.030. 89-05-019 (Order PM 794), § 308-310-030, filed 2/10/89.] Repealed by 93-14-011, filed 6/24/93, effective 7/25/93. Statutory Authority: RCW 43.70.250.

246-845-040 Denial, suspension, or revocation of registration. [Statutory Authority: RCW 18.52C.030 and 18.130.050. 92-02-018 (Order 224), § 246-845-040, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-845-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.52.030. 89-05-019 (Order PM 794), § 308-310-040, filed 2/10/89.] Repealed by 93-14-011, filed 6/24/93, effective 7/25/93. Statutory Authority: RCW 43.70.250.

246-845-100 Renewal of registration. [Statutory Authority: RCW 43.70.250. 93-14-011, § 246-845-100, filed 6/24/93, effective 7/25/93.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

WAC 246-845-050 Registration of a nursing pool. After January 1, 1989, no individual, firm, corporation, partnership, or association may advertise, operate, manage, conduct, open, or maintain a business providing, procuring, or referring health care personnel for temporary employment in health care facilities without first registering with the department of health.

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-845-050, filed 6/24/93, effective 7/25/93.]

WAC 246-845-060 Application. Applicants for nursing pool registration shall submit to the department of health:

(1) A completed application for registration on forms furnished by the department;

(2) A registration fee as established by the secretary;

(3) Evidence of professional or general liability insurance in accordance with WAC 246-845-080;

(4) A signed quality assurance standards affidavit, and documentation of methods used for compliance with the standards established in WAC 246-845-090;

(5) The Washington state corporation certification number or a copy of the "certificate of authority to do business in Washington" if the nursing pool is owned by a corporation.

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-845-060, filed 6/24/93, effective 7/25/93.]

WAC 246-845-070 Registrations. (1) If the applicant meets the requirements of this chapter and chapter 18.130 RCW, the department shall issue a nursing pool registration. The registration shall remain effective for a period of one year from date of issuance unless revoked or suspended pursuant to chapter 18.130 RCW, or voided pursuant to subsection (2) of this section.

(2) If the registered nursing pool is sold or ownership or management is transferred, the new owner or operator shall apply for a new registration.

(3) Each separate location of the business of a nursing pool shall have a separate registration.

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-845-070, filed 6/24/93, effective 7/25/93.]

WAC 246-845-080 Insurance requirements. Each nursing pool shall carry professional and general liability insurance in the amount of one million dollars per occurrence for each person who delivers patient care services. The policy must show coverage using one of the following methods:

(1) The nursing pool maintains insurance coverage in the amount indicated for the nursing pool itself and its employees or agents; or

(2) The nursing pool maintains professional and general liability insurance for its own liability in the amount indicated and only refers self-employed, independent contractors who must maintain their own professional and general liability insurance in the amount indicated. Written evidence of such insurance coverage shall be maintained by the nursing pool in the independent contractor's personnel file for a minimum of three years.

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-845-080, filed 6/24/93, effective 7/25/93.]

WAC 246-845-090 Quality assurance standards. Nursing pools shall comply with the quality assurance standards contained in this section. Evidence of compliance with these standards shall be retained by the nursing pool and be available for inspection by the department for a minimum of three years. These standards are as follows:

(1) Establishment of a prehire/precontract screening procedure which includes the following:

(a) Written or verbal verification of two references relevant to the work the applicant proposes to do for the nursing pool. References must include dates of employment/contracting;

(b) Written verification of applicant's current, unrestricted professional license, certificate, or registration issued by the department;

(c) Written verification of any certification by a private or public entity in clinical areas relevant to the applicant's proposed work;

(d) Written verification of current cardiopulmonary resuscitation certification;

(e) Written health screening plan that assures that each applicant is free of tuberculosis, physically able to perform the job duties required for the position, and compliance with OSHA regulations regarding the HBV virus;

(f) Compliance with RCW 43.43.830 regarding criminal history disclosure and background inquiries;

(g) Establishment of a post-hire/post-contract procedure which includes the following:

(i) Written procedure for orientation of all new hires/contractors to the nursing pool's policies and procedures prior to beginning work;

(ii) Written performance evaluation plan to include written evaluations from facilities regarding performance of persons who have delivered patient care services;

(iii) Written continuing education program for personnel/contractors that at a minimum provides educational programs on a variety of related topics relevant to the work performed to include: HIV/HBV information, fire and safety, universal precautions, infection control, and information concerning Washington state abuse reporting requirements;

(2) Compliance with state and federal wage and labor laws, and federal immigration laws.

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-845-090, filed 6/24/93, effective 7/25/93.]

WAC 246-845-110 Denial, suspension, or revocation of registration. The secretary may deny, suspend, or revoke the registration and/or assess penalties if any nursing pool is found to have violated the provisions of chapter 18.130 RCW, the Uniform Disciplinary Act, or of this chapter.

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-845-110, filed 6/24/93, effective 7/25/93.]

WAC 246-845-990 Nursing pool fees and renewal cycle. (1) Registrations must be renewed every year on the date of original issuance as provided in chapter 246-12 WAC, Part 3.

(2) The following nonrefundable fees will be charged:

Title	Fee
Registration application	$100.00
Registration renewal	115.00
Late renewal penalty	57.50
Expired registration reissuance	57.50

[Statutory Authority: RCW 43.70.250. 99-08-101, § 246-845-990, filed 4/6/99, effective 7/1/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-845-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.250. 93-14-011, § 246-845-990, filed 6/24/93, effective 7/25/93; 91-13-002 (Order 173), § 246-845-990, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-845-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250. 90-04-094 (Order 029), § 308-310-010, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43.24.086. 88-20-076 (Order 784), § 308-310-010, filed 10/5/88.]

Chapter 246-847 WAC
OCCUPATIONAL THERAPISTS

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-847-060 License renewal registration date and fee. [Statutory Authority: RCW 18.59.130. 94-20-036, § 246-847-060, filed 9/28/94, effective 10/29/94; 91-23-047 (Order 213B), § 246-847-060, filed 11/14/91, effective 12/15/91; 91-05-027 (Order 112B), recodified as § 246-847-060, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130 and 18.130.050. 89-01-081 (Order PM 805), § 308-171-040, filed 12/20/88. Statutory Authority: RCW 18.59.110. 87-04-015 (Order PM 636), § 308-171-040, filed 1/26/87; 85-06-012 (Order PL 514), § 308-171-040, filed 2/22/85.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-847-200 Application for licensure. [Statutory Authority: RCW 18.59.130. 93-18-093 (Order 394B), § 246-847-200, filed 9/1/93, effective 10/2/93; 91-05-027 (Order 112B), recodified as § 246-847-200, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130 and 18.130.050. 89-01-081 (Order PM 805), § 308-171-330, filed 12/20/88.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

WAC 246-847-010 Definitions. (1) The following terms in RCW 18.59.020(2) shall mean:

(a) "Scientifically based use of purposeful activity" is the treatment of individuals using established methodology based upon the behavioral and biological sciences and includes the analysis, application and adaptation of activities

for use with individuals having a variety of physical, emotional, cognitive and social disorders. Use of purposeful activity includes a process of continually modifying treatment to meet the changing needs of an individual. Purposeful activity is goal-oriented and cannot be routinely prescribed.

(b) "Teaching daily living skills" is the instruction in daily living skills based upon the evaluation of all the components of the individual's disability and the adaptation or treatment based on the evaluation. Components of a disability are physical, sensory, social, emotional and cognitive functions.

(c) "Developing prevocational skills and play and avocational capabilities" is not only the development of prevocational skills and play and avocational capabilities but involves the scientifically based use of purposeful activity.

(d) "Designing, fabricating, or applying selected orthotic and prosthetic devices or selected adaptive equipment" is not specific occupational therapy services if a person designs, fabricates, or applies selected orthotic and prosthetic devices or selected adaptive equipment for an individual if the device or equipment is prescribed or ordered by a health care professional authorized by the laws of the state of Washington to prescribe the device or equipment or direct the design, fabrication, or application of the device or equipment.

(e) "Adapting environments for the handicapped" is the evaluation of all the components of an individual's disability and the adaptation of the environment of the individual based on the evaluation. Components of a disability are physical, sensory, social, emotional and cognitive functions.

(2) "Supervision" and "regular consultation" of an occupational therapy assistant by an occupational therapist in RCW 18.59.020(4) and "direct supervision" of a person holding a limited permit by an occupational therapist in RCW 18.59.040(7) shall mean face to face meetings between the occupational therapist and occupational therapy assistant and between the occupational therapist and holder of a limited permit occurring at intervals as determined necessary by the occupational therapist to establish, review, or revise the client's treatment objectives. The meetings shall be documented and the documentation shall be maintained in each client's treatment record. The failure to meet to establish, review, or revise the client's treatment objectives at sufficient intervals to meet the client's needs shall be grounds for disciplinary action against the occupational therapist's license and/or the occupational therapy assistant's license to practice in the state of Washington and/or the limited permit pursuant to WAC 246-847-160 (4) and (14), 246-847-170 (2) and (3) and RCW 18.59.100 for conduct occurring prior to June 11, 1986 and pursuant to RCW 18.130.180 for conduct occurring on or after June 11, 1986.

(3) "Professional supervision" of an occupational therapy aide in RCW 18.59.020(5) shall mean:

(a) Documented training by the occupational therapist of the occupational therapy aide in each specific occupational therapy technique for each specific client and the training shall be performed on the client;

(b) Face to face meetings between the occupational therapy aide and the supervising occupational therapist or an occupational therapy assistant under the direction of the supervising occupational therapist occurring at intervals as determined by the occupational therapist to meet the client's needs, but shall occur at least once every two weeks; and

(c) The occupational therapist shall observe the occupational therapy aide perform on the client the specific occupational therapy techniques for which the occupational therapy aide was trained at intervals as determined by the occupational therapist to meet the client's needs, but shall occur at least once a month.

The meetings and client contacts shall be documented and the documentation shall be maintained in the client's treatment records. The failure to meet at sufficient intervals to meet the client's needs shall be grounds for disciplinary action against the occupational therapist's license to practice in the state of Washington pursuant to WAC 246-847-160 (4) and (14), 246-847-170 (2) and (3) and RCW 18.59.100 for conduct occurring prior to June 11, 1986 and pursuant to RCW 18.130.180 for conduct occurring on or after June 11, 1986.

(4) Sections (2) and (3) of this rule shall not be effective until July 1, 1985.

(5) "Clients" include patients, students, and those to whom occupational therapy services are delivered.

(6) "Evaluation" is the process of obtaining and interpreting data necessary for treatment, which includes, but is not limited to, planning for and documenting the evaluation process and results. The evaluation data may be gathered through record review, specific observation, interview, and the administration of data collection procedures, which include, but are not limited to, the use of standardized tests, performance checklists, and activities and tasks designed to evaluate specific performance abilities.

(7) "Work site" in RCW 18.59.080 means the primary work location.

(8) "In association" for RCW 18.59.040(7) shall mean practicing in a setting in which another occupational therapist licensed in the state of Washington is available for consultation and assistance as needed to provide protection for the clients' health, safety and welfare.

(9) One "contact hour" is considered to be fifty minutes.

(10) "Peer reviewer" shall mean a licensed occupational therapist chosen by the licensee to review the self study plan and verify that the self study activity meets the objectives for peer reviewed self study as defined in WAC 246-847-065.

[Statutory Authority: RCW 18.59.130. 92-18-015 (Order 300B), § 246-847-010, filed 8/24/92, effective 9/24/92; 91-11-064 (Order 171B), § 246-847-010, filed 5/16/91, effective 6/16/91; 91-05-027 (Order 112B), recodified as § 246-847-010, filed 2/12/91, effective 3/15/91. Statutory Authority: Chapter 18.59 RCW. 90-16-071 (Order 075), § 308-171-001, filed 7/30/90, effective 8/30/90. Statutory Authority: RCW 18.59.130 and 18.130.050. 87-09-044 (Order PM 645), § 308-171-001, filed 4/14/87. Statutory Authority: RCW 18.59.130(2) and 18.130.050(1). 86-17-064 (Order PM 610), § 308-171-001, filed 8/19/86. Statutory Authority: RCW 18.59.130(2) and 18.59.020(5). 86-10-004 (Order PL 588), § 308-171-001, filed 4/24/86. Statutory Authority: RCW 18.59.130(2). 85-12-010 (Order PL 529), § 308-171-001, filed 5/23/85. Statutory Authority: RCW 18.59.130(2) and 18.59.020. 85-05-008 (Order PL 513), § 308-171-001, filed 2/11/85.]

WAC 246-847-020 Persons exempt from the definition of an occupational therapy aide. An "occupational therapy aide" for whom an occupational therapist must provide professional supervision pursuant to RCW 18.59.020(5) does not include persons employed at a facility who are per-

forming services under the supervision or direction of another licensed health care practitioner or certified teacher if the occupational therapist serves solely in a consulting capacity to the facility.

[Statutory Authority: RCW 18.59.130. 91-05-027 (Order 112B), recodified as § 246-847-020, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130 and 18.130.050. 87-09-044 (Order PM 645), § 308-171-002, filed 4/14/87. Statutory Authority: RCW 18.59.130(2). 87-01-088 (Order PM 630), § 308-171-002, filed 12/22/86.]

WAC 246-847-030 Occupational therapists acting in a consulting capacity. (1) "Consulting capacity" shall mean the providing of information and recommendations which the facility, licensed health care practitioners, or certified teachers employed at that facility may accept, reject, or modify at the election of the facility, the licensed health care practitioners, or certified teachers and if the occupational therapist's recommendations are accepted or modified then the recommendations shall be incorporated into the patient's health care plan as part of the nursing or physician's care plan or educational care plan and not held out as the providing of occupational therapy services to the patients or public or billed by the facility as the providing of occupational therapy services to the patients.

(2) An occupational therapist acting in a consulting capacity shall include the following information in the occupational therapist's documentation:

(a) Date of consultation;

(b) To whom the consultation is provided;

(c) Description of services provided;

(d) Consultation recommendation; and

(e) Recommendations concerning who should implement the consultation recommendations.

The documentation described above shall be retained by the consulting occupational therapist.

[Statutory Authority: RCW 18.59.130. 91-05-027 (Order 112B), recodified as § 246-847-030, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130 and 18.130.050. 87-09-044 (Order PM 645), § 308-171-003, filed 4/14/87.]

WAC 246-847-040 Recognized educational programs—Occupational therapists. The board recognizes and approves courses of instruction conducted by schools that have obtained accreditation of the program in occupational therapy from the American Occupational Therapy Association's Accreditation Council for Occupational Therapy Education as recognized in the current Listing of *Educational Programs in Occupational Therapy* published by the American Occupational Therapy Association, Inc.

[Statutory Authority: RCW 18.59.130. 94-20-036, § 246-847-040, filed 9/28/94, effective 10/29/94; 91-23-047 (Order 213B), § 246-847-040, filed 11/14/91, effective 12/15/91; 91-11-064 (Order 171B), § 246-847-040, filed 5/16/91, effective 6/16/91; 91-05-027 (Order 112B), recodified as § 246-847-040, filed 2/12/91, effective 3/15/91. Statutory Authority: Chapter 18.59 RCW. 90-16-071 (Order 075), § 308-171-010, filed 7/30/90, effective 8/30/90. Statutory Authority: RCW 18.59.130 and 18.130.050. 89-01-081 (Order PM 805), § 308-171-010, filed 12/20/88. Statutory Authority: RCW 18.59.050. 88-09-031 (Order PM 721), § 308-171-010, filed 4/15/88. Statutory Authority: RCW 18.59.130 and 18.130.050. 87-09-044 (Order PM 645), § 308-171-010, filed 4/14/87. Statutory Authority: RCW 18.59.130(2). 85-05-008 (Order PL 513), § 308-171-010, filed 2/11/85.]

WAC 246-847-050 Recognized educational programs—Occupational therapy assistants. The board recognizes and approves courses of instruction conducted by schools that have obtained approval of the occupational therapy assistant associate degree programs and occupational therapy assistant certificate programs from the American Occupational Therapy Association's Accreditation Council for Occupational Therapy Education as recognized in the current Listing of *Educational Programs in Occupational Therapy* published by the American Occupational Therapy Association, Inc.

[Statutory Authority: RCW 18.59.130. 94-20-036, § 246-847-050, filed 9/28/94, effective 10/29/94; 91-23-047 (Order 213B), § 246-847-050, filed 11/14/91, effective 12/15/91; 91-11-064 (Order 171B), § 246-847-050, filed 5/16/91, effective 6/16/91; 91-05-027 (Order 112B), recodified as § 246-847-050, filed 2/12/91, effective 3/15/91. Statutory Authority: Chapter 18.59 RCW. 90-16-071 (Order 075), § 308-171-020, filed 7/30/90, effective 8/30/90. Statutory Authority: RCW 18.59.130 and 18.130.050. 89-01-081 (Order PM 805), § 308-171-020, filed 12/20/88. Statutory Authority: RCW 18.59.050. 88-09-031 (Order PM 721), § 308-171-020, filed 4/15/88. Statutory Authority: RCW 18.59.130 and 18.130.050. 87-09-044 (Order PM 645), § 308-171-020, filed 4/14/87. Statutory Authority: RCW 18.59.130(2). 85-05-008 (Order PL 513), § 308-171-020, filed 2/11/85.]

WAC 246-847-055 Initial application for individuals who have not practiced within the past four years. (1) Any initial applicant who has not been actively engaged in the practice of occupational therapy within the past four years shall provide, in addition to the requirements for licensure as specified in RCW 18.59.050 and WAC 246-847-190:

(a) Evidence of having successfully completed an approved occupational therapy or occupational therapy assistant program within the past four years and documentation of thirty hours of continued competency as described in WAC 246-847-065 for the previous two-year period; or

(b) Evidence of having passed the examination as defined in WAC 246-847-080 within the previous two-year period and documentation of thirty hours of continued competency as described in WAC 246-847-065 for the previous two year-period; or

(c) Evidence of having successfully completed a board approved educational program specifically designed for occupational therapists or occupational therapy assistants preparing for re-entry into the field of occupational therapy.

(2) The applicant may be required to appear before the board for oral interview.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-847-055, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.59.130. 93-18-093 (Order 394B), § 246-847-055, filed 9/1/93, effective 10/2/93.]

WAC 246-847-065 Continued competency. Licensed occupational therapists must complete thirty hours of continuing education every two years as required in chapter 246-12 WAC, Part 7.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-847-065, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.59.130. 92-18-015 (Order 300B), § 246-847-065, filed 8/24/92, effective 9/24/92; 91-11-064 (Order 171B), § 246-847-065, filed 5/16/91, effective 6/16/91; 91-05-027 (Order 112B), recodified as § 246-847-065, filed 2/12/91, effective 3/15/91; 90-22-011 (Order 094), § 308-171-041, filed 10/26/90, effective 11/26/90.]

WAC 246-847-068 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, and the practitioner has been in active practice in another United States jurisdiction, the practitioner must:

(a) Submit verification of active practice from any other United States jurisdiction;

(b) Meet the requirements of chapter 246-12 WAC, Part 2.

(3) If the license has expired for over three years, and the practitioner has not been in active practice in another United States jurisdiction, the practitioner must:

(a) Either provide evidence of having passed the examination as defined in WAC 246-847-080 within the previous two-year period or provide evidence of successfully completing a board-approved educational program specifically designed for occupational therapists or occupational therapy assistants preparing for reentry into the field of occupational therapy;

(b) Meet the requirements of chapter 246-12 WAC, Part 2.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-847-068, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.59.130. 94-20-036, § 246-847-068, filed 9/28/94, effective 10/29/94; 93-18-093 (Order 394B), § 246-847-068, filed 9/1/93, effective 10/2/93.]

WAC 246-847-070 Inactive credential. A practitioner may obtain an inactive credential. Refer to the requirements of chapter 246-12 WAC, Part 4.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-847-070, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.59.130. 93-18-093 (Order 394B), § 246-847-070, filed 9/1/93, effective 10/2/93; 91-05-027 (Order 112B), recodified as § 246-847-070, filed 2/12/91, effective 3/15/91; 90-22-011 (Order 094), § 308-171-045, filed 10/26/90, effective 11/26/90. Statutory Authority: RCW 18.59.090(3). 86-21-026 (Order PM 620), § 308-171-045, filed 10/8/86.]

WAC 246-847-080 Examinations. (1) The current series of the American Occupational Therapy Certification Board examination shall be the official examination for licensure as an occupational therapist or as an occupational therapy assistant.

(2) The examination for licensure as an occupational therapist shall be conducted twice a year.

(3) The examination for licensure as an occupational therapy assistant shall be conducted twice a year.

(4) The program manager of the board shall negotiate with the American Occupational Therapy Certification Board for the use of the certification examination.

(5) The examination shall be conducted in accordance with the American Occupational Therapy Certification Board security measures and contract.

(6) Applicants shall be notified of the examination results in accordance with the procedures developed by the American Occupational Therapy Certification Board.

(7) Examination scores will not be released except as authorized by the applicant in writing.

(8) To be eligible for a license, applicants must attain a passing score on the examination administered by the American Occupational Therapy Certification Board.

[Statutory Authority: RCW 18.59.130. 93-18-093 (Order 394B), § 246-847-080, filed 9/1/93, effective 10/2/93; 92-18-015 (Order 300B), § 246-847-080, filed 8/24/92, effective 9/24/92; 91-05-027 (Order 112B), recodified as § 246-847-080, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130(2). 86-10-004 (Order PL 588), § 308-171-100, filed 4/24/86; 85-05-008 (Order PL 513), § 308-171-100, filed 2/11/85.]

WAC 246-847-090 Proof of actual practice. An applicant seeking waiver of the education and experience requirements as provided in RCW 18.59.070(3) shall submit the following as proof of actual practice:

(1) Applicant's affidavit containing the following information:

(a) Location and dates of employment between June 7, 1981 and June 7, 1984;

(b) Description of capacity in which applicant was employed, including job title and description of specific duties;

(c) Description of nature of clientele; and

(d) Name and title of direct supervisor.

(2) Written job description.

(3) Affidavit from employer(s), from June 7, 1981 through June 7, 1984, containing the following information:

(a) Dates of applicant's employment,

(b) Description of applicant's specific duties, and

(c) Employer's title.

After reviewing the information submitted, the board may require submission of additional information if the board deems additional information necessary for purposes of clarifying the information previously submitted.

The proof of actual practice shall be submitted to the board's office no later than March 1, 1985.

[Statutory Authority: RCW 18.59.130. 91-05-027 (Order 112B), recodified as § 246-847-090, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130(2) and 18.59.070(3). 85-05-008 (Order PL 513), § 308-171-101, filed 2/11/85.]

WAC 246-847-100 Examination dates for applicants under RCW 18.59.070(3). (1) Applicants for an occupational therapist license under RCW 18.59.070(3) shall take the examination no later than June 29, 1985.

(2) Applicants for an occupational therapy assistant license under RCW 18.59.070(3) shall take the examination no later than July 20, 1985.

[Statutory Authority: RCW 18.59.130. 91-05-027 (Order 112B), recodified as § 246-847-100, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130(2). 85-05-008 (Order PL 513), § 308-171-102, filed 2/11/85.]

WAC 246-847-110 Persons exempt from licensure pursuant to RCW 18.59.040(5). (1) To qualify for the exemption from licensure pursuant to RCW 18.59.040(5), the individual claiming the exemption shall have been actively engaged in the practice of occupational therapy within the preceding four-year period and shall in writing notify the department, at least thirty days before any occupational therapy services are performed in this state, of the following:

(a) In which state(s) the individual is licensed to perform occupational therapy services and the license number(s); and

(b) The name, address, and telephone number of at least one facility or employer where the individual has been

engaged in the practice of occupational therapy within the preceding four years; or

(c) If the exemption is claimed pursuant to RCW 18.59.040 (5)(b), the individual shall submit a signed notarized statement attesting to:

(i) Having passed the American Occupational Therapy Certification Board examination; and

(ii) Having engaged in occupational therapy practice within the preceding four years, including the name, address, and telephone number of at least one facility or employer during this period;

(iii) Not having engaged in unprofessional conduct or gross incompetency as established in WAC 246-847-160 for conduct occurring prior to June 11, 1986 and as established in RCW 18.130.180 for conduct occurring on or after June 11, 1986; and not having been convicted of a crime involving moral turpitude or a felony relating to the profession of occupational therapy; and

(d) A signed notarized statement describing when the occupational therapy services will be performed, where the occupational therapy services will be performed, and how long the individual will be performing occupational therapy services in this state.

(2) A ninety-day temporary permit must be received by the occupational therapist prior to rendering of occupational therapy services.

(3) "Working days" in RCW 18.59.040(5) shall mean consecutive calendar days.

[Statutory Authority: RCW 18.59.130. 92-18-015 (Order 300B), § 246-847-110, filed 8/24/92, effective 9/24/92; 91-11-064 (Order 171B), § 246-847-110, filed 5/16/91, effective 6/16/91; 91-05-027 (Order 112B), recodified as § 246-847-110, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130(2) and 18.59.050(1). 86-17-064 (Order PM 610), § 308-171-103, filed 8/19/86. Statutory Authority: RCW 18.59.130(2) and 18.59.040 (5)(b). 86-10-004 (Order PL 588), § 308-171-103, filed 4/24/86. Statutory Authority: RCW 18.59.130(2). 85-12-010 (Order PL 529), § 308-171-103, filed 5/23/85.]

WAC 246-847-115 Limited permits. (1) An applicant is eligible for a limited permit under RCW 18.59.040(7), provided the applicant takes the first examination for which he or she is eligible.

(2) An applicant who successfully passes the examination for licensure and who has a valid limited permit through the department of health at the time the examination results are made public shall be deemed to be validly licensed under the limited permit for the next thirty calendar days.

[Statutory Authority: RCW 18.59.130. 93-18-093 (Order 394B), § 246-847-115, filed 9/1/93, effective 10/2/93; 91-23-047 (Order 213B), § 246-847-115, filed 11/14/91, effective 12/15/91.]

WAC 246-847-117 Temporary permits—Issuance and duration pursuant to RCW 18.130.075. (1) Unless there is a basis for denial of an occupational therapist or occupational therapy assistant license, an applicant who is currently licensed in a jurisdiction considered by the board to have licensing standards substantially equivalent to Washington's shall be issued a temporary practice permit after receipt of the following documentation by the department of health:

(a) Submission of a completed occupational therapist or occupational therapy assistant application on which the applicant indicates that he or she wishes to receive a temporary practice permit;

(b) Payment of the application fee and temporary practice permit fee; and

(c) Direct written verification of current licensure from the state whose licensing standards are substantially equivalent to Washington's.

(2) The temporary practice permit shall expire upon the issuance of a license by the board; initiation of an investigation by the board; or ninety days, whichever occurs first.

(3) An applicant who receives a temporary practice permit and who does not complete the licensure application process shall not receive additional temporary practice permits even upon submission of a new application in the future.

[Statutory Authority: RCW 18.59.130. 92-18-015 (Order 300B), § 246-847-117, filed 8/24/92, effective 9/24/92.]

WAC 246-847-120 Foreign trained applicants. An applicant obtaining education and training at foreign institutions shall submit the following information for the board's consideration in determining whether or not to waive the education and experience requirements for licensure, pursuant to RCW 18.59.070(1):

(1) An official description of the education program at the educational institution and if the description is not in English, then an English translation signed by the translator shall be submitted with the official description;

(2) An official transcript of the applicant's grades from the educational institution and if the transcript is not in English, then an English translation signed by the translator shall be submitted with the official transcript;

(3) Applicant's affidavit containing the following information:

(a) Location and dates of employment as an occupational therapist or occupational therapy assistant for up to three years immediately prior to the date of application;

(b) Description of capacity in which applicant was employed, including job titles and description of specific duties;

(c) Description of nature of clientele; and

(d) Name and title of direct supervisors;

(4) Written job description for each employment as an occupational therapist or occupational therapy assistant for up to three years immediately prior to the date of application;

(5) Signed, written statements from all employers or direct supervisors for up to three years immediately prior to the date of application containing the following information:

(a) Dates of applicant's employment;

(b) Description of applicant's specific duties; and

(c) Employer or direct supervisor's title;

(6) If the applicant graduated from the educational institution within the three years immediately prior to the application, the applicant shall obtain a signed, written statement from the applicant's program director at the educational institution discussing the applicant's fieldwork experience at the educational institution.

After reviewing the information submitted, the board may require submission of additional information necessary

for purposes of clarifying the information previously submitted.

[Statutory Authority: RCW 18.59.130. 91-05-027 (Order 112B), recodified as § 246-847-120, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130(2). 86-17-064 (Order PM 610), § 308-171-104, filed 8/19/86; 86-10-004 (Order PL 588), § 308-171-104, filed 4/24/86.]

WAC 246-847-125 Applicants currently licensed in other states or territories. (1) Before licensure may be extended to any individual currently licensed to practice as an occupational therapist or occupational therapy assistant in another state, the District of Columbia, or a territory of the United States as provided in RCW 18.59.070(2), the following conditions must be met:

(a) Evidence of having met the requirements for licensure as provided in RCW 18.59.050; and

(b) Verification of current licensure from any state, the District of Columbia, or a territory of the United States on forms provided by the secretary; and

(c) Verification of having passed the examination as defined in WAC 246-847-080; and

(d) Evidence of having been actively engaged in the practice of occupational therapy within the preceding four-year period.

(2) If the applicant has not been actively engaged in the practice of occupational therapy within the past four years, the following conditions must be met:

(a) Evidence of having taken and passed the examination as defined in WAC 246-847-080 within the previous two-year period and documentation of thirty hours of continued competency as described in WAC 246-847-065 for the previous two-year period; or

(b) Evidence of having successfully completed a board approved educational program specifically designed for occupational therapists or occupational therapy assistants preparing for reentry into the field of occupational therapy.

(3) The applicant may be required to appear before the board for oral interview.

[Statutory Authority: RCW 18.59.130. 93-18-093 (Order 394B), § 246-847-125, filed 9/1/93, effective 10/2/93.]

WAC 246-847-130 Definition of "commonly accepted standards for the profession." "Commonly accepted standards for the profession" in RCW 18.59.040 (5)(b) and 18.59.070 shall mean having passed the American Occupational Therapy Association certification examination, not having engaged in unprofessional conduct or gross incompetency as established by the board in WAC 246-847-160 for conduct occurring prior to June 11, 1986 and as established in RCW 18.130.180 for conduct occurring on or after June 11, 1986, and not having been convicted of a crime of moral turpitude or a felony which relates to the profession of occupational therapy.

[Statutory Authority: RCW 18.59.130. 93-18-093 (Order 394B), § 246-847-130, filed 9/1/93, effective 10/2/93; 91-05-027 (Order 112B), recodified as § 246-847-130, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130(2) and 18.130.050(1). 86-17-064 (Order PM 610), § 308-171-200, filed 8/19/86. Statutory Authority: RCW 18.59.130(2), 18.59.040 (5)(b) and 18.59.070(1). 86-10-004 (Order PL 588), § 308-171-200, filed 4/24/86. Statutory Authority: RCW 18.59.130(2) and 18.59.070. 85-05-008 (Order PL 513), § 308-171-200, filed 2/11/85.]

WAC 246-847-140 Supervised fieldwork experience—Occupational therapists. "Supervised fieldwork experience" in RCW 18.59.050 (1)(c)(i) shall mean a minimum six months of Level II fieldwork conducted in settings approved by the applicant's academic program. Level II fieldwork is to provide an in-depth experience in delivering occupational therapy services to clients and to provide opportunities for supervised practice of occupational therapist entry-level roles. The minimum six months supervised fieldwork experience required by RCW 18.59.050 (1)(c)(i) shall not include Level I fieldwork experience as defined by the American Occupational Therapy Association.

The supervised fieldwork experience shall consist of a minimum of six months sustained fieldwork on a full-time basis. "Full-time basis" is as required by the fieldwork setting.

[Statutory Authority: RCW 18.59.130. 91-05-027 (Order 112B), recodified as § 246-847-140, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130(2). 87-01-088 (Order PM 630), § 308-171-201, filed 12/22/86; 85-05-008 (Order PL 513), § 308-171-201, filed 2/11/85.]

WAC 246-847-150 Supervised fieldwork experience—Occupational therapy assistants. "Supervised fieldwork experience" in RCW 18.59.050 (1)(c)(ii) shall mean a minimum two months of Level II fieldwork conducted in settings approved by the applicant's academic or training program. Level II fieldwork is to provide an in-depth experience in delivering occupational therapy services to clients and to provide opportunities for supervised practice of occupational therapy assistant entry-level roles. The minimum two months supervised fieldwork experience required by RCW 18.59.050 (1)(c)(ii) shall not include Level I fieldwork experience as defined by the American Occupational Therapy Association.

The supervised fieldwork experience shall consist of a minimum of two one-month sustained fieldwork placements not less than forty full-time workdays. "Full-time workdays" is as required by the fieldwork setting.

[Statutory Authority: RCW 18.59.130. 91-05-027 (Order 112B), recodified as § 246-847-150, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130(2). 85-05-008 (Order PL 513), § 308-171-202, filed 2/11/85.]

WAC 246-847-160 Unprofessional conduct or gross incompetency. The following conduct, acts, or conditions constitute unprofessional conduct or gross incompetency for any license holder or applicant if the conduct, acts, or conditions occurred or existed prior to June 11, 1986:

(1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder or applicant of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the sentence has

been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

(2) Misrepresentation or concealment of a material fact in obtaining a license or in reinstatement thereof;

(3) All advertising which is false, fraudulent, or misleading;

(4) Incompetence, negligence, or actions in the practice of the profession which result in, or have a significant likelihood of resulting in, harm to the patient or public;

(5) Suspension, revocation, or restriction of the individual's license to practice the profession by competent authority in any state, federal, or foreign jurisdiction, a certified copy of the order or agreement being conclusive evidence of the revocation, suspension, or restriction;

(6) The possession, use, addiction to, prescription for use, diversion, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, or violation of any drug law;

(7) Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice;

(8) Failure to cooperate with the disciplining authority by:

(a) Not furnishing any papers or documents;

(b) Not furnishing in writing a full and complete explanation covering the matter contained in the complaint filed with the disciplining authority; or

(c) Not responding to subpoenas issued by the disciplining authority, whether or not the recipient of the subpoena is the accused in the proceeding;

(9) Failure to comply with an order issued by the disciplining authority;

(10) Aiding or abetting an unlicensed person to practice when a license is required;

(11) Willful or repeated violations of rules established by any health agency or authority of the state or a political subdivision thereof;

(12) Practice beyond the scope of practice as defined by law;

(13) Misrepresentation or fraud in any aspect of the conduct of the business or profession;

(14) Failure to adequately supervise auxiliary staff to the extent that the consumer's health or safety is at risk;

(15) Engaging in a profession involving contact with the public while suffering from a contagious or infectious disease involving serious risk to public health;

(16) Promotion for personal gain of any unnecessary or inefficacious drug, device, treatment, procedure, or service;

(17) Conviction of any gross misdemeanor or felony relating to the practice of the person's profession. For the purposes of this subsection, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

(18) The offering, undertaking, or agreeing to cure or treat disease by a secret method, procedure, treatment, or medicine, or the treating, operating, or prescribing for any health condition by a method, means, or procedure which the licensee refuses to divulge upon demand of the disciplining authority;

(19) Violation of chapter 19.68 RCW;

(20) Interference with an investigation or disciplinary proceeding by wilful misrepresentation of facts before the disciplining authority or its authorized representative, or by the use of threats or harassment against any patient or witness to prevent them from providing evidence in a disciplinary proceeding or any other legal action;

(21) Any mental or physical condition which results in, or has a significant likelihood of resulting in, an inability to practice with reasonable skill and safety to consumers.

(22) Abuse of a client or patient or sexual contact resulting from abuse of the client-practitioner relationship.

[Statutory Authority: RCW 18.59.130. 91-05-027 (Order 112B), recodified as § 246-847-160, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130(2) and 18.130.050(1). 86-17-064 (Order PM 610), § 308-171-300, filed 8/19/86. Statutory Authority: RCW 18.59.130(2) and 18.59.100. 85-05-008 (Order PL 513), § 308-171-300, filed 2/11/85.]

WAC 246-847-170 Code of ethics and standards of professional conduct. (1) It is the professional responsibility of occupational therapists and occupational therapy assistants to provide services for clients without regard to race, creed, national origin, gender, handicap or religious affiliation.

(2) Treatment objectives and the therapeutic process must be formulated to ensure professional accountability.

(3) Services shall be goal-directed in accordance with the overall educational, habilitation or rehabilitation plan and shall include a system to ensure professional accountability.

(4) Occupational therapists and occupational therapy assistants shall recommend termination of services when established goals have been met or when further services would not produce improved client performance.

(5) Occupational therapists and occupational therapy assistants shall accurately represent their competence, education, training and experience.

(6) Occupational therapists and occupational therapy assistants shall only provide services and use techniques for which they are qualified by education, training, and experience.

(7) Occupational therapists and occupational therapy assistants shall accurately record information and report information as required by facility standards and state and federal laws.

(8) All data recorded in permanent files or records shall be supported by the occupational therapist or the occupational therapy assistant's observations or by objective measures of data collection.

(9) Client's records shall only be divulged as authorized by law or with the client's consent for release of information.

(10) Occupational therapists and occupational therapy assistants shall not delegate to other personnel those client-related services where the clinical skills and expertise of an occupational therapist or occupational therapy assistant are required.

(11) If, after evaluating the client, the case is a medical case, the occupational therapist shall refer the case to a physician for appropriate medical direction if such direction is lacking.

(a) Appropriate medical direction shall be sought on at least an annual basis.

(b) A case is not a medical case if the following is present:

(i) There is an absence of pathology; or

(ii) If a pathology exists, the pathology has stabilized; and

(iii) The occupational therapist is only treating the client's functional deficits.

[Statutory Authority: RCW 18.59.130. 91-05-027 (Order 112B), recodified as § 246-847-170, filed 2/12/91, effective 3/15/91; 90-22-011 (Order 094), § 308-171-301, filed 10/26/90, effective 11/26/90. Statutory Authority: RCW 18.59.130(2) and 18.130.050(1). 86-17-064 (Order PM 610), § 308-171-301, filed 8/19/86. Statutory Authority: RCW 18.59.130(2) and 18.59.100 (1)(b). 85-12-010 (Order PL 529), § 308-171-301, filed 5/23/85.]

WAC 246-847-180 Mandatory reporting. (1) All persons, including licensees, corporations, organizations, health care facilities, and state or local governmental agencies shall report to the board any conviction, determination, or finding that an occupational therapist or an occupational therapy assistant has committed an act which constitutes unprofessional conduct as established in RCW 18.130.180 and shall report information which indicates that an occupational therapist or occupational therapy assistant may not be able to practice occupational therapy with reasonable skill and safety to consumers as a result of a mental or physical condition.

(2) All required reports shall be submitted to the board as soon as possible, but no later than sixty days after a conviction, determination, or finding is made or information is received.

(3) A report shall contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name, address, and telephone numbers of the occupational therapist or occupational therapy assistant being reported.

(c) The case number of any patient or the name of the patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and cause number.

(f) Any further information which would aid in the evaluation of the report.

[Statutory Authority: RCW 18.59.130. 91-05-027 (Order 112B), recodified as § 246-847-180, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.070 and 18.130.050(1). 86-17-064 (Order PM 610), § 308-171-302, filed 8/19/86.]

WAC 246-847-190 AIDS education and training. Applicants must complete six clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-847-190, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.59.130. 94-20-036, § 246-847-190, filed 9/28/94, effective 10/29/94; 91-05-027 (Order 112B), recodified as § 246-847-190, filed 2/12/91, effective 3/15/91; 90-22-011 (Order 094), § 308-171-320, filed 10/26/90, effective 11/26/90. Statutory Authority: RCW 18.59.130 and 18.130.050. 89-01-081 (Order PM 805), § 308-171-320, filed 12/20/88.]

WAC 246-847-340 Philosophy governing voluntary substance abuse monitoring programs. The board recognizes the need to establish a means of proactively providing early recognition and treatment options for occupational therapists and occupational therapy assistants whose competency may be impaired due to the abuse of drugs or alcohol. The board intends that such occupational therapists or occupational therapy assistants be treated and their treatment monitored so that they can return to or continue to practice their profession in a way which safeguards the public. To accomplish this the board shall approve voluntary substance abuse monitoring programs and shall refer occupational therapists and occupational therapy assistants impaired by substance abuse to approved programs as an alternative to instituting disciplinary proceedings as defined in RCW 18.130.160.

[Statutory Authority: RCW 18.59.130. 92-18-015 (Order 300B), § 246-847-340, filed 8/24/92, effective 9/24/92.]

WAC 246-847-350 Terms used in WAC 246-847-340 through 246-847-370. (1) "Approved substance abuse monitoring program" or "approved monitoring program" is a program the board has determined meets the requirements of the law and the criteria established by the board in WAC 246-915-320 which enters into a contract with occupational therapists and occupational therapy assistants who have substance abuse problems regarding the required components of the occupational therapist's or occupational therapy assistant's recovery activity and oversees the occupational therapist's or occupational therapy assistant's compliance with these requirements. Substance abuse monitoring programs do not provide evaluation or treatment to participating occupational therapists or occupational therapy assistants.

(2) "Contract" is a comprehensive, structured agreement between the recovering occupational therapist or occupational therapy assistant and the approved monitoring program stipulating the occupational therapist's or occupational therapy assistant's consent to comply with the monitoring program and its required components of the occupational therapist's or occupational therapy assistant's recovery activity.

(3) "Approved treatment facility" is a facility approved by the bureau of alcohol and substance abuse, department of social and health services according to RCW 70.96A.020(2) or 69.54.030 to provide intensive alcoholism or drug treatment if located within Washington state. Drug and alcohol treatment programs located out-of-state must be equivalent to the standards required for approval under RCW 70.96A.020(2) or 69.54.030.

(4) "Substance abuse" means the impairment, as determined by the board, of a occupational therapist's or occupational therapy assistant's professional services by an addiction to, a dependency on, or the use of alcohol, legend drugs, or controlled substances.

(5) "Aftercare" is that period of time after intensive treatment that provides the occupational therapist or occupational therapy assistant and the occupational therapist's or occupational therapy assistant's family with group or individual counseling sessions, discussions with other families, ongoing

contact and participation in self-help groups and ongoing continued support of treatment program staff.

(6) "Support group" is a group of health care professionals meeting regularly to support the recovery of its members. The group provides a confidential setting with a trained and experienced health care professional facilitator in which occupational therapist or occupational therapy assistant may safely discuss drug diversion, licensure issues, return to work and other professional issues related to recovery.

(7) "Twelve steps groups" are groups such as alcoholics anonymous, narcotics anonymous, and related organizations based on a philosophy of anonymity, belief in a power outside of oneself, a peer group association, and self-help.

(8) "Random drug screens" are laboratory tests to detect the presence of drugs of abuse in body fluids which are performed at irregular intervals not known in advance by the person being tested.

(9) "Health care professional" is an individual who is licensed, certified or registered in Washington to engage in the delivery of health care to patients.

[Statutory Authority: RCW 18.59.130. 92-18-015 (Order 300B), § 246-847-350, filed 8/24/92, effective 9/24/92.]

WAC 246-847-360 Approval of substance abuse monitoring programs. The board will approve the monitoring program(s) which will participate in the board's substance abuse monitoring program. A monitoring program approved by the board may be contracted with an entity outside the department but within the state, out-of-state, or a separate structure within the department.

(1) The approved monitoring program will not provide evaluation or treatment to the participating occupational therapists or occupational therapy assistants.

(2) The approved monitoring program staff must have the qualifications and knowledge of both substance abuse and the practice of occupational therapy as defined in this chapter to be able to evaluate:

(a) Clinical laboratories;

(b) Laboratory results;

(c) Providers of substance abuse treatment, both individuals and facilities;

(d) Support groups;

(e) The occupational therapy work environment; and

(f) The ability of the occupational therapist or occupational therapy assistant to practice with reasonable skill and safety.

(3) The approved monitoring program will enter into a contract with the occupational therapist or occupational therapy assistant and the board to oversee the occupational therapist's or occupational therapy assistant's compliance with the requirements of the program.

(4) The approved monitoring program may make exceptions to individual components of the contract on an individual basis.

(5) The approved monitoring program staff will determine, on an individual basis, whether an occupational therapist or occupational therapy assistant will be prohibited from engaging in the practice of occupational therapy for a period of time and restrictions, if any, on the occupational therapist's or occupational therapy assistant's access to controlled substances in the work place.

(6) The approved monitoring program shall maintain records on participants.

(7) The approved monitoring program will be responsible for providing feedback to the occupational therapist or occupational therapy assistant as to whether treatment progress is acceptable.

(8) The approved monitoring program shall report to the board any occupational therapist or occupational therapy assistant who fails to comply with the requirement of the monitoring program.

(9) The approved monitoring program shall receive from the board guidelines on treatment, monitoring, and limitations on the practice of occupational therapy for those participating in the program.

[Statutory Authority: RCW 18.59.130. 92-18-015 (Order 300B), § 246-847-360, filed 8/24/92, effective 9/24/92.]

WAC 246-847-370 Participation in approved substance abuse monitoring program. (1) In lieu of disciplinary action, the occupational therapist or occupational therapy assistant may accept board referral into the approved substance abuse monitoring program.

(a) The occupational therapist or occupational therapy assistant shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by health care professional(s) with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The occupational therapist or occupational therapy assistant shall enter into a contract with the board and the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The occupational therapist or occupational therapy assistant will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The occupational therapist or occupational therapy assistant will agree to remain free of all mind-altering substances including alcohol except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101.

(iii) The occupational therapist or occupational therapy assistant must complete the prescribed aftercare program of the intensive treatment facility, which may include individual and/or group psychotherapy.

(iv) The occupational therapist or occupational therapy assistant must cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment, prognosis and goals.

(v) The occupational therapist or occupational therapy assistant will submit to random drug screening as specified by the approved monitoring program.

(vi) The occupational therapist or occupational therapy assistant will attend support groups facilitated by a health care professional and/or twelve step group meetings as specified by the contract.

(vii) The occupational therapist or occupational therapy assistant will comply with specified employment conditions and restrictions as defined by the contract.

(viii) The occupational therapist or occupational therapy assistant shall sign a waiver allowing the approved monitoring program to release information to the board if the occupational therapist or occupational therapy assistant does not comply with the requirements of this contract.

(c) The occupational therapist or occupational therapy assistant is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, and random drug screens.

(d) The occupational therapist or occupational therapy assistant may be subject to disciplinary action under RCW 18.130.160 if the occupational therapist or occupational therapy assistant does not consent to be referred to the approved monitoring program, does not comply with specified employment restrictions, or does not successfully complete the program.

(2) An occupational therapist or occupational therapy assistant who is not being investigated by the board or subject to current disciplinary action or currently being monitored by the board for substance abuse may voluntarily participate in the approved substance abuse monitoring program without being referred by the board. Such voluntary participants shall not be subject to disciplinary action under RCW 18.130.160 for their substance abuse, and shall not have their participation made known to the board if they meet the requirements of the approved monitoring program:

(a) The occupational therapist or occupational therapy assistant shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by health care professional(s) with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The occupational therapist or occupational therapy assistant shall enter into a contract with the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The occupational therapist or occupational therapy assistant will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The occupational therapist or occupational therapy assistant will agree to remain free of all mind-altering substances including alcohol except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101.

(iii) The occupational therapist or occupational therapy assistant must complete the prescribed aftercare program of the intensive treatment facility, which may include individual and/or group psychotherapy.

(iv) The occupational therapist or occupational therapy assistant must cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment, prognosis and goals.

(v) The occupational therapist or occupational therapy assistant will submit to random drug screening as specified by the approved monitoring program.

(vi) The occupational therapist or occupational therapy assistant will attend support groups facilitated by a health care professional and/or twelve step group meetings as specified by the contract.

(vii) The occupational therapist or occupational therapy assistant will comply with employment conditions and restrictions as defined by the contract.

(viii) The occupational therapist or occupational therapy assistant shall sign a waiver allowing the approved monitoring program to release information to the board if the occupational therapist or occupational therapy assistant does not comply with the requirements of this contract.

(c) The occupational therapist or occupational therapy assistant is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, and random drug screens.

(3) The treatment and pretreatment records of license holders referred to or voluntarily participating in approved monitoring programs shall be confidential, shall be exempt from RCW 42.17.250 through RCW 42.17.450 and shall not be subject to discovery by subpoena or admissible as evidence except for monitoring records reported to the disciplinary authority for cause as defined in subsections (1) and (2) of this section. Records held by the board under this section shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena except by the license holder.

[Statutory Authority: RCW 18.59.130. 92-18-015 (Order 300B), § 246-847-370, filed 8/24/92, effective 9/24/92.]

WAC 246-847-990 Occupational therapy fees 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 for occupational therapist:

Title of Fee	Fee
Application and initial license fee	$125.00
License renewal	95.00
Limited permit fee	40.00
Late renewal fee	50.00
Expired license reissuance	50.00
Inactive license	5.00
Expired inactive license reissuance	5.00
Duplicate	15.00
Certification of license	25.00

(3) The following nonrefundable fees will be charged for occupational therapy assistant:

Application and initial license fee	125.00
License renewal	70.00
Late renewal fee	50.00
Expired license reissuance	50.00
Inactive license	5.00
Expired inactive license reissuance	5.00

Title of Fee	Fee
Limited permit fee	40.00
Duplicate	15.00
Certification of license	25.00

[Statutory Authority: RCW 43.70.250. 99-08-101, § 246-847-990, filed 4/6/99, effective 7/1/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-847-990, 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, § 246-847-990, filed 11/1/94, effective 1/1/95. Statutory Authority: RCW 43.70.250. 91-13-002 (Order 173), § 246-847-990, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 43.70.040. 91-05-030 (Order 135), recodified as § 246-847-990, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 43.24.086. 87-10-028 (Order PM 650), § 308-171-310, filed 5/1/87.]

Chapter 246-849 WAC
OCULARISTS

WAC

WAC 246-849-020 General provisions. (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Department" means the department of health, whose address is:

Department of Health
Professional Licensing Division
1300 S.E. Quince St., P.O. Box 47869
Olympia, Washington
98504-7869

(5) "Ocularist" means a person licensed under chapter 18.55 RCW.

(6) "Mentally or physically disabled ocularist" means an ocularist who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice ocular prosthetic services with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

[Statutory Authority: RCW 18.130.050, 18.130.070 and 1991 c 180 § 8. 92-02-018 (Order 224), § 246-849-020, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-849-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-55-035, filed 6/30/89.]

WAC 246-849-030 Mandatory reporting. (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the ocularist being reported.

(c) The case number of any client whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-849-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-55-045, filed 6/30/89.]

WAC 246-849-040 Health care institutions. The chief administrator or executive officer or their designee of any hospital or nursing home shall report to the department when any ocularist's services are terminated or are restricted based on a determination that the ocularist has either committed an act or acts which may constitute unprofessional conduct or that the ocularist may be unable to practice with reasonable skill or safety to clients by reason of any mental or physical condition.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-849-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-55-055, filed 6/30/89.]

WAC 246-849-050 Ocularist associations or societies. The president or chief executive officer of any ocularist association or society within this state shall report to the department when the association or society determines that an ocularist has committed unprofessional conduct or that an ocularist may not be able to practice ocular prosthetics with reasonable skill and safety to clients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the license holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-849-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-55-065, filed 6/30/89.]

WAC 246-849-060 Health care service contractors and disability insurance carriers. The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that an ocularist has engaged in fraud in billing for services.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-849-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-55-075, filed 6/30/89.]

WAC 246-849-070 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to ocularists shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured ocularist's incompetency or negligence in the practice of ocular prosthetic services. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the ocularist's alleged incompetence or negligence.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-849-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-55-085, filed 6/30/89.]

WAC 246-849-080 Courts. The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of licensed ocularists, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-849-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-55-095, filed 6/30/89.]

WAC 246-849-090 State and federal agencies. The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which an ocularist is employed to provide client care services, to report to the department whenever such an ocularist has been judged to have demonstrated his/her incompetency or negligence in the practice of ocular prosthetic services, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled ocularist. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-849-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-55-105, filed 6/30/89.]

WAC 246-849-100 Cooperation with investigation. (1) A licensee must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the secretary of the department of health by submitting the requested items within fourteen calendar days of receipt of the request by either the licensee or their attorney, whichever is first. If the licensee fails to comply with the request within fourteen calendar days, the investigator will contact that individual or their attorney by telephone or letter as a reminder.

(2) Investigators may extend the time for response if the request for extension does not exceed seven calendar days. Any other requests for extension of time may be granted by the director or the director's designee.

(3) If the licensee fails to comply with the request within three business days after receiving the reminder, a subpoena will be served to obtain the requested items. A statement of charges may be issued pursuant to RCW 18.130.180(8) for failure to cooperate. If there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(4) If the licensee complies with the request after the issuance of the statement of charges, the secretary or the secretary's designee will decide if the charges will be prosecuted or settled. If the charges are to be settled the settlement proposal will be negotiated by the secretary's designee. Settlements are not considered final until the secretary signs the settlement agreement.

[Statutory Authority: RCW 18.130.050, 18.130.070 and 1991 c 180 § 8. 92-02-018 (Order 224), § 246-849-100, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-849-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-55-115, filed 6/30/89.]

WAC 246-849-110 AIDS prevention and information education requirements. Applicants must complete four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-849-110, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 70.24.270. 92-02-018 (Order 224), § 246-849-110, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-849-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-55-200, filed 11/2/88.]

WAC 246-849-200 Apprenticeship training—Definitions. (1) For the purpose of administering and recording apprenticeship training and out-of-state work experience, the maximum number of hours that can be accumulated in one year shall be two thousand.

(2) "Direct supervision" means that the supervising ocularist inspect all of the apprentice's work and be physically present on the premises where the apprentice is working at all times.

[Statutory Authority: RCW 18.55.095. 93-10-008 (Order 355), § 246-849-200, filed 4/22/93, effective 5/23/93.]

WAC 246-849-210 Registration of apprentices. (1) An applicant for apprenticeship may request registration as an apprentice by submitting to the department:

(a) An application on a form provided by the secretary;

(b) A registration fee as specified in WAC 246-849-990.

(2) Training received from more than one supervisor shall require separate applications.

(3) Only the apprenticeship training received subsequent to the date that the apprentice was formally registered with the secretary will be considered towards the required ten thousand hours necessary to sit for the examination.

(4) A registered apprentice shall notify the department in writing whenever the apprenticeship training is terminated, unless such termination is concluded by reason of the apprentice becoming licensed as an ocularist in this state.

(5) In order to facilitate comments on the apprentice's performance, the apprentice registration card along with the name, business address, and business telephone number of the apprentice's supervisor shall be posted in public view on the premises where the apprentice works.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-849-210, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.55.095. 93-10-008 (Order 355), § 246-849-210, filed 4/22/93, effective 5/23/93.]

WAC 246-849-220 Application for examination. (1) An individual shall make application for examination, in accordance with RCW 18.55.040, on an application form prepared by and provided by the secretary.

(2) The apprenticeship training requirement shall be supported with certification by the licensed individual (or individuals) who provided such training.

(3) If an applicant is unable to attend his or her scheduled examination, and so notifies the department in writing at least seven days prior to the scheduled examination date, the applicant will be rescheduled at no additional charge. A written request received less than seven days before the test shall be reviewed by the department to determine if the test may be rescheduled or the fee forfeited.

(4) If an applicant takes the examination and fails to obtain a satisfactory grade, he or she may be scheduled to retake the examination by submitting an application and paying the statutory examination fee.

(5) Applications and fees for examination and all documents required in support of the application must be submitted to the division of professional licensing, department of health, at least sixty days prior to the scheduled examination. Failure to meet the deadline will result in the applicant not being scheduled until the next scheduled examination.

(6) Apprenticeship training shall be completed prior to the application deadline.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-849-220, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.55.095. 93-10-008 (Order 355), § 246-849-220, filed 4/22/93, effective 5/23/93.]

WAC 246-849-230 Temporary practice permits—Scope and purpose. The temporary practice permit is established to enable safe, qualified, and trained ocularists who are currently licensed in another state as defined in WAC 246-849-250 to work in the state of Washington prior to completing the licensing examination in this state. All licensing requirements established for the purpose of obtaining an ocularist license will need to be completed as part of the application for a temporary practice permit.

[Statutory Authority: RCW 18.55.095. 93-10-008 (Order 355), § 246-849-230, filed 4/22/93, effective 5/23/93.]

WAC 246-849-240 Definitions. For the purpose of issuing temporary practice permits the following definitions shall apply:

(1) "Licensed in another state" shall mean the applicant holds a current valid license to practice as an ocularist in another state and is in good standing;

(2) "Substantially equivalent" shall mean the applicant has successfully completed an examination administered by or authorized by a state other than Washington state. The examination shall cover the same subject matters as the Washington state approved examination. The law under which the applicant is licensed shall, at a minimum, include the duties described in RCW 18.55.075.

[Statutory Authority: RCW 18.55.095. 93-10-008 (Order 355), § 246-849-240, filed 4/22/93, effective 5/23/93.]

WAC 246-849-250 Issuance and duration of temporary practice permits. (1) The department shall issue a temporary practice permit unless there is a basis for denial of the license or issuance of a conditional license. In addition to general application requirements, a person applying for a temporary practice permit shall submit to the department as a condition of temporary permit issuance:

(a) A completed application requesting a temporary practice permit on a form provided by the department;

(b) Temporary practice permit fee, as specified in WAC 246-849-990;

(c) Request all states in which the applicant is or has been licensed to send written licensure verification directly to the licensing office. The verification must be completed by the state and must verify that the applicant has not had any disciplinary action taken against himself/herself and that the applicant is in good standing and not subject to charges or disciplinary action for unprofessional conduct or impairment; and

(d) An affidavit on forms provided by the department, attesting that the temporary permit applicant has read, understands, and shall abide by the Washington state laws regarding the practice of an ocularist.

(2) The temporary permit shall be issued only once to any applicant. The temporary practice permit is nonrenewable and shall expire upon any one of the following conditions whichever comes first:

(a) The release of the results of the next scheduled examination for which the applicant would be eligible;

(b) Issuance of a license by the department; or

(c) Six months.

[Statutory Authority: RCW 18.55.095. 93-10-008 (Order 355), § 246-849-250, filed 4/22/93, effective 5/23/93.]

WAC 246-849-260 Retired active credential. A practitioner may obtain a retired active credential. Refer to the requirements of chapter 246-12 WAC, Part 5.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-849-260, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.55.095. 93-10-008 (Order 355), § 246-849-260, filed 4/22/93, effective 5/23/93.]

WAC 246-849-270 Service disclosure. The ocularist shall provide a written explanation of services to customers or patients. This explanation shall include at a minimum the type of prosthesis or service they are receiving or purchasing. This explanation shall be signed by the customer or patient and maintained in the customer or patient records for a mini-

mum of three years. This documentation shall be available and furnished to the department upon request.

[Statutory Authority: RCW 18.55.095. 93-10-008 (Order 355), § 246-849-270, filed 4/22/93, effective 5/23/93.]

WAC 246-849-990 Ocularist fees 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 and examination	$125.00
Renewal	225.00
Late renewal penalty	112.50
Expired license reissuance	112.50
Duplicate license	25.00
Certification of license	25.00
Apprentice registration	25.00
Apprentice renewal	25.00
Temporary practice permit	25.00
Retired active license	50.00

[Statutory Authority: RCW 43.70.250. 99-08-101, § 246-849-990, filed 4/6/99, effective 7/1/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-849-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.250. 93-14-011, § 246-849-990, filed 6/24/93, effective 7/25/93; 92-02-018 (Order 224), § 246-849-990, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-849-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.24.086. 87-18-031 (Order PM 667), § 308-55-025, filed 8/27/87. Statutory Authority: 1983 c 168 § 12. 83-17-031 (Order PL 442), § 308-55-025, filed 8/10/83. Formerly WAC 308-55-010.]

WAC 246-849-995 Conversion to a birthday renewal cycle. (1) The annual license renewal date is changed to coincide with the practitioner's birthday.

(2) Renewal fees will be prorated during the transition period while renewal dates are changed to coincide with the practitioner's birthday.

(3) After the initial conversion to a staggered system, practitioners will annually renew their license on their birthday at the current renewal rate.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-849-995, filed 2/13/98, effective 3/16/98.]

Chapter 246-850 WAC
ORTHOTICS AND PROSTHETICS RULES

WAC

WAC 246-850-010 Definitions. "Maintenance of an orthosis or prosthesis" includes replacement or repair of component parts that is equivalent to the original component and is required due to wear or failure. Maintenance of an orthosis or prosthesis does not include altering the original components or complete replacement of the orthosis or prosthesis.

[Statutory Authority: RCW 18.200.050(1). 98-21-086, § 246-850-010, filed 10/21/98, effective 11/21/98.]

WAC 246-850-020 Requirements for licensure. To qualify for licensure as either an orthotist or prosthetist in this state, a candidate must:

(1) Possess a bachelor degree in orthotics or prosthetics from an approved orthotic or prosthetic educational program as provided in WAC 246-850-110; alternatively, a candidate may complete a certificate program in orthotics or prosthetics from an approved education program as provided in WAC 246-850-110;

(2) Complete a clinical internship or residency of 1900 hours as required in WAC 246-850-050; and

(3) Complete an examination as required in WAC 246-850-060.

[Statutory Authority: RCW 18.200.050(1). 98-21-086, § 246-850-020, filed 10/21/98, effective 11/21/98.]

WAC 246-850-030 Application requirements. An applicant for licensure shall submit the following:

(1) A completed application and fee as required in chapter 246-12 WAC, Part 2;

(2) Official transcripts, certificate, or other documentation forwarded directly from the issuing agency where the applicant has earned a bachelor degree or completed a certificate program from an NCOPE or CAAHEP accredited program as set forth in WAC 246-850-110;

(3) Documentation of completion of an internship or residency of at least 1900 hours as provided in WAC 246-850-050;

(4) Documentation of successful completion of a licensing examination as approved by the secretary;

(5) Verification of four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

(6) Verification from all states in which the applicant holds or has held a license, whether active or inactive, indicating that the applicant is or has not been subject to charges or disciplinary action for unprofessional conduct or impairment; and

(7) Additional documentation as required by the secretary to determine whether an applicant is eligible for licensure.

[Statutory Authority: RCW 18.200.050(1). 98-21-086, § 246-850-030, filed 10/21/98, effective 11/21/98.]

WAC 246-850-040 Licensure without examination. (1) The secretary may grant a license to an applicant who has practiced full time for five of the six years prior to December 1, 1998, and who has provided comprehensive services in an established practice as determined by the secretary.

(2) Applications must be received no later than December 1, 1999.

(3) For the purposes of this section, the following terms have the following meanings:

(a) "Full time" means at least 30 hours per week.

(b) "Comprehensive services" includes the continuum of direct patient care utilizing primary diagnostic evaluation,

assessment and follow up and measurable experience in initiating and providing independent measurement, design, fabrication, assembling, fitting, adjusting and servicing. Comprehensive services does not include the provision of incidental repairs, maintenance, or other services at the direction, or under the supervision of, a primary orthotic or prosthetic practitioner.

(c) "Established practice" means a recognized place of business with access to equipment essential to the provision of comprehensive orthotic and/or prosthetic services.

(4) An applicant for licensure without examination must provide the following:

(a) A completed application and fee as required in chapter 246-12 WAC, Part 2;

(b) Official certificates or transcripts sent directly from the issuing agency or institution documenting formal education, if any, including internships or residencies in the professional area for which a license is sought;

(c) Documentation of employment or work history in the professional area for which the license is sought, including the names and qualifications of individuals providing direction or supervision;

(d) A statement describing scope of practice of employment or work experience;

(e) Certification received directly from at least one supervisor describing the applicant's scope of practice and work experience and assessing the applicant's competence and skill level;

(f) Three letters of recommendation from employers or physicians from whom the applicant has received referrals;

(g) Verification of four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8;

(h) Verification from all states in which the applicant holds or has held a health care practitioner license, whether active or inactive, indicating that the applicant has not been subject to charges or disciplinary action for unprofessional conduct or impairment; and

(i) Additional documentation as required by the secretary to determine whether an applicant is eligible for licensure.

[Statutory Authority: RCW 18.200.050(1). 98-21-086, § 246-850-040, filed 10/21/98, effective 11/21/98.]

WAC 246-850-050 Approved internship or residency requirement. Applicants must complete an internship of at least 1900 hours in each area for which a license is sought. Individual internships must be completed within a minimum period of one year and a maximum period of two years unless extended by the secretary for good cause shown. The internship or residency must be completed under a supervisor qualified by training and experience in an established facility and incorporate patient management and clinical experience in rehabilitation, acute and chronic care in pediatrics and of adults. Applicants who submit evidence of completion of a 1900 hour internship or residency which is approved by the National Commission on Orthotic and Prosthetic Education (NCOPE) or Commission for Accreditation of Allied Health Education Programs (CAAHEP) are considered to have met the requirements of this section. The 1900 hours of internship training must be completed subsequent to graduation from an approved program.

[Statutory Authority: RCW 18.200.050(1). 98-21-086, § 246-850-050, filed 10/21/98, effective 11/21/98.]

WAC 246-850-060 Examination requirements. (1) An applicant for licensure as an orthotist must successfully complete the following examinations:

(a) The orthotic written multiple choice examination prepared and administered by the American Board for Certification in Orthotics and Prosthetics, Inc., administered after July 1, 1991. The passing score is determined by utilizing a criterion-referenced cut score methodology.

(b) The orthotic written simulation examination prepared and administered by the American Board for Certification in Orthotics and Prosthetics, Inc., administered after July 1, 1991. The passing score is determined by utilizing a criterion-referenced cut score methodology.

(2) An applicant for licensure as a prosthetist must successfully complete the following examinations:

(a) The prosthetic written multiple choice examination prepared and administered by the American Board for Certification in Orthotics and Prosthetics, Inc., administered after July 1, 1991. The passing score is determined by utilizing a criterion-referenced cut score methodology.

(b) The prosthetic written simulation examination prepared and administered by the American Board for Certification in Orthotics and Prosthetics, Inc., administered after July 1, 1991. The passing score is determined by utilizing a criterion-referenced cut score methodology.

[Statutory Authority: RCW 18.200.050(8). 99-07-122, § 246-850-060, filed 3/24/99, effective 4/24/99.]

WAC 246-850-090 Inactive credential. A practitioner may obtain an inactive credential. Refer to the requirements of chapter 246-12 WAC, Part 4.

[Statutory Authority: RCW 18.200.050(1). 98-21-086, § 246-850-090, filed 10/21/98, effective 11/21/98.]

WAC 246-850-100 Retired active credential. A practitioner may obtain a retired active credential. Refer to the requirements of chapter 246-12 WAC, Part 5.

[Statutory Authority: RCW 18.200.050(1). 98-21-086, § 246-850-100, filed 10/21/98, effective 11/21/98.]

WAC 246-850-110 Approval of orthotic and prosthetic educational programs. (1) For purposes of WAC 246-850-020, the secretary recognizes as approved those orthotic and prosthetic programs that:

(a) Are approved by the National Commission on Orthotic and Prosthetic Education (NCOPE) or its successor, or the Commission on Accreditation of Allied Health Programs (CAAHEP) or its successor or other accrediting body with substantially equivalent requirements; and

(b) Meet the requirements of subsections (2) and (3) of this section.

(2) Approved baccalaureate degree programs or certificate programs must have as prerequisites the following college level coursework:

(a) Biology.
(b) Psychology.
(c) Physics.
(d) Chemistry.
(e) Physiology.
(f) Human anatomy.
(g) Algebra/higher math.

(3) Approved baccalaureate degree programs or certificate programs must include the following coursework within a minimum of three quarters or two semesters, or in a substantially equivalent accelerated program, in each practice area for which a license is sought.

(a) Orthotics only:
(i) Lower extremity orthotics.
(ii) Upper extremity orthotics.
(iii) Spinal orthotics.
(iv) Pathophysiology.
(v) Biomechanics and kinesiology.
(vi) Radiographic interpretation.
(vii) Normal and pathological gait.
(viii) Clinical evaluation.
(ix) Clinical affiliation.
(x) Research methods.
(xi) Practice management.
(b) Prosthetics only:
(i) Lower extremity prosthetics.
(ii) Upper extremity prosthetics.
(iii) Pathophysiology.
(iv) Biomechanics and kinesiology.
(v) Radiographic interpretation.
(vi) Normal and pathological gait.
(vii) Clinical evaluation.
(viii) Clinical affiliation.
(ix) Research methods.
(x) Practice management.

[Statutory Authority: RCW 18.200.050(1). 98-21-086, § 246-850-110, filed 10/21/98, effective 11/21/98.]

WAC 246-850-120 Withdrawal of program approval. Approval of educational programs may be withdrawn by the secretary, as provided in chapter 34.05 RCW and chapter 246-10 WAC, if:

(1) A program ceases to be approved by NCOPE or CAAHEP; or

(2) Fails to maintain the accreditation standards of NCOPE or CAAHEP; or

(3) Does not meet the minimum curriculum requirements as provided in WAC 246-850-110.

[Statutory Authority: RCW 18.200.050(1). 98-21-086, § 246-850-120, filed 10/21/98, effective 11/21/98.]

WAC 246-850-990 Orthotic and prosthetic fees. (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
Orthotic application	$600.00
Prosthetic application	600.00
Orthotic renewal	575.00
Prosthetic renewal	575.00
Late renewal penalty fee	287.50
Expired credential reissuance fee	287.50
Inactive credential renewal fee	350.00
Late inactive renewal fee	175.00
Retired active credential renewal fee	350.00
Late retired active credential renewal fee	175.00
Duplicate credential or wall certificate	15.00
Certification	25.00

[Statutory Authority: RCW 18.200.050(1). 98-21-086, § 246-850-990, filed 10/21/98, effective 11/21/98.]

Chapter 246-851 WAC
OPTOMETRISTS

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-851-020 Renewal of licenses. [Statutory Authority: RCW 18.54.070. 91-22-061 (Order 210B), § 246-851-020, filed 11/1/91, effective 12/2/91; 91-06-025 (Order 119B), recodified as § 246-851-020, filed 2/26/91, effective 3/29/91; 88-07-047 (Order PM 710), § 308-53-010, filed 3/11/88; Order PL 239, § 308-53-010, filed 3/3/76; Order 228, § 308-53-010, filed 11/6/75; Order

PL 173, § 308-53-010, filed 8/22/74.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-851-030 Temporary permit policy recommendation. [Statutory Authority: RCW 18.54.070. 91-22-061 (Order 210B), § 246-851-030, filed 11/1/91, effective 12/2/91; 91-06-025 (Order 119B), recodified as § 246-851-030, filed 2/26/91, effective 3/29/91; 88-07-047 (Order PM 710), § 308-53-030, filed 3/11/88. Statutory Authority: RCW 18.54.070(5); 84-09-082 (Order PL 465), § 308-53-030, filed 4/18/84; 78-02-030 (Order PL 281), § 308-53-030, filed 1/17/78.] Repealed by 92-06-030 (Order 248B), filed 2/26/92, effective 3/28/92. Statutory Authority: RCW 18.54.070.

246-851-050 Examination eligibility. [Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-050, filed 2/26/91, effective 3/29/91; 90-11-080 (Order 056), § 308-53-075, filed 5/16/90, effective 6/16/90. Statutory Authority: RCW 18.54.070(5). 86-13-008 (Order PM 598), § 308-53-075, filed 6/5/86.] Repealed by 92-06-030 (Order 248B), filed 2/26/92, effective 3/28/92. Statutory Authority: RCW 18.54.070.

246-851-060 Examination subjects. [Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-060, filed 2/26/91, effective 3/29/91; 90-11-080 (Order 056), § 308-53-084, filed 5/16/90, effective 6/16/90. Statutory Authority: RCW 18.54.070(5). 87-09-046 (Order PM 646), § 308-53-084, filed 4/14/87; 86-13-008 (Order PM 598), § 308-53-084, filed 6/5/86.] Repealed by 95-14-114, filed 6/30/95, effective 7/31/95. Statutory Authority: RCW 18.54.070.

246-851-070 Grading examinations. [Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-070, filed 2/26/91, effective 3/29/91; 90-11-080 (Order 056), § 308-53-085, filed 5/16/90, effective 6/16/90. Statutory Authority: RCW 18.54.070(5). 87-09-046 (Order PM 646), § 308-53-085, filed 4/14/87; 86-13-008 (Order PM 598), § 308-53-085, filed 6/5/86; 84-09-082 (Order PL 465), § 308-53-085, filed 4/18/84; 83-10-052 (Order PL 433), § 308-53-085, filed 5/3/83; 82-12-077 (Order PL 399), § 308-53-085, filed 6/2/82.] Repealed by 95-14-114, filed 6/30/95, effective 7/31/95. Statutory Authority: RCW 18.54.070.

246-851-080 Examination appeal procedures. [Statutory Authority: RCW 18.54.070. 91-22-061 (Order 210B), § 246-851-080, filed 11/1/91, effective 12/2/91; 91-06-025 (Order 119B), recodified as § 246-851-080, filed 2/26/91, effective 3/29/91; 87-17-020 (Order PM 666), § 308-53-320, filed 8/12/87.] Repealed by 96-20-087, filed 10/1/96, effective 11/1/96. Statutory Authority: RCW 18.54.070(2).

246-851-100 Credit hour defined. [Statutory Authority: RCW 18.54.070(2). 97-12-088, § 246-851-100, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-100, filed 2/26/91, effective 3/29/91; Order PL 239, § 308-53-110, filed 3/3/76.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-851-200 Dual acceptance of continuing education credits. [Statutory Authority: RCW 18.54.070(2). 97-12-088, § 246-851-200, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-200, filed 2/26/91, effective 3/29/91; Order PL 256, § 308-53-155, filed 9/13/76.] Repealed by 02-10-134, filed 5/1/02, effective 6/1/02. Statutory Authority: RCW 18.54.070(2).

246-851-210 Certification for continuing education courses. [Statutory Authority: RCW 18.54.070. 91-22-061 (Order 210B), § 246-851-210, filed 11/1/91, effective 12/2/91; 91-06-025 (Order 119B), recodified as § 246-851-210, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). 89-10-030 (Order PM 839), § 308-53-165, filed 4/27/89. Statutory Authority: RCW 18.54.070(5) and 18.54.075. 85-16-054 (Order PL 545), § 308-53-165, filed 7/31/85. Statutory Authority: RCW 18.54.070(5). 80-01-088 (Order PL 326), § 308-53-165, filed 12/28/79.] Repealed by 97-12-088, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070(2).

246-851-220 Surplus credit hours. [Statutory Authority: RCW 18.54.070(2). 97-12-088, § 246-851-220, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-220, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). 89-10-030 (Order PM 839), § 308-53-170, filed 4/27/89. Statutory Authority: RCW 18.54.070. 88-07-047 (Order PM 710), § 308-53-170, filed 3/11/88; Order PL 239, § 308-53-170, filed 3/3/76.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-851-240 Discretionary exception for emergency situation. [Statutory Authority: RCW 18.54.070(2). 97-12-088, § 246-851-240, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-240, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). 89-10-030 (Order PM 839), § 308-53-180, filed 4/27/89; Order PL 239, § 308-53-180, filed 3/3/76.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-851-270 Retention of minimum contact lens records. [Statutory Authority: RCW 18.54.070. 92-20-048 (Order 308B), § 246-851-270, filed 9/30/92, effective 10/31/92; 91-06-025 (Order 119B), recodified as § 246-851-270, filed 2/26/91, effective 3/29/91; Order PL 256, § 308-53-210, filed 9/13/76.] Repealed by 99-16-047, filed 7/30/99, effective 8/30/99. Statutory Authority: RCW 18.54.070(2).

246-851-340 Transmittal of patient information and records. [Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-340, filed 2/26/91, effective 3/29/91; Order PL-271, § 308-53-250, filed 7/25/77.] Repealed by 99-16-047, filed 7/30/99, effective 8/30/99. Statutory Authority: RCW 18.54.070(2).

246-851-360 Required identification on prescriptions. [Statutory Authority: RCW 18.54.070. 93-18-092 (Order 393B), § 246-851-360, filed 9/1/93, effective 10/2/93; 92-20-048 (Order 308B), § 246-851-360, filed 9/30/92, effective 10/31/92; 91-06-025 (Order 119B), recodified as § 246-851-360, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5). 86-13-008 (Order PM 598), § 308-53-265, filed 6/5/86.] Repealed by 99-16-047, filed 7/30/99, effective 8/30/99. Statutory Authority: RCW 18.54.070(2).

246-851-480 Temporary permit. [Statutory Authority: RCW 18.54.070, 18.130.050 and 18.130.075. 92-06-030 (Order 248B), § 246-851-480, filed 2/26/92, effective 3/28/92.] Repealed by 96-20-087, filed 10/1/96, effective 11/1/96. Statutory Authority: RCW 18.54.070(2).

246-851-510 Reinstatement of lapsed license. [Statutory Authority: RCW 18.54.070. 92-20-019 (Order 305B), § 246-851-510, filed 9/25/92, effective 10/26/92.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-851-530 Determination of contact lens specifications by dispensing opticians. [Statutory Authority: RCW 18.54.070. 92-20-048 (Order 308B), § 246-851-530, filed 9/30/92, effective 10/31/92.] Repealed by 93-18-092 (Order 393B), filed 9/1/93, effective 10/2/93. Statutory Authority: RCW 18.54.070.

WAC 246-851-040 Approval of schools and colleges of optometry. To be eligible to take the optometry examination, a person must be a graduate of an accredited school or college of optometry approved by the Washington state board of optometry. The board of optometry adopts the most current standards of the Council on Optometric Education, or its successor organization, of the American Optometric Association. Optometric schools and colleges which apply for board approval must meet current Council on Optometric Education standards. It is the responsibility of a school to apply for approval and of a student to ascertain whether or not a school has been approved by the board.

The board reserves the right to withdraw approval of a school which ceases to meet the board's standards after notifying the school in writing and granting it an opportunity to contest the board's proposed withdrawal.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-040, filed 2/26/91, effective 3/29/91; 86-13-009 (Resolution No. PM 597), § 308-53-070, filed 6/5/86. Statutory Authority: RCW 18.54.070(5). 78-02-030 (Order PL 281), § 308-53-070, filed 1/17/78.]

WAC 246-851-090 Continuing education requirement. (1) Licensed optometrists must complete fifty hours of continuing education every two years as required in chapter 246-12 WAC, Part 7.

(2) In lieu of this requirement, licensees practicing solely outside of Washington may meet the continuing education requirements of the state or territory in which they practice.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-851-090, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.54.070(2). 97-12-088, § 246-851-090, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070. 92-06-030 (Order 248B), § 246-851-090, filed 2/26/92, effective 3/28/92; 91-06-025 (Order 119B), recodified as § 246-851-090, filed 2/26/91, effective 3/29/91; 88-07-047 (Order PM 710), § 308-53-100, filed 3/11/88. Statutory Authority: RCW 18.54.070(5). 80-01-088 (Order PL 326), § 308-53-100, filed 12/28/79; Order PL 239, § 308-53-100, filed 3/3/76.]

WAC 246-851-110 Courses presumed to qualify for credit. Courses offered by the following organizations are presumed to qualify as continuing education courses without specific prior approval of the board. However, the board reserves the right to not accept credits if the board determines that a course did not provide appropriate information or training.

(1) The American Optometric Association.

(2) Any college or school of optometry whose scholastic standards are deemed sufficient by the board under RCW 18.53.060(2).

(3) The Washington Association of Optometric Physicians.

(4) Any state optometric association which is recognized by the licensing authority of its state as a qualified professional association or educational organization.

(5) The state optometry board.

(6) The optometry licensing authority of any other state.

(7) The American Academy of Optometry.

(8) The Optometric Extension Program.

(9) The College of Optometrists in Vision Development.

(10) The National Eye Research Foundation.

(11) Regional congresses of any of the organizations listed in subsections (1) through (10) of this section.

(12) The Council on Post-Graduate Education of the American Optometric Association.

(13) The Council on Optometric Practitioner Education (C.O.P.E.).

[Statutory Authority: RCW 18.54.070(2). 97-12-088, § 246-851-110, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070. 94-04-041, § 246-851-110, filed 1/27/94, effective 2/27/94; 93-18-092 (Order 393B), § 246-851-110, filed 9/1/93, effective 10/2/93; 91-06-025 (Order 119B), recodified as § 246-851-110, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). 89-10-030 (Order PM 839), § 308-53-120, filed 4/27/89. Statutory Authority: RCW 18.54.070. 88-07-047 (Order PM 710), § 308-53-120, filed 3/11/88. Statutory Authority: RCW 18.54.070(5). 84-09-082 (Order PL 465), § 308-53-120, filed 4/18/84; Order PL 239, § 308-53-120, filed 3/3/76.]

WAC 246-851-120 Approval of courses. (1) The board will individually consider requests for approval of continuing education courses. The board will consider the following course components:

(a) Whether the course contributes to the advancement and enhancement of skills in the practice of optometry.

(b) Whether the course is taught in a manner appropriate to the subject matter.

(c) Whether the instructor has the necessary qualifications, training and/or experience to present the course.

(2) Courses related to a single product or device will not normally be granted credit.

(3) Requests must be submitted at least sixty days prior to the date of the course and must include at least:

(a) Name of the course being offered.

(b) Location and date of course.

(c) Course outline.

(d) Format of activity (e.g., lecture, videotape, clinical participation, individual study).

(e) Total number of hours of continuing education being offered.

(f) Name and qualifications of the instructor or speaker.

[Statutory Authority: RCW 18.54.070(2). 97-12-088, § 246-851-120, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070. 91-22-061 (Order 210B), § 246-851-120, filed 11/1/91, effective 12/2/91; 91-06-025 (Order 119B), recodified as § 246-851-120, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). 89-10-030 (Order PM 839), § 308-53-123, filed 4/27/89.]

WAC 246-851-130 Post-graduate educational program. The board or its agent will, when financially possible, provide an annual post-graduate educational program.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-130, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). 89-10-030 (Order PM 839), § 308-53-125, filed 4/27/89. Statutory Authority: RCW 18.54.070(5). 80-01-088 (Order PL 326), § 308-53-125, filed 12/28/79.]

WAC 246-851-140 Continuing education credit for admission to optometric organizations and participation in patient care reviews. (1) Credit may be granted for preparation and admission to optometric scientific groups (for example, the Academy of Optometry).

(2) Credit may be granted for participation in a local, county, state or federal professional standard review or planning organization relating to health care agencies or institutions.

(3) Requests for credit must be submitted to the board at least sixty days prior to the end of the reporting period.

(4) No more than five credit hours will be granted under this section for any licensee in any two-year reporting period.

[Statutory Authority: RCW 18.54.070(2). 97-12-088, § 246-851-140, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-140, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). 89-10-030 (Order PM 839), § 308-53-135, filed 4/27/89. Statutory Authority: RCW 18.54.070(5). 80-01-088 (Order PL 326), § 308-53-135, filed 12/28/79.]

WAC 246-851-150 Credit for individual research, publications, and small group study. (1) Subject to approval by the board, continuing education credit may be granted for:

(a) Participation in formal reviews and evaluations of patient care such as peer review and case conferences;

(b) Participation in small group study or individual research;

(c) Scholarly papers and articles whether or not the articles or papers are published.

Requests for credit for papers or articles should include a copy of the article and the number of hours requested.

(2) Licensees must submit requests for credit to the board at least sixty days prior to the end of the reporting period.

(3) No more than ten credit hours will be granted under this section to any licensee in any two-year reporting period.

[Statutory Authority: RCW 18.54.070(2). 02-10-065, § 246-851-150, filed 4/26/02, effective 5/27/02; 97-12-088, § 246-851-150, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-150, filed 2/26/91, effective 3/29/91; Order PL 239, § 308-53-140, filed 3/3/76.]

WAC 246-851-160 Credit for reports. (1) Continuing education credit will be granted for reports on professional optometric literature. Licensees must submit requests for credit at least sixty days prior to the end of the reporting period. The request must include a copy of the article, including publication source, date and author. The report must be typewritten and include at least ten descriptive statements from the article.

(2) Professional literature approved for these reports are:

(a) American Journal of Optometry and Physiological Optics;

(b) American Optometric Association News;

(c) Contact Lens Spectrum;

(d) Journal of American Optometric Association;

(e) Journal on Optometric Education;

(f) Journal of Optometric Vision Development;

(g) Optometric Management;

(h) Review of Optometry;

(i) 20/20 Magazine; and

(j) Other literature as approved by the board.

(3) Each report qualifies for one credit hour. No more than ten credit hours will be granted under this section to any licensee in any two-year reporting period.

[Statutory Authority: RCW 18.54.070(2). 02-10-065, § 246-851-160, filed 4/26/02, effective 5/27/02; 97-12-088, § 246-851-160, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070. 91-22-061 (Order 210B), § 246-851-160, filed 11/1/91, effective 12/2/91; 91-06-025 (Order 119B), recodified as § 246-851-160, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). 89-10-030 (Order PM 839), § 308-53-145, filed 4/27/89. Statutory Authority: RCW 18.54.070. 88-07-047 (Order PM 710), § 308-53-145, filed 3/11/88. Statutory Authority: RCW 18.54.070(5). 80-04-054 (Order PL 331), § 308-53-145, filed 3/21/80.]

WAC 246-851-170 Credit for preprogrammed educational materials. Subject to approval by the board, continuing education credit may be granted for viewing and participation in the use of formal preprogrammed optometric educational materials. Preprogrammed educational materials include, but are not limited to:

(1) Correspondence courses taken through magazines or other publications, cassettes, videodiscs, videotapes, teaching machines, computer software, CD-ROM, diskettes or internet, other than those that qualify under subsection (2) of this section. No more than ten credit hours will be granted under this subsection to any licensee in any two-year reporting period. Requests for credit must be submitted to the board at least sixty days prior to the end of the reporting period and should include the title, date issued or released, author or source and the length of time spent viewing, listening or responding to the material.

(2) Cassettes, videodiscs, videotapes, teaching machines, computer software, CD-ROM, diskettes or internet, which are offered by a board-approved school or college of optometry or other entity or organization approved by the board for credit under this section and require successful completion of an examination for certification of completion. No more than twenty-five credit hours will be granted under this subsection to any licensee in any two-year reporting period.

[Statutory Authority: RCW 18.54.070(2). 97-12-088, § 246-851-170, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070. 91-22-061 (Order 210B), § 246-851-170, filed 11/1/91, effective 12/2/91; 91-06-025 (Order 119B), recodified as § 246-851-170, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). 89-10-030 (Order PM 839), § 308-53-146, filed 4/27/89. Statutory Authority: RCW 18.54.070(5). 80-04-054 (Order PL 331), § 308-53-146, filed 3/21/80.]

WAC 246-851-180 Credit for lecturing. Subject to approval by the board, continuing education credit may be given for the preparation and presentation of courses and lectures in optometric education. Three hours of credit will be granted for each course hour. Requests for credit must be submitted to the board at least sixty days prior to the end of the reporting period. Credit for subsequent presentations will be considered if the applicant can demonstrate that substantial additional preparation was required. No more than ten hours will be granted under this section for any licensee in any two-year reporting period.

[Statutory Authority: RCW 18.54.070(2). 97-12-088, § 246-851-180, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070. 91-22-061 (Order 210B), § 246-851-180, filed 11/1/91, effective 12/2/91; 91-06-025 (Order 119B), recodified as § 246-851-180, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). 89-10-030 (Order PM 839), § 308-53-150, filed 4/27/89; Order PL 239, § 308-53-150, filed 3/3/76.]

WAC 246-851-190 Credit for CPR training. Continuing education credit will be granted for certified training in cardio-pulmonary resuscitation (CPR). No more than ten credit hours will be granted under this section to any licensee in any two-year reporting period.

[Statutory Authority: RCW 18.54.070(2). 97-12-088, § 246-851-190, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-190, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). 89-10-030 (Order PM 839), § 308-53-151, filed 4/27/89. Statutory Authority: RCW 18.54.070(5). 82-12-077 (Order PL 399), § 308-53-151, filed 6/2/82.]

WAC 246-851-230 Credits for practice management. Continuing education credit will be granted for courses or materials involving practice management under WAC 246-851-110 through 246-851-180. No more than ten credit hours

will be granted under this section to any licensee in any two-year reporting period.

[Statutory Authority: RCW 18.54.070(2). 97-12-088, § 246-851-230, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070. 91-22-061 (Order 210B), § 246-851-230, filed 11/1/91, effective 12/2/91; 91-06-025 (Order 119B), recodified as § 246-851-230, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). 89-10-030 (Order PM 839), § 308-53-175, filed 4/27/89.]

WAC 246-851-250 Minimum equipment requirements. (1) Licensed optometrists must have direct access on the premises to the following equipment and accessories, all of which must be in working condition:

(a) Adjustable examining chair;

(b) Phoropter/refractor;

(c) Retinoscope;

(d) Ophthalmoscope;

(e) Pupillary distance measuring device;

(f) Projector and screen; or illuminated test cabinet, or chart for distant vision testing;

(g) Nearpoint vision testing equipment;

(h) Lensometer;

(i) Tonometer;

(j) Biomicroscope/slit lamp;

(k) A clinically accepted visual field testing instrument or equipment.

(2) Licensed optometrists who prescribe contact lenses must have direct access on the premises to the following equipment, all of which must be in working condition:

(a) Diameter gauge;

(b) Thickness gauge;

(c) Cobalt or black light instrument;

(d) Radiuscope/contactogauge type measuring instrument;

(e) Thickness tables;

(f) Corneal measurement instrument that quantifies corneal curvature.

[Statutory Authority: RCW 18.54.070(2). 02-10-065, § 246-851-250, filed 4/26/02, effective 5/27/02. Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-250, filed 2/26/91, effective 3/29/91; 89-01-087 (Order 812), § 308-53-200, filed 12/21/88, effective 1/1/90; Order PL 256, § 308-53-200, filed 9/13/76.]

WAC 246-851-260 Mobile optometric units. (1) Doctors of optometry operating mobile units are required to maintain the minimum equipment requirements of WAC 246-851-250 in such units.

(2) Before examining a patient or filling a prescription for a patient, the doctor of optometry must provide to the patient his complete name, his business phone number, the address of his regular office, and his regular office hours. If such doctor of optometry does not maintain a business phone or regular office, he must provide this information to the patient, and must give him his personal phone number and address in place of his business number and address. If the practice of a mobile unit is owned in whole or in part by someone other than the doctor of optometry operating the mobile unit, such fact must also be provided to the patient, along with the names, phone numbers and addresses of all those who own an interest in the practice. The information required by this section may be provided to the patients by means of a sign on or near the mobile unit which the public may reasonably be expected to see and comprehend.

[Statutory Authority: RCW 18.54.070. 91-22-061 (Order 210B), § 246-851-260, filed 11/1/91, effective 12/2/91; 91-06-025 (Order 119B), recodified as § 246-851-260, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5). 78-02-030 (Order PL 281), § 308-53-205, filed 1/17/78.]

WAC 246-851-280 Contact lens advertising. Where contact lens prices are advertised, such advertisement shall clearly state: (a) The type of contact lens or lenses offered at the price(s) advertised and any exclusions or limitations therein; (b) whether examinations, dispensing, related supplies and/or other service charges are included or excluded in the advertised price(s); and (c) the manufacturer, laboratory of origin or brand name of the contact lenses.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-280, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5). 81-06-012 (Order PL 367), § 308-53-215, filed 2/20/81.]

WAC 246-851-290 Maintenance of records. Licensed optometrists shall maintain records of eye examinations and prescriptions for a minimum of five years from the date of examination or prescription.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-290, filed 2/26/91, effective 3/29/91; Order PL 256, § 308-53-220, filed 9/13/76.]

WAC 246-851-300 Renting space from and practicing on premises of commercial (mercantile) concern. Where a doctor of optometry rents or buys space from and practices optometry on the premises of a commercial or mercantile concern:

(1) The practice must be owned by the doctor of optometry solely or in conjunction with other licensed doctors of optometry, and in every phase be under the exclusive control of the doctor(s) of optometry. The prescription files are the sole property of the doctor(s) of optometry.

(2) The space must be definite and distinct from space occupied by other occupants of the commercial or mercantile concern.

(3) The doctor(s) of optometry must be clearly identified to the public. Such identification must include the name of the doctor(s) of optometry and the term "doctor of optometry" or "independent doctor of optometry" or other similar phrase.

(4) All signs, advertising and display must be separate and distinct from that of the other occupants and of the commercial or mercantile concern. All optometric practice advertisements or announcements on the premises of a commercial or mercantile concern shall not make references which could reasonably convey the impression that the optometric practice is controlled by or part of the commercial or mercantile concern.

[Statutory Authority: RCW 18.54.070(2). 02-10-065, § 246-851-300, filed 4/26/02, effective 5/27/02. Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-300, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5). 81-06-012 (Order PL 367), § 308-53-230, filed 2/20/81; 78-02-030 (Order PL 281), § 308-53-230, filed 1/17/78; Order PL-271, § 308-53-230, filed 7/25/77.]

WAC 246-851-310 Proper identification of licensees. Each person licensed under chapter 18.53 RCW must be clearly identified to the public as a doctor of optometry at all practice locations. The identification must include the name of the licensee and the term "doctor of optometry" or "independent doctor of optometry" or other similar phrase, at or near the entrance to the licensee's office.

[Statutory Authority: RCW 18.54.070(2). 02-10-065, § 246-851-310, filed 4/26/02, effective 5/27/02. Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-310, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5). 78-02-030 (Order PL 281), § 308-53-235, filed 1/17/78.]

WAC 246-851-320 Doctor of optometry presumed responsible for advertisements. Every licensed doctor of optometry whose name or office address or place of practice appears or is mentioned in any advertisement of any kind or character shall be presumed to have caused, allowed, permitted, approved, and sanctioned such advertising and shall be presumed to be personally responsible for the content and character thereof. Once sufficient evidence of the advertisement's existence has been introduced at any administrative hearing before the board of optometry, the burden of proof to rebut this presumption by a preponderance of the evidence shall be upon the doctor of optometry.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-320, filed 2/26/91, effective 3/29/91; Order PL-271, § 308-53-240, filed 7/25/77.]

WAC 246-851-330 Misleading titles or degrees. An optometrist shall not use misleading or unrelated degrees or titles in connection with the professional practice of optometry. The use of an optometric designation such as "optometrist" or "doctor of optometry" or other similar phrase shall not be used in connection with a business or activity that is not related to optometric care.

[Statutory Authority: RCW 18.54.070(2). 02-10-065, § 246-851-330, filed 4/26/02, effective 5/27/02. Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-330, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5). 80-01-088 (Order PL 326), § 308-53-245, filed 12/28/79.]

WAC 246-851-350 Improper professional relationship. No doctor of optometry shall make any contracts or agreements, whether express or implied, nor engage in any arrangement with a retail dispensing optician whereby the optician or his agent shall:

(1) Pay any professional expenses for the doctor of optometry;

(2) Pay any or all of the professional fees of a doctor of optometry;

(3) Pay any commission, bonus, or rebate for volume of materials or services received from a doctor of optometry;

(4) Receive any commission, bonus or rebate for volume of materials or services furnished to a doctor of optometry;

(5) Pay any commission to the doctor of optometry in return for referral of patients to the optician;

(6) Receive any commission from a doctor of optometry in return for referral of patients to such doctor of optometry.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-350, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5). 78-02-030 (Order PL 281), § 308-53-260, filed 1/17/78.]

WAC 246-851-370 Employed doctors of optometry, franchises and equipment use agreements. The salary, bonus or other remuneration of a doctor of optometry who is employed for professional optometric services, shall not be dependent upon the percentage or number of patients who obtain visual examinations or who have prescriptions filled. The employed optometrist, acting in the capacity of consultant, advisor or staff doctor of optometry, the optometrist who has acquired a franchise relating to the practice of optometry, and the optometrist who has a professional equipment use agreement/contract, shall at all times remain cognizant of his or her professional responsibilities and with demeanor, decorum and determination retain his or her right of independent professional judgment and title in all situations and circumstances. If at any time the right of independent professional judgment or title is abridged it shall be incumbent upon the optometrist to resign or correct his or her position as consultant, advisor or staff doctor of optometry, or to resign from or correct a franchise and/or equipment use agreement/contract relationship.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-370, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5) and 18.54.075. 85-16-054 (Order PL 545), § 308-53-270, filed 7/31/85. Statutory Authority: RCW 18.54.070(5). 80-01-088 (Order PL 326), § 308-53-270, filed 12/28/79.]

WAC 246-851-380 Practice under another optometrist's name. Pursuant to RCW 18.53.140, when the initial right to practice under the name of any lawfully licensed optometrist is transferred to another lawfully licensed optometrist or association of lawfully licensed optometrists, the right to practice under such first optometrist's name may not be subsequently transferred by the first transferee and used by a third party or parties.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-380, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5). 80-01-088 (Order PL 326), § 308-53-275, filed 12/28/79.]

WAC 246-851-390 Practice under trade name. The practice of optometry must be under the name of the licensed doctor of optometry. The practice of optometry under a trade name is prohibited except where an optometrist is associated with a nonprofit organization, or is associated with allied health care practitioners such as medical, dental and osteopathic professionals, or where the term "clinic" or "center" is used in conjunction with an in-state geographical location or an optometrist's name in nondeceptive manners.

[Statutory Authority: RCW 18.54.070. 92-20-019 (Order 305B), § 246-851-390, filed 9/25/92, effective 10/26/92; 91-06-025 (Order 119B), recodified as § 246-851-390, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5). 80-04-054 (Order PL 331), § 308-53-280, filed 3/21/80.]

WAC 246-851-400 Certification required for use of pharmaceutical agents. (1) Licensed optometrists using pharmaceutical agents in the practice of optometry shall have a minimum of sixty hours of didactic and clinical instruction

in general and ocular pharmacology as applied to optometry, and for therapeutic purposes an additional minimum seventy-five hours of didactic and clinical instruction, and certification from an institution of higher learning, accredited by those agencies recognized by the United States Office of Education or the Council on Post-Secondary Accreditation to qualify for certification by the optometry board to use drugs for diagnostic and therapeutic purposes.

(2) Optometrists must obtain the required instructions in both diagnostic and therapeutic categories in order to be eligible to qualify for certification to use drugs for therapeutic purposes.

(3) The instruction in ocular therapeutics must cover the following subject area in order to qualify for certification training:

(a) Ocular pharmacology.

(i) Corneal barrier, blood-aqueous, /-retinal barrier.

(ii) Routes of drug administration for ocular disease.

(iii) Prescription writing and labeling.

(iv) Ocular side-effects of systemic drugs.

(b) Anti-infectives.

(i) General principles of anti-infective drugs.

(ii) Antibacterial drugs.

(iii) Treatment of ocular bacterial infections.

(iv) Antiviral drugs.

(v) Treatment of ocular viral infections.

(vi) Antifungal drugs.

(vii) Treatment of ocular fungal infections.

(viii) Antiparasitic drugs.

(ix) Treatment of parasitic eye disease.

(c) Anti-inflammatory drugs.

(i) Nonsteroidal anti-inflammatory drugs (NSAIDS).

(ii) General principles of mast-cell stabilizers.

(iii) Antihistamines.

(iv) Ocular decongestants.

(v) Treatment of allergic disease.

(vi) Treatment of inflammatory disease.

(vii) Cycloplegic drugs.

(viii) Treatment of ocular trauma.

(ix) Ocular lubricants.

(x) Hypertonic agents.

(xi) Antiglaucoma drugs.

Each subject area shall be covered in sufficient depth so that the optometrist will be informed about the general principles in the use of each drug category, drug side effects and contra indications, and for each disease covered the subjective symptoms, objective signs, diagnosis and recommended treatment and programs.

[Statutory Authority: RCW 18.54.070. 91-22-061 (Order 210B), § 246-851-400, filed 11/1/91, effective 12/2/91; 91-06-025 (Order 119B), recodified as § 246-851-400, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.53.010. 89-17-040 (Order PM 853), § 308-53-330, filed 8/11/89, effective 9/11/89.]

WAC 246-851-410 Drug formulary. Pursuant to RCW 18.53.010(3) the optometry board adopts the following drug formulary of topically applied drugs for diagnostic and treatment purposes.

(1) Drugs for diagnostic or therapeutic purposes.

(a) Mydriatics.

(b) Cycloplegics.

(c) Miotics.

(d) Anesthetics.

(2) Drugs for therapeutic purposes only.

(a) Anti-infectives.

(b) Antihistamines and decongestants.

(c) Ocular lubricants.

(d) Antiglaucoma and ocular hypotensives.

(e) Anti-inflammatories.

(f) Hyperosmotics.

(g) Other topical drugs approved for ocular use by the FDA.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-410, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.53.010. 89-17-040 (Order PM 853), § 308-53-340, filed 8/11/89, effective 9/11/89.]

WAC 246-851-420 Optometrist with prescriptive authorization. (1) Each prescription issued by an optometrist, who is certified by the board to prescribe legend drugs for therapeutic purposes, shall include on the prescription his/her license number and the letters "TX." These letters shall represent the authority which has been granted to the practitioner by the board and will serve to assure pharmacists that the prescription has been issued by an authorized practitioner. When the prescription is orally transmitted to a pharmacist, this information shall be included or shall be on file at the pharmacy.

(2) Any optometrist who issues a prescription without having: (a) Received appropriate certification from the board, or (b) fails to include the identifying information on the prescription, or (c) prescribes outside their scope of practice or for other than therapeutic or diagnostic purposes, or (d) violates any state or federal law or regulations applicable to prescriptions, may be found to have committed an act of unprofessional conduct and may be disciplined in accordance with the provisions of chapter 18.130 RCW.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-420, filed 2/26/91, effective 3/29/91; 89-22-102, § 308-53-350, filed 11/1/89, effective 12/2/89.]

WAC 246-851-430 AIDS prevention and information education requirements. Applicants must complete four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-851-430, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.54.070 and 70.24.270. 91-22-061 (Order 210B), § 246-851-430, filed 11/1/91, effective 12/2/91. Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-430, filed 2/26/91, effective 3/29/91. Statutory Authority: 1988 c 206 § 604. 89-09-027 (Order 833), § 308-53-400, filed 4/13/89.]

WAC 246-851-440 Philosophy governing voluntary substance abuse monitoring programs. The board recognizes the need to establish a means of proactively providing early recognition and treatment options for optometrists whose competency may be impaired due to the abuse of drugs or alcohol. The board intends that such optometrists be treated and their treatment monitored so that they can return to or continue to practice their profession in a way which

safeguards the public. To accomplish this the board shall approve voluntary substance abuse monitoring programs and shall refer optometrists impaired by substance abuse to approved programs as an alternative to instituting disciplinary proceedings as defined in RCW 18.130.160.

[Statutory Authority: RCW 18.54.070, 18.130.050 and 18.130.186. 92-06-030 (Order 248B), § 246-851-440, filed 2/26/92, effective 3/28/92.]

WAC 246-851-450 Terms used in WAC 246-851-440 through 246-851-470. (1) "Approved substance abuse monitoring program" or "approved monitoring program" is a program the board has determined meets the requirements of the law and the criteria established by the board in WAC 246-851-460 which enters into a contract with optometrists who have substance abuse problems regarding the required components of the optometrist's recovery activity and oversees the optometrist's compliance with these requirements. Substance abuse monitoring programs do not provide evaluation or treatment to participating optometrists.

(2) "Contract" is a comprehensive, structured agreement between the recovering optometrist and the approved monitoring program stipulating the optometrist's consent to comply with the monitoring program and its required components of the optometrist's recovery activity.

(3) "Approved treatment facility" is a facility approved by the bureau of alcohol and substance abuse, department of social and health services according to RCW 70.96A.020(2) or 69.54.030 to provide intensive alcoholism or drug treatment if located within Washington state. Drug and alcohol treatment programs located out-of-state must be equivalent to the standards required for approval under RCW 70.96A.-020(2) or 69.54.030.

(4) "Substance abuse" means the impairment, as determined by the board, of an optometrist's professional services by any addiction to, a dependency on, or the use of alcohol, legend drugs, or controlled substances.

(5) "Aftercare" is that period of time after intensive treatment that provides the optometrist and the optometrist's family with group or individual counseling sessions, discussions with other families, ongoing contact and participation in self-help groups and ongoing continued support of treatment program staff.

(6) "Support group" is a group of health care professionals meeting regularly to support the recovery of its members. The group provides a confidential setting with a trained and experienced health care professional facilitator in which optometrists may safely discuss drug diversion, licensure issues, return to work and other professional issues related to recovery.

(7) "Twelve step groups" are groups such as alcoholics anonymous, narcotics anonymous and related organizations based on a philosophy of anonymity, belief in a power outside of oneself, a peer group association, and self-help.

(8) "Random drug screens" are laboratory tests to detect the presence of drugs of abuse in body fluids which are performed at irregular intervals not known in advance by the person being tested.

(9) "Health care professional" is an individual who is licensed, certified, or registered in Washington to engage in the delivery of health care to patients.

[Statutory Authority: RCW 18.54.070, 18.130.050 and 18.130.186. 92-06-030 (Order 248B), § 246-851-450, filed 2/26/92, effective 3/28/92.]

WAC 246-851-460 Approval of substance abuse monitoring programs. The board shall approve the monitoring program(s) which shall participate in the board's substance abuse monitoring program. A monitoring program approved by the board may be contracted with an entity outside the department but within the state, out-of-state, or a separate structure within the department.

(1) The approved monitoring program shall not provide evaluation or treatment to the participating optometrists.

(2) The approved monitoring program staff shall have the qualifications and knowledge of both substance abuse and the practice of optometry as defined in this chapter to be able to evaluate:

(a) Clinical laboratories;

(b) Laboratory results;

(c) Providers of substance abuse treatment, both individuals and facilities;

(d) Support groups;

(e) The optometry work environment; and

(f) The ability of the optometrist to practice with reasonable skill and safety.

(3) The approved monitoring program shall enter into a contract with the optometrist and the board to oversee the optometrist's compliance with the requirements of the program.

(4) The approved monitoring program may make exceptions to individual components of the contract on an individual basis.

(5) The approved monitoring program staff shall determine, on an individual basis, whether an optometrist will be prohibited from engaging in the practice of optometry for a period of time and what restrictions, if any, are placed on the optometrist's practice.

(6) The approved monitoring program shall maintain records on participants.

(7) The approved monitoring program shall be responsible for providing feedback to the optometrist as to whether treatment progress is acceptable.

(8) The approved monitoring program shall report to the board any optometrist who fails to comply with the requirement of the monitoring program.

(9) The approved monitoring program shall receive from the board guidelines on treatment, monitoring, and limitations on the practice of optometry for those participating in the program.

[Statutory Authority: RCW 18.54.070, 18.130.050 and 18.130.186. 92-06-030 (Order 248B), § 246-851-460, filed 2/26/92, effective 3/28/92.]

WAC 246-851-470 Participation in approved substance abuse monitoring program. (1) In lieu of disciplinary action, the optometrist may accept board referral into the approved substance abuse monitoring program.

(a) The optometrist shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by health care professional(s) with expertise in chemical depen-

dency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The optometrist shall enter into a contract with the board and the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The optometrist shall undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The optometrist shall agree to remain free of all mind-altering substances including alcohol except for medications prescribed by an authorized prescriber as defined in RCW 69.41.030 and 69.50.101.

(iii) The optometrist shall complete the prescribed aftercare program of the intensive treatment facility, which may include individual and/or group psychotherapy.

(iv) The optometrist shall cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment, prognosis, and goals.

(v) The optometrist shall submit to random drug screening as specified by the approved monitoring program.

(vi) The optometrist shall attend support groups facilitated by a health care professional and/or twelve step group meetings as specified by the contract.

(vii) The optometrist shall comply with specified employment conditions and restrictions as defined by the contract.

(viii) The optometrist shall sign a waiver allowing the approved monitoring program to release information to the board if the optometrist does not comply with the requirements of this contract.

(c) The optometrist is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, and random drug screens.

(d) The optometrist may be subject to disciplinary action under RCW 18.130.160 if the optometrist does not consent to be referred to the approved monitoring program, does not comply with specified employment restrictions, or does not successfully complete the program.

(2) An optometrist who is not being investigated by the board or subject to current disciplinary action or currently being monitored by the board for substance abuse may voluntarily participate in the approved substance abuse monitoring program without being referred by the board. Such voluntary participants shall not be subject to disciplinary action under RCW 18.130.160 for their substance abuse, and shall not have their participation made known to the board if they meet the requirements of the approved monitoring program:

(a) The optometrist shall undergo a complete physical and psychological evaluation before entering the approved monitoring program. This evaluation shall be performed by health care professional(s) with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The optometrist shall enter into a contract with the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The optometrist shall undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The optometrist shall agree to remain free of all mind-altering substances including alcohol except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101.

(iii) The optometrist shall complete the prescribed aftercare program of the intensive treatment facility, which may include individual and/or group psychotherapy.

(iv) The optometrist shall cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment, prognosis, and goals.

(v) The optometrist shall submit to random drug screening as specified by the approved monitoring program.

(vi) The optometrist shall attend support groups facilitated by a health care professional and/or twelve step group meetings as specified by the contract.

(vii) The optometrist shall comply with employment conditions and restrictions as defined by the contract.

(viii) The optometrist shall sign a waiver allowing the approved monitoring program to release information to the board if the optometrist does not comply with the requirements of this contract.

(c) The optometrist is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, and random drug screens.

(3) The treatment and pretreatment records of license holders referred to or voluntarily participating in approved monitoring programs shall be confidential, shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena or admissible as evidence except for monitoring records reported to the disciplinary authority for cause as defined in subsections (1) and (2) of this section. Records held by the board under this section shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena except by the license holder.

[Statutory Authority: RCW 18.54.070, 18.130.050 and 18.130.186. 92-06-030 (Order 248B), § 246-851-470, filed 2/26/92, effective 3/28/92.]

WAC 246-851-490 Examination and licensure. To qualify for licensure in this state a candidate must:

(1) Successfully complete Parts I, II, and III of the National Board of Examiners in Optometry (NBEO) examinations; the Part III having been administered and successfully completed after January 1, 1993;

(2) Applicants who completed the NBEO Part II examination prior to January 1, 1993, must successfully complete the International Association of Examiners in Optometry (IAB) examination in treatment and management of ocular disease; and

(3) Successfully complete a jurisprudence questionnaire; and

(4) Be a graduate of a state accredited high school or equivalent; and

(5) Be a graduate of a school or college of optometry accredited by the Council on Optometric Education of the American Optometric Association and approved by the Washington state board of optometry; and

(6) Be of good moral character.

[Statutory Authority: RCW 18.54.070(2). 96-20-087, § 246-851-490, filed 10/1/96, effective 11/1/96. Statutory Authority: RCW 18.54.070. 95-14-114, § 246-851-490, filed 6/30/95, effective 7/31/95; 92-20-019 (Order 305B), § 246-851-490, filed 9/25/92, effective 10/26/92; 92-06-030 (Order 248B), § 246-851-490, filed 2/26/92, effective 3/28/92.]

WAC 246-851-500 Credentialing by endorsement. A license to practice optometry may be issued without examination to an individual licensed in another state that has licensing standards substantially equivalent to those in Washington.

(1) The license may be issued upon receipt of:

(a) Documentation from the state in which the applicant is licensed indicating that the state's licensing standards are substantially equivalent to the licensing standards currently applicable in Washington state;

(b) A completed application form with application fees;

(c) Verification from all states in which the applicant holds a license, whether active or inactive, indicating that the applicant is not subject to charges or disciplinary action for unprofessional conduct or impairment; and

(d) Certification that the applicant has read chapters 18.53, 18.54, 18.195 and 18.130 RCW, and chapters 246-851 and 246-852 WAC.

(2) The board may require additional information as needed to determine if an applicant is eligible for credentialing by endorsement.

[Statutory Authority: RCW 18.54.070(2). 96-20-087, § 246-851-500, filed 10/1/96, effective 11/1/96. Statutory Authority: RCW 18.54.070. 95-14-114, § 246-851-500, filed 6/30/95, effective 7/31/95; 92-20-019 (Order 305B), § 246-851-500, filed 9/25/92, effective 10/26/92.]

WAC 246-851-520 Contact lens prescription defined. A contact lens prescription is a written, signed order from an optometrist to another optometrist, physician, or dispensing optician describing optical and physical characteristics of the contact lenses to be dispensed. It shall be based upon a comprehensive vision and eye health examination, followed by a diagnostic or trial evaluation, and a final evaluation of the contact lens on the eye by a prescribing doctor.

[Statutory Authority: RCW 18.54.070(2). 02-10-065, § 246-851-520, filed 4/26/02, effective 5/27/02. Statutory Authority: RCW 18.54.070. 92-20-048 (Order 308B), § 246-851-520, filed 9/30/92, effective 10/31/92.]

WAC 246-851-550 Sexual misconduct. (1) An optometrist shall not engage in sexual contact or sexual activity with a current patient.

(a) A current patient is a patient who has received professional services from the optometrist within the last three years and whose patient record has not been transferred to another optometrist or health care professional.

(b) A referral of the patient record must be in writing and with the knowledge of both the patient and the optometrist or health care practitioner to whom the record is transferred.

(2) The optometrist shall never engage in sexually harassing or demeaning behavior with current or former patients.

[Statutory Authority: RCW 18.54.070. 94-04-041, § 246-851-550, filed 1/27/94, effective 2/27/94.]

WAC 246-851-560 Adjudicative proceedings. The board of optometry adopts the model procedural rules for adjudicative proceedings of the department of health contained in chapter 246-11 WAC.

[Statutory Authority: RCW 18.54.070, 18.130.050(1). 95-04-084, § 246-851-560, filed 1/31/95, effective 3/3/95.]

WAC 246-851-990 Optometry fees 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	$125.00
Out-of-state seminar	100.00
License renewal	100.00
Late renewal penalty	50.00
Expired license reissuance	50.00
Duplicate license	15.00
Certification of license	25.00

[Statutory Authority: RCW 43.70.250. 99-08-101, § 246-851-990, filed 4/6/99, effective 7/1/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-851-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.250. 96-20-088, § 246-851-990, filed 10/1/96, effective 11/1/96; 95-14-111, § 246-851-990, filed 6/30/95, effective 7/31/95; 92-23-006 (Order 311), § 246-851-990, filed 11/5/92, effective 12/6/92; 92-06-029 (Order 246), § 246-851-990, filed 2/26/92, effective 3/28/92. Statutory Authority: RCW 43.70.250. 91-13-002 (Order 173), § 246-851-990, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 43.70.040. 91-06-028 (Order 137), recodified as § 246-851-990, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 43.24.086. 87-10-028 (Order PM 650), § 308-53-020, filed 5/1/87. Statutory Authority: 1983 c 168 § 12. 83-17-031 (Order PL 442), § 308-53-020, filed 8/10/83. Formerly WAC 308-53-310.]

Chapter 246-852 WAC
CONSUMER ACCESS TO VISION CARE

WAC

WAC 246-852-010 Duties of practitioners pursuant to chapter 106, Laws of 1994. (1) Prescribers, including ophthalmologists and optometrists, under chapters 18.53, 18.57, or 18.71 RCW:

(a) When performing an eye examination including the determination of the refractive condition of the eye, shall provide the patient a copy of the prescription at the conclusion of the eye examination.

(b) Shall, if requested by the patient, at the time of the eye examination, also determine the appropriateness of contact lenses wear and include a notation of "OK for Contacts" or similar language on the prescription if the prescriber would have fitted the patient him or herself, if the patient has no contraindications for contact lenses.

(c) Shall inform the patient that failure to complete the initial fitting and obtain a follow-up evaluation by a prescriber within six months of the exam will void the "OK for Contacts" portion of the prescription.

(d) Shall provide a verbal explanation to the patient if the prescriber determines the ocular health of the eye presents a contraindication for contact lenses. Documentation of contraindication will also be maintained in the patient's record.

(e) May exclude categories of contact lenses where clinically indicated.

(f) Shall not expire prescriptions in less than two years, unless a shorter time period is warranted by the ocular health of the eye. If a prescription is to expire in less than two years, an explanatory notation must be made by the prescriber in the patient's record and a verbal explanation given to the patient at the time of the eye examination.

(g) Shall comply with WAC 246-852-020.

(2) When conducting a follow-up evaluation for contact lenses fitted and dispensed by another practitioner, the prescriber:

(a) Shall indicate on the written prescription, "follow-up completed" or similar language, and include his or her name and date of the follow-up;

(b) May charge a reasonable fee at the time the follow-up evaluation is performed.

(3) Opticians under chapter 18.34 RCW:

(a) May perform mechanical procedures and measurements necessary to adapt and fit contact lenses from a written prescription consisting of the refractive powers and a notation of "OK for Contacts" or similar language within six months of the eye examination date.

(b) Shall notify patients in writing that a prescriber is to evaluate the initial set of contact lenses on the eye within six months of the eye examination or the "OK for Contacts" portion of the prescription is void and replacement contact lenses will not be dispensed. The patient shall be requested to sign the written notification. The signed or unsigned notification will then be dated and placed in the patient's records.

(4) If the patient is fitted by a practitioner other than the initial prescriber, the contact lens specifications shall be provided to the patient and to a prescriber performing the follow-up evaluation.

(5) When the follow-up evaluation is completed, the approved contact lens specifications shall become a valid prescription with the signature of the evaluating prescriber. The patient shall be able to obtain replacement lenses, from this finalized prescription, for the remainder of the prescription period.

(6) All fitters and dispensers shall distribute safety pamphlets to all contact lens patients designed to inform the patient of consumer and health-related decisions.

[Statutory Authority: 1994 c 106 § 6. 94-17-101, § 246-852-010, filed 8/17/94, effective 9/17/94.]

WAC 246-852-020 Prescription for corrective lenses. (1) A prescription from a prescriber for corrective lenses shall at a minimum include:

(a) Patient name.

(b) Prescriber's name, address, professional license number, phone number and/or facsimile number.

(c) Spectacle prescription.

(d) Prescription expiration date.

(e) Date of eye exam.

(f) Signature of prescriber.

(2) If the patient requests contact lenses and has received an eye examination for contact lenses, the prescription shall also include:

(a) The notation "OK for Contacts" or similar language indicating there are no contraindications for contacts.

(b) Exclusion of categories of contact lenses, if any.

(c) Notation that the "OK for Contacts" portion of the prescription becomes void if the patient fails to complete the initial fitting and obtain the follow-up evaluation by a prescriber within the six-month time period.

(3) When the follow-up evaluation is completed, the approved contact lens specifications shall become a valid prescription with the signature of the evaluating prescriber. The patient shall be able to obtain replacement lenses, from this finalized prescription, for the remainder of the prescription period.

[Statutory Authority: 1994 c 106 § 6. 94-17-101, § 246-852-020, filed 8/17/94, effective 9/17/94.]

WAC 246-852-030 Transmittal of patient information and records. The finalized prescription of the contact lens specifications shall be available to the patient or the patient's designated practitioner for replacement lenses and may be transmitted by telephone, facsimile or mail or provided directly to the patient in writing. The initial prescriber may request and receive the finalized contact lens specifications, if the initial prescriber does not perform the fitting and follow-up evaluation.

[Statutory Authority: 1994 c 106 § 6. 94-17-101, § 246-852-030, filed 8/17/94, effective 9/17/94.]

WAC 246-852-040 Retention of patient contact lens records. (1) Practitioners shall maintain patient records for a minimum of five years. The records shall include the following which adequately reflects the level of care provided by the practitioners:

(a) The written prescription.

(b) Dioptric power.

(c) Lens material, brand name and/or manufacturer.

(d) Base curve (inside radius of curvature).

(e) Diameter.

(f) Color (when applicable).

(g) Thickness (when applicable).

(h) Secondary/peripheral curves (when applicable).

(i) Special features equivalent to variable curves, fenestration or coating.

(j) Suggested wearing schedule and care regimen.

(2) Opticians' records shall additionally include the following if fitting contact lenses:

(a) Documentation of written advisement to the patient of the need to obtain a follow-up evaluation by a prescriber.

(3) Prescribers' records shall additionally include the following:

(a) Documentation of contraindications which would prohibit contact lens wear and documentation that contraindications were explained to the patient by the prescriber.

(b) Explanatory notation of the reasons why a prescription has an expiration date of less than two years, and documentation that the reasons were explained to the patient at the time of the eye examination.

[Statutory Authority: 1994 c 106 § 6. 94-17-101, § 246-852-040, filed 8/17/94, effective 9/17/94.]

Chapter 246-853 WAC
OSTEOPATHIC PHYSICIANS AND SURGEONS

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-853-040 Renewal of licenses. [Statutory Authority: RCW 18.57.005. 91-20-120 (Order 199B), § 246-853-040, filed 9/30/91, effective 10/31/91; 90-24-055 (Order 100B), recodified as § 246-853-040, filed 12/3/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604. 88-23-124 (Order PM 801), § 308-138-070, filed 11/23/88; Order PL 262, § 308-138-070, filed 1/13/77.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-853-240 Application for registration. [Statutory Authority: RCW 18.57.005. 91-20-120 (Order 199B), § 246-853-240, filed 9/30/91, effective 10/31/91; 90-24-055 (Order 100B), recodified as § 246-853-240, filed 12/3/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604. 88-23-124 (Order PM 801), § 308-138-360, filed 11/23/88.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-853-270 Renewal expiration date. [Statutory Authority: RCW 18.57.005 and 18.130.175. 91-10-043 (Order 159B), § 246-853-270, filed 4/25/91, effective 5/26/91.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-853-275 Change of mailing address and notice of official documents. [Statutory Authority: RCW 18.57.005. 93-24-028, § 246-853-275, filed 11/22/93, effective 12/23/93.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

WAC 246-853-020 Osteopathic medicine and surgery examination. Applicants for licensure as osteopathic physicians must pass the Federation of State Licensing Board (FLEX) with a minimum score of seventy-five on each component of the FLEX I and II examination or after December 1993 satisfactorily pass the United States Medical Licensing Examination (USMLE) with a minimum score as established by the coordinating agencies, Federation of State Medical Boards of the United States and the National Board of Medical Examiners; and obtain at least a seventy-five percent overall average on a board administered examination on osteopathic principles and practices.

The board shall waive the examination required under RCW 18.57.080 if the applicant has passed the FLEX examination prior to June 1985 with a FLEX weighted average of seventy-five percent, or the FLEX I and FLEX II examinations with a minimum score of seventy-five on each component and satisfactorily passes the board administered examination on the principles and practices of osteopathic medicine and surgery.

An applicant who has passed all parts of the examination given by the National Board of Osteopathic Examiners may be granted a license without further examination.

[Statutory Authority: RCW 18.57.005. 93-24-028, § 246-853-020, filed 11/22/93, effective 12/23/93. Statutory Authority: RCW 18.57.005 and 18.130.175. 91-10-043 (Order 159B), § 246-853-020, filed 4/25/91, effective 5/26/91. Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-020, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005(2), 18.57A.020 and 18.130.050(1). 88-14-113 (Order 745), § 308-138-055, filed 7/6/88. Statutory Authority: RCW 18.57A.020, 18.57.005 and 18.130.050. 88-09-030 (Order PM 723), § 308-138-055, filed 4/15/88. Statutory Authority: RCW 18.57.005. 85-10-025 (Order PL 527), § 308-138-055, filed 4/24/85. Statutory Authority: 1979 c 117 § 3(3). 79-12-068 (Order PL 321), § 308-138-055, filed 11/29/79.]

WAC 246-853-025 Special purpose examination. (1) The board of osteopathic medicine and surgery, upon review of an application for licensure pursuant to RCW 18.57.130 or reinstatement of an inactive license, may require an applicant to pass a special purpose examination, e.g., SPEX, and/or any other examination deemed appropriate. An applicant may be required to take an examination when the board has concerns with the applicant's ability to practice competently for reasons which may include but are not limited to the following:

(a) Resolved or pending malpractice suits;

(b) Pending action by another state licensing authority;

(c) Actions pertaining to privileges at any institution; or

(d) Not having practiced for an interval of time.

(2) As a result of a determination in a disciplinary proceeding a licensee may be required to pass the SPEX examination.

(3) The minimum passing score on the SPEX examination shall be seventy-five. The passing score for any other examination under this rule shall be determined by the board.

[Statutory Authority: RCW 18.57.005 and 18.130.050. 94-15-068, § 246-853-025, filed 7/19/94, effective 8/19/94. Statutory Authority: RCW 18.57.005 and chapter 18.57 RCW. 92-20-001 (Order 303B), § 246-853-025, filed 9/23/92, effective 10/24/92.]

WAC 246-853-030 Acceptable intern or residency programs. The board accepts the following training programs.

(1) Nationally approved one-year internship programs;

(2) The first year of a residency program approved by the American Osteopathic Association, the American Medical Association or by their recognized affiliate residency accrediting organizations.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-030, filed 12/3/90, effective 1/31/91. Statutory Authority: 1979 c 117 § 3(3). 79-12-068 (Order PL 321), § 308-138-065, filed 11/29/79.]

WAC 246-853-045 Inactive credential. A practitioner may obtain an inactive credential. Refer to the requirements of chapter 246-12 WAC, Part 4.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-853-045, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.57.005 and chapter 18.57 RCW. 92-20-001 (Order 303B), § 246-853-045, filed 9/23/92, effective 10/24/92.]

WAC 246-853-050 Ethical considerations. The following acts and practices are unethical and unprofessional conduct warranting appropriate disciplinary action:

(1) The division or "splitting" of fees with other professionals or nonprofessionals as prohibited by chapter 19.68 RCW. Specifically, a person authorized by this board shall not:

(a) Employ another to so solicit or obtain, or remunerate another for soliciting or obtaining, patient referrals.

(b) Directly or indirectly aid or abet an unlicensed person to practice acupuncture or medicine or to receive compensation therefrom.

(2) Use of testimonials, whether paid for or not, to solicit or encourage use of the licensee's services by members of the public.

(3) Making or publishing, or causing to be made or published, any advertisement, offer, statement or other form of representation, oral or written, which directly or by implication is false, misleading or deceptive.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-050, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57A.020. 79-02-011 (Order 297), § 308-138-180, filed 1/11/79.]

WAC 246-853-060 Continuing professional education required.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-853-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-060, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005, 18.57A.020 and 18.57A.070. 84-05-011 (Order PL 457), § 308-138-200, filed 2/7/84. Statutory Authority: 1979 c 117 § 3(4). 79-12-066 (Order 324), § 308-138-200, filed 11/29/79.]

WAC 246-853-070 Categories of creditable continuing professional education activities. The following are categories of creditable continuing medical education activities approved by the board. The credits must be earned in the thirty-six month period preceding application for renewal of licensure. One clock hour shall equal one credit hour for the purpose of satisfying the one hundred fifty hour continuing professional education requirement.

(1) Category 1 - A minimum of sixty credit hours of the total one hundred fifty hour requirements are mandatory under this general category.

(a) Category 1-A - Formal educational programs sponsored by nationally recognized osteopathic or medical institutions, organizations and their affiliates.

Examples of recognized sponsors include but are not limited to:

Accredited osteopathic or medical schools and hospitals.

Osteopathic or medical societies and specialty practice organizations.

Continuing medical education institutes.

Governmental health agencies and institutions.

Residencies, fellowships and preceptorships.

(b) Category 1-B - Preparation in publishable form of an original scientific paper (defined as one which reflects a search of the literature, appends a bibliography, and contains original data gathered by the author) and initial presentation before a postdoctoral audience qualified to critique the author's statements. Maximum allowable credit for the initial presentation will be ten credit hours per scientific paper. A copy of the paper in publishable form shall be submitted to the board. Publication of the above paper or another paper in a professional journal approved by the board may receive credits as approved by the board up to a maximum of fifteen credit hours per scientific paper.

(c) Category 1-C - Serving as a teacher, lecturer, preceptor or moderator-participant in any formal educational program. Such teaching would include classes in colleges of osteopathic medicine and medical colleges and lecturing to hospital interns, residents and staff. Total credits allowed under Category 1-C are forty-five per three-year period, with one hour's credit for each hour of actual instruction.

(A) Category 2-A - Home study - The board strongly believes that participation in formal professional education programs is essential in fulfilling a physician's total education needs. The board is also concerned that the content and educational quality of many unsolicited home study materials are not subject to impartial professional review and evaluation. It is the individual physician's responsibility to select home study materials that will be of actual benefit. For these reasons, the board has limited the number of credits which may be granted for home study, and has adopted strict guidelines in granting these credits.

Reading - Credits may be granted for reading the Journal of the AOA, and other selected journals published by recognized osteopathic organizations. One-half credit per issue is granted for reading alone. An additional one-half credit per issue is granted if the quiz found in the AOA Journal is completed and returned to the division of continuing medical education. Credit for all other reading is limited to recognized scientific journals listed in *Index Medicus.* One-half credit per issue is granted for reading these recognized journals.

Listening - Credits may be granted for listening to programs distributed by the AOA audio-educational service. Other audio-tape programs sponsored by nationally recog-

nized organizations and companies are eligible for credit. One-half credit per tape program may be granted. An additional one-half credit may be granted for each AOA audio-educational service program if the quiz card for the tape found in the AOA Journal is completed and returned.

Other home study courses - Subject-oriented and refresher home study courses and programs sponsored by recognized professional organizations are eligible for credit. The number of credit hours indicated by the sponsor will be accepted by the board.

A maximum of ninety credit hours per three-year period may be granted for all home study activities under Category 2-A.

(B) Category 2-B - Preparation and personal presentation of a scientific exhibit at a county, regional, state or national professional meeting. Total credits allowed under Category 2-B are thirty per three-year period, with ten credits granted for each new and different scientific exhibit. Appropriate documentation must be submitted with the request for credit.

(C) Category 2-C - All other programs and modalities of continuing professional education. Included under this category are informal educational activities such as observation at medical centers; programs dealing with experimental and investigative areas of medical practice, and programs conducted by non-recognized sponsors.

Total credits allowed under Category 2-C are thirty hours per three-year period.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-070, filed 12/3/90, effective 1/31/91. Statutory Authority: 1979 c 117 § 3(4). 79-12-066 (Order 324), § 308-138-210, filed 11/29/79.]

WAC 246-853-080 Continuing education. (1) Licensed osteopathic physicians and surgeons must complete one hundred fifty hours of continuing education every three years as required in chapter 246-12 WAC, Part 7.

(2) Certification of compliance with the requirement for continuing medical education of the American Osteopathic Association, or receipt of the AMA physicians recognitions award or a current certification of continuing medical education from medical practice academies shall be deemed sufficient to satisfy the requirements of these regulations.

(3) Original certification or recertification within the previous six years by a specialty board will be considered as evidence of equivalent compliance with these continuing professional education requirements.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-853-080, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-080, filed 12/3/90, effective 1/31/91. Statutory Authority: 1979 c 117 § 3(4). 79-12-066 (Order 324), § 308-138-220, filed 11/29/79.]

WAC 246-853-090 Prior approval not required. (1) It will not be necessary for a physician to inquire into the prior approval of any continuing medical education. The board will accept any continuing professional education that reasonably falls within these regulations and relies upon each individual physician's integrity in complying with this requirement.

(2) Continuing professional education program sponsors need not apply for nor expect to receive prior board approval for continuing professional education programs. The continuing professional education category will depend solely upon the status of the organization or institution. The number of creditable hours may be determined by counting the contact hours of instruction and rounding to the nearest quarter hour. The board relies upon the integrity of program sponsors to present continuing professional education that constitutes a meritorious learning experience.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-090, filed 12/3/90, effective 1/31/91. Statutory Authority: 1979 c 117 § 3(4). 79-12-066 (Order 324), § 308-138-230, filed 11/29/79.]

WAC 246-853-100 Prohibited publicity and advertising. An osteopathic physician shall not use or allow to be used any form of public communications or advertising connected with his or her profession or in his or her professional capacity as an osteopathic physician which:

(1) Is false, fraudulent, deceptive or misleading;

(2) Uses testimonials;

(3) Guarantees any treatment or result;

(4) Makes claims of professional superiority;

(5) States or includes prices for professional services except as provided for in WAC 246-853-110;

(6) Fails to identify the physician as an osteopathic physician as described in RCW 18.57.140;

(7) Otherwise exceeds the limits of WAC 246-853-110.

[Statutory Authority: RCW 18.57.005. 91-20-120 (Order 199B), § 246-853-100, filed 9/30/91, effective 10/31/91; 90-24-055 (Order 100B), recodified as § 246-853-100, filed 12/3/90, effective 1/31/91; 85-22-016 (Order PL 562), § 308-138-300, filed 10/30/85. Statutory Authority: 1979 c 117 § 3(5). 79-12-064 (Order PL 322), § 308-138-300, filed 11/29/79.]

WAC 246-853-110 Permitted publicity and advertising. To facilitate the process of informed selection of a physician by potential patients, a physician may publish or advertise the following information, provided that the information disclosed by the physician in such publication or advertisement complies with all other ethical standards promulgated by the board;

(1) Name, including name of professional service corporation or clinic, and names of professional associates, addresses and telephone numbers;

(2) Date and place of birth;

(3) Date and fact of admission to practice in Washington and other states;

(4) Accredited schools attended with dates of graduation, degrees and other scholastic distinction;

(5) Teaching positions;

(6) Membership in osteopathic or medical fraternities, societies and associations;

(7) Membership in scientific, technical and professional associations and societies;

(8) Whether credit cards or other credit arrangements are accepted;

(9) Office and telephone answering service hours;

(10) Fee for an initial examination and/or consultation;

(11) Availability upon request of a written schedule of fees or range of fees for specific services;

(12) The range of fees for specified routine professional services, provided that the statement discloses that the specific fee within the range which will be charged will vary

depending upon the particular matter to be handled for each patient, and the patient is entitled without obligation to an estimate of the fee within the range likely to be charged;

(13) fixed fees for specified routine professional services, the description of which would not be misunderstood by or be deceptive to a prospective patient, provided that the statement discloses that the quoted fee will be available only to patients whose matters fall into the services described, and that the client is entitled without obligation to a specific estimate of the fee likely to be charged.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-110, filed 12/3/90, effective 1/31/91. Statutory Authority: 1979 c 117 § 3(5). 79-12-064 (Order PL 322), § 308-138-310, filed 11/29/79.]

WAC 246-853-120 Malpractice suit reporting. Every osteopathic physician shall, within sixty days after settlement or judgment, notify the board of any and all malpractice settlements or judgments in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by a physician's incompetency or negligence in the practice of osteopathic medicine. Every osteopathic physician shall also report the settlement or judgment of three or more claims or actions for damages during a year as the result of the alleged physician's incompetence or negligence in the practice of osteopathic medicine regardless of the dollar amount of the settlement or judgment.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-120, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57A.020, 18.57.005 and 18.130.050. 88-09-030 (Order PM 723), § 308-138-320, filed 4/15/88. Statutory Authority: 1979 c 117 § 3(6). 79-12-065 (Order 323), § 308-138-320, filed 11/29/79.]

WAC 246-853-130 General provisions for mandatory reporting rules. (1) "Unprofessional conduct" shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" shall mean any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" shall mean any health care institution regulated under chapter 18.51 RCW.

(4) "Board" shall mean the Washington state board of osteopathic medicine and surgery, whose address is:

Department of Health
Professional Licensing Services
1300 Quince St., MS: EY-23
Olympia, WA 98504

(5) "Physician" shall mean an osteopathic physician and surgeon licensed pursuant to chapter 18.57 RCW.

(6) "Physician's assistant" shall mean an osteopathic physician's assistant approved pursuant to chapter 18.57A RCW.

(7) "Mentally or physically impaired practitioner" shall mean an osteopathic physician and surgeon or osteopathic physician's assistant who has been determined by a court to be mentally incompetent or mentally ill or who is unable to practice medicine with reasonable skill and safety to patients by reason of any mental or physical condition.

[Statutory Authority: RCW 18.57.005. 91-20-120 (Order 199B), § 246-853-130, filed 9/30/91, effective 10/31/91; 90-24-055 (Order 100B), recodified as § 246-853-130, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.130.070. 87-11-062 (Order PM 651), § 308-138-321, filed 5/20/87.]

WAC 246-853-135 Temporary practice permit. A temporary permit to practice osteopathic medicine and surgery may be issued to an individual licensed in another state that has substantially equivalent licensing standards to those in Washington.

(1) The temporary permit may be issued upon receipt of:

(a) Documentation from the reciprocal state that the licensing standards used for issuing the license are substantially equivalent to the current Washington licensing standards;

(b) A completed application form on which the applicant indicates he or she wishes to receive a temporary permit and application and temporary permit fees;

(c) Verification of all state licenses, whether active or inactive, indicating that the applicant is not subject to charges or disciplinary action for unprofessional conduct or impairment;

(d) Verification from the federation of state medical board's disciplinary action data bank that the applicant has not been disciplined by a state board or federal agency.

(2) The temporary permit shall expire upon issuance of a license by the board or ninety days after issuance of the temporary permit, whichever occurs first.

(3) A temporary permit shall be issued only once to each applicant. An applicant who does not complete the application process shall not receive a subsequent temporary permit.

[Statutory Authority: RCW 18.57.005 and chapter 18.57 RCW. 92-20-001 (Order 303B), § 246-853-135, filed 9/23/92, effective 10/24/92.]

WAC 246-853-140 Mandatory reporting. (1) All reports required by these regulations shall be submitted to the board as soon as possible, but no later than sixty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name, address, and telephone number of the physician or physician's assistant being reported.

(c) The case number of any patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which give rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-140, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.130.070. 87-11-062 (Order PM 651), § 308-138-322, filed 5/20/87.]

WAC 246-853-150 Health care institutions. The chief administrator or executive officer of any hospital or nursing home shall report to the board when any physician's clinical

privileges are terminated or are restricted based on a determination that a physician has committed an act or acts which may constitute unprofessional conduct or that a physician may be mentally or physically impaired. Said officer shall also report if a physician accepts voluntary termination or restriction of clinical privileges in lieu of formal action based upon unprofessional conduct or upon being mentally or physically impaired.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-150, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.130.070. 87-11-062 (Order PM 651), § 308-138-323, filed 5/20/87.]

WAC 246-853-160 Medical associations or societies. The president or chief executive officer of any medical association or society within this state shall report to the board when a medical society hearing panel or committee determines that a physician or physician's assistant may have committed unprofessional conduct or that a physician or physician's assistant may not be able to practice medicine with reasonable skill and safety to patients as the result of any mental or physical condition and constitutes an apparent risk to the public health, safety, or welfare. The report required by this section shall be made without regard to whether the license holder appeals, accepts, or acts upon the termination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-160, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.130.070. 87-11-062 (Order PM 651), § 308-138-324, filed 5/20/87.]

WAC 246-853-170 Health care service contractors and disability insurance carriers. The executive officer of every health care service contractor and disability insurer regulated under chapters 48.20, 48.21, 48.21A, or 48.44 RCW, shall report to the board all final determinations that an osteopathic physician may have engaged in unprofessional conduct, or by reason of mental or physical impairment may be unable to practice the profession with reasonable skill and safety.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-170, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.130.270 [18.130.070]. 88-01-104 (Order PM 698), § 308-138-325, filed 12/22/87.]

WAC 246-853-180 Courts. The board requests the assistance of all clerks of trial courts within the state to report all medical malpractice judgments and all convictions of osteopathic physicians and physician's assistants, other than minor traffic violations.

[Statutory Authority: RCW 18.57.005. 91-20-120 (Order 199B), § 246-853-180, filed 9/30/91, effective 10/31/91; 90-24-055 (Order 100B), recodified as § 246-853-180, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.130.070. 87-11-062 (Order PM 651), § 308-138-326, filed 5/20/87.]

WAC 246-853-190 State and federal agencies. The board requires the assistance of executive officers of any state and requests the assistance of executive officers of any federal program operating in the state of Washington, under which an osteopathic physician or physician's assistant is employed to provide patient care services, to report to the board whenever such an osteopathic physician or physician's assistant has demonstrated his/her incompetency or negligence in the practice of osteopathic medicine, or has otherwise committed unprofessional conduct, or is a mentally or physically impaired practitioner.

[Statutory Authority: RCW 18.57.005. 93-24-028, § 246-853-190, filed 11/22/93, effective 12/23/93; 91-20-120 (Order 199B), § 246-853-190, filed 9/30/91, effective 10/31/91; 90-24-055 (Order 100B), recodified as § 246-853-190, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.130.070. 87-11-062 (Order PM 651), § 308-138-327, filed 5/20/87.]

WAC 246-853-200 Professional review organizations. Unless prohibited by federal law, every professional review organization operating within the state of Washington shall report to the board any determinations that an osteopathic physician or osteopathic physician's assistant may have engaged in unprofessional conduct, or by reason of mental or physical impairment may be unable to practice the profession with reasonable skill and safety.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-200, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.130.270 [18.130.070]. 88-01-104 (Order PM 698), § 308-138-328, filed 12/22/87.]

WAC 246-853-210 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, and the practitioner has been in active practice in another United States jurisdiction, the practitioner must:

(a) Submit verification of active practice from any other United States jurisdiction;

(b) Meet the requirements of chapter 246-12 WAC, Part 2.

(3) If the license has expired for over three years, and the practitioner has not been in active practice in another United States jurisdiction, the practitioner:

(a) May be required to be reexamined as provided in RCW 18.57.080;

(b) Must meet the requirements of chapter 246-12 WAC, Part 2.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-853-210, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.57.005. 91-20-120 (Order 199B), § 246-853-210, filed 9/30/91, effective 10/31/91; 90-24-055 (Order 100B), recodified as § 246-853-210, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.130.070. 87-11-062 (Order PM 651), § 308-138-330, filed 5/20/87. Statutory Authority: RCW 18.57.005 and 18.57A.020. 82-17-005 (Order PL 402), § 308-138-330, filed 8/5/82.]

WAC 246-853-220 Use of drugs or autotransfusion to enhance athletic ability. (1) A physician shall not prescribe, administer or dispense anabolic steroids, growth hormones, testosterone or its analogs, human chorionic gonadotropin (HCG), other hormones, or any form of autotransfusion for the purpose of enhancing athletic ability and/or for nontherapeutic cosmetic appearance.

(2) A physician shall complete and maintain patient medical records which accurately reflect the prescription, administering or dispensing of any substance or drug

described in this rule or any form of autotransfusion. Patient medical records shall indicate the diagnosis and purpose for which the substance, drug or autotransfusion is prescribed, administered or dispensed and any additional information upon which the diagnosis is based.

(3) A violation of any provision of this rule shall constitute grounds for disciplinary action under RCW 18.130.-180(7). A violation of subsection (1) of this rule shall also constitute grounds for disciplinary action under RCW 18.130.180(6).

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-220, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005(2), 18.57A.020 and 18.130.050(1). 88-21-081 (Order PM 780), § 308-138-340, filed 10/19/88; 88-14-113 (Order 745), § 308-138-340, filed 7/6/88.]

WAC 246-853-221 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.]

WAC 246-853-230 AIDS education and training. Applicants must complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-853-230, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.57.005. 91-20-120 (Order 199B), § 246-853-230, filed 9/30/91, effective 10/31/91; 90-24-055 (Order 100B), recodified as § 246-853-230, filed 12/3/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604. 88-23-124 (Order PM 801), § 308-138-350, filed 11/23/88.]

WAC 246-853-260 USMLE examination application deadline. (1) All applications for osteopathic physician and surgeon license by USMLE examination in the state of Washington shall be received in the office of the health professions quality assurance division, department of health, no later than September 12 for the following December examination and March 29 for the following June examination.

An applicant with extenuating circumstances for being unable to meet the deadline may petition the board for waiver of the deadline date.

(2) The examination application and fee shall be required to be received in the office of the board's designated testing administration agency no later than September 12 for the following December examination and March 29 for the following June examination.

[Statutory Authority: RCW 18.57.005 and 18.130.050. 94-15-068, § 246-853-260, filed 7/19/94, effective 8/19/94. Statutory Authority: RCW 18.57.005 and 18.130.175. 91-10-043 (Order 159B), § 246-853-260, filed 4/25/91, effective 5/26/91.]

WAC 246-853-290 Intent. It is the intent of the legislature that the board of osteopathic medicine and surgery seek ways to identify and support the rehabilitation of osteopathic physicians and surgeons and osteopathic physician assistants where practice or competency may be impaired due to the abuse of drugs or alcohol. The legislature intends that these practitioners be treated so that they can return to or continue to practice osteopathic medicine and surgery in a way which safeguards the public. The legislature specifically intends that the board of osteopathic medicine and surgery establish an alternate program to the traditional administrative proceedings against osteopathic physicians and surgeons and osteopathic physician assistants.

In lieu of disciplinary action under RCW 18.130.160 and if the board of osteopathic medicine and surgery determines that the unprofessional conduct may be the result of substance abuse, the board may refer the registrant/licensee to a voluntary substance abuse monitoring program approved by the board.

[Statutory Authority: RCW 18.57.005 and 18.130.175. 91-10-043 (Order 159B), § 246-853-290, filed 4/25/91, effective 5/26/91.]

WAC 246-853-300 Definitions used relative to substance abuse monitoring. (1) "Approved substance abuse monitoring program" or "approved monitoring program" is a program the board has determined meets the requirements of the law and rules established by the board, according to the Washington Administrative Code, which enters into a contract with osteopathic practitioners who have substance abuse problems. The approved substance abuse monitoring program oversees compliance of the osteopathic practitioner's recovery activities as required by the board. Substance abuse monitoring programs may provide evaluation and/or treatment to participating osteopathic practitioners.

(2) "Impaired osteopathic practitioner" means an osteopathic physician and surgeon or an osteopathic physician assistant who is unable to practice osteopathic medicine and surgery with judgment, skill, competence, or safety due to chemical dependence, mental illness, the aging process, loss of motor skills, or any other mental or physical condition.

(3) "Contract" is a comprehensive, structured agreement between the recovering osteopathic practitioner and the approved monitoring program wherein the osteopathic practitioner consents to comply with the monitoring program and the required components for the osteopathic practitioner's recovery activity.

(4) "Approved treatment facility" is a facility approved by the bureau of alcohol and substance abuse, department of social and health services as specified in RCW 18.130.175.

(5) "Chemical dependence/substance abuse" means a chronic progressive illness which involves the use of alcohol and/or other drugs to a degree that it interferes in the functional life of the registrant/licensee, as manifested by health, family, job (professional services), legal, financial, or emotional problems.

(6) "Drug" means a chemical substance alone or in combination, including alcohol.

(7) "Aftercare" means that period of time after intensive treatment that provides the osteopathic practitioner and the osteopathic practitioner's family with group, or individualized counseling sessions, discussions with other families, ongoing contact and participation in self-help groups, and ongoing continued support of treatment program staff.

(8) "Practitioner support group" is a group of osteopathic practitioners and/or other health care professionals meeting regularly to support the recovery of its members. The group provides a confidential setting with a trained and experienced facilitator in which participants may safely discuss drug diversion, licensure issues, return to work, and other professional issues related to recovery.

(9) "Twelve-step groups" are groups such as Alcoholics Anonymous, Narcotics Anonymous, and similar organizations.

(10) "Random drug screens" are laboratory tests to detect the presence of drugs of abuse in body fluids which are performed at irregular intervals not known in advance by the person to be tested. The collection of the body fluids must be observed by a treatment or health care professional or other board or monitoring program-approved observer.

(11) "Recovering" means that a chemically dependent osteopathic practitioner is in compliance with a treatment plan of rehabilitation in accordance with criteria established by an approved treatment facility and an approved substance abuse monitoring program.

(12) "Rehabilitation" means the process of restoring a chemically dependent osteopathic practitioner to a level of professional performance consistent with public health and safety.

(13) "Reinstatement" means the process whereby a recovering osteopathic practitioner is permitted to resume the practice of osteopathic medicine and surgery.

[Statutory Authority: RCW 18.57.005 and 18.130.175. 91-10-043 (Order 159B), § 246-853-300, filed 4/25/91, effective 5/26/91.]

WAC 246-853-310 Approval of substance abuse monitoring programs. The board will approve the monitoring program(s) which will participate in the recovery of osteopathic practitioners. The board will enter into a contract with the approved substance abuse monitoring program(s) on an annual basis.

(1) An approved monitoring program may provide evaluations and/or treatment to the participating osteopathic practitioners.

(2) An approved monitoring program staff must have the qualifications and knowledge of both substance abuse and the practice of osteopathic medicine and surgery as defined in chapter 18.57 RCW to be able to evaluate:

(a) Drug screening laboratories;

(b) Laboratory results;

(c) Providers of substance abuse treatment, both individual and facilities;

(d) Osteopathic practitioner support groups;

(e) Osteopathic practitioners' work environment; and

(f) The ability of the osteopathic practitioners to practice with reasonable skill and safety.

(3) An approved monitoring program will enter into a contract with the osteopathic practitioner and the board to oversee the osteopathic practitioner's compliance with the requirement of the program.

(4) The program staff of the approved monitoring program will evaluate and recommend to the board, on an individual basis, whether an osteopathic practitioner will be prohibited from engaging in the practice of osteopathic medicine and surgery for a period of time and restrictions, if any, on the osteopathic practitioner's access to controlled substances in the work place.

(5) An approved monitoring program shall maintain records on participants.

(6) An approved monitoring program will be responsible for providing feedback to the osteopathic practitioner as to whether treatment progress is acceptable.

(7) An approved monitoring program shall report to the board any osteopathic practitioner who fails to comply with the requirements of the monitoring program.

(8) An approved monitoring program shall provide the board with a statistical report on the program, including progress of participants, at least annually, or more frequently as requested by the board.

(9) The board shall provide the approved monitoring program guidelines on treatment, monitoring, and/or limitations on the practice of osteopathic medicine and surgery for those participating in the program.

(10) An approved monitoring program shall provide for the board a complete financial breakdown of cost for each individual osteopathic practitioner participant by usage at an interval determined by the board in the annual contract.

(11) An approved monitoring program shall provide for the board a complete annual audited financial statement.

(12) An approved monitoring program shall enter into a written contract with the board and submit monthly billing statements supported by documentation.

[Statutory Authority: RCW 18.57.005 and 18.130.175. 91-10-043 (Order 159B), § 246-853-310, filed 4/25/91, effective 5/26/91.]

WAC 246-853-320 Participation in approved substance abuse monitoring program. (1) The osteopathic practitioner who has been investigated by the board may accept board referral into the approved substance abuse monitoring program. This may occur as a result of disciplinary action.

(a) The osteopathic practitioner shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation is to be performed by a health care professional(s) with expertise in chemical dependency. The person(s) performing the evaluation shall not be the provider of the recommended treatment.

(b) The osteopathic practitioner shall enter into a contract with the board and the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The osteopathic practitioner will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The osteopathic practitioner shall agree to abstain from the use of all mind-altering substances, including alcohol, except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101. Said prescriber shall notify the monitoring program of all drugs prescribed within fourteen days of the date care was provided.

(iii) The osteopathic practitioner must complete the prescribed aftercare program of the intensive treatment facility. This may include individual and/or group psychotherapy.

(iv) The osteopathic practitioner must cause the treatment counselor(s) and authorized prescriber(s) to provide reports to the appropriate monitoring program at specified intervals. Reports shall include treatment prognosis, goals, drugs prescribed, etc.

(v) The osteopathic practitioner shall submit to random drug screening, with observed specimen collection, as specified by the approved monitoring program.

(vi) The osteopathic practitioner shall attend osteopathic practitioner support groups facilitated by health care professionals and/or twelve-step group meetings as specified by the contract.

(vii) The osteopathic practitioner shall comply with specified employment conditions and restrictions as defined by the contract.

(viii) The osteopathic practitioner shall sign a waiver allowing the approved monitoring program to release information to the board if the osteopathic practitioner does not comply with the requirements of the contract.

(c) The osteopathic practitioner is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, random urine screens, and other personal expenses incurred in compliance with the contract.

(d) The osteopathic practitioner may be subject to disciplinary action under RCW 18.130.160 and 18.130.180 if the osteopathic practitioner does not consent to be referred to the approved monitoring program, does not comply with specified practice restrictions, or does not successfully complete the program.

(2) An osteopathic practitioner who is not being investigated by the board or subject to current disciplinary action, not currently being monitored by the board for substance abuse, may voluntarily participate in the approved substance abuse monitoring program without being referred by the board. Such voluntary participants shall not be subject to disciplinary action under RCW 18.130.160 and 18.130.180 for their substance abuse, and shall not have their participation made known to the board if they continue to satisfactorily meet the requirements of the approved monitoring program:

(a) The osteopathic practitioner shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by a health care professional with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The osteopathic practitioner shall enter into a contract with the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The osteopathic practitioner will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The osteopathic practitioner will agree to abstain from the use of all mind-altering substances, including alcohol, except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101. Said prescriber shall notify the monitoring program of all drugs prescribed within fourteen days of the date care was provided.

(iii) The osteopathic practitioner must complete the prescribed aftercare program of the intensive treatment facility. This may include individual and/or group psychotherapy.

(iv) The osteopathic practitioner must cause the treatment counselor(s) and authorized prescriber(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment prognosis, goals, drugs prescribed, etc.

(v) The osteopathic practitioner shall submit to random drug screening, with observed specimen collection, as specified by the approved monitoring program.

(vi) The osteopathic practitioner will attend practitioner support groups facilitated by a health care professional and/or twelve-step group meetings as specified by the individual's contract.

(vii) The osteopathic practitioner will comply with specified employment conditions and restrictions as defined by the contract.

(viii) The osteopathic practitioner shall sign a waiver allowing the approved monitoring program to release information to the board if the osteopathic practitioner does not comply with the requirements of the contract. The osteopathic practitioner may be subject to disciplinary action under RCW 18.130.160 and 18.130.180 for noncompliance with the contract or if he/she does not successfully complete the program.

(c) The osteopathic practitioner is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, random urine screens, and other personal expenses incurred in compliance with the contract.

[Statutory Authority: RCW 18.57.005 and 18.130.175. 91-10-043 (Order 159B), § 246-853-320, filed 4/25/91, effective 5/26/91.]

WAC 246-853-330 Confidentiality. (1) The treatment and pretreatment records of license holders referred to or voluntarily participating in approved monitoring programs shall be confidential, shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena or admissible as evidence except for monitoring records reported to the disciplinary authority for cause as defined in WAC 246-853-320. Records held by the board under this section shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena except by the license holder.

(2) Notwithstanding subsection (1) of this section, board orders shall be subject to RCW 42.17.250 through 42.17.450.

[Statutory Authority: RCW 18.57.005 and 18.130.175. 91-10-043 (Order 159B), § 246-853-330, filed 4/25/91, effective 5/26/91.]

WAC 246-853-340 Examination appeal procedures. (1) Any candidate who takes and does not pass the osteopathic practices and principles examination, may request review of the results of the examination by the Washington state board of osteopathic medicine and surgery.

(a) The board will not modify examination results unless the candidate presents clear and convincing evidence of error in the examination content or procedure, or bias, prejudice, or discrimination in the examination process.

(b) The board will not consider any challenges to examination scores unless the total of the potentially revised score would result in issuance of a license.

(2) The procedure for requesting an informal review of examination results is as follows:

(a) The request must be in writing and must be received by the department within thirty days of the date on the letter of notification of examination results sent to the candidate.

(b) The following procedures apply to an appeal of the results of the written examination.

(i) In addition to the written request required in (a) of this subsection, the candidate must appear personally in the department office in Olympia for an examination review session. The candidate must contact the department to make an appointment for the examination review session.

(ii) The candidate's incorrect answers will be available during the review session. The candidate will be given a form to complete in defense of the examination answers. The candidate must specifically identify the challenged questions on the examination and must state the specific reason(s) why the candidate believes the results should be modified.

(iii) The candidate may not bring in any resource material for use while completing the informal review form.

(iv) The candidate will not be allowed to remove any notes or materials from the office upon completing the review session.

(c) The board will schedule a closed session meeting to review the examinations, score sheets, and forms completed by the candidate. The candidate will be notified in writing of the board's decision.

(i) The candidate will be identified only by candidate number for the purpose of this review.

(ii) Letters of referral or requests for special consideration will not be read or considered by the board.

(d) Any candidate not satisfied with the results of the informal examination review may request a formal hearing before the board to challenge the examination results.

(3) The procedures for requesting a formal hearing are as follows:

(a) The candidate must complete the informal review process before requesting a formal hearing.

(b) The request for formal hearing must be received by the department within twenty days of the date on the notice of the results of the board's informal review.

(c) The written request must specifically identify the challenged portion(s) of the examination and must state the specific reason(s) why the candidate believes the examination results should be modified.

(d) Candidates will receive at last twenty days notice of the time and place of the formal hearing.

(e) The hearing will be restricted to the specific portion(s) of the examination the candidate had identified in the request for formal hearing.

(f) The formal hearing will be conducted pursuant to the Administrative Procedure Act, chapter 34.05 RCW.

[Statutory Authority: RCW 18.57.005 and 18.130.175. 91-10-043 (Order 159B), § 246-853-340, filed 4/25/91, effective 5/26/91.]

WAC 246-853-350 Examination conduct. Any applicant who fails to follow written or oral instructions relative to the conduct of the examination, is observed talking or attempting to give or receive information, or use unauthorized materials during any portion of the examination will be terminated from the examination and not permitted to complete it.

[Statutory Authority: RCW 18.57.005 and 18.130.175. 91-10-043 (Order 159B), § 246-853-350, filed 4/25/91, effective 5/26/91.]

WAC 246-853-400 Brief adjudicative proceedings—Denials based on failure to meet education, experience, or examination prerequisites for licensure. The board adopts RCW 34.05.482 and 34.05.485 through 34.05.494 for adjudicative proceedings requested by applicants, who are denied a license under chapters 18.57 and 18.57A RCW for failure to meet the education, experience, or examination prerequisites for licensure. The sole issue at the adjudicative proceeding shall be whether the applicant meets the education, experience, and examination prerequisites for the issuance of a license.

[Statutory Authority: RCW 18.57.005 and chapter 18.57 RCW. 92-20-001 (Order 303B), § 246-853-400, filed 9/23/92, effective 10/24/92.]

WAC 246-853-500 Adjudicative proceedings. The board adopts the model procedural rules for adjudicative proceedings as adopted by the department of health and contained in chapter 246-11 WAC, including subsequent amendments.

[Statutory Authority: RCW 18.57.005 and 18.130.050. 94-15-068, § 246-853-500, filed 7/19/94, effective 8/19/94.]

WAC 246-853-990 Osteopathic fees 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 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 for osteopath:

Title of Fee	Fee
Active renewal	$475.00
Active late renewal penalty	237.50
Certification of license	50.00

(4) The following nonrefundable fees will be charged for osteopathic physician:

Endorsement application	650.00
Active license renewal	475.00
Active late renewal penalty	237.50
Active expired license reissuance	237.50
Inactive license renewal	350.00
Expired inactive license reissuance	175.00
Inactive late renewal penalty	175.00
Endorsement/state exam application	750.00
Reexam	100.00
Certification of license	50.00
Limited license application	300.00
Limited license renewal	250.00
Temporary permit application	70.00
Duplicate certificate	20.00
Substance abuse monitoring surcharge	25.00

(5) The following nonrefundable fees will be charged for osteopathic physician assistant:

Application	250.00
Renewal	200.00
Late renewal penalty	100.00
Expired license reissuance	100.00

Title of Fee	Fee
Certification of license	30.00
Practice plan	70.00
Interim permit	167.00
License after exam	83.00
Duplicate certificate	20.00
Substance abuse monitoring surcharge	25.00

[Statutory Authority: RCW 43.70.250. 99-24-063, § 246-853-990, filed 11/29/99, effective 12/30/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-853-990, 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, § 246-853-990, filed 11/1/94, effective 1/1/95. Statutory Authority: RCW 43.70.250. 92-14-054 (Order 281), § 246-853-990, filed 6/25/92, effective 7/26/92; 91-21-034 (Order 200), § 246-853-990, filed 10/10/91, effective 11/10/91; 91-13-002 (Order 173), § 246-853-990, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-853-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250. 90-04-094 (Order 029), § 308-138-080, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43.24.086. 87-10-028 (Order PM 650), § 308-138-080, filed 5/1/87. Statutory Authority: 1983 c 168 § 12. 83-17-031 (Order PL 442), § 308-138-080, filed 8/10/83. Formerly WAC 308-138-060.]

Chapter 246-854 WAC
OSTEOPATHIC PHYSICIANS' ASSISTANTS

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-854-070 Registration renewal requirement. [Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-854-070, filed 12/3/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604. 88-23-124 (Order PM 801), § 308-138A-060, filed 11/23/88.] Repealed by 91-20-120 (Order 199B), filed 9/30/91, effective 10/31/91. Statutory Authority: RCW 18.57.005.

246-854-100 Osteopathic physicians' assistants reregistration. [Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-854-100, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005(2). 89-22-065 (Order PM 863), § 308-138A-090, filed 10/31/89, effective 12/1/89.] Repealed by 93-24-028, filed 11/22/93, effective 12/23/93. Statutory Authority: RCW 18.57.005.

WAC 246-854-020 Osteopathic physician assistant program. (1) Program approval required. No osteopathic physician assistant shall be entitled to licensure who has not successfully completed a program of training approved by the board in accordance with these rules.

(2) Program approval procedures. In order for a program for training osteopathic physician assistants to be considered for approval by the board it must meet the minimal criteria for such programs established by the committee on allied health education and Accreditation Association of the American Medical Association as of 1985. The director of the program shall submit to the board a description of the course of training offered, including subjects taught and methods of teaching, entrance requirements, clinical experience provided, etc. The director shall also advise the board concerning the basic medical skills which are attained in such course, and the method by which the proficiency of the students in those skills was tested or ascertained. All program applications shall be submitted at least thirty days prior to the meeting of the board in which consideration is desired. The board may require such additional information from program sponsors as it desires.

(3) Approved programs. The board shall approve programs in terms of skills attained by its graduates. A registry of approved programs shall be maintained by the board at health professions quality assurance division in Olympia, Washington, which shall be available upon request to interested persons.

(4) Reapproval. Programs maintaining standards as defined in the "essentials" of the council of medical education of the American Medical Association will continue to be approved by the board without further review. Each approved program not maintaining the standards as defined in the "essentials" of the council of medical education of the American Medical Association will be reexamined at intervals, not to exceed three years. Approval will be continued or withdrawn following each reexamination.

(5) Additional skills. No osteopathic physician's assistant shall be licensed to perform skills not contained in the program approved by the board unless the osteopathic physician's assistant submits with his or her application a certificate by the program director or other acceptable evidence showing that he or she was trained in the additional skill for which authorization is requested, and the board is satisfied that the applicant has the additional skill and has been properly and adequately tested thereon.

[Statutory Authority: RCW 18.57.005. 93-24-028, § 246-854-020, filed 11/22/93, effective 12/23/93; 91-20-120 (Order 199B), § 246-854-020, filed 9/30/91, effective 10/31/91; 90-24-055 (Order 100B), recodified as § 246-854-020, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005(2). 89-22-065 (Order PM 863), § 308-138A-020, filed 10/31/89, effective 12/1/89. Statutory Authority: RCW 18.57.005(2), 18.57A.020 and 18.130.050(1). 88-14-113 (Order 745), § 308-138A-020, filed 7/6/88. Statutory Authority: RCW 18.57A.020, 18.57.005 and 18.130.050. 88-09-030 (Order PM 723), § 308-138A-020, filed 4/15/88. Statutory Authority: RCW 18.57A.020. 87-20-099 (Order PM 671), § 308-138A-020, filed 10/7/87. Statutory Authority: RCW 18.57.005. 87-13-004 (Order PM 655), § 308-138A-020, filed 6/4/87. Statutory Authority: RCW 18.57A.020. 83-16-024 (Order PL 440), § 308-138A-020, filed 7/27/83. Statutory Authority: RCW 18.57.005 and 18.57A.020. 82-17-005 (Order PL 402), § 308-138A-020, filed 8/5/82. Formerly WAC 308-138-020.]

WAC 246-854-030 Osteopathic physician assistant prescriptions. An osteopathic physician assistant may issue written or oral prescriptions as provided herein when approved by the board and assigned by the supervising physician.

(1) Except for schedule two controlled substances as listed under federal and state controlled substances acts, a physician assistant may issue prescriptions for a patient who is under the care of the physician responsible for the supervision of the physician assistant.

(a) Written prescriptions shall be written on the blank of the supervising physician and shall include the name, address and telephone number of the physician and physician assistant. The prescription shall also bear the name and address of the patient and the date on which the prescription was written.

(b) The physician assistant shall sign such a prescription by signing his or her own name followed by the letters "P.A." and the physician assistant license number or physician assistant drug enforcement administration registration number or, if none, the supervising physician's drug enforcement administration registration number, followed by the initials "P.A." and the physician assistant license number issued by the board.

(c) Prescriptions for legend drugs and schedule three through five controlled substances must each be approved or signed by the supervising physician prior to administration, dispensing or release of the medication to the patient, except as provided in subsection (5) of this section.

(2) A physician assistant extended privileges by a hospital, nursing home or other health care institution may, if permissible under the bylaws, rules and regulations of the institution, write medical orders, except those for schedule two controlled substances, for inpatients under the care of the physician responsible for his or her supervision.

(3) The license of a physician assistant who issues a prescription in violation of these provisions shall be subject to revocation or suspension.

(4) Physician assistants may not dispense prescription drugs to exceed treatment for forty-eight hours, except as provided in subsection (6) of this section. The medication so dispensed must comply with the state law prescription labeling requirements.

(5) Authority to issue prescriptions for legend drugs and schedule three through five controlled substances without the prior approval or signature of the supervising physician may be granted by the board to an osteopathic physician assistant who has:

(a) Provided a statement signed by the supervising physician that he or she assumes full responsibility and that he or she will review the physician assistant's prescription writing practice on an ongoing basis;

(b) A certificate from the National Commission on Certification of Physician Assistants';

(c) Demonstrated the necessity in the practice for authority to be granted permitting a physician assistant to issue prescriptions without prior approval or signature of the supervising physician.

(6) A physician assistant authorized to issue prescriptions under subsection (5) of this section may dispense medications the physician assistant has prescribed from office supplies. The physician assistant shall comply with the state laws concerning prescription labeling requirements.

[Statutory Authority: RCW 18.57.005. 93-24-028, § 246-854-030, filed 11/22/93, effective 12/23/93; 91-20-120 (Order 199B), § 246-854-030, filed 9/30/91, effective 10/31/91; 90-24-055 (Order 100B), recodified as § 246-854-030, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57A.020, 18.57.005 and 18.130.050. 89-23-067 (Order 018), § 308-138A-025, filed 11/15/89, effective 12/16/89; 88-09-030 (Order PM 723), § 308-138A-025, filed 4/15/88. Statutory Authority: RCW 18.57A.020. 87-20-099 (Order PM 671), § 308-138A-025, filed 10/7/87. Statutory Authority: RCW 18.57.005, 18.57A.020 and 18.57A.070. 84-05-011 (Order PL 457), § 308-138A-025, filed 2/7/84. Statutory Authority: RCW 18.57A.020. 83-16-024 (Order PL 440), § 308-138A-025, filed 7/27/83. Statutory Authority: RCW 18.57.005 and 18.57A.020. 82-17-005 (Order PL 402), § 308-138A-025, filed 8/5/82. Formerly WAC 308-138-025.]

WAC 246-854-040 Osteopathic physician assistant use of drugs or autotransfusion to enhance athletic ability. (1) An osteopathic physician assistant shall not prescribe, administer, or dispense anabolic steroids, growth hormones, testosterone or its analogs, human chorionic gonadotropin (HCG), other hormones, or any form of autotransfusion for the purpose of enhancing athletic ability and/or for nontherapeutic cosmetic appearance.

(2) A physician assistant shall complete and maintain patient medical records which accurately reflect the prescription, administering, or dispensing of any substance or drug described in this section or any form of autotransfusion. Patient medical records shall indicate the diagnosis and purpose for which the substance, drug, or autotransfusion is prescribed, administered, or dispensed and any additional information upon which the diagnosis is based.

(3) A violation of any provision of this section shall constitute grounds for disciplinary action under RCW 18.130.180(7). A violation of subsection (1) of this section shall also constitute grounds for disciplinary action under RCW 18.130.180(6).

[Statutory Authority: RCW 18.57.005. 93-24-028, § 246-854-040, filed 11/22/93, effective 12/23/93; 90-24-055 (Order 100B), recodified as § 246-854-040, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005(2), 18.57A.020 and 18.130.050(1). 88-21-081 (Order PM 780), § 308-138A-030, filed 10/19/88.]

WAC 246-854-050 AIDS education and training. Applicants must complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-854-050, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.57.005. 93-24-028, § 246-854-050, filed 11/22/93, effective 12/23/93; 91-20-120 (Order 199B), § 246-854-050, filed 9/30/91, effective 10/31/91; 90-24-055 (Order 100B), recodified as § 246-854-050, filed 12/3/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604. 88-23-124 (Order PM 801), § 308-138A-040, filed 11/23/88.]

WAC 246-854-060 Application for licensure. Effective January 1, 1989, persons applying for licensure shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of WAC 246-854-050.

[Statutory Authority: RCW 18.57.005. 93-24-028, § 246-854-060, filed 11/22/93, effective 12/23/93; 91-20-120 (Order 199B), § 246-854-060, filed 9/30/91, effective 10/31/91; 90-24-055 (Order 100B), recodified as § 246-854-060, filed 12/3/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604. 88-23-124 (Order PM 801), § 308-138A-050, filed 11/23/88.]

WAC 246-854-080 Osteopathic physician assistant licensure. The application shall detail the education, training, and experience of the osteopathic physician assistant and provide such other information as may be required. The application shall be accompanied by a fee determined by the secretary as provided in RCW 43.70.250. Each applicant shall furnish proof satisfactory to the board of the following:

(1) That the applicant has completed an accredited physician assistant program approved by the board and is eligible to take the National Commission on Certification of Physician Assistants examination;

(2) That the applicant has not committed unprofessional conduct as defined in RCW 18.130.180; and

(3) That the applicant is physically and mentally capable of practicing as an osteopathic physician assistant with reasonable skill and safety.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-854-080, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.57.005 and 18.130.050. 94-15-068, § 246-854-080, filed 7/19/94, effective 8/19/94. Statutory Authority: RCW 18.57.005. 93-24-028, § 246-854-080, filed 11/22/93, effective 12/23/93; 90-24-055 (Order 100B), recodified as § 246-854-080, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005(2). 89-22-065 (Order PM 863), § 308-138A-070, filed 10/31/89, effective 12/1/89.]

WAC 246-854-090 Osteopathic physician assistant practice plan. (1) A licensed physician assistant shall not practice except pursuant to a board approved practice arrangement plan jointly submitted by the osteopathic physician assistant and osteopathic physician or physician group under whose supervision the osteopathic physician assistant will practice. A fee as determined by the secretary of the department of health sufficient to recover the cost of administering the plan review shall accompany the practice plan.

(2) When a physician group is proposed to supervise the osteopathic physician assistant, one of the osteopathic physicians from that group shall be designated as primary responsible for the supervision of the osteopathic physician assistant and the plan shall specify how supervising responsibility is to be assigned among the remaining members of the group.

(3) Limitations, number. No osteopathic physician shall supervise more than one osteopathic physician assistant without specific authorization by the board. The board shall consider the individual qualifications and experience of the physician and physician assistant, community need, and review mechanisms available in making their determination.

(4) Authorization by board, powers. In granting authorizations for the practice plan, the board may limit the authority for utilizing an osteopathic physician assistant to a specific task or tasks, or may grant specific approval in conformity with the program approved pursuant to WAC 246-854-020 and on file with the board.

(5) Limitations—Geographic limitations. No osteopathic physician assistant shall be utilized in a place other than that designated in the practice plan.

(6) Limitations—Remote practice. A practice plan proposing utilization of an osteopathic physician assistant at a place remote from the physician's regular place for meeting patients may be approved only if:

(a) There is a demonstrated need for such utilization; and

(b) Adequate provision for immediate communication between the physician and his physician assistant exists; and

(c) A mechanism has been developed and specified in the practice plan to provide for the establishment of a direct patient-physician relationship between the supervising osteopathic physician and patients with ongoing medical needs who may be seen initially by the osteopathic physician assistant; and

(d) The responsible physician spends at least one-half day per week seeing patients in the remote office site; and

(e) The remote office site reflects the osteopathic physician assistant and osteopathic physician relationship by specifying such relationship on office signs, office stationery, advertisements, billing forms, and other communication with patients or the public.

(7) Limitations, hospital functions. An osteopathic physician assistant working in or for a hospital, clinic or other health organization shall be licensed in the same manner as any other osteopathic physician assistant. His/her responsibilities, if any, to other physicians must be defined in the board approved practice plan.

(8) Limitations, trainees. An individual enrolled in a training program for physician assistants may function only in direct association with his/her preceptorship physician or a delegated alternate physician in the immediate clinical setting or, as in the case of specialized training in a specific area, an alternate preceptor approved by the program. They may not function in a remote location or in the absence of the preceptor.

(9) Supervising osteopathic physician, responsibility. It shall be the responsibility of the supervising osteopathic physician to see to it that:

(a) Any osteopathic physician assistant at all times when meeting or treating patient(s) wears a placard or other identifying plate in a prominent place upon his or her person identifying him or her as a physician assistant;

(b) No osteopathic physician assistant represents himself or herself in any manner which would tend to mislead anyone that he or she is a physician;

(c) That the osteopathic physician assistant performs only those tasks which he or she is authorized to perform under the authorization granted by the board;

(d) All EKG's and x-rays and all abnormal laboratory tests shall be reviewed by the physician within twenty-four hours;

(e) The charts of all patients seen by the osteopathic physician assistant shall be reviewed, countersigned and dated within one week by the supervising osteopathic physician or in the case of a physician group, the designated supervising physician as outlined in the practice plan;

(f) All telephone advice given by the supervising osteopathic physician, alternate supervising physician, or member of a supervising physician group through the physician assistant shall be documented, reviewed, countersigned, and dated by the advising physician within one week;

(g) The supervising osteopathic physician shall advise the board of the termination date of the working relationship. The notification shall include a written report providing the reasons for termination and an evaluation of the osteopathic physician assistant's performance.

(10) Alternate physician, supervisor—Approved by board. In the temporary absence of the supervising osteopathic physician, the osteopathic physician assistant may carry out those tasks for which he is licensed, if the supervisory and review mechanisms are provided by a delegated alternate osteopathic physician supervisor. If an alternate osteopathic physician is not available in the community or practice, the board may authorize a physician licensed under

chapter 18.71 RCW or physician group to act as the alternate physician supervisor specified on the board approved practice plan.

[Statutory Authority: RCW 18.57.005. 93-24-028, § 246-854-090, filed 11/22/93, effective 12/23/93; 90-24-055 (Order 100B), recodified as § 246-854-090, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005(2). 89-22-065 (Order PM 863), § 308-138A-080, filed 10/31/89, effective 12/1/89.]

WAC 246-854-110 Osteopathic physician assistant continuing education required. (1) Licensed osteopathic physician assistants must complete fifty hours of continuing education annually as required in chapter 246-12 WAC, Part 7.

(2) Certification of compliance with the requirement for continuing education of the American Osteopathic Association, Washington State Osteopathic Association, National Commission on Certification of Physician Assistants, Washington Academy of Physician Assistants, American Academy of Physician's Assistants, and the American Medical Association, or a recognition award or a current certification of continuing education from medical practice academies shall be deemed sufficient to satisfy the requirements of these regulations.

(3) In the case of a permanent retirement or illness, the board may grant indefinite waiver of continuing education as a requirement for licensure, provided an affidavit is received indicating that the osteopathic physician assistant is not providing osteopathic medical services to consumers. If such permanent retirement or illness status is changed or osteopathic medical services are resumed, it is incumbent upon the licensee to immediately notify the board and show proof of practice competency as determined necessary by the board.

(4) Prior approval not required.

(a) The Washington state board of osteopathic medicine and surgery does not approve credits for continuing education. The board will accept any continuing education that reasonably falls within these regulations and relies upon each individual osteopathic physician assistant's integrity in complying with this requirement.

(b) Continuing education program sponsors need not apply for nor expect to receive prior board approval for continuing education programs. The continuing education category will depend solely upon the determination of the accrediting organization or institution. The number of creditable hours may be determined by counting the contact hours of instruction and rounding to the nearest quarter hour.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-854-110, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.57.005. 93-24-028, § 246-854-110, filed 11/22/93, effective 12/23/93.]

WAC 246-854-115 Categories of creditable continuing professional education activities. The following are categories of creditable continuing education activities approved by the board. The credits must be earned in the twelve-month period preceding application for renewal of licensure. One clock hour shall equal one credit hour for the purpose of satisfying the fifty hour continuing education requirement.

Category 1 - A minimum of thirty credit hours are mandatory under this category.

1-A Formal educational program sponsored by nationally recognized organizations or institutions which have been approved by the American Osteopathic Association, Washington State Osteopathic Association, Washington Academy of Physician Assistants, National Commission on Certification of Physician Assistants, American Medical Association, and the American Academy of Physician's Assistants.

1-B Preparation in publishable form of an original scientific paper.

a. A maximum of five credit hours for initial presentation or publication of a paper in a professional journal.

1-C Serving as a teacher, lecturer, preceptor or a moderator-participant in a formal educational program or preparation and scientific presentation at a formal educational program sponsored by one of the organizations or institutions specified in Category 1-A. One hour credit per each hour of instruction may be claimed.

a. A maximum of five credit hours per year.

Category 2 - Home study.

2-A A maximum of twenty credit hours per year may be granted.

a. Reading - Medical journals and quizzes.

1) One-half credit hour per issue

2) One-half credit hour per quiz

b. Listening - audio tape programs.

1) One-half credit hour per tape program

2) One-half credit hour per tape program quiz

c. Other - subject - oriented and refresher home study courses.

1) Credit hours indicated by sponsor will be accepted

2-B Preparation and presentation of a scientific exhibit at professional meetings.

a. Maximum of five credit hours per exhibit per year.

2-C Observation at medical centers; programs dealing with experimental and investigative areas of medical practice and programs conducted by nonrecognized sponsors.

a. Maximum of five credit hours per year.

[Statutory Authority: RCW 18.57.005. 93-24-028, § 246-854-115, filed 11/22/93, effective 12/23/93.]

Chapter 246-855 WAC

OSTEOPATHIC PHYSICIANS' ACUPUNCTURE ASSISTANTS

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-855-120 Registration renewal requirement. [Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-855-120, filed 12/3/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604. 88-23-124 (Order PM 801), § 308-138B-200, filed 11/23/88.] Repealed by 91-20-120 (Order 199B), filed 9/30/91, effective 10/31/91. Statutory Authority: RCW 18.57.005.

WAC 246-855-010 Acupuncture—Definition. Acupuncture is a traditional system of medical theory, oriental diagnosis and treatment used to promote health and treat organic or functional disorders, by treating specific acupuncture points or meridians. Acupuncture includes the following techniques:

(a) Use of acupuncture needles to stimulate acupuncture points and meridians.

(b) Use of electrical, mechanical or magnetic devices to stimulate acupuncture points and meridians.

(c) Moxibustion.

(d) Acupressure.

(e) Cupping.

(f) Gwa hsa (dermal friction technique).

(g) Infrared.

(h) Sonopuncture.

(i) Laser puncture.

(j) Dietary advice.

(k) Manipulative therapies.

(l) Point injection therapy (aqua puncture).

These terms are to be understood within the context of the oriental medical art of acupuncture and as the board defines them.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-855-010, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005, 18.57A.020 and 18.57A.070. 84-05-011 (Order PL 457), § 308-138B-165, filed 2/7/84.]

WAC 246-855-020 Acupuncture assistant education. Each applicant for an authorization to perform acupuncture must present evidence satisfactory to the board which discloses in detail the formal schooling or other type of training the applicant has previously undertaken which qualifies him or her as a practitioner of acupuncture. Satisfactory evidence of formal schooling or other training may include, but is not limited to, certified copies of certificates or licenses which acknowledge that the person has the qualifications to practice acupuncture, issued to an applicant by the government of the Republic of China (Taiwan), People's Republic of China, Korea or Japan. Whenever possible, all copies of official diplomas, transcripts and licenses or certificates should be forwarded directly to the board from the issuing agency rather than from the applicant. Individuals not licensed by the listed countries must document their education by means of transcripts, diplomas, patient logs verified by the preceptor, or by other means requested by the board. Applicants for registration must have successfully completed the following training:

(1) The applicant must have completed a minimum of two academic years or 72 quarter credits of undergraduate college education in the general sciences and humanities prior to entering an acupuncture training program. The obtaining of a degree is not required for the educational credits to qualify. Credits granted by the college towards prior life experience will not be accepted under this requirement.

(2) The applicant must have successfully completed a course of didactic training in basic sciences and acupuncture over a period of two academic years. The basic science training must include a minimum of 250 hours or 21 quarter credits and include such subjects as anatomy, physiology, bacteriology, biochemistry, pathology, hygiene and a survey in Western clinical sciences. The basic science classes must be equivalent to courses given in accredited bachelor of science programs. The acupuncture training must include a minimum of 700 hours or 58 quarter credits in acupuncture theory, and acupuncture diagnosis and treatment techniques. The board will not accept credits obtained on the basis of challenging an exam. Transfer credits from accredited colleges or board approved acupuncture programs will be accepted.

(3) The applicant must have successfully completed a course of clinical training in acupuncture over a period of one academic year. The training must include a minimum of 100 hours or 9 quarter credits of observation, which shall include case presentation and discussion. The observation portion of the clinical training may be conducted during the didactic training but will be considered part of the clinical training for calculation of hours or credits. There must also be a minimum of 350 hours or 29 quarter credits of supervised practice, consisting of 400 separate patient treatments. A minimum of 120 different patients must have been treated.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-855-020, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57A.020. 83-16-024 (Order PL 440), § 308-138B-100, filed 7/27/83. Statutory Authority: RCW 18.57.005 and 18.57A.020. 82-17-005 (Order PL 402), § 308-138B-100, filed 8/5/82. Formerly WAC 308-138-100.]

WAC 246-855-030 Acupuncture—Program approval. (1) Procedure. The board will consider for approval any school, program, apprenticeship or tutorial which meets the requirements outlined in this regulation and provides the training required under WAC 246-855-020 - Acupuncture assistant education. Approval may be granted to an individual registration applicant's training, or to existing institutions which operate on a continuing basis. Clinical and didactic training may be approved as separate programs or as a joint program. The program approval process is as follows:

(a) Programs seeking approval shall file an application with the board in the format required by the board.

(b) The board will review the application and determine whether a site review is necessary (in the case of an institution) or an interview is appropriate (in the case of individual training) or approval may be granted on the basis of the application alone.

(c) The site review committee shall consist of two board members and one member of the board staff. The review committee may visit the program any time during school operating hours. The committee will report to the board in writing concerning the program's compliance with each section of the regulations.

(d) After reviewing all of the information collected concerning a program; the board may grant or deny approval, or grant approval conditional upon program modifications

being made. In the event of denial or conditional approval, the program may request a hearing before the board. No approval shall be extended to an institution for more than three years, at which time a request for reapproval may be made.

(e) The board expects approved programs to not make changes which will result in the program not being in compliance with the regulations. Programs must notify the board concerning significant changes in administration, faculty or curriculum. The board may inspect the school at reasonable intervals to check for compliance. Program approval may be withdrawn, after a hearing, if the board finds the program no longer in compliance with the regulations.

(2) Didactic faculty. Didactic training may only be provided by persons who meet the criteria for faculty as stated in the council for postsecondary education's WAC 250-55-090 - Personal qualifications. Under no circumstances will an unregistered instructor perform or supervise the performance of acupuncture.

(3) Clinical faculty. Clinical training may be provided only by persons who meet the following criteria:

(a) The instructor must be a practitioner who has had a minimum of five years of full time acupuncture practice experience.

(b) If the training is conducted in this state, the practitioner must be registered to practice in this state. In the case of a school or program, the approval of the institution will include a review of the instructor's qualifications and the training arrangements. Approval of the instructors will extend to instruction conducted within the program.

(c) For training not conducted in this state to be acceptable, the instructor must be licensed by a state or country with equivalent license standards.

(4) Supervision of training. Clinical training in this state must be conducted under the general supervision of the instructor's sponsoring physician. During any given clinic period, the acupuncture instructor may not supervise more than four students. The number of students present during an observation session should be limited according to the judgment of the instructor. Supervision by the instructor during clinical training must be direct: Each diagnosis and treatment must be done with the knowledge and concurrence of the instructor. During at least the first 100 treatments, the instructor must be in the room during treatment. Thereafter, the instructor must at least be in the facility, available for consultation and assistance. An osteopathic physician may only supervise two acupuncture assistance instructors per clinical instruction period.

[Statutory Authority: RCW 18.57.005. 91-20-120 (Order 199B), § 246-855-030, filed 9/30/91, effective 10/31/91; 90-24-055 (Order 100B), recodified as § 246-855-030, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57A.020. 83-16-024 (Order PL 440), § 308-138B-105, filed 7/27/83.]

WAC 246-855-040 Osteopathic acupuncture physicians' assistant's examination. (1) Applicants for registration who have not been issued a license or certificate to practice acupuncture from the governments listed in RCW 18.57A.070, or from a country or state with equivalent standards of practice determined by the board, must pass the Washington acupuncture examination.

(2) A written and practical examination in English shall be given twice yearly for qualified applicants at a time and place determined by the board and shall examine the applicants' knowledge of anatomy, physiology, bacteriology, biochemistry, pathology, hygiene and acupuncture.

(3) An applicant must be approved by the board at least forty-five days in advance of the scheduled examination date to be eligible to take the written portion of the examination. The applicant shall provide his or her own needles and other equipment necessary for demonstrating the applicant's skill and proficiency in acupuncture.

(4) An applicant must have successfully completed the written portion of the examination prior to being eligible for the practical examination.

(5) The passing score for the examination is a converted score of seventy-five.

(6) Applicants requesting to retake either the written or practical portion of the examination shall submit the request for reexamination at least forty-five days in advance of the scheduled examination date.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-855-040, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005(2), 18.57A.020 and 18.130.050(1). 88-21-081 (Order PM 780), § 308-138B-110, filed 10/19/88. Statutory Authority: RCW 18.57.005 and 18.57A.020. 82-17-005 (Order PL 402), § 308-138B-110, filed 8/5/82. Formerly WAC 308-138-110.]

WAC 246-855-050 Investigation. An applicant for an authorization to perform acupuncture shall, as part of his or her application, furnish written consent to an investigation of his or her personal background, professional training and experience by the board or any person acting on its behalf.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-855-050, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.57A.020. 82-17-005 (Order PL 402), § 308-138B-130, filed 8/5/82. Formerly WAC 308-138-130.]

WAC 246-855-060 English fluency. Each applicant must demonstrate sufficient fluency in reading, speaking and understanding the English language to enable the applicant to communicate with supervising physicians and patients concerning health care problems and treatment.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-855-060, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.57A.020. 82-17-005 (Order PL 402), § 308-138B-140, filed 8/5/82. Formerly WAC 308-138-140.]

WAC 246-855-070 Supervising physicians' knowledge of acupuncture. Osteopathic physicians applying for authorization to utilize the services of an osteopathic physician's acupuncture assistant shall demonstrate to the board that the osteopathic physician possesses sufficient understanding of the application of acupuncture treatment, its contraindications and hazards so as to adequately supervise the practice of acupuncture.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-855-070, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.57A.020. 82-17-005 (Order PL 402), § 308-138B-150, filed 8/5/82. Formerly WAC 308-138-150.]

WAC 246-855-080 Utilization. (1) Persons authorized as osteopathic physicians' acupuncture assistants shall be restricted in their activities to only those procedures which a duly licensed, supervising osteopathic physician may request them to do. Under no circumstances may an osteopathic physician's acupuncture assistant perform any diagnosis of patients or recommend or prescribe any forms of treatment or medication.

(2) An acupuncture assistant shall treat patients only under the direct supervision of a physician who is present on the same premises where the treatment is to be given.

(3) An osteopathic physician shall not employ or supervise more than one acupuncture assistant.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-855-080, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.57A.020. 82-17-005 (Order PL 402), § 308-138B-160, filed 8/5/82. Formerly WAC 308-138-160.]

WAC 246-855-090 Prohibited techniques and tests. No osteopathic physician's acupuncture assistant may prescribe, order, or treat by any of the following means, modalities, or techniques:

(1) Diathermy treatments

(2) Ultrasound or sonopuncture treatments

(3) Infrared treatments

(4) Electromuscular stimulation for the purpose of stimulating muscle contraction

(5) X-rays

(6) Laboratory tests

(7) Laser puncture

(8) Dietary therapy

(9) Manipulative therapies

(10) Point injection therapy (aqua puncture)

(11) Herbal remedies.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-855-090, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57A.020. 87-20-099 (Order PM 671), § 308-138B-170, filed 10/7/87. Statutory Authority: RCW 18.57.005, 18.57A.020 and 18.57A.070. 84-05-011 (Order PL 457), § 308-138B-170, filed 2/7/84. Statutory Authority: RCW 18.57A.020. 83-16-024 (Order PL 440), § 308-138B-170, filed 7/27/83. Statutory Authority: RCW 18.57.005 and 18.57A.020. 82-17-005 (Order PL 402), § 308-138B-170, filed 8/5/82. Formerly WAC 308-138-170.]

WAC 246-855-100 AIDS education and training. Applicants must complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-855-100, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.57.005. 91-20-120 (Order 199B), § 246-855-100, filed 9/30/91, effective 10/31/91; 90-24-055 (Order 100B), recodified as § 246-855-100, filed 12/3/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604. 88-23-124 (Order PM 801), § 308-138B-180, filed 11/23/88.]

WAC 246-855-110 Application for registration. Effective January 1, 1989, persons applying for registration shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of WAC 246-855-100.

[Statutory Authority: RCW 18.57.005. 91-20-120 (Order 199B), § 246-855-110, filed 9/30/91, effective 10/31/91; 90-24-055 (Order 100B), recodified as § 246-855-110, filed 12/3/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604. 88-23-124 (Order PM 801), § 308-138B-190, filed 11/23/88.]

Chapter 246-856 WAC
BOARD OF PHARMACY—GENERAL

WAC

WAC 246-856-001 Purpose. The purpose of this chapter is to combine the common rules adopted by the board of pharmacy for all holders of licenses, registrations and certifications, as well as any other authorizations, issued by the board of pharmacy.

[Statutory Authority: RCW 18.64.005. 94-17-144, § 246-856-001, filed 8/23/94 effective 9/23/94.]

WAC 246-856-020 Adjudicative proceedings—Procedural rules for the board of pharmacy. The board adopts the model procedural rules for adjudicative proceedings as adopted by the department of health and contained in chapter 246-11 WAC, including subsequent amendments.

[Statutory Authority: RCW 18.64.005. 94-17-144, § 246-856-020, filed 8/23/94 effective 9/23/94.]

Chapter 246-858 WAC
PHARMACISTS—INTERNSHIP REQUIREMENTS

WAC

WAC 246-858-020 General requirements. (1) RCW 18.64.080(3) states: "Any person enrolled as a student of pharmacy in an accredited college may file with the department an application for registration as a pharmacy intern—." A student of pharmacy shall be defined as any person enrolled in a college or school of pharmacy accredited by the board of pharmacy or any graduate of any accredited college or school of pharmacy.

(2) As provided for in RCW 18.64.080(3) the board of pharmacy hereby establishes fifteen hundred hours for the internship requirement.

(a) For graduates prior to January 1, 1999, credit may be allowed:

(i) Up to seven hundred hours for experiential classes as part of the curriculum of an accredited college or school of pharmacy commonly referred to as externship/clerkship;

(ii) Eight hundred hours or more for experience obtained after completing the first quarter/semester of pharmacy education.

(b) For graduates after January 1, 1999, credit may be allowed:

(i) Up to twelve hundred hours of experiential classes as part of the curriculum of an accredited college or school of pharmacy commonly referred to as externship/clerkship;

(ii) Three hundred or more hours for experience obtained after completing the first quarter/semester of pharmacy education.

(c) The board will document hours in excess of these requirements for students qualifying for out-of-state licensure.

(3) An applicant for licensure as a pharmacist who has completed seven hundred internship hours will be permitted to take the state board examination for licensure; however, no pharmacist license will be issued to the applicant until the fifteen hundred internship hours have been completed. The hours must be completed and a pharmacist license issued within eighteen months of the date of graduation.

(4) To retain a certificate as a pharmacy intern, the intern must make continuing satisfactory progress in completing the pharmacy course.

(5) Experience must be obtained under the guidance of a preceptor who has met certification requirements prescribed in WAC 246-858-060 and has a certificate except as hereinafter provided for experience gained outside the state of Washington.

(6) Experience obtained in another state may be accepted toward the fulfillment of the fifteen hundred hour requirement provided that a letter is received from the board of pharmacy of that state in which the experience is gained and such letter indicates the experience gained would have been acceptable internship experience to the board of pharmacy in that state.

[Statutory Authority: RCW 18.64.005. 96-02-006, § 246-858-020, filed 12/20/95, effective 1/20/96; 92-12-035 (Order 277B), § 246-858-020, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-858-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 88-06-060 (Order 211), § 360-10-010, filed 3/2/88; Order 139, § 360-10-010, filed 12/9/77; Order 106, § 360-10-010, filed 6/3/71; Regulation 48, § I, filed 6/17/66.]

WAC 246-858-030 Registration of interns. To register as a pharmacy intern, an applicant shall file with the department an application for registration as a pharmacy intern as provided for in RCW 18.64.080. The application shall be accompanied by a fee as specified in WAC 246-907-030. Prior to engaging in the practice of pharmacy as an intern or extern, under the supervision of a preceptor, the applicant must be registered by the board as a pharmacy intern.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-858-030, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-858-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 88-01-025 (Order 208), § 360-10-020, filed 12/9/87. Statutory Authority: RCW 18.64.005 and 18.64A.020. 83-18-021 (Order 175), § 360-10-020, filed 8/30/83; Order 106, § 360-10-020, filed 6/3/71; Regulation 48, § II, filed 6/17/66.]

WAC 246-858-040 Rules for the pharmacy intern. (1) The intern shall send notification to the board of pharmacy on or before the intern's first day of training. Such notification shall consist of the date, the name of the pharmacy, and the name of the preceptor where the intern expects to begin his/her internship. The board of pharmacy shall promptly notify the intern of the acceptability of the preceptor under whom the intern expects to gain experience. Internship credit will not be accepted until the preceptor has been certified.

(2) The pharmacy intern shall engage in the practice of pharmacy, and the selling of items restricted to sale under the supervision of a licensed pharmacist, only while the intern is under the direct and personal supervision of a certified preceptor or a licensed pharmacist designated by the preceptor to supervise that intern during the preceptor's absence from the site. Provided, that hours of experience gained while the certified preceptor is absent from the site shall not be counted toward fulfilling any internship requirement.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-858-040, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-858-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-11-041 (Order 170B), § 360-10-030, filed 5/10/91, effective 6/10/91. Statutory Authority: RCW 18.64.005(11). 88-01-025 (Order 208), § 360-10-030, filed 12/9/87; Regulation 48, § III, filed 6/17/66.]

WAC 246-858-050 Intern training reports. (1) The intern shall file with the board on forms provided by the board an internship evaluation report at the completion of internship training experience at each site.

(2) The board of pharmacy shall provide the necessary affidavit forms to the intern for the purpose of certification of the hours of experience, which shall only include hours under the personal supervision of a preceptor. Affidavits must be certified and recorded in the office of the board of pharmacy not later than thirty days after the completion of any site internship experience. Completion of any site experience is intended to mean those situations when neither the intern nor the preceptor anticipate further intern experience at some later date at that site.

(3) The intern's report and all or part of the hours covered by the period of the report can be rejected by the board if, for the period involved, the pharmacy intern has not performed the practice of pharmacy adequately.

(4) Certification of at least seven hundred hours must be submitted to the board office thirty days prior to licensing examination.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-858-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 88-01-025 (Order 208), § 360-10-040, filed 12/9/87; Order 106, § 360-10-040, filed 6/3/71; Order 102, § 360-10-040, filed 12/5/69; Regulation 48, § IV, filed 6/17/66.]

WAC 246-858-060 Requirements for preceptor certification. (1) A pharmacist who is licensed and actively engaged in practice in a Class A pharmacy in the state of Washington, and who has met certification requirements prescribed in this section of the regulation and who has completed a board approved training program within the last five years, and who has been certified by the board of pharmacy shall be known as "pharmacist preceptor." The requirement for completion of an approved training program becomes effective June 30, 1991.

(2) The pharmacist preceptor must have completed twelve months as a licensed pharmacist engaged in the practice of pharmacy as defined in RCW 18.64.011(11).

(3) Any preceptor or preceptor applicant who has been found guilty of a drug or narcotic violation or whose pharmacist license has been revoked, suspended, or placed on probation by the state board of pharmacy shall not be eligible for certification as a preceptor, until completion of the probationary period, and a showing of good cause for certification as a pharmacist preceptor.

(4) The preceptor shall be responsible for the quality of the internship training under his/her supervision and he/she shall assure that the intern actually engages in pharmaceutical activities during that training period.

(5) The board of pharmacy shall withdraw a preceptor's certification upon proof that the preceptor failed to meet or maintain the requirements as stated in this section.

(6) In considering the approval of special internship programs pursuant to WAC 246-858-080, the board may approve alternative qualification requirements for the preceptors of such programs.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-858-060, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-858-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-11-041 (Order 170B), § 360-10-050, filed 5/10/91, effective 6/10/91; 90-11-079 (Order 055), § 360-10-050, filed 5/16/90, effective 6/16/90. Statutory Authority: RCW 18.64.005(11). 88-06-060 (Order 211), § 360-10-050, filed 3/2/88; Order 106, § 360-10-050, filed 6/3/71; Regulation 48, § V, filed 6/17/66.]

WAC 246-858-070 Rules for preceptors. (1) The pharmacist preceptor, or his or her designee in accordance with WAC 246-858-040(2), shall supervise the pharmacy intern and shall be responsible for the sale of restricted items, and the compounding and dispensing of pharmaceuticals dispensed by an intern.

(2) The pharmacist preceptor must use the board approved plan of instruction for interns.

(3) Upon completion of the intern's experience at each site, the preceptor under whom this experience was obtained shall file a report with the board. Such report shall briefly describe the type of professional experience received under the preceptor's supervision and the preceptor's evaluation of the intern's ability to practice pharmacy at that stage of internship.

(4) The board of pharmacy shall provide the necessary affidavit forms to certify hours of experience under the personal supervision of a preceptor. Affidavits must be certified and recorded in the office of the board not later than thirty days after the completion of any site intern experience; provided that any experience necessary for eligibility to take the licensing examination must be in the board office no later than thirty days prior to the examination.

(5) The pharmacist preceptor may supervise more than one intern during a given time period; however, two interns may not dispense concurrently under the direct supervision of the same preceptor.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-858-070, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-858-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-11-041 (Order 170B), § 360-10-060, filed 5/10/91, effective 6/10/91. Statutory Authority: RCW 18.64.005(11). 88-06-060 (Order 211), § 360-10-060, filed 3/2/88; Order 102, § 360-10-060, filed 12/5/69; Regulation 48, § VI, filed 6/17/66.]

WAC 246-858-080 Special internship approval. (1) The board will consider applications for approval of special internship programs. Such programs may be approved when the board determines that they offer a significant educational opportunity.

(2) Applications for special internship approval must be submitted at least thirty days prior to the next board meeting which will afford the board an opportunity to review the program.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-858-080, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 88-01-025 (Order 208), § 360-10-080, filed 12/9/87; Order 114, § 360-10-080, filed 6/28/73.]

Chapter 246-861 WAC

PHARMACISTS—PROFESSIONAL PHARMACEUTICAL EDUCATION

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-861-030 Continuing education programs. [Statutory Authority: RCW 18.64.005. 92-03-029 (Order 234B), § 246-861-030, filed 1/8/92, effective 2/8/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-861-030, filed 8/30/91, effective 9/30/91; Order 116, § 360-11-020, filed 11/9/73.] Repealed by 97-20-164, filed 10/1/97, effective 11/1/97. Statutory Authority: RCW 18.64.005.

246-861-070 Credit for continuing education. [Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-861-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(12). 80-08-036 (Order 156, Resolution No. 6/80), § 360-11-033, filed 6/26/80.] Repealed by 92-03-029 (Order 234B), § 246-861-010, filed 1/8/92, effective 2/8/92. Statutory Authority: RCW 18.64.005.

246-861-080 Credit for individual study programs. [Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-861-080, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(12). 80-08-036 (Order 156, Resolution No. 6/80), § 360-11-037, filed 6/26/80.] Repealed by 92-03-029 (Order 234B), § 246-861-010, filed 1/8/92, effective 2/8/92. Statutory Authority: RCW 18.64.005.

246-861-100 Pharmacist audits—Disallowed credit. [Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-861-100, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(12). 80-08-036 (Order 156, Resolution No. 6/80), § 360-11-045, filed 6/26/80.] Repealed by 92-03-029 (Order 234B), § 246-861-010, filed 1/8/92, effective 2/8/92. Statutory Authority: RCW 18.64.005.

246-861-110 Advisory committee on continuing education. [Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-861-110, filed 8/30/91, effective 9/30/91. Statutory

Authority: RCW 18.64.005(12). 80-08-036 (Order 156, Resolution No. 6/80), § 360-11-060, filed 6/26/80; Order 116, § 360-11-060, filed 11/9/73.] Repealed by 92-03-029 (Order 234B), § 246-861-010, filed 1/8/92, effective 2/8/92. Statutory Authority: RCW 18.64.005.

246-861-120 Waiver of the continuing education requirement. [Statutory Authority: RCW 18.64.005. 92-03-029 (Order 234B), § 246-861-120, filed 1/8/92, effective 2/8/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-861-120, filed 8/30/91, effective 9/30/91; Order 116, § 360-11-070, filed 11/9/73.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

WAC 246-861-010 Definitions. (1) "Accredited programs/courses" means continuing education sponsored by providers which are approved by the American Council on Pharmaceutical Education (ACPE).

(2) "Board approved programs/courses" means continuing education which has been reviewed and approved by the board office.

(3) "Approved provider" means any person, corporation, or association approved either by the board or ACPE to conduct continuing professional education programs.

(4) "Continuing education" means accredited or approved post-licensure professional pharmaceutical education designed to maintain and improve competence in the practice of pharmacy, pharmacy skills, and preserve pharmaceutical standards for the purpose of protecting the public health, safety, and welfare.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-861-010, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.64.005. 95-08-019, § 246-861-010, filed 3/27/95, effective 4/27/95; 92-03-029 (Order 234B), § 246-861-010, filed 1/8/92, effective 2/8/92.]

WAC 246-861-020 Renewal requirements. (1) A pharmacist who desires to reinstate his or her pharmacist license after having been unlicensed for over one year shall, as a condition for reinstatement, submit proof of fifteen hours of continuing education for each year unlicensed or complete such continuing education credits as may be specified by the board in each individual case.

(2) The board of pharmacy may accept comparable continuing education units which have been approved by other boards of pharmacy.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-861-020, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.64.005. 95-08-019, § 246-861-020, filed 3/27/95, effective 4/27/95; 92-03-029 (Order 234B), § 246-861-020, filed 1/8/92, effective 2/8/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-861-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(12). 80-08-036 (Order 156, Resolution No. 6/80), § 360-11-010, filed 6/26/80. Statutory Authority: RCW 69.50.201. 79-04-048 (Order 147, Resolution No. 3-79), § 360-11-010, filed 3/27/79; Order 116, § 360-11-010, filed 11/9/73.]

WAC 246-861-040 Applications for approval of continuing education program—Post-approval of continuing education program. (1) Applications for approval or post-approval of a continuing education program which is not an accredited program or provided by an approved provider shall be made on the form provided for this purpose by the Washington state board of pharmacy in the law book.

(2) The provider shall submit an application form forty-five days prior to the date the program will be held.

(3) A pharmacist who attends a program that has not been preapproved according to this rule, must submit application for approval within twenty days following the program.

(4) All programs approved by the American Council on Pharmaceutical Education or the board, are accepted for continuing education credit and do not require that an individual provider approval be obtained in each case.

(5) The board of pharmacy may accept comparable continuing education units which have been approved by other boards of pharmacy.

[Statutory Authority: RCW 18.64.005. 96-11-042, § 246-861-040, filed 5/8/96, effective 6/8/96; 95-08-019, § 246-861-040, filed 3/27/95, effective 4/27/95; 92-03-029 (Order 234B), § 246-861-040, filed 1/8/92, effective 2/8/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-861-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(12). 80-08-036 (Order 156, Resolution No. 6/80), § 360-11-023, filed 6/26/80.]

WAC 246-861-050 Continuing education program approved providers. (1) Any provider may apply to the board on forms provided by the board for qualification as an approved provider. If a provider is approved, the board will issue a certificate or other notification of qualification. The approval shall be effective for a period of two years and shall be renewable as set forth by the board. Providers who apply to the board for approved provider status must document the following:

(a) Identify the individual responsible for the providers' CE program;

(b) Provide copies of CE material and information used by the provider the previous two years with each renewal; and

(c) Develop a procedure for establishing:

(i) Educational goals and objectives for each program;

(ii) Program evaluation component for each program.

(d) A continuing education provider shall supply each attendee or subscriber with a written program description which lists the topic(s) covered, number of speakers or authors, time devoted to the program topic(s), and the instructional objectives of the program. The program description must also bear a statement of the number of hours of continuing education credit assigned by the provider.

(e) The provider must make available to each attendee or subscriber proof of attendance or participation suitable for verifying to the board the completion of continuing education requirements.

(f) The provider shall retain, for a period of two years, a list of persons to whom proof of attendance or participation as specified in (b) of this subsection was supplied. Providers of nonevaluation self-instruction units shall be exempt from this requirement.

(2) The board shall establish the standards and specifications necessary for a provider to obtain approval. These standards and specifications shall at least be equivalent to those established for continuing education programs in pharmacy by the American Council on Pharmaceutical Education.

(3) The board may revoke or suspend an approval of a provider or refuse to renew such approval if the provider fails

to maintain the necessary standards and specifications required.

[Statutory Authority: RCW 18.64.005. 95-08-019, § 246-861-050, filed 3/27/95, effective 4/27/95; 92-03-029 (Order 234B), § 246-861-050, filed 1/8/92, effective 2/8/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-861-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(12). 80-08-036 (Order 156, Resolution No. 6/80), § 360-11-027, filed 6/26/80.]

WAC 246-861-055 Continuing education program. (1) The continuing professional pharmaceutical education courses may consist of post-graduate studies, institutes, seminars, lectures, conferences, workshops, extension studies, correspondence courses and other similar methods of conveying continuing education as may be approved by the board.

(2) Such courses shall consist of subject matter pertinent to the following general areas of professional pharmaceutical education:

(a) The legal aspects of health care;

(b) The properties and actions of drugs and dosage forms;

(c) The etiology, characteristics, therapeutics, and prevention of the disease state;

(d) Specialized professional pharmacy practice.

(3) Full credit (hour for hour) shall be allowed for:

(a) Speakers.

(b) Panels.

(c) Structured discussion, workshops, and demonstrations.

(d) Structured question and answer sessions.

(4) Credit shall not be allowed for:

(a) Welcoming remarks.

(b) Time spent for meals or social functions.

(c) Business sessions.

(d) Unstructured demonstrations (e.g., poster sessions).

(e) Unstructured question and answer sessions (e.g., after programs ends).

(f) Degree programs except advanced degrees in pharmacy.

(5) Keynote speaker and topics must be submitted through the standard process.

[Statutory Authority: RCW 18.64.005. 95-08-019, § 246-861-055, filed 3/27/95, effective 4/27/95.]

WAC 246-861-060 Instructors' credit toward continuing education unit. Any pharmacist whose primary responsibility is *not* the education of health professionals, who leads, instructs or lectures to groups of nurses, physicians, pharmacists or others on pharmacy-related topics in organized continuing education shall be granted one hour of continuing education credit for each hour spent in actually presenting the initial course or program which has been approved for continuing education credit.

Any pharmacist whose primary responsibility is the education of health professionals shall be granted continuing education credit only for time expended in leading, instruction or lecturing to groups of physicians, pharmacists, nurses or others on pharmacy related topics outside his/her formal course responsibilities in a learning institution.

A presenter shall not be granted multiple credit for multiple presentations of the same program of continuing education.

[Statutory Authority: RCW 18.64.005. 95-08-019, § 246-861-060, filed 3/27/95, effective 4/27/95; 92-03-029 (Order 234B), § 246-861-060, filed 1/8/92, effective 2/8/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-861-060, filed 8/30/91, effective 9/30/91; Order 116, § 360-11-030, filed 11/9/73.]

WAC 246-861-090 Amount of continuing education. (1) The equivalent of 1.5 continuing education unit (equal to fifteen contact hours) of continuing education shall be required annually of each applicant for renewal of licensure. 0.1 CEU will be given for each contact hour. A pharmacist may claim an incentive of 0.15 CEU for each contact hour for successfully completing a patient education training program which meets the criteria listed below, provided that the incentive credits shall not exceed 1.2 CEU (equal to eight contact hours and four incentive hours).

(2) Patient education training requirements: The program must include patient-pharmacist verbal interactive techniques developed by role-playing in which the pharmacist, in dispensing a medication to the patient can verify that:

(a) The patient knows how to use the medication correctly.

(b) The patient knows about the important or significant side effects and potential adverse effects of the medication.

(c) The patient has the information and demonstrates their understanding of the importance of drug therapy compliance.

[Statutory Authority: RCW 18.64.005. 96-02-007, § 246-861-090, filed 12/20/95, effective 1/20/96; 92-03-029 (Order 234B), § 246-861-090, filed 1/8/92, effective 2/8/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-861-090, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(12). 80-08-036 (Order 156, Resolution No. 6/80), § 360-11-040, filed 6/26/80; Order 116, § 360-11-040, filed 11/9/73.]

WAC 246-861-095 Pharmacists licensed in other health professions. A pharmacist who is licensed to practice another health profession shall meet the same pharmacy continuing education requirements in the same manner as all other pharmacists and shall otherwise comply with this chapter. A licensee's compliance with the continuing education requirements of another health profession shall not qualify as compliance with this chapter, unless the subject matter of the continuing education meets the standards established in this chapter.

[Statutory Authority: RCW 18.64.005. 92-03-029 (Order 234B), § 246-861-095, filed 1/8/92, effective 2/8/92.]

Chapter 246-863 WAC
PHARMACISTS—LICENSING

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-863-050 Licensed pharmacists change of address. [Statutory Authority: RCW 18.64.005. 93-10-007 (Order 357B), § 246-863-050, filed 4/22/93, effective 5/23/93. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-863-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 89-23-078, § 360-12-110, filed 11/17/89, effective 12/18/89. Statutory Authority: RCW 18.64.005(11). 79-10-007 (Order 151, Resolution No. 9/79), § 360-12-110, filed 9/6/79; Regulation 5, filed 3/23/60.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

WAC 246-863-020 Examinations. (1) The examination for licensure as a pharmacist shall be known as the full board examination in such form as may be determined by the board.

(2) The score required to pass the examination shall be 75. In addition, the score achieved in the jurisprudence section of the exam shall be no lower than 75.

(3) An examinee failing the jurisprudence section of the full board examination shall be allowed to retake the jurisprudence section at a time and place to be specified by the board.

(4) An examinee who fails the jurisprudence examination three times shall not be eligible for further examination until he or she has satisfactorily completed a pharmacy law course provided by a college of pharmacy or board directed study or tutorial program approved by the board.

(5) A person taking the licensing examination in another state for the purpose of score transfer to Washington shall be required to meet the same licensure requirements as a person taking the licensing examination in Washington. All of the documentation, fees, intern hours and reports shall be submitted. In order for the score transfer application to be valid, the licensing process must be completed within one year of the date the score transfer notification is received in the board office.

[Statutory Authority: RCW 18.64.005. 94-08-099, § 246-863-020, filed 4/6/94, effective 5/7/94. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-863-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 89-22-045, § 360-12-015, filed 10/30/89, effective 11/30/89; 87-18-066 (Order 207), § 360-12-015, filed 9/2/87. Statutory Authority: RCW 18.64.005(1) and 18.64.080. 84-04-029 (Order 183), § 360-12-015, filed 1/25/84. Statutory Authority: RCW 69.50.201. 79-04-048 (Order 147, Resolution No. 3-79), § 360-12-015, filed 3/27/79.]

WAC 246-863-030 Applicants—Reciprocity applicants. (1) Applicants for license by reciprocity whose applications have been approved shall be required to take and pass the jurisprudence examination given by the board prior to being issued his or her license. The jurisprudence examination shall be offered at least once in every two months. If the licensing process has not been completed within two years of the date of application, the application shall be considered abandoned.

(2) An applicant for license by reciprocity who has been out of the active practice of pharmacy for between three and five years must take and pass the jurisprudence examination and additionally must either serve an internship of 300 hours or take and pass such additional practical examinations as may be specified by the board in each individual case.

(3) An applicant for license by reciprocity who has been out of the active practice of pharmacy for over five years must take and pass the full board examination and serve an internship of 300 hours.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-863-030, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.64.005. 94-08-099, § 246-863-030, filed 4/6/94, effective 5/7/94. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-863-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 87-18-066 (Order 207), § 360-12-050, filed 9/2/87. Statutory Authority: RCW 69.50.201. 79-04-048 (Order 147, Resolution No. 3-79), § 360-12-050, filed 3/27/79; Order 121, § 360-12-050, filed 8/8/74; Regulation 4, filed 3/23/60.]

WAC 246-863-035 Temporary permits. A temporary permit to practice pharmacy may be issued to an applicant licensed by examination in a state which participates in the licensure transfer process unless there is a basis for denial of the license or issuance of a conditional license. The applicant shall meet all the qualifications, submit the necessary paperwork and fees for licensure transfer, and submit a written request for a permit to practice pharmacy with the temporary permit fee specified in WAC 246-907-030.

Prior to issuance of the permit to practice pharmacy, the board shall receive the following documents:

(1) A completed Washington pharmacy license application;

(2) The fee specified in WAC 246-907-030;

(3) A disciplinary report from the National Association of Boards of Pharmacy (NABP) Clearinghouse;

(4) Completed NABP "Official Application for Transfer of Pharmaceutic Licensure";

(5) Proof of seven hours of approved AIDS education.

Such a permit shall expire on the first day of the month following the date of the next jurisprudence examination. In case of failure or nonattendance, the permit shall not be extended.

[Statutory Authority: RCW 18.64.005. 92-23-058 (Order 317B), § 246-863-035, filed 11/17/92, effective 12/18/92.]

WAC 246-863-040 Foreign-trained applicants. (1) Applicants whose academic training in pharmacy has been obtained from institutions in foreign countries, wishing to be licensed as pharmacists in the state of Washington shall take and pass the foreign pharmacy graduate equivalency examination prepared by the foreign pharmacy graduate education commission and shall have received an educational equivalency certificate from that commission.

(2) In addition, prior to licensure they shall pass the Washington state board of pharmacy full board examination and meet its internship requirements.

(3) Applicants whose academic training in pharmacy has been obtained from institutions in foreign countries and whose credentials are such that no further education is necessary must earn a total of 1500 intern hours before licensure.

The applicant must earn at least 1200 intern hours before taking the full board examination: Provided, That the board may, for good cause shown, waive the required 1500 hours.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-863-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 84-03-015 (Order 180), § 360-12-065, filed 1/9/84. Statutory Authority: RCW 69.50.201. 79-04-048 (Order 147, Resolution No. 3-79), § 360-12-065, filed 3/27/79; Order 122, § 360-12-065, filed 9/30/74.]

WAC 246-863-060 Licensed pharmacists—Employed as responsible managers—Duty to notify board. Licensed pharmacists employed as responsible managers for a pharmacy shall at once notify the state board of pharmacy of such employment and shall comply with such instructions as may be received. A pharmacist shall also at once notify the state board of pharmacy of termination of employment as a responsible manager. Please refer to WAC 246-869-070 for additional information.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-863-060, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-863-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 79-10-007 (Order 151, Resolution No. 9/79), § 360-12-120, filed 9/6/79; Regulation 8, filed 3/23/60.]

WAC 246-863-070 Inactive credential. (1) A pharmacist may obtain an inactive credential. Refer to the requirements of chapter 246-12 WAC, Part 4.

(2) Practitioners with an inactive credential for three years or less who wish to return to active status must meet the requirements of chapter 246-12 WAC, Part 4.

(3) Practitioners with an inactive credential for more than three years, who have been in active practice in another United States jurisdiction, and wish to return to active status must:

(a) Submit verification of active practice from any other United States jurisdiction;

(b) Take and pass the jurisprudence examination given by the department;

(c) Meet the requirements of chapter 246-12 WAC, Part 4.

(4) Practitioners with an inactive credential for between three and five years, who have not been in active practice in another United States jurisdiction, and wish to return to active status must:

(a) Take and pass the jurisprudence examination given by the department;

(b) Either serve an internship of 300 hours or take and pass such further written practical examinations as specified by the board in each individual case;

(c) Meet the requirements of chapter 246-12 WAC, Part 4.

(5) Practitioners with an inactive credential for over five years, who have not been in active practice in another United States jurisdiction, and wish to return to active status must:

(a) Take and pass the full board examination;

(b) Serve an internship of 300 hours;

(c) Meet the requirements of chapter 246-12 WAC, Part 4.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-863-070, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-863-070, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-863-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.140. 85-06-010 (Order 193), § 360-12-125, filed 2/22/85.]

WAC 246-863-080 Retired pharmacist license. (1) Any pharmacist who has been licensed in the state for twenty-five consecutive years, who wishes to retire from the practice of pharmacy, may apply for a retired pharmacist license by submitting to the board:

(a) An application on a form provided by the department; and

(b) A fee as specified in WAC 246-907-030.

(2) The holder of a retired pharmacist license shall not be authorized to practice pharmacy and need not comply with the continuing education requirements of chapter 246-861 WAC.

(3) A retired pharmacist license shall be granted to any qualified applicant and shall entitle such person to receive mailings from the board of pharmacy: Provided, That law-book updates shall not be mailed without charge.

(4) In order to reactivate a retired pharmacist license, the holder must comply with the provision of WAC 246-863-090 and chapter 246-12 WAC, Part 2.

(5) The annual renewal fee for a retired pharmacist license is set by the secretary in WAC 246-907-030.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-863-080, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-863-080, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 43.70.040. 91-19-028 (Order 194), recodified as § 246-863-080, filed 9/10/91, effective 10/11/91. Statutory Authority: RCW 43.70.250. 91-13-002 (Order 173), § 360-12-128, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 18.64.005(11). 86-24-057 (Order 203), § 360-12-128, filed 12/2/86.]

WAC 246-863-090 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 more than three years, and the practitioner has been in active practice in another United States jurisdiction, the practitioner must:

(a) Submit verification of active practice from any other United States jurisdiction;

(b) Take and pass the jurisprudence examination given by the department;

(c) Meet the requirements of chapter 246-12 WAC, Part 2.

(3) If the license has expired for between three and five years, and the practitioner has not been in active practice in another United States jurisdiction, the practitioner must:

(a) Take and pass the jurisprudence examination given by the department;

(b) Either serve an internship of 300 hours or take and pass such further written practical examinations as specified by the board in each individual case;

(c) Meet the requirements of chapter 246-12 WAC, Part 2.

(4) If the license has expired for over five years, and the practitioner has not been in active practice in another United States jurisdiction, the practitioner must:

(a) Take and pass the full board examination;

(b) Serve an internship of 300 hours;

(c) Meet the requirements of chapter 246-12 WAC, Part 2.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-863-090, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-863-090, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-863-090, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.140. 85-06-010 (Order 193), § 360-12-130, filed 2/22/85. Statutory Authority: RCW 69.50.201. 79-04-048 (Order 147, Resolution No. 3-79), § 360-12-130, filed 3/27/79; Regulation 2, filed 3/23/60.]

WAC 246-863-095 Pharmacist's professional responsibilities. (1) A pharmacist shall not delegate the following professional responsibilities:

(a) Receipt of a verbal prescription other than refill authorization from a prescriber.

(b) Consultation with the patient regarding the prescription, both prior to and after the prescription filling and/or regarding any information contained in a patient medication record system provided that this shall not preclude a pharmacy assistant from providing to the patient or the patient's health care giver certain information where no professional judgment is required such as dates of refills or prescription price information.

(c) Consultation with the prescriber regarding the patient and the patient's prescription.

(d) Extemporaneous compounding of the prescription provided that bulk compounding from a formula and IV admixture products prepared in accordance with chapter 246-871 WAC may be performed by a level A pharmacy assistant when supervised by a pharmacist.

(e) Interpretation of data in a patient medication record system.

(f) Ultimate responsibility for all aspects of the completed prescription and assumption of the responsibility for the filled prescription, such as: Accuracy of drug, strength, labeling, proper container and other requirements.

(g) Dispense prescriptions to patient with proper patient information as required by WAC 246-869-220.

(h) Signing of the poison register and the Schedule V controlled substance registry book at the time of sale in accordance with RCW 69.38.030 and WAC 246-887-030 and any other item required by law, rule or regulation to be signed or initialed by a pharmacist.

(i) Professional communications with physicians, dentists, nurses and other health care practitioners.

(2) Utilizing personnel to assist the pharmacist.

(a) The responsible pharmacist manager shall retain all professional and personal responsibility for any assisted tasks performed by personnel under his or her responsibility, as shall the pharmacy employing such personnel. The responsible pharmacist manager shall determine the extent to which personnel may be utilized to assist the pharmacist and shall assure that the pharmacist is fulfilling his or her supervisory and professional responsibilities.

(b) This does not preclude delegation to an intern or extern.

[Statutory Authority: RCW 18.64.005. 96-02-005, § 246-863-095, filed 12/20/95, effective 1/20/96.]

WAC 246-863-100 Pharmacist prescriptive authority—Prior board notification of written guideline or protocol required. (1) A pharmacist planning to exercise prescriptive authority in his or her practice (see RCW 18.64.011(11)) by initiating or modifying drug therapy in accordance with written guidelines or protocols previously established and approved for his or her practice by a practitioner authorized to prescribe drugs must have on file at his/her place of practice a properly prepared written guideline or protocol indicating approval has been granted by a practitioner authorized to prescribe. A copy of the written guideline or protocol must also be on file with the board of pharmacy.

(2) For purposes of pharmacist prescriptive authority under RCW 18.64.011(11), a written guideline or protocol is defined as an agreement in which any practitioner authorized to prescribe legend drugs delegates to a pharmacist or group of pharmacists authority to conduct specified prescribing functions. Any modification of the written guideline or protocol shall be treated as a new protocol. It shall include:

(a) A statement identifying the practitioner authorized to prescribe and the pharmacist(s) who are party to the agreement. The practitioner authorized to prescribe must be in active practice, and the authority granted must be within the scope of the practitioners' current practice.

(b) A time period not to exceed 2 years during which the written guideline or protocol will be in effect.

(c) A statement of the type of prescriptive authority decisions which the pharmacist(s) is (are) authorized to make, which includes:

(i) A statement of the types of diseases, drugs, or drug categories involved, and the type of prescriptive authority activity (e.g., modification or initiation of drug therapy) authorized in each case.

(ii) A general statement of the procedures, decision criteria, or plan the pharmacist(s) is (are) to follow when making therapeutic decisions, particularly when modification or initiation of drug therapy is involved.

(d) A statement of the activities pharmacist(s) is (are) to follow in the course of exercising prescriptive authority, including documentation of decisions made, and a plan for communication or feedback to the authorizing practitioner concerning specific decisions made. Documentation may occur on the prescription record, patient drug profile, patient medical chart, or in a separate log book.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-863-100, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 81-19-086 (Order 163, Resolution No. 8/81), § 360-12-140, filed 9/17/81. Statutory Authority: RCW 18.64.005(4) and (11). 80-08-035 (Order 155, Resolution No. 6/80), § 360-12-140, filed 6/26/80, effective 9/30/80.]

WAC 246-863-110 Monitoring of drug therapy by pharmacists. The term "monitoring drug therapy" used in RCW 18.64.011(11) shall mean a review of the drug therapy regimen of patients by a pharmacist for the purpose of evalu-

ating and rendering advice to the prescribing practitioner regarding adjustment of the regimen. Monitoring of drug therapy shall include, but not be limited to:

(1) Collecting and reviewing patient drug use histories;

(2) Measuring and reviewing routine patient vital signs including, but not limited to, pulse, temperature, blood pressure and respiration; and

(3) Ordering and evaluating the results of laboratory tests relating to drug therapy including, but not limited to, blood chemistries and cell counts, drug levels in blood, urine, tissue or other body fluids, and culture and sensitivity tests when performed in accordance with policies and procedures or protocols applicable to the practice setting, which have been developed by the pharmacist and prescribing practitioners and which include appropriate mechanisms for reporting to the prescriber monitoring activities and results.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-863-110, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 87-18-066 (Order 207), § 360-12-150, filed 9/2/87. Statutory Authority: RCW 18.64.005 and 69.41.075. 83-20-053 (Order 176), § 360-12-150, filed 9/29/83. Statutory Authority: RCW 18.64.005 and 69.41.240. 83-10-013 (Order 174), § 360-12-150, filed 4/26/83.]

WAC 246-863-120 AIDS prevention and information education requirements. Applicants must complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-863-120, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-863-120, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-23-058 (Order 221), § 360-12-160, filed 11/15/88.]

Chapter 246-865 WAC

PHARMACEUTICAL SERVICES—EXTENDED CARE FACILITY

WAC

WAC 246-865-010 Definitions. (1) "Board" means the Washington state board of pharmacy.

(2) "Department" means the state department of social and health services.

(3) "Dose" means the amount of drug to be administered at one time.

(4) "Drug facility" means a room or area designed and equipped for drug storage and the preparation of drugs for administration.

(5) "Legend drug" means a drug bearing the legend, "Caution, federal law prohibits dispensing without a prescription."

(6) "Licensed nurse" means either a registered nurse or a licensed practical nurse.

(7) "Licensed practical nurse" means a person duly licensed under the provisions of the licensed practical nurse act of the state of Washington, chapter 18.78 RCW.

(8) "Nursing home" means any home, place or institution licensed as a nursing home under chapter 18.51 RCW.

(9) "Pharmaceutical services committee" means a committee which develops and maintains written policies and procedures for safe and effective drug therapy, distribution, control, and use which are current and followed in practice. The pharmaceutical services committee shall consist of a staff or consultant pharmacist, a physician, the director of nursing or his/her designee and the administer or his/her designee.

(10) "Pharmacist" means a person duly licensed by the Washington state board of pharmacy to engage in the practice of pharmacy under the provisions of chapter 18.64 RCW.

(11) "Pharmacy" means a place where the practice of pharmacy is conducted, properly licensed under the provisions of chapter 18.64 RCW by the Washington state board of pharmacy.

(12) "Practitioner" means a physician under chapter 18.71 RCW; and osteopathic physician or an osteopathic physician and surgeon under chapter 18.57 RCW; a dentist under chapter 18.32 RCW; a podiatrist under chapter 18.22 RCW; an osteopathic physician's assistant under chapter 18.57A RCW when authorized by the committee of osteopathic commissioners; a physician's assistant under chapter 18.71A RCW when authorized by the board of medical examiners; a registered nurse when authorized by the board of nursing under chapter 18.88 RCW, or a pharmacist under chapter 18.64 RCW.

(13) "Registered nurse" means a person duly licensed under the provisions of the law regulating the practice of registered nursing in the state of Washington, chapter 18.88 RCW.

(14) "Unit-dose" means the ordered amount of a drug in an individually sealed package and in a dosage form ready for administration to a particular person by the prescribed route at the prescribed time.

(15) "Unit-dose drug distribution system" means a system of drug dispensing and control that is characterized by the dispensing of the majority of drugs in unit doses, ready to administer form, and for most drugs, not more than a 48-hour supply of doses is available at the residential care unit at any time.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-865-010, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 87-18-066 (Order 207), § 360-13-045, filed 9/2/87. Statutory Authority: RCW 18.64.005(11). 81-06-077 (Order 158), § 360-13-045, filed 3/4/81; Order 121, § 360-13-045, filed 8/8/74.]

WAC 246-865-020 Promulgation. In the interests of protecting public health the Washington state board of pharmacy shall hereby allow the use of an emergency drug kit in any nursing home holding a valid Washington state nursing home license. The emergency drug kit shall be considered to be a physical extension of the pharmacy supplying the emergency drug kit and shall at all times remain under the ownership of the supplying pharmacy.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-865-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 81-10-027 (Order 159), § 360-13-010, filed 4/28/81; Order 104, § 360-13-010, filed 12/5/69; Order 50 (part), filed 3/28/67.]

WAC 246-865-030 Emergency kit. (1) The contents and quantity of drugs and supplies in the emergency kit shall be determined by the pharmaceutical services committee as defined in WAC 246-865-010(9) which shall consider the number of residents to be served and their potential need for emergency medications.

(2) A copy of the approved list of contents shall be conspicuously posted on or near the kit.

(3) The emergency kit shall be used only for bonafide emergencies and only when medications cannot be obtained from a pharmacy in a timely manner.

(4) Records documenting the receipt and removal of drugs in the emergency kit shall be maintained by the nursing home and the supplying pharmacy.

(5) The pharmaceutical services committee shall be responsible for ensuring proper storage, security and accountability of the emergency kit

(a) The emergency kit shall be stored in a locked area or be locked itself;

(b) Emergency kit drugs shall be accessible only to licensed nurses as defined in WAC 246-865-010(6).

(6) The contents of the emergency kit, the approved list of contents, and all related records shall be made freely available and open for inspection to representatives of the board of pharmacy and the department.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-865-030, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-865-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 81-06-077 (Order 158), § 360-13-020, filed 3/4/81; Order 104, § 360-13-020, filed 12/5/69; Order 50, subsection 1-12, filed 3/28/67.]

WAC 246-865-040 Supplemental dose kits. (1) In addition to an emergency kit, each institution holding a valid Washington state nursing home license, and which employs a unit dose drug distribution system, may maintain a supplemental dose kit for supplemental nonemergency drug therapy if the necessary drug is not available from the pharmacy in a timely manner.

(2) The pharmaceutical services committee shall determine the quantities of drugs in the supplemental dose kit in light of the number of residents in the facility and their potential needs for supplemental doses.

(3) The supplemental dose kit shall remain the property of the supplying pharmacy.

(4) The supplying pharmacy and the facility's pharmaceutical services committee shall be responsible for proper storage, security and accountability of the kit.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-865-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 81-06-077 (Order 158), § 360-13-030, filed 3/4/81; Order 114, § 360-13-030, filed 6/28/73.]

WAC 246-865-050 Drug facilities. (1) There shall be facilities for drug preparation and storage near the nurses' station on each unit.

(2) The drug facilities shall be well illuminated, ventilated and equipped with a work counter, sink with hot and cold running water and drug storage units.

(3) The drug storage units shall provide:

(a) Locked storage for all drugs,

(b) Separately keyed storage for Schedule II and III controlled substances,

(c) Segregated storage of different resident's drugs.

(4) There shall be a refrigerator for storage of thermolabile drugs in the drug facility.

(5) Locks and keys, for drug facilities shall be different from other locks and keys within the nursing home.

(6) Poisons and other nonmedicinal chemical agents in containers bearing a warning label shall be stored in separate locked storage apart from drugs used for medicinal purposes.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-865-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 81-06-077 (Order 158), § 360-13-055, filed 3/4/81; Order 121, § 360-13-055, filed 8/8/74.]

WAC 246-865-060 Pharmaceutical services. (1) Administration of pharmaceutical services.

(a) There shall be provision for timely delivery of drugs and biologicals from a pharmacy so a practitioner's orders for drug therapy can be implemented without undue delay.

(b) Unless the nursing home operates a licensed pharmacy and employs a director of pharmaceutical services, the nursing home shall have a written agreement with one or more licensed pharmacists who provide for pharmaceutical consultant services. The staff pharmacist or consultant pharmacist supervises the entire spectrum of pharmaceutical services in the nursing home.

(c) There shall be a pharmaceutical services committee whose membership includes at least a staff or consultant pharmacist, a physician, the director of nursing or his/her designee, and the administrator or his/her designee. The pharmaceutical services committee develops and maintains written policies and procedures for safe and effective drug therapy, distribution, control, and use which are current and followed in practice.

(d) Reference material regarding the use of medication, adverse reactions, toxicology, and poison control center information shall be available to facility staff.

(e) There shall be procedures established for the reporting and recording of medication errors and adverse drug reactions.

(2) A staff pharmacist or consultant pharmacist shall be responsible for coordinating pharmaceutical services which include:

(a) Provision of pharmaceutical services evaluations and recommendations to the administrative staff.

(b) On-site reviews to ensure that drug handling and utilization procedures are carried out in conformance with recognized standards of practice.

(c) Regularly reviewing each resident's therapy to screen for potential or existing drug therapy problems and documenting recommendations.

(d) Provision of drug information to the nursing home staff and physicians as needed.

(e) Planning and participating in the nursing home staff development program.

(f) Consultation regarding resident care services with other departments.

(3) Security and storage of drugs.

(a) The nursing home shall store drugs under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security as defined by regulation and accepted standards of practice.

(b) All drugs shall be stored in locked cabinets, rooms, or carts, and shall be accessible only to personnel licensed to administer or dispense drugs.

(c) Schedule III controlled substances shall be stored apart from other drugs on a separate shelf or in a separate compartment or cabinet, provided, however, Schedule III controlled substances may be stored with Schedule II controlled substances. Schedule III controlled substances can be stored with other drugs when distributed in a unit dose drug distribution system.

(d) Drugs for external use shall be stored apart from drugs for internal use, on a separate shelf or in a separate compartment or cabinet. Any shelf, compartment, or separate cabinet used for storage of external drugs shall be clearly labeled to indicate it is to be used for external drugs only.

(e) At all times, all keys to drug boxes, cabinets, and rooms shall be carried by persons legally authorized to administer drugs and on duty on the premises.

(f) If a supplemental dose kit within a unit dose drug distribution system is provided it must comply with WAC 246-865-040.

(g) If an emergency kit is provided, it shall comply with Washington state board of pharmacy regulations WAC 246-865-020 and 246-865-030.

(4) Labeling of drugs.

(a) The label for each legend drug which is not dispensed in a unit dose shall have the name and address of the pharmacy from which the drug was dispensed; the prescription number; the physician's name; the resident's full name; the date of issue; the initials of the dispensing pharmacist; the name and strength of the drug; a controlled substances schedule, if any; the amount (e.g., number of tablets or cc's) of the drug dispensed, and the expiration date. In the case of a compounded drug which contains Schedule II or III controlled substances, the quantity of each controlled substance per cc or teaspoonful shall be shown on the label.

(b) In a unit dose drug distribution system, a clear, legible label shall be printed or affixed securely to each unit dose package. Each unit dose drug label shall include: the name, strength and, for each unit dose package, the dosage amount of the drug; the expiration date for any time-dated drug; the lot or control number; and controlled substances schedule number, if any. Each individual drug compartment shall be labeled with the full name of the resident whose drug the compartment contains and the name of the resident's physician.

(c) Nonlegend drugs shall be clearly labeled with at least the patient's name, date of receipt by the facility, as well as display a manufacturer's original label or a pharmacy label if repackaged by the pharmacist. Nonlegend drugs supplied by the extended care facility pursuant to WAC 388-88-050 need not be labeled with the patient's name.

(d) A label on a container of drugs shall not be altered or replaced except by the pharmacist. Drug containers having soiled, damaged, incomplete, or makeshift labels shall be returned to the pharmacy for relabeling or disposal. Drugs in containers having no labels or illegible labels shall be destroyed.

(5) Control and accountability.

(a) The nursing home shall maintain and follow written procedures which provide for the accurate control and accountability of all drugs in the nursing home.

(b) No drugs may be returned from the nursing home to a pharmacy except as provided in paragraph (4)(d) or if the drug is returned in unopened unit dose packages.

(c) Drugs shall be released to a resident upon discharge only on specific written authorization of the attending physician. A receipt containing information sufficient to document the drug's destination, the person who received the drug, and the name and quantity of drugs released shall be entered in the resident's health record.

(d) All of an individual resident's drugs including Schedule III, IV and V controlled substances, that are discontinued by the physician and remain unused, shall be destroyed by a licensed nurse employee of the nursing home in the presence of a witness within 90 days after having been discontinued, and accurate records of destruction maintained except from drugs which are sealed in unit dose packages.

(e) Outdated, unapproved, contaminated, deteriorated, adulterated, or recalled drugs shall not be available for use in the nursing home.

(f) Except in the case of Schedule II controlled substances and drugs which are sealed in unit dose packages, drugs which remain in the nursing home after the patient has died or been discharged, and drugs in containers with illegible or missing labels, shall be immediately and irretrievably disposed of by a licensed nurse employee in the presence of a witness and proper records maintained of such disposal. Destruction of Schedule II drugs shall be handled in accordance with (6)(g). Unit dose packages may be returned to the pharmacy.

(6) Special requirements for controlled substances.

(a) All Schedule II controlled substances shall be stored in separately keyed and locked secure storage within a drug facility.

(b) Schedule III controlled substances shall be stored apart from other drugs and may be stored on a separate shelf, drawer, or compartment with Schedule II controlled substances.

(c) There shall be a record book for Schedule II and Schedule III controlled substances which shall be a bound book with consecutively numbered pages in which complete records of receipt and withdrawal of Schedule II and III controlled substances are maintained.

(d) At least once each 24 hours, the amount of all Schedule II controlled substances stored in the facility shall be counted by at least two persons who are legally authorized to administer drugs. A similar count shall be made of all Schedule III controlled substances at least weekly. Records of

counts shall be entered in the Schedule II and III controlled substances book(s).

(e) When a resident is discharged, a record of release for any Schedule II or III controlled substances released shall be entered on the appropriate page for the given drug in the controlled substances record book.

(f) Any discrepancy in actual count of Schedule II or III controlled substances and the record shall be documented in the Schedule II or III controlled substances books and reported immediately to the responsible supervisor who shall investigate the discrepancy. Any discrepancy which has not been corrected within seven calendar days shall be reported to the consultant pharmacist and the Washington state board of pharmacy.

(g) Discontinued Schedule II controlled substances and all Schedule II controlled substances which remain after the discharge or death of residents shall:

(i) Be destroyed at the nursing home within 30 days by two of the following individuals: A licensed pharmacist, the director of nursing or a registered nurse designee, and a registered nurse employee of the nursing home with appropriate documentation maintained, or

(ii) Be destroyed at the nursing home by a representative of the Washington state board of pharmacy if so requested by the board or the nursing home.

(h) A nursing home may establish procedures which vary from those paragraphs (6)(a)(g) if they are using a unit dose drug distribution system and if that system provides for the accurate accounting, by the nursing home and the supplying pharmacy, of the receipt and disposition of all Schedule II and III controlled substances.

(7) Drug administration.

(a) Staff shall follow written procedures which provide for the safe handling and administration of drugs to residents.

(i) Drugs shall be administered only by persons licensed to administer drugs.

(ii) The resident shall be identified prior to administration.

(b) All drugs shall be identified up to the point of administration.

(c) Drugs shall be prepared immediately prior to administration and administered by the same person who prepares them except under a unit dose system.

(d) Drug administration shall be documented as soon as possible after the act of administration, and shall include:

(i) Verification of administration

(ii) Reasons for ordered doses not taken

(iii) Reasons for administration of, and response to drugs given on and as needed basis (PRN).

(e) Drug orders shall be received only by a licensed nurse and administered only on the written or verbal order of a practitioner. Verbal orders shall be signed by the prescribing practitioner in a timely manner.

(f) The self-administration of medication program shall provide evidence of:

(i) Assessment of the resident's capabilities

(ii) Instructions for administration

(iii) Monitoring of progress and compliance with orders

(iv) Safe storage of drugs.

[Statutory Authority: RCW 18.64.005. 94-02-077, § 246-865-060, filed 1/5/94, effective 2/5/94; 92-12-035 (Order 277B), § 246-865-060, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-865-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-11-007 (Order 214), § 360-13-066, filed 5/9/88. Statutory Authority: RCW 18.64.005(11). 81-14-055 (Order 161), § 360-13-066, filed 6/30/81.]

WAC 246-865-070 Provision for continuity of drug therapy for residents. When a resident of a long term care facility has the opportunity for an unscheduled therapeutic leave that would be precluded by the lack of an available pharmacist to dispense drugs prescribed by an authorized practitioner, a registered nurse designated by the facility and its consultant or staff pharmacist and who agrees to such designation, may provide the resident or a responsible person with up to a 72-hour supply of a prescribed drug or drugs for use during that leave from the resident's previously dispensed package of such drugs. The drugs shall only be provided in accordance with protocols developed by the pharmaceutical services committee and the protocols shall be available for inspection. These protocols shall include the following:

(1) Criteria as to what constitutes an unscheduled therapeutic leave requiring the provision of drugs by the registered nurse;

(2) Procedures for repackaging and labeling the limited supply of previously dispensed drugs by the designated registered nurse that comply with all state and federal laws concerning the packaging and labeling of drugs;

(3) Provision to assure that none of the medication provided to the resident or responsible person may be returned to the resident's previously dispensed package of such drug or to the facility's stock.

(4) A record-keeping mechanism that will provide for the maintenance of a permanent log that includes the following information:

(a) The name of the person to whom the drug was provided;

(b) The drug and quantity provided;

(c) The date and time that the request for the drug was made;

(d) The date and time that the drug was provided;

(e) The name of the registered nurse that provided the drug;

(f) The conditions or circumstances that precluded a pharmacist from providing the drug.

Refer to WAC 246-839-810 for related regulations on this practice.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-865-070, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-865-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005 and 69.41.240. 83-10-013 (Order 174), § 360-13-100, filed 4/26/83.]

Chapter 246-867 WAC
IMPAIRED PHARMACIST REHABILITATION

WAC

WAC 246-867-001 Purpose and scope. These rules are designed to assist the board of pharmacy regarding a registrant/licensee whose competency may be impaired due to the abuse of alcohol and/or drugs. The board intends that such registrants/licensees be treated and their treatment monitored so that they can return or continue to practice pharmacy with judgment, skill, competence, and safety to the public. To accomplish this, the board shall approve voluntary substance abuse monitoring programs and shall refer registrants/licensees impaired by substance abuse to approved programs.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-867-001, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-054 (Order 025), § 360-15-010, filed 1/17/90, effective 2/17/90.]

WAC 246-867-010 Definitions. For the purpose of this chapter:

(1) "Chemical dependence - Substance abuse" means a chronic progressive illness which involves the use of alcohol and/or other drugs to a degree that it interferes in the functional life of the registrant/licensee, as manifested by health, family, job (professional services), legal, financial, or emotional problems.

(2) "Board" means the Washington state board of pharmacy.

(3) "Diversion" means illicit dispensing, distribution, or administration of a scheduled controlled substance or other legend drug not in the normal course of professional practice.

(4) "Drug" means a chemical substance alone or in combination, including alcohol.

(5) "Impaired pharmacist" means a pharmacist who is unable to practice pharmacy with judgment, skill, competence, or safety to the public due to chemical dependence, mental illness, the aging process, loss of motor skills, or any other mental or physical condition.

(6) "Approved substance abuse monitoring program" means a pharmacy recovery assistance program or program which the board has determined meets the requirement of the law and the criteria established by the board in WAC 246-867-040 which enters into a contract with pharmacists who have substance abuse problems regarding the required components of the pharmacists recovery activity and oversees the pharmacist's compliance with these requirements. Substance abuse monitoring programs do not provide evaluation or treatment to participating pharmacists.

(7) "Contract" means a comprehensive, structured agreement between the recovering pharmacist and the approved monitoring program stipulating the pharmacist's consent to comply with the monitoring program and its required components of the pharmacist's recovery program.

(8) "Approved treatment program" means a facility approved by the bureau of alcohol and substance abuse, department of social and health services according to RCW 70.96A.020(3) to provide concentrated alcoholism or drug addiction treatment if located within Washington state. Drug and alcohol addiction treatment programs located out-of-state must be equivalent to the standards required for approval under RCW 70.96A.020(3).

(9) "Aftercare" means that period of time after intensive treatment that provides the pharmacist and the pharmacist's family with group, or individualized counseling sessions, discussions with other families, ongoing contact and participation in self-help groups, and ongoing continued support of treatment program staff.

(10) "Twelve-step groups" means groups such as Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, and related organizations based on a philosophy of anonymity, peer group associations, self-help belief in a power outside of oneself which offer support to the recovering individual to maintain a chemically free lifestyle.

(11) "Random drug screens" are laboratory tests to detect the presence of drugs of abuse in body fluids which are performed at irregular intervals not known in advance by the person to be tested. The collection of the body fluid must be observed by a treatment or health care professional or other board or monitoring program-approved observer.

(12) "Recovering" means that a chemically dependent pharmacist is in compliance with a treatment plan of rehabilitation in accordance with criteria established by an approved treatment facility and an approved substance abuse monitoring program.

(13) "Rehabilitation" means the process of restoring a chemically dependent pharmacist to a level of professional performance consistent with public health and safety.

(14) "Reinstatement" means the process whereby a recovering pharmacist is permitted to resume the practice of pharmacy.

(15) "Pharmacist support group" means a group of pharmacists meeting regularly to support the recovery of its members. The group provides a confidential setting with a trained and experienced pharmacist facilitator in which pharmacists may safely discuss drug diversion, licensure issues, return to work, and other issues related to recovery.

[Statutory Authority: RCW 18.64.005 and 18.130.050. 92-12-035 (Order 277B), § 246-867-010, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-867-010, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-054 (Order 025), § 360-15-020, filed 1/17/90, effective 2/17/90.]

WAC 246-867-020 Applicability. This chapter is applicable to all registered/licensed externs, interns, pharmacists, and any pharmacy assistants. For the purpose of this chapter, the word "pharmacist" shall include externs, interns and pharmacy assistants, as defined under chapter 18.64A RCW.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-867-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-054 (Order 025), § 360-15-030, filed 1/17/90, effective 2/17/90.]

WAC 246-867-030 Reporting and freedom from liability. (1) Reporting.

(a) If any pharmacist or pharmacy owner knows or suspects that a pharmacist is impaired by chemical dependence, mental illness, physical incapacity, or other factors, that per-

son shall report any relevant information to a pharmacy recovery assistance program or to the board.

(b) If a person is required by law to report an alleged impaired pharmacist to the board, the requirement is satisfied when the person reports the pharmacist to a board-approved and contracted pharmacist recovery assistance program.

(2) Any person who in good faith reports information concerning a suspected impaired pharmacist to a pharmacy recovery assistance program or to the board shall be immune from civil liability.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-867-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-054 (Order 025), § 360-15-040, filed 1/17/90, effective 2/17/90.]

WAC 246-867-040 Approval of substance abuse monitoring programs. The board will approve pharmacist recovery, assistance, and monitoring programs which will participate in the board's substance abuse monitoring program. The board may contract for these services.

(1) The approved monitoring program will not provide evaluation or treatment to participating pharmacists.

(2) The approved monitoring program/recovery assistance staff must have the qualifications and knowledge of both substance abuse and the practice of pharmacy as defined in this chapter to be able to evaluate:

(a) Clinical laboratories.

(b) Laboratory results.

(c) Providers of substance abuse treatment, both individuals and facilities.

(d) Pharmacist support groups.

(e) The pharmacist's work environment.

(f) The ability of the pharmacist to practice with reasonable skill and safety.

(3) The approved monitoring program will enter into a contract with the pharmacist and the board to oversee the pharmacists' compliance with the requirements of the program.

(4) The approved monitoring program may make exceptions to individual components of the contract on an individual basis.

(5) The approved monitoring program staff will determine, on an individual basis, whether a pharmacist will be prohibited from engaging in the practice of pharmacy for a period of time and restrictions, if any, on the pharmacist's access to controlled substances in the work place.

(6) The approved monitoring program shall maintain records on participants.

(7) The approved monitoring program will be responsible for providing feedback to the pharmacist as to whether treatment progress is acceptable.

(8) The approved monitoring program shall report to the board any pharmacist who fails to comply with the requirements of the monitoring program.

(9) The approved monitoring program shall provide the board with a statistical report on the program, including progress of participants, at least annually.

(10) The approved monitoring program shall receive from the board guidelines on treatment, monitoring, and limitations on the practice of pharmacy for those participating in the program.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-867-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-054 (Order 025), § 360-15-050, filed 1/17/90, effective 2/17/90.]

WAC 246-867-050 Participation in approved substance abuse monitoring program. (1) The pharmacist who has been investigated by the board may accept board referral into the approved substance abuse monitoring program. This may be part of disciplinary action.

(a) The pharmacist shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by health care professionals with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The pharmacist shall enter into a contract with the board and the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The pharmacist will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The pharmacist will agree to abstain from the use of all mind-altering substances, including alcohol, except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101. Said prescriber shall notify the monitoring program of all drugs prescribed within fourteen days of the date care was provided.

(iii) The pharmacist must complete the prescribed aftercare program of the intensive treatment facility. This may include individual and/or group psychotherapy.

(iv) The pharmacist must cause the treatment counselor(s) and authorized prescriber(s) to provide reports to the appropriate monitoring program at specified intervals. Reports shall include treatment prognosis, goals, drugs prescribed, etc.

(v) The pharmacist shall submit to random drug screening, with observed specimen collection, as specified by the approved monitoring program.

(vi) The pharmacist will attend pharmacist support groups facilitated by a pharmacist and/or twelve-step group meetings as specified by the contract.

(vii) The pharmacist will comply with specified employment conditions and restrictions as defined by the contract.

(viii) The pharmacist shall sign a waiver allowing the approved monitoring program to release information to the board if the pharmacist does not comply with the requirements of this contract.

(c) The pharmacist is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, random urine screens, and other personal expenses incurred in compliance with this contract.

(d) The pharmacist may be subject to disciplinary action under RCW 18.64.160 if the pharmacist does not consent to be referred to the approved monitoring program, does not comply with specified employment restrictions, or does not successfully complete the program.

(2) A pharmacist who is not being investigated by the board or subject to current disciplinary action or currently being monitored by the board for substance abuse may voluntarily participate in the approved substance abuse monitoring program without being referred by the board. Such voluntary participants shall not be subject to disciplinary action under RCW 18.64.160 for their substance abuse and shall not have their participation known to the board if they meet the requirements of the approved monitoring program:

(a) The pharmacist shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by a health care professional with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The pharmacist shall enter into a contract with the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The pharmacist will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The pharmacist will agree to abstain from the use of all mind-altering substances, including alcohol, except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101. Said prescriber shall notify the monitoring program of all drugs prescribed within fourteen days of the date care was provided.

(iii) The pharmacist must cause the treatment counselor(s) and authorized prescriber(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment prognosis, goals, drugs prescribed, etc.

(v) The pharmacist shall submit to random drug screening, with observed specimen collection, as specified by the approved monitoring program.

(vi) The pharmacist will attend pharmacist support groups facilitated by a pharmacist and/or twelve-step group meetings as specified by the contract.

(vii) The pharmacist will comply with specified employment conditions and restrictions as defined by the contract.

(viii) The pharmacist shall sign a waiver allowing the approved monitoring program to release information to the board if the pharmacist does not comply with the requirements of this contract.

(c) The pharmacist is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, random urine screens, and other personal expenses incurred in compliance with this contract.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-867-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-054 (Order 025), § 360-15-060, filed 1/17/90, effective 2/17/90.]

WAC 246-867-060 Confidentiality. (1) The treatment and pretreatment records of license holders referred to or voluntarily participating in approved monitoring programs shall be confidential, shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena or admissible as evidence except for monitoring records reported to the disciplinary authority for cause as defined in WAC 246-867-050 (1) and (2). Records held by the board under this section shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena except by the license holder.

(2) Notwithstanding subsection (1) of this section, board orders shall be subject to RCW 42.17.250 through 42.17.450.

[Statutory Authority: RCW 18.64.005 and 18.130.050. 92-12-035 (Order 277B), § 246-867-060, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-867-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-054 (Order 025), § 360-15-070, filed 1/17/90, effective 2/17/90.]

Chapter 246-869 WAC
PHARMACY LICENSING

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-869-050 Pharmacy license renewal. [Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-869-050, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-14-041 (Order 215), § 360-16-025, filed 6/30/88. Statutory Authority: RCW 18.64.043. 84-12-019 (Order 186), § 360-16-025, filed 5/25/84.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-869-240 Pharmacist's professional responsibilities. [Statutory Authority: RCW 18.64.005. 92-08-058 (Order 260B), § 246-869-240, filed 3/26/92, effective 4/26/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-240, filed 8/30/91, effective 9/30/91; Order 129, § 360-16-290, filed 7/13/76; Order 127, § 360-16-290, filed 12/1/75.] Repealed by 96-03-016, filed 1/5/96, effective 2/5/96. Statutory Authority: RCW 18.64.005.

246-869-260 Pharmacist supervised sales—General. [Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-260, filed 8/30/91, effective 9/30/91; Regulation 15, filed 3/23/60.] Repealed by 97-20-165, filed 10/1/97, effective 11/1/97. Statutory Authority: RCW 18.64.005.

WAC 246-869-020 Pharmacies and differential hours. (1) A pharmacy must provide adequate security for its drug supplies and records and in the absence of a pharmacist the pharmacy must be closed and access limited to persons authorized by the pharmacist; for example, janitorial services, inventory services, etc. If a pharmacy is located within a larger mercantile establishment which is open to the public for business at times when a pharmacist is not present then the pharmacy must be enclosed by solid partitions at least seven feet in height, from the floor, which are sufficient to provide adequate security for the pharmacy. In the absence of a pharmacist such pharmacies must be locked and secured so that only persons authorized by the pharmacist can gain access, provided however that employees of the mercantile establishment cannot be authorized to enter the closed pharmacy during those hours that the mercantile establishment is open to the public for business.

(2) All equipment and records referred to in WAC 246-869-180 and all drugs, devices, poisons and other items or products which are restricted to sale either by or under the personal supervision of a pharmacist must be kept in the pharmacy area.

(3) Written prescription orders and refill request can be delivered to a pharmacy at any time. But if no pharmacist is present then the prescription orders must be deposited, by the patient or his agent delivering the prescription order or refill request to the establishment, into a "mail slot" or "drop box" such that the prescription order is stored in the pharmacy area. The times that the pharmacy is open for business must be so displayed that they are prominently visible to the person depositing the prescription orders.

(4) Prescriptions shall be stored in the pharmacy and cannot be removed from the pharmacy unless the pharmacist is present and the removal is for the immediate delivery to the patient, person picking up the prescription for the patient, or person delivering the prescription to the patient at his residence or similar place.

(5) No drugs, devices, poisons and other items or products which are restricted to sale either by or under the personal supervision of a pharmacist can be sold or delivered without a pharmacist being present in the pharmacy.

(6) Any pharmacy having hours differing from the remainder of an establishment shall have a separate and distinct telephone number from that business establishment. The phone shall not be answerable in the remainder of the establishment unless all conversations, when the pharmacist is absent, are recorded and played back by the pharmacist.

(7) Oral prescriptions cannot be taken if a pharmacist is not present unless it is taken on a recording which must inform the caller as to the times the pharmacy is open.

(8) A pharmacy must prominently display in a permanent manner on or adjacent to its entrance the times that it is open for business. If a pharmacy is located within a larger mercantile establishment having hours of operation different from the pharmacy then the pharmacy times of being open for business shall be prominently displayed in a permanent manner at the pharmacy area and on or adjacent to the entrance to the mercantile establishment.

(9) Any advertising by the mercantile establishment which makes reference to the pharmacy or those products which are sold only in the pharmacy which in such advertising sets forth the days and hours that the mercantile establishment is open to the public for business must also indicate the days and hours that the pharmacy is open to the public for business.

(10) Any person desiring to operate a pharmacy within an establishment having hours of business differing from the pharmacy must notify the board of pharmacy at least thirty days prior to commencing such differential hours. In order to constitute notification the applicant must complete the file forms provided by the board providing the required information. Board inspection and approval must be completed prior to the commencing of such differential hours. Such inspection and approval or disapproval shall be within 10 days of receiving notification that the premises are ready for inspection. Approval or disapproval shall be predicated upon compliance with this rule and pharmacy standards under chapter 246-869 WAC.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-869-020, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-020, filed 8/30/91, effective 9/30/91; Order 106, § 360-16-005, filed 9/11/70.]

WAC 246-869-030 Pharmacy license notice requirements. (1) Applications for a new pharmacy license must be submitted at least thirty days prior to the next regularly scheduled board meeting and the board shall require the submission of proof of the applicant's identity, and qualifications and such other information as may be necessary to properly evaluate the application, and, at its option, the board may require a personal interview at the next scheduled board meeting.

(2) In case of change of ownership or location of a pharmacy, the original license comes void and must be returned with a new application, as set forth in paragraph (1) above, and the statutorily required fees.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-030, filed 8/30/91, effective 9/30/91; Order 114, § 360-16-011, filed 6/28/73.]

WAC 246-869-040 New pharmacy registration. The state board of pharmacy shall issue no new pharmacy registrations after December 1, 1976 unless:

(1) The pharmacy will operate a bona fide prescription department, with such equipment, facilities, supplies and pharmaceuticals as are specified by state board regulations;

(2) The pharmacy passes inspection with a minimum of an "A" grade;

(3) The pharmacy in a new or remodeled building can produce evidence of being built or remodeled in accordance with all building, health and fire codes required for the particular area.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-040, filed 8/30/91, effective 9/30/91; Order 130, § 360-16-020, filed 11/10/76; Regulation 10, filed 3/23/60.]

WAC 246-869-060 Employers to require evidence of pharmacist's qualifications. It shall be the duty of every employer to require suitable evidence of qualifications to

practice pharmacy before they permit anyone to be in charge, compound or dispense drugs on their premises.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-060, filed 8/30/91, effective 9/30/91; Regulation 19 (part), filed 3/23/60.]

WAC 246-869-070 Responsible manager—Appointment. Every nonlicensed proprietor of one or more pharmacies shall place in charge of each pharmacy a licensed pharmacist who shall be known as the "responsible manager." The nonlicensed proprietor shall immediately report to the state board of pharmacy the name of the "responsible manager," who shall ensure that the pharmacy complies with all the laws, rules and regulations pertaining to the practice of pharmacy. Every portion of the establishment coming under the jurisdiction of the pharmacy laws shall be under the full and complete control of such responsible manager. A now-licensed proprietor shall at once notify the board of pharmacy of the termination of employment of a responsible manager. Please refer to WAC 246-863-060 for additional information.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-869-070, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 79-10-007 (Order 151, Resolution No. 9/79), § 360-16-050, filed 9/6/79; Regulation 6, filed 3/23/60.]

WAC 246-869-080 Clinic dispensaries. The clinics of this state shall place their dispensaries in charge of a registered pharmacist, or the dispensing must be done by each prescribing physician in person.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-080, filed 8/30/91, effective 9/30/91; Regulation 9, filed 3/23/60.]

WAC 246-869-090 Prescription transfers. The transfer of original prescription information for a noncontrolled substance legend drug for the purpose of refill dispensing is permissible between pharmacies subject to the following requirements:

(1) The transfer is communicated directly between two licensed pharmacists and the transferring pharmacist records the following information:

(a) Record in the patient medication record system that a copy has been issued.

(b) Record in the patient medication record system the name and address of the pharmacy to which it was transferred and the name of the pharmacist receiving the prescription information.

(2) The pharmacist receiving the transferred prescription information shall reduce to writing the following:

(a) Write the word "TRANSFER" on the face of the transferred prescription.

(b) Provide all information required to be on the prescription - patient's name and address; doctor's name and address, and also include:

(i) Date of issuance of original prescription.

(ii) Number of valid refills remaining and date of last refill.

(iii) The pharmacy's name, address, and original prescription number from which the prescription information was transferred.

(iv) Name of transferor pharmacist.

(c) Both the original and transferred prescription must be maintained as if they were original prescriptions.

(d) A transferred prescription may not be refilled after one year from the date the original was issued.

(e) The above subsections apply to the transfer of prescription information for noncontrolled substances. The transfer of controlled substance prescription information must conform to the requirements of 21 CFR 1306.26.

(3) When a prescription is transferred, no further refills shall be issued by the transferring pharmacy.

(4) If two or more pharmacies utilize a common electronic data base for prescription recordkeeping, prescriptions may be refilled at any of these pharmacies as long as there is provided an audit trail which documents the location of each filling and provisions are made to assure that the number of authorized refills are not exceeded.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-090, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-23-058 (Order 221), § 360-16-094, filed 11/15/88.]

WAC 246-869-095 Facsimile transmission of prescription orders. Prescription orders may be transmitted to pharmacies from prescriber's offices and health care facilities using facsimile transmission devices subject to the following requirements:

(1) The order contains the date, time, and telephone number and location of the transmitting device.

(2) Transmission of orders for Schedule II drugs are not allowed provided that, when an emergency exists, an order for Schedule II controlled substances may be dispensed and delivered to a patient pursuant to a facsimile transmission subject to the requirements of WAC 246-887-020(7). And further provided that, in a nonemergent situation, an order for Schedule II controlled substances may be prepared for delivery to a patient pursuant to a facsimile transmission but may not be delivered to the patient except upon presentation of a written order.

(3) The transmitted order shall be filed in the same manner as any other prescription. However, the pharmacist is responsible for assuring that the quality of the order is sufficient to be legible for at least two years pursuant to the records retention requirements of WAC 246-869-100.

(4) Refill authorizations for prescriptions may be transmitted using a facsimile device.

(5) The pharmacist is responsible for assuring that each facsimile prescription is valid and shall verify authenticity with the prescriber whenever there is a question.

(6) No agreement between a prescriber and a pharmacy shall require that prescription orders be transmitted by facsimile machine from the prescriber to only that pharmacy.

[Statutory Authority: RCW 18.64.005. 92-14-032 (Order 283B), § 246-869-095, filed 6/23/92, effective 7/24/92.]

WAC 246-869-100 Prescription record requirements. (1) Records for the original prescription and refill

records shall be maintained on the filled prescription or in a separate record book or patient medication record. Such records must be maintained for a period of at least two years and shall be made available for inspection to representatives of the board of pharmacy.

(2) The pharmacist shall be required to insure that the following information be recorded:

(a) Original prescription—At the time of dispensing, a serial number, date of dispensing, and the initials of the responsible pharmacist shall be placed on the face of the prescription. The patient's address must be readily available to the pharmacist, either from the face of the prescription, a record book, patient medication record, or hospital or clinic record.

(b) Refill prescription authorization—Refills for prescription for legend drugs must be authorized by the prescriber prior to the dispensing of the refill prescription.

(c) Refill prescription—At the time of dispensing, the date of refilling, quantity of the drug (if other than original), the name of authorizing person (if other than original), and the initials of the responsible pharmacist shall be recorded on the back side of the prescription, or in a separate record book or patient medication record.

(d) Prescription refill limitations—No prescription may be refilled for a period longer than one year from the date of the original prescription. "PRN" prescriptions shall expire at the end of one year. Expired prescriptions require authorization before filling. If granted a new prescription shall be written and placed in the files.

(e) Prescription copies—Prescription copies and prescription labels presented for filling must be considered as informational only, and may not be used as the sole document. The prescriber shall be contacted for complete information and authorization. If granted, a new prescription shall be written and placed on file. Copies of prescriptions must be clearly identified as such on the face of the prescription. The transfer of original prescription information is permitted if the provisions of WAC 246-869-090 are met.

(f) Emergency refills—If the prescriber is not available and in the professional judgment of the pharmacist an emergency need for the medication has been demonstrated, the pharmacist may dispense enough medication to last until a prescriber can be contacted - but not to exceed 72 hours' supply. The prescriber shall be promptly notified of the emergency refill.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-869-100, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-100, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 89-22-046, § 360-16-096, filed 10/30/89, effective 11/30/89; 88-23-058 (Order 221), § 360-16-096, filed 11/15/88; Order 131, § 360-16-096, filed 2/4/77; Order 126, § 360-16-096, filed 5/21/75; Order 117, § 360-16-096, filed 11/9/73; Regulation 49, filed 12/1/65.]

WAC 246-869-110 Refusal to permit inspection. The refusal to permit an authorized representative of the Washington state board of pharmacy to examine during normal business hours the premises, inventory and/or records relating to drugs of licensed wholesalers, manufacturers, pharmacies and shopkeepers constitutes grounds for the suspension or revocation of the establishment's license and/or that of the pharmacist refusing such requested examination.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-110, filed 8/30/91, effective 9/30/91; Order 109, § 360-16-098, filed 5/23/72; Order 103, § 360-16-098, filed 12/5/69.]

WAC 246-869-120 Mechanical devices in hospitals. Mechanical devices for storage of floor stock, shall be limited to hospitals and shall comply with all the following provisions:

(1) All drugs and medicines to be stocked in the device shall be prepared for use in the device by or under the direct supervision of a registered pharmacist in the employ of the hospital and shall be prepared in the hospital from the hospital stock in which the drug is to be administered. "Hospital" shall mean any hospital licensed by the state department of health or under the direct supervision of the state department of institutions.

(2) Such device shall be stocked with drugs and medicines only by a registered pharmacist in the employ of the hospital.

(3) A registered pharmacist in the employ of the hospital shall be personally responsible for the inventory and stocking of drugs and medicines in the device and he shall be personally responsible for the condition of the drugs and medicines stored in the device.

(4) A registered pharmacist in the employ of the hospital shall be the only person having access to that portion, section, or part of the device in which the drugs or medicines are stored.

(5) All containers of drugs or medicines to be stored in the device shall be correctly labeled to include: Name, strength, route of administration and if applicable, the expiration date.

(6) At the time of the removal of any drug or medicine from the device, the device shall automatically make a written record showing the name, strength, and quantity of the drug or medicine removed, the name of the patient for whom the drug or medicine was ordered, and the identification of the nurse removing the drug or medicine from the device. The record must be maintained for two years by the hospital and shall be accessible to the pharmacist.

(7) Medical practitioners authorized to prescribe, pharmacists authorized to dispense, or nurses authorized to administer such drugs shall be the only persons authorized to remove any drug or medicine from the device and such removal by a nurse or medical practitioner shall be made only pursuant to a chart order. An identification mechanism, required to operate the device shall be issued permanently to each operator while the operator is on the staff of, or employed by the hospital. Such mechanism must imprint the operator's name or number if it permits the device to operate.

(8) The device shall be used only for the furnishing of drugs or medicines for administration in the hospital to registered in-patients or emergency patients in the hospital.

(9) Every hospital seeking approval to use any device shall, prior to installation of the device, register with the board by filing an application. Such application shall contain: The name and address of the hospital; the name of the regis-

tered pharmacist who is to be responsible for stocking the device; the manufacturer's name and model, description, and the proposed location of each device in the hospital.

(10) No such device shall be used until approval has been granted by the board, and no change in the location of the device or in the registered pharmacist responsible for stocking the device shall be made without prior written notice to the board. No such device shall be removed from the licensed premises without prior approval of the board.

(11) As used in this section, a "pharmacist in the employ of the hospital" shall not include any pharmacist who is, or is employed by, a manufacturer, wholesaler, distributor, or itinerant vendor of drugs or medicines.

(12) Each and every device approved by the board shall be issued a certificate of location. Such certificate must be conspicuously displayed on the device and contain the following:

(a) Name and address of the hospital

(b) Name of the registered pharmacist who is to be responsible for stocking the device

(c) Location of the device in the hospital

(d) Manufacturer's name of the device and the serial number of the device.

(13) Upon any malfunction the device shall not be used until the malfunction has been corrected.

(14) A copy of this regulation shall be attached to each and every device certified by the board of pharmacy.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-869-120, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-120, filed 8/30/91, effective 9/30/91; Regulation 47, filed 12/1/65.]

WAC 246-869-130 Return or exchange of drugs. Except as provided in this rule, prescriptions, drugs, medicines, sick room supplies and items of personal hygiene shall not be accepted for return or exchange by any pharmacist or pharmacy after such prescriptions, drugs, medicines, sick room supplies or items of personal hygiene have been taken from the premises where sold, distributed or dispensed.

(1) Those drugs and sick room supplies legally dispensed by prescription in unit dose forms or in sealed single or multiple dose ampoules or vials in which the pharmacist can readily determine that entry or attempted entry by any means has not been made and which, in the pharmacist's professional judgment, meet the standards of the United States Pharmacopeia for storage conditions including temperature, light sensitivity, chemical and physical stability may be returned.

(2) Pharmacies serving hospitals and long-term care facilities may accept for return and reuse, unit dose packages or full or partial multiple dose medication cards based on the following criteria;

(a) The pharmacist can readily determine that entry or attempt at entry to the unit dose package or blister card has not been made;

(b) In the pharmacist's professional judgment, the unit dose package or full or partial multiple dose medication card meets the standards of the United States Pharmacopeia for storage conditions including temperature, light sensitivity, chemical and physical stability;

(c) The drug has been stored in such a manner as to prevent contamination by a means that would affect the efficacy and toxicity of the drug;

(d) The drug has not come into physical possession of the person for whom it was prescribed and control of the drug being returned is known to the pharmacist to have been the responsibility of a person trained and knowledgeable in the storage and administration of drugs;

(e) The drug labeling or packaging has not been altered or defaced so that the identity of the drug, its potency, lot number, and expiration date is retrievable.

(f) If the drug is prepackaged, it shall not be mixed with drugs of different lot numbers and/or expiration dates unless the specific lot numbers are retrievable and the expiration dates accompany the drug. If the drug is extemporaneously packaged, it shall not be mixed with drugs of different expiration dates unless the earliest expiration date appears on the label of the drug.

(3) This rule shall not include items such as orthopedic appliances, crutches, canes, wheelchairs and other similar items unless otherwise prohibited.

(4) Controlled substances shall not be returned to a pharmacy except for destruction in accordance with rules of the drug enforcement administration or the Washington state board of pharmacy.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-130, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 84-12-020 (Order 187), § 360-16-150, filed 5/25/84; Regulation 28, filed 3/23/60.]

WAC 246-869-140 Prescription department—Conversing with pharmacist prohibited. Henceforth the prescription department of every licensed pharmacy in the state of Washington shall be protected against trespass by the lay public. No person shall be permitted to converse with a registered pharmacist while he or she is engaged in compounding a prescription, except nothing in this promulgation shall prevent one pharmacist from consulting with another pharmacist, a physician, a dentist or a veterinary surgeon, regarding the contents or technique connected with or pertaining to, the prescription being compounded.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-140, filed 8/30/91, effective 9/30/91; Regulation 37, filed 11/23/60.]

WAC 246-869-150 Physical standards for pharmacies—Adequate stock. (1) The pharmacy must maintain at all times a representative assortment of drugs in order to meet the pharmaceutical needs of its patients.

(2) Dated items—All merchandise which has exceeded its expiration date must be removed from stock.

(3) All stock and materials on shelves or display for sale must be free from contamination, deterioration and adulteration.

(4) All stock and materials must be properly labeled according to federal and state statutes, rules and regulations.

(5) Devices that are not fit or approved by the FDA for use by the ultimate consumer shall not be offered for sale and must be removed from stock.

(6) All drugs shall be stored in accordance with USP standards and shall be protected from excessive heat or freezing except as those drugs that must be frozen in accordance with the requirements of the label. If drugs are exposed to excessive heat or frozen when not allowed by the requirements of the label, they must be destroyed.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-150, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 85-11-066 (Order 194), § 360-16-200, filed 5/21/85; Order 131, § 360-16-200, filed 2/4/77; Order 51 (part), filed 8/15/67.]

WAC 246-869-160 Physical standards for pharmacies—Adequate facilities. (1) The prescription department shall be well lighted (adequately to allow any person with normal vision to read a label without strain, 30-50 foot candles).

(2) The prescription department shall be well ventilated. There shall be a constant flow of air through the area.

(3) There shall be a minimum of three linear feet by a minimum of 18 inches in depth of counter working space for each pharmacist or intern compounding or filling prescriptions at the same time.

(4) The prescription counter shall be uncluttered and clean at all times. Only those items necessary to the filling of prescriptions shall be thereon. (Profile systems are excepted.)

(5) There shall be a sink with hot and cold running water in the prescription compounding area.

(6) There shall be refrigeration facilities with a thermometer in the prescription compounding area for the storage of pharmaceutical items requiring refrigeration. USP standards of refrigeration require that the temperature be maintained between two degrees and eight degrees Centigrade (36 degrees and 46 degrees Fahrenheit). A locked refrigerator in the immediate vicinity of the prescription department will meet the requirements of this paragraph.

(7) The prescription department shall be situated so that the public shall not have free access to the area where legend drugs, controlled substances, poisons, or other restricted items are stored, compounded or dispensed.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-160, filed 8/30/91, effective 9/30/91; Order 131, § 360-16-210, filed 2/4/77; Order 51 (part), filed 8/15/67.]

WAC 246-869-170 Physical standards for pharmacies—Sanitary conditions. (1) The walls, ceilings, floors and windows shall be clean, free from cracked and peeling paint or plaster, and in general good repair and order.

(2) Adequate trash receptacles shall be available, both in the prescription compounding and in the retail areas.

(3) If a restroom is provided, there must be a sink with hot and cold running water, soap and towels, and the toilet must be clean and sanitary.

(4) All equipment must be kept in a clean and orderly manner. That equipment used in the compounding of prescriptions (counting, weighing, measuring, mixing and stirring equipment) must be clean and in good repair.

(5) All professional personnel and staff, while working in the pharmacy, shall keep themselves and their apparel neat and clean.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-170, filed 8/30/91, effective 9/30/91; Order 131, § 360-16-220, filed 2/4/77; Order 51 (part), filed 8/15/67.]

WAC 246-869-180 Physical standards for pharmacies—Adequate equipment. (1) All pharmacies shall have in their possession the equipment and supplies necessary to compound, dispense, label, administer and distribute drugs and devices. The equipment shall be in good repair and shall be available in sufficient quantity to meet the needs of the practice of pharmacy conducted therein.

(2) All pharmacies will have in their possession:

(a) One up-to-date copy of the state of Washington statutes, rules and regulations governing the practice of pharmacy, the sale and dispensing of drugs, poisons, controlled substances, and medicines maintained in a binder.

(3) All pharmacies shall have up-to-date references in order for the pharmacist(s) to furnish patients and practitioners with information concerning drugs.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-180, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 85-11-066 (Order 194), § 360-16-230, filed 5/21/85; 84-03-015 (Order 180), § 360-16-230, filed 1/9/84; Order 131, § 360-16-230, filed 2/4/77; Order 118, § 360-16-230, filed 1/2/74; Order 51 (part), filed 8/15/67.]

WAC 246-869-190 Pharmacy inspections. (1) All pharmacies shall be subject to periodic inspections to determine compliance with the laws regulating the practice of pharmacy.

(2) Each inspected pharmacy shall receive a classification rating which will depend upon the extent of that pharmacy's compliance with the inspection standards.

(3) There shall be three rating classifications:

(a) "Class A" - for inspection scores of 90 to 100;

(b) "Conditional" - for inspection scores of 80 to 89; and,

(c) "Unsatisfactory" - for inspection scores below 80.

(4) Any pharmacy receiving a conditional rating shall have sixty days to raise its inspection score rating to 90 or better. If upon reinspection after sixty days, the pharmacy fails to receive a rating of 90 or better, then the pharmacy will be subject to disciplinary action.

(5) Any pharmacy receiving an unsatisfactory rating shall have fourteen days to raise its inspection score rating to 90 or better. If upon reinspection after fourteen days, the pharmacy fails to receive a rating of 90 or better, then the pharmacy will be subject to disciplinary action.

(6) The certificate of inspection must be posted in conspicuous view of the general public and shall not be removed or defaced.

(7) Noncompliance with the provisions of chapter 18.64A RCW (Pharmacy assistants) and, chapter 246-901 WAC (Pharmacy assistants) resulting in a deduction of at least five points shall result in an automatic unsatisfactory rating regardless of the total point score.

(8) Pharmacies receiving an unsatisfactory rating which represent a clear and present danger to the public health, safety and welfare will be subject to summary suspension of the pharmacy license.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-869-190, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005

and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-190, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 87-08-031 (Order 205), § 360-16-235, filed 3/27/87.]

WAC 246-869-200 Poison control. (1) The telephone number of the nearest poison control center shall be readily available.

(2) Each pharmacy shall maintain at least one ounce bottle of Ipecac syrup in stock at all times.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-200, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 87-08-031 (Order 205), § 360-16-245, filed 3/27/87; Order 120, § 360-16-245, filed 3/11/74.]

WAC 246-869-210 Prescription labeling. To every prescription container, there shall be fixed a label or labels bearing the following information:

(1) All information as required by RCW 18.64.246, provided that in determining an appropriate period of time for which a prescription drug may be retained by a patient after its dispensing, the dispenser shall take the following factors into account:

(a) The nature of the drug;

(b) The container in which it was packaged by the manufacturer and the expiration date thereon;

(c) The characteristics of the patient's container, if the drug is repackaged for dispensing;

(d) The expected conditions to which the article may be exposed;

(e) The expected length of time of the course of therapy; and

(f) Any other relevant factors.

The dispenser shall, on taking into account the foregoing, place on the label of a multiple unit container a suitable beyond-use date or discard-by date to limit the patient's use of the drug. In no case may this date be later than the original expiration date determined by the manufacturer.

(2) The quantity of drug dispensed, for example the volume or number of dosage units.

(3) The following statement, "Warning: State or federal law prohibits transfer of this drug to any person other than the person for whom it was prescribed."

(4) The information contained on the label shall be supplemented by oral or written information as required by WAC 246-869-220.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-869-210, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-210, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.246. 85-06-010 (Order 193), § 360-16-255, filed 2/22/85. Statutory Authority: RCW 18.64.005. 84-22-027 (Order 191), § 360-16-255, filed 11/1/84.]

WAC 246-869-220 Patient 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.]

WAC 246-869-230 Child-resistant containers. (1) All legend drugs shall be dispensed in a child-resistant container as required by federal law or regulation, including CFR Part 1700 of Title 16, unless:

(a) Authorization is received from the prescriber to dispense in a container that is not child-resistant.

(b) Authorization is obtained from the patient or a representative of the patient to dispense in a container that is not child-resistant.

(2) Authorization from the patient to the pharmacist to use a regular container (nonchild-resistant) shall be verified in one of the following ways:

(a) The patient or his agent may sign a statement on the back of the prescription requesting a container that is not child-resistant.

(b) The patient or his agent may sign a statement on a patient medication record requesting containers that are not child-resistant.

(c) The patient or his agent may sign a statement on any other permanent record requesting containers that are not child-resistant.

(3) No pharmacist or pharmacy employee may designate himself or herself as the patient's agent.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-230, filed 8/30/91, effective 9/30/91; Order 126, § 360-16-270, filed 5/21/75.]

WAC 246-869-235 Prescription drug repackaging—Definitions. (1) "Unit-dose" means the ordered amount of a drug in an individually sealed package and in a dosage form ready for administration to a particular person by the prescribed route at the prescribed time.

(2) "Unit-of-use" means a sufficient quantity of a drug for one normal course of therapy.

(3) "Lot number," "control number" means any distinctive combination of letters, numbers, or symbols, or any combination of them, from which a complete history of the manufacturer, processing, packing, holding, and distribution of a batch or lot of drug product or other material can be determined.

(4) "Med-pack" means any package prepared under the immediate supervision of a pharmacist for a specific patient comprising a series of containers and containing one or more

prescribed solid oral dosage forms including multifill blister packs.

[Statutory Authority: RCW 18.64.005. 93-01-051 (Order 320B), § 246-869-235, filed 12/10/92, effective 1/10/93.]

WAC 246-869-250 Closing a pharmacy. (1) Whenever a pharmacy ceases to operate, the owner shall notify the pharmacy board of the pharmacy's closing not later than fifteen days prior to the anticipated date of closing. This notice shall be submitted in writing and shall contain all of the following information:

(a) The date the pharmacy will close;

(b) The names and addresses of the persons who shall have custody of the prescription files, the bulk compounding records, the repackaging records, and the controlled substances inventory records of the pharmacy to be closed;

(c) The names and addresses of any persons who will acquire any of the legend drugs from the pharmacy to be closed, if known at the time the notification is filed.

(2) Not later than 15 days after the pharmacy has closed, the owner shall submit to the pharmacy board the following documents:

(a) The license of the pharmacy that closed; and

(b) A written statement containing the following information;

(i) Confirmation that all legend drugs have been transferred to an authorized person (or persons) or destroyed. If the legend drugs were transferred, the names and addresses of the person(s) to whom they were transferred;

(ii) If controlled substances were transferred, a list of the names and addresses to whom the substances were transferred, the substances transferred, the amount of each substance transferred, and the date on which the transfer took place;

(iii) Confirmation that the drug enforcement administration (DEA) registration and all unused DEA 222 forms (order forms) were returned to the DEA;

(iv) Confirmation that all pharmacy labels and blank prescriptions which were in the possession of the pharmacy were destroyed;

(v) Confirmation that all signs and symbols indicating the presence of the pharmacy have been removed.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-250, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005 and 69.41.240. 83-10-013 (Order 174), § 360-16-300, filed 4/26/83.]

WAC 246-869-255 Customized patient medication packages. The board approves the use of med-pack containers in the dispensing of prescription drugs within the same pharmacy, provided that:

(1) The pharmacy must maintain custody of the original prescription container at the pharmacy;

(2) No more than a thirty-one day supply of drugs is packaged;

(3) The signature of the patient or the patient's agent is obtained for dispensing in a nonchild resistant container;

(4) The container's label bear the following information:

(a) Pharmacy name and address;

(b) Patient's name;

(c) Drug name, strength, quantity;

(d) Directions;

(e) Serial prescription numbers; date

(f) Prescriber's name, and pharmacist's initials.

[Statutory Authority: RCW 18.64.005. 93-01-051 (Order 320B), § 246-869-255, filed 12/10/92, effective 1/10/93.]

Chapter 246-871 WAC

PHARMACEUTICAL—PARENTERAL PRODUCTS FOR NONHOSPITALIZED PATIENTS

WAC

WAC 246-871-001 Scope and purpose. The purpose of this chapter is to provide standards for the preparation, labeling, and distribution of parenteral products by licensed pharmacies, pursuant to an order or prescription. These standards are intended to apply to all parenteral products not administered in a hospital.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-871-001, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-055 (Order 026), § 360-16A-010, filed 1/17/90, effective 2/17/90.]

WAC 246-871-010 Definitions. (1) Biological safety cabinet - A containment unit suitable for the preparation of low to moderate risk agents where there is a need for protection of the product, personnel, and environment according to National Sanitation Foundation (NSF) Standard 49.

(2) Class 100 environment - An atmospheric environment which contains less than 100 particles 0.5 microns in diameter per cubic foot of air, according to Federal Standard 209B.

(3) Antineoplastic - A pharmaceutical that has the capability of killing malignant cells.

(4) Parenteral - Sterile preparations of drugs for injection through one or more layers of skin.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-871-010, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-055 (Order 026), § 360-16A-020, filed 1/17/90, effective 2/17/90.]

WAC 246-871-020 Policy and procedure manual. (1) A policy and procedure manual as it relates to parenteral products shall be available for inspection at the pharmacy. The manual shall be reviewed and revised on an annual basis by the on-site pharmacist-in-charge.

(2) The manual shall include policies and procedures for:

(a) Clinical services;

(b) Parenteral product handling, preparation, dating, storage, and disposal;

(c) Major and minor spills of antineoplastic agents, if applicable;

(d) Disposal of unused supplies and medications;

(e) Drug destruction and returns;
(f) Drug dispensing;
(g) Drug labeling—relabeling;
(h) Duties and qualifications for professional and nonprofessional staff;
(i) Equipment;
(j) Handling of infectious waste pertaining to drug administration;
(k) Infusion devices and drug delivery systems;
(l) Dispensing of investigational medications;
(m) Training and orientation of professional and nonprofessional staff commensurate with the services provided;
(n) Quality assurance;
(o) Recall procedures;
(p) Infection control:
(i) Suspected contamination of parenteral products;
(ii) Orientation of employees to sterile technique;
(q) Sanitation;
(r) Security;
(s) Transportation; and
(t) Absence of a pharmacist.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-871-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-055 (Order 026), § 360-16A-030, filed 1/17/90, effective 2/17/90.]

WAC 246-871-030 Physical requirements. (1) Space. The pharmacy shall have a designated area with entry restricted to designated personnel for preparing compounded parenteral products. This area shall be designed to minimize traffic and airflow disturbances. It shall be used only for the preparation of these specialty products. It shall be of sufficient size to accommodate a laminar airflow hood and to provide for the proper storage of drugs and supplies under appropriate conditions of temperature, light, moisture, sanitation, ventilation, and security.

(2) Equipment. The pharmacy preparing parenteral products shall have:

(a) Appropriate environmental control devices capable of maintaining at least a Class 100 environment condition in the workspace where critical objects are exposed and critical activities are performed; furthermore, these devices are capable of maintaining Class 100 environment conditions during normal activity;

(b) Clean room and laminar flow hood certification shall be conducted annually by an independent contractor according to Federal Standard 209B or National Sanitation Foundation 49 for operational efficiency. These reports shall be maintained for at least two years;

(c) Prefilters. Prefilters for the clean air source shall be replaced on a regular basis and the replacement date documented;

(d) Sink with hot and cold running water which is convenient to the compounding area for the purpose of hand scrubs prior to compounding;

(e) Appropriate disposal containers for used needles, syringes, etc., and if applicable, antineoplastic agents;

(f) Refrigerator/freezer with thermometer;

(g) Temperature controlled delivery container, if appropriate;

(h) Infusion devices, if appropriate.

(3) Reference library. The pharmacy shall have current reference materials related to parenteral products. These reference materials will contain information on stability, incompatibilities, mixing guidelines, and the handling of antineoplastic products.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-871-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-055 (Order 026), § 360-16A-040, filed 1/17/90, effective 2/17/90.]

WAC 246-871-040 Personnel. (1) Pharmacist-in-charge. Each pharmacy shall be managed on site by a pharmacist who is licensed to practice pharmacy in this state and who has been trained in the specialized functions of preparing and dispensing compounded parenteral products, including the principles of aseptic technique and quality assurance. This training may be obtained through residency training programs, continuing education programs, or experience in an IV admixture facility. The pharmacist-in-charge shall be responsible for the purchasing, storage, compounding, repackaging, dispensing, and distribution of all parenteral products. He/she shall also be responsible for the development and continuing review of all policies and procedures, training manuals, and the quality assurance programs. The pharmacist-in-charge may be assisted by additional pharmacists trained in this area of practice.

(2) Supportive personnel. The pharmacist-in-charge may be assisted by a level A pharmacy assistant. The level A pharmacy assistant shall have specialized training in this field and shall work under the immediate supervision of a pharmacist. The training provided to these personnel shall be described in writing in a training manual pursuant to chapter 246-901 WAC and chapter 18.64A RCW. The duties and responsibilities of the level A pharmacy assistant must be consistent with his/her training and experience.

(3) Staffing. A pharmacist shall be accessible twenty-four hours per day for each pharmacy to respond to patient's and other health professionals' questions and needs.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-871-040, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-871-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-055 (Order 026), § 360-16A-060, filed 1/17/90, effective 2/17/90.]

WAC 246-871-050 Drug distribution and control. (1) Prescription. The pharmacist, or pharmacy intern acting under the immediate supervision of a pharmacist, must receive a written or verbal prescription from an authorized prescriber before dispensing any parenteral product. Prescriptions may be filed within the pharmacy by patient-assigned consecutive numbers. A new prescription is required every twelve months or upon any prescription change. These prescriptions shall, at a minimum, contain the following:

(a) Patient name;
(b) Patient address;
(c) Drug name, strength, and dispensing quantity;
(d) Patient directions for use;
(e) Date written;

(f) Authorizing prescriber's name;

(g) Physician's address and Drug Enforcement Administration identification code, if applicable;

(h) Refill instructions, if applicable; and

(i) Provision for generic substitution.

(2) Profile or medication record system. A pharmacy-generated profile or medication record system must be separated from the oral prescription file. The patient profile or medication record system shall be maintained under the control of the pharmacist-in-charge for a period of two years after the last dispensing activity. The patient profile or medication record system shall contain, at a minimum:

(a) Patient's full name;

(b) Date of birth or age;

(c) Weight, if applicable;

(d) Sex, if applicable;

(e) Parenteral products dispensed;

(f) Date dispensed;

(g) Drug content and quantity;

(h) Patient directions;

(i) Prescription identifying number;

(j) Identification of dispensing pharmacist and preparing level A pharmacy assistant, if applicable;

(k) Other drugs patient is receiving;

(l) Known drug sensitivities and allergies to drugs and foods;

(m) Primary diagnosis, chronic conditions; and

(n) Name of manufacturer and lot numbers of components or a policy for return of recalled product if lot numbers are not recorded.

(3) Labeling. Parenteral products dispensed to patients shall be labeled with the following information with a permanent label:

(a) Name, address, and telephone number of the pharmacy;

(b) Date and prescription identifying number;

(c) Patient's full name;

(d) Name of each component, strength, and amount;

(e) Directions for use including infusion rate;

(f) Prescriber's name;

(g) Required transfer warnings;

(h) Date of compounding;

(i) Expiration date and expiration time, if applicable;

(j) Identity of pharmacist compounding and dispensing or other authorized individual;

(k) Storage requirements;

(l) Auxiliary labels, where applicable;

(m) Antineoplastic drug auxiliary labels, where applicable; and

(n) On all parenteral products, a twenty-four hour phone number where a pharmacist can be contacted.

(4) Records and reports. The pharmacist-in-charge shall maintain access to and submit, as appropriate, such records and reports as are required to ensure patient's health, safety, and welfare. Such records shall be readily available, maintained for two years, and subject to inspections by the board of pharmacy. These shall include, as a minimum, the following:

(a) Patient profile/medication record system;

(b) Policy and procedure manual;

(c) Training manuals; and

(d) Such other records and reports as may be required by law and rules of the board of pharmacy.

Information regarding individual patients shall be maintained in a manner to assure confidentiality of the patient's record. Release of this information shall be in accordance with federal and/or state laws or rules.

(5) Delivery service. There will be a provision for the timely delivery of parenteral products from a pharmacy so a practitioner's order for drug therapy can be implemented without undue delay. The pharmacist-in-charge shall assure the environmental control of all parenteral products shipped. Therefore, any parenteral products must be shipped or delivered to a patient in appropriate temperature controlled delivery containers (as defined by USP Standards) and stored appropriately in the patient's home. Chain of possession for the delivery of controlled substances via contracted courier must be documented, and a receipt required. The pharmacy, on request, will provide instruction for the destruction of unused parenteral products and supplies in the event a parenteral product is being discontinued or a patient dies.

(6) Disposal of infectious wastes. The pharmacist-in-charge is responsible for assuring that there is a system for the disposal of infectious waste pertaining to drug administration in a manner so as not to endanger the public health.

(7) Emergency kit. When parenteral products are provided to home care patients, the dispensing pharmacy may supply the registered nurse with emergency drugs if the physician has authorized the use of these drugs by a protocol for use in an emergency situation, e.g., anaphylactic shock. A protocol for the emergency kit must be submitted to and approved by the board of pharmacy.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-871-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-055 (Order 026), § 360-16A-070, filed 1/17/90, effective 2/17/90.]

WAC 246-871-060 Antineoplastic medications. The following additional requirements are necessary for those pharmacies that prepare antineoplatic medications to assure the protection of the personnel involved.

(1) All antineoplastic medications shall be compounded within a certified Class II type A or Class II type B vertical laminar airflow hood.

Policy and procedures shall be developed for the cleaning of the laminar airflow hood between compounding antineoplastic medications and other parenteral products, if applicable.

(2) Protective apparel shall be worn by personnel compounding antineoplastic medications. This shall include disposable gloves, gowns with tight cuffs, masks, and protective eye shields if the safety cabinet is not equipped with splash guards.

(3) Appropriate safety containment techniques for compounding antineoplastic medications shall be used in conjunction with the aseptic techniques required for preparing parenteral products.

(4) Disposal of antineoplastic waste shall comply with all applicable local, state, and federal requirements, i.e., Occupational Safety and Health Administration (OSHA) and

Washington Industrial Safety and Health Administration (WISHA).

(5) Written procedures for handling both major and minor spills of antineoplastic medications must be developed and must be included in the policy and procedure manual. These procedures will include providing spill kits along with directions for use to those persons receiving therapy.

(6) Prepared doses of antineoplastic medications must be dispensed and shipped in a manner to minimize the risk of accidental rupture of the primary container.

(7) Documentation that personnel have been trained in compounding, handling, and destruction of antineoplastic medications.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-871-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-055 (Order 026), § 360-16A-080, filed 1/17/90, effective 2/17/90.]

WAC 246-871-070 Clinical services. (1) Primary provider. There shall be an authorizing practitioner primarily responsible for the patient's medical care. There shall be a clear understanding between the authorizing practitioner, the patient, the home health care agency, and the pharmacy of the responsibilities of each in the areas of the delivery of care and the monitoring of the patient. This shall be documented in the patient's medication record system.

(2) A systematic process of medication use review must be designed, followed, and documented on an ongoing basis.

(3) Pharmacist-patient relationship. The pharmacist is responsible for seeing that the patient's compliance and adherence to a medication regimen is followed.

(4) Patient monitoring. The pharmacist will have access to clinical and laboratory data concerning each patient. Any abnormal values will be reported to the authorizing practitioner in a timely manner.

(5) Documentation. There must be documentation of ongoing drug therapy monitoring and assessment shall include but not be limited to:

(a) Therapeutic duplication in the patient's drug regimen;

(b) The appropriateness of the dose, frequency, and route of administration;

(c) Clinical laboratory or clinical monitoring methods to detect side effects, toxicity, or adverse effects and whether the findings have been reported to the authorizing practitioner.

(6) Patient training. The patient, the patient's agent, the authorizing practitioner, the home health care agency, or the pharmacy must demonstrate or document the patient's training and competency in managing this type of therapy in the home environment. A pharmacist is responsible for the patient training process in any area that relates to medication compounding, labeling, storage, stability, or incompatibility. The pharmacist must be responsible for seeing that the patient's competency in the above areas is reassessed on an ongoing basis.

(7) A pharmacist will verify that any parenteral product a patient has not received before will be administered under the supervision of a person authorized to manage anaphylaxis.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-871-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-055 (Order 026), § 360-16A-090, filed 1/17/90, effective 2/17/90.]

WAC 246-871-080 Quality assurance. There shall be a documented, ongoing quality assurance program that is reviewed at least annually.

(1) The quality assurance program shall include but not be limited to methods to document:

(a) Medication errors;

(b) Adverse drug reactions;

(c) Patient satisfaction;

(d) Product sterility.

There shall be written documentation that the end product has been tested on a sampling basis for microbial contamination by the employee responsible for compounding parenteral products. Documentation shall be on a quarterly basis at a minimum.

(2) Nonsterile compounding. If bulk compounding of parenteral solutions is performed utilizing nonsterile chemicals, extensive end product testing, as referenced in *Remington,* must be documented prior to the release of the product from quarantine. This process must include appropriate testing for particulate matter and testing for pyrogens.

(3) Expiration dates. There shall be written justification of the chosen expiration dates for compounded parenteral products.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-871-080, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-055 (Order 026), § 360-16A-100, filed 1/17/90, effective 2/17/90.]

Chapter 246-873 WAC
PHARMACY—HOSPITAL STANDARDS

WAC

WAC 246-873-010 Definitions. For the purpose of these rules and regulations, the following definitions apply:

(1) "Authenticated" or "authentication" means authorization of a written entry in a record by means of a signature which shall include, minimally, first initial, last name, and title.

(2) "Controlled substance" means those drugs, substances or immediate precursors listed in Schedule I through V, chapter 69.50 RCW, State Uniform Controlled Substance Act, as now or hereafter amended.

(3) "Drug" means any product referenced in RCW 18.64.011(3) as now or hereafter amended.

(4) "Drug administration" means an act in which a single dose of a prescribed drug or biological is given to a patient by an authorized person in accordance with all laws and regula-

tions governing such acts. The complete act of administration entails removing an individual dose from a previously dispensed, properly labeled container (including a unit dose container) reviewing it with a verified transcription, a direct copy, or the original medical practitioner's orders, giving the individual dose to the proper patient, and properly recording the time and dose given.

(5) "Drug dispensing" means an act entailing the interpretation of an order for a drug or biological and, pursuant to that order, proper selection, measuring, labeling, packaging, and issuance of the drug for a patient or for a service unit of the facility.

(6) "Hospital" means any institution licensed pursuant to chapters 70.41 or 71.12 RCW or designated pursuant to RCW 72.23.020.

(7) "Hospital pharmacy" means that portion of a hospital which is engaged in the manufacture, production, preparation, dispensing, sale, and/or distribution of drugs, components, biologicals, chemicals, devices and other materials used in the diagnosis and treatment of injury, illness and diseases; and which is licensed by the state board of pharmacy pursuant to the Washington State Pharmacy Practice Act, chapter 18.64 RCW.

(8) "Immediate supervision" means visual and/or physical proximity that insure adequate safety and controls.

(9) "Investigational drug" means any article which has not been approved for use in the United States, but for which an investigational drug application (IND) has been approved by the FDA.

(10) "Nurse" means a registered nurse or a licensed practical nurse licensed pursuant to chapters 18.88 or 18.78 RCW.

(11) "Practitioner" means any person duly authorized by law or rule in the state of Washington to prescribe drugs in RCW 18.64.011(9).

(12) "Pharmacist" means a person duly licensed by the state board of pharmacy to engage in the practice of pharmacy.

(13) "Pharmacy" means every place properly licensed by the board of pharmacy where the practice of pharmacy is conducted.

(14) "Pharmacy Assistant Level A and Level B" means persons certified under chapter 18.64A RCW.

(15) "Physician" means a doctor of medicine or a doctor of osteopathy licensed to practice in the state of Washington.

(16) "Practice of pharmacy" means the definition given in RCW 18.64.011(11) now or hereafter amended.

(17) "Protocol" means a written set of guidelines.

(18) "Registered nurse" means an individual licensed under the provisions of chapter 18.88 RCW, regulating the practice of registered nursing in the state of Washington.

(19) "Self-administration of drugs" means that a patient administers or takes his/her own drugs from properly labeled containers: Provided, That the facility maintains the responsibility for seeing that the drugs are used correctly and that the patient is responding appropriately.

(20) "Shall" means that compliance with regulation is mandatory.

(21) "Should" means that compliance with a regulation or standard is recommended.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-873-010, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(12). 82-12-041 (Order 168), § 360-17-010, filed 5/28/82. Statutory Authority: RCW 18.64.005(11). 81-16-036 (Order 162), § 360-17-010, filed 7/29/81.]

WAC 246-873-020 Applicability. The following rules and regulations are applicable to all facilities licensed pursuant to chapters 70.41 and 71.12 RCW or designated pursuant to RCW 72.23.020.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-873-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(12). 82-12-041 (Order 168), § 360-17-020, filed 5/28/82. Statutory Authority: RCW 18.64.005(11). 81-16-036 (Order 162), § 360-17-020, filed 7/29/81.]

WAC 246-873-030 Licensure. Hospital pharmacists shall be licensed by the board of pharmacy in accordance with chapter 18.64 RCW.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-873-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 81-16-036 (Order 162), § 360-17-030, filed 7/29/81.]

WAC 246-873-040 Personnel. (1) Director of pharmacy. The pharmacy, organized as a separate department or service, shall be directed by a licensed pharmacist appropriately qualified by education, training, and experience to manage a hospital pharmacy. The patient care and management responsibilities of the director of pharmacy shall be clearly delineated in writing and shall be in accordance with currently accepted principles of management, safety, adequate patient care and treatment. The responsibilities shall include the establishment and maintenance of policies and procedures, ongoing monitoring and evaluation of pharmaceutical service, use and control of drugs, and participation in relevant planning, policy and decision-making activities. Hospitals which do not require, or are unable to obtain the services of a fulltime director shall be held responsible for the principles contained herein and shall establish an ongoing arrangement in writing with an appropriately qualified pharmacist to provide the services. Where the director of pharmacy is not employed fulltime, then the hospital shall establish an ongoing arrangement in writing with an appropriately qualified pharmacist to provide the services described herein. The director of pharmacy shall be responsible to the chief executive officer of the hospital or his/her designee.

(2) Supportive personnel. The director of pharmacy shall be assisted by sufficient numbers of additional pharmacists and/or pharmacy assistants and clerical personnel required to operate safely and efficiently to meet the needs of the patients.

(3) Supervision. All of the activities and operations of each hospital pharmacy shall be professionally managed by the director or a pharmacist designee. Functions and activities shall be under the immediate supervision of a pharmacist and shall be performed according to written policies and procedures. When the hospital pharmacy is decentralized, each decentralized section(s) or separate organizational element(s) shall be under the immediate supervision of a pharmacist responsible to the director.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-873-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 81-16-036 (Order 162), § 360-17-040, filed 7/29/81.]

WAC 246-873-050 Absence of a pharmacist. (1) General. Pharmaceutical services shall be available on a 24-hour basis. If round-the-clock services of a pharmacist are not feasible, arrangements shall be made in advance by the director of pharmacy to provide reasonable assurance of pharmaceutical services.

(2) Access to the pharmacy. Whenever a drug is required to treat an immediate need and not available from floor stock when the pharmacy is closed, the drug may be obtained from the pharmacy by a designated registered nurse, who shall be accountable for his/her actions. One registered nurse shall be designated in each hospital shift for removing drugs from the pharmacy.

(a) The director of pharmacy shall establish written policy and recording procedures to assist the registered nurse who may be designated to remove drugs from the pharmacy, when a pharmacist is not present, in accordance with Washington State Pharmacy Practice Act, RCW 18.64.255(2), which states that the director of pharmacy and the hospital be involved in designating the nurse.

(b) The stock container of the drug or similar unit dose package of the drug removed shall be left with a copy of the order of the authorized practitioner to be checked by a pharmacist, when the pharmacy reopens, or as soon as is practicable.

(c) Only a sufficient quantity of drugs shall be removed in order to sustain the patient until the pharmacy opens.

(d) All drugs removed shall be completely labeled in accordance with written policy and procedures, taking into account state and federal rules and regulations and current standards.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-873-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 81-16-036 (Order 162), § 360-17-050, filed 7/29/81.]

WAC 246-873-060 Emergency outpatient medications. The director of pharmacy of a hospital shall, in concert with the appropriate committee of the hospital medical staff, develop policies and procedures, which shall be implemented, to provide emergency pharmaceuticals to outpatients during hours when normal community or hospital pharmacy services are not available. The delivery of a single dose for immediate administration to the patient shall not be subject to this regulation. Such policies shall allow the designated registered nurse(s) to deliver medications other than controlled substances, pursuant to the policies and procedures which shall require that:

(1) An order of a practitioner authorized to prescribe a drug is presented. Oral or electronically transmitted orders must be verified by the prescriber in writing within 72 hours.

(2) The medication is prepackaged by a pharmacist and has a label that contains:

(a) Name, address, and telephone number of the hospital.

(b) The name of the drug (as required by chapter 246-899 WAC), strength and number of units.

(c) Cautionary information as required for patient safety and information.

(d) An expiration date after which the patient should not use the medication.

(3) No more than a 24-hour supply is provided to the patient except when the pharmacist has informed appropriate hospital personnel that normal services will not be available within 24 hours.

(4) The container is labeled by the designated registered nurse(s) before presenting to the patient and shows the following:

(a) Name of patient;

(b) Directions for use by the patient;

(c) Date;

(d) Identifying number;

(e) Name of prescribing practitioner;

(f) Initials of the registered nurse;

(5) The original or a direct copy of the order by the prescriber is retained for verification by the pharmacist after completion by the designated registered nurse(s) and shall bear:

(a) Name and address of patient;

(b) Date of issuance;

(c) Units issued;

(d) Initials of designated registered nurse.

(6) The medications to be delivered as emergency pharmaceuticals shall be kept in a secure place in or near the emergency room in such a manner as to preclude the necessity for entry into the pharmacy.

(7) The procedures outlined in this rule may not be used for controlled substances except at the following rural hospitals which met all three of the rural access project criteria on May 17, 1989:

Hospital	City
1. Lake Chelan Community Hospital	Chelan
2. St. Joseph's Hospital	Chewelah
3. Whitman Community Hospital	Colfax
4. Lincoln Hospital	Davenport
5. Dayton General Hospital	Dayton
6. Ocean Beach Hospital	Ilwaco
7. Newport Community Hospital	Newport
8. Jefferson General Hospital	Port Townsend
9. Ritzville Memorial Hospital	Ritzville
10. Willapa Harbor Hospital	South Bend

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-873-060, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-873-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 89-12-011 (Order 225), § 360-17-055, filed 5/26/89; 83-23-109 (Order 179), § 360-17-055, filed 11/23/83.]

WAC 246-873-070 Physical requirements. (1) Area. The pharmacy facilities shall include:

(a) Appropriate transportation and communications systems for the distribution and control of drugs within the hospital.

(b) Sufficient space and equipment for secure, environmentally controlled storage of drugs and other pharmaceutical supplies.

(2) In order to meet the medical services' need for drugs throughout the hospital, the pharmacy facilities should include:

(a) Space for the management and clinical functions of the pharmaceutical service.

(b) Space and equipment for the preparation of parenteral admixtures, radiopharmaceuticals, and other sterile compounding and packaging.

(c) Other equipment necessary.

(3) Access to unattended areas. All areas occupied by the hospital pharmacy shall be locked by key or combination in order to prevent access by unauthorized personnel. The director of pharmacy shall designate in writing, by title and/or position those individuals who shall be authorized access to particular areas within the pharmacy, including authorization of access to keys and/or combinations.

(4) Drug storage areas. Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security.

(a) It is the joint responsibility of the director of pharmacy and the director of nursing to ensure that drug handling, storage, and preparation are carried out in conformance with established policies, procedures, and accepted standards.

(b) Locked storage or locked medication carts shall be provided for use on each nursing service area or unit.

(5) Flammable storage. All flammable material shall be stored and handled in accordance with applicable local and state fire regulations, and there shall be written policy and procedures for the destruction of these flammable materials.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-873-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 85-11-066 (Order 194), § 360-17-060, filed 5/21/85. Statutory Authority: RCW 18.64.005(11). 81-16-036 (Order 162), § 360-17-060, filed 7/29/81.]

WAC 246-873-080 Drug procurement, distribution and control. (1) General. Pharmaceutical service shall include:

(a) Procurement, preparation, storage, distribution and control of all drugs throughout the hospital.

(b) A monthly inspection of all nursing care units or other areas of the hospital where medications are dispensed, administered or stored. Inspection reports shall be maintained for one year.

(c) Monitoring the drug therapy.

(d) Provisions for drug information to patients, physicians and others.

(e) Surveillance and reporting of adverse drug reactions and drug product defect(s).

(2) Additional pharmaceutical services should include:

(a) Obtaining and recording comprehensive drug histories and participation in discharge planning in order to affect appropriate drug use.

(b) Preparation of all sterile products (e.g., IV admixtures, piggybacks, irrigation solutions), except in emergencies.

(c) Distribution and control of all radiopharmaceuticals.

(d) Administration of drugs.

(e) Prescribing.

(3) The director shall be responsible for establishing specifications for procurement, distribution and the maintenance of a system of accountability for drugs, IV solutions, chemicals, and biologicals related to the practice of pharmacy.

(4) The director shall establish, annually review and update when necessary comprehensive written policies and procedures governing the responsibilities and functions of the pharmaceutical service. Policies affecting patient care and treatment involving drug use shall be established by the director of pharmacy with the cooperation and input of the medical staff, nursing service and the administration.

(5) Labeling:

(a) Inpatient. All drug containers in the hospital shall be labeled clearly, legibly and adequately to show the drug's name (generic and/or trade) and strength when applicable. Accessory or cautionary statements and the expiration date shall be applied to containers as appropriate.

(b) Outpatients. Labels on medications used for outpatients, emergency room, and discharge drug orders shall meet the requirements of RCW 18.64.246.

(c) Parenteral and irrigation solutions. When drugs are added to intravenous solutions, a suitable label shall be affixed to the container. As a minimum the label shall indicate name and location of the patient, name and amount of drug(s) added, appropriate dating, initials of the personnel who prepared and checked the solution.

(6) Medication orders. Drugs are to be dispensed and administered only upon orders of authorized practitioners. A pharmacist shall review the original order or direct copy thereof, prior to dispensing any drug, except for emergency use or as authorized in WAC 246-873-050.

(7) Controlled substance accountability. The director of pharmacy shall establish effective procedures and maintain adequate records regarding use and accountability of controlled substances, and such other drugs as appropriate, in compliance with state and federal laws and regulations.

(a) Complete, accurate, and current records shall be kept of receipt of all controlled substances and in addition, a Schedule II perpetual inventory shall be maintained.

(b) The pharmacy shall maintain records of Schedule II drugs issued from the pharmacy to other hospital units which include:

(i) Date

(ii) Name of the drug

(iii) Amount of drug issued

(iv) Name and/or initials of the pharmacist who issued the drug

(v) Name of the patient and/or unit to which the drug was issued.

(c) Records shall be maintained by any unit of the hospital which utilizes Schedule II drugs indicating:

(i) Date

(ii) Time of administration

(iii) Name of the drug (if not already indicated on the records

(iv) Dosage of the drug which was used which shall include both the amount administered and any amount destroyed.

(v) Name of the patient to whom the drug was administered

(vi) Name of the practitioner who authorized the drug

(vii) Signature of the licensed individual who administered the drug.

(d) When it is necessary to destroy small amounts of controlled substances following the administration of a dose by a nurse, the destruction shall be witnessed by a second nurse who shall countersign the records of destruction.

(e) The director of the pharmacy shall develop written procedures for the proper destruction of controlled substances not covered by (d) above conforming with federal and state statutes. A copy of the procedures shall be forwarded to the Drug Enforcement Administration (DEA) and the state board of pharmacy. As a minimum, procedures shall include the following:

(i) All destructions shall render the drugs unrecoverable.

(ii) Destruction shall be accomplished by the pharmacist and one other licensed health professional.

(iii) Records of all destructions shall be maintained by the pharmacy. Quarterly summary reports shall be mailed to the DEA with copies to the state board of pharmacy.

(iv) A copy of the destruction record shall be maintained in the pharmacy for two years.

(f) Periodic monitoring of controlled substances records shall be performed by a nurse or a pharmacist to determine whether the drugs recorded on usage records have also been recorded on the patient's chart.

(g) Use of multiple dose vials of controlled substances shall be discouraged.

(h) Controlled substances, Schedule II and III, which are floor stocked, in any hospital patient or nursing service area shall be checked by actual count at the change of each shift by two authorized persons licensed to administer drugs.

(i) All controlled substance records shall be kept for two years.

(j) Hospitals wishing to use record systems other than that described above shall make application and receive written approval from the board of pharmacy prior to implementation.

(k) Significant losses or disappearances of controlled substances and the facts surrounding the discrepancy shall be reported to the board of pharmacy, the drug enforcement agency, the chief executive officer of the hospital and other appropriate authorities.

(8) Drug recall. The director shall develop and implement a recall procedure to assure that potential harm to patients within the hospital is prevented and that all drugs included on the recall are returned to the pharmacy for proper disposition.

(9) All medications administered to inpatients shall be recorded in the patient's medical record.

(10) Adverse drugs reactions. All adverse drug reactions shall be appropriately recorded in the patient's record and reported to the prescribing practitioner and to the pharmacy.

(11) Drug errors. All drug errors shall upon discovery be recorded in an incident report and reported to the prescribing practitioner and to the pharmacy.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-873-080, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-873-080, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 81-16-036 (Order 162), § 360-17-070, filed 7/29/81.]

WAC 246-873-090 Administration of drugs. (1) General. Drugs shall be administered only upon the order of a practitioner who has been granted clinical privileges to write such orders. Verbal orders for drugs shall only be issued in emergency or unusual circumstances and shall be accepted only by a licensed nurse, pharmacist, or physician, and shall be immediately recorded and signed by the person receiving the order. Such orders shall be authenticated by the prescribing practitioner within 48 hours.

(2) Administration. Drugs shall be administered only by appropriately licensed personnel in accordance with state and federal laws and regulations governing such acts and in accordance with medical staff approved hospital policy.

(3) Patient's drugs. The hospital shall develop written policies and procedures for the administration of drugs brought into the hospital by or for patients.

(a) Drugs brought into the hospital by or for the patient shall be administered only when there is a written order by a practitioner. Prior to use, such drugs shall be identified and examined by the pharmacist to ensure acceptable quality for use in the hospital.

(b) Drugs from outside the hospital which are not used during the patient's hospitalization shall be packaged and sealed, if stored in the hospital, and returned to the patient at time of discharge or given to the patient's family.

(c) Return of drugs may be prohibited due to possible jeopardy of the patient's health.

(d) Written procedures shall be developed for the disposal of unreturned drugs.

(4) Self-administration. Self-administration of drugs shall occur only within approved protocols in accordance with a program of self-care or rehabilitation. Policy and specific written procedures, approved by the appropriate medical staff, nursing service and administration shall be established by the director of pharmacy.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-873-090, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 81-16-036 (Order 162), § 360-17-080, filed 7/29/81.]

WAC 246-873-100 Investigational drugs. (1) Distribution. Storage, distribution, and control of approved investigational drugs used in the institution shall be the responsibility of the director of pharmacy or his designee. The pharmacy shall be responsible for maintaining and providing information on approved investigational drugs.

(2) General. Investigational drugs shall be properly labeled and stored for use only under the explicit direction of the authorized principal investigator or coinvestigator(s). Such drugs shall be approved by an appropriate medical staff committee.

(3) Administration. On approval of the principal investigator or coinvestigator(s), those authorized to administer drugs may administer these drugs after they have been given basic pharmacological information about the drug. Investigational drugs shall be administered in accordance with

approved written protocol that includes any requirements for the patient's appropriate informed consent.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-873-100, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 81-16-036 (Order 162), § 360-17-090, filed 7/29/81.]

WAC 246-873-110 Additional responsibilities of pharmacy service. (1) General. The pharmacy service shall participate in other activities and committees within the hospital affecting pharmaceutical services, drugs and drug use.

(2) Quality assurance. The pharmaceutical service shall establish a pharmacy quality assurance program.

(3) Clinical activities. The director of pharmacy should develop clinically oriented programs, including but not limited to obtaining and recording comprehensive drug histories and participation in discharge planning to affect appropriate drug use, a formal drug information service, prescribing, and administration of drugs.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-873-110, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 81-16-036 (Order 162), § 360-17-100, filed 7/29/81.]

Chapter 246-875 WAC
PHARMACY—PATIENT MEDICATION RECORD SYSTEMS

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-875-090 Effective date. [Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-875-090, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 84-03-016 (Order 181), § 360-19-100, filed 1/9/84.] Repealed by 92-12-035 (Order 277B), filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005.

WAC 246-875-001 Purpose. The purpose of this chapter shall be to insure that a patient medical record system is maintained by all pharmacies and other sites where the dispensing of drugs takes place, in order to insure the health and welfare of the patients served. This system will consist of certain patient and prescription information, and shall provide the pharmacist within the pharmacy means to retrieve all new prescription and refill prescription information relevant to patients of the pharmacy. It shall be designed to provide adequate safeguards against the improper manipulation or alteration of records, and to provide an audit trail. It may be either a manual system or an automated data processing system for the storage and retrieval of prescription and patient information. If an automated data processing system is utilized, an auxiliary recordkeeping procedure shall be available for documentation of new and refill prescriptions in case the automated system is inoperative for any reason. Establishment of a patient medication record system is intended to insure that the information it contains will be reviewed by the pharmacist in a manner consistent with sound professional practice when each prescription is filled.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-875-001, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 84-03-016 (Order 181), § 360-19-010, filed 1/9/84.]

WAC 246-875-010 Definitions. Terms used in this chapter shall have the meaning set forth in this section unless the context clearly indicates otherwise:

(1) "Address" means the place of residence of the patient.

(2) "Audit trail" means all materials and documents required for the entire process of filling a prescription, which shall be sufficient to document or reconstruct the origin of the prescription order, and authorization of subsequent modifications of that order.

(3) "Auxiliary recordkeeping procedure" means a back-up procedure used to record medication record system data in case of scheduled or unscheduled down-time of an automated data processing system.

(4) "Hard copy of the original prescription" shall include the prescription as defined in RCW 18.64.011(8) and/or the medical records or chart.

(5) "Therapeutic duplication" means two or more drugs in the same pharmacological or therapeutic category which when used together may have an additive or synergistic effect.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-875-010, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 84-03-016 (Order 181), § 360-19-020, filed 1/9/84.]

WAC 246-875-020 Minimum required information in an automated patient medication record system. An automated patient medication record system is an electronic system that must have the capability of capturing any data removed on a hard copy of microfiche copy. The hard copy of the original prescription and all documents in the audit trail shall be considered a part of this system.

(1) All automated patient medication record systems must maintain the following information with regard to ambulatory patients:

(a) Patient's full name and address.

(b) A serial number assigned to each new prescription.

(c) The date of all instances of dispensing a drug.

(d) The identification of the dispenser who filled the prescription.

(e) The name, strength, dosage form and quantity of the drug dispensed.

(f) Any refill instructions by the prescriber.

(g) The prescriber's name, address, and DEA number where required.

(h) The complete directions for use of the drug. The term "as directed" is prohibited pursuant to RCW 18.64.246 and 69.41.050.

(i) Any patient allergies, idiosyncrasies, or chronic condition which may relate to drug utilization. If there is no patient allergy data the pharmacist should indicate none or "NKA" (no known allergy) on the patient medication record.

(j) Authorization for other than child-resistant containers pursuant to WAC 246-869-230, if applicable.

(2) All automated patient medication record systems must maintain the following information with regard to institutional patients:

(a) Patient's full name.

(b) Unique patient identifier.

(c) Any patient allergies, idiosyncrasies, or chronic conditions which may relate to drug utilization. If there is no patient allergy data the pharmacist should indicate none or "NKA" (no known allergy) on the patient medication record.

(d) Patient location.

(e) Patient status, for example, active, discharge, or on-pass.

(f) Prescriber's name, address, and DEA number where required.

(g) Minimum prescription data elements:

(i) Drug name, dose, route, form, directions for use, prescriber.

(ii) Start date and time when appropriate.

(iii) Stop date and time when appropriate.

(iv) Amount dispensed when appropriate.

(h) The system shall indicate any special medication status for an individual prescription, for example, on hold, discontinued, self-administration medication, investigational drugs, patient's own medications, special administration times, restrictions, controlled substances.

(i) The system shall indicate on the labeling, and in the system, (for the pharmacist, nursing and/or physician alert) any special cautionary alerts or notations deemed necessary by the dispenser for the patient safety.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-875-020, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-875-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 84-03-016 (Order 181), § 360-19-030, filed 1/9/84.]

WAC 246-875-030 Minimum required information in a manual patient medication record system. A manual patient medication record system consists of the hard copy of the original prescription and a card or filing procedure that contains all data on new and refill prescriptions for a patient. This data must be organized in such a fashion that information relating to all prescription drugs used by a patient will be reviewed each time a prescription is filled.

(1) All manual patient medication record systems must maintain the following information with regard to ambulatory patients:

(a) Patient's full name and address.

(b) A serial number assigned to each new prescription.

(c) The date of all instances of dispensing a drug.

(d) The identification of the dispenser who filled the prescription.

(e) The name, strength, dosage form and quantity of the drug dispensed.

(f) The prescriber's name, address and DEA number where appropriate.

(g) Any patient allergies, idiosyncrasies or chronic conditions which may relate to drug utilization. If there is no patient allergy data the pharmacist should indicate none or "NKA" (no known allergy) on the patient medication record.

(2) All manual patient medication record systems must maintain the following information with regard to institutional patients:

(a) Patient's full name.

(b) Unique patient identifier.

(c) Any patient allergies, idiosyncrasies, or chronic conditions which may relate to drug utilization. If there is no patient allergy data the pharmacist should indicate none or "NKA" (no known allergy) on the patient medication record.

(d) Patient location.

(e) Patient status, for example, active, discharge, or on-pass.

(f) Prescriber's name, address and DEA number where required.

(g) Minimum prescription data elements:

(i) Drug name, dose, route, form, directions for use, prescriber.

(ii) Start date and time when appropriate.

(iii) Stop date and time when appropriate.

(iv) Amount dispensed when appropriate.

(h) The system shall indicate any special medication status for an individual prescription, for example, on hold, discontinued, self-administration medication, investigational drugs, patient's own medications, special administration times, restrictions, controlled substances.

(i) The system shall indicate on the labeling, and in the system, (for the pharmacist, nursing and/or physician alert) any special cautionary alerts or notations deemed necessary by the dispenser for the patient safety.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-875-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 84-03-016 (Order 181), § 360-19-040, filed 1/9/84.]

WAC 246-875-040 Minimum procedures for utilization of a patient medication record system. Upon receipt of a prescription or drug order, a dispenser must examine visually or via an automated data processing system, the patient's medication record to determine the possibility of a clinically significant drug interaction, reaction or therapeutic duplication, and to determine improper utilization of the drug and to consult with the prescriber if needed. Any order modified in the system must carry in the audit trail the unique identifier of the person who modified the order. Any change in drug name, dose, route, dose form or directions for use which occurs after an initial dose has been given requires that a new order be entered into the system and the old order be discontinued, or that the changes be accurately documented in the record system, without destroying the original record or its audit trail.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-875-040, filed 8/30/91, effective 9/30/91.

Statutory Authority: RCW 18.64.005. 84-03-016 (Order 181), § 360-19-050, filed 1/9/84.]

WAC 246-875-050 Auxiliary recordkeeping procedure. If an automated data processing system is used to maintain a patient's medication record, an auxiliary recordkeeping procedure must be available for use when the automated data system is temporarily inoperative due to scheduled or unscheduled system interruption. The auxiliary recordkeeping procedure shall provide for the maintenance of all patient recordkeeping information as required by this chapter. Upon restoration of operation of the automated system the information placed in the auxiliary recordkeeping procedure shall be entered in each patient's records within two working days, after which the auxiliary records may be destroyed. This section does not require that a permanent dual recordkeeping system be maintained.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-875-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 84-03-016 (Order 181), § 360-19-060, filed 1/9/84.]

WAC 246-875-060 Retrieval of information from an automated system. All automated patient medication record systems must provide within 72 hours, via CRT or hard copy printout, the information required by WAC 246-875-020 and by 21 CFR § 1306.22(b) as amended July 1, 1980. Any data purged from an automated patient medication record system must be available within 72 hours.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-875-060, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-875-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 84-03-016 (Order 181), § 360-19-070, filed 1/9/84.]

WAC 246-875-070 Confidentiality and security of data. (1) Information contained in patient medication record systems shall be considered to be a part of prescription records maintained in accordance with RCW 18.64.245 and shall be maintained for a period of at least two years in the same manner as provided for all prescription records (see WAC 246-869-100).

(2) The information in the patient medication record system which identifies the patient shall be deemed confidential and may be released to persons other than the patient or a pharmacist, or a practitioner authorized to prescribe only on written release of the patient. If in the judgment of the dispenser, the prescription presented for dispensing is determined to cause a potentially harmful drug interaction or other problem due to a drug previously prescribed by another practitioner, the dispenser may communicate this information to the prescribers.

(3) Security codes or systems must be established on automated medication record systems to prevent unauthorized modification of data.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-875-070, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-875-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 84-03-016 (Order 181), § 360-19-080, filed 1/9/84.]

WAC 246-875-080 Extension of time for compliance. The rules regarding patient medication record systems contained in chapter 246-875 WAC shall apply to all pharmacists practicing pharmacy in the state of Washington upon the effective date of the chapter unless an extension is granted by the board pursuant to this rule. In order to seek an extension that will allow compliance with this chapter to be delayed, good cause for granting such extension must be shown. The board shall consider requests for extensions and if, in the board's judgment good cause is shown, the board may grant an extension for a period of time, specifying those portions of the rules with respect to which an extension is being granted.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-875-080, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-875-080, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 84-03-016 (Order 181), § 360-19-090, filed 1/9/84.]

Chapter 246-877 WAC
PHARMACEUTICAL—SALES PROHIBITED

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-877-030 Unsealed hard gelatin capsule restrictions. [Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-877-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 86-21-033 (Order 202), § 360-20-210, filed 10/9/86.] Repealed by 97-20-166, filed 10/1/97, effective 11/1/97. Statutory Authority: RCW 18.64.005.

WAC 246-877-020 Drug sample prohibitions. (1) The possession, distribution or dispensing of legend drug samples by a pharmacy is hereby prohibited.

(2) This shall not apply to any pharmacy of a licensed hospital or health care entity which receives and distributes drug samples at the request of an authorized practitioner pursuant to RCW 69.45.050.

(3) A health care entity means any organization or business entity that provides diagnostic, medical, surgical, or dental treatment and/or rehabilitative care, but does not include any wholesale distributor or retail pharmacy licensed under state law.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-877-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 89-22-047, § 360-20-100, filed 10/30/89, effective 11/30/89; Order 114, § 360-20-100, filed 6/28/73.]

Chapter 246-878 WAC
GOOD COMPOUNDING PRACTICES

WAC

WAC 246-878-010 Definitions. (1) "Compounding" shall be the act of combining two or more ingredients in the preparation of a prescription.

(2) "Manufacture" means the production, preparation, propagation, compounding, or processing of a drug or other substance or device or the packaging or repackaging of such substance or device, or the labeling or relabeling of the commercial container of such substance or device, but does not include the activities of a practitioner who, as an incident to his or her administration or dispensing such substance or device in the course of his or her professional practice, prepares, compounds, packages, or labels such substance or device.

(3) "Component" means any ingredient intended for use in the compounding of a drug product, including those that may not appear in such product.

[Statutory Authority: RCW 18.64.005. 94-08-101, § 246-878-010, filed 4/6/94, effective 5/7/94.]

WAC 246-878-020 Compounded drug products—Pharmacist. (1) Based on the existence of a pharmacist/patient/prescriber relationship and the presentation of a valid prescription, or in anticipation of prescription drug orders based on routine, regularly observed prescribing patterns, pharmacists may compound, for an individual patient, drug products that are commercially available in the marketplace. When a compounded product is to be substituted for a commercially available product, both the patient and also the prescriber must authorize the use of the compounded product. The pharmacist shall document these authorizations on the prescription or in the computerized patient medication record. The prescriber's authorization shall be in addition to signing on the "substitution permitted" side of a written prescription or advising that substitution is permitted when a verbal prescription is issued.

(2) Pharmacists shall receive, store, or use drug substances for compounding prescriptions that meet official compendia requirements. If these requirements can not be met, and pharmacists document such, pharmacists shall use their professional judgment in the procurement of acceptable alternatives.

(3) Pharmacists may compound drugs in very limited quantities prior to receiving a valid prescription based on a history of receiving valid prescriptions that have been generated solely within an established pharmacist/patient/prescriber relationship, and provided that they maintain the prescriptions on file for all such products compounded at the pharmacy. The compounding of inordinate amounts of drugs, relative to the practice site, in anticipation of receiving prescriptions without any historical basis is considered manufacturing.

(4) Pharmacists shall not offer compounded drug products to other state-licensed persons or commercial entities for subsequent resale, except in the course of professional practice for a practitioner to administer to an individual patient. Compounding pharmacies/pharmacists may advertise or otherwise promote the fact that they provide prescription compounding services; however, they shall not solicit business (e.g., promote, advertise, or use salespersons) to compound specific drug products.

(5) The distribution of inordinate amounts of compounded products without a prescriber/patient/pharmacist relationship is considered manufacturing.

[Statutory Authority: RCW 18.64.005. 94-08-101, § 246-878-020, filed 4/6/94, effective 5/7/94.]

WAC 246-878-030 Organization and personnel. (1) The pharmacist has the responsibility and authority to inspect and approve or reject all components, drug product containers, closures, in-process materials, and labeling; and the authority to prepare and review all compounding records to assure that no errors have occurred in the compounding process. The pharmacist is also responsible for the proper maintenance, cleanliness, and use of all equipment used in prescription compounding practice.

(2) Pharmacists who engage in drug compounding, and level A pharmacy assistants, supervised by pharmacists, who assist in drug compounding, shall be competent and proficient in compounding and shall maintain that proficiency through current awareness and training. Every pharmacist who engages in drug compounding and any level A pharmacy assistant who assists in compounding, must be aware of and familiar with all details of these good compounding practices.

(3) Pharmacy personnel engaged in the compounding of drugs shall wear clean clothing appropriate to the operation being performed. Protective apparel, such as coats/jackets, aprons, gowns, hand or arm coverings, or masks shall be worn as necessary to protect personnel from chemical exposure and drug products from contamination.

(4) Only personnel authorized by the responsible pharmacist shall be in the immediate vicinity of the drug compounding operation. Any person shown at any time (either by medical examination or pharmacist determination) to have an apparent illness or open lesions that may adversely affect the safety or quality of a drug product being compounded shall be excluded from direct contact with components, drug product containers, closures, in-process materials, and drug products until the condition is corrected or determined by competent medical personnel not to jeopardize the safety or quality of the products being compounded. All personnel who assist the pharmacist in compounding procedures shall be instructed to report to the pharmacist any health conditions that may have an adverse effect on drug products.

[Statutory Authority: RCW 18.64.005. 94-08-101, § 246-878-030, filed 4/6/94, effective 5/7/94.]

WAC 246-878-040 Facilities. (1) Pharmacies engaging in compounding shall have an adequate area for the orderly compounding of prescriptions, including the placement of equipment and materials. The drug compounding area for sterile products shall be separate and distinct from the area used for the compounding of nonsterile drug products. The area(s) used for compounding of drugs shall be maintained in a good state of repair.

(2) Bulk drugs and other chemicals or materials used in the compounding of drugs must be stored in adequately labeled containers in a clean, dry area or, if required, under proper refrigeration.

(3) Adequate lighting and ventilation shall be provided in all drug compounding areas. Potable water shall be supplied under continuous positive pressure in a plumbing system free of defects that could contribute contamination to any compounded drug product. Adequate washing facilities, easily accessible to the compounding area(s) of the pharmacy shall be provided. These facilities shall include, but not be limited to, hot and cold water, soap or detergent, and air driers or single-use towels.

(4) The area(s) used for the compounding of drugs shall be maintained in a clean and sanitary condition. It shall be free of infestation by insects, rodents, and other vermin. Trash shall be held and disposed of in a timely and sanitary manner. Sewage and other refuse in and from the pharmacy and immediate drug compounding area(s) shall be disposed of in a safe and sanitary manner.

[Statutory Authority: RCW 18.64.005. 94-08-101, § 246-878-040, filed 4/6/94, effective 5/7/94.]

WAC 246-878-050 Sterile pharmaceutical. If sterile products are being compounded, the conditions of chapter 246-871 WAC (Pharmaceutical—Parenteral products for nonhospitalized patients) shall be met.

[Statutory Authority: RCW 18.64.005. 94-08-101, § 246-878-050, filed 4/6/94, effective 5/7/94.]

WAC 246-878-060 Radiopharmaceuticals. If radiopharmaceuticals are being compounded, the conditions of chapter 246-903 WAC shall be met.

[Statutory Authority: RCW 18.64.005. 94-08-101, § 246-878-060, filed 4/6/94, effective 5/7/94.]

WAC 246-878-070 Special precaution products. If drug products with special precautions for contamination, such as penicillin, are involved in a compounding operation, appropriate measures, including either the dedication of equipment for such operations or the meticulous cleaning of contaminated equipment prior to its use for preparation of other drugs, must be utilized in order to prevent cross-contamination.

[Statutory Authority: RCW 18.64.005. 94-08-101, § 246-878-070, filed 4/6/94, effective 5/7/94.]

WAC 246-878-080 Equipment. (1) Equipment used in the compounding of drug products shall be of appropriate design, appropriate capacity, and suitably located to facilitate operations for its intended use and for its cleaning and maintenance. Equipment used in the compounding of drug products shall be suitable composition so that surfaces that contact components, in-process materials, or drug products shall not be reactive, additive, or absorptive so as to alter the safety, identity, strength, quality, or purity of the drug product beyond that desired.

(2) Equipment and utensils used for compounding shall be cleaned and sanitized immediately prior to use to prevent contamination that would alter the safety, identity, strength, quality, or purity of the drug product beyond that desired. In the case of equipment, utensils, and containers/closures used in the compounding of sterile drug products, cleaning, sterilization, and maintenance procedures as set forth in WAC 246-871-080.

(3) Equipment and utensils used for compounding drugs must be stored in a manner to protect them from contamination. Immediately prior to the initiation of compounding operations, they must be inspected by the pharmacist and determined to be suitable for use.

(4) Automatic, mechanical, electronic, or other types of equipment other than commercial scale manufacturing or testing equipment, may be used in the compounding of drug products. If such equipment is used, it shall be routinely inspected, calibrated (if necessary), or checked to ensure proper performance.

[Statutory Authority: RCW 18.64.005. 94-08-101, § 246-878-080, filed 4/6/94, effective 5/7/94.]

WAC 246-878-090 Control of components and drug product containers and closures. (1) Components, drug product containers, closures, and bagged or boxed components of drug product containers and closures used in the compounding of drugs shall be handled and stored in a manner to prevent contamination and to permit unhindered cleaning of the work area (e.g., floors) and inspection.

(2) Drug product containers and closures shall not be reactive, additive, or absorptive so as to alter the safety, identity, strength, quality, or purity of the compounded drug beyond the desired result. Components, drug product containers, and closures for use in the compounding of drug products shall be rotated so that the oldest stock is used first. Container closure systems shall provide adequate protection against foreseeable external factors in storage and use that can cause deterioration or contamination of the compounded drug product. Drug product containers and closures shall be clean and, where indicated by the intended use of the drug, sterilized and processed to remove pyrogenic properties to assure that they are suitable for their intended use.

(3) Drug product containers and closures intended for the compounding of sterile products must be handled, sterilized, processed and stored to remove pyrogenic properties to assure that they are suitable for their intended purpose. Methods of cleaning, sterilizing, and processing to remove pyrogenic properties shall be written and followed for drug product containers and closures used in the preparation of sterile pharmaceuticals. These processes shall be performed by pharmacists, or under the pharmacist's supervision.

[Statutory Authority: RCW 18.64.005. 94-08-101, § 246-878-090, filed 4/6/94, effective 5/7/94.]

WAC 246-878-100 Drug compounding controls. (1) There shall be written procedures for the compounding of drug products to assure that the finished products have the identity, strength, quality, and purity they purport or are represented to possess. Such procedures shall include a listing of the components (ingredients), their amounts (in weight or volume), the order of component mixing, and a description of the compounding process. All equipment and utensils and the

container/closure system, relevant to the sterility and stability of the intended use of the drug, shall be listed. These written procedures shall be followed in the execution of the drug compounding procedure.

(2) Components for drug product compounding shall be accurately weighed, measured, or subdivided as appropriate. These operations should be checked and rechecked by the compounding pharmacist at each stage of the process to ensure that each weight or measure is correct as stated in the written compounding procedures. If a component is transferred from the original container to another (e.g., a powder is taken from the original container, weighed, placed in a container, and stored in another container), the new container shall be identified with the:

(a) Component name; and

(b) Weight or measure.

(3) To assure the reasonable uniformity and integrity of compounded drug products, written procedures shall be established and followed that describe the tests or examinations to be conducted on the product compounded (e.g., degree of weight variation among capsules.) Such control procedures shall be established to monitor the output and to validate the performance of those compounding processes that may be responsible for causing variability in the final drug product. Such control procedures shall include, but are not limited to, the following (where appropriate):

(a) Capsule weight variation;

(b) Adequacy of mixing to assure uniformity and homogeneity;

(c) Clarity, completeness, or pH of solutions.

(4) Appropriate written procedures designed to prevent microbiological contamination of compounded drug products purporting to be sterile shall be established and followed. Such procedures shall include validation of any sterilization process.

[Statutory Authority: RCW 18.64.005. 94-08-101, § 246-878-100, filed 4/6/94, effective 5/7/94.]

WAC 246-878-110 Labeling control of excess products. (1) In the case where a quantity of compounded drug product in excess of that to be initially dispensed in accordance with WAC 246-878-020 is prepared, the excess product shall be labeled or documentation referenced with the complete list of ingredients (components), the preparation date, and the assigned beyond-use date based upon the pharmacist's professional judgment, appropriate testing, or published data. It shall also be stored and accounted for under conditions dictated by its composition and stability characteristics (e.g., in a clean, dry place on shelf or in the refrigerator) to ensure its strength, quality, and purity.

[Statutory Authority: RCW 18.64.005. 94-08-101, § 246-878-110, filed 4/6/94, effective 5/7/94.]

WAC 246-878-120 Records and reports. (1) Any procedures or other records required to be maintained in compliance with this chapter shall be retained for the same period of time as required in WAC 246-869-100 for the retention of prescription files.

(2) All records required to be retained under this chapter, or copies of such records, shall be readily available for authorized inspection during the retention period at the establishment where the activities described in such records occurred. These records or copies thereof shall be subject to photocopying or other means of reproduction as part of any such inspection.

(3) Records required under this chapter may be retained either as the original records or as true copies, such as photocopies, microfilm, microfiche, or other accurate reproductions of the original records.

[Statutory Authority: RCW 18.64.005. 94-08-101, § 246-878-120, filed 4/6/94, effective 5/7/94.]

Chapter 246-879 WAC
PHARMACEUTICAL WHOLESALERS

WAC

WAC 246-879-010 Definitions. (1) "Full line wholesaler" means any wholesaler authorized by the board to possess and sell legend drugs, controlled substances (additional registration required see WAC 246-879-080) and nonprescription drugs (over-the-counter - OTC see WAC 246-879-070) to a licensed pharmacy or other legally licensed or authorized person.

(2) "Over-the-counter only wholesaler" means any wholesaler authorized by the board to possess and sell nonprescription (OTC) drugs to any outlets licensed for resale.

(3) "Controlled substances wholesaler" means a licensed wholesaler authorized by the board to possess and sell controlled substances to a licensed pharmacy or other legally licensed or authorized person.

(4) "Export wholesaler" means any wholesaler authorized by the board to export legend drugs and nonprescription (OTC) drugs to foreign countries.

(5) "Blood" means whole blood collected from a single donor and processed either for transfusion or further manufacturing.

(6) "Blood component" means that part of the blood separated by physical or mechanical means.

(7) "Drug sample" means a unit of prescription drug that is not intended to be sold and is intended to promote the sale of the drug.

(8) "Manufacturer" means anyone who is engaged in manufacturing, preparing, propagating, compounding, processing, packaging, repackaging, or labeling of a drug, provided that a pharmacist compounding drugs to be dispensed from the pharmacy in which the drugs are compounded pursuant to prescriptions for individual patients shall not be considered a manufacturer.

(9) "Prescription drug" means any drug required by state or federal law or regulation to be dispensed only by a prescription, including finished dosage forms and active ingredients subject to section 503(b) of the Federal Food, Drug, and Cosmetic Act.

(10) "Wholesale distribution" means distribution of prescription drugs to persons other than a consumer or patient, but does not include:

(a) The sale, purchase, or trade of a drug, an offer to sell, purchase or trade a drug, or the dispensing of a drug pursuant to a prescription:

(b) The lawful distribution of drug samples by manufacturers' representatives or distributors' representatives; or

(c) The sale, purchase, or trade of blood and blood components intended for transfusion.

(d) Intracompany sales, being defined as any transaction or transfer between any division, subsidiary, parent and/or affiliated or related company under the common ownership and control of a corporate entity, unless such transfer occurs between a wholesale distributor and a health care entity or practitioner.

(e) The sale, purchase, or trade of a drug or an offer to sell, purchase, or trade a drug for emergency medical reasons; for purposes of this section, "emergency medical reasons" includes transfers of prescription drugs by retail pharmacy to another retail pharmacy or practitioner to alleviate a temporary shortage, except that the gross dollar value of such transfers shall not exceed five percent of the total prescription drug sale revenue of either the transferor or transferee pharmacy during any twelve consecutive month period.

(11) "Wholesale distributor" means anyone engaged in wholesale distribution of drugs, including but not limited to, manufacturers; repackers; own-label distributors; private-label distributors; jobbers; brokers; warehouses; including manufacturers' and distributors' warehouses, chain drug warehouses, and wholesale drug warehouses; independent wholesale drug traders; and retail pharmacies that conduct wholesale distributions.

[Statutory Authority: RCW 18.64.005. 92-15-069 (Order 289B), § 246-879-010, filed 7/14/92, effective 8/14/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-879-010, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11) and 69.41.075. 82-06-042 (Order 165), § 360-21-010, filed 3/2/82.]

WAC 246-879-020 Minimum standards for wholesalers. The following shall constitute minimum requirements for the storage and handling of prescription drugs, and for the establishment and maintenance of prescription drug distribution records by wholesale drug distributors and their officers, agents, representatives, and employees:

(1) Facilities. All facilities at which prescription drugs are stored, warehoused, handled, held, offered, marketed, or displayed shall:

(a) Be of suitable size and construction to facilitate cleaning, maintenance, and proper operations;

(b) Have storage areas designed to provide adequate lighting, ventilation, temperature, sanitation, humidity, space, equipment, and security conditions;

(c) Have a quarantine area for storage of prescription drugs that are outdated, damaged, deteriorated, misbranded, or adulterated, or that are in immediate or sealed, secondary containers that have been opened;

(d) Be maintained in a clean and orderly condition; and

(e) Be free from infestation by insects, rodents, birds, or vermin of any kind.

(2) Storage. All prescription drugs shall be stored at appropriate temperatures and under appropriate conditions in accordance with requirements, if any, in the labeling of such drugs or with the requirements in the 22nd edition of the United States Pharmacopeia/National Formulary (USP/NF). United States Pharmacopeia/National Formulary (USP/NF) is available for public inspection at the Office of the State Board of Pharmacy, 1300 Quince St SE, PO Box 47863, Olympia WA 98504-7863.

(a) If no storage requirements are established for a prescription drug, the drug may be held at "controlled" room temperature, as defined in an official compendium, to help ensure that its identity, strength, quality, and purity are not adversely affected.

(b) Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices, and/or logs shall be utilized to document proper storage of prescription drugs.

(3) Examination of materials.

(a) Upon receipt, each outside shipping container shall be visually examined for identity and to prevent the acceptance of contaminated prescription drugs or prescription drugs that are otherwise unfit for distribution. This examination shall be adequate to reveal container damage that would suggest possible contamination or other damage to contents.

(b) Each outgoing shipment shall be carefully inspected for identity of the prescription drug products and to ensure that there is no delivery of prescription drugs that have been damaged in storage or held under improper conditions.

(4) Returned, damaged, and outdated prescription drugs.

(a) Prescription drugs that are outdated, damaged, deteriorated, misbranded, or adulterated shall be quarantined and physically separated from other prescription drugs until they are destroyed or returned to their supplier.

(b) Any drug whose immediate or sealed outer or sealed secondary containers have been opened or used shall be identified as such, and shall be quarantined and physically separated from other drugs until they are either destroyed or returned to the supplier.

(c) If the conditions under which a drug has been returned cast doubt on the drug's safety, identity, strength, quality, or purity, then the drug shall be destroyed, or returned to the supplier, unless examination, testing, or other investigation proves that the drug meets appropriate standards of safety, identity, strength, quality, and purity. In determining whether the conditions under which a drug has been returned cast doubt on the drug's safety, identity, strength, quality, or purity, the wholesale drug distributor shall consider, among other things, the conditions under which the drug has been held, stored, or shipped before or during its return and the condition of the drug and its container, carton, or labeling, as a result of storage or shipping.

(5) Written policies and procedures. Wholesale drug distributors shall establish, maintain, and adhere to written policies and procedures, which shall be followed for the receipt,

security, storage, inventory, and distribution of prescription drugs, including policies and procedures for identifying, recording, and reporting losses or thefts, and for correcting all errors and inaccuracies in inventories. Wholesale drug distributors shall include in their written policies:

(a) A procedure whereby the oldest approved stock of a drug product is distributed first. The procedure may permit deviation from this requirement if such deviation is temporary and appropriate.

(b) A procedure to be followed for handling recalls and withdrawals of prescription drugs. Such procedure shall be adequate to deal with recalls and withdrawals due to:

(i) Any action initiated at the request of the Food and Drug Administration or other federal, state, or local law enforcement or other governmental agency, including the board of pharmacy;

(ii) Any voluntary action by the manufacturer to remove defective or potentially defective drugs from the market; or

(iii) Any action undertaken to promote public health and safety by replacing of existing merchandise with an improved product or new package design.

(c) A procedure to ensure that wholesale drug distributors prepare for, protect against, and handle any crisis that affects security or operation of any facility in the event of strike, fire, flood, or other natural disaster, or other situations of local, state, or national emergency.

(d) A procedure to ensure that any outdated drugs shall be segregated from other drugs and either returned to the manufacturer or destroyed. This procedure shall provide for written documentation of the disposition of outdated prescription drugs. This documentation shall be maintained for two years after disposition of the outdated drugs.

(6) Responsible persons. Wholesale drug distributors shall establish and maintain lists of officers, directors, managers, and other persons in charge of wholesale drug distribution, storage, and handling, including a description of their duties and a summary of their qualifications.

[Statutory Authority: RCW 18.64.005. 92-15-069 (Order 289B), § 246-879-020, filed 7/14/92, effective 8/14/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-879-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11) and 69.41.075. 82-06-042 (Order 165), § 360-21-020, filed 3/2/82.]

WAC 246-879-030 Inspections. (1) Inspections shall be performed by representatives of the board of pharmacy to ensure compliance with chapter 246-879 WAC. The following items shall be included in these inspections:

(a) Housekeeping, sanitation, recordkeeping, accountability, security, types of outlets sold to and sources of drugs purchased.

(b) Wholesale drug distributors shall operate in compliance with applicable federal, state, and local laws and regulations.

(2) Wholesale drug distributors shall permit the board's authorized personnel and authorized federal, state, and local law enforcement officials to enter and inspect their premises and delivery vehicles, and to audit their records and written operating procedures, at reasonable times and in a reasonable manner, to the extent authorized by law. Such officials shall be required to show appropriate identification prior to being permitted access to wholesale drug distributors' premises and delivery vehicles.

[Statutory Authority: RCW 18.64.005. 92-15-069 (Order 289B), § 246-879-030, filed 7/14/92, effective 8/14/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-879-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11) and 69.41.075. 82-06-042 (Order 165), § 360-21-030, filed 3/2/82.]

WAC 246-879-040 Records. (1) Recordkeeping. Wholesale drug distributors shall establish and maintain inventories and records of transactions regarding the receipt and distribution or other disposition of prescription drugs. These records shall include the following information:

(a) The source of the drugs, including the name and principal address of the seller or transferor, and the address of the location from which the drugs were shipped;

(b) The identity and quantity of the drugs received and distributed or disposed of; and

(c) The dates of receipt and distribution or other disposition of the drugs.

(2) Inventories and records shall be made available for inspection and photocopying by an authorized official of any governmental agency charged with enforcement of these rules for a period of two years following disposition of the drugs.

(3) Records described in this section that are kept at the inspection site or that can be immediately retrieved by computer or other electronic means shall be readily available for authorized inspection during the retention period. Records kept at a central location apart from the inspection site and not electronically retrievable shall be made available for inspection within two working days of a request by an authorized official of any governmental agency charged with enforcement of these rules.

[Statutory Authority: RCW 18.64.005. 92-15-069 (Order 289B), § 246-879-040, filed 7/14/92, effective 8/14/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-879-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11) and 69.41.075. 82-06-042 (Order 165), § 360-21-040, filed 3/2/82.]

WAC 246-879-050 Security. (1) All facilities shall be equipped with a security system that will provide suitable protection against theft and diversion. When appropriate, the security system shall provide protection against theft or diversion that is facilitated or hidden by tampering with computers or electronic records.

(2) Access from outside the premises shall be kept to a minimum and be well-controlled.

(3) Entry into areas where prescription drugs are held shall be limited to authorized personnel.

(4) All facilities used for wholesale drug distribution shall be secure from unauthorized entry.

(5) Drug storage areas shall be constructed in such a manner as to prevent illegal entry.

(6) Adequate lighting shall be provided at the outside perimeter of the premises to reduce the possibility of illegal entry.

(7) All applicants for a license as a controlled substances wholesaler must comply with the security requirements as

found in 21 CFR 1301.02, 1301.71 through 1301.74 and 1301.90 through 1301.92.

[Statutory Authority: RCW 18.64.005. 92-15-069 (Order 289B), § 246-879-050, filed 7/14/92, effective 8/14/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-879-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11) and 69.41.075. 82-06-042 (Order 165), § 360-21-050, filed 3/2/82.]

WAC 246-879-060 Unauthorized sales. No wholesaler distributor shall sell or distribute any prescription drugs or devices except to an individual, corporation, or entity who is authorized by law or regulation to possess such drugs or devices. No wholesaler shall sell any prescription drugs or devices to an ultimate consumer.

[Statutory Authority: RCW 18.64.005. 92-15-069 (Order 289B), § 246-879-060, filed 7/14/92, effective 8/14/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-879-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11) and 69.41.075. 82-06-042 (Order 165), § 360-21-060, filed 3/2/82.]

WAC 246-879-070 Application for full line wholesaler license and over-the-counter only wholesaler license. (1) All applications for licensure of a new or relocated wholesaler shall be accompanied by the required fee as set forth in chapter 246-907 WAC.

(2) All license renewal applications shall be accompanied by the annual fee and contain the same information required in subsection (6) of this section.

(3) A change of ownership or location requires a new license.

(4) The license is issued to a person or firm and is nontransferable. Additions or deletions of a partner/partners shall be considered as a change of ownership.

(5) The license fee cannot be prorated.

(6) Every wholesale distributor, wherever located, who engages in wholesale distribution into, out of, or within this state must be licensed by the board in accordance with the laws and regulations of this state before engaging in wholesale distribution of prescription drugs.

(a) Minimum required information for licensure. The board requires the following from each wholesale drug distributor as part of the initial licensing procedure and as part of any renewal of such license.

(i) The name, full business address, and telephone number of the licensee;

(ii) All trade or business names used by the licensee;

(iii) Addresses, telephone numbers, and the names of contact persons for the facility used by the licensee for the storage, handling, and distribution of prescription drugs;

(iv) The type of ownership or operation (i.e., partnership, corporation, or sole proprietorship); and

(v) The name(s) of the owner and/or operator of the licensee, including:

(A) If a person, the name of the person;

(B) If a partnership, the name of each partner, and the name of the partnership;

(C) If a corporation, the name and title of each corporate officer and director, the corporate names, and the name of the state of incorporation, and the name of the parent company, if any;

(D) If a sole proprietorship, the full name of the sole proprietor and the name of the business entity.

(vi) When operations are conducted at more than one location by a single wholesale distributor, each such location shall be licensed by the board.

(vii) Change in any information required by this section shall be submitted to the board within thirty days after such change.

(b) Minimum qualifications. The board shall consider, at a minimum, the following factors in reviewing the qualifications of persons who engage in wholesale distribution of prescription drugs within the state:

(i) Any convictions of the applicant under any federal, state, or local laws relating to drug samples, wholesale, or retail drug distribution, or distribution of controlled substances;

(ii) Any felony convictions of the applicant under federal, state, or local laws;

(iii) The applicant's past experience in the manufacture or distribution of prescription drugs, including controlled substances;

(iv) Any false or fraudulent material furnished by the applicant in any application made in connection with drug manufacturing or distribution;

(v) Suspension or revocation by federal, state, or local government of any license currently or previously held by the applicant for the manufacture or distribution of any drugs, including controlled substances;

(vi) Compliance with licensing requirements under previously granted licenses, if any;

(vii) Compliance with requirements to maintain and/or make available to the board, federal, state, or local enforcement officials those records required to be maintained by wholesale drug distributors; and

(viii) Any other factors or qualifications the board considers relevant to and consistent with public health and safety.

(c) The board shall have the right to deny a license to an applicant if it determines that the granting of such a license would not be in the public interest. Public interest considerations shall be based on factors and qualifications that are directly related to the protection of the public health and safety.

(d) Personnel. As a condition for receiving and retaining a wholesale drug distributor license, the licensee shall require each person employed in any prescription drug wholesale distribution activity to have education, training, and experience, or any combination thereof, sufficient for that person to perform the assigned functions in such a manner as to provide assurance that the drug product quality, safety and security will at all times be maintained as required by law.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-879-070, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.64.005. 92-15-069 (Order 289B), § 246-879-070, filed 7/14/92, effective 8/14/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-879-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11) and 69.41.075. 82-06-042 (Order 165), § 360-21-070, filed 3/2/82.]

WAC 246-879-080 Application for controlled substance wholesaler license. Wholesale drug distributors that deal in controlled substances shall register with the board and with the Drug Enforcement Administration (DEA), and shall comply with applicable state, local, and DEA regulations.

(1) He/she must be licensed as a full line wholesaler.

(2) He/she must meet all security requirements as set forth in WAC 246-879-050.

(3) He/she must meet additional requirements for registration and fees as set forth in chapter 246-907 WAC.

[Statutory Authority: RCW 18.64.005. 92-15-069 (Order 289B), § 246-879-080, filed 7/14/92, effective 8/14/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-879-080, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11) and 69.41.075. 82-06-042 (Order 165), § 360-21-080, filed 3/2/82.]

WAC 246-879-090 Export wholesaler. (1) Upon application the board may issue a wholesaler license for the primary business of exporting drugs to foreign countries.

(2) Such license authorizes the holder to export non-controlled drugs to persons in a foreign jurisdiction that have legitimate reasons to possess such drugs.

(3) Letters from consulate of the country to which drugs are exported should verify consignee receiving such drugs is legally entitled in that country to receive them, if applicable. These letters shall be made available to the board upon its request.

(4) Records to be kept by export wholesaler:

(a) Complete description of drug, including, name, quantity, strength, and dosage unit.

(b) Name and address of purchaser.

(c) Name and address of consignee in the country of destination.

(d) Name and address of forwarding agent.

(e) Proposed export date.

(f) Shippers involved and methods of shipment.

(5) The issuance of an export wholesaler license does not authorize delivery of drugs in the United States.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-879-090, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11) and 69.41.075. 82-06-042 (Order 165), § 360-21-090, filed 3/2/82.]

WAC 246-879-100 Salvaging and reprocessing companies. Wholesale drug distributors shall be subject to the provisions of any applicable federal, state, or local laws or rules that relate to prescription drug product salvaging or reprocessing, including this chapter.

[Statutory Authority: RCW 18.64.005. 92-15-069 (Order 289B), § 246-879-100, filed 7/14/92, effective 8/14/92.]

WAC 246-879-110 Violations and penalties. The board shall have the authority to suspend or revoke any licenses granted under this chapter upon conviction of violations of the federal, state, or local drug laws or rules. Before any license may be suspended or revoked, a wholesale distributor shall have a right to prior notice and a hearing pursuant to the Administrative Procedure Act, chapter 34.05 RCW.

[Statutory Authority: RCW 18.64.005. 92-15-069 (Order 289B), § 246-879-110, filed 7/14/92, effective 8/14/92.]

WAC 246-879-120 Reciprocity. A wholesale distributor licensed in another state may be licensed in this state upon submission of the fee required in chapter 246-907 WAC and submission of information compiled by the National Association of Boards of Pharmacy (NABP) Clearinghouse demonstrating that the license is not, and has not been, the subject of adverse license action.

[Statutory Authority: RCW 18.64.005. 92-15-069 (Order 289B), § 246-879-120, filed 7/14/92, effective 8/14/92.]

Chapter 246-881 WAC
PHARMACY—PRESCRIPTION DRUG PRICE ADVERTISING

WAC

WAC 246-881-010 Drug price advertising defined. Drug price advertising is the dissemination of nonpromotional information pertaining to the prices of legend or prescription drugs.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-881-010, filed 8/30/91, effective 9/30/91; Order 124, § 360-23-010, filed 10/31/74; Order 120, § 360-23-010, filed 3/11/74.]

WAC 246-881-020 Drug price advertising conditions. A pharmacy may advertise legend or prescription drug prices provided:

(1) The advertising complies with all state and federal laws, including regulations of the United States Food and Drug Administration and the Washington State Consumer Protection Act, chapter 19.86 RCW.

(2) The advertising is solely directed towards providing consumers with drug price information and does not promote the use of a prescription drug or drugs to the public.

(3) The drug price advertising shall contain all the following information for all drug products or brand names used in the advertisement:

(a) The proprietary name of the drug product advertised, if any,

(b) The generic name of the drug product advertised, if any,

(c) The strength of the drug product advertised. If the drug product advertised contains more than one active ingredient and a relevant strength can be associated with it without indicating each active ingredient, the generic name and quantity of each active ingredient is not required.

(d) The dosage form of the drug product advertised, and

(e) The price charged for a specified quantity of the drug product.

(4) Advertising of any generic drug that in any way compares a generic drug to a brand name drug may not in any manner imply that the brand name drug is the product offered for sale.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-881-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 79-10-007 (Order 151, Resolu-

tion No. 9/79), § 360-23-020, filed 9/6/79; Order 124, § 360-23-020, filed 10/31/74; Order 120, § 360-23-020, filed 3/11/74.]

WAC 246-881-030 Prohibition on advertising controlled substances. No person, partnership, corporation, association or agency shall advertise controlled substances for sale to the general public in any manner that promotes or tends to promote the use or abuse of those drugs. Controlled substances shall not be physically displayed to the public.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-881-030, filed 8/30/91, effective 9/30/91; Order 124, § 360-23-030, filed 10/31/74.]

WAC 246-881-040 Drug price disclosure—Required. No pharmacy shall refuse to disclose the retail price of a prescription drug upon request by a consumer.

[Statutory Authority: RCW 18.64.005. 96-02-008, § 246-881-040, filed 12/20/95, effective 1/20/96. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-881-040, filed 8/30/91, effective 9/30/91; Order 124, § 360-23-050, filed 10/31/74.]

Chapter 246-883 WAC

PHARMACEUTICAL—SALES REQUIRING PRESCRIPTIONS

WAC

WAC 246-883-020 Identification of legend drugs for purposes of chapter 69.41 RCW. (1) In accordance with chapter 69.41 RCW, the board of pharmacy finds that those drugs which have been determined by the Food and Drug Administration, under the Federal Food, Drug and Cosmetic Act, to require a prescription under federal law should also be classified as legend drugs under state law because of their toxicity or potential for harmful effect, the methods of their use and the collateral safeguards necessary to their use, indicate that they are only safe for use under the supervision of a practitioner.

(2) For the purposes of chapter 69.41 RCW, legend drugs are drugs which have been designated as legend drugs under federal law and are listed as such in the 2002 edition of the *Drug Topics Red Book*. Copies of the list of legend drugs as contained in the *Drug Topics Red Book* are available for public inspection at the headquarters office of the State Board of Pharmacy, 1300 Quince Street S.E., P.O. BOX 47863, Olympia, Washington 98504-7863. To obtain copies of this list, interested persons must submit a written request and payment of seventy-six dollars for each copy to the board.

(3) There may be changes in the marketing status of drugs after the publication of the above reference. Upon application of a manufacturer or distributor, the board may grant authority for the over the counter distribution of certain drugs which had been designated as legend drugs in this reference. These determinations will be made after public hearing and will be published as an amendment to this chapter.

[Statutory Authority: RCW 69.41.075 and 18.64.005(7). 02-14-049, § 246-883-020, filed 6/27/02, effective 7/28/02. Statutory Authority: RCW 69.41.075, 18.64.005. 00-06-078, § 246-883-020, filed 3/1/00, effective 4/1/00. Statutory Authority: RCW 69.41.075. 96-21-041, § 246-883-020, filed 10/11/96, effective 11/11/96. Statutory Authority: RCW 18.64.005. 92-09-070 (Order 264B), § 246-883-020, filed 4/14/92, effective 5/15/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-883-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005 and 69.44.075 [69.41.075]. 85-18-091 (Order 196), § 360-32-050, filed 9/4/85. Statutory Authority: RCW 18.64.005 and 69.41.075. 83-20-053 (Order 176), § 360-32-050, filed 9/29/83. Statutory Authority: RCW 69.41.075. 81-10-025 (Order 160), § 360-32-050, filed 4/28/81. Statutory Authority: 1979 1st ex. s. c 139. 79-09-138 (Order 149, Resolution No. 9/79), § 360-32-050, filed 9/5/79.]

WAC 246-883-025 Introductory trade or stock packages. Introductory trade or stock packages may be distributed by registered drug manufacturers to licensed pharmacies under the following conditions:

(1) The package shall be invoiced by the drug manufacturer as a no charge sale.

(2) The product shall be distributed by the manufacturer to the pharmacy by mail or common carrier.

(3) The drug's package shall not be marked as a sample or with any other labeling that is inconsistent with the claim that the manufacturer intended the package for sale.

(4) The manufacturer shall be limited to distributing one introductory package of each dosage strength of a product on a one-time basis to a pharmacy in order to familiarize and assure that a company's new product will be available in pharmacies. The quantity shall not be larger than one hundred solid dosage units or sixteen liquid ounces.

[Statutory Authority: RCW 18.64.005. 92-09-072 (Order 266B), § 246-883-025, filed 4/14/92, effective 5/15/92.]

WAC 246-883-030 Ephedrine prescription restrictions. (1) The board of pharmacy, pursuant to RCW 69.41.075, hereby identifies ephedrine, or any of its salts in a solid or aqueous form normally intended for oral administration, in any quantity, as a legend drug subject to the restrictions of RCW 69.41.030.

(2) The following products containing ephedrine or its salts in the amount of 25 mg. or less per solid dosage unit or per 5 ml. of liquid forms in combination with other ingredients in therapeutic amounts are exempt from subsection (1) of this section:

	TRADE NAME	EPHEDRINE CONTENT
1.	AMESAC capsule (Russ)	25 mg. ephedrine HCL
2.	AZMA AID tablet (Various, eg Purepac)	24 mg. ephedrine HCL
3.	BRONC-EASE PLUS (Natur-Pharma)	25 mg. ephedrine HCL
4.	BRONCHODILATOR AND EXPECTORANT (PDK Labs)	25 mg. ephedrine HCL
5.	BRONITIN tablet (Whitehall)	24 mg. ephedrine HCL
6.	BRONKAID tablet (Breon)	24 mg. ephedrine sulfate
7.	BRONKOLIXER (Sterling Winthrop)	12 mg. ephedrine
8.	BRONKOTABS tablet (Breon)	24 mg. ephedrine sulfate
9.	EFEDRON nasal jelly (Hyrex)	0.6% ephedrine HCL in 20 g.

	TRADE NAME	EPHEDRINE CONTENT
10.	MINI THINS asthma relief (BDI Pharmaceuticals)	25 mg. ephedrine
11.	PAZO HEMORRHOID suppositor (Bristol-Meyers)	3.86 mg. ephedrine sulfate
12.	PAZO HEMORRHOID ointment (Bristol-Meyers)	0.2% ephedrine sulfate
13.	PRIMATENE tablet (Whitehall)	24 mg. ephedrine HCL
14.	PRIMATENE M tablet (Whitehall)	24 mg. ephedrine HCL
15.	PRIMATENE P tablet (Whitehall)	24 mg. ephedrine HCL
16.	QUELIDRINE (Abbott)	5 mg. ephedrine HCL
17.	TEDRAL tablet (Parke-Davis)	24 mg. ephedrine HCL
18.	THEODRINE tablet (Rugby)	25 mg. ephedrine HCL
19.	VATRONOL nose drops (Vicks Health Care)	0.5% ephedrine sulfate

(3) Ma Huang or other botanical products of genus ephedra used in their natural state and containing 25 mg. or less of ephedrine per recommended dosage as a preparation for human consumption are not legend drugs for the purposes of this section.

(4) Any reformulation of listed products which increases the ephedrine content to more than 25 mg. of ephedrine per solid dosage unit or per 5 ml. of liquid forms shall negate the exemption. The manufacturers of listed products shall notify the board of any reformulation which increases the ephedrine content to more than 25 mg. of ephedrine per solid dosage unit or per 5 ml. of liquid forms prior to distributing that product in the state of Washington.

(5) Manufacturers of products containing 25 mg. or less of ephedrine per solid dosage unit or per 5 ml. of liquid forms in combination with other ingredients in therapeutic amounts may gain exemption from subsection (1) of this section if, prior to the distributing of any such product in the state of Washington, the manufacturer:

(a) Provides the board with the formulation of any such product;

(b) Provides the board samples of all dosage forms in which the product is to be marketed in the packaging in which the product is to be marketed; and

(c) Receives the board's approval to market such product.

[Statutory Authority: RCW 18.64.005. 94-08-100, § 246-883-030, filed 4/6/94, effective 5/7/94; 93-05-046 (Order 333B), § 246-883-030, filed 2/17/93, effective 3/20/93. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-883-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11) and 69.41.075. 82-06-042 (Order 165), § 360-32-055, filed 3/2/82. Statutory Authority: RCW 69.41.075. 81-10-025 (Order 160), § 360-32-055, filed 4/28/81. Statutory Authority: 1979 1st ex. s. c 139. 79-09-138 (Order 149, Resolution No. 9/79), § 360-32-055, filed 9/5/79.]

WAC 246-883-040 Regulated steroids. The board finds that the following drugs shall be classified as steroids for the purposes of RCW 69.41.310. The drugs designated shall include the following and any synthetic derivatives or any isomer, ester, salt, or derivative of the following that act in the same manner on the human body from the attached list:

(1) Anabolicum
(2) Anadrol
(3) Anatrofin
(4) Anavar
(5) Androxon
(6) Andriol
(7) Android
(8) bolandiol
(9) bolasterone
(10) boldenone
(11) boldenone undecylenate
(12) bolenol
(13) Bolfortan
(14) bolmantalate
(15) Cheque
(16) chlorotestosterone
(17) clostebol
(18) Deca Durabolin
(19) dehydrochlormethyl-testosterone
(20) Delatestyl
(21) Dianabol
(22) Dihydrolone
(23) dihydrotestosterone
(24) dimethazine
(25) Drive
(26) Drolban
(27) drostanolone
(28) Durabolin
(29) Durateston
(30) Equipoise
(31) Esiclene
(32) ethylestrenol
(33) Exoboline
(34) Finaject
(35) Fluoxymesterone
(36) formebolone
(37) Halotestin
(38) Halostein
(39) Hombreol
(40) Iontanyl
(41) Laurabolin
(42) Lipodex
(43) Maxibolin
(44) mesterolone
(45) metanabol
(46) methenolone acetate
(47) methenolone enanthate
(48) methandienone
(49) methandranone
(50) methandriol
(51) methandrostenolone
(52) methyltestosterone
(53) mibolerone
(54) Myagen
(55) Nandrolin
(56) nandrolone
(57) nandrolone decanoate
(58) nandrolone cyclotate
(59) nandrolone phenpropionate
(60) Nelavar
(61) Nerobol

(62) Nilevar
(63) nisterime acetate
(64) Norbolethone
(65) Nor-Diethylin
(66) norethandrolone
(67) Normethazine
(68) Omnifin
(69) oxandrolone
(70) oxymesterone
(71) oxymetholone
(72) Parabolan
(73) Permastril
(74) pizotyline
(75) Primobolone/Primobolan depot
(76) Primotestin/Primotestin depot
(77) Proviron
(78) Quinalone
(79) Quinbolone
(80) Restandol
(81) silandrone
(82) Sostanon
(83) Spectriol
(84) stanolone
(85) stanozolol
(86) stenbolone acetate
(87) Stromba
(88) Sustanon
(89) Tes-10
(90) Tes-20
(91) Tes-30
(92) Teslac
(93) testolactone
(94) testosterone
(95) testosterone cypionate
(96) testosterone enanthate
(97) testosterone ketolaurate
(98) testosterone phenylacetate
(99) testosterone propionate
(100) testosterone undecanoate
(101) Thiomucase
(102) tibolone
(103) trenbolone
(104) trenbolone acetate
(105) trestolone acetate
(106) Trophobolene
(107) Winstrol

[Statutory Authority: RCW 18.64.005 and 69.41.075. 92-12-035 (Order 277B), § 246-883-040, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-883-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 89-22-048, § 360-32-060, filed 10/30/89, effective 11/30/89.]

WAC 246-883-050 Theophylline prescription restrictions. The board of pharmacy, pursuant to RCW 69.41.075, hereby identifies theophylline, or any of its salts in a solid or liquid form normally intended for oral administration in any quantity, as a legend drug subject to the restrictions of RCW 69.41.030. Provided, products containing 130 mg or less of theophylline per solid dosage unit or 130 mg or less per 5 ml of liquid forms, shall not be considered a legend drug and where the product contains other recognized therapeutic ingredients, may be sold or distributed without a prescription. Products with theophylline as the only active ingredient are identified as legend drugs.

[Statutory Authority: RCW 18.64.005. 92-09-070 (Order 264B), § 246-883-050, filed 4/14/92, effective 5/15/92.]

Chapter 246-885 WAC

PHARMACY—IDENTIFICATION, IMPRINTS, MARKINGS, AND LABELING OF LEGEND DRUGS

WAC

WAC 246-885-020 Drug imprint information provided by manufacturers and distributors. Each manufacturer and distributor who manufacturers or commercially distributes any legend drug in the state of Washington shall provide written information to the board identifying all current imprints used. This information shall be submitted on a form provided by the board and shall be updated annually, or as changes in imprints occur.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-885-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005 and 69.41.240. 83-10-013 (Order 174), § 360-33-050, filed 4/26/83.]

WAC 246-885-030 Over-the-counter (OTC) drug imprint regulation. (1) Pursuant to the provisions of RCW 69.60.090, chapter 69.60 RCW will cease to exist in its entirety upon implementation by the federal Food and Drug Administration (FDA) of provisions regulating solid dosage imprinting of OTC medications and upon a finding by the Washington state board of pharmacy that the FDA regulations are substantially equivalent to those in chapter 69.60 RCW.

(2) The FDA adopted a final rule regarding OTC solid dosage imprinting, codified in 21 CFR 206.01-10. This rule became effective September 13, 1995. The applicability of the federal rule is limited to those products introduced into interstate commerce on or after the effective date of the regulation. The rule is inapplicable to those noncompliant products introduced into interstate commerce prior to the effective date and to those products pending FDA review and approval of applications submitted by the manufacturer.

(3) The board finds that the inapplicability of the FDA rule to noncompliant products introduced into interstate commerce before the effective date and to those products currently on the market would permit the sale of these products in the state of Washington and thus fails to adequately protect the citizens of the state of Washington.

(4) Therefore, notwithstanding the provisions of 21 CFR 206.1 et seq. no nonimprinted solid dosage form drug that is intended for OTC sale may be distributed into or sold in the state of Washington unless it has been found by the board to be exempt from the provisions of this chapter or has received an exemption from the FDA pursuant to 21 CFR 206.7. Copies of official documents that support such exemptions shall

be filed with the board prior to any distribution of the nonimprinted product(s).

[Statutory Authority: RCW 18.64.005. 96-07-012, § 246-885-030, filed 3/11/96, effective 4/11/96.]

Chapter 246-886 WAC
ANIMAL CONTROL—LEGEND DRUGS

WAC

WAC 246-886-001 Purpose. The purpose of this chapter shall be to ensure compliance with the law and rules regarding the use of legend drugs by animal control agencies and humane societies for the sole purpose of sedating animals prior to euthanasia, when necessary, and for use in chemical capture programs.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-886-001, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-04-056 (Order 140B), § 360-35-010, filed 2/4/91, effective 3/7/91.]

WAC 246-886-010 Definitions. (1) "Board": The Washington state board of pharmacy.

(2) "Animal control agency": Any agency authorized by law to euthanize or destroy animals; to sedate animals prior to euthanasia or to engage in chemical capture of animals.

(3) "Humane society": A society incorporated and authorized to act under RCW 16.52.020.

(4) "Legend drugs": "Legend drugs" means any drugs which are required by state law or regulation of the state board of pharmacy to be dispensed on prescription only or are restricted to use by practitioners only.

(5) "Controlled substances": "Controlled substance" means a drug, substance, or immediate precursor in Schedule I through V of Article II of chapter 69.50 RCW.

(6) "Approved legend drug": Any legend drug approved by the board for use by registered humane societies or animal control agencies for the sole purpose of sedating animals prior to euthanasia, when necessary, and for use in chemical capture programs.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-886-010, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-04-056 (Order 140B), § 360-35-020, filed 2/4/91, effective 3/7/91.]

WAC 246-886-020 Registration. Humane societies and animal control agencies registered with the board under RCW 69.50.310 and WAC 246-887-050 to purchase, possess, and administer sodium pentobarbital as provided therein may also, under that registration, purchase, possess, and administer approved legend drugs as provided in RCW 69.41.080 and herein.

[Statutory Authority: RCW 69.41.080. 92-12-035 (Order 277B), § 246-886-020, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-886-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-04-056 (Order 140B), § 360-35-030, filed 2/4/91, effective 3/7/91.]

WAC 246-886-030 Approved legend drugs. (1) The following legend drugs are hereby designated as "approved legend drugs" for use by registered humane societies or animal control agencies for limited purposes:

(a) Acetylpromazine.

(b) Ketamine.

(c) Xylazine.

(2) A humane society or animal control agency shall not be permitted to purchase, possess, or administer approved legend drugs unless that society or agency:

(a) Is registered with the board under RCW 69.50.310 and WAC 246-887-050 to purchase, possess, and administer sodium pentobarbital;

(b) Submits to the board written policies and procedures ensuring that only those of its agents and employees who have completed a board-approved training program will possess or administer approved legend drugs; and

(c) Has on its staff at least one individual who has completed a board-approved training program.

(3) The following legend drugs are hereby designated as "approved legend drugs" only for use by agents and biologists of the Washington state department of wildlife: Naltrexone, detomidine, metdetomidine and yohimbine.

[Statutory Authority: RCW 18.64.005. 94-02-060, § 246-886-030, filed 1/3/94, effective 2/3/94. Statutory Authority: RCW 69.41.080. 92-12-035 (Order 277B), § 246-886-030, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-886-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-04-056 (Order 140B), § 360-35-040, filed 2/4/91, effective 3/7/91.]

WAC 246-886-040 Training of personnel. (1) Approved legend drugs may only be administered by those personnel who have completed a board-approved training program. Such training programs shall be submitted to the board for approval no later than thirty days prior to the initiation of training.

(2) Any training program shall use a text approved by the board. The board will make available a list of approved texts. Training programs shall be at least four hours in length and shall be taught by a licensed veterinarian or by a person who has completed an approved training program taught by a licensed veterinarian. Each program shall require that the trainee participate in both didactic and practical training in the use of these drugs and shall be required to score no less than seventy-five percent on a final examination. Training programs shall include the following topics:

(a) Anatomy and physiology;

(b) Pharmacology of the drugs;

(c) Indications, contraindications, and adverse effects;

(d) Human hazards;

(e) Disposal of medical waste (needles, syringes, etc.);

(f) Recordkeeping and security requirements.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-886-040, filed 8/30/91, effective 9/30/91.

Statutory Authority: RCW 18.64.005. 91-04-056 (Order 140B), § 360-35-050, filed 2/4/91, effective 3/7/91.]

WAC 246-886-050 Legend drug administration. Humane societies and animal control agencies and the staff of those agencies may not purchase, possess, or administer controlled substances or legend drugs except sodium pentobarbital and approved legend drugs as provided herein. Provided, staff may administer legend drugs and controlled substances which have been prescribed by a licensed veterinarian for a specific animal and which drugs have been dispensed by a pharmacy or a veterinarian and are properly labeled in accordance with either RCW 18.64.246 or 69.41.050.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-886-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-04-056 (Order 140B), § 360-35-060, filed 2/4/91, effective 3/7/91.]

WAC 246-886-060 Responsible individuals. (1) Each agency or society registered in accordance with WAC 246-887-050 shall name a designated individual as the person who shall be responsible for maintaining all records and submitting all reports required by applicable federal or state law or regulation, including chapter 246-887 WAC.

(2) This designated individual shall also be responsible for the ordering, possession, safe storage, and utilization of the sodium pentobarbital and approved legend drugs.

[Statutory Authority: RCW 69.41.080. 92-12-035 (Order 277B), § 246-886-060, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-886-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-04-056 (Order 140B), § 360-35-070, filed 2/4/91, effective 3/7/91.]

WAC 246-886-070 Notification. Each humane society and animal control agency shall promptly notify the board of its designated individual, of all employees authorized to purchase, possess, or administer approved legend drugs, and of any change in the status of these individuals.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-886-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-04-056 (Order 140B), § 360-35-080, filed 2/4/91, effective 3/7/91.]

WAC 246-886-080 Recordkeeping and reports. (1) A bound log book with consecutively numbered pages shall be used to record the receipt, use, and disposition of approved legend drugs. No more than one drug shall be recorded on any single page. The record shall be in sufficient detail to allow an audit to be performed.

(2) All invoices, record books, disposition records, and other records regarding approved legend drugs shall be maintained in a readily retrievable manner for no less than two years.

(3) All records shall be available for inspection by the state board of pharmacy or any officer who is authorized to enforce this chapter.

(4) A physical inventory of approved legend drugs shall be performed and reconciled with the log book no less frequently than every six months.

(5) Any discrepancy in the actual inventory of approved legend drugs shall be documented in the log book and reported immediately to the responsible supervisor who shall investigate the discrepancy. Any discrepancy which has not been corrected within seven days shall be reported to the board of pharmacy in writing.

(6) Any approved legend drug which has become unfit for use due to contamination or having passed its expiration date shall be destroyed by a supervisor and another staff member. Record of such destruction shall be made in the log book which shall be signed and dated by the individuals involved.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-886-080, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-04-056 (Order 140B), § 360-35-090, filed 2/4/91, effective 3/7/91.]

WAC 246-886-090 Drug storage. All approved legend drugs shall be stored in a substantially constructed locked cabinet or drawer. Keys to the storage area shall be restricted to those persons authorized to administer the drugs. Specifically designated agents and employees of the registrant may possess a supply of approved legend drugs for emergency field use. Such emergency supply shall be stored in a locked metal box securely attached to the vehicle.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-886-090, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-04-056 (Order 140B), § 360-35-100, filed 2/4/91, effective 3/7/91.]

WAC 246-886-100 Violations. The board may suspend or revoke a registration issued under chapter 69.50 RCW if the board determines that any agent or employee of a registered humane society or animal control agency has purchased, possessed, or administered legend drugs in violation of RCW 69.41.080 or this chapter or has otherwise demonstrated inadequate knowledge in the administration of legend drugs. The board's revocation or suspension of a registration as provided herein would restrict the registered entity's ability to use both approved legend drugs and sodium pentobarbital.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-886-100, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-04-056 (Order 140B), § 360-35-110, filed 2/4/91, effective 3/7/91.]

Chapter 246-887 WAC

PHARMACY—REGULATIONS IMPLEMENTING THE UNIFORM CONTROLLED SUBSTANCES ACT

WAC

WAC 246-887-020 Uniform Controlled Substances Act. (1) Consistent with the concept of uniformity where possible with the federal regulations for controlled substances (21 CFR), the federal regulations are specifically made applicable to registrants in this state by virtue of RCW 69.50.306. Although those regulations are automatically applicable to registrants in this state, the board is nevertheless adopting as its own regulations the existing regulations of the federal government published in the Code of Federal Regulations revised as of April 1, 1991, and all references made therein to the director or the secretary shall have reference to the board of pharmacy, and the following sections are not applicable: Section 1301.11-.13, section 1301.31, section 1301.43-.57, section 1303, section 1308.41-.48, and section 1316.31-.67. The following specific rules shall take precedence over the federal rules adopted herein by reference, and therefore any inconsistencies shall be resolved in favor of the following specific rules.

(2) A separate registration is required for each place of business (as defined in section 1301.23) where controlled substances are manufactured, distributed or dispensed. Application for registration must be made on forms supplied by the pharmacy board, and all information called for thereon must be supplied unless the information is not applicable, in which case it must be indicated. An applicant for registration must hold the appropriate wholesaler, manufacturer or pharmacy license provided for in chapter 18.64 RCW.

(3) Every registrant shall be required to keep inventory records required by section 1304.04 (of the federal rules which have been adopted by reference by Rule 1) and must maintain said inventory records for a period of two years from the date of inventory. Such registrants are further required to keep a record of receipt and distribution of controlled substances. Such record shall include:

(a) Invoices, orders, receipts, etc. showing the date, supplier and quantity of drug received, and the name of the drug;

(b) Distribution records; i.e., invoices, etc. from wholesalers and manufacturers and prescriptions records for dispensers;

(c) In the event of a loss by theft or destruction, two copies of DEA 106 (report of theft or loss of controlled substances) must be transmitted to the federal authorities and a copy must be sent to the board;

(d) For transfers of controlled substances from one dispenser to another, a record of the transfer must be made at the time of transfer indicating the drug, quantity, date of transfer, who it was transferred to and from whom. Said record must be retained by both the transferee and the transferor. These transfers can only be made in emergencies pursuant to section 1307.11 (federal rules).

(4) The records must be maintained separately for Schedule II drugs. The records for Schedule III, IV and V drugs may be maintained either separately or in a form that is readily retrievable from the business records of the registrant. Prescription records will be deemed readily retrievable if the prescription has been stamped in red ink in the lower right hand corner with the letter "C" no less than one inch high, and said prescriptions are filed in a consecutively numbered prescription file which includes prescription and noncontrolled substances.

(5) A federal order form is required for each distribution of a Schedule I or II controlled substance, and said forms along with other records required to be kept must be made readily available to authorized employees of the board.

(6) Schedule II drugs require that a dispenser have a signed prescription in his possession prior to dispensing said drugs. An exception is permitted in an "emergency." An emergency exists when the immediate administration of the drug is necessary for proper treatment and no alternative treatment is available, and further, it is not possible for the physician to provide a written prescription for the drug at that time. If a Schedule II drug is dispensed in an emergency, the practitioner must deliver a signed prescription to the dispenser within 72 hours, and further he must note on the prescription that it was filled on an emergency basis.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-887-020, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.64.005. 92-04-029 (Order 239B), § 246-887-020, filed 1/28/92, effective 2/29/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201. 89-17-023 (Order 226), § 360-36-010, filed 8/8/89, effective 9/8/89. Statutory Authority: RCW 69.50.301. 87-10-029 (Order 206), § 360-36-010, filed 5/1/87. Statutory Authority: RCW 18.64.005(4). 85-06-010 (Order 193), § 360-36-010, filed 2/22/85. Statutory Authority: RCW 69.50.301. 80-05-074 (Order 154, Resolution No. 4/80), § 360-36-010, filed 4/28/80; 79-10-007 (Order 151, Resolution No. 9/79), § 360-36-010, filed 9/6/79. Statutory Authority: RCW 69.50.301 and chapter 69.50 RCW. 78-02-070 (Order 140), § 360-36-010, filed 1/25/78; Order 132, § 360-36-010, filed 5/4/77; Order 108, § 360-36-010, filed 10/26/71.]

WAC 246-887-030 Dispensing Schedule V controlled substances. (1) Those drugs classified in Schedule V of the Uniform Controlled Substances Act (RCW 69.50.212) which can be dispensed without a prescription can be so distributed only for the medical purpose(s) indicated on the manufacturer's label (e.g., cough syrups may only be dispensed for the treatment of coughs) and shall be dispensed in accordance with the following rules.

(2) Only a licensed pharmacist or a pharmacy intern may dispense a Schedule V drug. The pharmacist or pharmacy intern making the sale is responsible for the recording of the required information in the Schedule V register book. The pharmacist or pharmacy intern shall not sell a Schedule V drug to a person below the age of 21 and shall require the purchaser to supply identification so that the purchaser's true name, address and age can be verified. The pharmacist must keep the Schedule V drugs in a safe place not accessible to members of the public. The name and address of the pharmacy must be placed on the bottle or vial of each Schedule V drug sold and the pharmacist or pharmacy intern dispensing the product must place the date of sale and his/her initials on the label at the time of sale. The pharmacist or pharmacy intern is required to show every purchaser of a Schedule V

product a copy of subsections (3) and (4) of this rule (sections relating to purchaser(s) of Schedule V drugs).

(3) No person shall obtain a Schedule V drug without a practitioner's prescription unless he/she complies with the following:

(a) The product must be purchased as a medicine for its indicated medical use only;

(b) The purchaser must sign the Schedule V register book with his/her true name and address and supply proof of identification.

(c) The purchaser cannot purchase more than 120 mls (four fluid ounces) of Schedule V cough preparations, nor more than 240 mls (eight fluid ounces) of Schedule V antidiarrheal preparations.

(4) In the absence of a practitioner's prescription, no pharmacist or pharmacy shall sell to any person, nor shall any person obtain, within a ninety-six hour period, more than the maximum quantity set forth in subsection (3)(c) of this rule. Further, no pharmacist or pharmacy shall sell to any person, nor shall any person obtain more than twice the maximum quantity set forth in (3)(c) above in any sixty-day period.

(5)(a) Every pharmacy handling Schedule V drugs must keep a Schedule V register book in which the following statement must appear at the top of each page: "I have not obtained any Schedule V preparations within the last ninety-six hours, nor obtained Schedule V preparations more than twice within the last sixty days. This is my true name and address." All sales of Schedule V preparations without a practitioner's prescription shall be recorded in the Schedule V register book and the following information must be recorded therein:

(i) Printed name of purchaser

(ii) Signature of purchaser

(iii) Address of purchaser

(iv) Name of the Schedule V preparation sold

(v) Quantity of Schedule V preparation sold

(vi) Date of sale

(vii) Initials or name of pharmacist or pharmacy intern who sold the Schedule V drug

(viii) Proof of identification: A unique identification number from a driver's license or from other state or federally issued photo identification card.

(b) All register books used to record the sale of Schedule V preparations shall conform to the following standards:

(i) The book shall be 8 1/2 inches wide, 11 inches long.

(ii) The book shall be securely bound, not loose leaf or spiral bound.

(iii) The book shall have its pages consecutively numbered with a unique number assigned to each book and identified on each page.

(iv) Each page shall consist of an original and duplicate. If any sales are recorded, the duplicate sheet must be mailed to the board of pharmacy when completed or on the last day of each month, whichever is earlier.

(3) All pharmacy records relating to Schedule V drugs shall be open to examination by state board of pharmacy investigators during normal business hours. The refusal to permit such examination shall constitute grounds for the suspension or revocation of the pharmacist's license.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005, 18.81.080 and 42.17.290. 83-01-083 (Order 171), § 360-36-020, filed 12/17/82. Statutory Authority: RCW 18.64.005 and 69.41.075. 82-19-022 (Order 169), § 360-36-020, filed 9/8/82; Order 108, § 360-36-020, filed 10/26/71.]

WAC 246-887-040 Designation of nonnarcotic stimulant drugs for purposes of RCW 69.50.402 (a)(3). The board of pharmacy hereby designates, the following Schedule II controlled substances as nonnarcotic stimulants for purposes of RCW 69.50.402 (a)(3):

(1) Amphetamine sulfate in any of its generic forms.

(2) Dextroamphetamine sulfate in any of its generic forms and under the following brand names:

(a) Dexedrine (SKF);

(b) Dexedrine spansules (SKF).

(3) Dextroamphetamine HCL in any of its generic forms.

(4) Dextroamphetamine tannate in any of its generic forms.

(5) Methamphetamine HCL (Desoxyephedrine HCL) in any of its generic forms and under the following brand name:

Desoxyn (Abbott).

(6) Amphetamine complex in any of its generic forms and under the following brand names:

(a) Biphetamine 12 1/2 (Pennwalt);

(b) Biphetamine 20 (Pennwalt).

(7) Combined amphetamines sold under the following brand names:

Obetrol-10 and 20 (Obetrol).

(8) Phenmetrazine HCL in any of its generic forms and under the following brand name:

(a) Preludin (Boehringer-Ingelheim).

(9) Methylphenidate HCL in any of its generic forms and under the following brand name:

(a) Ritalin (Ciba).

[Statutory Authority: RCW 18.64.005. 92-04-029 (Order 239B), § 246-887-040, filed 1/28/92, effective 2/29/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201. 79-08-069 (Order 148, Resolution No. 7-79), § 360-36-115, filed 7/24/79.]

WAC 246-887-050 Sodium pentobarbital for animal euthanasia. (1) Registration eligibility. Any humane society or animal control agency who designates a responsible individual under WAC 246-887-070 may apply to the Washington state board of pharmacy for a limited registration under chapter 69.50 RCW (Controlled Substances Act) to purchase, possess and administer sodium pentobarbital. The sodium pentobarbital will be used only to euthanize injured, sick, homeless or unwanted domestic pets and domestic or wild animals.

(2) Sodium pentobarbital restrictions. Sodium pentobarbital obtained under this limited registration shall be labeled "For veterinary use only." The board will make available a list of approved products.

(3) Sodium pentobarbital storage. The registered location supply of sodium pentobarbital shall be kept or stored in a safe or a substantial well-built double-locked drawer or cabinet.

(a) Registrants may designate only the following agents to possess and administer sodium pentobarbital at locations other than the registered location:

(i) Humane officer;

(ii) Animal control enforcement officer;

(iii) Animal control authority;

(iv) Peace officer authorized by police chief, sheriff or county commissioners.

(b) Specially designated agents of the registrant may possess a supply of sodium pentobarbital for emergency field use. Such emergency supply shall be stored in a locked metal box securely attached to the vehicle. The designated agent shall be responsible to insure that the sodium pentobarbital is present at the beginning and is present or accounted for at the end of each shift. A log book shall be kept in which all receipts and use of sodium pentobarbital from the emergency supply shall be recorded.

[Statutory Authority: Chapter 69.50 RCW and RCW 18.64.005. 92-12-035 (Order 277B), § 246-887-050, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201. 89-17-023 (Order 226), § 360-36-210, filed 8/8/89, effective 9/8/89; Order 138, § 360-36-210, filed 11/8/77.]

WAC 246-887-060 Sodium pentobarbital administration. All agencies registered under WAC 246-887-050 will establish written policies and procedures to insure that any of their agents or personnel which administer sodium pentobarbital for animal euthanasia have received sufficient training in its handling and administration, and have demonstrated adequate knowledge of the potentials and hazards, and proper techniques to be used in administering the drug. A copy of the written policies and procedures shall be filed with the board at the time of initial application for registration. The board shall be notified in writing of any individuals who have qualified to administer sodium pentobarbital or of any amendments or deletions to the policies and procedures.

[Statutory Authority: Chapter 69.50 RCW and RCW 18.64.005. 92-12-035 (Order 277B), § 246-887-060, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201. 89-17-023 (Order 226), § 360-36-250, filed 8/8/89, effective 9/8/89; Order 138, § 360-36-250, filed 11/8/77.]

WAC 246-887-070 Sodium pentobarbital records and reports. (1) Each agency or society registered in accordance with WAC 246-887-050 shall designate an individual as the registrant who shall be responsible for maintaining all records and submitting all reports required by applicable federal or state law or regulation, including chapter 246-887 WAC.

(2) This designated individual shall also be responsible for the ordering, possession, safe storage and utilization of the sodium pentobarbital.

[Statutory Authority: Chapter 69.50 RCW and RCW 18.64.005. 92-12-035 (Order 277B), § 246-887-070, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201. 89-17-023 (Order 226), § 360-36-260, filed 8/8/89, effective 9/8/89; Order 138, § 360-36-260, filed 11/8/77.]

WAC 246-887-080 Sodium pentobarbital registration disciplinary action. In addition to any criminal or civil liabilities that may occur, the board may deny, suspend, or revoke registration upon determination that (1) the registration was procured through fraud or misrepresentation, (2) the registrant or any agent or employee of the registrant has violated any of the federal or state laws related to drugs, or has violated any of the rules or regulations of the board of pharmacy.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-080, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201. 89-17-023 (Order 226), § 360-36-270, filed 8/8/89, effective 9/8/89; Order 138, § 360-36-270, filed 11/8/77.]

WAC 246-887-090 Authority to control. Pursuant to the authority granted to the board of pharmacy in RCW 69.50.201, the board has considered the following factors with regards to each of the substances listed in this chapter and in chapter 69.50 RCW:

(1) The actual or relative potential for abuse;

(2) The scientific evidence of its pharmacological effect, if known;

(3) The state of current scientific knowledge regarding the substance;

(4) The history and current pattern of abuse;

(5) The scope, duration, and significance of abuse;

(6) The risk to the public health;

(7) The potential of the substance to produce psychic or psychological dependence liability; and

(8) Whether the substance is an immediate precursor of a substance already controlled under the Uniform Controlled Substances Act (chapter 69.50 RCW).

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-090, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201, 69.50.203, 69.50.205, 69.50.207, 69.50.209 and 69.50.211. 84-22-062 (Order 190), § 360-36-400, filed 11/7/84.]

WAC 246-887-100 Schedule I. The board finds that the following substances have high potential for abuse and have no accepted medical use in treatment in the United States or that they lack accepted safety for use in treatment under medical supervision. The board, therefore, places each of the following substances in Schedule I.

(a) The controlled substances listed in this section, by whatever official name, common or usual name, chemical name, or brand name, are included in Schedule I.

(b) Opiates. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including their isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, whenever the existence of these isomers, esters, ethers, and salts is possible within the specific chemical designation:

(1) Acetyl-alpha-methylfentanyl (N-[1-(1-methyl-2-phenethyl)-4-piperidinyl]-N-phenylacetamide);

(2) Acetylmethadol;

(3) Allylprodine;

(4) Alphacetylmethadol; [(except for levo-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) Etoxeridine;
(26) Furethidine;
(27) Gamma-hydroxybutyric Acid (other names include: GHB);
(28) Hydroxypethidine;
(29) Ketobemidone;
(30) Levomoramide;
(31) Levophenacylmorphan;
(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) Hydromorphinol;
(13) Methyldesorphine;
(14) Methyldihydromorphine;
(15) Morphine methylbromide;
(16) Morphine methylsulfonate;
(17) Morphine-N-Oxide;
(18) Myrophine;
(19) Nicocodeine;
(20) Nicomorphine;
(21) Normorphine;
(22) Pholcodine;
(23) Thebacon.

(d) Hallucinogenic substances. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following hallucinogenic substances, or which contains any of its salts, isomers, and salts of isomers, whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation (for purposes of paragraph (d) of this section, only, the term "isomer" includes the optical, position, and geometric isomers):

(1) 4-bromo-2,5-dimethoxy-amphetamine: Some trade or other names: 4-bromo-2,5-dimethoxy-a-methylphenethylamine; 4-bromo-2,5-DMA;

(2) 2,5-dimethoxyamphetamine: Some trade or other names: 2,5-dimethoxy-a-methylphenethylamine; 2,5-DMA;

(3) 2,5-dimethoxy-4-ethylamphetamine (DOET)

(4) 4-methoxyamphetamine: Some trade or other names: 4-methoxy-a-methylphenethylamine; paramethoxyamphetamine, PMA;

(5) 5-methoxy-3,4-methylenedioxy-amphetamine;

(6) 4-methyl-2,5-dimethoxy-amphetamine: Some trade and other names: 4-methyl-2,5-dimethoxy-a-methylphenethylamine; "DOM"; and "STP";

(7) 3,4-methylenedioxy amphetamine;

(8) 3,4-methylenedioxymethamphetamine (MDMA);

(9) 3,4,5-trimethoxy amphetamine;

(10) Bufotenine: Some trade or other names: 3-(beta-Dimethylaminoethyl)-5-hydroxindole; 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-pyndo (1',2':1,2) azepino (5,4-b) indole; Tabernanthe iboga;

(14) Lysergic acid diethylamide;

(15) Marihuana;

(16) Mescaline;

(17) Parahexyl-7374; some trade or other names: 3-Hexyl-1-hydroxy-7, 8, 9, 10-tetrahydro-6, 6, 9-trimethyl-6H-dibenzo[b,d]pyran; synhexyl;

(18) Peyote, meaning all parts of the plant presently classified botanically as Lophophora Williamsii Lemaire, whether growing or not, the seeds thereof, any extract from any part of such plant, and every compound, manufacture, salts, derivative, mixture, or preparation of such plant, its seeds, or extracts; (interprets 21 USC § 812 (c), Schedule I (c)(12))

(19) N-ethyl-3-piperidyl benzilate;

(20) N-methyl-3-piperidyl benzilate;

(21) Psilocybin;

(22) Psilocyn;

(23) Tetrahydrocannabinols, synthetic equivalents of the substances contained in the plant, or in the resinous extractives of Cannabis, sp., and/or synthetic substances, derivatives, and their isomers with similar chemical structure and pharmacological activity such as the following:

(i) Delta 1 - cis - or transtetrahydrocannabinol, and their optical isomers, excluding tetrahydrocannabinol in sesame oil and encapsulated in a soft gelatin capsule in a drug product approved by the United States Food and Drug Administration;

(ii) Delta 6 - cis - or transtetrahydrocannabinol, and their optical isomers;

(iii) Delta 3,4 - cis - or transtetrahydrocannabinol, and its optical isomers;

(Since nomenclature of these substances is not internationally standardized, compounds of these structures, regardless of numerical designation of atomic positions covered.)

(24) Ethylamine analog of phencyclidine: Some trade or other names: N-ethyl-1-phenylcyclohexylamine, (1-phenylcyclohexyl) ethylamine, N-(1-phenylcyclohexyl)ethylamine, cyclohexamine, PCE;

(25) Pyrrolidine analog of phencyclidine: Some trade or other names: 1-(1-phencyclohexyl)pyrrolidine; PCPy; PHP;

(26) Thiophene analog of phencyclidine: Some trade or other names: 1-(1-[2-thenyl]-cyclohexly)-pipendine; 2-thienylanalog of phencyclidine; TPCP; TCP;

(e) Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

(i) Mecloqualone;

(ii) Methaqualone.

(f) Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers, and salts of isomers:

(i) Cathinone (also known as 2-amino-1-phenyl-1-propanone, alpha-aminopropiophenone, 2-aminopropiophenone and norephedrone)

(ii) Fenethylline;

(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 ineffectual changes not filed by the agency in this manner. The bracketed material in the above section does not appear to conform to the statutory requirement.

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.

WAC 246-887-110 Adding MPPP to Schedule I. The Washington state board of pharmacy finds that 1-methyl-4-phenyl-4-propionoxypiperidine (MPPP) has high potential for abuse and has no medical use in treatment in the United States or lacks accepted safety for use in treatment under medical supervision, and hereby places that substance in Schedule I.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-110, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005 and 69.44.075 [69.41.075]. 85-18-091 (Order 196), § 360-36-411, filed 9/4/85.]

WAC 246-887-120 Adding PEPAP to Schedule I. The Washington state board of pharmacy finds that 1-(2-phenylethyl)-4-phenyl-4-acetyloxypiperidine (PEPAP) has high potential for abuse and has no medical use in treatment in the United States or lacks accepted safety for use in treatment under medical supervision, and hereby places that substance in Schedule I.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-120, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005 and 69.44.075 [69.41.075]. 85-18-091 (Order 196), § 360-36-412, filed 9/4/85.]

WAC 246-887-130 Adding MDMA to Schedule I. The Washington state board of pharmacy finds that 3,4-methylenedioxymethamphetamine (MDMA) has high potential for abuse and has no medical use in treatment in the United States or lacks accepted safety for use in treatment under medical supervision, and hereby places that substance in Schedule I.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-130, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005 and 69.44.075 [69.41.075]. 85-18-091 (Order 196), § 360-36-413, filed 9/4/85.]

WAC 246-887-131 Adding Methcathinone to Schedule I. The Washington state board of pharmacy finds that Methcathinone (also called 2-methylamino-1-phenylpropan-1-one, ephedrone, Monomethylpropion, UR 1431) its salts, optical isomers and salts of optical isomers has high potential for abuse and has no medical use in treatment in the United States or lacks accepted safety for use in treatment under medical supervision and hereby places that substance in Schedule I.

[Statutory Authority: RCW 18.64.005. 92-23-059 (Order 318B), § 246-887-131, filed 11/17/92, effective 12/18/92.]

WAC 246-887-132 Adding Aminorex to Schedule I. The Washington state board of pharmacy finds that Aminorex (also called aminoxaphen, 2-amino-5-phenyl-2-oxazoline or 4.5-dihydro-5-phenyl-2-oxazolamine) its salts, optical isomers and salts of optical isomers has high potential for abuse and has no medical use in treatment in the United States or lacks accepted safety for use in treatment under medical supervision and hereby places that substance in Schedule I.

[Statutory Authority: RCW 18.64.005. 93-14-037 (Order 375B), § 246-887-132, filed 6/29/93, effective 7/30/93.]

WAC 246-887-133 Adding Alpha-ethyltryptamine to Schedule I. The Washington state board of pharmacy finds that Alpha-ethyltryptamine has been classified as both a central nervous system stimulant and as a tryptamine hallucinogen. The DEA used its emergency scheduling authority to place this under Schedule I after finding that immediate CSA control was necessary to avoid an imminent hazard to public safety. The substance has been found by DEA in clandestine laboratories and on the illicit drug market. Therefore the Washington State Board of Pharmacy places Alpha-ethyltryptamine under control of Schedule I of the Controlled Substances Act.

[Statutory Authority: RCW 18.64.005. 94-08-098, § 246-887-133, filed 4/6/94, effective 5/7/94.]

WAC 246-887-140 Schedule II. The board finds that the following substances have a high potential for abuse and have currently accepted medical use in treatment in the United States, or currently accepted medical use with severe restrictions and that the abuse of the following substances may lead to severe psychic or psychological dependence. The board, therefore, places each of the following substances in Schedule II.

(a) The drugs and other substances listed in this section, by whatever official name, common or usual name, chemical name, or brand name designated, are included in Schedule II.

(b) Substances. (Vegetable origin or chemical synthesis.) Unless specifically excepted, any of the following substances, except those listed in other schedules, whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by combination of extraction and chemical synthesis:

(1) Opium and opiate, and any salt, compound, derivative, or preparation of opium or opiate, excluding apomorphine, dextrorphan, nalbuphine, naloxone, and naltrexone, and their respective salts, but including the following:

(i) Raw opium;
(ii) Opium extracts;
(iii) Opium fluid;
(iv) Powdered opium;
(v) Granulated opium;
(vi) Tincture of opium;
(vii) Codeine;
(viii) Ethylmorphine;
(ix) Etorphine hydrochloride;
(x) Hydrocodone;
(xi) Hydromorphone;
(xii) Metopon;
(xiii) Morphine;
(xiv) Oxycodone;
(xv) Oxymorphone; and
(xvi) Thebaine.

(2) Any salt, compound, isomer, derivative, or preparation thereof which is chemically equivalent or identical with any of the substances referred to in paragraph (b)(1) of this section, but not including the isoquinoline alkaloids of opium.

(3) Opium poppy and poppy straw.

(4) Coca leaves and any salt, compound, derivative, or preparation of coca leaves, and any salt, compound, derivative, or preparation thereof which is chemically equivalent or identical with any of these substances, but not including decocainized coca leaves or extractions which do not contain cocaine or ecgonine.

(5) Methylbenzoylecgonine (cocaine—its salts, optical isomers, and salts of optical isomers).

(6) Concentrate of poppy straw (The crude extract of poppy straw in either liquid, solid, or powder form which contains the phenanthrine alkaloids of the opium poppy.)

(c) Opiates. Unless specifically excepted or unless in another schedule any of the following opiates, including its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers whenever the existence of such isomers, esters, ethers, and salts is possible within the specific chemical designation, dextrorphan and levopropoxyphene excepted:

(1) Alfentanil;
(2) Alphaprodine;
(3) Anileridine;
(4) Bezitramide;
(5) Bulk dextropropoxyphene (nondosage forms);
(6) Carfentanil;
(7) Dihydrocodeine;
(8) Diphenoxylate;
(9) Fentanyl;
(10) Isomethadone;
(11) Levo-alphacetylmethadol - also known as levo-alpha-acetylmethadol, levomethadyl acetate or LAAM;
(12) Levomethorphan;
(13) Levorphanol;
(14) Metazocine;
(15) Methadone;
(16) Methadone—Intermediate, 4-cyano-2-dimethylamino-4,4-diphenyl butane;

(17) Moramide—Intermediate, 2-methyl-3-morpholino-1,1-diphenylpropane-carboxylic acid;

(18) Pethidine (meperidine);

(19) Pethidine—Intermediate—A,4-cyano-1-methyl-4-phenylpiperidine;

(20) Pethidine—Intermediate—B,ethyl-4-phenylpiperidine-4-carboxylate;

(21) Pethidine—Intermediate—C,1-methyl-4-phenylpiperidine-4-carboxylic acid;

(22) Phenazocine;

(23) Piminodine;

(24) Racemethorphan;

(25) Remifentanil;

(26) Racemorphan;

(27) Sufentanil.

(d) Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system:

(1) Amphetamine, its salts, optical isomers, and salts of its optical isomers;

(2) Methamphetamine, its salts, optical isomers, and salts of optical isomers;

(3) Phenmetrazine and its salts;

(4) Methylphenidate.

(e) Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

(1) Amobarbital;

(2) Glutethimide;

(3) Pentobarbital;

(4) Phencyclidine;

(5) Secobarbital.

(f) Immediate precursors. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances:

(1) Immediate precursor to amphetamine and methamphetamine:

(2) Phenylacetone: Some trade or other names phenyl-2-propanone, P2P, benzyl methyl ketone, methyl benzyl ketone.

(3) Immediate precursors to phencyclidine (PCP):

(i) 1-phenylcyclohexylamine;

(ii) 1-piperidinocyclohexanecarbonitrile (PCC).

(g) Hallucinogenic substances.

(1) Nabilone. (Another name for nabilone: (±)-trans-3-(1,1-dimethylheptyl)-6,6a,7,8,10,10a-hexahydro-1-hydroxy-6,6-dimethyl-9H-dibenzo[b,d]pyran-9-one.)

[00-01-075, § 246-887-140, filed 12/13/99. 97-21-054, § 246-887-140, filed 10/13/97, effective 11/13/97. Statutory Authority: RCW 18.65.005 and 18.64.005. 94-07-105, § 246-887-140, filed 3/18/94, effective 3/18/94. Statutory Authority: RCW 18.64.005. 92-04-029 (Order 239B), § 246-887-140, filed 1/28/92, effective 2/29/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-140, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201. 89-17-023 (Order 226), § 360-36-420, filed 8/8/89, effective 9/8/89; 86-16-057 (Order 200), § 360-36-420, filed 8/1/86. Statutory Authority: RCW 69.50.201, 69.50.203, 69.50.205, 69.50.207, 69.50.209 and 69.50.211. 84-22-062 (Order 190), § 360-36-420, filed 11/7/84.]

Reviser's note: The brackets and enclosed material in the text of the above section occurred in the copy filed by the agency.

Reviser's note: Under RCW 69.50.201 (2)(e), 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.

WAC 246-887-150 Schedule II immediate precursors. (1) The board finds and designates the following substances as being the principal compound used or produced primarily for use and which are an immediate chemical intermediary used or likely to be used, in the manufacture of a Schedule II controlled substance, the control of which is necessary to prevent, curtail or limit manufacture.

(2) Unless specifically excepted or listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances or their salts or isomers having potential for abuse associated with the preparation of controlled substances shall be a Schedule II controlled substance.

(a) Anthranilic acid.

(b) Ephedrine.

(c) Hydriodic acid.

(d) Methylamine.

(e) Phenylacetic acid.

(f) Pseudoephedrine.

(g) Methephedrine.

(h) Lead acetate.

(i) Methyl formamide.

Provided: That any drug or compound containing Ephedrine, or any of its salts or isomers, or Pseudoephedrine, or any of its salts or isomers that are prepared for dispensing or over-the-counter distribution and are in compliance with the Federal Food, Drug and Cosmetic Act and applicable regulations are not controlled substances for the purpose of this section: And Provided Further, That any cosmetic containing lead acetate that is distributed in compliance with the Federal Food, Drug and Cosmetic Act and applicable regulations are not controlled substances.

[Statutory Authority: RCW 18.65.005 and 18.64.005. 94-07-105, § 246-887-150, filed 3/18/94, effective 3/18/94. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-150, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-11-007 (Order 214), § 360-36-425, filed 5/9/88. Statutory Authority: RCW 18.64.005(11). 88-06-060 (Order 211), § 360-36-425, filed 3/2/88.]

WAC 246-887-160 Schedule III. The board finds that the following substances have a potential for abuse less than the substances listed in Schedules I and II, and have currently accepted medical use in treatment in the United States and that the abuse of the substances may lead to moderate or low physical dependency or high psychological dependency. The board, therefore, places each of the following substances in Schedule III.

(a) The drugs and other substances listed in this section, by whatever official name, common or usual name, chemical name, or brand name designated, are included in Schedule III.

(b) Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers (whether optical, position, or geometric), and salts of such isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

(1) Those compounds, mixtures, or preparations in dosage unit form containing any stimulant substances listed in Schedule II which compounds, mixtures, or preparations are referred to as excepted compounds in Schedule III as published in 21 CFR 1308.13 (b)(1) as of April 1, 1984, and any other drug of the quantitative composition shown in that list for those drugs or which is the same except that it contains a lesser quantity of controlled substances;

(2) Benzphetamine;

(3) Chlorphentermine;

(4) Clortermine;

(5) Phendimetrazine.

(c) Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system:

(1) Any compound, mixture, or preparation containing:

(i) Amobarbital;

(ii) Secobarbital;

(iii) Pentobarbital;

or any salt thereof and one or more other active medicinal ingredients which are not listed in any schedule;

(2) Any suppository dosage form containing:

(i) Amobarbital;

(ii) Secobarbital;

(iii) Pentobarbital;

or any salt of any of these drugs and approved by the Food and Drug Administration for marketing only as a suppository;

(3) Any substance which contains any quantity of a derivative of barbituric acid, or any salt of a derivative of barbituric acid;

(4) Chlorhexadol;

(5) Ketamine, its salts, isomers, and salts of isomers—some other names for ketamine: (<plus-minus>)-2-(2-chlorophenyl)-2-(methylamino)-cyclohexanone;

(6) Lysergic acid;

(7) Lysergic acid amide;

(8) Methyprylon;

(9) Sulfondiethylmethane;

(10) Sulfonethylmethane;

(11) Sulfonmethane;

(12) Tiletamine and zolazepam or any salt thereof—some trade or other names for a tiletamine-zolazepam combination product: Telazol some trade or other names for tiletamine: 2-(ethylamino)-2-(2-thienyl) cyclohexanone—some trade or other names for zolazepam: 4-(2-fluorophenyl)-6,8-dihydro-1,3,8-trimethylpyrazolo-[3,4-e] [1,4] diazepin 7 (1H)-one flupyrazapon.

(d) Nalorphine.

(e) Anabolic steroids. The term "anabolic steroid" means any drug or hormonal substance, chemically and pharmacologically related to testosterone (other than estrogens, progestins, and corticosteroids) that promotes muscle growth, and includes:

(1) Boldenone;

(2) Chlorotestosterone;

(3) Clostebol;

(4) Dehydrochlormethyltestosterone;

(5) Dihydrotestosterone;

(6) Drostanolone;

(7) Ethylestrenol;

(8) Fluoxymesterone;

(9) Formebulone (Formebolone);

(10) Mesterolone;

(11) Methandienone;

(12) Methandranone;

(13) Methandriol;

(14) Methandrostenolone;

(15) Methenolone;

(16) Methyltestosterone;

(17) Mibolerone;

(18) Nandrolone;

(19) Norethandrolone;

(20) Oxandrolone;

(21) Oxymesterone;

(22) Oxymetholone;

(23) Stanolone;

(24) Stanozolol;

(25) Testolactone;

(26) Testosterone;

(27) Trenbolone; and

(28) Any salt, ester, or isomer of a drug or substance described or listed in this paragraph, if that salt, ester, or isomer promotes muscle growth. Except such term does not include an anabolic steroid which is expressly intended for administration through implants to cattle or other nonhuman species and which has been approved by the secretary of health and human services for such administration. If any person prescribes, dispenses, or distributes such steroid for human use such person shall be considered to have prescribed, dispensed, or distributed an anabolic steroid within the meaning of this paragraph.

The following are implants or pellets which are exempt:

Ingredients	Trade Name	Company
Testosterone Propionate, Oestradiol Benzoate	F-TO	Animal Health Div. Upjohn International Kalamazoo, MI
Trenbolone Acetate	Finaplix-H	Hoechst-Roussel Agri-Vet Co., Somerville, NJ
Trenbolone Acetate	Finaplix-S	Hoechst-Roussel Agri-Vet Co., Somerville, NJ
Testosterone Propionate, Estradiol Benzoate	Heifer-oid	Anchor Division Boehringer Ingelheim St. Joseph, MO
Testosterone Propionate, Estradiol Benzoate	Heifer-oid	Bio-Ceutic Division Boehringer Ingelheim St. Joseph, MO

Ingredients	Trade Name	Company
Testosterone Propionate, Estradiol Benzoate	Heifer-oid	Ivy Laboratories, Inc. Overland Park, KS
Testosterone Propionate, Estradiol Benzoate	Implus	The Upjohn Co. Kalamazoo, MI
Trenbolone Acetate, Estradiol	Revalor-s	Hoechst-Roussel Agri-Vet Co., Somerville, NJ
Testosterone Propionate, Estradiol Benzoate	Synovex H	Syntex Laboratories Palo Alto, CA

(f) The following anabolic steroid products containing compounds, mixtures, or preparations are exempt from the recordkeeping, refill restrictions, and other Controlled Substances Act requirements:

Ingredients	Trade Name	Company
Testosterone enanthate 90 mg/ml Estradiol valerate 4 mg/ml	Androgyn L.A.	Forest Pharmaceuticals St. Louis, MO
Testosterone enanthate 90 mg/ml Estradiol valerate 4 mg/ml	Andro-Estro 90-4	Rugby Laboratories Rockville Centre, NY
Testosterone cypionate 50 mg/ml Estradiol cypionate 2 mg/ml	depANDROGYN	Forest Pharmaceuticals St. Louis, MO
Testosterone cypionate 50 mg/ml Estradiol cypionate 2 mg/ml	DEPO-T.E.	Quality Research Laboratories Carmel, IN
Testosterone cypionate 50 mg/ml Estradiol cypionate 2 mg/ml	depTESTROGEN	Martica Pharmaceuticals Phoenix, AZ
Testosterone enanthate 90 mg/ml Estradiol valerate 4 mg/ml	Duomone	Wintec Pharmaceutical Pacific, MO
Testosterone cypionate 50 mg/ml Estradiol cypionate 2 mg/ml	DURATESTRIN	W.E. Hauck Alpharetta, GA
Testosterone cypionate 50 mg/ml Esterified cypionate 2 mg/ml	DUO-SPAN II	Primedics Laboratories Gardena, CA
Esterified estrogens 1.25 mg. Methyltestosterone 2.5 mg.	Estratest	Solvay Pharmaceuticals Marietta, GA
Esterified estrogens 0.525 mg. Methyltestosterone 1.25 mg.	Estratest HS	Solvay Pharmaceuticals Marietta, GA
Testosterone cypionate 50 mg/ml Estradiol cypionate 2 mg/ml	PAN ESTRA TEST	Pan American Labs Covington, LA
Conjugated estrogens 1.25 mg. Methyltestosterone 10 mg.	Premarin with Methyltestosterone	Ayerst Labs, Inc. New York, NY
Conjugated estrogens 0.625 mg. Methyltestosterone 5 mg.	Premarin with Methyltestosterone	Ayerst Labs, Inc. New York, NY
Testosterone propionate 25 mg Estradiol benzoate 2.5 mg	Synovex H Pellets in process	Syntex Animal Health Palo Alto, CA
Testosterone propionate 10 parts Estradiol benzoate 1 part	Synovex H Pellets in process, granulation	Syntex Animal Health Palo Alto, CA
Testosterone cypionate 50 mg/ml Estradiol cypionate 2 mg/ml	Testagen	Clint Pharmaceutical Nashville, TN
Testosterone cypionate 50 mg/ml Estradiol cypionate 2 mg/ml	TEST-ESTRO Cypionates	Rugby Laboratories Rockville Centre, NY
Testosterone cypionate 50 mg/ml Estradiol cypionate 2 mg/ml	Testosterone Cyp 50 Estradiol Cyp 2	I.D.E.-Interstate Amityville, NY
Testosterone cypionate 50 mg/ml Estradiol cypionate 2 mg/ml	Testosterone Cypionate-Estradiol Cypionate Injection	Best Generics No. Miami Beach, FL
Testosterone cypionate 50 mg/ml Estradiol cypionate 2 mg/ml	Testosterone Cypionate-Estradiol Cypionate Injection	Goldline Labs Ft. Lauderdale FL
Testosterone cypionate 50 mg/ml Estradiol cypionate 2 mg/ml	Testosterone Cypionate-Estradiol Cypionate Injection	Schein Pharmaceuticals Port Washington, NY
Testosterone cypionate 50 mg/ml Estradiol cypionate 2 mg/ml	Testosterone Cypionate-Estradiol Cypionate Injection	Steris Labs, Inc. Phoenix, AZ
Testosterone enanthate 90 mg/ml Estradiol valerate 4 mg/ml	Testosterone Enanth-ate-Estradiol Valer-ate Injection	Goldline Labs Ft. Lauderdale FL
Testosterone enanthate 90 mg/ml Estradiol valerate 4 mg/ml	Testosterone Enanthate-Estradiol Valerate Injection	Schein Pharmaceuticals Port Washington, NY
Testosterone enanthate 90 mg/ml Estradiol valerate 4 mg/ml	Testosterone Enanthate-Estradiol Valerate Injection	Steris Labs, Inc. Phoenix, AZ

(g) Narcotic drugs. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation containing limited quantities of any of the following narcotic drugs, or any salts thereof calculated as the free anhydrous base or alkaloid, in limited quantities as set forth in paragraph (e) of this section:

(1) Not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with an equal or greater quantity of an isoquinoline alkaloid of opium;

(2) Not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(3) Not more than 300 milligrams of dihydrocodeinone per 100 milliliters or not more than 15 milligrams per dosage unit, with a fourfold or greater quantity of an isoquinoline alkaloid of opium;

(4) Not more than 300 milligrams of dihydrocodeinone per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(5) Not more than 1.8 grams of dihydrocodeine per 100 milliliters or not more than 90 milligrams per dosage unit,

with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(6) Not more than 300 milligrams of ethylmorphine per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(7) Not more than 500 milligrams of opium per 100 milliliters or per 100 grams, or not more than 25 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(8) Not more than 50 milligrams of morphine per 100 milliliters or per 100 grams with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

(h) Hallucinogenic substances.

(1) Dronabinol (synthetic) in sesame oil and encapsulated in a soft gelatin capsule in a United States Food and Drug Administration approved product. (Some other names for dronabinol [6aR-trans]-6a,7,8, 10a-tetrahydro-6,6,9-trimethyl-3-pentyl-6H-dibenzo[b,d] pyran-i-ol, or (-)-delta-9-(trans)-tetrahydrocannabinol.)

[Statutory Authority: RCW 69.50.201 and 18.64.005(7). 03-02-021, § 246-887-160, filed 12/23/02, effective 1/23/03; 00-10-113, § 246-887-160, filed 5/3/00. 00-01-075, § 246-887-160, filed 12/13/99. Statutory Authority: RCW 18.64.005. 96-01-032, § 246-887-160, filed 12/12/95, effective 1/12/96; 94-08-098, § 246-887-160, filed 4/6/94, effective 5/7/94. Statutory Authority: RCW 18.64.005. 93-14-038 (Order 376B), § 246-887-160, filed 6/29/93, effective 7/30/93; 93-06-093 (Order 343B), § 246-887-160, filed 3/3/93, effective 4/3/93; 92-04-029 (Order 239B), § 246-887-160, filed 1/28/92, effective 2/29/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-160, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201. 89-17-023 (Order 226), § 360-36-430, filed 8/8/89, effective 9/8/89. Statutory Authority: RCW 69.50.201, 69.50.203, 69.50.205, 69.50.207, 69.50.209 and 69.50.211. 84-22-062 (Order 190), § 360-36-430, filed 11/7/84.]

Reviser's note: The brackets and enclosed material in the text of the above section occurred in the copy filed by the agency.

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.

WAC 246-887-170 Schedule IV. The board finds that the following substances have a low potential for abuse relative to substances in Schedule III and have currently accepted medical use in treatment in the United States and that the abuse of the substances may lead to limited physical dependence or psychological dependence relative to the substances in Schedule III. The board, therefore, places each of the following substances in Schedule IV.

(a) The drugs and other substances listed in this section, by whatever official name, common or usual name, chemical name, or brand name designated, are included in Schedule IV.

(b) Narcotic drugs. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation containing any of the following narcotic drugs, or their salts calculated as the free anhydrous base or alkaloid, in limited quantities as set forth below:

(1) Not more than 1 milligram of difenoxin and not less than 25 micrograms of atropine sulfate per dosage unit.

(2) Dextropropoxyphene (alpha-(+)-e-dimethylamino-1,2-diphenyl-3-methyl-2 propionoxybutane).

(c) Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances, including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

(1) Alprazolam;
(2) Barbital;
(3) Bromazepam;
(4) Camazepam;
(5) Chloral betaine;
(6) Chloral hydrate;
(7) Chlordiazepoxide;
(8) Clobazam;
(9) Clonazepam;
(10) Clorazepate;
(11) Clotiazepam;
(12) Cloxazolam;
(13) Delorazepam;
(14) Diazepam;
(15) Estazolam;
(16) Ethchlorvynol;
(17) Ethinamate;
(18) Ethyl loflazepate;
(19) Fludiazepam;
(20) Flunitrazepam;
(21) Flurazepam;
(22) Halazepam;
(23) Haloxazolam;
(24) Ketazolam;
(25) Loprazolam;
(26) Lorazepam;
(27) Lormetazepam;
(28) Mebutamate;
(29) Medazepam;
(30) Meprobamate;
(31) Methohexital;
(32) Methylphenobarbital (mephobarbital);
(33) Midazolam;
(34) Nimetazepam;
(35) Nitrazepam;
(36) Nordiazepam;
(37) Oxazepam;
(38) Oxazolam;
(39) Paraldehyde;
(40) Petrichloral;
(41) Phenobarbital;
(42) Pinazepam;
(43) Prazepam;
(44) Quazepam;
(45) Temazepam;
(46) Tetrazepam;
(47) Triazolam.
(48) Zolpidem

(d) Fenfluramine. Any material, compound, mixture, or preparation which contains any quantity of the following substances, including its salts, isomers (whether optical, position

or geometric), and salts of such isomers, whenever the existence of such salts, isomers and salts of isomers is possible.

(e) Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers (whether optical, position, or geometric), and salts of such isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

(1) Cathine ((+) - norpseudoephedrine);

(2) Diethylpropion;

(3) Fencamfamin;

(4) Fenproporex;

(5) Mazindol;

(6) Mefenorex;

(7) Pemoline (including organometallic complexes and chelates thereof);

(8) Phentermine;

(9) Pipradrol;

(10) SPA ((-)-1-dimethylamino-1, 2-dephenylethane.

(f) Other substances. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances, including its salts:

(1) Pentazocine;

(2) Butorphanol.

[98-02-084 § 246-887-170, filed 1/7/98, effective 1/7/98. Statutory Authority: RCW 18.64.005. 94-08-098, § 246-887-170, filed 4/6/94, effective 5/7/94; 92-04-029 (Order 239B), § 246-887-170, filed 1/28/92, effective 2/29/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-170, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201. 89-17-023 (Order 226), § 360-36-440, filed 8/8/89, effective 9/8/89. Statutory Authority: RCW 69.50.201, 69.50.203, 69.50.205, 69.50.207, 69.50.209 and 69.50.211. 84-22-062 (Order 190), § 360-36-440, filed 11/7/84.]

Reviser's note: Under RCW 69.50.221 (2)(e), 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.

WAC 246-887-180 Schedule V. The board finds that the following substances have low potential for abuse relative to substances in Schedule IV and have currently accepted medical use in treatment in the United States and that the substances have limited physical dependence or psychological dependence liability relative to the substance in Schedule IV. The board, therefore, places each of the following substances in Schedule V.

(a) The drugs and other substances listed in this section, by whatever official name, common or usual name, chemical name, or brand name designated, are included in Schedule V.

(b) Narcotic drugs containing nonnarcotic active medicinal ingredients. Any compound, mixture, or preparation containing any of the following narcotic drugs, or their salts calculated as the free anhydrous base or alkaloid, in limited quantities as set forth in this section, which shall include one or more nonnarcotic active medicinal ingredients in sufficient proportion to confer upon the compound, mixture, or preparation, valuable medicinal qualities other than those possessed by the narcotic drug alone:

(1) Not more than 200 milligrams of codeine per 100 milliliters or per 100 grams;

(2) Not more than 100 milligrams of dihydrocodeine per 100 milliliters or per 100 grams;

(3) Not more than 100 milligrams of ethylmorphine per 100 milliliters or per 100 grams;

(4) Not more than 2.5 milligrams of diphenoxylate and not less than 25 micrograms of atropine sulfate per dosage unit;

(5) Not more than 100 milligrams of opium per 100 milliliters or per 100 grams;

(6) Not more than 0.5 milligrams of difenoxin and not less than 25 micrograms of atropine sulfate per dosage unit.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-180, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201, 69.50.203, 69.50.205, 69.50.207, 69.50.209 and 69.50.211. 84-22-062 (Order 190), § 360-36-450, filed 11/7/84.]

WAC 246-887-190 Adding buprenorphine to Schedule V. The Washington state board of pharmacy finds that buprenorphine has a low potential for abuse relative to substances in Schedule IV; has currently accepted medical use in treatment in the United States; and the substance has limited physical dependence or psychological dependence liability relative to the substances in Schedule IV, and hereby places that substance in Schedule V.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-190, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005 and 69.44.075 [69.41.075]. 85-18-091 (Order 196), § 360-36-451, filed 9/4/85.]

WAC 246-887-200 Other controlled substance registrants—Requirements. (1) All persons and firms, except persons exempt from registration, shall register with the board in order legally to possess or use controlled substances.

(2) Persons or firms which are not classified as pharmacies, wholesalers, manufacturers, or researchers shall be classified as other controlled substance registrants. Examples of persons or firms in this classification include analytical laboratories, dog handlers/trainers who use dogs for drug detection purposes, school laboratories and other agencies which have a legitimate need to use precursor chemicals as defined in WAC 246-887-150.

(3) The applicant for a controlled substance registration shall complete and return an application form supplied by the board. Either on the form or on an addendum, the applicant shall list the controlled substances to be used, the purpose for such use, and the names of the persons authorized to access the controlled substances.

(4) All controlled substances shall be stored in a substantially constructed locked cabinet. The registrant shall maintain records in sufficient detail in order to account for the receipt, use, and disposition of all controlled substances. An inventory of all controlled substances in the possession of the registrant shall be completed every two years on the anniversary of the issuances of the registration and shall be maintained for two years. Unwanted, outdated, or unusable controlled substances shall be returned to the source from which obtained or surrendered to the Federal Drug Enforcement Administration.

[Statutory Authority: Chapter 69.50 RCW and RCW 18.64.005. 92-12-035 (Order 277B), § 246-887-200, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-200, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201. 89-17-023 (Order 226), § 360-36-500, filed 8/8/89, effective 9/8/89.]

WAC 246-887-210 Standards for transmission of controlled substances sample distribution reports. These standards describe the format for transmission of data regarding distribution of controlled substance samples by manufacturers or distributors to licensed practitioners in the state of Washington.

(1) Each report shall contain the following information regarding the firm distributing controlled substance samples:

(a) Name of firm.

(b) DEA number of firm.

(c) Complete address of firm including zip code.

(d) Name and phone number of contact person.

(2) Each report shall contain the following information regarding the licensed practitioner to whom samples are distributed:

(a) First and last name of practitioner.

(b) DEA number of practitioner.

(c) Professional designation of practitioner. (E.g., MD, DO, DDS.)

(d) Complete address of practitioner including zip code.

(3) Each report shall contain the following information regarding the controlled substance(s) distributed:

(a) Name of controlled substance(s) distributed.

(b) Dosage units of controlled substance(s) distributed.

(c) Quantity distributed.

(d) Date distributed.

(4) Each report shall be submitted in alphabetical order by practitioner's last name.

(5) Each report shall be submitted quarterly.

[Statutory Authority: RCW 18.64.005. 92-09-071 (Order 265B), § 246-887-210, filed 4/14/92, effective 5/15/92.]

Chapter 246-888 WAC
MEDICATION ASSISTANCE

WAC

WAC 246-888-010 Purpose. The legislature recognizes that individuals residing in community-based settings or their own homes, may need assistance self-administering their medications, legend drugs and controlled substances, due to physical or mental limitations. The following rules provide guidance to the individual/resident and caregiver on medication assistance and administration.

[Statutory Authority: RCW 18.64.005 and 69.41.085. 00-01-123, § 246-888-010, filed 12/17/99, effective 1/17/00.]

WAC 246-888-020 What is self-administration with assistance and how is it different from independent self-administration or medication administration? Self-administration with assistance means assistance rendered by a nonpractitioner to an individual residing in a community-based setting or his/her own home. It includes reminding or coaching the individual to take their medication, handing the medication container to the individual, opening the medication container, using an enabler, or placing the medication in the hand of the individual/resident. The individual/resident must be able to put the medication into his or her mouth or apply or instill the medication. The individual/resident does not necessarily need to state the name of the medication, intended effects, side effects, or other details, but must be aware that he/she is receiving medications. The individual/resident retains the right to refuse medication. Assistance with the administration of intravenous and injectable medications are specifically excluded. Self-administration with assistance shall occur immediately prior to the ingestion or application of a medication.

Independent self-administration occurs when an individual/resident is independently able to directly apply a legend drug or controlled substance by ingestion, inhalation, injection or other means. In licensed boarding homes, self-administration may include situations in which an individual cannot physically self-administer medications but can accurately direct others per WAC 246-316-300. These regulations do not limit the rights of people with functional disabilities to self direct care according to chapter 74.39 RCW.

If an individual/resident is not able to physically ingest or apply a medication independently or with assistance, then the medication must be administered to the individual/resident by a person legally authorized to do so (e.g., physician, nurse, pharmacist). All laws and regulations applicable to medication administration apply. If an individual/resident cannot safely self-administer medication or self-administer with assistance and/or cannot indicate an awareness that he or she is taking a medication, then the medication must be administered to the individual/resident by a person legally authorized to do so.

[Statutory Authority: RCW 18.64.005 and 69.41.085. 00-01-123, § 246-888-020, filed 12/17/99, effective 1/17/00.]

WAC 246-888-030 How is self-administration with assistance initiated in a community based setting? An individual/resident or his or her representative from a community based setting may request self-administration with assistance. The practitioner consults with the individual or his or her representative and the facility in making the decision. A practitioner considers such factors as the physical and mental limitations of the individual and the setting or envi-

ronment in which the individual resides, for purposes of determining whether or not the individual can safely self-administer with assistance. Practitioners include: A physician, osteopathic physician, podiatric physician, dentist, licensed practical nurse, registered nurse, advanced registered nurse practitioner, and a pharmacist. Refer to chapter 69.41 RCW for a complete listing of authorized practitioners.

No additional separate assessment or documentation of the needs of the individual/resident are required in order to initiate self-administration with assistance. It is recommended that providers document their decision making process in the health record of the individual or resident health record.

[Statutory Authority: RCW 18.64.005 and 69.41.085. 00-01-123, § 246-888-030, filed 12/17/99, effective 1/17/00.]

WAC 246-888-040 What if there is a change in the individual's situation? If there is a change in the health status of the individual/resident, medications, physical or mental limitations, or environment, the practitioner may need to be re-involved in the process.

[Statutory Authority: RCW 18.64.005 and 69.41.085. 00-01-123, § 246-888-040, filed 12/17/99, effective 1/17/00.]

WAC 246-888-050 What is an enabler? Enablers are physical devices used to facilitate an individual's/resident's self-administration of a medication. Physical devices include, but are not limited to, a medicine cup, glass, cup, spoon, bowl, prefilled syringes, syringes used to measure liquids, specially adapted table surface, straw, piece of cloth or fabric.

An individual's hand may also be an enabler. The practice of "hand-over-hand" administration is not allowed. Medication administration with assistance includes steadying or guiding an individual's hand while he or she applies or instills medications such as ointments, eye, ear and nasal preparations.

[Statutory Authority: RCW 18.64.005 and 69.41.085. 00-01-123, § 246-888-050, filed 12/17/99, effective 1/17/00.]

WAC 246-888-060 How can medications be altered to assist with self-administration? Alteration of a medication for self-administration with assistance includes, but is not limited to, crushing tablets, cutting tablets in half, opening capsules, mixing powdered medications with foods or liquids, or mixing tablets or capsules with foods or liquids. Individuals/residents must be aware that the medication is being altered or added to their food.

[Statutory Authority: RCW 18.64.005 and 69.41.085. 00-01-123, § 246-888-060, filed 12/17/99, effective 1/17/00.]

WAC 246-888-070 Can all medications be altered to facilitate self-administration? A pharmacist or other practitioner practicing within their scope of practice must determine that it is safe to alter a medication. If the medication is altered, documentation of the appropriateness of the alteration must be on the prescription container, or in the individual's/resident's record.

[Statutory Authority: RCW 18.64.005 and 69.41.085. 00-01-123, § 246-888-070, filed 12/17/99, effective 1/17/00.]

WAC 246-888-080 What other type of assistance can a nonpractitioner provide? A nonpractitioner can transfer a medication from one container to another for the purpose of an individual dose. Examples include: Pouring a liquid medication from the medication container to a calibrated spoon or medication cup.

[Statutory Authority: RCW 18.64.005 and 69.41.085. 00-01-123, § 246-888-080, filed 12/17/99, effective 1/17/00.]

WAC 246-888-090 Is oxygen covered under this rule? Under state law, oxygen is not a medication and is not covered under this rule. While oxygen is not considered a medication under state law, oxygen does require an order/prescription from a practitioner.

[Statutory Authority: RCW 18.64.005 and 69.41.085. 00-01-123, § 246-888-090, filed 12/17/99, effective 1/17/00.]

WAC 246-888-100 If a individual/resident is able to administer his or her own oral medication through a gastrostomy or "g-tube," can a nonpractitioner provide assistance as outlined in these rules? If the prescription is written as an oral medication via "g-tube," and if a practitioner has determined that the medication can be altered, if necessary, for use via "g-tube," the rules as outlined for self-administration with assistance would also apply.

[Statutory Authority: RCW 18.64.005 and 69.41.085. 00-01-123, § 246-888-100, filed 12/17/99, effective 1/17/00.]

WAC 246-888-110 Are there any other requirements I need to be aware of? You should be familiar with the rules specifically regulating your residential setting. The department of social and health services has adopted rules relating to medication services in boarding homes and adult family homes.

[Statutory Authority: RCW 18.64.005 and 69.41.085. 00-01-123, § 246-888-110, filed 12/17/99, effective 1/17/00.]

Chapter 246-889 WAC
PHARMACEUTICAL—PRECURSOR SUBSTANCE CONTROL

WAC

WAC 246-889-020 Precursor substance defined. (1) For the purpose of this chapter a precursor substance is any of the following substances or their salts or isomers:

(a) Anthranilic acid;
(b) Barbituric acid;
(c) Chlorephedrine;
(d) Diethyl malonate;
(e) D-lysergic acid;
(f) Ephedrine;
(g) Ergotamine tartrate;
(h) Ethylamine;
(i) Ethyl malonate;
(j) Ethylephedrine;
(k) Gamma-butyrolactone (GBL);

(l) Hydriodic acid;
(m) Lead acetate;
(n) Malonic acid;
(o) Methylamine;
(p) Methylformamide;
(q) Methylephedrine;
(r) Methylpseudoephedrine;
(s) N-acetylanthranilic acid;
(t) Norpseudoephedrine;
(u) Phenylacetic acid;
(v) Phenylpropanolamine;
(w) Piperidine;
(x) Pseudoephedrine; and
(y) Pyrrolidine.

Provided; that this definition shall not include any drug that contains ephedrine, phenylpropanolamine, or pseudoephedrine or any cosmetic if that drug or cosmetic can be lawfully sold, transferred, or furnished over-the-counter without a prescription or by a prescription under chapter 69.04 or 69.41 RCW.

(2) The board finds that the reference to methylformanide in RCW 69.43.010, was intended to refer to methylformamide and corrects that reference by deleting "methylformanide" and adding "methylformamide." This change is based upon the finding that this revision conforms to the tests set forth in RCW 69.43.010(2).

(3) Registrants should be aware that precursor substances in subsection (1)(a), (f), (k), (l), (n), (o), (p), (t), and (w) of this section are also regulated as schedule II immediate precursors pursuant to WAC 246-887-150 and all applicable rules and laws governing the distribution of schedule II controlled substances must also be complied with.

[Statutory Authority: RCW 69.43.050, 18.64.005. 02-18-024, § 246-889-020, filed 8/23/02, effective 9/23/02. Statutory Authority: RCW 18.65.005 and 18.64.005. 94-07-105, § 246-889-020, filed 3/18/94, effective 3/18/94. Statutory Authority: RCW 69.43.050. 92-12-035 (Order 277B), § 246-889-020, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-889-020, filed 8/30/91, effective 9/30/91. Statutory Authority: 1988 c 147 § 5. 88-14-096 (Order 218), § 360-38-010, filed 7/6/88.]

WAC 246-889-030 Reports of precursor receipt. (1) Any manufacturer, wholesaler, retailer, or any other person who receives from any source outside the state of Washington any precursor substance listed in WAC 246-889-020 shall submit a report of such transaction within fourteen days of the receipt of that substance.

(2) The report shall contain the following information:
(a) Name of substance;
(b) Quantity received;
(c) Date received;
(d) Name and address of firm or person receiving substance; and
(e) Name and address of the source selling, transferring, or furnishing the substance.

(3) The report shall be on a form approved by the board: Provided, That in lieu of an approved form the board will accept a copy of an invoice, packing list, or other shipping document which contains the information set forth in subsection (2) of this section. Under this option purchase price information appearing on the document can be deleted.

[Statutory Authority: RCW 69.43.050. 92-12-035 (Order 277B), § 246-889-030, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-889-030, filed 8/30/91, effective 9/30/91. Statutory Authority: 1988 c 147 § 5. 88-14-096 (Order 218), § 360-38-020, filed 7/6/88.]

WAC 246-889-040 Monthly reporting option. (1) Permit holders who regularly transfer the same precursor substance to the same recipient can apply to the board for authorization to submit the report of said transactions on a monthly basis. Requests for monthly reporting authorization must be received at the board office at least thirty days prior to the board meeting at which the request will be considered. The board will review each request to determine if the requirements of RCW 69.43.010(5), are met and will notify the permit holder of its decision and the reporting format that will be authorized.

(2) Permit holders may also petition the board to accept the monthly report on a computer-generated basis. The report can be furnished in hard copy, on board-approved data storage methods or by computer interface with a board-operated computer. The permit holder will be responsible for the accuracy of the report and the prompt correction of any data entry or transmission errors.

(3) The authorization to use monthly reports or computer-generated monthly reports can be rescinded at the board's discretion and with thirty days notice.

[Statutory Authority: RCW 69.43.050. 92-12-035 (Order 277B), § 246-889-040, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-889-040, filed 8/30/91, effective 9/30/91. Statutory Authority: 1988 c 147 § 5. 88-14-096 (Order 218), § 360-38-030, filed 7/6/88.]

Chapter 246-891 WAC
PHARMACY—PROPHYLACTICS

WAC

WAC 246-891-010 Definitions. (1) The following definitions shall be applicable to these rules.

(1) "Board" shall mean the Washington state board of pharmacy;

(2) "Condom" shall mean a prophylactic consisting of a very thin sheath designed to be placed over the penis to prevent conception or venereal disease during coitus, and is commonly made of rubber, parchment skins, plastic or similar materials;

(3) "Prophylactic" shall mean any device or medical preparation or compound which is or may be used, designed, intended or which has or may have special utility, for the prevention and/or treatment of venereal diseases;

(4) "Sell" and "sale" shall, in addition to their usual and ordinary meanings, include possession in violation of the intent of this chapter, exchange, give away or gift, or any disposal.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-891-010, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005 and 69.040.730 [69.04.730]. 85-06-010 (Order 193), § 360-40-010, filed 2/22/85. Statutory Authority: RCW

18.64.005, 18.81.080 and 42.17.290. 83-01-083 (Order 171), § 360-40-010, filed 12/17/82; Order 108, § 360-40-010, filed 10/26/71.]

WAC 246-891-020 Conditions for the sale of condoms. Condoms sold in this state must meet the following conditions:

(1) All condoms shall be individually sealed in plastic, foil or a comparable type seal to protect the product from deterioration due to exposure to air.

(2) The container in which the condom is sold to the purchaser shall bear the date of manufacture or shall bear an expiration date not more than five years after the date of manufacture. Condoms may not be sold in this state five years after the date of manufacture. Condoms bearing an expiration date may not be sold in this state after their expiration date. Condoms not bearing an expiration date may not be sold in this state more than five years after the date of manufacture.

(3) All consumer packages containing one or more individually wrapped condoms shall contain easily understood directions for use.

[Statutory Authority: RCW 18.64.005. 95-08-020, § 246-891-020, filed 3/27/95, effective 4/27/95. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-891-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-20-038 (Order 219), § 360-40-040, filed 9/30/88. Statutory Authority: RCW 18.64.005 and 69.040.730 [69.04.730]. 85-06-010 (Order 193), § 360-40-040, filed 2/22/85. Statutory Authority: RCW 18.64.005, 18.81.080 and 42.17.290. 83-01-083 (Order 171), § 360-40-040, filed 12/17/82.]

WAC 246-891-030 Condom standards. All condoms shall meet the following standards:

(1) Latex rubber condoms shall comply with applicable United States Food and Drug Administration requirements current at the time of manufacture.

(2) Condoms made from materials other than rubber shall conform to applicable United States Food and Drug Administration requirements current at the time of manufacture.

[Statutory Authority: RCW 18.64.005. 95-08-020, § 246-891-030, filed 3/27/95, effective 4/27/95. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-891-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005 and 69.040.730 [69.04.730]. 85-06-010 (Order 193), § 360-40-070, filed 2/22/85. Statutory Authority: RCW 18.64.005, 18.81.080 and 42.17.290. 83-01-083 (Order 171), § 360-40-070, filed 12/17/82.]

Chapter 246-895 WAC
PHARMACY—GOOD MANUFACTURING PRACTICE FOR FINISHED PHARMACEUTICALS

WAC

WAC 246-895-010 Definitions. (1) As used in these regulations, "act" means the Uniform Food, Drug and Cosmetic Act, chapter 69.04 RCW.

(2) The definitions and interpretations contained in the act shall be applicable to such terms used in these regulations.

(3) As used in these regulations:

(a) The term "component" means any ingredient intended for use in the manufacture of a drug product, including those that may not appear in the finished product.

(b) The term "drug product" means a finished dosage form (e.g., tablet, capsule, solution) that contains an active drug ingredient generally, but not necessarily, in association with inactive ingredients. The term also includes a finished dosage form that does not contain an active ingredient but is intended to be used as a placebo.

(c) The term "active ingredient" means any component that is intended to furnish pharmacological activity or other direct effect in the diagnosis, cure, mitigation, treatment, or prevention of disease, or to affect the structure or any function of the body of humans or other animals. The term includes those components that may undergo chemical change in the manufacture of the drug product and be present in that drug product in a modified form intended to furnish the specified activity or effect.

(d) The term "inactive ingredient" means any component other than an "active ingredient" present in a drug product.

(e) The term "batch" means a specific quantity of a drug or other material that has uniform character and quality, within specified limits, and is produced according to a single manufacturing order during the same cycle of manufacture.

(f) The term "lot" means a batch or a specific identified portion of a batch having uniform character and quality within specified limits; or, in the case of a drug product produced by continuous process, it is a specific identified amount produced in a unit of time or quantity in a manner that assures its having uniform character and quality within specified limits.

(g) The terms "lot number," "control number," or "batch number" mean any distinctive combination of letters, numbers, or symbols, or any combination of them, from which the complete history of the manufacture, processing, packing, holding, and distribution of a batch or lot of drug product or other material can be determined.

(h) The term "quality control unit" means any person or organizational element having the authority and responsibility to approve or reject components, in-process materials, packaging components, and final products.

(i) The term "strength" means:

(i) The concentration of the drug product (for example, w/w, w/v, or unit dose/volume basis); and/or

(ii) The potency, that is, the therapeutic activity of the drug product as indicated by appropriate laboratory tests or by adequately developed and controlled clinical data (expressed, for example, in terms of units by reference to a standard).

(j) The term "fiber" means any particulate contaminant with a length at least three times greater than its width.

(k) The term "nonfiber-releasing filter" means any filter, which after any appropriate pretreatment such as washing or flushing, will not release fibers into the component or drug product that is being filtered. All filters composed of asbestos are deemed to be fiber-releasing filters.

(l) The term "manufacture" means the production, preparation, propagation, compounding, or processing of a drug or other substance or device or the packaging or repackaging of such substance or device, or the labeling or relabeling of the commercial container of such substance or device, but does not include the activities of a practitioner who, as an incident to his or her administration or dispensing such substance or device in the course of his or her professional practice, prepares, compounds, packages or labels such substance or device.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-010, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-21-025 (Order 220), § 360-46-010, filed 10/10/88; Order 133, § 360-46-010, filed 8/4/77.]

WAC 246-895-020 Finished pharmaceuticals—Manufacturing practice. (1) The criteria in WAC 246-895-040 through 246-895-160, inclusive, shall apply in determining whether the methods used in, or the facilities or controls used for, the manufacture, processing, packing, or holding of a drug conform to or are operated or administered in conformity with current good manufacturing practice to assure that a drug meets the requirements of the act as to safety and has the identity and strength and meets the quality and purity characteristics which it purports or is represented to possess as required by the act.

(2) The regulations in this chapter permit the use of precision automatic, mechanical, or electronic equipment in the production and control of drugs when written inspection and checking policies and procedures are used to assure proper performance.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-895-020, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-21-025 (Order 220), § 360-46-020, filed 10/10/88; Order 133, § 360-46-020, filed 8/4/77.]

WAC 246-895-030 Personnel. (1) The personnel responsible for directing the manufacture and control of the drug shall be adequate in number and background of education, training, and experience, or combination thereof, to assure that the drug has the safety, identity, strength, quality, and purity that it purports to possess. All personnel shall have capabilities commensurate with their assigned functions, a thorough understanding of the manufacturing or control operations they perform, the necessary training or experience, and adequate information concerning the reason for application of pertinent provisions of this part to their respective functions.

(2) Any person shown at any time (either by medical examination or supervisory observation) to have an apparent illness or open lesions that may adversely affect the safety or quality of drugs shall be excluded from direct contact with components, drug product containers, closures, in-process materials, and drug products until the condition is corrected or determined by competent medical personnel not to jeopardize the safety or quality of drug products. All employees shall be instructed to report to supervisory personnel any conditions that may have such an adverse effect on drug products.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-21-025 (Order 220), § 360-46-030, filed 10/10/88; Order 133, § 360-46-030, filed 8/4/77.]

WAC 246-895-040 Buildings or facilities. Buildings shall be maintained in a clean and orderly manner and shall be of suitable size, construction, and location to facilitate adequate cleaning, maintenance, and proper operations in the manufacturing, processing, packing, repacking, labeling, or holding of a drug. The buildings shall:

(1) Provide adequate space for:

(a) Orderly placement of equipment and materials to minimize any risk of mixups between different drugs, drug components, drug products, in-process materials, packaging materials, or labeling, and to minimize the possibility of contamination.

(b) The receipt, storage, and withholding from use of components pending sampling, identification, and testing prior to release by the quality control unit for manufacturing or packaging.

(c) The holding of rejected components prior to disposition to preclude the possibility of their use in manufacturing or packaging procedures for which they are unsuitable.

(d) The storage of components, containers, packaging materials, and labeling.

(e) Any manufacturing and processing operations performed.

(f) Any packaging or labeling operations.

(g) Storage of finished products.

(h) Control and production-laboratory operations.

(2) Provide adequate lighting, ventilation, and screening and, when necessary for the intended production or control purposes, provide facilities for adequate air-pressure, microbiological, dust humidity, and temperature controls to:

(a) Minimize contamination of products by extraneous adulterants, including cross-contamination of one product by dust or particles of ingredients arising from the manufacture, storage, or handling of another product.

(b) Minimize dissemination of micro-organisms from one area to another.

(c) Provide suitable storage conditions for drug components, in-process materials, and finished drugs in conformance with stability information as derived under WAC 246-895-110.

(3) Provide adequate locker facilities and hot and cold water washing facilities, including soap or detergent, air drier or single service towels, and clean toilet facilities near working areas.

(4) Provide an adequate supply of potable water under continuous positive pressure in a plumbing system free of defects that could cause or contribute to contamination of any drug. Drains shall be of adequate size and, where connected directly to a sewer, shall be equipped with traps to prevent back-siphonage.

(5) Provide suitable housing and space for the care of all laboratory animals.

(6) Provide for safe and sanitary disposal of sewage, trash, and other refuse within and from the buildings and immediate premises.

(7) Be maintained in a clean, orderly, and sanitary condition. There shall be written procedures assigning responsibility for sanitation and describing the cleaning schedule and methods.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-895-040, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-21-025 (Order 220), § 360-46-040, filed 10/10/88; Order 133, § 360-46-040, filed 8/4/77.]

WAC 246-895-050 Equipment. Equipment used for the manufacture, processing, packing, labeling, holding, testing, or control of drugs shall be maintained in a clean and orderly manner and shall be of suitable design, size, construction, and location to facilitate cleaning, maintenance, and operation for its intended purpose. The equipment shall:

(1) Be so constructed that all surfaces that come into contact with a drug component, in-process material, or drug product shall not be reactive, additive, or absorptive so as to alter the safety, identity, strength, quality, or purity of the drug product beyond the official or other established requirements.

(2) Be so constructed that any substances required for operation of the equipment, such as lubricants or coolants, do not contact drug products so as to alter the safety, identity, strength, quality, or purity of the drug or its components beyond the official or other established requirements.

(3) Be constructed and installed to facilitate adjustment, disassembly cleaning and maintenance to assure the reliability of control procedures, uniformity of production and exclusion from the drugs of contaminants from previous and current operations that might affect the safety, identity, strength, quality, or purity of the drug or its components beyond the official or other established requirements.

(4) Be of suitable type, size and accuracy for any testing, measuring, mixing, weighing, or other processing or storage operations.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-21-025 (Order 220), § 360-46-050, filed 10/10/88; Order 133, § 360-46-050, filed 8/4/77.]

WAC 246-895-060 Production and control procedures. Production and control procedures shall include all reasonable precautions, including the following, to assure that the drugs produced have the safety, identity, strength, quality, and purity they purport to possess:

(1) Each significant step in the process, such as the selection, weighing, and measuring of components, the addition of ingredients during the process, weighing and measuring during various stages of the processing, and the determination of the finished yield, shall be performed by a competent and responsible individual and checked by a second competent and responsible individual; or if such steps in the processing are controlled by precision automatic, mechanical, or electronic equipment, their proper performance is adequately checked by one or more competent individuals. The written record of the significant steps in the process shall be identified by the individual performing these tests and by the individual charged with checking these steps. Such identifications shall be recorded immediately following the completion of such steps.

(2) All containers, lines, and equipment used during the production of a batch of a drug shall be properly identified at all times to accurately and completely indicate their contents, including batch number, and, when necessary, the stage of processing of the batch.

(3) To minimize contamination and prevent mixups, equipment, utensils, and containers shall be thoroughly and appropriately cleaned and properly stored and have previous batch identification removed or obliterated between batches or at suitable intervals in continuous production operations.

(4) Appropriate written procedures, designed to prevent objectionable microorganisms in drug products not requiring to be sterile, shall be established and followed.

(5) Appropriate written procedures, designed to prevent microbiological contamination of drug products purporting to be sterile, shall be established and followed. Such procedures shall include validation of any sterilization process.

(6) Appropriate procedures shall be established to minimize the hazard of cross-contamination of any drugs while being manufactured or stored.

(7) To assure the uniformity and integrity of products, there shall be adequate in-process controls, such as checking the weights and disintegration times of tablets, the adequacy of mixing, the homogeneity of suspensions, and the clarity of solutions. In-process sampling shall be done at appropriate intervals using suitable equipment.

(8) Representative samples of all dosage form drugs shall be tested to determine their conformance with the specifications for the product before distribution.

(9) Procedures shall be instituted whereby review and approval of all production and control records, including packaging and labeling, shall be made prior to the release or distribution of a batch. A thorough investigation of any unexplained discrepancy or the failure of a batch to meet any of its specifications shall be undertaken whether or not the batch has already been distributed. This investigation shall be undertaken by a competent and responsible individual and shall extend to other batches of the same drug and other drugs that may have been associated with the specific failure. A written record of the investigation shall be made and shall include the conclusions and followup.

(10) Returned goods shall be identified as such and held. If the conditions under which returned goods have been held, stored, or shipped prior to or during their return, or the condition of the product, its container, carton, or labeling as a result of storage or shipping, cast doubt on the safety, identity, strength, quality, or purity of the drug product, the returned goods shall be destroyed or subjected to adequate examination or testing to assure that the material meets all appropriate standards or specifications before being returned to stock for warehouse distribution or repacking. If the product is neither destroyed nor returned to stock, it may be reprocessed provided the final product meets all its standards and specifica-

tions. Records of returned goods shall be maintained and shall indicate the quantity returned, date, and actual disposition of the product. If the reason for returned goods implicates associated batches, an appropriate investigation shall be made in accordance with the requirements of subsection (9) of this section.

(11) Filters used in the manufacture, processing, or packaging of components of drug products for parenteral injection in humans shall not release fibers into such products. No asbestos-containing or other fiber-releasing filter may be used in the manufacture, processing, or packaging of such products. Filtration, as needed, shall be through a non-fiber-releasing filter.

(12) Appropriate procedures shall be established to destroy beyond recognition and retrievability any and all components or drug products that are to be discarded or destroyed for any reason.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-21-025 (Order 220), § 360-46-060, filed 10/10/88; Order 133, § 360-46-060, filed 8/4/77.]

WAC 246-895-070 Components. All components and other materials used in the manufacture, processing, and packaging of drug products, and materials necessary for building and equipment maintenance, upon receipt shall be stored and handled in a safe, sanitary, and orderly manner. Adequate measures shall be taken to prevent mixups and cross-contamination affecting drugs and drug products. Components shall be withheld from use until they have been identified, sampled, and tested for conformance with established specifications and are released by a quality control unit. Control of components shall include the following:

(1) Each container of component shall be examined visually for damage or contamination prior to use, including examination for breakage of seals when indicated.

(2) An adequate number of samples shall be taken from a representative number of component containers from each lot and shall be subjected to one or more tests to establish the specific identity.

(3) Sample containers shall be identified so that the following information can be determined: Name of the material sampled, the lot number, the container from which the sample was taken, and the name of the person who collected the sample.

(4) Containers from which samples have been taken shall be marked to show that samples have been removed from them.

(5) Representative samples of components liable to contamination with filth, insect infestation, or other extraneous contaminants shall be appropriately examined.

(6) Representative samples of all components intended for use as active ingredients shall be tested to determine their strength in order to assure conformance with appropriate specifications.

(7) Representative samples of components liable to microbiological contamination shall be subjected to microbiological tests prior to use. Such components shall not contain microorganisms that are objectionable in view of their intended use.

(8) Approved components shall be appropriately identified and retested as necessary to assure that they conform to appropriate specifications of identity, strength, quality, and purity at time of use. This requires the following:

(a) Approved components shall be handled and stored to guard against contaminating or being contaminated by other drugs or components.

(b) Approved components shall be rotated in such a manner that the oldest stock is used first.

(c) Rejected components shall be identified and held to preclude their use in manufacturing or processing procedures for which they are unsuitable.

(9) Appropriate records shall be maintained, including the following:

(a) The identity and quantity of the component, the name of the supplier, the supplier's lot number, and the date of receipt.

(b) Examinations and tests performed and rejected components and their disposition.

(c) An individual inventory and record for each component used in each batch of drug manufactured or processed.

(10) An appropriately identified reserve sample of all active ingredients consisting of at least twice the quantity necessary for all required tests, except those for sterility and determination of the presence of pyrogens, shall be retained for at least two years after distribution of the last drug lot incorporating the component has been completed or one year after the expiration date of this last drug lot, whichever is longer.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-21-025 (Order 220), § 360-46-070, filed 10/10/88; Order 133, § 360-46-070, filed 8/4/77.]

WAC 246-895-080 Component and drug product containers and closures. (1) Component and drug product containers and closures shall:

(a) Not be reactive, additive, or absorptive so as to alter the safety, identity, strength, quantity, or purity of the product or its components beyond the official or established requirements;

(b) Provide adequate protection against foreseeable external factors in storage and use that can cause deterioration or contamination of the drug product; and

(c) Be clean and, where indicated by the nature of the drug, sterilized and processed to remove pyrogenic properties to assure that they are suitable for their intended use.

Containers and their components for parenterals shall be cleansed with water which has been filtered through a nonfiber-releasing filter.

(2) Standards or specifications, methods of testing, and, where indicated, processing to remove pyrogenic properties shall be written and followed for component and drug product containers and closures.

(3) Except as provided for in WAC 246-895-090, drug product containers and closures shall not be reused for component or drug product packaging.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-895-080, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-

895-080, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 88-01-025 (Order 208), § 360-46-081, filed 12/9/87.]

WAC 246-895-090 Reuse of teat dip containers and closures. The reuse of teat dip containers and closures shall be allowed under the following circumstances:

(1) Teat dip containers for reuse must have attached a labelling panel bearing product name, brand name and distributor address if marketed by other than the manufacturer, manufacturer name and address, product strength, quantity, expiration date, directions for use, and appropriate cautionary statements for the product contained within.

(2) All reusable teat dip containers will be hot stamped for permanent identification as teat dip containers. The hot stamp shall imprint on the plastic container, in an immutable manner, the words "teat dip only" and the manufacturer's name. Teat dip manufacturers may only refill containers bearing their company name.

(3) With cooperation from dairy producers, dairy sanitarians will take random samples of teat dip in reusable containers while on regular farm inspections. The samples, along with appropriate label information, will be forwarded to the board of pharmacy for analysis to insure that the product meets label specifications and is free of contamination.

(4) Reusable teat dip containers shall not be reactive, additive, or absorptive so as to alter the safety, identity, strength, quantity, or purity of the product.

(5) Upon return to the manufacturer, reusable teat dip containers shall be cleaned and sanitized. To insure adequate cleaning occurs, the board of pharmacy may require a manufacturer to submit and have approved a cleaning procedure. Containers showing structural damage, or any signs of being used for substances or materials other than teat dip shall not be reused as teat dip containers.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-090, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 88-01-025 (Order 208), § 360-46-082, filed 12/9/87.]

WAC 246-895-100 Laboratory controls. Laboratory controls shall include the establishment of scientifically sound and appropriate written specifications, standards, and test procedures to assure that components, in-processed drugs, and finished products conform to appropriate standards of identity, strength, quality and purity. Laboratory controls shall include:

(1) The establishment of master records containing appropriate specifications for the acceptance of each lot of drug components, product containers, and their components used in drug production and packaging and a description of the sampling and testing procedures used for them. Said samples shall be representative and adequately identified. Such records shall also provide for appropriate retesting of drug components, product containers, and their components subject to deterioration.

(2) A reserve sample of all active ingredients as required by WAC 246-895-070.

(3) The establishment of master records, when needed, containing specifications and a description of sampling and testing procedures for in-process drug preparations. Such samples shall be adequately representative and properly identified.

(4) The establishment of master records containing a description of sampling procedures and appropriate specifications for finished drug products. Such samples shall be adequately representative and properly identified.

(5) Adequate provisions for checking the identity and strength of drug products for all active ingredients and for assuring:

(a) Sterility of drugs purported to be sterile and freedom from objectionable microorganisms for those drugs which should be so by virtue of their intended use.

(b) The absence of pyrogens for those drugs purporting to be pyrogen-free.

(c) Minimal contamination of ophthalmic ointments by foreign particles and harsh or abrasive substances.

(d) That the drug release pattern of sustained release products is tested by laboratory methods to assure conformance to the release specifications.

(6) Adequate provision for auditing the reliability, accuracy, precision, and performance of laboratory test procedures and laboratory instruments used.

(7) A properly identified reserve sample of the finished product (stored in the same immediate container-closure system in which the drug is marketed) consisting of at least twice the quantity necessary to perform all the required tests, except those for sterility and determination of the absence of pyrogens, and stored under conditions consistent with product labeling shall be retained for at least two years after the drug distribution has been completed or one year after the drug's expiration date, whichever is longer.

(8) Provision for retaining complete records of all laboratory data relating to each batch or lot of drug to which they apply. Such records shall be retained for at least two years after distribution has been completed or one year after the drug's expiration date, whichever is longer.

(9) Provision that animals shall be maintained and controlled in a manner that assures suitability for their intended use. They shall be identified and appropriate records maintained to determine the history of use.

(10) Provision that firms which manufacture nonpenicillin products (including certifiable antibiotic products) on the same premises or use the same equipment as that used for manufacturing penicillin products, or that operate under any circumstances that may reasonably be regarded as conducive to contamination of other drugs by penicillin, shall test such nonpenicillin products to determine whether any have become cross-contaminated by penicillin. Such products shall not be marketed if intended for use in humans and the product is contaminated with an amount of penicillin equivalent to 0.5 unit or more of penicillin G per maximum single dose recommended in the labeling of a drug intended for parenteral administration, or an amount of penicillin equivalent to 0.5 unit or more of penicillin G per maximum single dose recommended in the labeling of a drug intended for oral use.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-895-100, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-100, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW

18.64.005. 88-21-025 (Order 220), § 360-46-090, filed 10/10/88; Order 133, § 360-46-090, filed 8/4/77.]

WAC 246-895-110 Stability. There shall be written procedures for assurance of the stability of finished drug products. This stability shall be:

(1) Determined by reliable, meaningful, and specific test methods.

(2) Determined on products in the same container-closure system in which they are marketed.

(3) Determined on any dry drug product that is to be reconstituted at the time of dispensing (as directed in its labeling), as well as on the reconstituted product.

(4) Recorded and maintained in such manner that the stability data may be utilized in establishing product expiration dates.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-110, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-21-025 (Order 220), § 360-46-100, filed 10/10/88; Order 133, § 360-46-100, filed 8/4/77.]

WAC 246-895-120 Expiration dating. To assure that drug products liable to deterioration meet appropriate standards of identity, strength, quality, and purity at the time of use, the label of all such drugs shall have suitable expiration dates which relate to stability tests performed on the product.

(1) Expiration dates appearing on the drug labeling shall be justified by readily available data from stability studies such as described in WAC 246-895-110.

(2) Expiration dates shall be related to appropriate storage conditions stated on the labeling wherever the expiration date appears.

(3) When the drug is marketed in the dry state for use in preparing a liquid product, the labeling shall bear expiration information for the reconstituted product as well as an expiration date for the dry product.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-895-120, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-120, filed 8/30/91, effective 9/30/91; Order 133, § 360-46-110, filed 8/4/77.]

WAC 246-895-130 Packaging and labeling. Packaging and labeling operations shall be adequately controlled: To assure that only those drug products that have met the standards and specifications established in their master production and control records shall be distributed; to prevent mixups between drugs during filling, packaging, and labeling operations; to assure that correct labels and labeling are employed for the drug; and to identify the finished product with a lot or control number that permits determination of the history of the manufacture and control of the batch. An hour, day, or shift code is appropriate as a lot or control number for drug products manufactured or processed in continuous production equipment. Packaging and labeling operations shall:

(1) Be separated (physically or spatially) from operations on other drugs in a manner adequate to avoid mixups and minimize cross-contamination. Two or more packaging or labeling operations having drugs, containers, or labeling similar in appearance shall not be in process simultaneously on adjacent or nearby lines unless these operations are separated either physically or spatially.

(2) Provide for an inspection of the facilities prior to use to assure that all drugs and previously used packaging and labeling materials have been removed.

(3) Include the following labeling controls:

(a) The holding of labels and package labeling upon receipt pending review and proofing against an approved final copy by a competent and responsible individual to assure that they are accurate regarding identity, content, and conformity with the approved copy before release to inventory.

(b) The maintenance and storage of each type of label and package labeling representing different products, strength, dosage forms, or quantity of contents in such a manner as to prevent mixups and provide proper identification.

(c) A suitable system for assuring that only current labels and package labeling are retained and that stocks of obsolete labels and package labeling are destroyed.

(d) Restriction of access to labels and package labeling to authorized personnel.

(e) Avoidance of gang printing of cut labels, cartons, or inserts when the labels, cartons, or inserts are for different products or different strengths of the same products or are of the same size and have identical or similar format and/or color schemes. If gang printing is employed, packaging and labeling operations shall provide for added control procedures. These added controls should consider sheet layout, stacking, cutting, and handling during and after printing.

(4) Provide strict control of the package labeling issued for use with the drug. Such issue shall be carefully checked by a competent and responsible person for identity and conformity to the labeling specified in the batch production record. Said record shall identify the labeling and the quantities issued and used and shall reasonably reconcile any discrepancy between the quantity of drug finished and the quantities of labeling issued. All excess package labeling bearing lot or control numbers shall be destroyed. In event of any significant unexplained discrepancy, an investigation should be carried out according to WAC 246-895-060(9).

(5) Provide for adequate examination or laboratory testing of representative samples of finished products after packaging and labeling to safeguard against any errors in the finishing operations and to prevent distribution of any batch until all specified tests have been met.

(6) Provide for compliance with the Poison Prevention Packaging Act, (16 CFR Part 1700).

(7) Provide for compliance with WAC 246-895-080(2).

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-895-130, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-130, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-21-025 (Order 220), § 360-46-120, filed 10/10/88; Order 133, § 360-46-120, filed 8/4/77.]

WAC 246-895-140 Master production and control records—Batch production and control records. (1) To assure uniformity from batch to batch, a master production and control record for each drug product and and each batch size of drug product shall be prepared, dated, and signed or initialed by a competent and responsible individual and shall

be independently checked, reconciled, dated, and signed or initialed by a second competent and responsible individual. The master production and control record shall include:

(a) The name of the product, description of the dosage form, and a specimen or copy of each label and all other labeling associated with the retail or bulk unit, including copies of such labeling signed or initialed and dated by the person or persons responsible for approval of such labeling.

(b) The name and weight or measure of each active ingredient per dosage unit or per unit of weight or measure of the finished drug and a statement of the total weight or measure of any dosage unit.

(c) A complete list of ingredients designated by names or codes sufficiently specific to indicate any special quality characteristic; and accurate statement of the weight or measure of each ingredient regardless of whether it appears in the finished product, except that reasonable variations may be permitted in the amount of components necessary in the preparation in dosage form provided that provisions for such variations are included in the master production and control record; an appropriate statement concerning any calculated excess of an ingredient; an appropriate statement of theoretical weight or measure at various stages of processing; and a statement of the theoretical yield.

(d) A description of the containers, closures, and packaging and finishing materials.

(e) Manufacturing and control instructions, procedures, specifications special notations, and precautions to be followed.

(2) The batch production and control record shall be prepared for each batch of drug produced and shall include complete information relating to the production and control of each batch. These records shall be retained for at least two years after the batch distribution is complete or at least one year after the batch expiration date, whichever is longer. These records shall identify the specific labeling and lot or control numbers used on the batch and shall be readily available during such retention period. The batch record shall include:

(a) An accurate reproduction of the appropriate master formula record checked, dated, and signed or initialed by a competent and responsible individual.

(b) A record of each significant step in the manufacturing, processing, packaging, labeling testing, and controlling of the batch, including: Dates; individual major equipment and lines employed; specific identification of each batch of components used; weights and measures of components and products used in the course of processing; in-process and laboratory control results; and identifications of the individual(s) actively performing and the individual(s) directly supervising or checking each significant step in the operation.

(c) A batch number that identifies all the production and control documents relating to the history of the batch and all lot or control numbers associated with the batch.

(d) A record of any investigation made according to WAC 246-895-060(9).

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-895-140, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-140, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-21-025 (Order 220), § 360-46-130, filed 10/10/88; Order 133, § 360-46-130, filed 8/4/77.]

WAC 246-895-150 Distribution records. (1) Finished goods warehouse control and distribution procedures shall include a system by which the distribution of each lot of drug can be readily determined to facilitate its recall if necessary. Records within the system shall contain the name and address of the consignee, date and quantity shipped, and lot or control number of the drug. Records shall be retained for at least two years after the distribution of the drug has been completed or one year after the expiration date of the drug, whichever is longer.

(2) To assure the quality of the product, finished goods warehouse control shall also include a system whereby the oldest approved stock is distributed whenever possible.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-150, filed 8/30/91, effective 9/30/91; Order 133, § 360-46-140, filed 8/4/77.]

WAC 246-895-160 Complaint files. Records shall be maintained of all written and oral complaints regarding each product. An investigation of each complaint shall be made in accordance with WAC 246-895-060(8). The record of each investigation shall be maintained for at least two years after distribution of the drug has been completed or one year after the expiration date of the drug, whichever is longer.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-895-160, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-160, filed 8/30/91, effective 9/30/91; Order 133, § 360-46-150, filed 8/4/77.]

WAC 246-895-170 Variance and procedure. Licensees may request that the board issue a variance from specific requirements of WAC 246-895-040 through 246-895-160. The request must be in writing and must explain why the criteria should not apply and how the public's safety would be protected. Issuance of a variance shall be based on the information supplied by the manufacturer requesting the variance, as well as any other information available as a result of any investigation by the board and/or any other relevant information available. After due consideration of all the information, the board may issue or deny the requested variance. Any variance granted shall be limited to the particular case described in the request and shall be posted at the manufacturing location during the time it is in effect. Variances will be reviewed at least every three years. Variances shall be subject to withdrawal or modification at any time if the board finds the variance has resulted in actual or potential harm to the public.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-895-170, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-170, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-21-025 (Order 220), § 360-46-160, filed 10/10/88.]

Chapter 246-897 WAC
PHARMACY—DRUG AVAILABILITY

WAC

AMYGDALIN (LAETRILE)

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-897-030 License. [Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-030, filed 8/30/91, effective 9/30/91; Order 135, § 360-47-020, filed 10/5/77.] Repealed by 97-20-168, filed 10/1/97, effective 11/1/97. Statutory Authority: RCW 18.64.005.

246-897-040 License application. [Statutory Authority: RCW 18.64.005 and 69.41.075. 92-12-035 (Order 277B), § 246-897-040, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-040, filed 8/30/91, effective 9/30/91; Order 135, § 360-47-030, filed 10/5/77.] Repealed by 97-20-168, filed 10/1/97, effective 11/1/97. Statutory Authority: RCW 18.64.005.

246-897-050 Good manufacturing practices. [Statutory Authority: RCW 18.64.005 and 69.41.075. 92-12-035 (Order 277B), § 246-897-050, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-050, filed 8/30/91, effective 9/30/91; Order 135, § 360-47-040, filed 10/5/77.] Repealed by 97-20-168, filed 10/1/97, effective 11/1/97. Statutory Authority: RCW 18.64.005.

246-897-120 Availability. [Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-120, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.41.075 and 1981 c 50 § 1. 81-22-048 (Order 164), § 360-48-010, filed 11/2/81.] Repealed by 97-20-168, filed 10/1/97, effective 11/1/97. Statutory Authority: RCW 18.64.005.

246-897-130 License. [Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-130, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.41.075 and 1981 c 50 § 1. 81-22-048 (Order 164), § 360-48-020, filed 11/2/81.] Repealed by 97-20-168, filed 10/1/97, effective 11/1/97. Statutory Authority: RCW 18.64.005.

246-897-140 License application. [Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-140, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.41.075 and 1981 c 50 § 1. 81-22-048 (Order 164), § 360-48-030, filed 11/2/81.] Repealed by 97-20-168, filed 10/1/97, effective 11/1/97. Statutory Authority: RCW 18.64.005.

246-897-150 Good manufacturing practices. [Statutory Authority: RCW 18.64.005 and 69.41.075. 92-12-035 (Order 277B), § 246-897-150, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-150, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.41.075 and 1981 c 50 § 1. 81-22-048 (Order 164), § 360-48-040, filed 11/2/81.] Repealed by 97-20-168, filed 10/1/97, effective 11/1/97. Statutory Authority: RCW 18.64.005.

246-897-160 Purity. [Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-160, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.41.075 and 1981 c 50 § 1. 81-22-048 (Order 164), § 360-48-050, filed 11/2/81.] Repealed by 97-20-168, filed 10/1/97, effective 11/1/97. Statutory Authority: RCW 18.64.005.

246-897-170 Contents. [Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-170, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.41.075 and 1981 c 50 § 1. 81-22-048 (Order 164), § 360-48-060, filed 11/2/81.] Repealed by 97-20-168, filed 10/1/97, effective 11/1/97. Statutory Authority: RCW 18.64.005.

246-897-180 Labeling. [Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-180, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.41.075 and 1981 c 50 § 1. 81-22-048 (Order 164), § 360-48-070, filed 11/2/81.] Repealed by 97-20-168, filed 10/1/97, effective 11/1/97. Statutory Authority: RCW 18.64.005.

246-897-190 Other forms of DMSO. [Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-190, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.41.075 and 1981 c 50 § 1. 81-22-048 (Order 164), § 360-48-080, filed 11/2/81.] Repealed by 97-20-168, filed 10/1/97, effective 11/1/97. Statutory Authority: RCW 18.64.005.

AMYGDALIN (LAETRILE)

WAC 246-897-020 Availability. Amygdalin (laetrile) shall be available in intrastate commerce to the citizens of the state of Washington in accordance with all applicable state laws and regulations. Amygdalin (laetrile) imported into the state of Washington shall be so imported in conformity with federal regulations and/or court decisions.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-020, filed 8/30/91, effective 9/30/91; Order 135, § 360-47-010, filed 10/5/77.]

WAC 246-897-060 Identity. Certification of batches of amygdalin (laetrile) shall be made under the direction of the state board of pharmacy, with the costs for required testing, including purity and potency, to be borne by the manufacturer and/or wholesale distributor. The manufacturer and/or wholesale distributor shall be held totally responsible for the quality of the drug product, in accordance with RCW 18.64.270.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-060, filed 8/30/91, effective 9/30/91; Order 135, § 360-47-050, filed 10/5/77.]

Chapter 246-899 WAC
PHARMACEUTICAL—DRUG PRODUCT SUBSTITUTION

WAC

WAC 246-899-020 Dispensing responsibilities. When the pharmacist dispenses, with the practitioner's authorization, a therapeutically equivalent drug product, the following information shall be noted:

(a) On oral prescriptions, the pharmacist shall indicate on the permanent prescription record, if substitution is permitted.

(b) The manufacturer or distributor of the drug product actually dispensed or its national drug code number or short name code or trade name shall be noted on the permanent record, or on the patient medication record if this document is utilized for providing and recording refills. This requirement

shall also apply to refill prescriptions when a different distributor or manufacturer's product is used.

(c) The generic or trade name of the drug actually dispensed shall be noted on the prescription label or package label. For combination drug products, the generic names of the drugs combined or the trade name of the manufacturer or distributor shall be noted on the prescription label. For prescriptions compounded with multiple ingredients, the label designation will be left to the discretion of the pharmacist.

(d) For institutionalized and closed system patients, the pharmacist may identify the manufacturer or distributor of the product actually dispensed through pharmacy purchasing records or packaging records, and a published formulary designation may be used on the label.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-899-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.41.180. 79-12-063 (Order 152), § 360-49-010, filed 11/29/79; Order 143, § 360-49-010, filed 12/9/77.]

WAC 246-899-030 Product selection responsibilities. (1) The determination of the drug product to be dispensed on a prescription is a professional responsibility of the pharmacist, and the pharmacist shall not dispense any product that in his/her professional opinion does not meet adequate standards.

(2) Pharmacists may utilize as the basis for their decisions on therapeutically equivalent drug products:

(a) Available drug product information from federal and state agencies, official compendia, and drug manufacturers, or

(b) Other scientific or professional resources, or

(c) The federal food and drug administration "approved drug products" as a board approved reference for a positive formulary of therapeutically equivalent products within the limitations stipulated in that publication.

(3) Those pharmacies that fill prescriptions based on prior authorization for therapeutically equivalent drug substitution must have available for inspection and review such authorization documentation in the institutional records or in the pharmacy.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-899-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.41.180. 79-12-063 (Order 152), § 360-49-020, filed 11/29/79; Order 143, § 360-49-020, filed 12/9/77.]

WAC 246-899-040 Manufacturers, wholesalers, distributors, pharmacy location, requirement that drug products offered for sale comply with 21 USC 355—Immediate suspension and subsequent revocation of licenses authorized for violation. (1) In order to provide for enforcement of RCW 69.41.100 through 69.41.180 and to protect the public health and safety when generic drugs are substituted for brand name drugs pursuant to RCW 69.41.110 through 69.41.180 drug products which are offered for sale by, or stored at the premises of, any manufacturer, distributor, wholesaler or pharmacy location must have an approved new drug application (NDA) or abbreviated new drug application (ANDA) designation by the Federal Food and Drug Administration pursuant to 21 USC 355 unless they are exempt from the requirements for such a designation.

(2) In order to provide for enforcement of RCW 69.41.100 through 69.41.180 and to protect the public health and safety drug products offered for sale by, or stored at the premises of, a manufacturer, wholesaler, distributor or pharmacy location which do not have the required NDA or ANDA, or exemption therefrom referenced in subsection (1) of this section, are hereby declared to be contraband and subject to surrender to and destruction by the Washington state board of pharmacy. This surrender and destruction shall take place as specified below.

(3) The board shall publish in its newsletter the source from which the current list compiled by the Federal Food and Drug Administration of generic drugs which do not have an NDA or ANDA and are not exempt from such a requirement and are therefore contraband as provided in subsection (2) of this section may be obtained. The board shall also respond to both written and telephone inquiries from any source regarding the status of any generic drug.

(4) Whenever it is made to appear to the board that a manufacturer, wholesaler, distributor or pharmacy location within he [the] state of Washington is in possession of a stock of drugs which are contraband as defined in subsection (2) of this section, a representative of the board shall confirm with the Federal Food and Drug Administration, by telephone, that the particular drug or drugs involved do not have the required NDA or ANDA and that they are not exempt from this requirement. Upon receipt of this confirmation, the board shall direct such of its investigative personnel as it deem necessary to proceed to the premises of the manufacturer, wholesaler, distributor or pharmacy location and to then inform the owner, or person in charge, of the contraband status of the drugs in question.

(5) The pharmacy board investigative personnel shall offer the owner, or person in charge, of the premises at which the drug products are being kept the opportunity to immediately voluntarily surrender to the board all stocks of the drug products whether kept at the premises of the manufacturer, wholesaler, distributor, or pharmacy location, or at any separate storage facility under the control of the manufacturer, wholesaler, distributor or retailer, which are contraband under subsection (2) of this section. A receipt shall be given to the owner, or person in charge, for all drug products voluntarily surrendered.

(6) All drug products voluntarily surrendered pursuant to subsection (5) of this section shall be destroyed by the board of pharmacy unless they are ordered returned to the manufacturer, wholesaler, distributor or pharmacy location by order of a court of competent jurisdiction. No destruction of any drug products surrendered will be accomplished until thirty days after the date of their surrender to the board.

(7) Retention, dispensing, promotion or advertisement, of any drug products by a manufacturer, wholesaler, distributor or pharmacy location, either at their business premises or at any separate storage facility after notification of their contraband status under subsection (2) of this section shall constitute a direct and immediate danger to the public health and safety and will be good and sufficient cause for the immediate summary suspension and subsequent revocation of any license issued by the board of pharmacy to the manufacturer, wholesaler, distributor or pharmacy location and will also

constitute good and sufficient cause for revocation of any license issued by the board of pharmacy to the owner of any manufacturer, wholesaler, distributor or pharmacy location or any person in charge thereof who knowingly retains, dispenses, promotes or advertises, any drug products which are contraband under subsection (2) of this section after notification of their status.

[Statutory Authority: RCW 69.41.180. 92-12-035 (Order 277B), § 246-899-040, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-899-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 87-18-066 (Order 207), § 360-49-040, filed 9/2/87. Statutory Authority: RCW 69.41.180. 80-14-012 (Order 157, Resolution No. 9/80), § 360-49-040, filed 9/22/80; 80-02-113 (Order 153, Resolution No. 1/80), § 360-49-040, filed 1/28/80.]

WAC 246-899-050 Out-of-state prescriptions. (1) When dispensing a prescription issued by a practitioner licensed in a state other than Washington, and recognized in RCW 69.41.030, the pharmacist must honor the instructions of the practitioner regarding substitution. These instructions may be on a prescription blank different than that required for Washington practitioners by RCW 69.41.120 and may include the use of the words "dispense as written," words of similar meaning, a checkoff box, or some other indication of intent.

(2) If the practitioner has not clearly provided instructions regarding substitution, a pharmacist may substitute a therapeutically equivalent generic drug only if the pharmacist has determined substitution is permitted by one of the following means:

(a) The pharmacist has personal knowledge and is familiar with the laws and rules regarding substitution in the state of origin; or

(b) The pharmacist obtains oral or written authorization from the practitioner; or

(c) The pharmacist obtains current information regarding the manner in which an out-of-state practitioner provides instruction from:

(i) The Washington state board of pharmacy; or

(ii) The board of pharmacy in the state, other than Washington, in which the practitioner practices; or

(iii) Some other professional source.

(3) Drug product selection shall be based on Washington law and rule as set forth in WAC 246-899-030.

[Statutory Authority: RCW 69.41.180. 92-12-035 (Order 277B), § 246-899-050, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-899-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-13-004 (Order 174B), § 360-49-050, filed 6/7/91, effective 7/8/91.]

Chapter 246-901 WAC
PHARMACY ANCILLARY PERSONNEL

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-901-110 Level A experience equivalency. [Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-901-110, filed 8/30/91, effective 9/30/91; Order 141, § 360-52-100, filed 12/9/77.] Repealed by 00-15-081, filed 7/19/00, effective 8/19/00. Statutory Authority: RCW 18.64.005, chapter 18.64A RCW.

WAC 246-901-010 Definitions. (1) "Consultation" means:

(a) A communication or deliberation between a pharmacist and a patient, a patient's agent, or a patient's health care provider in which the pharmacist uses professional judgment to provide advice about drug therapy.

(b) A method by which the pharmacist meets patient information requirements as set forth in WAC 246-869-220.

(2) "Dispense" as defined in RCW 18.64.011(16).

(3) "Intravenous admixture preparation" means the preparation of a drug product that combines two or more ingredients using aseptic technique and is intended for administration into a vein.

(4) "Parenteral" as defined in WAC 246-871-010.

(5) "Pharmacy technician specialized function" means certain tasks normally reserved to a pharmacist according to WAC 246-863-095 that may be performed by a pharmacy technician who has met board requirements.

(6) "Prescription" as defined in RCW 18.64.011(8).

(7) "Responsible manager" as defined in WAC 246-869-070.

(8) "Unit-dose" and "unit-dose drug distribution system" as defined in WAC 246-865-010.

(9) "Unit-dose medication cassettes" means containers for a patient's medications into which each individually packaged and labeled drug is placed.

(10) "Verification" means the pharmacist has reviewed a patient drug order initiated by an authorized prescriber, has examined the patient's drug profile, and has approved the drug order after taking into account pertinent drug and disease information to insure the correctness of the drug order for a specific patient. The verification process must generate an audit trail that identifies the pharmacist. The pharmacist who performs the verification of a drug order is responsible for all reports generated by the approval of that order. The unit-dose medication fill and check reports are an example.

(11) "Immediate supervision" means visual and/or physical proximity to a licensed pharmacist to ensure patient safety.

[Statutory Authority: RCW 18.64.005, chapter 18.64A RCW. 00-15-081, § 246-901-010, filed 7/19/00, effective 8/19/00. Statutory Authority: RCW 18.64.050. 94-08-097, § 246-901-010, filed 4/6/94, effective 5/7/94.]

WAC 246-901-020 Pharmacy ancillary personnel utilization. (1) Pharmacy technicians may perform certain nondiscretionary and specialized functions consistent with their training in pharmacy practice while under the immediate supervision of a licensed pharmacist.

(2) The discretionary tasks reserved to a pharmacist are listed in WAC 246-863-095.

(3) Unless authorized as a specialized function according to WAC 246-901-035, the pharmacy technician shall assist a pharmacist in the performance of all tasks except those reserved to a pharmacist in subsection (2) of this section.

(4) Entry of a new medication order into the pharmacy computer system and retrieval of the drug product to fill a prescription are tasks reserved to the pharmacist and pharmacy technician.

(5) The pharmacy assistant may assist a pharmacist in performance of all tasks except those reserved to the pharmacist and pharmacy technician.

(6) Pharmacy ancillary personnel may record or provide medication data when no interpretation is required.

[Statutory Authority: RCW 18.64.005, chapter 18.64A RCW. 00-15-081, § 246-901-020, filed 7/19/00, effective 8/19/00. Statutory Authority: RCW 18.64.050. 94-08-097, § 246-901-020, filed 4/6/94, effective 5/7/94. Statutory Authority: RCW 18.64A.020 and 18.64A.030. 92-12-035 (Order 277B), § 246-901-020, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-901-020, filed 8/30/91, effective 9/30/91; Order 141, § 360-52-010, filed 12/9/77.]

WAC 246-901-030 Technician education and training. (1) Pharmacy technicians must obtain education or training from one of the following:

(a) Formal academic program for pharmacy technician training approved by the board.

(b) On-the-job training program approved by the board.

(2) The minimum educational prerequisite for entering a training program shall be high school graduation or G.E.D.

(3) In order to receive certification as a pharmacy technician, the technician must send the board the following:

(a) A state application indicating completion of board approved training program;

(b) Proof of successful completion of a certification examination approved by the board.

(4) An out-of-state pharmacy technician applicant must meet the same requirements as a pharmacy technician trained in this state. The board must approve training programs approved in other states.

(5) Applicants whose academic training has been obtained in foreign countries shall meet certification requirements as listed below:

(a) Foreign pharmacy school graduates. Board approval of program completed for the degree.

(b) Foreign medical school graduates. Board approval of program completed for the degree.

(c) All foreign graduates for whom English is not the primary language shall provide proof of receiving a score of at least 173 on the Test of English as a Foreign Language (TOEFL) and a score of 50 on the Test of Spoken English (TSE) prior to certification.

(d) Foreign trained applicants must earn 520 hours of supervised experience in an approved pharmacy technician training program.

(6) Prior to performing specialized functions, pharmacy technicians shall complete specialized training and meet proficiency criteria set forth by the board.

(a) Unit-dose medication checking. The training proficiency criteria requires demonstration of 99% accuracy in medication checking.

(b) Intravenous admixture preparation. The training proficiency criteria requires demonstration of 100% accuracy in intravenous admixture preparation of a representative sample of preparations provided by the facility using aseptic technique.

[Statutory Authority: RCW 18.64.005, chapter 18.64A RCW. 00-15-081, § 246-901-030, filed 7/19/00, effective 8/19/00. Statutory Authority: RCW 18.64.050. 94-08-097, § 246-901-030, filed 4/6/94, effective 5/7/94. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-901-030, filed 8/30/91, effective 9/30/91; Order 141, § 360-52-020, filed 12/9/77.]

WAC 246-901-035 Pharmacy technician specialized functions. A pharmacy technician who meets established criteria for employment, experience, training and demonstrated proficiency may perform specialized functions. The criteria shall be specified in the utilization plan of the pharmacy for pharmacy technicians performing specialized functions required in WAC 246-901-100 (2)(b). Records of pharmacy technician training and of demonstration of proficiency shall be retrievable within seventy-two hours upon request of the board. Specialized functions include the following:

(1) Unit-dose medication checking. Following verification of the drug order by a licensed pharmacist, a pharmacy technician may check unit-dose medication cassettes filled by another pharmacy technician or pharmacy intern in pharmacies serving facilities licensed under chapter 70.41, 71.12, 71A.20 or 74.42 RCW. No more than a forty-eight hour supply of drugs may be included in the patient medication cassettes and a licensed health professional must check the drug before administering it to the patient.

(2) Intravenous admixture and other parenteral preparations. A pharmacy technician may prepare intravenous admixtures and other parenteral drugs. A licensed pharmacist must check each parenteral drug prepared by a pharmacy technician.

[Statutory Authority: RCW 18.64.005, chapter 18.64A RCW. 00-15-081, § 246-901-035, filed 7/19/00, effective 8/19/00. Statutory Authority: RCW 18.64.050. 94-08-097, § 246-901-035, filed 4/6/94, effective 5/7/94.]

WAC 246-901-040 Limitations, trainees. An individual enrolled in a training program for pharmacy technicians will perform technician functions only under the immediate supervision of a pharmacist preceptor or a delegated alternate pharmacist.

[Statutory Authority: RCW 18.64.005, chapter 18.64A RCW. 00-15-081, § 246-901-040, filed 7/19/00, effective 8/19/00; 91-18-057 (Order 191B), recodified as § 246-901-040, filed 8/30/91, effective 9/30/91; Order 141, § 360-52-030, filed 12/9/77.]

WAC 246-901-050 Technician program approval. (1) Program standards. The board will establish standards for judging pharmacy technician training programs.

(2) Approval. In order for a program for training pharmacy technicians to be considered for approval by the board, the director of the program, who shall be a pharmacist, shall submit to the board a description of the course of training offered, including subjects taught, method of teaching, and practical experience provided. The director of the program shall also advise the board concerning the skills and knowledge which are obtained in the course, and the method by which the proficiency of the pharmacy technician in those skills and knowledge is tested or ascertained. The board may require such additional information from program sponsors.

(3) Program change. The director shall request board approval before implementing any significant program change.

(4) Reapproval. The director shall submit each approved program to the board for reapproval every five years.

(5) Registry. The board will maintain a registry of approved programs. Interested persons may request a copy of the registry by contacting the board.

[Statutory Authority: RCW 18.64.005, chapter 18.64A RCW. 00-15-081, § 246-901-050, filed 7/19/00, effective 8/19/00; 91-18-057 (Order 191B), recodified as § 246-901-050, filed 8/30/91, effective 9/30/91; Order 141, § 360-52-040, filed 12/9/77.]

WAC 246-901-060 Technician certification. To become certified as a pharmacy technician, an individual must:

(1) Complete an approved pharmacy technician program;

(2) Apply to the board for certification. The application must include a notarized statement of program verification signed by the program director.

It is the responsibility of the pharmacy technician to maintain a current mailing address with the board as required by chapter 246-12 WAC. Pharmacy technicians shall notify the board of any change of mailing address within thirty days of the change.

[Statutory Authority: RCW 18.64.005, chapter 18.64A RCW. 00-15-081, § 246-901-060, filed 7/19/00, effective 8/19/00. Statutory Authority: RCW 18.64.005. 93-17-097 (Order 387B), § 246-901-060, filed 8/17/93, effective 9/17/93. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-901-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64A.030. 88-14-043 (Order 217), § 360-52-050, filed 6/30/88; Order 141, § 360-52-050, filed 12/9/77.]

WAC 246-901-065 Expired technician license. (1) If the technician license has expired for five years or less, the practitioner must meet the requirements of chapter 246-12 WAC, Part 2.

(2) If the license has expired for over five years, the practitioner must:

(a) Complete certification requirements within one year of application to the board for certification;

(b) Meet the requirements of chapter 246-12 WAC, Part 2.

(3) If the practitioner has been in an active practice in another United States jurisdiction with duties that are substantially equivalent to a pharmacy technician in Washington state, the practitioner must:

(a) Submit verification of active practice from any other United States jurisdiction;

(b) Meet the requirements of chapter 246-12 WAC, Part 2.

[Statutory Authority: RCW 18.64.005, chapter 18.64A RCW. 00-15-081, § 246-901-065, filed 7/19/00, effective 8/19/00. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-901-065, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.64.005. 93-17-097 (Order 387B), § 246-901-065, filed 8/17/93, effective 9/17/93.]

WAC 246-901-070 Pharmacy assistant utilization. Pharmacy assistants may perform, under the general supervision of a licensed pharmacist, all duties except those reserved to the pharmacist and the pharmacy technician.

Pharmacy assistants may:

(1) Prepackage and label drugs for subsequent use in prescription dispensing operations.

(2) Count, pour, and label for individual prescriptions.

[Statutory Authority: RCW 18.64.005, chapter 18.64A RCW. 00-15-081, § 246-901-070, filed 7/19/00, effective 8/19/00; 91-18-057 (Order 191B), recodified as § 246-901-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64A.030. 88-14-043 (Order 217), § 360-52-060, filed 6/30/88. Statutory Authority: RCW 18.64.005(11) and 18.64A.030. 80-02-113 (Order 153, Resolution No. 1/80), § 360-52-060, filed 1/28/80. Statutory Authority: RCW 69.50.201. 79-04-048 (Order 147, Resolution No. 3-79), § 360-52-060, filed 3/27/79; Order 141, § 360-52-060, filed 12/9/77.]

WAC 246-901-080 Pharmacy assistant registration. (1) Training. No formal training or educational program will be required by the board, and there will be no age or educational restrictions. The supervising pharmacist shall thoroughly instruct the pharmacy assistant in the limitations of the functions he or she may perform.

(2) Registration of pharmacy assistants. Any person desiring registration as a pharmacy assistant shall apply to the board for registration on forms to be supplied by the board. The fee for registration will be included in the fee for authorization to utilize the services of pharmacy ancillary personnel.

(3) It is the responsibility of the pharmacy assistant to maintain a current mailing address with the board as required by chapter 246-12 WAC. Pharmacy assistants shall notify the board of any change of mailing address within thirty days of the change.

(4) A pharmacy assistant registration must be renewed every two years on the assistant's birthdate. The fee for renewal is included in the fee the pharmacy pays to utilize pharmacy ancillary personnel.

[Statutory Authority: RCW 18.64.005, chapter 18.64A RCW. 00-15-081, § 246-901-080, filed 7/19/00, effective 8/19/00; 91-18-057 (Order 191B), recodified as § 246-901-080, filed 8/30/91, effective 9/30/91; Order 141, § 360-52-070, filed 12/9/77.]

WAC 246-901-090 Identification. All pharmacy ancillary personnel working within the pharmacy and having contact with patients or the general public shall wear badges or tags clearly identifying them as pharmacy assistants or technicians.

[Statutory Authority: RCW 18.64.005, chapter 18.64A RCW. 00-15-081, § 246-901-090, filed 7/19/00, effective 8/19/00; 91-18-057 (Order 191B),

recodified as § 246-901-090, filed 8/30/91, effective 9/30/91; Order 141, § 360-52-080, filed 12/9/77.]

WAC 246-901-100 Board approval of pharmacies utilizing pharmacy ancillary personnel and specialized functions. (1) Application. All licensed pharmacies may apply on a form supplied by the board for permission to utilize the services of pharmacy ancillary personnel.

(2) Utilization plan for pharmacy technicians.

(a) General. The application for approval must describe the manner in which the pharmacy technicians will be utilized and supervised, including job descriptions, task analysis or similar type documents that define the duties performed and the conditions under which they are performed, number of positions in each category, as well as other information as may be required by the board. The board will be notified of all changes to the utilization plan. A copy of the utilization plan must be maintained in the pharmacy.

(b) Specialized function. The utilization plan for pharmacy technicians performing specialized functions. The utilization plan must include:

(i) The criteria for selection of pharmacy technicians to perform specialized functions;

(ii) A description of the methods of training and of initial demonstration of proficiency;

(iii) A copy of the part of the section of the pharmacy's quality assurance plan related to pharmacy technician specialized functions;

(iv) Other information that may be required by the board.

(c) To gain approval for specialized functions, a pharmacy must follow board-approved guidelines regarding pharmacy technician training, implementation and evaluation.

(3) Utilization plan for pharmacy assistants. The application for approval shall list the job title or function of the pharmacy assistant.

(4) The board may give conditional approval for pilot or demonstration projects for innovative applications in the utilization of pharmacy ancillary personnel.

[Statutory Authority: RCW 18.64.005, chapter 18.64A RCW. 00-15-081, § 246-901-100, filed 7/19/00, effective 8/19/00. Statutory Authority: RCW 18.64.050. 94-08-097, § 246-901-100, filed 4/6/94, effective 5/7/94. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-901-100, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64A.030. 88-14-043 (Order 217), § 360-52-090, filed 6/30/88; Order 141, § 360-52-090, filed 12/9/77.]

WAC 246-901-120 AIDS prevention and information education requirements. Pharmacy technician and assistant applicants must complete four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 18.64.005, chapter 18.64A RCW. 00-15-081, § 246-901-120, filed 7/19/00, effective 8/19/00. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-901-120, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-901-120, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 89-04-015 (Order 222), § 360-52-110, filed 1/23/89.]

WAC 246-901-130 Pharmacist to pharmacy technician ratio. (1) A standard ratio of one pharmacist to a maximum of three technicians is established for each licensed pharmacy.

(2) The pharmacist must be actively practicing pharmacy.

(3) In determining which pharmacists may be included in the calculation of the ratio, the board will consider approval of pharmacy technician utilization plans which include all pharmacists within the pharmacy who are engaged in the actual practice of pharmacy. When the pharmacy provides service to inpatients of a hospital or extended care facility, pharmacists who are practicing pharmacy outside of the confines of the licensed pharmacy (for example, performing nursing unit inspections, reviewing charts, consulting with health professional staff) may be included in the ratio, if:

(a) There are sufficient numbers of pharmacists within the pharmacy to properly supervise the work of the pharmacy technicians;

(b) The pharmacy is not open to the public;

(c) The medications are being checked by another health professional before being given to the patient;

(d) Drug orders are not dispensed from the pharmacy without being checked by a licensed pharmacist or pharmacy intern except for board-approved pharmacy technician specialized functions provided a pharmacy technician may check unit-dose medication cassettes.

[Statutory Authority: RCW 18.64.005, chapter 18.64A RCW. 00-15-081, § 246-901-130, filed 7/19/00, effective 8/19/00. Statutory Authority: RCW 18.64.050. 94-08-097, § 246-901-130, filed 4/6/94, effective 5/7/94. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-901-130, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-11-040 (Order 169B), § 360-52-120, filed 5/10/91, effective 6/10/91.]

WAC 246-901-140 Pharmacy services plan. A pharmacy may use more pharmacy technicians than prescribed by the standard ratio if the board approves the pharmacy's pharmacy services plan.

(1) The pharmacy services plan shall include, at a minimum, the following information: Pharmacy design and equipment, information systems, workflow, and quality assurance procedures. In addition, the pharmacy services plan shall demonstrate how it facilitates the provision of pharmaceutical care by the pharmacy.

(2) The board may require additional information to ensure appropriate oversight of pharmacy technicians before approving a pharmacy services plan.

(3) The board may give conditional approval for pilot or demonstration projects.

[Statutory Authority: RCW 18.64.005, chapter 18.64A RCW. 00-15-081, § 246-901-140, filed 7/19/00, effective 8/19/00.]

Chapter 246-903 WAC
NUCLEAR PHARMACIES AND PHARMACISTS

WAC

WAC 246-903-001 Purpose and scope. (1) No person may lawfully provide radiopharmaceutical services unless he or she is a nuclear pharmacist, or is performing radiopharma-

ceutical services under the supervision of a nuclear pharmacist, and is acting in accordance with the state board of pharmacy and state radiation control agency regulations.

(2) These regulations shall not apply to anyone who is an "authorized practitioner" as that term is defined in section 2 of these regulations.

(3) The requirements imposed by these nuclear pharmacy regulations shall apply in addition to, and not in place of, any other requirements contained in regulations of the state board of pharmacy, the state radiation control agency, or any other state or federal agency.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-903-001, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(9). 79-02-061 (Order 145, Resolution No. 1-79), § 360-54-010, filed 2/1/79.]

WAC 246-903-010 Definitions. (1) A "nuclear pharmacy" is a class A pharmacy providing radiopharmaceutical services.

(2) "Nuclear pharmacist" means a licensed pharmacist who has submitted evidence to the board of pharmacy that he or she meets the requirements of WAC 246-903-030 of these regulations regarding training, education, and experience, and who has received notification by letter from the board of pharmacy that, based on the evidence submitted, he or she is recognized by the board of pharmacy as qualified to provide radiopharmaceutical services.

(3) "Radiopharmaceutical service" shall mean, but shall not be limited to, the compounding, dispensing, labeling and delivery of radiopharmaceuticals; the participation in radiopharmaceutical selection and radiopharmaceutical utilization reviews; the proper and safe storage and distribution of radiopharmaceuticals; the maintenance of radiopharmaceutical quality assurance; the responsibility for advising, where necessary or where regulated, of therapeutic values, hazards and use of radiopharmaceuticals; and the offering or performing of those acts, services, operations or transactions necessary in the conduct, operation management and control of a nuclear pharmacy.

(4) A "radiopharmaceutical" is any substance defined as a drug in section 201(g)(1) of the Federal Food, Drug and Cosmetic Act which exhibits spontaneous disintegration of unstable nuclei with the emission of nuclear particles or photons and includes any such drug which is intended to be made radioactive. This definition includes nonradioactive reagent kits and nuclide generators which are intended to be used in the preparation of any such substance but does not include drugs such as carbon-containing compounds or potassium-containing compounds or potassium-containing salts which contain trace quantities of naturally occurring radionuclides.

(5) "Radiopharmaceutical quality assurance" means, but is not limited to, the performance of appropriate chemical, biological and physical tests on radiopharmaceuticals and the interpretation of the resulting data to determine their suitability for use in humans and animals, including internal test assessment authentication of product history and the keeping of proper records.

(6) "Internal test assessment" means, but is not limited to, conducting those tests of quality assurance necessary to insure the integrity of the test.

(7) "Authentication of product history" means, but is not limited to, identifying the purchasing source, the ultimate fate, and intermediate handling of any component of a radiopharmaceutical.

(8) "Authorized practitioner" means a practitioner duly authorized by law to possess, use, and administer radiopharmaceuticals.

(9) "Accepted professional standards" are those set forth in the *Nuclear Pharmacy Practice Standards* published by the American Pharmaceutical Association, Board of Pharmaceutical Specialties, adopted on March 18, 1986.

[Statutory Authority: RCW 18.64.005. 93-04-016 (Order 329B), § 246-903-010, filed 1/25/93, effective 2/25/93; 92-12-035 (Order 277B), § 246-903-010, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-903-010, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(9). 79-02-061 (Order 145, Resolution No. 1-79), § 360-54-020, filed 2/1/79.]

WAC 246-903-020 Nuclear pharmacies. (1) A permit to operate a nuclear pharmacy providing radiopharmaceutical services shall only be issued to a qualified nuclear pharmacist. All personnel performing tasks in the preparation and distribution of radiopharmaceuticals shall be under the supervision of a nuclear pharmacist. The nuclear pharmacist shall be responsible for all operations of the licensed area. In emergency situations, in the nuclear pharmacist's absence, he or she may designate one or more qualified, registered or certified health care personnel to have access to the licensed area. These individuals may obtain radiopharmaceuticals for the immediate emergency and must document such withdrawals in the control system.

(2) Nuclear pharmacies shall have adequate space, commensurate with the scope of services to be provided. The nuclear pharmacy area shall be separate from the pharmacy areas for nonradiopharmaceuticals and shall be secured from access by unauthorized personnel. A nuclear pharmacy handling radiopharmaceuticals exclusively may be exempted from the general space requirements for pharmacies by obtaining a waiver from the state board of pharmacy. Detailed floor plans shall be submitted to the state board of pharmacy and the state radiation control agency before approval of the license.

(3) Nuclear pharmacies shall compound and dispense radiopharmaceuticals in accordance with accepted professional standards.

(4) The board recognizes that the preparation of nuclear pharmaceuticals involves the compounding skills of the nuclear pharmacist to assure that the final drug product meets accepted professional standards.

(5) Nuclear pharmacies shall maintain records of acquisition and disposition of all radiopharmaceuticals in accordance with applicable regulations of the state board of pharmacy, the state radiation control agency and other state and federal agencies.

(6) For nuclear pharmacies handling radiopharmaceuticals exclusively, the state board of pharmacy may waive regulations pertaining to the pharmacy permits for nonradiopharmaceuticals for requirements that do not pertain to the practice of nuclear pharmacy.

(7) Radiopharmaceuticals are to be dispensed only upon a prescription from a practitioner authorized to possess, use and administer radiopharmaceuticals. A nuclear pharmacy may also furnish radiopharmaceuticals for office use to these practitioners.

(8) A nuclear pharmacist may transfer to authorized persons radioactive materials not intended for drug use, in accordance with regulations of the state radiation control agency.

(9) In addition to any labeling requirements of the state board of pharmacy for nonradiopharmaceuticals, the immediate outer container of the radiopharmaceutical to be dispensed shall also be labeled with: (a) Standard radiation symbol; (b) the words "caution-radioactive material"; (c) the name of the radiopharmaceutical; (d) the amount of radioactive material contained, in millicuries or microcuries; (e) if a liquid, the volume in milliliters; (f) the requested calibration time for the amount of radioactivity contained; (g) expiration data, if applicable; and (h) specific concentration of radioactivity.

(10) The immediate container shall be labeled with: (a) The standard radiation symbol; (b) the words "caution-radioactive material"; (c) the name of the nuclear pharmacy; (d) the prescription number; (e) the name of the radiopharmaceutical; (f) the date; and (g) the amount of radioactive material contained in millicuries or microcuries.

(11) The amount of radioactivity shall be determined by radiometric methods for each individual preparation immediately prior to dispensing.

(12) Nuclear pharmacies may redistribute NDA approved radiopharmaceuticals if the pharmacy does not process the radiopharmaceuticals in any manner or violate the product packaging.

(13) The nuclear pharmacy shall have the current revisions of state laws and regulations of the state board of pharmacy and state radiation control agency.

(14) The nuclear pharmacy shall maintain a library commensurate with the level of radiopharmaceutical service to be provided. A detailed library listing shall be submitted to the state board of pharmacy and state radiation control agency before approval of the license.

[Statutory Authority: RCW 18.64.005. 93-04-016 (Order 329B), § 246-903-020, filed 1/25/93, effective 2/25/93. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-903-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(9). 79-02-061 (Order 145, Resolution No. 1-79), § 360-54-030, filed 2/1/79.]

WAC 246-903-030 Nuclear pharmacists. In order for a pharmacist to qualify under these regulations as a nuclear pharmacist, he or she must:

(1) Meet minimal standards of training and experience in the handling of radioactive materials in accordance with the requirements of the state radiation control agency; and,

(2) Be a pharmacist licensed to practice in Washington; and,

(3) Submit to the board of pharmacy either:

(a) Certification that he or she has completed a minimum of 6 months on-the-job training under the supervision of a qualified nuclear pharmacist in a nuclear pharmacy providing radiopharmaceutical services, or

(b) Certification that he or she has completed a nuclear pharmacy training program in an accredited college of pharmacy or

(c) That upon application to the board in affidavit form, and upon the furnishing of such other information as the board may require, the board may grant partial or equivalent credit for education and experience gained in programs not sponsored by an accredited college of pharmacy, if, in the opinion of the board, the education and experience gained by participants in these programs would provide the same level of competence as participation in a program at an accredited college of pharmacy; and

(4) Receive a letter of notification from the board of pharmacy that the evidence submitted that the pharmacist meets the requirements of subsections 1, 2, and 3 above has been accepted by the board and that, based thereon, the pharmacist is recognized by the board as a nuclear pharmacist.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-903-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(9). 79-02-061 (Order 145, Resolution No. 1-79), § 360-54-040, filed 2/1/79.]

WAC 246-903-040 Minimum equipment requirements. (1) Nuclear pharmacies shall have adequate equipment commensurate with the scope of radiopharmaceutical services to be provided. A detailed list of equipment and description of use must be submitted to the state board of pharmacy and radiation control agency before approval of the license.

(2) The state board of pharmacy may, for good cause shown, waive regulations pertaining to the equipment and supplies required for nuclear pharmacies handling radiopharmaceuticals exclusively.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-903-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(9). 79-02-061 (Order 145, Resolution No. 1-79), § 360-54-050, filed 2/1/79.]

Chapter 246-904 WAC
HEALTH CARE ENTITIES

WAC

WAC 246-904-010 Definition. Health care entity - an organization that provides health care services in a setting that is not otherwise licensed by the state. Health care entity includes any of the following which are not part of another licensed facility, including: Outpatient surgery centers, cardiac care centers, or kidney dialysis centers. It does not include an individual practitioner's office or a multipractitioner clinic.

[Statutory Authority: RCW 18.64.450. 97-02-015, § 246-904-010, filed 12/20/96, effective 1/20/97.]

WAC 246-904-020 New health care entity licensing. No health care entity shall be issued a license until the facility has submitted an application along with the applicable fees set forth in WAC 246-907-020 through 246-907-030 and has passed an inspection by a Washington state board of pharmacy investigator. The investigator shall determine if the purchase, ordering, storing, compounding, delivering, dispensing and administration of controlled substances and/or legend drugs complies with all applicable state and federal statutes and regulations. Physical requirements for the areas of a health care entity where drugs are stored, compounded, delivered or dispensed shall comply with WAC 246-873-070.

[Statutory Authority: RCW 18.64.450. 97-02-015, § 246-904-020, filed 12/20/96, effective 1/20/97.]

WAC 246-904-030 Pharmacist in charge. Every health care entity licensed under this chapter shall designate a pharmacist in charge. The pharmacist in charge may be employed in a full-time capacity or as a pharmacist consultant. The pharmacist in charge must be licensed to practice pharmacy in the state of Washington. The pharmacist in charge designated by a health care entity shall have the authority and responsibility to assure that the area(s) within the health care entity where drugs are stored, compounded, delivered or dispensed are operated in compliance with all applicable state and federal statutes and regulations.

It shall be the responsibility of the pharmacist in charge:

(1) To create and implement policy and procedures relating to:

(a) Purchasing, ordering, storing, compounding, delivering, dispensing or administering of controlled substances or legend drugs.

(b) Accuracy of inventory records, patient medical records as related to the administration of controlled substances and legend drugs, and any other records required to be kept by state and federal regulations.

(c) Adequate security of legend drugs and controlled substances.

(d) Controlling access to controlled substances and legend drugs.

(2) To assure that the Washington state board of pharmacy is in possession of all current policies and procedures identified in subsection (1) of this section.

(3) To execute all forms for the purchase and order of legend drugs and controlled substances.

(4) To verify receipt of all legend drugs and controlled substances purchased and ordered by the health care facility.

[Statutory Authority: RCW 18.64.450. 97-02-015, § 246-904-030, filed 12/20/96, effective 1/20/97.]

WAC 246-904-040 Drug procurement, distribution and control. The procurement, distribution and control of drugs shall be in accordance with WAC 246-873-080.

[Statutory Authority: RCW 18.64.450. 97-02-015, § 246-904-040, filed 12/20/96, effective 1/20/97.]

WAC 246-904-050 Dispensing of prescription medications from health care entities. Drugs dispensed to patients of a health care entity must be dispensed in a manner consistent with the requirements of RCW 18.64.246 through 18.64.247, chapters 69.41 and 69.50 RCW, and WAC 246-869-220 through 246-869-240.

[Statutory Authority: RCW 18.64.450. 97-02-015, § 246-904-050, filed 12/20/96, effective 1/20/97.]

WAC 246-904-060 Labeling. Drugs dispensed to patients of a health care entity must comply with the labeling requirements of WAC 246-869-210.

[Statutory Authority: RCW 18.64.450. 97-02-015, § 246-904-060, filed 12/20/96, effective 1/20/97.]

WAC 246-904-070 Records. To the extent applicable, all prescription records shall be maintained in accordance with WAC 246-869-100 and chapter 246-875 WAC et seq.

[Statutory Authority: RCW 18.64.450. 97-02-015, § 246-904-070, filed 12/20/96, effective 1/20/97.]

WAC 246-904-080 Absence of a pharmacist. Pharmaceutical services shall be available at all times patients are present in the facility. At times when no pharmacist is in the facility, the entity must comply with the requirements of WAC 246-873-050 and 246-873-060.

[Statutory Authority: RCW 18.64.450. 97-02-015, § 246-904-080, filed 12/20/96, effective 1/20/97.]

WAC 246-904-090 Administration. Administration of drugs to patients of a health care entity shall be in accordance with WAC 246-873-090.

[Statutory Authority: RCW 18.64.450. 97-02-015, § 246-904-090, filed 12/20/96, effective 1/20/97.]

WAC 246-904-100 Closing. When a health care entity ceases to do business or to provide pharmaceutical services to patients, the entity shall follow the provisions of WAC 246-869-250.

[Statutory Authority: RCW 18.64.450. 97-02-015, § 246-904-100, filed 12/20/96, effective 1/20/97.]

Chapter 246-905 WAC
PHARMACY—HOME DIALYSIS PROGRAM

WAC

WAC 246-905-020 Home dialysis program—Legend drugs. Pursuant to RCW 18.64.257 and 69.41.032, a Medicare-approved dialysis center or facility operating a Medicare-approved home dialysis program may sell, deliver, possess and/or dispense directly to its home dialysis patients in cases or full shelf package lots, if prescribed by a physician, the following legend drugs:

(a) Sterile heparin, 1000u/ml, in vials;

(b) Sterile potassium chloride, 2mEq/ml, for injection;

(c) Commercially available dialysate; and,

(d) Sterile sodium chloride, 0.9%, for injection in containers of not less than 150ml.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-905-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-06-026 (Order 210), § 360-60-010, filed 2/25/88.]

WAC 246-905-030 Pharmacist consultant. Home dialysis programs involved in the distribution of legend drugs as permitted by RCW 18.64.257 and 69.41.032, shall have an agreement with a pharmacist which provides for consultation as necessary. This shall include advice on the drug distribution process to home dialysis patients and on the location used for storage and distribution of the authorized drugs, which shall be reasonably separated from other activities and shall be secure.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-905-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-06-026 (Order 210), § 360-60-020, filed 2/25/88.]

WAC 246-905-040 Records. (1) A record of shipment shall be attached to the prescriber's order and shall include: The name of the patient, strengths, and quantities of drugs; the manufacturers' names; date of shipment; names of persons who selected, assembled and packaged for shipment; and, the name of the pharmacist or designated individual responsible for the distribution.

(2) Prescription and drug distribution records shall be maintained in accordance with board of pharmacy record retention requirements.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-905-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-06-026 (Order 210), § 360-60-030, filed 2/25/88.]

WAC 246-905-050 Quality assurance. Home dialysis programs involved in the distribution of legend drugs as permitted by RCW 18.64.257 and 69.41.032, shall develop a quality assurance program for drug distribution and shall maintain records of drug distribution errors and other problems, including loss due to damage or theft.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-905-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-06-026 (Order 210), § 360-60-040, filed 2/25/88.]

Chapter 246-907 WAC
PHARMACEUTICAL LICENSING PERIODS AND FEES

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-907-020 Licensing periods. [Statutory Authority: RCW 43.70.040. 97-06-019, § 246-907-020, filed 2/25/97, effective 3/28/97. Statutory Authority: RCW 18.64.005. 94-14-038 § 246-907-020, filed 6/29/94, effective 7/30/94. Statutory Authority: RCW 43.70.250. 92-07-099 (Order 256), § 246-907-020, filed 3/18/92, effective 4/18/92. Statutory Authority: RCW 43.70.040. 91-19-028 (Order 194), recodified as § 246-907-020, filed 9/10/91, effective 10/11/91. Statutory Authority: RCW 18.64.005. 88-14-042 (Order 216), § 360-18-010, filed 6/30/88. Statutory Authority: RCW 18.64.005, 18.81.080 and 42.17.290. 83-01-083 (Order 171), § 360-18-010, filed 12/17/82. Statutory Authority: RCW 18.64.005 (4) and (11). 80-05-074 (Order 154, Resolution No. 4/80), § 360-18-010, filed 4/28/80.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

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 euthanization registration fee	40.00
Sodium pentobarbital for animal euthanization 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

(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.]

WAC 246-907-040 Fee payment. (1) A licensed pharmacist, wholesaler, or manufacturer shall pay a facility inspection fee in lieu of the original license fee when there is only a change of facility location within the premises identified by the license address. Any change of location to a dif-

ferent address shall require a new application and payment of the original license fee.

(2) An original license fee shall be paid whenever there is any change in ownership, including change in business structure or organizational structure such as a change from sole proprietorship to a corporation, or a change of more than fifty percent ownership in a corporation.

(3) All fees are charged on an annual basis and will not be prorated.

[Statutory Authority: RCW 43.70.040. 91-19-028 (Order 194), recodified as § 246-907-040, filed 9/10/91, effective 10/11/91. Statutory Authority: RCW 18.64.005. 88-07-011 (Order 209), § 360-18-025, filed 3/3/88.]

WAC 246-907-995 Conversion to a birthday renewal cycle. (1) Effective July 1, 1998, the annual pharmacist, pharmacy assistant, and pharmacy intern credential renewal dates are changed to coincide with the practitioner's birthday.

(2) Renewal fees will be prorated during the transition period while renewal dates are changed to coincide with the practitioner's birthday.

(3) After the initial conversion to a staggered system, practitioners will annually renew their credential on their birthday at the current renewal rate.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-907-995, filed 2/13/98, effective 3/16/98.]

Chapter 246-915 WAC
PHYSICAL THERAPISTS

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-915-015 Examination appeal procedures. [Statutory Authority: RCW 18.74.023. 92-08-039 (Order 259B), § 246-915-015, filed 3/24/92, effective 4/24/92; 91-05-094 (Order 144B), § 246-915-015, filed 2/20/91, effective 3/23/91.] Repealed by 92-16-082 (Order 294B), filed 8/4/92, effective 9/4/92. Statutory Authority: RCW 18.74.023.

246-915-060 Applications. [Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-060, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.74.023(3). 88-23-014 (Order PM 789), § 308-42-090, filed 11/7/88.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-915-080 Renewal of license. [Statutory Authority: RCW 18.74.023. 93-04-081 (Order 328B), § 246-915-080, filed 2/1/93, effective 3/4/93; 91-05-094 (Order 144B), § 246-915-080, filed 2/20/91, effective 3/23/91; 91-02-011 (Order 103B), recodified as § 246-915-080, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.74.023(3). 89-21-008, § 308-42-120, filed 10/6/89, effective 11/6/89; 88-23-014 (Order PM 789), § 308-42-120, filed 11/7/88. Statutory Authority: RCW 18.74.023. 84-03-055 (Order PL 455), § 308-42-120, filed 1/18/84. Statutory Authority: RCW 43.24.140. 80-04-057 (Order 337), § 308-42-120, filed 3/24/80.] Repealed by 97-20-103, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.280.

246-915-090 Change of address or name—Notification of department. [Statutory Authority: RCW 18.74.023. 94-05-014 (Order 403B), § 246-915-090, filed 2/4/94, effective 3/7/94; 91-02-011 (Order 103B), recodified as § 246-915-090, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.74.023(3). 89-21-009, § 308-42-121, filed 10/6/89, effective 11/6/89.] Repealed by 97-20-103, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.280.

WAC 246-915-010 Definitions. For the purposes of administering chapter 18.74 RCW, the following terms are to be construed as set forth herein:

(1) The "performance of tests of neuromuscular function" includes the performance of electroneuromyographic examinations.

(2) "Consultation" means a communication regarding a patient's evaluation and proposed treatment plan with an authorized health care practitioner.

(3) "Supervisor" shall mean the licensed physical therapist.

(4) "Physical therapist assistant" shall mean a graduate of an approved school of physical therapy who is eligible for licensure but has not been licensed to practice physical therapy in Washington state, or an individual who has received an associate degree as a physical therapist assistant from an approved school.

(5) "Physical therapist aide" shall mean an individual who shall have received on-the-job training from a physical therapist.

(6) "Immediate supervision" shall mean the supervisor is in audible or visual range of the patient and the person treating the patient.

(7) "Direct supervision" shall mean the supervisor is on the premises, is quickly and easily available and the patient has been examined by the physical therapist at such time as acceptable physical therapy practice requires, consistent with the delegated health care task.

(8) "Indirect supervision" shall mean the supervisor is not on the premises, but has given either written or oral instructions for treatment of the patient and the patient has been examined by the physical therapist at such time as acceptable health care practice requires, and consistent with the particular delegated health care task.

(9) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(10) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(11) "Spinal manipulation" or "manipulative mobilization" is defined as movement beyond the normal physiological range of motion.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-915-010, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.74.023. 92-08-039 (Order 259B), § 246-915-010, filed 3/24/92, effective 4/24/92; 91-05-094 (Order 144B), § 246-915-010, filed 2/20/91, effective 3/23/91; 91-02-011 (Order 103B), recodified as § 246-915-010, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.74.023(3). 89-21-007, § 308-42-010, filed 10/6/89, effective 11/6/89; 88-23-014 (Order PM 789), § 308-42-010, filed 11/7/88. Statutory Authority: RCW 18.74.023. 84-13-057 (Order PL 471), § 308-42-010, filed 6/19/84; Order PL 191, § 308-42-010, filed 5/29/75; Order 704207, § 308-42-010, filed 8/7/70, effective 9/15/70.]

WAC 246-915-020 Examinations—When held. (1) Examinations of applicants for licensure as physical therapists shall be held at least twice a year at the time and location prescribed by the board.

(2) Physical therapy students in their last year may apply for licensure by examination prior to graduation under the following circumstances:

(a) Receipt of a letter from an official, of their physical therapy school, verifying the probability of graduation prior to the date of the examination for which they are applying.

(b) Results of the examination will be withheld until a diploma, official transcript or certification letter from the registrar's office certifying completion of all requirements for degree or certificate in physical therapy is received by the department.

(3) Applicants who do not pass the examination after two attempts shall demonstrate evidence satisfactory to the board of having successfully completed clinical training and/or coursework as determined by the board before being permitted two additional attempts.

[Statutory Authority: RCW 18.74.023. 93-04-081 (Order 328B), § 246-915-020, filed 2/1/93, effective 3/4/93; 91-02-011 (Order 103B), recodified as § 246-915-020, filed 12/21/90, effective 1/31/91; 87-08-065 (Order PM 644), § 308-42-040, filed 4/1/87; 84-03-055 (Order PL 455), § 308-42-040, filed 1/18/84. Statutory Authority: RCW 18.74.020. 83-05-032 (Order PL 426), § 308-42-040, filed 2/10/83; 79-05-035 (Order PL 302), § 308-42-040, filed 4/24/79; Order PL 191, § 308-42-040, filed 5/29/75; Order 704207, § 308-42-040, filed 8/7/70, effective 9/15/70.]

WAC 246-915-030 Examination. (1) The examination acceptable to and approved for use under the provisions of RCW 18.74.035 shall be the examination for physical therapists as reviewed and approved by the board of physical therapy. A passing score is considered to be one of the following:

(a) Beginning November 8, 1995, the criterion referenced passing point recommended by the Federation of State Boards of Physical Therapy for the examination approved by the board. The passing point shall be set to equal a scaled score of 600 based on a scale ranging from 200 to 800.

(b) Beginning February 28, 1991, through July 12, 1995, not less than sixty-eight percent of the raw score for the examination approved by the board; or

(c) Prior to February 28, 1991, not less than sixty percent raw score on each of the three examination parts for the examination approved by the board.

(2) If a candidate fails to receive a passing score on the examination, he or she will be required to retake the examination.

(3) Where necessary, applicant's score will be rounded off to the nearest whole number.

[Statutory Authority: RCW 18.74.023. 96-13-008, § 246-915-030, filed 6/6/96, effective 6/7/96; 92-16-082 (Order 294B), § 246-915-030, filed 8/4/92, effective 9/4/92; 91-14-006 (Order 178B), § 246-915-030, filed 6/21/91, effective 7/22/91; 91-05-094 (Order 144B), § 246-915-030, filed 2/20/91, effective 3/23/91; 91-02-011 (Order 103B), recodified as § 246-915-030, filed 12/21/90, effective 1/31/91. Statutory Authority: Chapter 18.74 RCW. 90-16-070 (Order 074), § 308-42-045, filed 7/30/90, effective 8/30/90. Statutory Authority: RCW 18.74.023. 86-19-063 (Order PM 619), § 308-42-045, filed 9/16/86; 84-17-032 (Order PL 477), § 308-42-045, filed 8/8/84. Statutory Authority: RCW 18.74.020. 83-05-032 (Order PL 426), § 308-42-045, filed 2/10/83; 81-19-071 (Order PL 384), § 308-42-045, filed 9/15/81; Order PL 191, § 308-42-045, filed 5/29/75.]

WAC 246-915-040 Licensure by endorsement—Applicants from approved schools. (1) Before licensure by endorsement is extended to any individual licensed to practice physical therapy under the law of another state, territory, or District of Columbia, the applicant shall have graduated from a board approved school, shall have taken the examination for physical therapy and shall have achieved a passing score approved by the board.

(2) If the decision to extend licensure by endorsement is based on an examination other than the examination approved in WAC 246-915-030(1), the board shall determine if such examination is equivalent to that required by the laws of this state.

(3) The board shall not recommend to the secretary that a person be licensed as a physical therapist under the licensure by endorsement provisions of RCW 18.74.060, unless said applicant shall have taken and passed the examination approved by the board, or other examination equivalent to that required by the laws of this state.

(4) If a licensee has not worked in physical therapy in the last two years, the applicant may be granted licensure by endorsement under the following conditions:

(a) The board may require reexamination of an applicant who has not been actively engaged in lawful practice in another state or territory; or

(b) Waive reexamination in favor of evidence of continuing education satisfactory to the board.

[Statutory Authority: RCW 18.74.023. 94-05-014 (Order 403B), § 246-915-040, filed 2/4/94, effective 3/7/94; 91-05-094 (Order 144B), § 246-915-040, filed 2/20/91, effective 3/23/91; 91-02-011 (Order 103B), recodified as § 246-915-040, filed 12/21/90, effective 1/31/91. Statutory Authority: Chapter 18.74 RCW. 90-16-070 (Order 074), § 308-42-060, filed 7/30/90, effective 8/30/90. Statutory Authority: RCW 18.74.023. 86-19-063 (Order PM 619), § 308-42-060, filed 9/16/86; 84-17-032 (Order PL 477), § 308-42-060, filed 8/8/84. Statutory Authority: RCW 18.74.020. 83-05-032 (Order PL 426), § 308-42-060, filed 2/10/83; 81-19-071 (Order PL 384), § 308-42-060,

filed 9/15/81; Order PL 191, § 308-42-060, filed 5/29/75; Order 704207, § 308-42-060, filed 8/7/70, effective 9/15/70.]

WAC 246-915-050 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, and the practitioner has been in active practice in another United States jurisdiction, the practitioner must:

(a) Submit verification of active practice from any other United States jurisdiction;

(b) Meet the requirements of chapter 246-12 WAC, Part 2.

(3) If the license has expired for over three years, and the practitioner has not been in active practice in another United States jurisdiction, the practitioner must:

(a) Successfully pass the examination as provided in RCW 18.74.035. The board may waive reexamination in favor of evidence of continuing competency satisfactory to the board;

(b) Must meet the requirements of chapter 246-12 WAC, Part 2.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-915-050, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.74.023. 94-05-014 (Order 403B), § 246-915-050, filed 2/4/94, effective 3/7/94; 91-05-094 (Order 144B), § 246-915-050, filed 2/20/91, effective 3/23/91; 91-02-011 (Order 103B), recodified as § 246-915-050, filed 12/21/90, effective 1/31/91; 84-03-055 (Order PL 455), § 308-42-070, filed 1/18/84. Statutory Authority: RCW 18.74.020. 83-05-032 (Order PL 426), § 308-42-070, filed 2/10/83.]

WAC 246-915-070 Application due date. All examination applications must be submitted no later than sixty days prior to the examination.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-070, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.74.020. 79-05-035 (Order PL 302), § 308-42-110, filed 4/24/79.]

WAC 246-915-075 Temporary permits—Issuance and duration. (1) Unless there is a basis for denial of a physical therapy license, an applicant who is licensed in another jurisdiction shall be issued a temporary practice permit after receipt of the following documentation by the department of health:

(a) Submission of a completed physical therapy license application on which the applicant indicates that he or she wishes to receive a temporary practice permit;

(b) Payment of the application fee and temporary practice permit fee;

(c) Submission of all required supporting documentation as described in the application forms and instructions provided by the department of health, excepting the seven hour AIDS education requirement as described in WAC 246-915-110.

(2) Applicants wishing to receive a temporary practice permit shall be granted an additional ninety days to complete the AIDS education requirement; however, issuance of a physical therapy license is contingent upon evidence of having met this requirement.

(3) The temporary permit shall expire upon the issuance of a license by the board; initiation of an investigation by the board of the applicant; or ninety days, whichever occurs first.

(4) An applicant who receives a temporary practice permit and who does not complete the application process may not receive additional temporary practice permits even upon submission of a new application in the future.

[Statutory Authority: RCW 18.74.023. 92-16-082 (Order 294B), § 246-915-075, filed 8/4/92, effective 9/4/92.]

WAC 246-915-078 Interim permits. An applicant who has not previously taken the physical therapy examination may be eligible for an interim permit under RCW 18.74.075 upon submission of the following:

(1) Payment of the application fee and interim permit fee;

(2) Evidence of having obtained a physical therapy degree from a board approved school;

(3) Completed physical therapy license application on which the applicant:

(a) Requests to be scheduled for the first examination for which he or she is eligible no later than sixty days before the date of the examination;

(b) Requests to receive an interim permit;

(c) Provides the name, location and telephone number of his or her place of employment;

(d) Provides the name and license number of his or her licensed supervising physical therapist; and

(e) Provides written confirmation from the licensed supervising physical therapist attesting that he or she will:

(i) Ensure that a licensed physical therapist will remain on the premises at all times to provide "graduate supervision" as specified in RCW 18.74.075;

(ii) Report to the board any change in supervision or any change in location where services are to be provided;

(iii) Ensure that the holder of the interim permit wears a badge identifying his or her clinical title and/or role in the facility as a graduate physical therapist; and

(iv) Ensure that the holder of the interim permit ceases practice immediately upon notification of examination failure; or

(v) Ensure that the holder of the interim permit obtains his or her physical therapy license immediately upon notification of having passed the examination.

[Statutory Authority: RCW 18.74.023. 94-05-014 (Order 403B), § 246-915-078, filed 2/4/94, effective 3/7/94.]

WAC 246-915-085 Continuing competency. Evidence of continuing competency in the form of continuing education and employment related to physical therapy must be submitted every two years. Licensees born in even numbered years shall submit their continuing competency record form with license renewal every even numbered year. Licensees born in odd numbered years shall submit their continuing competency record form with license renewal every odd numbered year.

(1) Education - Licensed physical therapists must complete 40 hours of continuing education every two years as required in chapter 246-12 WAC, Part 7.

(a) Continuing education specifically relating to the practice of physical therapy.

(i) Participation in a course with specific goals and objectives relating to the practice of physical therapy;

(ii) Cassette tape, video tape, and/or book review;

(iii) Correspondence coursework completed.

(2) Physical therapy employment - 200 hours specifically relating to physical therapy.

(3) Licensees shall maintain records of all activities relating to continuing education and professional experience for a period of seven years. Acceptable documentation shall mean:

(a) Continuing education. Certificates of completion, course sponsors, goals and objectives of the course, dates of attendance and total contact hours, for all continuing education being reported.

(b) Cassette tape, video tape, and/or book review. A two page synopsis of each item reviewed must be written by the licensee.

(c) Correspondence coursework completed. Course description and/or syllabus and copies of the completed and scored examination must be kept on file by the licensee.

(d) Physical therapy employment. Certified copies of employment records or proof acceptable to the board of physical therapy employment for the hours being reported.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-915-085, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.74.023. 94-05-014 (Order 403B), § 246-915-085, filed 2/4/94, effective 3/7/94.]

WAC 246-915-100 Approved physical therapy schools. The board adopts the standards of the American Physical Therapy Association for the approval of physical therapy schools. Individuals who have a baccalaureate degree in physical therapy or who have a baccalaureate degree and a certificate or advanced degree from an institution of higher learning accredited by the American Physical Therapy Association will be considered qualified under RCW 18.74.-030(2).

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-100, filed 12/21/90, effective 1/31/91; 85-10-002 (Order PL 525), § 308-42-122, filed 4/18/85.]

WAC 246-915-110 AIDS education and training. Applicants must complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-915-110, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.74.023. 91-05-094 (Order 144B), § 246-915-110, filed 2/20/91, effective 3/23/91; 91-02-011 (Order 103B), recodified as § 246-915-110, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.74.023(3). 88-23-014 (Order PM 789), § 308-42-123, filed 11/7/88.]

WAC 246-915-120 Applicants from unapproved schools. Applicants who have not graduated from a physical therapy program approved by the board must have a valid, unencumbered license to practice physical therapy in the country in which the physical therapy education was obtained must have graduated from a program of physical therapy education with requirements substantially equal to those required of graduates of board approved schools, and must submit an application for review by the board. Supporting documentation will include but not be limited to:

(1) Official transcript from the physical therapy program showing degree date;

(2) Evaluation report of transcripts from a credentialing service approved by the board.

(3) Verification that English is the national language of the country where the physical therapy program is located and the physical therapy program employs English as the language of training; or achieved a score of not less than five hundred fifty on the test of English as a foreign language (TOEFL); and that the applicant has a score of not less than two hundred thirty on the test of spoken English (TSE);

(4) Verification of a valid, unencumbered license or authorization to practice physical therapy from the country in which the physical therapy education was obtained.

[Statutory Authority: RCW 18.74.023. 94-05-014 (Order 403B), § 246-915-120, filed 2/4/94, effective 3/7/94; 93-04-081 (Order 328B), § 246-915-120, filed 2/1/93, effective 3/4/93; 92-08-039 (Order 259B), § 246-915-120, filed 3/24/92, effective 4/24/92; 91-02-011 (Order 103B), recodified as § 246-915-120, filed 12/21/90, effective 1/31/91; 84-13-057 (Order PL 471), § 308-42-125, filed 6/19/84.]

WAC 246-915-130 Initial evaluation—Referral—Nonreferral—Recommendations—Follow-up. (1) Initial evaluation of a patient shall include history, chief complaint, examination, and recommendation for treatment.

(2) Direct referral of a patient by an authorized health care practitioner may be by telephone, letter, or in person: Provided, however, If the instructions are oral, the physical therapist may administer treatment accordingly, but must make a notation for his/her record describing the nature of the treatment, the date administered, the name of the person receiving treatment, and the name of the referring authorized health care practitioner.

(3) The physical therapist will follow-up each patient visit with the appropriate recordkeeping as defined in WAC 246-915-200.

[Statutory Authority: RCW 18.74.023. 91-05-094 (Order 144B), § 246-915-130, filed 2/20/91, effective 3/23/91; 91-02-011 (Order 103B), recodified as § 246-915-130, filed 12/21/90, effective 1/31/91; 84-13-057 (Order PL 471), § 308-42-130, filed 6/19/84.]

WAC 246-915-140 Delineation of responsibilities—Supportive personnel. A physical therapist is professionally and legally responsible for patient care given by supportive personnel under the physical therapist's supervision. If a physical therapist fails to adequately supervise patient care given by supportive personnel, the board may take disciplinary action against the physical therapist. Supervision of supportive personnel requires that the physical therapist perform the following activities:

(1) Provide initial evaluation of the patient.

(2) Develop a treatment plan and program, including treatment goals.

(3) Assess the competence of supportive personnel to perform assigned tasks.

(4) Select and delegate appropriate portions of the treatment plan and program.

(5) Direct and supervise supportive personnel in delegated functions.

(6) Reevaluate the patient and adjust the treatment plan as acceptable physical therapy practice requires, consistent with the delegated health care task.

(7) Document sufficient in-service training and periodic evaluation of performance to assure safe performance of the tasks assigned to supportive personnel.

(8) Provide discharge planning.

[Statutory Authority: RCW 18.74.023. 94-05-014 (Order 403B), § 246-915-140, filed 2/4/94, effective 3/7/94; 91-05-094 (Order 144B), § 246-915-140, filed 2/20/91, effective 3/23/91; 91-02-011 (Order 103B), recodified as § 246-915-140, filed 12/21/90, effective 1/31/91; 84-17-032 (Order PL 477), § 308-42-135, filed 8/8/84.]

WAC 246-915-150 Physical therapist assistant and physical therapy aide supervision ratio. The number of full-time equivalent physical therapist assistants and aides utilized in any physical therapy practice shall not exceed twice in number the full-time equivalent licensed physical therapists practicing therein.

[Statutory Authority: RCW 18.74.023. 92-08-039 (Order 259B), § 246-915-150, filed 3/24/92, effective 4/24/92; 91-05-094 (Order 144B), § 246-915-150, filed 2/20/91, effective 3/23/91; 91-02-011 (Order 103B), recodified as § 246-915-150, filed 12/21/90, effective 1/31/91; 85-11-049 (Order PL 531), § 308-42-136, filed 5/16/85.]

WAC 246-915-160 Personnel identification. (1) Each person shall wear identification showing his or her clinical title, and/or role in the facility as a physical therapist, a physical therapist assistant, [or] a physical therapy aide, or a graduate physical therapist as appropriate. Supportive personnel shall not use any term or designation which indicates or implies that he or she is licensed in the state of Washington.

(2) The license or interim permit[,] or a certified copy of the license or interim permit shall be posted in a safe, conspicuous location at the licensee's work site. The licensee's address may be blocked out before posting the license or interim permit.

[Statutory Authority: RCW 18.74.023. 94-05-014 (Order 403B), § 246-915-160, filed 2/4/94, effective 3/7/94; 91-05-094 (Order 144B), § 246-915-160, filed 2/20/91, effective 3/23/91; 91-02-011 (Order 103B), recodified as § 246-915-160, filed 12/21/90, effective 1/31/91; 84-13-057 (Order PL 471), § 308-42-140, filed 6/19/84.]

Reviser's note: RCW 34.05.395 requires the use of underlining and deletion marks to indicate amendments to existing rules, and deems ineffectual changes not filed by the agency in this manner. The bracketed material in the above section does not appear to conform to the statutory requirement.

WAC 246-915-170 Special requirements for physical therapist assistant utilization. The physical therapist assistant may function under immediate, direct or indirect supervision if the following requirements are met:

(1) Patient reevaluation must be performed by a supervising licensed physical therapist every five visits, or if treatment is performed more than once a day, reevaluation must be performed at least once a week.

(2) Any change in the patient's condition not consistent with planned progress or treatment goals necessitates a reevaluation by the licensed physical therapist before further treatment is carried out.

[Statutory Authority: RCW 18.74.023. 91-05-094 (Order 144B), § 246-915-170, filed 2/20/91, effective 3/23/91; 91-02-011 (Order 103B), recodified as § 246-915-170, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.74.023(3). 89-19-007 (Order PM 859), § 308-42-145, filed 9/8/89, effective 10/9/89. Statutory Authority: RCW 18.74.023. 84-17-032 (Order PL 477), § 308-42-145, filed 8/8/84.]

WAC 246-915-180 Professional conduct principles. (1) The patient's lawful consent is to be obtained before any information related to the patient is released, except to the consulting or referring authorized health care practitioner and/or authorized governmental agency(s).

(a) Physical therapists are responsible for answering legitimate inquiries regarding a patient's physical dysfunction and treatment progress, and

(b) Information is to be provided to insurance companies for billing purposes only.

(2) Physical therapists are not to compensate to give anything of value to a representative of the press, radio, television, or other communication medium in anticipation of, or in return for, professional publicity in a news item. A paid advertisement is to be identified as such unless it is apparent from the context it is a paid advertisement.

(3) It is the licensee's responsibility to report any unprofessional, incompetent or illegal acts which are in violation of chapter 18.74 RCW or any rules established by the board.

(4) It is the licensee's responsibility to recognize the boundaries of his or her own professional competencies and that he or she uses only those in which he or she can prove training and experience.

(5) Physical therapists shall recognize the need for continuing education and shall be open to new procedures and changes.

(6) It is the licensee's responsibility to represent his or her academic credentials in a way that is not misleading to the public.

(7) It is the responsibility of the physical therapist to refrain from undertaking any activity in which his or her personal problems are likely to lead to inadequate performance or harm to a client and/or colleague.

(8) A physical therapist shall not use or allow to be used any form of public communication or advertising connected with his or her profession or in his or her professional capacity as a physical therapist which:

(a) Is false, fraudulent, deceptive, or misleading;

(b) Uses testimonials;

(c) Guarantees any treatment or result;

(d) Makes claims of professional superiority.

(9) Physical therapists are to recognize that each individual is different from all other individuals and to be tolerant of and responsive to those differences.

[Statutory Authority: RCW 18.74.023. 92-08-039 (Order 259B), § 246-915-180, filed 3/24/92, effective 4/24/92; 91-05-094 (Order 144B), § 246-915-180, filed 2/20/91, effective 3/23/91; 91-02-011 (Order 103B), recodified as § 246-915-180, filed 12/21/90, effective 1/31/91; 84-13-057 (Order PL 471), § 308-42-150, filed 6/19/84.]

WAC 246-915-185 Standards for appropriateness of physical therapy care. (1) Appropriate, skilled physical therapy treatment is treatment which is reasonable in terms of accepted physical therapy practice, and necessary to recovery of function by the patient. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct,

provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed.

(2) Appropriate physical therapy services must be of such a level of complexity and sophistication, or the condition of the patient must be such, that the services required can be safely and effectively performed only by a qualified physical therapist, or under supervision of a qualified physical therapist.

[Statutory Authority: RCW 18.74.023. 92-08-039 (Order 259B), § 246-915-185, filed 3/24/92, effective 4/24/92.]

WAC 246-915-190 Division of fees—Rebating—Financial interest—Endorsement. (1) Physical therapists are not to directly or indirectly request, receive or participate in the dividing, transferring, assigning, rebating or refunding of an unearned fee, or to profit by means of a credit or other valuable consideration such as an unearned commission, discount, or gratuity in connection with the furnishing of physical therapy services.

(2) Physical therapists who practice physical therapy as partners or in other business entities may pool fees and moneys received, either by the partnership or other entity, for the professional services furnished by any physical therapist member or employee of the partnership or entity. Physical therapists may divide or apportion the fees and moneys received by them, in the partnership or other business entity, in accordance with the partnership or other agreement.

(3) There shall be no rebate to any health care practitioner who refers or authorizes physical therapy treatment or evaluation as prohibited by chapter 19.68 RCW.

(4) Physical therapists are not to influence patients to rent or purchase any items which are not necessary for the patient's care.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-190, filed 12/21/90, effective 1/31/91; 84-13-057 (Order PL 471), § 308-42-155, filed 6/19/84.]

WAC 246-915-200 Physical therapy records. In order to maintain the integrity of physical therapy practice, the physical therapist is responsible for obtaining all necessary information, such as medical history, contraindications or, any special instructions from an authorized health care practitioner. The evaluation and treatment plan shall be written according to acceptable physical therapy practice consistent with the delegated health care task. Records must be maintained and include date of treatment, treatment record, and signature of person responsible for the treatment.

[Statutory Authority: RCW 18.74.023. 92-08-039 (Order 259B), § 246-915-200, filed 3/24/92, effective 4/24/92; 91-02-011 (Order 103B), recodified as § 246-915-200, filed 12/21/90, effective 1/31/91; 84-17-032 (Order PL 477), § 308-42-160, filed 8/8/84.]

WAC 246-915-210 General provisions. (1) "Unprofessional conduct" as used in these regulations shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Board" means the physical therapy board, whose address is:

Department of Health
1300 Quince Street
Olympia, WA 98504

(5) "Physical therapist" means a person licensed pursuant to chapter 18.74 RCW.

(6) "Mentally or physically disabled physical therapist" means a physical therapist who has either been determined by a court to be mentally incompetent or mentally ill or who is unable to practice physical therapy with reasonable skill and safety to patients by reason of any mental or physical condition.

[Statutory Authority: RCW 18.74.023. 91-05-094 (Order 144B), § 246-915-210, filed 2/20/91, effective 3/23/91; 91-02-011 (Order 103B), recodified as § 246-915-210, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 87-18-040 (Order PM 675), § 308-42-210, filed 8/28/87.]

WAC 246-915-220 Mandatory reporting. (1) All reports required by these regulations shall be submitted to the board as soon as possible, but no later than sixty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address and telephone number of the person making the report.

(b) The name and address and telephone numbers of the physical therapist being reported.

(c) The case number of any patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid the evaluation of the report.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-220, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 87-18-040 (Order PM 675), § 308-42-220, filed 8/28/87.]

WAC 246-915-230 Health care institutions. The chief administrator or executive officer of any hospital or nursing home shall report to the board when any physical therapist's services are terminated or are restricted based on a determination that the physical therapist has either committed an act or acts which may constitute unprofessional conduct or that the physical therapist may be mentally or physically disabled.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-230, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 87-18-040 (Order PM 675), § 308-42-230, filed 8/28/87.]

WAC 246-915-240 Physical therapy associations or societies. The president or chief executive officer of any physical therapy association or society within this state shall report to the board when an association or society determines that a physical therapist has committed unprofessional conduct or that a physical therapist may not be able to practice

physical therapy with reasonable skill and safety to patients as the result of any mental or physical condition and constitutes an apparent risk to the public health, safety or welfare. The report required by this subsection shall be made without regard to whether the license holder appeals, accepts or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-240, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 87-18-040 (Order PM 675), § 308-42-240, filed 8/28/87.]

WAC 246-915-250 Health care service contractors and disability insurance carriers. The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A and 48.44 RCW operating in the state of Washington, shall report to the board all final determinations that a physical therapist has engaged in overcharging for services or has engaged in overutilization of services or has charged fees for services not actually provided.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-250, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 87-18-040 (Order PM 675), § 308-42-250, filed 8/28/87.]

WAC 246-915-260 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to physical therapists shall send a complete report of any malpractice settlement, award or payment as a result of a claim or action for damages alleged to have been caused by an insured physical therapist's incompetency or negligence in the practice of physical therapy.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-260, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 87-18-040 (Order PM 675), § 308-42-260, filed 8/28/87.]

WAC 246-915-270 Courts. The board requests the assistance of all clerks of trial courts within the state to report all professional malpractice judgments and all convictions of licensed physical therapists, other than minor traffic violations.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-270, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 87-18-040 (Order PM 675), § 308-42-270, filed 8/28/87.]

WAC 246-915-280 State and federal agencies. The board requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a physical therapist is employed to provide patient care services, to report to the board whenever such a physical therapist has been judged to have demonstrated his/her incompetency or negligence in the practice of physical therapy, or has otherwise committed unprofessional conduct; or is a mentally or physically disabled physical therapist.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-280, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 87-18-040 (Order PM 675), § 308-42-280, filed 8/28/87.]

WAC 246-915-300 Philosophy governing voluntary substance abuse monitoring programs. The board recognizes the need to establish a means of proactively providing early recognition and treatment options for physical therapists whose competency may be impaired due to the abuse of drugs or alcohol. The board intends that such physical therapists be treated and their treatment monitored so that they can return to or continue to practice their profession in a way which safeguards the public. To accomplish this the board shall approve voluntary substance abuse monitoring programs and shall refer physical therapists impaired by substance abuse to approved programs as an alternative to instituting disciplinary proceedings as defined in RCW 18.130.160.

[Statutory Authority: RCW 18.74.023. 91-14-006 (Order 178B), § 246-915-300, filed 6/21/91, effective 7/22/91.]

WAC 246-915-310 Terms used in WAC 246-915-300 through 246-915-330. (1) "Approved substance abuse monitoring program" or "approved monitoring program" is a program the board has determined meets the requirements of the law and the criteria established by the board in WAC 246-915-320 which enters into a contract with physical therapists who have substance abuse problems regarding the required components of the physical therapist's recovery activity and oversees the physical therapist's compliance with these requirements. Substance abuse monitoring programs do not provide evaluation or treatment to participating physical therapists.

(2) "Contract" is a comprehensive, structured agreement between the recovering physical therapist and the approved monitoring program stipulating the physical therapist's consent to comply with the monitoring program and its required components of the physical therapist's recovery activity.

(3) "Approved treatment facility" is a facility approved by the bureau of alcohol and substance abuse, department of social and health services according to RCW 70.96A.020(2) or 69.54.030 to provide intensive alcoholism or drug treatment if located within Washington state. Drug and alcohol treatment programs located out-of-state must be equivalent to the standards required for approval under RCW 70.96A.020(2) or 69.54.030.

(4) "Substance abuse" means the impairment, as determined by the board, of a physical therapist's professional services by an addiction to, a dependency on, or the use of alcohol, legend drugs, or controlled substances.

(5) "Aftercare" is that period of time after intensive treatment that provides the physical therapist and the physical therapist's family with group or individual counseling sessions, discussions with other families, ongoing contact and participation in self-help groups and ongoing continued support of treatment program staff.

(6) "Support group" is a group of health care professionals meeting regularly to support the recovery of its members. The group provides a confidential setting with a trained and experienced health care professional facilitator in which physical therapists may safely discuss drug diversion, licensure issues, return to work and other professional issues related to recovery.

(7) "Twelve steps groups" are groups such as alcoholics anonymous, narcotics anonymous, and related organizations based on a philosophy of anonymity, belief in a power outside of oneself, a peer group association, and self-help.

(8) "Random drug screens" are laboratory tests to detect the presence of drugs of abuse in body fluids which are performed at irregular intervals not known in advance by the person being tested.

(9) "Health care professional" is an individual who is licensed, certified or registered in Washington to engage in the delivery of health care to patients.

[Statutory Authority: RCW 18.74.023. 91-14-006 (Order 178B), § 246-915-310, filed 6/21/91, effective 7/22/91.]

WAC 246-915-320 Approval of substance abuse monitoring programs. The board will approve the monitoring program(s) which will participate in the board's substance abuse monitoring program. A monitoring program approved by the board may be contracted with an entity outside the department but within the state, out-of-state, or a separate structure within the department.

(1) The approved monitoring program will not provide evaluation or treatment to the participating physical therapists.

(2) The approved monitoring program staff must have the qualifications and knowledge of both substance abuse and the practice of physical therapy as defined in this chapter to be able to evaluate:

(a) Clinical laboratories;

(b) Laboratory results;

(c) Providers of substance abuse treatment, both individuals and facilities;

(d) Support groups;

(e) The physical therapy work environment; and

(f) The ability of the physical therapist to practice with reasonable skill and safety.

(3) The approved monitoring program will enter into a contract with the physical therapist and the board to oversee the physical therapist's compliance with the requirements of the program.

(4) The approved monitoring program may make exceptions to individual components of the contract on an individual basis.

(5) The approved monitoring program staff will determine, on an individual basis, whether a physical therapist will be prohibited from engaging in the practice of physical therapy for a period of time and restrictions, if any, on the physical therapist's access to controlled substances in the work place.

(6) The approved monitoring program shall maintain records on participants.

(7) The approved monitoring program will be responsible for providing feedback to the physical therapist as to whether treatment progress is acceptable.

(8) The approved monitoring program shall report to the board any physical therapist who fails to comply with the requirement of the monitoring program.

(9) The approved monitoring program shall receive from the board guidelines on treatment, monitoring, and limitations on the practice of physical therapy for those participating in the program.

[Statutory Authority: RCW 18.74.023. 91-14-006 (Order 178B), § 246-915-320, filed 6/21/91, effective 7/22/91.]

WAC 246-915-330 Participation in approved substance abuse monitoring program. (1) In lieu of disciplinary action, the physical therapist may accept board referral into the approved substance abuse monitoring program.

(a) The physical therapist shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by health care professional(s) with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The physical therapist shall enter into a contract with the board and the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The physical therapist will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The physical therapist will agree to remain free of all mind-altering substances including alcohol except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101.

(iii) The physical therapist must complete the prescribed aftercare program of the intensive treatment facility, which may include individual and/or group psychotherapy.

(iv) The physical therapist must cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment, prognosis and goals.

(v) The physical therapist will submit to random drug screening as specified by the approved monitoring program.

(vi) The physical therapist will attend support groups facilitated by a health care professional and/or twelve step group meetings as specified by the contract.

(vii) The physical therapist will comply with specified employment conditions and restrictions as defined by the contract.

(viii) The physical therapist shall sign a waiver allowing the approved monitoring program to release information to the board if the physical therapist does not comply with the requirements of this contract.

(c) The physical therapist is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, and random drug screens.

(d) The physical therapist may be subject to disciplinary action under RCW 18.130.160 if the physical therapist does not consent to be referred to the approved monitoring program, does not comply with specified employment restrictions, or does not successfully complete the program.

(2) A physical therapist who is not being investigated by the board or subject to current disciplinary action or currently being monitored by the board for substance abuse may voluntarily participate in the approved substance abuse monitoring program without being referred by the board. Such voluntary participants shall not be subject to disciplinary action under RCW 18.130.160 for their substance abuse, and shall not

have their participation made known to the board if they meet the requirements of the approved monitoring program:

(a) The physical therapist shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by health care professional(s) with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The physical therapist shall enter into a contract with the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The physical therapist will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The physical therapist will agree to remain free of all mind-altering substances including alcohol except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101.

(iii) The physical therapist must complete the prescribed aftercare program of the intensive treatment facility, which may include individual and/or group psychotherapy.

(iv) The physical therapist must cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment, prognosis and goals.

(v) The physical therapist will submit to random drug screening as specified by the approved monitoring program.

(vi) The physical therapist will attend support groups facilitated by a health care professional and/or twelve step group meetings as specified by the contract.

(vii) The physical therapist will comply with employment conditions and restrictions as defined by the contract.

(viii) The physical therapist shall sign a waiver allowing the approved monitoring program to release information to the board if the physical therapist does not comply with the requirements of this contract.

(c) The physical therapist is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, and random drug screens.

(3) The treatment and pretreatment records of license holders referred to or voluntarily participating in approved monitoring programs shall be confidential, shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena or admissible as evidence except for monitoring records reported to the disciplinary authority for cause as defined in subsections (1) and (2) of this section. Records held by the board under this section shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena except by the license holder.

[Statutory Authority: RCW 18.74.023. 91-14-006 (Order 178B), § 246-915-330, filed 6/21/91, effective 7/22/91.]

WAC 246-915-340 Adjudicative proceedings. The board adopts the model procedural rules for adjudicative proceedings as adopted by the department of health and contained in chapter 246-11 WAC, including subsequent amendments.

[Statutory Authority: RCW 18.74.023. 94-05-014 (Order 403B), § 246-915-340, filed 2/4/94, effective 3/7/94.]

WAC 246-915-990 Physical therapy fees 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	$100.00
License renewal	65.00
Late renewal penalty	50.00
Expired license reissuance	50.00
Duplicate license	15.00
Certification	25.00

[Statutory Authority: RCW 43.70.250. 99-08-101, § 246-915-990, filed 4/6/99, effective 7/1/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-915-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.250. 91-13-002 (Order 173), § 246-915-990, filed 6/6/91, effective 7/7/91; 91-05-004 (Order 128), § 246-915-990, filed 2/7/91, effective 3/10/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-915-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.24.086. 87-10-028 (Order PM 650), § 308-42-075, filed 5/1/87. Statutory Authority: 1983 c 168 § 12. 83-17-031 (Order PL 442), § 308-42-075, filed 8/10/83. Formerly WAC 308-42-100.]

Chapter 246-918 WAC

PHYSICIAN ASSISTANTS—MEDICAL QUALITY ASSURANCE COMMISSION

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-918-006 Refunds. [Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-006, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-006, filed 6/3/92, effective 7/4/92.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-918-008 Brief adjudicative proceedings—Denials based on failure to meet education, experience, or examination prerequisites for licensure. [Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-008, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-

008, filed 6/3/92, effective 7/4/92.] Repealed by 98-09-118, filed 4/22/98, effective 5/23/98. Statutory Authority: RCW 18.71.017.

246-918-009 Adjudicative proceedings. [Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-009, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71A.020 and 18.71.060. 93-21-016, § 246-918-009, filed 10/11/93, effective 11/11/93.] Repealed by 98-09-118, filed 4/22/98, effective 5/23/98. Statutory Authority: RCW 18.71.017.

246-918-020 Physicians' assistants—Scope of jurisdiction. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-020, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 78-04-029 (Order PL 285, Resolution No. 78-140), § 308-52-136, filed 3/14/78.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.

246-918-040 Emergency narcotic administration. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-040, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 81-03-078 (Order PL 368), § 308-52-132, filed 1/21/81.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.

246-918-060 Physician assistants—Program approval. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-060, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 88-06-008 (Order PM 706), § 308-52-138, filed 2/23/88; 85-03-083 (Order PL 507), § 308-52-138, filed 1/18/85; 83-03-031 (Order PL 421), § 308-52-138, filed 1/14/83; 81-03-078 (Order PL 368), § 308-52-138, filed 1/21/81; 78-04-029 (Order PL 285, Resolution No. 78-140), § 308-52-138, filed 3/14/78.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.

246-918-085 License renewal form. [Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-085, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.130.250. 93-01-078 (Order 321B), § 246-918-085, filed 12/14/92, effective 1/14/93.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-918-100 Physician assistants—Responsibility of supervising physician. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-100, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 86-12-031 (Order PM 599), § 308-52-141, filed 5/29/86; 81-03-078 (Order PL 368), § 308-52-141, filed 1/21/81; 78-04-029 (Order PL 285, Resolution No. 78-140), § 308-52-141, filed 3/14/78.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.

246-918-160 Physician assistant and certified physician assistant disciplinary actions. [Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-160, filed 6/3/92, effective 7/4/92; 91-06-030 (Order 147B), recodified as § 246-918-160, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 82-24-013 (Order PL 412), § 308-52-160, filed 11/19/82.] Repealed by 98-09-119, filed 4/22/98, effective 5/23/98. Statutory Authority: RCW 18.71.017.

246-918-190 Categories of creditable continuing medical education activities. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-190, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 81-03-078 (Order PL 368), § 308-52-205, filed 1/21/81.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.

246-918-200 Continuing medical education clock hour credit requirement. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-200, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 81-03-078 (Order PL 368), § 308-52-211, filed 1/21/81.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.

246-918-210 Prior activity approval not required. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-210, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 81-03-078 (Order PL 368), § 308-52-215, filed 1/21/81.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.

246-918-220 Certification of compliance. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-220, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 81-03-078 (Order PL 368), § 308-52-221, filed 1/21/81.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.

246-918-240 Noncertified physician assistant—Surgical assistant. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-240, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 89-13-002 (Order PM 850), § 308-52-640, filed 6/8/89, effective 9/30/89.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.

246-918-270 Major surgical procedures. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-270, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 89-20-023, § 308-52-680, filed 9/27/89, effective 10/28/89.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.

246-918-280 Surgical assistant program requirements reconsideration. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-280, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 89-20-023, § 308-52-690, filed 9/27/89, effective 10/28/89.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.

246-918-290 Acupuncture assistant education. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-290, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71.080 and 18.71A.020. 85-23-043 (Order PL 565), § 308-52-500, filed 11/18/85. Statutory Authority: RCW 18.71A.020. 83-07-014 (Order PL 428), § 308-52-500, filed 3/10/83; 79-06-055 (Order PL 301), § 308-52-500, filed 5/22/79.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.

246-918-300 Acupuncture—Program approval. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-300, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 86-16-054 (Order PM 609), § 308-52-502, filed 8/1/86; 83-07-014 (Order PL 428), § 308-52-502, filed 3/10/83.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.

246-918-320 Acupuncture equivalency examination. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-320, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71.080 and 18.71A.020. 85-23-043 (Order PL 565), § 308-52-510, filed 11/18/85. Statutory Authority: RCW 18.71A.020. 79-06-055 (Order PL 301), § 308-52-510, filed 5/22/79.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.

246-918-330 Acupuncture examination review procedures. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-330, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 86-16-054 (Order PM 609), § 308-52-515, filed 8/1/86.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.

246-918-340 Investigation. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-340, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 79-06-055 (Order PL 301), § 308-52-530, filed 5/22/79.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.

246-918-350 English fluency. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-350, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 79-06-055 (Order PL 301), § 308-52-540, filed 5/22/79.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.

246-918-360 X-rays and laboratory tests. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-360, filed 2/26/91, effective 3/29/91. Statutory

Authority: RCW 18.71A.020. 82-24-013 (Order PL 412), § 308-52-570, filed 11/19/82; 79-06-055 (Order PL 301), § 308-52-570, filed 5/22/79.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.

246-918-370 Ethical considerations. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-370, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 82-24-013 (Order PL 412), § 308-52-580, filed 11/19/82; 79-06-055 (Order PL 301), § 308-52-580, filed 5/22/79.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.

WAC 246-918-005 Definitions. The following terms used in this chapter shall have the meanings set forth in this section unless the context clearly indicates otherwise:

(1) "Certified physician assistant" means an individual who has successfully completed an 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 246-918-030 Prescriptions issued by physician assistants. A physician assistant may issue written or oral prescriptions as provided herein when approved by the commission and assigned by the supervising physician(s).

(1) A physician assistant may not prescribe controlled substances unless specifically approved by the commission or its designee. A physician assistant may issue prescriptions for legend drugs for a patient who is under the care of the physician(s) responsible for the supervision of the physician assistant.

(a) Written prescriptions shall include the name, address, and telephone number of the physician or medical group; the name and address of the patient and the date on which the prescription was written.

(b) The physician assistant shall sign such a prescription using his or her own name followed by the letters "P.A."

(c) Written prescriptions for schedule two through five must include the physician assistant's D.E.A. registration number, or, if none, the supervising physician's D.E.A. registration number, followed by the letters "P.A." and the physician assistant's license number.

(2) A physician assistant employed or extended privileges by a hospital, nursing home or other health care institution may, if permissible under the bylaws, rules and regulations of the institution, order pharmaceutical agents for inpatients under the care of the physician(s) responsible for his or her supervision.

(3) The license of a physician assistant who issues a prescription in violation of these provisions shall be subject to revocation or suspension.

(4) Physician assistants may dispense medications the physician assistant has prescribed from office supplies. The physician assistant shall comply with the state laws concerning prescription labeling requirements.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-030, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-030, filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71A.020. 91-08-007 (Order 153B), § 246-918-030, filed 3/26/91, effective 4/26/91. Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-030, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 86-12-031 (Order PM 599), § 308-52-135, filed 5/29/86; 83-07-014 (Order PL 428), § 308-52-135, filed 3/10/83; 82-03-022 (Order PL 390), § 308-52-135, filed 1/14/82; 79-10-041 (Order PL 317), § 308-52-135, filed 9/13/79; Order PL 264, § 308-52-135, filed 3/15/77.]

WAC 246-918-035 Certified physician assistant prescriptions. A certified physician assistant may issue written or oral prescriptions as provided herein when approved by the commission or its designee.

(1) Written prescriptions shall include the name, address, and telephone number of the physician or medical group; the

name and address of the patient and the date on which the prescription was written.

(a) The certified physician assistant shall sign such a prescription using his or her own name followed by the letters "P.A.-C."

(b) The written prescriptions for schedule two through five must include the physician assistant's D.E.A. registration number, or, if none, the sponsoring physician's D.E.A. registration number, followed by the letters "P.A.-C" and the physician assistant's license number.

(2) A certified physician assistant employed or extended privileges by a hospital, nursing home or other health care institution may, if permissible under the bylaws, rules and regulations of the institution, order pharmaceutical agents for inpatients under the care of the sponsoring physician(s).

(3) The license of a certified physician assistant who issues a prescription in violation of these provisions shall be subject to revocation or suspension.

(4) Certified physician assistants may dispense medications the certified physician assistant has prescribed from office supplies. The certified physician assistant shall comply with the state laws concerning prescription labeling requirements.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-035, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-035, filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71A.020. 91-08-007 (Order 153B), § 246-918-035, filed 3/26/91, effective 4/26/91.]

WAC 246-918-050 Physician assistant qualifications effective 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 246-918-070 Credentialing of physician assistants. All completed applications for licensure shall be reviewed by a member of the commission or a designee authorized in writing by the commission, prior to licensure.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-070, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71.017. 91-20-170 (Order 203B), § 246-918-070, filed 10/2/91, effective 11/2/91; 91-06-030 (Order 147B), recodified as § 246-918-070, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71.017 and 18.71A.020. 88-21-047 (Order PM 782), § 308-52-610, filed 10/13/88.]

WAC 246-918-080 Physician assistant—Licensure. (1) Application procedure. Applications may be made jointly by the physician and the physician assistant on forms supplied by the commission. Applications and supporting documents must be on file in the commission office prior to consideration for 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.]

WAC 246-918-081 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;

(b) Meet the requirements of chapter 246-12 WAC, Part 2.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-918-081, filed 2/13/98, effective 3/16/98.]

WAC 246-918-090 Physician assistant and certified physician assistant utilization. No physician shall serve as primary supervisor or sponsor for more than three licensees without authorization by the commission.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-090, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-090, filed 6/3/92, effective 7/4/92; 91-06-030 (Order 147B), recodified as § 246-918-090, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 88-06-008 (Order PM 706), § 308-52-140, filed 2/23/88; 86-16-054 (Order PM 609), § 308-52-140, filed 8/1/86; 86-12-031 (Order PM 599), § 308-52-140, filed 5/29/86; 83-07-014 (Order PL 428), § 308-52-140, filed 3/10/83; 82-24-013 (Order PL 412), § 308-52-140, filed 11/19/82; 82-03-022 (Order PL 390), § 308-52-140, filed 1/14/82; 81-03-078 (Order PL 368), § 308-52-140, filed 1/21/81; 78-04-029 (Order PL 285, Resolution No. 78-140), § 308-52-140, filed 3/14/78.]

WAC 246-918-095 Scope of practice—Osteopathic alternate physician. The physician assistant licensed under chapter 18.71A RCW practices under the practice plan and prescriptive authority approved by the commission whether the alternate sponsoring physician or alternate supervising physician is licensed under chapter 18.57 or 18.71 RCW.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-095, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW

18.71A.020, 18.71A.040 and 18.130.186(2). 94-15-065, § 246-918-095, filed 7/19/94, effective 8/19/94.]

WAC 246-918-105 Disciplinary action of sponsoring or supervising physician. To the extent that the sponsoring or supervising physician's practice has been limited by disciplinary action under chapter 18.130 RCW, the physician assistant's practice is similarly limited while working under that physician's sponsorship or supervision.

[Statutory Authority: RCW 18.71A.020, 18.71A.040 and 18.130.186(2). 94-15-065, § 246-918-105, filed 7/19/94, effective 8/19/94.]

WAC 246-918-110 Termination of sponsorship or supervision. Upon termination of the working relationship, the sponsoring or supervising physician and the licensee are each required to submit a letter to the commission indicating the relationship has been terminated and may summarize their observations of the working relationship. Exceptions to this requirement may be authorized by the commission or its designee.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-110, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-110, filed 6/3/92, effective 7/4/92; 91-06-030 (Order 147B), recodified as § 246-918-110, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 86-24-068 (Order PM 627), § 308-52-146, filed 12/3/86.]

WAC 246-918-120 Remote site—Utilization—Limitations, geographic. (1) No licensee shall be utilized in a remote site without approval by the commission or its designee. A remote site is defined as a setting physically separate from the sponsoring or supervising physician's primary place for meeting patients or a setting where the physician is present less than twenty-five percent of the practice time of the licensee.

(2) Approval by the commission or its designee may be granted to utilize a licensee in a remote site if:

(a) There is a demonstrated need for such utilization;

(b) Adequate provision for timely communication between the primary or alternate physician and the licensee exists;

(c) The responsible sponsoring or supervising physician spends at least ten percent of the practice time of the licensee in the remote site. In the case of part time or unique practice settings, the physician may petition the commission to modify the on-site requirement providing the sponsoring physician demonstrates that adequate supervision is being maintained by an alternate method. The commission will consider each request on an individual basis;

(d) The names of the sponsoring or supervising physician and the licensee shall be prominently displayed at the entrance to the clinic or in the reception area.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-120, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-120, filed 6/3/92, effective 7/4/92; 91-06-030 (Order 147B), recodified as § 246-918-120, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 88-06-008 (Order PM 706), § 308-52-147, filed 2/23/88.]

WAC 246-918-130 Physician assistants. (1) A physician assistant may perform only those services as outlined in the standardized procedures reference and guidelines established by the commission. If said assistant is being trained to perform additional procedures beyond those established by the commission, the training must be carried out under the direct, personal supervision of the supervising physician or a qualified person mutually agreed upon by the supervising physician and the physician assistant. Requests for approval of newly acquired skills shall be submitted to the commission and may be granted by a reviewing commission member or at any regular meeting of the commission.

(2) The physician assistant may not practice in a remote site, or prescribe controlled substances unless specifically approved by the commission or its designee.

(3) A physician assistant may sign and attest to any document that might ordinarily be signed by a licensed physician, to include but not limited to such things as birth and death certificates.

(4) A physician assistant and supervising physician shall ensure that, with respect to each patient, all activities, functions, services and treatment measures are immediately and properly documented in written form by the physician assistant. Every written entry shall be reviewed and countersigned by the supervising physician within two working days unless a different time period is authorized by the commission.

(5) It shall be the responsibility of the physician assistant and the supervising physician to ensure that adequate supervision and review of the work of the physician assistant are provided.

(6) In the temporary absence of the supervising physician, the supervisory and review mechanisms shall be provided by a designated alternate supervisor(s).

(7) The physician assistant, at all times when meeting or treating patients, must wear a badge identifying him or her as a physician assistant.

(8) No physician assistant may be presented in any manner which would tend to mislead the public as to his or her title.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-130, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-130, filed 6/3/92, effective 7/4/92; 91-06-030 (Order 147B), recodified as § 246-918-130, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 88-06-008 (Order PM 706), § 308-52-148, filed 2/23/88.]

WAC 246-918-140 Certified physician assistants. (1) A certified physician assistant may perform only those services as outlined in the standardized procedures reference and guidelines established by the commission. If said assistant is being trained to perform additional procedures beyond those established by the commission, the training must be carried out under the direct, personal supervision of the sponsoring physician or a qualified person mutually agreed upon by the sponsoring physician and the certified physician assistant. Requests for approval of newly acquired skills shall be submitted to the commission and may be granted by a reviewing commission member or at any regular meeting of the commission.

(2) A certified physician assistant may sign and attest to any document that might ordinarily be signed by a licensed physician, to include, but not limited to such things as birth and death certificates.

(3) It shall be the responsibility of the certified physician assistant and the sponsoring physician to ensure that appropriate consultation and review of work are provided.

(4) In the temporary absence of the sponsoring physician, the consultation and review of work shall be provided by a designated alternate sponsor(s).

(5) The certified physician assistant must, at all times when meeting or treating patients, wear a badge identifying him or her as a certified physician assistant.

(6) No certified physician assistant may be presented in any manner which would tend to mislead the public as to his or her title.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-140, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-140, filed 6/3/92, effective 7/4/92; 91-06-030 (Order 147B), recodified as § 246-918-140, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 88-06-008 (Order PM 706), § 308-52-149, filed 2/23/88.]

WAC 246-918-150 Assistance or consultation with other physicians. (1) Physician sponsor. A physician assistant may assist or consult with a physician other than his or her sponsor or alternate concerning the care or treatment of the sponsor's patients, provided it is done with the knowledge and concurrence of the sponsor. The sponsor must maintain on file a written statement which instructs the physician assistant as to who may be assisted or consulted and under what circumstances or if no list is possible, then the method to be used in determining who may be consulted or assisted. The sponsor retains primary responsibility for the performance of his or her physician assistant.

(2) Responsibility of a nonsponsoring physician. A nonsponsoring physician utilizing or advising a physician assistant as indicated in section (1) of this rule, shall assume responsibility for patient services provided by a physician assistant if the physician:

(a) Knowingly requests that patient services be rendered by the physician assistant; or

(b) Knowingly consults with the physician assistant concerning the rendering of patient services.

[Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-150, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 83-03-031 (Order PL 421), § 308-52-150, filed 1/14/83.]

WAC 246-918-170 Physician assistant and certified physician assistant 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: RCW 43.70.280. 98-05-060, § 246-918-170, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-170, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-170, filed 6/3/92, effective 7/4/92; 91-06-030 (Order 147B), recodified as § 246-918-170, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 70.24.270. 89-08-063 (Order PM 831), § 308-52-190, filed 4/3/89.]

WAC 246-918-171 Renewal and continuing medical education cycle revision. Beginning January 1, 2000, the one-year renewal cycle for physician assistants will transition to a two-year cycle and two-year continuing medical education cycle. The renewal and continuing medical education will be as follows:

(1) Effective January 1, 2000, any physician assistant whose birth year is an even number will renew their credential for twenty-four months and every two years thereafter. Those physician assistants must obtain one hundred hours of continuing medical education within the twenty-four months following the date their first two-year license is issued and every two years thereafter.

(2) Effective January 1, 2001, any physician assistant whose birth year is an odd number will renew their credential for twenty-four months and every two years thereafter. Those physician assistants must obtain one hundred hours of continuing medical education within the twenty-four months following the date their first two-year license is issued and every two years thereafter.

[Statutory Authority: RCW 18.71.017, 18.130.050(1), 18.130.040(4), 18.130.050(12) and 18.130.340. 99-23-090, § 246-918-171, filed 11/16/99, effective 1/1/00.]

WAC 246-918-180 Continuing medical education requirements. (1) Licensed physician assistants must complete one hundred hours of continuing education every two years as required in chapter 246-12 WAC, Part 7.

(2) In lieu of one hundred hours of continuing medical education the commission will accept a current certification with the National Commission for the Certification of Physician Assistants and will consider approval of other programs as they are developed.

(3) The commission approves the following categories of creditable continuing medical education. A minimum of forty credit hours must be earned in Category I.

Category I	Continuing medical education activities with accredited sponsorship
Category II	Continuing medical education activities with nonaccredited sponsorship and other meritorious learning experience.

(4) The commission adopts the standards approved by the American Academy of Physician Assistants for the evaluation of continuing medical education requirements in determining the acceptance and category of any continuing medical education experience.

(5) It will not be necessary to inquire into the prior approval of any continuing medical education. The commission will accept any continuing medical education that reasonably falls within these regulations and relies upon each licensee's integrity in complying with this requirement.

(6) Continuing medical education sponsors need not apply for nor expect to receive prior commission approval for a formal continuing medical education program. The continuing medical education category will depend solely upon the accredited status of the organization or institution. The number of hours may be determined by counting the contact hours of instruction and rounding to the nearest quarter hour. The commission relies upon the integrity of the program sponsors to present continuing medical education for licensees that constitutes a meritorious learning experience.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-918-180, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-180, filed 1/17/96, effective 2/17/96.

Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-180, filed 6/3/92, effective 7/4/92; 91-06-030 (Order 147B), recodified as § 246-918-180, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 82-03-022 (Order PL 390), § 308-52-201, filed 1/14/82; 81-03-078 (Order PL 368), § 308-52-201, filed 1/21/81.]

WAC 246-918-230 Practice of medicine—Surgical procedures. The following duties constitute the practice of medicine under chapters 18.71 and 18.71A RCW if performed by persons who are not registered, certified, or licensed by an agency of the state to perform these tasks when utilized by surgeons as assistants and are not otherwise exempted by RCW 18.71.030:

(1) Assisting surgeons in opening incisions by use of any surgical method including laser, scalpel, scissors, or cautery;

(2) Assisting surgeons in closing of incisions by use of suture material, staples, or other means;

(3) Controlling bleeding with direct tissue contact by the clamping and tying of blood vessels, cautery, and surgical clips;

(4) Suturing or stapling tissue; and

(5) Tying of closing sutures in any tissues.

[Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-230, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 89-13-002 (Order PM 850), § 308-52-630, filed 6/8/89, effective 9/30/89.]

WAC 246-918-250 Basic physician assistant-surgical assistant duties. The physician assistant-surgical assistant who is not eligible to take the NCCPA certifying exam shall:

(1) Function only in the operating room as approved by the commission;

(2) Only be allowed to close skin and subcutaneous tissue, placing suture ligatures, clamping, tying and clipping of blood vessels, use of cautery for hemostasis under direct supervision;

(3) Not be allowed to perform any independent surgical procedures, even under direct supervision, and will be allowed to only assist the operating surgeon;

(4) Have no prescriptive authority; and

(5) Not write any progress notes or order(s) on hospitalized patients, except operative notes.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-250, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71A.020 and 18.71.060. 93-21-016, § 246-918-250, filed 10/11/93, effective 11/11/93. Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-250, filed 6/3/92, effective 7/4/92; 91-06-030 (Order 147B), recodified as § 246-918-250, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 89-13-002 (Order PM 850), § 308-52-650, filed 6/8/89, effective 9/30/89.]

WAC 246-918-260 Physician assistant-surgical assistant—Utilization and supervision. (1) Responsibility of physician assistant-surgical assistant. The physician assistant-surgical assistant is responsible for performing only those tasks authorized by the supervising physician(s) and within the scope of physician assistant-surgical assistant practice described in WAC 246-918-250. The physician assistant-surgical assistant is responsible for ensuring his or her compliance with the rules regulating physician assistant-surgical assistant practice and failure to comply may constitute grounds for disciplinary action.

(2) Limitations, geographic. No physician assistant-surgical assistant shall be utilized in a place geographically separated from the institution in which the assistant and the supervising physician are authorized to practice.

(3) Responsibility of supervising physician(s). Each physician assistant-surgical assistant shall perform those tasks he or she is authorized to perform only under the supervision and control of the supervising physician(s), but such supervision and control shall not be construed to necessarily require the personal presence of the supervising physician at the place where the services are rendered. It shall be the responsibility of the supervising physician(s) to insure that:

(a) The operating surgeon in each case directly supervises and reviews the work of the physician assistant-surgical assistant. Such supervision and review shall include remaining in the surgical suite until the surgical procedure is complete;

(b) The physician assistant-surgical assistant shall wear a badge identifying him or her as a "physician assistant-surgical assistant" or "P.A.S.A." In all written documents and other communication modalities pertaining to his or her professional activities as a physician assistant-surgical assistant, the physician assistant-surgical assistant shall clearly denominate his or her profession as a "physician assistant-surgical assistant" or "P.A.S.A.";

(c) The physician assistant-surgical assistant is not presented in any manner which would tend to mislead the public as to his or her title.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-260, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.130.250. 93-11-008 (Order 360B), § 246-918-260, filed 5/5/93, effective 6/5/93. Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-260, filed 6/3/92, effective 7/4/92; 91-06-030 (Order 147B), recodified as § 246-918-260, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 89-13-002 (Order PM 850), § 308-52-660, filed 6/8/89, effective 9/30/89.]

WAC 246-918-310 Acupuncture—Definition. (1) Acupuncture is a traditional system of medical theory, oriental diagnosis and treatment used to promote health and treat organic or functional disorders, by treating specific acupuncture points or meridians. Acupuncture includes the following techniques:

(a) Use of acupuncture needles to stimulate acupuncture points and meridians.

(b) Use of electrical, mechanical or magnetic devices to stimulate acupuncture points and meridians.

(c) Moxibustion.

(d) Acupressure.

(e) Cupping.

(f) Gwa hsa (dermal friction technique).

(g) Infra-red.

(h) Sonopuncture.

(i) Laser puncture.

(j) Dietary advice.

(k) Manipulative therapies.

(l) Point injection therapy (aquapuncture).

These terms are to be understood within the context of the oriental medical art of acupuncture, and as the commission defines them.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-310, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-310, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 83-07-014 (Order PL 428), § 308-52-504, filed 3/10/83; 82-24-013 (Order PL 412), § 308-52-504, filed 11/19/82.]

WAC 246-918-990 Fees 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 applicant or licensee must pay the following nonrefundable fees:

Title of Fee	Fee
Physician assistants, certified physician assistants, physician assistant-surgical assistants, acupuncture physician assistants:	
Application*	$50.00
Two-year renewal*	70.00
Expired license reissuance	35.00
Duplicate license	15.00
Impaired physician program surcharge	25.00
*(assessed at $25.00 on each application and for each year of the renewal period as required in RCW 18.71.310(2))	

[Statutory Authority: RCW 18.71.017, 18.71A.020 and 43.70.280. 02-05-009, § 246-918-990, filed 2/8/02, effective 3/11/02. Statutory Authority: RCW 18.71.017, 18.130.050(1), 18.130.040(4), 18.130.050(12) and 18.130.340. 99-23-090, § 246-918-990, filed 11/16/99, effective 1/1/00. Statutory Authority: RCW 18.71.017 and 18.71A.020(3). 99-13-087, § 246-918-990, filed 6/14/99, effective 7/15/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-918-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-990, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 43.70.040. 91-06-027 (Order 131), § 246-918-990, filed 2/26/91, effective 3/29/91.]

Chapter 246-919 WAC
MEDICAL QUALITY ASSURANCE COMMISSION

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-919-030 Current address. [Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-030, filed 1/17/96, effective 2/17/96.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-919-200 Petitions for rule making, amendment or repeal—Who may petition. [Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-200, filed 1/17/96, effective 2/17/96.] Repealed by 96-19-042, filed 9/12/96, effective 10/13/96. Statutory Authority: RCW 18.71.017.

246-919-210 Petitions for rule making, amendment or repeal—Requisites. [Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-210, filed 1/17/96, effective 2/17/96.] Repealed by 96-19-042, filed 9/12/96, effective 10/13/96. Statutory Authority: RCW 18.71.017.

246-919-220 Petitions for rule making, amendment or repeal—Agency must consider. [Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-220, filed 1/17/96, effective 2/17/96.] Repealed by 96-19-042, filed 9/12/96, effective 10/13/96. Statutory Authority: RCW 18.71.017.

246-919-230	Petitions for rule making, amendment or repeal—Notice of disposition. [Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-230, filed 1/17/96, effective 2/17/96.] Repealed by 96-19-042, filed 9/12/96, effective 10/13/96. Statutory Authority: RCW 18.71.017.
246-919-240	Declaratory rulings. [Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-240, filed 1/17/96, effective 2/17/96.] Repealed by 96-19-042, filed 9/12/96, effective 10/13/96. Statutory Authority: RCW 18.71.017.
246-919-305	Refunds. [Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-305, filed 1/17/96, effective 2/17/96.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.
246-919-400	Scope. [Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-400, filed 1/17/96, effective 2/17/96.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.
246-919-410	License renewal. [Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-410, filed 1/17/96, effective 2/17/96.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.
246-919-420	License renewal form. [Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-420, filed 1/17/96, effective 2/17/96.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.
246-919-440	Certification of compliance. [Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-440, filed 1/17/96, effective 2/17/96.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.
246-919-500	Brief adjudicative proceedings—Denials based on failure to meet education, experience, or examination prerequisites for licensure. [Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-500, filed 1/17/96, effective 2/17/96.] Repealed by 98-09-118, filed 4/22/98, effective 5/23/98. Statutory Authority: RCW 18.71.017.
246-919-510	Adjudicative proceedings. [Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-510, filed 1/17/96, effective 2/17/96.] Repealed by 98-09-118, filed 4/22/98, effective 5/23/98. Statutory Authority: RCW 18.71.017.

WAC 246-919-010 Definitions. (1) "Commission" means the Washington state medical quality assurance commission.

(2) "Applicant" is an individual who has completed the application form and has paid the application fee.

(3) "Physician" means a physician licensed pursuant to chapter 18.71 RCW.

(4) "Unprofessional conduct" as used in these regulations shall mean the conduct described in RCW 18.71.0193 for conduct occurring before June 11, 1986, and the conduct described in RCW 18.130.180 for conduct occurring on or after June 11, 1986.

(5) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(6) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(7) "Mentally or physically disabled physician" means a physician who has either been determined by a court to be mentally incompetent or mentally ill or who is unable to practice medicine with reasonable skill and safety by reason of any mental or physical condition.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-010, filed 1/17/96, effective 2/17/96.]

WAC 246-919-020 Commission address. The commission's official mailing address is:

Medical Quality Assurance Commission
Department of Health
P.O. Box 47866
Olympia, WA 98504-7866

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-020, filed 1/17/96, effective 2/17/96.]

WAC 246-919-100 Panel composition. The term "commission" as used in chapter 246-919 WAC shall mean a duly constituted panel of the Washington state medical quality assurance commission if a panel has been constituted to preside at a hearing. If a panel has not been so constituted, then the term "commission" shall mean the entire commission or a quorum of the entire commission.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-100, filed 1/17/96, effective 2/17/96.]

WAC 246-919-110 Commission meetings. Regular commission meetings shall be held at least four times yearly. Additional regular or special meetings may be called at the discretion of the chair or quorum of the commission.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-110, filed 1/17/96, effective 2/17/96.]

WAC 246-919-120 Appearance and practice before agency—Solicitation of business unethical. It shall be unethical for any person while acting as a representative and/or member of the commission to solicit business based on their association with the commission by circulars, advertisements, or by personal communication or interviews, provided that such representative may publish or circulate business cards. It is equally unethical to procure business indirectly by solicitation of any kind.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-120, filed 1/17/96, effective 2/17/96.]

WAC 246-919-130 Appearance and practice before agency—Standards of ethical conduct. All persons appearing in proceedings before the commission in a representative capacity shall conform to the standards of ethical conduct required of attorneys before the courts of Washington. If any such person does not conform to such standards, the commission may decline to permit such person to appear in a representative capacity in any proceeding before it.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-130, filed 1/17/96, effective 2/17/96.]

WAC 246-919-140 Appearance and practice before agency—Appearance by former member of attorney general's staff. No member of the attorney general's staff assigned to represent the commission may at any time after severing his or her employment with the attorney general appear, except with the written permission of the commission, in a representative capacity on behalf of other parties in a formal proceeding wherein he or she previously took an

active part in the investigation as a representative of the commission.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-140, filed 1/17/96, effective 2/17/96.]

WAC 246-919-150 Appearance and practice before agency—Former employee and board/commission member as witness. No former employee of a board/commission or department of health or former board/commission member shall, at any time after severing employment or serving as a board/commission member, appear as a witness on behalf of parties other than the board/commission or department of health in a formal proceeding wherein he or she previously took an active part in the investigation or deliberation as a representative of the board/commission of the department of health except with the written permission of the commission.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-150, filed 1/17/96, effective 2/17/96.]

APPLICATIONS AND EXAMINATIONS

WAC 246-919-300 Application withdrawals. An application for a license may not be withdrawn after the commission or the reviewing commission member determines that grounds exist for denial of the license or for the issuance of a conditional license. Applications which are subject to investigation for unprofessional conduct or impaired practice may not be withdrawn.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-300, filed 1/17/96, effective 2/17/96.]

WAC 246-919-310 Credentialing of physicians and surgeons. All completed applications, for either limited or full licensure, must be reviewed by a member of the commission or a designee authorized in writing by the commission prior to examination and/or licensure.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-310, filed 1/17/96, effective 2/17/96.]

WAC 246-919-320 Approved United States and Canadian medical schools. For the purposes of the Medical Practice Act, the commission approves those medical schools listed as accredited medical schools in the United States set forth in Appendix II, Table I, and as accredited schools in Canada set forth in Appendix III, Table I, as published in the *Journal of the American Medical Association* for March 7, 1980.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-320, filed 1/17/96, effective 2/17/96.]

WAC 246-919-330 Postgraduate medical training defined. (1) For the purposes of this chapter, postgraduate medical training 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 246-919-350 Examinations. All applications for examination in the state of Washington shall be complete and on file with the Federation of State Medical Boards no later than three months before any USMLE examination.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-350, filed 1/17/96, effective 2/17/96.]

WAC 246-919-355 Examination scores. Examinations accepted by the Washington state medical quality assurance commission:

(1) The commission adopts the United States Medical Licensing Examination (USMLE) as the examination accepted by the commission.

(2) The minimal passing scores for each component of any approved examination combination shall be a score of seventy-five as defined by the examining authority.

(3) Applicants who do not pass Step 3 of the USMLE examination after three sittings within seven years after passing the first examination, either Step 1 or Step 2, or acceptable combination, shall demonstrate evidence satisfactory to the commission of having completed a remedial or refresher medical course approved by the commission prior to being permitted to sit for the examination again. Applicants who do not pass after the fourth sitting may not sit for another examination without completing an additional year of postgraduate

training or satisfying any other conditions specified by the commission.

(4) To be eligible for USMLE Step 3, the applicant must:

(a) Have obtained the M.D. degree;

(b) Have successfully completed the Federation Licensure Examination (FLEX) Component 1 or both National Boards Examination (NBE) Parts I and II or USMLE Steps 1 and 2 or NBE Part I and USMLE Step 2 or Step 1 and NBE Part II; and

(c) Be certified by the ECFMG if a graduate of an international medical school, or have successfully completed a fifth pathway program; and postgraduate training year in a program of graduate medical education accredited by the Accreditation Council for Graduate Medical Education.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-355, filed 1/17/96, effective 2/17/96.]

WAC 246-919-360 Examinations accepted for reciprocity or waiver. (1) The commission may accept certain examinations as a basis for licensure. These examinations include USMLE, FLEX, NBE, or those given by the other states, with the exception of Florida and Hawaii. Those who have taken the Licentiate of the Medical Council of Canada (L.M.C.C.) and holds a valid LMCC certification obtained after 1969, may be granted a license without examination.

(2) Examination combination acceptable. Any applicant who has successfully completed Part I (NBE) or Step 1 (USMLE) plus Part II or Step 2 plus Part III or Step 3; or FLEX Component 1 plus Step 3; or Part I or Step 1, plus Part II or Step 2, plus FLEX Component 2 shall be deemed to have successfully completed a medical licensure examination as required by RCW 18.71.070. (For clarification, see Table 1.)

Accepted Examinations taken in Sequence	Other Acceptable Combinations
NBME Part I *plus* NBME Part II *plus* NBME Part III	NBME Part I or USMLE Step 1 *plus* NBME Part II or USMLE Step 2 *plus* NBME Part III or USMLE Step 3
FLEX Component 1 *plus* FLEX Component 2	FLEX Component 1 *plus* USMLE Step 3 or NBME Part I or USMLE Step 1 *plus* NBME Part II or USMLE Step 2 *plus* FLEX Component 2
USMLE Step 1 *plus* USMLE Step 2 *plus* USMLE Step 3	

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-360, filed 1/17/96, effective 2/17/96.]

WAC 246-919-365 FLEX examination standards. Reciprocity applicants who were licensed in another state by passing the FLEX examination will be eligible for a waiver of examination if the applicant received a FLEX weighted average score of at least 75. The score may be obtained in a single setting of the three-day examination or by averaging the individual day scores from different examinations. The individual day scores will be averaged according to the following formula:

Day 1 equals 1/6.

Day 2 equals 2/6.

Day 3 equals 3/6.

The overall average score shall be truncated to the nearest whole number (i.e., an average of 74.9 equals 74). Single subject averaging is not permitted. The commission will accept the FLEX weighted average of 75 reported from the Federation of State Medical Boards. All FLEX scores must be submitted directly from the Federation of State Medical Boards. FLEX scores reported by other states will not be accepted.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-365, filed 1/17/96, effective 2/17/96.]

WAC 246-919-370 Special purpose examination. (1) The commission may require an applicant or licensee to pass the Special Purpose Examination (SPEX) or any other examination deemed appropriate. An applicant or licensee may be required to take an examination when the commission has concerns with the applicant's or licensee's ability to practice competently for reasons which may include, but are not limited to, the following:

(a) Resolved or pending malpractice suits;

(b) Pending action by another state licensing authority;

(c) Actions pertaining to privileges at any institution; or

(d) Not having practiced for an interval of time.

(2) The minimum passing score on the SPEX examination shall be seventy-five. The passing score for any other examination under this rule shall be determined by the commission.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-370, filed 1/17/96, effective 2/17/96.]

WAC 246-919-380 AIDS prevention and information education requirements. Applicants must complete four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-919-380, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-380, filed 1/17/96, effective 2/17/96.]

WAC 246-919-390 Temporary permits—Recognized jurisdictions. (1) For the issuance of temporary permits under RCW 18.130.075 to applicants who graduated from a school of medicine located in any state, territory, or possession of the United States, the District of Columbia, or the Dominion of Canada prior to July 28, 1985, the following jurisdictions are deemed to have licensing standards substantially equivalent to Washington state's licensing standards: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Guam, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, Virginia, West Virginia, Wisconsin, and Wyoming.

(2) For the issuance of temporary permits under RCW 18.130.075 to applicants who graduated from a school of medicine located in any state, territory, or possession of the United States, the District of Columbia, or the Dominion of Canada after July 28, 1985, the following jurisdictions are deemed to have licensing standards substantially equivalent to Washington state's licensing standards: Connecticut, Maine, Michigan, Nevada, and New Hampshire.

(3) For the issuance of temporary permits under RCW 18.130.075 to applicants who graduated from a school of medicine located outside the states, territories, and possessions of the United States, the District of Columbia, or the Dominion of Canada prior to July 28, 1985, the following jurisdictions are deemed to have licensing standards substantially equivalent to Washington state's licensing standards: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Guam, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, West Virginia, Wisconsin, and Wyoming.

(4) For the issuance of temporary permits under RCW 18.130.075 to applicants who graduated from a school of medicine located outside the states, territories, and possessions of the United States, the District of Columbia, or the Dominion of Canada after July 28, 1985, the following jurisdictions are deemed to have licensing standards substantially equivalent to Washington state's licensing standards: Arizona, Colorado, Connecticut, Delaware, Georgia, Hawaii, Idaho, Indiana, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Michigan, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oregon, Rhode Island, Tennessee, Texas, Virginia, West Virginia, and Wyoming.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-390, filed 1/17/96, effective 2/17/96.]

WAC 246-919-395 Temporary permits—Issuance and duration. (1) Upon submission of a completed license application form on which the applicant indicates that he or she wishes to receive a temporary practice permit; payment of the application fee and temporary practice permit fee; receipt of the American Medical Association's physicians' data profile verifying states in which the applicant is or was licensed; receipt of disciplinary action data bank report from the Federation of State Medical Boards and receipt of written verification attesting that the applicant has a license in good standing and is not subject to charges or disciplinary action for unprofessional conduct or impairment from all states which the applicant is or was licensed, the applicant shall be issued a temporary practice permit unless there is a basis for denial of the license or issuance of a conditional license.

(2) The temporary permit shall expire upon the issuance of a license by the commission; initiation of an investigation by the commission of the applicant; or ninety days, whichever occurs first.

(3) An applicant who receives a temporary practice permit and who does not complete the application process may not receive additional temporary practice permits even upon submission of a new application in the future.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-395, filed 1/17/96, effective 2/17/96.]

RENEWAL AND CME REQUIREMENTS

WAC 246-919-421 Renewal and continuing medical education cycle revision. Beginning January 1, 2000, the one-year renewal cycle for physicians will transition to a two-year cycle and a four-year continuing medical education reporting cycle. The renewal and continuing medical education reporting cycle will be as follows:

(1) Effective January 1, 2000, any physician whose birth year is an even number will renew their credential for twenty-four months and every two years thereafter. Those physicians must obtain two hundred hours of continuing medical education within the next forty-eight months from the date of the initial two-year license and every four years thereafter.

(2) Effective January 1, 2001, any physician whose birth year is an odd number will renew their credential for twenty-four months and every two years thereafter. Those physicians must obtain two hundred hours of continuing medical education within the next forty-eight months from the date of the initial two-year license and every four years thereafter.

(3) Effective January 1, 2000, in order to attain full license status, individuals with a post-graduate limited license will pay the fee difference between the limited license application and the full license application. This license will expire on their second birthdate after issuance and every two years thereafter.

(4) Effective January 1, 2000, those physicians on a retired active status will remain on the annual renewal cycle and a four-year continuing medical education reporting

cycle. Those retired active physicians must report two hundred hours of continuing medical education within the next forty-eight months and every four years thereafter.

[Statutory Authority: RCW 18.71.017, 18.130.050(1), 18.130.040(4), 18.130.050(12) and 18.130.340. 99-23-090, § 246-919-421, filed 11/16/99, effective 1/1/00.]

WAC 246-919-430 General requirements. (1) Licensed physicians must complete two hundred hours of continuing education every four years as required in chapter 246-12 WAC, Part 7.

(2) In lieu of the two hundred hours of continuing medical education, the commission will accept a current Physician's Recognition Award from the American Medical Association or a current certificate from any specialty board approved by the American Board of Medical Specialties (ABMS) which is considered by the specialty board as equivalent to the two hundred hours of continuing medical education required under WAC 246-919-430(1). The commission will also accept certification or recertification by a specialty board as the equivalent of two hundred hours of continuing medical education. A list of the approved specialty boards are designated in the *1995 Official American Boards of Medical Specialty Director of Board Certified Medical Specialist* and will be maintained by the commission. The list shall be made available upon request. The certification or recertification must be obtained in the four years preceding application for renewal.

[Statutory Authority: RCW 18.71.017, 18.130.050(1), 18.130.040(4), 18.130.050(12) and 18.130.340. 99-23-090, § 246-919-430, filed 11/16/99, effective 1/1/00. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-919-430, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-430, filed 1/17/96, effective 2/17/96.]

WAC 246-919-450 Categories of creditable continuing medical education activities. The following are categories of creditable continuing medical education activities approved by the commission:

Category I	Continuing medical education activities with accredited sponsorship
Category II	Continuing medical education activities with nonaccredited sponsorship (maximum of eighty hours)
Category III	Teaching of physicians or other allied health professionals (maximum of eighty hours)
Category IV	Books, papers, publications, exhibits (maximum of eighty hours)
Category V	Self-directed activities: Self-assessment, self-instruction, specialty board examination preparation, quality of care and/or utilization review (maximum of eighty hours).

[Statutory Authority: RCW 18.71.017, 18.130.050(1), 18.130.040(4), 18.130.050(12) and 18.130.340. 99-23-090, § 246-919-450, filed 11/16/99, effective 1/1/00. Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-450, filed 1/17/96, effective 2/17/96.]

WAC 246-919-460 Continuing medical education requirement. (1) The credits must be earned in the forty-eight-month period preceding application for renewal of licensure.

(2) **Category I: Continuing medical education activities with accredited sponsorship.** The commission has approved the standards adopted by the Accreditation Council for Continuing Medical Education or its designated interstate accrediting agency, the Washington State Medical Association, in accrediting organizations and institutions offering continuing medical education programs, and will accept attendance at such programs offered by organizations and institutions offering continuing medical education programs, and will accept attendance at such programs offered by organizations and institutions so recognized as Category I credit towards the licensee's continuing medical education requirement for annual renewal of licensure. The licensee may earn all two hundred credit hours in Category I.

(3) **Category II: Continuing medical education activities with nonaccredited sponsorship.** A maximum of eighty credit hours may be earned by attendance at continuing medical education programs that are not approved in accordance with the provisions of Category I.

(4) **Category III: Teaching of physicians or other allied health professionals.** A maximum of eighty credit hours may be earned for serving as an instructor of medical students, house staff, other physicians or allied health professionals from a hospital or institution with a formal training program if the hospital or institution has approved the instruction.

(5) **Category IV: Books, papers, publications, exhibits.**

(a) A maximum of eighty credit hours may be earned under Category IV, with specific subcategories listed below. Credit may be earned only during the forty-eight-month period following presentations or publications.

(b) Ten credit hours may be claimed for a paper, exhibit, publication, or for each chapter of a book that is authored and published. A paper must be published in a recognized medical journal. A paper that is presented at a meeting or an exhibit that is shown must be to physicians or allied health professionals. Credit may be claimed only once for the scientific materials presented. Credit should be claimed as of the date materials were presented or published.

Medical editing can not be accepted in this or any other category for credit.

(6) **Category V: Self-directed activities.**

(a) A maximum of eighty credit hours may be earned under Category V.

(b) Self-assessment: Credit hours may be earned for completion of a multimedia medical education program.

(c) Self-instruction: Credit hours may be earned for the independent reading of scientific journals and books.

(d) Specialty board examination preparation: Credit hours may be earned for preparation for specialty board certification or recertification examinations.

(e) Quality care and/or utilization review: Credit hours may be earned for participation on a staff committee for qual-

ity of care and/or utilization review in a hospital or institution or government agency.

[Statutory Authority: RCW 18.71.017, 18.130.050(1), 18.130.040(4), 18.130.050(12) and 18.130.340. 99-23-090, § 246-919-460, filed 11/16/99, effective 1/1/00. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-919-460, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-460, filed 1/17/96, effective 2/17/96.]

WAC 246-919-470 Approval not required. (1) The commission will not give prior approval for any continuing medical education. The commission will accept any continuing medical education that reasonably falls within these regulations and relies upon each individual physician's integrity in complying with this requirement.

(2) The commission will not give prior approval for any formal continuing medical education program. The continuing medical education category will depend solely upon the accredited status of the organization or institution. The number of creditable hours may be determined by counting the contact hours of instruction and rounding to the nearest quarter hour. The commission relies upon the integrity of program sponsors to present continuing medical education that constitutes a meritorious learning experience.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-470, filed 1/17/96, effective 2/17/96.]

WAC 246-919-475 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 licencing 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 246-919-480 Retired active credential. (1) A practitioner may obtain a retired active credential. Refer to the requirements of chapter 246-12 WAC, Part 5.

(2) The practitioner's practice is limited to providing health care services without compensation;

(3) Services are provided in community clinics located in the state of Washington that are operated by public or private tax-exempt corporations; and

(4) Services must be limited to primary care.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-919-480, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-480, filed 1/17/96, effective 2/17/96.]

ADJUDICATIVE PROCEDURES

WAC 246-919-520 Revocation of a physician's license. This section sets forth the procedure by which a respondent may request a review by the medical quality assurance commission of its decision to revoke the respondent's license under RCW 18.71.019:

(1) If the commission issues a final order revoking a respondent's license following an adjudicative proceeding, the respondent may request a review of the decision by a review panel of the commission.

(2) The respondent shall file a written request with the commission within twenty days of effective date of the final order. The respondent may not request an extension of the twenty-day period to file a request for review.

(3) The respondent's request for review of the final order does not change the effective date of the final order.

(4) A review panel shall review the final order. The review panel is composed of the members of the commission who did not:

(a) Review the initial investigation and make the decision to issue a statement of charges against the respondent in this matter; or

(b) Hear the evidence at the adjudicative proceeding and issue the final order revoking the respondent's license.

(5) Within seven days of receipt of the request for review of the final order, a scheduling order is issued setting a date for the review hearing, and a date for the filing of written argument by the parties. The review hearing must take place within sixty days of the respondent's request for review of the final order.

(6) The review panel shall convene in person for the review hearing on the date set in the scheduling order. If a commission member is unavailable to meet on the scheduled date, a pro tempore member shall take that person's place on the review panel. At the review hearing, the review panel:

(a) Shall review the final order;

(b) Shall review written argument presented by the parties; and

(c) May hear oral argument by the parties.

(7) If the review panel determines that revocation of the respondent's license is not the appropriate sanction, it shall issue an amended order setting the appropriate sanction(s) necessary to protect the public.

(8) If the review panel determines that revocation of the respondent's license is appropriate, it shall issue an order confirming that decision.

[Statutory Authority: RCW 18.71.019. 97-21-053, § 246-919-520, filed 10/13/97, effective 11/13/97.]

STANDARDS FOR PROFESSIONAL CONDUCT

WAC 246-919-600 Prescriptions—Schedule II stimulant drugs. (1) A physician shall be guilty of unprofessional conduct if he or she prescribes, orders, dispenses, administers, supplies or otherwise distributes any amphetamines or other Schedule II nonnarcotic stimulant drug to any person except for the therapeutic treatment of:

(a) Narcolepsy;

(b) Hyperkinesis;

(c) Brain dysfunction of sufficiently specific diagnosis, or etiology which clearly indicates the need for these substances in treatment or control;

(d) Epilepsy;

(e) Differential psychiatric evaluation of depression; or

(f) Depression shown to be refractory of other therapeutic modalities; or for the clinical investigation of the effects of

such drugs or compounds in which case an investigative protocol must be submitted to and reviewed and approved by the commission before the investigation has begun.

(2) A physician prescribing or otherwise distributing controlled substances as permitted by subsection (1) of this section shall maintain a complete record which must include:

(a) Documentation of the diagnosis and reason for prescribing; and

(b) Name, dose, strength, and quantity of drug, and the date prescribed or distributed.

(3) The records required by subsection (2) of this section shall be made available for inspection by the commission or its authorized representative upon request.

(4) Schedule II stimulant drugs shall not be dispensed or prescribed for the treatment or control of exogenous obesity.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-600, filed 1/17/96, effective 2/17/96.]

WAC 246-919-610 Use of drugs or autotransfusion to enhance athletic ability. (1) A physician shall not prescribe, administer or dispense anabolic steroids, growth hormones, testosterone or its analogs, human chorionic gonadotropin (HCG), other hormones, or any form of autotransfusion for the purpose of enhancing athletic ability.

(2) A physician shall complete and maintain patient medical records which accurately reflect the prescribing, administering or dispensing of any substance or drug described in this rule or any form of autotransfusion. Patient medical records shall indicate the diagnosis and purpose for which the substance, drug or autotransfusion is prescribed, administered or dispensed and any additional information upon which the diagnosis is based.

(3) A violation of any provision of this rule shall constitute grounds for disciplinary action under RCW 18.130.180(7). A violation of subsection (1) of this section shall also constitute grounds for disciplinary action under RCW 18.130.180(6).

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-610, filed 1/17/96, effective 2/17/96.]

WAC 246-919-620 Cooperation with investigation. (1) A licensee must comply with a request, under RCW 70.02.050, for health care records or documents from an investigator who is acting on behalf of the disciplining authority pursuant to RCW 18.130.050(2) by submitting the requested items within fourteen calendar days of receipt of the request by the licensee or the licensee's attorney, whichever is first. If the licensee fails to comply with the request within fourteen calendar days, the investigator shall contact the licensee or the licensee's attorney by letter as a reminder.

(a) Investigators may extend the time for response if the licensee requests an extension for a period not to exceed seven calendar days. Other requests for extension may be granted by the commission chair or the commission's designee.

(b) If the licensee fails to comply with the request within three business days after the receipt of the written reminder, a statement of charges shall be issued pursuant to RCW 18.130.180(8) and, if there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(2) A licensee must comply with a request for nonhealth care records or documents from an investigator who is acting on behalf of the commission pursuant to RCW 18.130.050(2) by submitting the requested items within fourteen calendar days of receipt of the request by the licensee or the licensee's attorney, whichever is first. If the licensee fails to comply with the request within fourteen calendar days, the investigator shall contact the licensee or the licensee's attorney by letter as a reminder.

(a) Investigators may extend the time for response if the licensee requests an extension for a period not to exceed seven calendar days. Other requests for extension may be granted by the commission chair or the commission's designee.

(b) If the licensee fails to comply with the request within three business days after the receipt of the written reminder, then a subpoena shall be served upon the licensee to obtain the requested items.

(c) If the licensee fails to comply with the subpoena, a statement of charges shall be issued pursuant to RCW 18.130.180(8) and, if there is sufficient evidence to support additional charges, then those charges may be included in the statement of charges.

(3) A licensee must comply with a request for information from an investigator who is acting on behalf of the commission pursuant to RCW 18.130.050(2). This information may include, but is not limited to, an explanation of the matter under investigation, curriculum vitae, continuing medical education credits, malpractice action summaries, or hospital affiliations. The licensee will submit the requested information within fourteen calendar days of receipt of the request by the licensee or the licensee's attorney, whichever is first. If the licensee fails to comply with the request within fourteen calendar days, the investigator shall contact the licensee or the licensee's attorney by letter as a reminder.

(a) Investigators may extend the time for response if the licensee requests an extension for a period not to exceed seven calendar days. Other requests for extension may be granted by the commission chair or the commission's designee.

(b) If the licensee fails to comply with the written reminder within three business days after the receipt of the reminder, a statement of charges shall be issued pursuant to RCW 18.130.180(8) and, if there is sufficient evidence to support additional charges, then those charges may be included in the statement of charges.

(4) In negotiating a settlement on a statement of charges based on RCW 18.130.180(8), the reviewing commission member may take into consideration whether the licensee has complied with the request after the statement of charges has been issued. Any settlement proposal shall be presented to the commission or a duly constituted panel of the commission for a decision on ratification and until ratified, the settlement is not final.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-620, filed 1/17/96, effective 2/17/96.]

MANDATORY REPORTING

WAC 246-919-700 Mandatory reporting. (1) All reports required by these regulations shall be submitted to the commission as soon as possible, but not later than sixty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address and telephone number of the person making the report;

(b) The name, address and telephone numbers of the physician being reported;

(c) The case number of any patient whose treatment is a subject of the report;

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences;

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number; and

(f) Any further information which would aid the evaluation of the report.

(3) The mandatory reporting shall not act as a waiver of confidentiality of medical records and committee reports. The information reported or disclosed shall be kept for the confidential use of the commission as provided in the Uniform Disciplinary Act and shall not be subject to subpoena or discovery proceedings in any civil action as provided in RCW 4.24.250, and shall be exempt from public disclosure pursuant to chapter 42.17 RCW except for review as provided in RCW 18.71.0195.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-700, filed 1/17/96, effective 2/17/96.]

WAC 246-919-710 Mandatory reporting requirement satisfied. The requirement for a report to the commission under RCW 18.71.0193(1) may be satisfied by submitting the report to the impaired physician program approved by the commission under this chapter.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-710, filed 1/17/96, effective 2/17/96.]

WAC 246-919-720 Health care institutions. The chief administrator or executive officer of any health care institutions, which includes, but is not limited to, hospitals, clinics and nursing homes, shall report to the commission when any physician's clinical privileges are terminated or are restricted based on a determination, in accordance with an institution's bylaws, that a physician has either committed an act or acts which may constitute unprofessional conduct or that a physician may be mentally or physically disabled. Said officer shall also report if a physician accepts voluntary termination or restriction of clinical privileges in lieu of formal action based upon unprofessional conduct or upon being mentally or physically disabled.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-720, filed 1/17/96, effective 2/17/96.]

WAC 246-919-730 Medical associations or societies. The president or chief executive officer of any medical association or society within this state shall report to the commission when a medical society hearing panel or committee determines that a physician has committed unprofessional conduct or that a physician may not be able to practice medicine with reasonable skill and safety to patients as the result of any mental or physical condition and constitutes an apparent risk to the public health, safety or welfare. The report required by this subsection shall be made without regard to whether the license holder appeals, accepts or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-730, filed 1/17/96, effective 2/17/96.]

WAC 246-919-740 Health care service contractors and disability insurance carriers. The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A and 48.44 RCW operating in the state of Washington, shall report to the commission all final determinations that a physician has engaged in flagrant overcharging for medical services or has flagrantly engaged in overutilization of medical services or has charged fees for medical services not actually provided.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-740, filed 1/17/96, effective 2/17/96.]

WAC 246-919-750 Courts. The commission requests the assistance of all clerks of trial courts within the state to report all medical malpractice judgments and all convictions of licensed medical doctors, other than minor traffic violations.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-750, filed 1/17/96, effective 2/17/96.]

WAC 246-919-760 State and federal agencies. The commission requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a physician is employed to provide patient care services, to report to the commission whenever such a physician has been judged to have demonstrated his/her incompetency or negligence in the practice of medicine, or has otherwise committed unprofessional conduct; or is a mentally or physically disabled physician.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-760, filed 1/17/96, effective 2/17/96.]

WAC 246-919-770 Professional standards review organizations. When authorized by federal law, every professional standards review organization operating within the state of Washington shall report to the commission any determinations that a physician has engaged or is engaging in consistent, excessive utilization of any medical or surgical test, treatment or procedure when such procedures are clearly not called for under the circumstances in which such services were provided.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-770, filed 1/17/96, effective 2/17/96.]

PAIN MANAGEMENT

WAC 246-919-800 Purpose. (1) The medical quality assurance commission recognizes that effective pain management is an essential component of quality medical care and that no single approach to the treatment of pain is exclusively correct.

(2) The commission wishes to reassure practitioners that they need not fear disciplinary action from the commission for prescribing, dispensing, or administering opioids when treating pain so long as the care provided is consistent with currently acceptable medical practices. This includes acute, chronic and intractable pain (RCW 69.50.308(g)).

(3) While many other medications may be appropriate in the treatment of pain, these regulations specifically address the use of opioids. As used in these regulations, the term opioid means any natural or synthetic medication that has morphine like activity.

[Statutory Authority: RCW 18.71.017, 18.130.050(1) and (12) and 18.130.340. 99-22-090, § 246-919-800, filed 11/2/99, effective 12/3/99.]

WAC 246-919-810 What specific guidance should a practitioner follow? (1) The commission has adopted guidelines for the management of pain in order to acquaint practitioners with recognized national standards in the field of pain treatment.

(2) These guidelines specifically address the patient evaluation and treatment plan, informed consent, periodic reviews, use of consultations, and the necessity for maintaining accurate and complete medical records.

(3) These guidelines may be revised from time to time to reflect changes in the practice of pain management.

(4) Practitioners who cannot or choose not to treat patients who have complex or chronic pain conditions should offer appropriate referrals for those patients.

[Statutory Authority: RCW 18.71.017, 18.130.050(1) and (12) and 18.130.340. 99-22-090, § 246-919-810, filed 11/2/99, effective 12/3/99.]

WAC 246-919-820 What knowledge should a practitioner possess to treat pain patients? Practitioners treating pain should be:

(1) Knowledgeable about the complex nature of pain;

(2) Familiar with the pain treatment terms used in the commission's pain treatment guidelines; and

(3) Knowledgeable about acceptable pain treatment modalities.

[Statutory Authority: RCW 18.71.017, 18.130.050(1) and (12) and 18.130.340. 99-22-090, § 246-919-820, filed 11/2/99, effective 12/3/99.]

WAC 246-919-830 How will the commission evaluate prescribing for pain? (1) The practitioner's treatment will be evaluated by a review of the provided care to see if it is clinically sound and in accordance with currently acceptable medical practice regarding the treatment of pain.

(2) No disciplinary action will be taken against a practitioner based solely on the quantity and/or frequency of opioids prescribed.

[Statutory Authority: RCW 18.71.017, 18.130.050(1) and (12) and 18.130.340. 99-22-090, § 246-919-830, filed 11/2/99, effective 12/3/99.]

PRACTICE AGREEMENTS WITH ADVANCED REGISTERED NURSE PRACTITIONERS

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.]

PHYSICIAN AND SURGEON FEES

WAC 246-919-990 Physician and surgeon 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, except postgraduate training limited licenses and retired active physician licenses.

(2) Postgraduate training limited licenses must be renewed every year to correspond to program date.

(3) Retired active physician licenses shall be renewed every year.

(4) The applicants and licensees must pay the following nonrefundable fees:

Title of Fee	Fee
Physicians and surgeons: Chapter 18.71 RCW	
Application*	$300.00
Retired active physician license renewal*	100.00
Retired active late renewal penalty	50.00
Two-year renewal*	400.00
Late renewal penalty	100.00
Expired license reissuance	200.00
Certification of license	50.00
Duplicate license	15.00
Temporary permit	50.00
Application fee for transitioning from a postgraduate training limited license*	100.00
Postgraduate limited license fees: RCW 18.71.095	
Limited license application*	200.00
Limited license renewal*	200.00
Limited duplicate license	15.00
Impaired physician program *(assessed at $25.00 on each application and for each year of the renewal period as required in RCW 18.71.-310(2))	25.00

[Statutory Authority: RCW 18.71.017, 18.71A.020 and 43.70.280. 02-05-009, § 246-919-990, filed 2/8/02, effective 3/11/02. Statutory Authority: RCW 18.71.017, 18.130.050(1), 18.130.040(4), 18.130.050(12) and 18.130.340. 99-23-090, § 246-919-990, filed 11/16/99, effective 1/1/00. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-919-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.71.017 and 43.70.250. 97-15-100, § 246-919-990, filed 7/21/97, effective 8/21/97. Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-990, filed 1/17/96, effective 2/17/96.]

Chapter 246-922 WAC
PODIATRIC PHYSICIANS AND SURGEONS

WAC

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).

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[Statutory Authority: RCW 18.71.017 and 18.71.370. 01-16-010, § 246-919-845, filed 7/19/01, effective 8/19/01.]

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[Statutory Authority: RCW 18.71.017 and 18.71.370. 01-16-010, § 246-919-846, filed 7/19/01, effective 8/19/01.]

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(2) Postgraduate training limited licenses must be renewed every year to correspond to program date.

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(4) The applicants and licensees must pay the following nonrefundable fees:

Title of Fee	Fee
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Application*	$300.00
Retired active physician license renewal*	100.00
Retired active late renewal penalty	50.00
Two-year renewal*	400.00
Late renewal penalty	100.00
Expired license reissuance	200.00
Certification of license	50.00
Duplicate license	15.00
Temporary permit	50.00
Application fee for transitioning from a postgraduate training limited license*	100.00
Postgraduate limited license fees: RCW 18.71.095	
Limited license application*	200.00
Limited license renewal*	200.00
Limited duplicate license	15.00
Impaired physician program *(assessed at $25.00 on each application and for each year of the renewal period as required in RCW 18.71.-310(2))	25.00

[Statutory Authority: RCW 18.71.017, 18.71A.020 and 43.70.280. 02-05-009, § 246-919-990, filed 2/8/02, effective 3/11/02. Statutory Authority: RCW 18.71.017, 18.130.050(1), 18.130.040(4), 18.130.050(12) and 18.130.340. 99-23-090, § 246-919-990, filed 11/16/99, effective 1/1/00. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-919-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.71.017 and 43.70.250. 97-15-100, § 246-919-990, filed 7/21/97, effective 8/21/97. Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-990, filed 1/17/96, effective 2/17/96.]

Chapter 246-922 WAC
PODIATRIC PHYSICIANS AND SURGEONS

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-922-090 Delegation of acts to unlicensed persons. [Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-090, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-090, filed 1/18/91, effective 2/18/91; 87-04-050 (Order PM 638), § 308-31-100, filed 2/3/87; 84-02-077 (Order PL 450), § 308-31-100, filed 1/4/84.] Repealed by 99-14-074, filed 7/6/99, effective 8/6/99. Statutory Authority: RCW 18.22.015 and 18.130.050.

246-922-110 Acts that may not be performed by unlicensed persons. [Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-110, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-110, filed 1/18/91, effective 2/18/91; 87-04-050 (Order PM 638), § 308-31-120, filed 2/3/87; 84-02-077 (Order PL 450), § 308-31-120, filed 1/4/84.] Repealed by 94-05-051, filed 2/10/94, effective 3/13/94. Statutory Authority: RCW 18.22.015.

246-922-220 Exercise of professional judgment and skills. [Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-220, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-220, filed 1/18/91, effective 2/18/91; 84-02-077 (Order PL 450), § 308-31-520, filed 1/4/84.] Repealed by 94-05-051, filed 2/10/94, effective 3/13/94. Statutory Authority: RCW 18.22.015.

246-922-250 Excessive fees. [Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-250, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-250, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.22.015 and 18.22.010(5). 86-22-042 (Order PM 624), § 308-31-550, filed 11/3/86. Statutory Authority: RCW 18.22.015. 84-02-077 (Order PL 450), § 308-31-550, filed 1/4/84.] Repealed by 94-05-051, filed 2/10/94, effective 3/13/94. Statutory Authority: RCW 18.22.015.

246-922-275 Address notification. [Statutory Authority: RCW 18.22.015. 93-18-036, § 246-922-275, filed 8/26/93, effective 9/26/93.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-922-280 Renewal expiration date. [Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-280, filed 4/25/91, effective 5/26/91.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-922-320 Certification of compliance. [Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-320, filed 4/25/91, effective 5/26/91.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

WAC 246-922-001 Scope of practice. (1) An "ailment of the human foot" as set forth in RCW 18.22.010 is defined as any condition, symptom, disease, complaint, or disability involving the functional foot. The functional foot includes the anatomical foot and any muscle, tendon, ligament, or other soft tissue structure directly attached to the anatomical foot and which impacts upon or affects the foot or foot function and osseous structure up to and including the articulating surfaces of the ankle joint.

(2) In diagnosing or treating the ailments of the functional foot, a podiatric physician and surgeon is entitled to utilize medical, surgical, mechanical, manipulative, radiological, and electrical treatment methods and the diagnostic procedure or treatment method may be utilized upon an anatomical location other than the functional foot. The diagnosis and treatment of the foot includes diagnosis and treatment necessary for preventive care of the well foot.

(3) A podiatric physician and surgeon may examine, diagnose, and commence treatment of ailments for which differential diagnoses include an ailment of the human foot. Upon determination that the condition presented is not an ailment of the human foot, the podiatric physician and surgeon shall obtain an appropriate consultation or make an appropriate referral to a licensed health care practitioner authorized by law to treat systemic conditions. The podiatric physician and surgeon may take emergency actions as are reasonably necessary to protect the patient's health until the intervention of a licensed health care practitioner authorized by law to treat systemic conditions.

(4) A podiatric physician and surgeon may diagnose or treat an ailment of the human foot caused by a systemic condition provided an appropriate consultation or referral for the systemic condition is made to a licensed health care practitioner authorized by law to treat systemic conditions.

(5) A podiatric physician and surgeon shall not administer a general or spinal anesthetic, however, a podiatric physician and surgeon may treat ailments of the human foot when the treatment requires use of a general or spinal anesthetic provided that the administration of the general or spinal anesthetic is by or under the supervision of a physician authorized under chapter 18.71 or 18.57 RCW.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-001, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-001, filed 1/18/91, effective 2/18/91; 87-09-045 (Order PM 643), § 308-31-025, filed 4/14/87; 87-04-050 (Order PM 638), § 308-31-025, filed 2/3/87.]

WAC 246-922-010 Definitions. (1) Chiropody, podiatry, and podiatric medicine and surgery shall be synonymous.

(2) "Board" shall mean the Washington state podiatric medical board.

(3) "Secretary" shall mean the secretary of the department of health.

(4) "Supervision" shall mean that a licensed podiatric physician and surgeon whose patient is being treated has personally diagnosed the condition to be treated and has personally authorized and directed the procedures to be performed.

A podiatric physician and surgeon shall be physically present in the treatment facility while the procedures are performed.

(5) "Treatment facility" means a podiatric medical office or connecting suite of offices, podiatric medical clinic, room or area with equipment to provide podiatric medical treatment, or the immediately adjacent rooms or areas. A treatment facility does not extend to any other area of a building in which the treatment facility is located.

(6) "Unlicensed person" means a person who is not a podiatric physician and surgeon duly licensed pursuant to the provisions of chapter 18.22 RCW.

(7) Orthotic devices defined:

(a) Prefabricated or off-the-shelf orthotics, are devices that are manufactured as commercially available stock items for no specific patient. It is appropriate to dispense prefabricated orthotic devices for some conditions.

(b) Direct-formed orthotics are devices formed or shaped during the molding process directly on the patient's foot.

(c) Custom-fabricated orthotics, also known as custom-made orthotics, are devices designed and fabricated, in turn, from raw materials for a specific patient, and require the generation of an image, form, or mold that replicates the patient's foot, and, in turn, involves the rectification of dimensions, contours, and volumes to achieve proper fit, comfort, and function for that specific patient.

Prefabricated orthotic devices that have been adjusted or modified may not be dispensed and sold to consumers as custom fabricated or custom-made orthotics. All orthotic devices must be correctly represented and charged to the patient.

[Statutory Authority: RCW 18.22.015 and 18.130.050. 99-14-074, § 246-922-010, filed 7/6/99, effective 8/6/99. Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-010, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-010, filed 1/18/91, effective 2/18/91; 84-02-077 (Order PL 450), § 308-31-020, filed 1/4/84; Order PL 128, § 308-31-020, filed 7/7/72.]

WAC 246-922-020 Board officers. In addition to electing a board member to serve as chairperson as required by RCW 18.22.014, the board shall also elect a vice-chairperson and a secretary from among its members.

The board shall schedule an annual election of members to the above named offices.

[Statutory Authority: RCW 18.22.015. 91-03-095 (Order 118B), recodified as § 246-922-020, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.22.015(8). 86-01-041 (Order PL 573), § 308-31-001, filed 12/13/85.]

WAC 246-922-030 Approved schools of podiatric medicine. For the purpose of the laws relating to podiatric medicine, the board approves the following list of schools of podiatric medicine: California College of Podiatric Medicine, San Francisco, California; College of Podiatric Medicine and Surgery, Des Moines, Iowa; New York College of Podiatric Medicine, New York, New York; Ohio College of Podiatric Medicine, Cleveland, Ohio; Pennsylvania College of Podiatric Medicine, Philadelphia, Pennsylvania; Dr. William Scholl College of Podiatric Medicine, Chicago, Illinois; Barry University School of Podiatric Medicine, Miami Shores, Florida.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-030, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-030, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.22.015 and 18.22.010(5). 86-22-042 (Order PM 624), § 308-31-030, filed 11/3/86. Statutory Authority: 1982 c 21 § 10. 83-03-032 (Order 418), § 308-31-030, filed 1/14/83.]

WAC 246-922-032 Postgraduate podiatric medical training defined. (1) For the purposes of this chapter, postgraduate podiatric medical training shall be considered to mean clinical training that meets the educational standards established by the profession. The training must be acquired after satisfactory completion of a course in an approved school of podiatric medicine and surgery as specified in RCW 18.22.040. Clinical performance shall be deemed satisfactory to fulfill the purposes of this requirement. This definition shall be considered to include, but not be limited to, rotating podiatric residency, podiatric orthopedic residency, and podiatric surgical residency.

(2) The board approves the following postgraduate clinical training courses: Programs approved by the American Podiatric Medical Association Council on Podiatric Medical Education which are listed in the 1992-1993 directory of *Approved Residencies in Podiatric Medicine,* and programs approved by the Council on Podiatric Medical Education at the time the postgraduate training was obtained.

[Statutory Authority: RCW 18.22.015. 94-05-051, § 246-922-032, filed 2/10/94, effective 3/13/94.]

WAC 246-922-033 Eligibility for licensure. An applicant for licensure or limited licensure must file a completed application and applicable fee, which shall include information and documentation relative to education and training, past practice performance, licensure history, and a record of all adverse or correctional actions taken by another state or appropriate regulatory body, ability to safely practice podiatric medicine with reasonable skill and safety to the consumer, and other relevant documentation or information as the board may require to determine fitness or eligibility for licensure.

(1) Applicants requesting a license to practice podiatric medicine shall have completed one year postgraduate podiatric medical training in a program approved by the board as defined in WAC 246-922-032, provided that applicants graduating before July 1, 1993, shall be exempt from the postgraduate training requirement.

(2) Applicants requesting a limited license to practice in an approved postgraduate podiatric medical training program shall have graduated from an approved school of podiatric medicine and surgery.

[Statutory Authority: RCW 18.22.015. 94-05-051, § 246-922-033, filed 2/10/94, effective 3/13/94.]

WAC 246-922-035 Temporary practice permit. A temporary permit to practice podiatric medicine and surgery may be issued to an individual licensed in another state that has substantially equivalent licensing standards to those in Washington.

(1) The temporary permit may be issued upon receipt of the following:

(a) Documentation from the reciprocal state that the licensing standards used for issuing the license are substan-

tially equivalent to the current Washington licensing standards;

(b) A completed application form and application and temporary permit fees;

(c) Verification of all state licenses, whether active or inactive, indicating that the applicant is not subject to charges or disciplinary action for unprofessional conduct or impairment; and

(d) Verification from the federation of state podiatric medical board's disciplinary action data bank that the applicant has not been disciplined by a state board or federal agency.

(2) The temporary permit shall be issued for sixty days at which time it will become invalid.

(3) A temporary permit shall be issued only once to each applicant. An applicant who does not complete the application process shall not receive a subsequent temporary permit or refund.

[Statutory Authority: RCW 18.22.015. 93-18-036, § 246-922-035, filed 8/26/93, effective 9/26/93.]

WAC 246-922-040 Examinations. (1) In order to be licensed to practice podiatric medicine and surgery in the state of Washington, all applicants except those who are seeking licensure by endorsement from another state under subsection (8) of this section, must pass Part I and Part II of the national examination prepared by the National Board of Podiatric Medical Examiners in addition to the PMLexis examination approved by the Washington state podiatric medical board as the state examination.

(2) The Washington state podiatric medical examination shall include the following topics: Medicine and general podiatric medicine, to include but not limited to, microbiological diseases, dermatology, neurology, cardiovascular-respiratory, musculoskeletal, metabolic and endocrine, medical emergencies and trauma, rheumatology; and therapeutics, to include but not limited to, pharmacology, physical medicine and rehabilitation, local therapy, systemic therapy, surgery, and biomechanics.

(3) The state examination shall be administered twice annually on the second Tuesday of June and the first Tuesday of December. Applications for examination or reexamination shall be received in the office of the professional licensing services division, department of health, no later than April 15th for the following June examination and October 1 for the following December examination.

(4) Every applicant for a podiatric physician and surgeon license shall be required to pass the state examination with a grade of at least 75.

(5) The board shall approve the method of grading each examination, and shall apply such method uniformly to all applicants taking the examination.

(6) The board and the department shall not disclose any applicant's examination score to anyone other than the applicant, unless requested to do so in writing by the applicant.

(7) The applicant will be notified, in writing, of his or her examination scores.

(8) Applicants for licensure who have been licensed by examination in another state or who have successfully passed the examinations given by the National Board of Podiatric Medical Examiners will be required to pass the state approved examination. If the examination taken in another state is the Virginia or PMLexis examination and the applicant passed the Virginia examination or PMLexis on or after June 1988 the applicant shall be deemed to have passed the approved examination in this state.

(9) Applicants failing the state approved examination whether taken in this or another state in which the Virginia or PMLexis examination was taken after June 1988 may be reexamined no more than three times. Applicants who have failed the state approved examination three times may petition the board to be permitted to retake the examination on additional occasions and the applicant must provide satisfactory evidence to the board that he or she has taken remedial measures to increase his or her likelihood of passing the examination. If the applicant does not provide satisfactory evidence to the board, the board shall deny the request to retake the examination until such time that the applicant can provide satisfactory evidence of remedial measures undertaken to increase his or her likelihood of passing the examination.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-040, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-040, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.22.015 and 1988 c 206 § 604. 89-02-047 (Order PM 813), § 308-31-010, filed 12/30/88. Statutory Authority: RCW 18.22.015(8). 88-11-034 (Order 733), § 308-31-010, filed 5/13/88. Statutory Authority: RCW 18.22.015 and 18.22.010(5). 86-22-042 (Order PM 624), § 308-31-010, filed 11/3/86. Statutory Authority: 1982 c 21 § 10. 83-03-032 (Order 418), § 308-31-010, filed 1/14/83; Order PL 250, § 308-31-010, filed 5/28/76; Order PL 128, § 308-31-010, filed 7/7/72.]

WAC 246-922-045 Examination conduct. Failure to follow written or oral instructions relative to the conduct of the examination, including termination time of the examination will be considered grounds for expulsion from the examination.

Applicants will be required to refrain from talking to other examinees during the examination unless specifically directed or permitted to do so by a test proctor. Any applicant observed talking or attempting to give or receive information, or using unauthorized materials during any portion of the examination may be expelled from the examination and deemed to have failed the examination.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-045, filed 4/25/91, effective 5/26/91.]

WAC 246-922-050 Identification of licensees. Each person licensed pursuant to chapter 18.22 RCW must be clearly identified to the public as a doctor of podiatric medicine at every establishment in which he or she is engaged in the practice of podiatric medicine and surgery. Such identification must indicate the name of the licensee at or near the entrance to the licensee's office. Only the names of people actually practicing at a location may appear at that location or in any advertisements or announcements regarding that location. The name of an individual who has previously practiced at a location may remain in use in conjunction with that location for a period of no more than one year from the date that person ceases to practice at the location.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-050, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-050, filed 1/18/91, effective 2/18/91. Statutory Authority: 1982 c 21 § 10. 83-03-032 (Order 418), § 308-31-040, filed 1/14/83.]

WAC 246-922-055 Reciprocity requirements. An applicant licensed in another state must file with the secretary verification of the license certified by the proper authorities of the issuing state to include the issue date, license number, current expiration date, and whether any action has been taken to revoke, suspend, restrict, or otherwise sanction the licensee for unprofessional conduct or that the licensee may not be able to practice his or her profession with reasonable skill and safety to consumers as a result of a physical or mental condition. The applicant must document that the educational standards, eligibility requirements, and examinations of that state are at least equal in all respects to those of this state.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-055, filed 4/25/91, effective 5/26/91.]

WAC 246-922-060 Presumption of responsibility for advertisements. Any licensed doctor of podiatric medicine whose name, office address or place of practice is mentioned in any advertisement of any kind or character shall be presumed to have caused, allowed, permitted, approved and sanctioned such advertising and shall be presumed to be personally responsible for the content and character thereof. Once sufficient evidence of the existence of the advertisement has been introduced at any hearing before the Washington podiatric medical board, the burden of establishing proof to rebut this presumption by a preponderance of the evidence shall be upon the doctor of podiatric medicine.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-060, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-060, filed 1/18/91, effective 2/18/91. Statutory Authority: 1982 c 21 § 10. 83-03-032 (Order 418), § 308-31-050, filed 1/14/83.]

WAC 246-922-070 AIDS prevention and information education requirements. Applicants must complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-922-070, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-070, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-070, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.22.015 and 1988 c 206 § 604. 89-02-047 (Order PM 813), § 308-31-057, filed 12/30/88.]

WAC 246-922-080 Advertisements prior to licensure prohibited. Any individual who has not been licensed to practice as a podiatric physician and surgeon by the state of Washington is prohibited from advertising as practicing podiatric medicine and surgery in this state, by any means including placement of a telephone listing in any telephone directory.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-080, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-080, filed 1/18/91, effective 2/18/91. Statutory Authority: 1982 c 21 § 10. 83-03-032 (Order 418), § 308-31-060, filed 1/14/83.]

WAC 246-922-100 Acts that may be delegated to an unlicensed person. A podiatric physician and surgeon may authorize the delegation of certain duties to nonpodiatric personnel and prohibit the delegation of certain other duties. The licensed podiatric physician and surgeon is ultimately responsible for all treatments performed at his or her direction. Duties that may be delegated to a person not licensed to practice podiatric medicine and surgery may be performed only under the supervision of a licensed podiatric physician and surgeon. The extent of delegation and the degree of supervision required to assure that the treatment is appropriate and does not jeopardize the systemic or pedal health of the patient varies with, among other considerations, the nature of the procedure and the qualifications of the person to whom the duty is delegated. A podiatric physician and surgeon may allow an unlicensed person to perform the following acts under the podiatric physician and surgeon's supervision limited to the following:

(1) Patient education in foot hygiene.

(2) Deliver a sedative drug in an oral dosage form to patient.

(3) Give preoperative and postoperative instructions.

(4) Assist in administration of nitrous oxide analgesia or sedation, but the unlicensed person shall not start the administration of the gases and shall not adjust the flow of the gases unless instructed to do so by the podiatric physician and surgeon. Patients must never be left unattended while nitrous oxide analgesia or sedation is administered to them. This regulation shall not be construed to prevent any person from taking appropriate action in the event of a medical emergency.

(5) Take health histories.

(6) Determine rate and quality of patient's radial pulses.

(7) Measure the patient's blood pressure.

(8) Perform a plethysmographic or doppler study.

(9) Observe the nature of the patient's shoes and hose.

(10) Observe and report wearing patterns on the patient's shoes.

(11) Assist in obtaining material for a culture-sensitivity test.

(12) Take scrapings from the skin or nails of the feet, prepare them for microscopic and culture examination.

(13) Perform weightbearing and nonweightbearing x-rays.

(14) Photograph patient's foot disorder.

(15) Debride hyperkeratotic tissues of the foot.

(16) Remove and apply dressing and/or padding.

(17) Make necessary adjustments to the biomechanical device.

(18) Produce impression casting of the foot.

(19) Produce the following:

(a) Removable impression insoles and modifications.

(b) Protective devices for alleviating or dispersing pressure on certain deformities or skin lesions such as ulcers, corns, calluses, digital amputation stumps (e.g., latex shields).

(20) Apply strap and/or pad to the foot and/or leg.

(21) Prepare the foot for anesthesia as needed.

(22) Know the indications for and application of cardiopulmonary resuscitation (CPR).

(23) Prepare and maintain a surgically sterile field.

(24) Apply flexible cast (e.g., Unna Boot).

(25) Apply cast material for immobilization of the foot and leg.

(26) Remove sutures.

(27) Debride nails.

(28) Administer mechanical, manipulative and electrical treatment as directed by the podiatric physician and surgeon.

(29) Counsel and instruct patients in the basics of:

(a) Their examination, treatment regimen and prophylaxis for a problem.

(b) Patient and family foot health promotion practices.

(c) Patient and family care of specific diseases affecting the foot (e.g., diabetes, cerebrovascular accident, arthritis).

(d) Performing certain exercises and their importance.

(30) Give patient or family supplementary health education materials.

[Statutory Authority: RCW 18.22.015 and 18.130.050. 99-14-074, § 246-922-100, filed 7/6/99, effective 8/6/99. Statutory Authority: RCW 18.22.015. 94-05-051, § 246-922-100, filed 2/10/94, effective 3/13/94; 91-10-041 (Order 158B), § 246-922-100, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-100, filed 1/18/91, effective 2/18/91; 84-02-077 (Order PL 450), § 308-31-110, filed 1/4/84.]

WAC 246-922-120 General provisions. (1) "Unprofessional conduct" as used in these regulations shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" shall mean any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" shall mean any health care institution which comes under chapter 18.51 RCW.

(4) "Board" shall mean the Washington state podiatric medical board, whose address is:

Department of Health
Professional Licensing Services
1300 Quince St.,
P.O. Box 47868
Olympia, WA 98504-7868

(5) "Podiatric physician and surgeon" shall mean a person licensed pursuant to chapter 18.22 RCW.

(6) "Mentally or physically disabled podiatric physician and surgeon" shall mean a podiatric physician and surgeon who has either been determined by a court to be mentally incompetent or mentally ill or who is unable to practice podiatric medicine and surgery with reasonable skill and safety to patients by reason of any mental or physical condition.

[Statutory Authority: RCW 18.22.015. 94-05-051, § 246-922-120, filed 2/10/94, effective 3/13/94; 91-10-041 (Order 158B), § 246-922-120, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-120, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.130.170 and chapter 18.22 RCW. 90-12-013 (Order 060), § 308-31-210, filed 5/30/90, effective 6/30/90.]

WAC 246-922-130 Mandatory reporting. (1) All reports required by these regulations shall be submitted to the board as soon as possible, but no later than sixty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address and telephone number of the person making the report.

(b) The name, address and telephone number of the podiatric physician and surgeon being reported.

(c) The case number of any patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-130, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-130, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.130.170 and chapter 18.22 RCW. 90-12-013 (Order 060), § 308-31-220, filed 5/30/90, effective 6/30/90.]

WAC 246-922-140 Health care institutions. The chief administrator or executive officer of any hospital or nursing home shall report to the board when any podiatric physician and surgeon's services are terminated or are restricted based on a determination that the podiatric physician and surgeon has either committed an act or acts which may constitute unprofessional conduct or that the podiatric physician and surgeon may be mentally or physically impaired. Said officer shall also report if a podiatric physician and surgeon accepts voluntary termination or restriction of clinical privileges in lieu of formal action based upon unprofessional conduct or upon being mentally or physically impaired.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-140, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-140, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.130.170 and chapter 18.22 RCW. 90-12-013 (Order 060), § 308-31-230, filed 5/30/90, effective 6/30/90.]

WAC 246-922-150 Podiatric medical associations or societies. The president or chief executive officer of any podiatric medical association or society within this state shall report to the board when the association or society determines that a podiatric physician and surgeon has committed unprofessional conduct or that a podiatric physician and surgeon may not be able to practice podiatric medicine and surgery with reasonable skill and safety to patients as the result of any mental or physical condition and constitutes an apparent risk to the public health, safety or welfare. The report required by this subsection shall be made without regard to whether the license holder appeals, accepts or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-150, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-150, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.130.170 and chapter 18.22 RCW. 90-12-013 (Order 060), § 308-31-240, filed 5/30/90, effective 6/30/90.]

WAC 246-922-160 Health care service contractors and disability insurance carriers. The executive officer of every health care service contractor and disability insurer regulated under chapters 48.20, 48.21, 48.21A and 48.44 RCW, operating in the state of Washington shall report to the

board all final determinations that a podiatric physician and surgeon may have engaged in over-utilization of services, has charged fees for services not actually provided, may have engaged in unprofessional conduct, or by reason of mental or physical impairment may be unable to practice the profession with reasonable skill and safety.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-160, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-160, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.130.170 and chapter 18.22 RCW. 90-12-013 (Order 060), § 308-31-250, filed 5/30/90, effective 6/30/90.]

WAC 246-922-170 State and federal agencies. The board requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a podiatric physician and surgeon is employed to provide patient care services, to report to the board whenever such a podiatric physician and surgeon has been judged to have demonstrated his/her incompetency or negligence in the practice of podiatric medicine and surgery, or has otherwise committed unprofessional conduct, or is mentally or physically impaired.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-170, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-170, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.130.170 and chapter 18.22 RCW. 90-12-013 (Order 060), § 308-31-260, filed 5/30/90, effective 6/30/90.]

WAC 246-922-180 Professional review organizations. Unless prohibited by federal law, every professional review organization operating within the state of Washington shall report to the board any determinations that a podiatric physician and surgeon may have engaged in unprofessional conduct, or by reason of mental or physical impairment may be unable to practice the profession with reasonable skill and safety.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-180, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-180, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.130.170 and chapter 18.22 RCW. 90-12-013 (Order 060), § 308-31-270, filed 5/30/90, effective 6/30/90.]

WAC 246-922-190 Malpractice suit reporting. Every licensed podiatric physician and surgeon shall, within sixty days after settlement or judgment, notify the board of any and all malpractice settlements or judgments in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by a podiatric physician and surgeon's incompetency or negligence in the practice of podiatric medicine and surgery. Every podiatric physician and surgeon shall also report the settlement or judgment of three or more claims or actions for damages during a one-year period as the result of the alleged podiatric physician and surgeon's incompetence or negligence in the practice of podiatric medicine and surgery regardless of the dollar amount of the settlement or judgment.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-190, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-190, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.130.170 and chapter 18.22 RCW. 90-12-013 (Order 060), § 308-31-280, filed 5/30/90, effective 6/30/90.]

WAC 246-922-200 Professional and ethical standards. In addition to those standards specifically expressed in chapter 18.22 RCW and chapter 18.130 RCW, the board adopts the standards that follow in governing or regulating the practice of podiatric physicians and surgeons within the state of Washington.

Podiatric medicine and surgery is that specialty of medicine and research that seeks to diagnose, treat, correct and prevent ailments of the human foot. A podiatrist shall hold foremost the principal objectives to render appropriate podiatric medical services to society and to assist individuals in the relief of pain or correction of abnormalities, and shall always endeavor to conduct himself or herself in such a manner to further these objectives.

The podiatric physician and surgeon owes to his or her patients a reasonable degree of skill and quality of care. To this end, the podiatric physician and surgeon shall endeavor to keep abreast of new developments in podiatric medicine and surgery and shall pursue means that will lead to improvement of his or her knowledge and skill in the practice of podiatric medicine and surgery. "Quality of care" consists of the following elements:

(1) Necessity of care.

(2) Appropriateness of service rendered in view of the diagnosis.

(3) Utilization of services (over or under).

(4) Quality of service(s) rendered.

(5) Whether the service(s) reported had been actually rendered.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-200, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-200, filed 1/18/91, effective 2/18/91; 87-09-045 (Order PM 643), § 308-31-500, filed 4/14/87; 87-04-050 (Order PM 638), § 308-31-500, filed 2/3/87; 84-02-077 (Order PL 450), § 308-31-500, filed 1/4/84.]

WAC 246-922-210 Patient abandonment. The podiatric physician and surgeon shall always be free to accept or reject a particular patient, but once care is undertaken, the podiatric physician and surgeon shall not neglect the patient as long as that patient cooperates with, requests, and authorizes the podiatric medical services for the particular problem.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-210, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-210, filed 1/18/91, effective 2/18/91; 84-02-077 (Order PL 450), § 308-31-510, filed 1/4/84.]

WAC 246-922-230 Prohibited transactions. A podiatric physician and surgeon shall not compensate or give anything of value to a representative of the press, radio, television or other communication media in anticipation of or in return for professional publicity of any individual podiatric physician and surgeon in a news item.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-230, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-230, filed 1/18/91, effective 2/18/91; 84-02-077 (Order PL 450), § 308-31-530, filed 1/4/84.]

WAC 246-922-235 Prohibited publicity and advertising. A podiatric physician and surgeon shall not use or allow to be used any form of public communications or advertising

connected with his or her profession or in his or her professional capacity as a podiatric physician which is false, fraudulent, deceptive, or misleading or which contains any implication or statement likely to mislead or deceive because in context it makes only a partial disclosure of relevant facts.

[Statutory Authority: RCW 18.22.015. 93-18-036, § 246-922-235, filed 8/26/93, effective 9/26/93.]

WAC 246-922-240 Soliciting patients. A podiatric physician and surgeon shall not participate in the division of fees or agree to split or divide fees received for podiatric medical services with any person for bringing or referring patients.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-240, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-240, filed 1/18/91, effective 2/18/91; 84-02-077 (Order PL 450), § 308-31-540, filed 1/4/84.]

WAC 246-922-260 Maintenance of patient records. Any podiatric physician and surgeon who treats patients in the state of Washington shall maintain complete and legible treatment records regarding patients treated. These records shall include, but shall not be limited to x-rays, treatment plans, patient charts, patient histories, correspondence, financial data and billing. These records shall be retained by the podiatric physician and surgeon in an orderly, accessible file and shall be readily available for inspection by the Washington state podiatric medical board or its authorized representative. Complete patient treatment records shall be maintained for a minimum of seven years after treatment is rendered.

[Statutory Authority: RCW 18.22.015. 94-05-051, § 246-922-260, filed 2/10/94, effective 3/13/94; 91-10-041 (Order 158B), § 246-922-260, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-260, filed 1/18/91, effective 2/18/91; 84-02-077 (Order PL 450), § 308-31-560, filed 1/4/84.]

WAC 246-922-270 Inventory of legend drugs and controlled substances. Every podiatric physician and surgeon shall maintain a record of all legend drugs and controlled substances that he or she has prescribed or dispensed. This record shall include the date prescribed or the date dispensed, the name of the patient prescribed or dispensed to, the name of the medication, and the dosage and amount of the medication prescribed or dispensed. The record of the medication prescribed or dispensed will be clearly indicated on the patient record.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-270, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-270, filed 1/18/91, effective 2/18/91; 84-02-077 (Order PL 450), § 308-31-570, filed 1/4/84.]

WAC 246-922-285 Retired active credential. A practitioner may obtain a retired active credential. Refer to the requirements of chapter 246-12 WAC, Part 5.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-922-285, filed 2/13/98, effective 3/16/98.]

WAC 246-922-290 Inactive credential. A practitioner may obtain an inactive credential. Refer to the requirements of chapter 246-12 WAC, Part 4.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-922-290, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-290, filed 4/25/91, effective 5/26/91.]

WAC 246-922-295 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, and the practitioner has been in active practice in another United States jurisdiction, the practitioner must:

(a) Submit verification of active practice from any other United States jurisdiction;

(b) Provide documentation relative to any malpractice settlements or judgments within the past five years;

(c) Meet the requirements of chapter 246-12 WAC, Part 2.

(3) If the license has expired for over three years, and the practitioner has not been in active practice in another United States jurisdiction, the practitioner:

(a) May be required to be reexamined as provided in RCW 18.22.083;

(b) Provide documentation relative to any malpractice settlements or judgments within the past five years;

(c) Must meet the requirements of chapter 246-12 WAC, Part 2.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-922-295, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-295, filed 4/25/91, effective 5/26/91.]

WAC 246-922-300 Podiatric continuing education required. The podiatric medical board encourages licensees to deliver high-quality patient care. The board recognizes that continuing education programs designed to inform practitioners of recent developments within podiatric medicine and relative fields and review of various aspects of basic professional education and podiatric practice are beneficial to professional growth. The board encourages participation in podiatric continuing education as a mechanism to maintain and enhance competence.

(1) Fifty contact hours of scientific podiatric continuing education is required every two years when the license is renewed to maintain a current license as provided in chapter 246-12 WAC, Part 7.

Five credit hours may be granted for one hour of course instruction. A maximum of ten hours may be claimed per reporting period.

(2) Approved courses shall be scientific in nature designed to provide information and enhancement of current knowledge of the mechanisms of disease and treatment, which may include applicable clinical information.

(a) Serving as a resident in an approved post-graduate residency training program shall satisfy the continuing education credit for the reporting period.

(b) Continuing education activities which do not affect the delivery of patient care, (e.g., marketing and billing), may not be claimed for continuing education credit.

[Statutory Authority: RCW 18.22.015. 99-20-096, § 246-922-300, filed 10/5/99, effective 11/5/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-922-300, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.22.015. 94-05-051, § 246-922-300, filed 2/10/94, effective 3/13/94; 91-10-041 (Order 158B), § 246-922-300, filed 4/25/91, effective 5/26/91.]

WAC 246-922-310 Categories of creditable podiatric continuing education activities. The following categories of creditable podiatric continuing education activities sponsored by the following organizations are approved by the board. The credits must be earned in the twenty-four month period preceding the licensee's reporting period. One contact hour is defined as a typical fifty-minute classroom instructional session or its equivalent.

(1) Scientific courses or seminars approved by the American Podiatric Medical Association and its component societies and affiliated and related organizations.

(2) Scientific courses or seminars offered by accredited, licensed, or otherwise approved hospitals, colleges, and universities and their associated foundations and institutes offering continuing education programs in podiatric medicine.

(3) Scientific courses or seminars offered by recognized nonpodiatric medical and health-care related societies (e.g., the American Medical Association, the American Physical Therapy Association) offering continuing education programs related to podiatric medicine.

(4) Scientific courses or seminars offered by other nonprofit organizations, other proprietary organizations, and individuals offering continuing education in podiatric medicine.

(5) A post-graduate residency training program accredited by the council on podiatric medical education.

[Statutory Authority: RCW 18.22.015. 99-20-096, § 246-922-310, filed 10/5/99, effective 11/5/99; 94-05-051, § 246-922-310, filed 2/10/94, effective 3/13/94; 91-10-041 (Order 158B), § 246-922-310, filed 4/25/91, effective 5/26/91.]

WAC 246-922-400 Intent. It is the intent of the legislature that the podiatric medical board seek ways to identify and support the rehabilitation of podiatric physicians and surgeons where practice or competency may be impaired due to the abuse of or dependency upon drugs or alcohol. The legislature intends that these practitioners be treated so that they can return to or continue to practice podiatric medicine and surgery in a way which safeguards the public. The legislature specifically intends that the podiatric medical board establish an alternate program to the traditional administrative proceedings against podiatric physicians and surgeons.

In lieu of disciplinary action under RCW 18.130.160, if the podiatric medical board determines that the unprofessional conduct may be the result of substance abuse or dependency, the board may refer the licensee to a voluntary substance abuse monitoring program approved by the board.

[Statutory Authority: RCW 18.22.015 and chapter 18.22 RCW. 94-14-082, § 246-922-400, filed 7/5/94, effective 8/5/94.]

WAC 246-922-405 Definitions used relative to substance abuse monitoring. (1) "Approved substance abuse/dependency monitoring program" or "approved monitoring program" is a program the board has determined meets the requirements of the law and rules established by the board according to the Washington Administrative Code which enters into a contract with podiatric practitioners who have substance abuse/dependency problems. The approved substance abuse monitoring program oversees compliance of the podiatric practitioner's recovery activities as required by the board. Substance abuse monitoring programs may provide evaluation and/or treatment to participating podiatric practitioners.

(2) "Impaired podiatric practitioner" means a podiatric physician and surgeon who is unable to practice podiatric medicine and surgery with judgment, skill, competence, or safety due to chemical dependence/substance abuse.

(3) "Contract" is a comprehensive, structured agreement between the recovering podiatric practitioner and the approved monitoring program wherein the podiatric practitioner consents to comply with the monitoring program and the required components for the podiatric practitioner's recovery activity.

(4) "Approved treatment facility" is a facility approved by the bureau of alcohol and substance abuse, department of social and health services.

(5) "Chemical dependence/substance abuse" means an illness/condition which involves the inappropriate use of alcohol and/or other drugs to a degree that such use interferes in the functional life of the licensee, as manifested by personal, family, physical, emotional, occupational (professional services), legal, or spiritual problems.

(6) "Drug" means a chemical substance alone or in combination with other drugs, including alcohol.

(7) "Aftercare/continuing care" means that period of time after intensive treatment that provides the podiatric practitioner and the podiatric practitioner's family with group, or individualized counseling sessions, discussions with other families, ongoing contact and participation in self-help groups, and ongoing continued support of treatment program staff.

(8) "Podiatric practitioner support group" is a group of podiatric practitioners and/or other health care professionals meeting regularly to support the recovery of its members. The group provides a confidential setting with a trained and experienced facilitator in which participants may safely discuss drug diversion, licensure issues, return to work, and other professional issues related to recovery.

(9) "Twelve-step groups" are groups such as Alcoholics Anonymous, Narcotics Anonymous, and related organizations based on a philosophy of anonymity, belief in a power greater than oneself, peer group association, and self-help.

(10) "Random drug screens" are laboratory tests to detect the presence of drugs of abuse or dependency in body fluids which are performed at irregular intervals not known in advance by the person to be tested. The collection of the body fluids must be observed by a treatment or health care professional or other board or monitoring program-approved observer.

(11) "Recovering" means that a chemically dependent podiatric practitioner is in compliance with a treatment plan of rehabilitation in accordance with criteria established by an approved treatment facility and an approved substance abuse monitoring program.

(12) "Rehabilitation" means the process of restoring a chemically dependent podiatric practitioner to a level of professional performance consistent with public health and safety.

(13) "Reinstatement" means the process whereby a recovering podiatric practitioner is permitted to resume the practice of podiatric medicine and surgery.

[Statutory Authority: RCW 18.22.015 and chapter 18.22 RCW. 94-14-082, § 246-922-405, filed 7/5/94, effective 8/5/94.]

WAC 246-922-410 Approval of substance abuse monitoring programs. The board will approve the monitoring program(s) which will participate in the recovery of podiatric practitioners. The board will enter into a contract with the approved substance abuse monitoring program(s).

(1) An approved monitoring program:

(a) May provide evaluations and/or treatment to the participating podiatric practitioners;

(b) Shall enter into a contract with the podiatric practitioner and the board to oversee the podiatric practitioner's compliance with the requirement of the program;

(c) Shall maintain records on participants;

(d) Shall be responsible for providing feedback to the podiatric practitioner as to whether treatment progress is acceptable;

(e) Shall report to the board any podiatric practitioner who fails to comply with the requirements of the monitoring program;

(f) Shall provide the board with a statistical report and financial statement on the program, including progress of participants, at least annually, or more frequently as requested by the board;

(g) Shall provide for the board a complete biennial audited financial statement;

(h) Shall enter into a written contract with the board and submit monthly billing statements supported by documentation;

(2) Approved monitoring program staff must have the qualifications and knowledge of both substance abuse/dependency and the practice of podiatric medicine and surgery as defined in chapter 18.22 RCW to be able to evaluate:

(a) Drug screening laboratories;

(b) Laboratory results;

(c) Providers of substance abuse treatment, both individual and facilities;

(d) Podiatric practitioner support groups;

(e) Podiatric practitioners' work environment; and

(f) The ability of the podiatric practitioners to practice with reasonable skill and safety.

(3) The program staff of the approved monitoring program may evaluate and recommend to the board, on an individual basis, whether a podiatric practitioner will be prohibited from engaging in the practice of podiatric medicine and surgery for a period of time and restrictions, if any, on the podiatric practitioner's access to controlled substances in the workplace.

(4) The board shall provide the approved monitoring program board orders requiring treatment, monitoring, and/or limitations on the practice of podiatric medicine and surgery for those participating in the program.

[Statutory Authority: RCW 18.22.015 and chapter 18.22 RCW. 94-14-082, § 246-922-410, filed 7/5/94, effective 8/5/94.]

WAC 246-922-415 Participation in approved substance abuse monitoring program. (1) The podiatric practitioner who has been investigated by the board may accept board referral into the approved substance abuse monitoring program. Referral may occur in lieu of disciplinary action under RCW 18.130.160 or as a result of a board order as final disposition of a disciplinary action. The podiatric practitioner:

(a) Shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation is to be performed by a health care professional(s) with expertise in chemical dependency;

(b) Shall enter into a contract with the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to: The podiatric practitioner:

(i) Shall undergo intensive substance abuse treatment by an approved treatment facility;

(ii) Shall agree to abstain from the use of all mind-altering substances, including alcohol, except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101. Said prescriber shall notify the monitoring program of all drugs prescribed within fourteen days of the date care was provided;

(iii) Must complete the prescribed aftercare/continuing care program of the intensive treatment facility. This may include individual and/or group psychotherapy;

(iv) Must cause the treatment counselor(s) and authorized prescriber(s) to provide reports to the appropriate monitoring program at specified intervals. Reports shall include treatment prognosis, goals, drugs prescribed, etc;

(v) Shall submit to random drug screening, with observed specimen collection, as specified by the approved monitoring program;

(vi) Shall attend podiatric practitioner support groups facilitated by health care professionals and/or twelve-step group meetings as specified by the contract;

(vii) Shall comply with specified employment conditions and restrictions as defined by the contract;

(viii) Shall sign a waiver allowing the approved monitoring program to release information to the board if the podiatric practitioner does not comply with the requirements of the contract;

(c) Is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse/dependency treatment, random urine screens and other personal expenses incurred in compliance with the contract;

(d) May be subject to disciplinary action under RCW 18.130.160 and 18.130.180 if the podiatric practitioner does not consent to be referred to the approved monitoring program, does not comply with specified practice restrictions, or does not successfully complete the program.

(2) A podiatric practitioner who is not being investigated by the board or subject to current disciplinary action, not currently being monitored by the board for substance abuse or dependency, may voluntarily participate in the approved substance abuse monitoring program without being referred by the board. Such voluntary participants shall not be subject to disciplinary action under RCW 18.130.160 and 18.130.180 for their substance abuse/dependency, and shall not have

their participation made known to the board if they continue to satisfactorily meet the requirements of the approved monitoring program. The podiatric practitioner:

(a) Shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by a health care professional with expertise in chemical dependency;

(b) Shall enter into a contract with the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to: The podiatric practitioner:

(i) Shall undergo intensive substance abuse treatment by an approved treatment facility;

(ii) Shall agree to abstain from the use of all mind-altering substances, including alcohol, except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101. Said prescriber shall notify the monitoring program of all drugs prescribed within fourteen days of the date care was provided;

(iii) Must complete the prescribed aftercare/continuing care program of the intensive treatment facility. This may include individual and/or group therapy;

(iv) Must cause the treatment counselor(s) and authorized prescriber(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment prognosis, goals, drugs prescribed, etc;

(v) Shall submit to random drug screening, with observed specimen collection, as specified by the approved monitoring program;

(vi) Shall attend podiatric practitioner support groups facilitated by a health care professional and/or twelve-step group meetings as specified by the contract;

(vii) Shall comply with specified employment conditions and restrictions as defined by the contract;

(viii) Shall sign a waiver allowing the approved monitoring program to release information to the board if the podiatric practitioner does not comply with the requirements of the contract. The podiatric practitioner may be subject to disciplinary action under RCW 18.130.160 and 18.130.180 for noncompliance with the contract or if he/she does not successfully complete the program;

(c) Is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse/dependency treatment, random urine screens, and other personal expenses incurred in compliance with the contract.

[Statutory Authority: RCW 18.22.015 and chapter 18.22 RCW. 94-14-082, § 246-922-415, filed 7/5/94, effective 8/5/94.]

WAC 246-922-500 Adjudicative proceedings. The board adopts the model procedural rules for adjudicative proceedings as adopted by the department of health and contained in chapter 246-11 WAC, including subsequent amendments.

[Statutory Authority: RCW 18.22.015 and 18.130.050. 94-09-008, § 246-922-500, filed 4/11/94, effective 5/12/94.]

WAC 246-922-990 Podiatry fees 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.]

WAC 246-922-995 Conversion to a birthday renewal cycle. (1) The annual license renewal date is changed to coincide with the practitioner's birthday.

(2) Renewal fees will be prorated during the transition period while renewal dates are changed to coincide with the practitioner's birthday.

(3) After the initial conversion to a staggered system, practitioners will annually renew their license on their birthday at the current renewal rate.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-922-995, filed 2/13/98, effective 3/16/98.]

Chapter 246-924 WAC
PSYCHOLOGISTS

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-924-120 Psychologists—Renewal of licenses. [Statutory Authority: RCW 18.83.050(5). 94-12-039, § 246-924-120, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-120, filed 1/28/91, effective 2/28/91. Statutory Authority: 1988 c 206 § 604. 88-23-059 (Order PM 798), § 308-122-350, filed 11/15/88; Order PL 227, § 308-122-350, filed 11/5/75; Order PL 177, § 308-122-350, filed 10/15/74.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-924-190 Staggered effective periods for new continuing education rules, WAC 308-122-563 through 308-122-583. [Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-190, filed 1/28/91, effective 2/28/91.] Repealed by 94-12-039, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050(5).

246-924-200 Continuing education—General requirements. [Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-200, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5). 86-04-087 (Order PL 578), § 308-122-505, filed 2/5/86; Order PL 276, § 308-122-505, filed 11/16/77.] Repealed by 94-12-039, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050(5).

246-924-210 Continuing education—Categories of creditable activities. [Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-210, filed 1/28/91, effective 2/28/91; Order PL 276, § 308-122-510, filed 11/16/77.] Repealed by 94-12-039, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050(5).

246-924-220 Continuing education—Categories of creditable activities. [Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-220, filed 1/28/91, effective 2/28/91.] Repealed by 94-12-039, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050(5).

246-924-260 Continuing education—Enforcement. [Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-260, filed 1/28/91, effective 2/28/91; Order PL 276, § 308-122-530, filed 11/16/77.] Repealed by 94-12-039, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050(5).

246-924-270 Continuing education—Exemptions. [Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-270, filed 1/28/91, effective 2/28/91; Order PL 276, § 308-122-535, filed 11/16/77.] Repealed by 94-12-039, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050(5).

246-924-280 Continuing education—Program or course approval. [Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-280, filed 1/28/91, effective 2/28/91; Order PL 276, § 308-122-540, filed 11/16/77.] Repealed by 94-12-039, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050(5).

246-924-290 Continuing education—Certification of compliance. [Statutory Authority: RCW 18.83.050(5). 94-12-039, § 246-924-290, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-290, filed 1/28/91, effective 2/28/91; Order PL 276, § 308-122-545, filed 11/16/77.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-924-310 Continuing education—Special considerations. [Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-310, filed 1/28/91, effective 2/28/91.] Repealed by 94-12-039, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050(5).

246-924-320 Continuing education—Enforcement. [Statutory Authority: RCW 18.83.050(5). 94-12-039, § 246-924-320, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-320, filed 1/28/91, effective 2/28/91.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-924-340 Continuing education—Program or course approval. [Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-340, filed 1/28/91, effective 2/28/91.] Repealed by 99-14-075, filed 7/6/99, effective 8/6/99. Statutory Authority: RCW 18.83.090.

246-924-350 Code of ethics—General considerations. [Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-350, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5). 85-06-044 (Order PL 522), § 308-122-600, filed 3/5/85.] Repealed by 93-07-036 (Order 337B), filed 3/10/93, effective 4/10/93. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW.

246-924-360 Responsibility. [Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-360, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5). 85-06-044 (Order PL 522), § 308-122-610, filed 3/5/85.] Repealed by 93-07-036 (Order 337B), filed 3/10/93, effective 4/10/93. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW.

246-924-370 Competence. [Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-370, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5). 85-06-044 (Order PL 522), § 308-122-620, filed 3/5/85.] Repealed by 93-07-036 (Order 337B), filed 3/10/93, effective 4/10/93. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW.

246-924-380 Moral and legal standards. [Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-380, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5). 86-04-087 (Order PL 578), § 308-122-630, filed 2/5/86.] Repealed by 93-07-036 (Order 337B), filed 3/10/93, effective 4/10/93. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW.

246-924-390 Public statements. [Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-390, filed 1/28/91, effective 2/28/91; 88-09-029 (Order PM 722), § 308-122-640, filed 4/15/88. Statutory Authority: RCW 18.83.050(5). 86-04-087 (Order

PL 578), § 308-122-640, filed 2/5/86; 85-06-044 (Order PL 522), § 308-122-640, filed 3/5/85.] Repealed by 93-07-036 (Order 337B), filed 3/10/93, effective 4/10/93. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW.

246-924-400 Confidentiality. [Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-400, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5). 85-06-044 (Order PL 522), § 308-122-650, filed 3/5/85.] Repealed by 93-07-036 (Order 337B), filed 3/10/93, effective 4/10/93. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW.

246-924-410 Welfare of the consumer. [Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-410, filed 1/28/91, effective 2/28/91; 91-04-020 (Order 117B), recodified as § 246-924-410, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5). 85-06-044 (Order PL 522), § 308-122-660, filed 3/5/85.] Repealed by 93-07-036 (Order 337B), filed 3/10/93, effective 4/10/93. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW.

246-924-420 Professional relationships. [Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-420, filed 1/28/91, effective 2/28/91; 91-04-020 (Order 117B), recodified as § 246-924-420, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5). 86-04-087 (Order PL 578), § 308-122-670, filed 2/5/86.] Repealed by 93-07-036 (Order 337B), filed 3/10/93, effective 4/10/93. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW.

246-924-430 Assessment techniques. [Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-430, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5). 85-06-044 (Order PL 522), § 308-122-680, filed 3/5/85.] Repealed by 93-07-036 (Order 337B), filed 3/10/93, effective 4/10/93. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW.

246-924-440 Research with human participants. [Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-440, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5). 85-06-044 (Order PL 522), § 308-122-690, filed 3/5/85.] Repealed by 93-07-036 (Order 337B), filed 3/10/93, effective 4/10/93. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW.

246-924-450 Care and use of animals. [Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-450, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5). 85-06-044 (Order PL 522), § 308-122-695, filed 3/5/85.] Repealed by 93-07-036 (Order 337B), filed 3/10/93, effective 4/10/93. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW.

246-924-460 Telephone directory listings. [Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-460, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.070(3). 85-06-043 (Order PL 521), § 308-122-700, filed 3/5/85.] Repealed by 94-12-039, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050(5).

246-924-490 Responsibility for maintaining mailing address on file with the board. [Statutory Authority: RCW 18.83.050(5). 94-12-039, § 246-924-490, filed 5/25/94, effective 6/25/94.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

WAC 246-924-001 Guidelines for the promulgation of administrative rules. The examining board of psychology shall not promulgate rules which restrict access to information from applicant/employee psychological evaluations sought by public safety agencies.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-001, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(1). 86-19-061 (Order PM 616), § 308-122-001, filed 9/16/86.]

WAC 246-924-010 Definitions. (1) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(2) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-010, filed 1/28/91, effective 2/28/91. Statutory Authority: 1988 c 206 § 604. 88-23-059 (Order PM 798), § 308-122-005, filed 11/15/88.]

WAC 246-924-020 Applications for licensure. Effective January 1, 1989, persons applying for licensure or certification shall submit, in addition to the other requirements, evidence to show compliance with the educational requirements of WAC 246-924-110.

[Statutory Authority: RCW 18.83.050(5). 94-12-039, § 246-924-020, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-020, filed 1/28/91, effective 2/28/91. Statutory Authority: 1988 c 206 § 604. 88-23-059 (Order PM 798), § 308-122-006, filed 11/15/88.]

WAC 246-924-030 Guidelines for the employment and/or supervision of auxiliary staff. (1) Qualifications of the supervisor: The supervisor shall be licensed in Washington state for the practice of psychology and have adequate training, knowledge, and skill to evaluate the competence of the work of the auxiliary staff. The supervisor may not be employed by the auxiliary staff.

(2) Qualifications of the auxiliary staff: The staff person must have the background, training, and experience that is appropriate to the functions performed. The supervisor is responsible for determining the adequacy of the qualifications of the staff person and the designation of his/her title.

(3) Responsibilities of the supervisor: The supervisor accepts full legal and professional responsibility for all services that may be rendered by the auxiliary staff. To this end, the supervisor shall have sufficient knowledge of all clients, including face-to-face contact when necessary, in order to plan and assure the delivery of effective services. The supervisor is responsible for assuring that appropriate supervision is available or present at all times. The supervisor is responsible for assuring that auxiliary staff are informed of and adhere to requirements of confidentiality. The supervisor shall assure that the staff person providing services is appropriately covered by professional liability insurance and adheres to accepted business practices.

(4) Conduct of supervision: It is recognized that variability in preparation for duties to be assumed will require individually tailored supervision. In the case of auxiliary staff providing psychological services, a detailed job description shall be developed and a contract for supervision prepared.

(5) Conduct of services that may be provided by auxiliary staff: Procedures to be carried out by the auxiliary staff shall be planned in consultation with the supervisor. Clients of the auxiliary staff shall be informed as to his/her status and shall be given specific information as to his/her qualifications and functions. Clients shall be informed of the identity of the supervisor. They shall be informed that they might meet with

the supervisor at their own request, the auxiliary staff person's or the supervisor's request. Written reports and communications shall be countersigned by the supervisor.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-030, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5). 86-04-087 (Order PL 578), § 308-122-060, filed 2/5/86.]

WAC 246-924-040 Psychologists—Education prerequisite to licensing. This rule shall apply for applicants enrolled after October 19, 1987, in a program leading to a doctoral degree. To meet the education requirement of RCW 18.83.070, an applicant shall possess a doctoral degree from an institution of higher education accredited in the region in which the doctoral program is offered at the time the applicant's degree was awarded. In that doctoral program, at least forty semester hours, or sixty quarter-hours, of graduate courses shall have been passed successfully, and can be clearly identified by title and course content as being part of a psychology program. One of the standards for issuance of said degree shall have been the submission of an original dissertation which was psychological in nature. Endorsement by the program administrator shall be requested and considered.

An integrated program of graduate study in psychology shall be defined as follows:

(1) The following defines the organizational structure of the program:

(a) The program shall be clearly identified and labeled as a psychology program. Pertinent catalogues and brochures shall show intent to educate and train psychologists.

(b) The psychology program shall stand as a recognized, coherent, entity within the institution.

(c) There shall be a clear authority and primary responsibility for the core and specialty areas, whether or not the program cuts across administrative lines.

(d) There shall be an organized sequence of study planned by those responsible for the program to provide an appropriate, integrated experience covering the field of psychology.

(e) There shall be an identifiable psychology faculty and a psychologist administratively responsible for the program.

(f) There shall be an identified body of students selected on the basis of high ability and appropriate educational preparation.

(2) The following defines the academic program:

(a) The curriculum shall encompass a minimum of three academic years of full-time graduate study or their equivalent. The doctoral program shall involve at least one continuous year of full-time residency at the institution which grants the degree. A minimum of seven hundred fifty hours of student-faculty contact involving face-to-face individual or group educational meetings shall be considered in lieu of one year residency. Such educational meetings must include both faculty-student and student-student interaction, be conducted by the psychology faculty of the institution at least seventy-five percent of the time, be fully documented by the institution and the applicant, and relate substantially to the program components specified. The applicant shall clearly have had instruction in: History and systems, research design and methodology, statistics and psychometrics. The program shall require each student to complete three or more semester hours (five or more quarter-hours) of core study in each of the following content areas:

(i) Biological bases of behavior (physiological psychology, comparative psychology, neurobases, sensation and perception, biological bases of development);

(ii) Cognitive-affective bases of behavior (learning, thinking, motivation, emotion, cognitive development);

(iii) Social bases of behavior (social psychology, organizational theory, community psychology, social development);

(iv) Individual differences (personality theory, psychopathology); and

(v) Scientific and professional ethics.

(b) The program shall include practicum, internship, field or laboratory experience appropriate to the area of psychology that is the student's major emphasis.

(3) If the major emphasis is in clinical, counseling, school or other applied area, the program shall include coordinated practicum and internship experience.

(a) Practicum experience shall total at least two semesters (three quarters) and consist of a total of at least 300 hours of direct experience and 100 hours of supervision.

(b) The practica shall be followed by an organized internship. Predoctoral internship programs accredited by the American Psychological Association and/or the Association of Psychology Postdoctoral and Internship Centers shall be accepted by the board as meeting this requirement. Otherwise, an organized internship shall be as follows:

(i) The internship shall be designed to provide a planned, programmed sequence of training experiences, the primary focus of which is to assure breadth and quality of training.

(ii) The internship setting shall have a clearly designated psychologist who is responsible for the integrity and quality of the training program and who is licensed/certified by the state/provincial board of psychology examiners.

(iii) The internship setting shall have two or more psychologists available as supervisors, at least one of whom is licensed/certified as a psychologist.

(iv) Supervision shall be provided by the person who is responsible for the cases being supervised. At least seventy-five percent of the supervision shall be provided by a psychologist(s).

(v) At least twenty-five percent of the intern's time shall be spent in direct client contact (minimum 375 hours) providing assessment and intervention services.

(vi) There shall be a minimum of 2 hours per week of regularly scheduled, formal, face-to-face individual supervision with the specific intent of dealing with the direct psychological services rendered by the intern. There shall also be a minimum of 2 hours of other learning activities such as: Case conferences, seminars on applied issues, co-therapy with a staff person including discussion, group supervision.

(vii) Supervision/training relating to ethics shall be an ongoing aspect of the internship program.

(viii) Trainees shall have titles such as "intern," "resident," "fellow," or other designation of trainee status.

(ix) The internship setting shall have a written statement or brochure describing the goals and content of the intern-

ship, stating clear expectations and quality of trainees' work, and made available to prospective interns.

(x) The internship experience shall consist of at least 1500 hours and shall be completed within twenty-four months.

(4) Applicants for licensure who obtained degrees from foreign universities shall first submit, at their own expense, their credentials to an independent, private professional organization approved by the board to establish equivalency of training required by this section.

[Statutory Authority: RCW 18.83.050(5). 94-12-039, § 246-924-040, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-06-092 (Order 335B), § 246-924-040, filed 3/3/93, effective 4/3/93. Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-040, filed 1/28/91, effective 2/28/91; 91-04-020 (Order 117B), recodified as § 246-924-040, filed 1/28/91, effective 2/28/91; 88-09-029 (Order PM 722), § 308-122-200, filed 4/15/88. Statutory Authority: RCW 18.83.050(2) and 18.83.070(2). 87-19-096 (Order PM 678), § 308-122-200, filed 9/17/87. Statutory Authority: Chapter 18.83 RCW. 78-12-046 (Order PL 293), § 308-122-200, filed 11/27/78; Order PL-245, § 308-122-200, filed 4/15/76.]

WAC 246-924-050 Psychologists—Education prerequisites to licensing for applicants enrolled in a doctoral program between December 28, 1978 to October 19, 1987. (1) This rule applies for applicants enrolled between December 28, 1978 and October 19, 1987 in a program leading to a doctoral degree. To meet the education requirement imposed by the statute, an applicant must possess a doctoral degree from a training institution approved by the board in which at least forty semester hours, or sixty quarter-hours, of graduate courses were passed successfully, and were clearly identified by title and course content as being primarily psychological in nature, as determined by the board. Part of the standards for issuance of said degree must require the submission of an original dissertation which must be psychological in nature, as determined by the board.

(2) The following guidelines define the "academic core" of study that should have been completed by each applicant:

(a) Programs accredited by the American Psychological Association are recognized as one way of meeting the definition of a professional psychology program. The criteria for accreditation serve as a model for professional training.

(b) Training in professional psychology is doctoral training offered in regionally accredited institution of higher education.

(c) The program must be clearly identified and labeled as a psychology program. Pertinent catalogues and brochures must show intent to educate and train professional psychologists.

(d) The psychology program must stand as a recognizable, coherent, organizational entity within the institution.

(e) There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines.

(f) There must be an organized sequence of study planned by those responsible for the training program to provide an appropriate, integrated, experience applicable to the professional practice of psychology.

(g) There must be an identifiable psychology faculty and a psychologist responsible for the program.

(h) There must be an identifiable body of students, selected on the basis of high ability and appropriate educational preparation.

(i) Programs must include practicum, internship, field or laboratory experience appropriate to the practice of psychology.

(j) The curriculum should encompass a minimum (or equivalent) of three academic years of full-time graduate study. The doctoral program should involve at least one continuous year of full-time residency at the university at which the degree is granted. Instruction should include scientific and professional ethics and standards, history and systems: Research design and methodology; statistics and psychometrics. The core program should also require each student to obtain an academic background of the following content areas (typically six or more semester hours):

(i) Biological bases of behavior: e.g., physiological psychology, comparative, neuropsychology, sensation and perception, psychopharmacology.

(ii) Cognitive-affective bases of behavior: e.g., learning, thinking, motivation, emotions.

(iii) Social bases of behavior: e.g., social, psychology, group processes, organizational and systems theory.

(iv) Individual differences: e.g., personality theory, human development, abnormal psychology.

(3) If the major emphasis is in an applied area such as clinical, counseling, school or other pertinent areas, the program must include a set of coordinated practicum and internship experiences which total at least two semesters in the practicum setting, and additionally a "one-year" internship. A minimum of 300 hours of practicum, including 100 hours of scheduled individual supervision, should precede the internship.

(4) The psychological services offered in the internship program in "Standards for providers of psychological services" published by the American Psychological Association and/or the Association of Psychology Postdoctoral and Internship Centers may be used as a framework for the internship program. The board also recognizes other quality internship programs.

[Statutory Authority: RCW 18.83.050(5). 94-12-039, § 246-924-050, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-06-092 (Order 335B), § 246-924-050, filed 3/3/93, effective 4/3/93. Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-050, filed 1/28/91, effective 2/28/91; 89-11-054 (Order PM 845), § 308-122-211, filed 5/17/89.]

WAC 246-924-055 Psychologists—Educational prerequisites to licensing for applicants enrolled in a doctoral program prior to December 28, 1978. This section shall apply to applicants enrolled in a program leading to a doctoral degree prior to December 28, 1978. To meet the education requirement imposed by the statute, the applicant must possess a doctoral degree from a training institution approved by the board in which at least forty semester hours, or sixty quarter hours, of graduate courses were passed successfully, and were clearly identified by title and course content as being primarily psychological in nature, as determined by the board. Part of the standards for issuance of said degree must

require the submission of an original dissertation which must be psychological in nature, as determined by the board.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-06-092 (Order 335B), § 246-924-055, filed 3/3/93, effective 4/3/93.]

WAC 246-924-060 Psychologists—Experience prerequisite to licensing. This section shall apply to applicants whose post-doctoral experience was commenced after March 5, 1985.

(1) Need for supervision. The law requires that the applicant have at least twelve months experience practicing psychology under qualified supervision after having completed all requirements for a doctoral degree. Supervision must be appropriate to the area(s) of professional activity in which the candidate intends to function.

(2) Twelve months of experience shall include a MINIMUM of 1500 supervised clock hours of psychological work. There should be a MINIMUM of one hour of individual supervision for every twenty hours of psychological work. The majority of supervised hours should be in the area(s) of intended psychological work. Documentation of experience and supervision hours shall be kept by supervisee and supervisor. The supervisor(s) shall forward to the board a written evaluation at the end of the twelve-month period, and shall indicate whether the supervisee has satisfactorily completed the supervised clock hours of psychological work. If any supervisor's(s') written evaluation indicates that the supervisee has failed to satisfactorily complete the required work, the board may require additional supervised clock hours of psychological work.

(3) Appropriate supervision is that provided by a licensed psychologist with two years post-license experience, a psychiatrist with three years of experience beyond residency, or an MSW with five years post-degree experience or a doctoral level psychologist by training and degree with two years of post-doctoral experience who is exempt from licensure by RCW 18.83.200 (1); (2); (3); or, (4), but only when supervising within the exempt setting. At least 50 percent of supervision must be provided by a licensed psychologist. The supervisor must have competence in the area(s) of intended psychological work of the supervisee. The supervisor shall not supervise in any area in which he or she does not have competence.

(4) Content of supervision. Supervision should include, but not be limited to, the following content area:

(a) Discussion of services provided by the supervisee;

(b) Selection, service plan, and review of each case or work unit of the supervisee;

(c) Discussion of and instruction in theoretical conceptions underlying the supervised work;

(d) Discussion of the management of professional practice or other administrative or business issues;

(e) Evaluation of the supervisory process, supervisee, and supervisor;

(f) Discussion of the coordination of services among other professionals involved in particular work units;

(g) Review of relevant Washington laws and rules and regulations;

(h) Discussion of ethical principles including principles that apply to current work;

(i) Review of standards for providers of psychological services;

(j) Discussion of other relevant reading materials specific to cases, ethical issues, and the supervisory process.

(5) Mode of supervision. The nature of supervision will vary depending on the theoretical orientation of the supervisor, the training and experience of the supervisee, and the duration of the supervisory relationship. It is reasonable for a supervisor to ask for detailed process notes and progress reports. Audio tapes, video tapes, client supplied information such as behavioral ratings, and one-way mirror observations are also appropriate when deemed useful and/or necessary. However accomplished, supervision shall include some direct observation of the supervisee's work. The preferred mode of supervision is face-to-face discussion between supervisor and supervisee.

(6) Authority of supervisor. The supervisor is ethically and legally responsible for all supervisee work covered in the written agreement for supervision. Therefore, it is the authority of the supervisor to alter service plans or otherwise direct the course of psychological work.

(7) Written agreement for supervision. The supervisor and supervisee shall have a written agreement for supervision. This shall include:

(a) The area(s) of professional activity in which supervision will occur;

(b) Hours of supervision and/or ratio of supervisory hours or professional hours;

(c) Supervisory fees, if appropriate;

(d) Process of supervision including mode of supervision, expectations for recordkeeping, and expectations for evaluation and feedback;

(e) Relevant business arrangements;

(f) How the supervisee will represent him or herself;

(g) How disagreements will be handled.

(8) Representation of supervisee to the public. It shall be the responsibility of the supervisee to represent him or herself to the consuming public as being in training status with a suitable supervisor. Clients shall be informed of the identity and responsibilities of the supervisor; and shall be informed of their right to consult or speak directly with the supervisor. Such titles as psychological resident, psychological intern or psychological supervisee, are deemed appropriate for the supervisee. NO services provided by the supervisee shall be represented to third parties as having been provided by the supervisor. Insurance forms should be filled out to indicate the nature of the supervisory relationship.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-06-092 (Order 335B), § 246-924-060, filed 3/3/93, effective 4/3/93. Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-060, filed 1/28/91, effective 2/28/91; 88-09-029 (Order PM 722), § 308-122-215, filed 4/15/88. Statutory Authority: RCW 18.83.050(5). 86-04-087 (Order PL 578), § 308-122-215, filed 2/5/86. Statutory Authority: RCW 18.83.070(3). 85-06-043 (Order PL 521), § 308-122-215, filed 3/5/85.]

WAC 246-924-065 Psychologists—Experience requirement prerequisite to licensing for experience prior to March 5, 1985. This section shall apply to applicants whose post-doctoral experience was commenced prior to March 5, 1985.

(1) The applicant shall have at least one year experience practicing psychology under qualified supervision after completion of all requirements for a doctoral degree. Such supervision shall be appropriate to the area of professional activity in which the applicant intended or intends to function. To be considered qualifying experience, the applicant must have worked under the direct supervision of a licensed psychologist or other professional deemed appropriate by the board. Supervision includes an ongoing awareness of all aspects of the activities of the person being supervised within the operational setting. The amount and intensity of supervision must be appropriate to the applicant's level of training and experience. A year of experience consists of a minimum of 1500 supervised clock hours. Functioning as an autonomous provider of psychological services and independent individual or group practice will not ordinarily be considered as meeting the experience requirement.

(2) In addition, the following considerations apply for experience commenced after December 27, 1978.

(a) In clinical and counseling areas, supervision should include selection of cases, assessment, treatment plan, ongoing treatment, and termination.

(b) With respect to teaching, supervision should include discussion of course outline(s), discussion of teaching and evaluation methods, and direct observation and/or review of taped class lectures and discussions.

(c) Regarding school psychology, supervision should include application of appropriate rules and regulations as promulgated by the office of the superintendent of public instruction, assessment procedures, psychological reporting, consultation, and follow through.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-06-092 (Order 335B), § 246-924-065, filed 3/3/93, effective 4/3/93.]

WAC 246-924-070 Psychologists—Written examination. Written examination requirements: The written examination that is used in the state of Washington is the examination of professional practice of psychology. The examination consists of objective multiple choice questions covering the major areas of psychology. Each form of the examination contains between 150 and 200 items in the areas listed below:

(1) Background information, including physiological psychology and comparative psychology, learning, history, theory and systems, sensation and perception, motivation, social psychology, personality, cognitive processes, developmental psychology and psychopharmacology.

(2) Methodology including research design and interpretation, statistics, test construction and interpretation, scaling.

(3) Clinical psychology including test usage and interpretation, diagnosis, psychopathology, therapy, judgment in clinical situations, community mental health.

(4) Behavior modification including learning and applications.

(5) Other specialties including management consulting, industrial and human engineering, social psychology, t-groups, counseling and guidance, communication systems analysis.

(6) Professional conduct and ethics including inter-disciplinary relations and knowledge of professional affairs.

The cutoff score which the Washington state board of examiners uses is 70% of the raw score, or the national mean of all first time doctorates, whichever is the lowest.

[Statutory Authority: RCW 18.83.050. 93-07-078 (Order 349B), § 246-924-070, filed 3/18/93, effective 4/18/93; 91-04-020 (Order 117B), recodified as § 246-924-070, filed 1/28/91, effective 2/28/91; 82-18-073 (Order PL 404), § 308-122-220, filed 9/1/82; 80-07-010 (Order PL 346), § 308-122-220, filed 6/9/80; 79-08-009 (Order PL-309), § 308-122-220, filed 7/9/79; Order PL-245, § 308-122-220, filed 4/15/76.]

WAC 246-924-080 Psychology examination—Application submittal date. To be eligible to take any particular written examination, an applicant for licensure must file his or her application and examination administration fee with the department of health not less than sixty days prior to the examination date. In the case of late filing, the time requirement for filing may be reduced if good cause for the late filing is shown and the application can still be processed prior to the examination date.

Examinations are normally held in April and October of each year.

[Statutory Authority: RCW 18.130.250 and 18.83.050. 96-08-007, § 246-924-080, filed 3/22/96, effective 4/22/96. Statutory Authority: RCW 18.83.050(5). 94-12-039, § 246-924-080, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-080, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.030, 18.83.050 and 18.83.060. 79-08-008 (Order PL-308), § 308-122-225, filed 7/9/79.]

WAC 246-924-090 Psychologists—Oral examination. Oral examination: The oral exam covers the same core issues for all candidates ranging through four major foci:

(1) Professional judgment in areas of stated competence;

(2) Knowledge of state laws pertaining to psychologist and psychological ethics;

(3) Knowledge and skills in area of stated competence. The candidate must be able to articulate and relate conceptual rationale and methodological interventions;

(4) Adequacy of candidate's professional training, supervision and experience.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-090, filed 1/28/91, effective 2/28/91; 79-08-009 (Order PL-309), § 308-122-230, filed 7/9/79; Order PL-245, § 308-122-230, filed 4/15/76.]

WAC 246-924-095 Failure of oral examination. After an oral examination failure, an applicant shall sit for reexamination as follows:

(1) First reexamination: At the next administration date or any subsequent administration date;

(2) Second reexamination: At least one year after the date of the first reexamination;

(3) Successive reexamination: At least one year after the date of the previous reexamination and after having shown adequate proof of meeting any additional professional training required by the board.

[Statutory Authority: RCW 18.83.050(5). 94-12-039, § 246-924-095, filed 5/25/94, effective 6/25/94.]

WAC 246-924-100 Qualifications for granting of license by endorsement. (1) Candidates applying for licensure pursuant to the provisions of RCW 18.83.170 (1) and (2) shall:

(a) Provide evidence of meeting the educational requirements set forth in RCW 18.83.070 in effect at the time the applicant entered his/her doctoral program;

(b) Pass the oral examination administered by the board pursuant to RCW 18.83.050.

(2) Candidates applying for licensure pursuant to the provisions of RCW 18.83.170(3) shall:

(a) Pass the oral examination administered by the board pursuant to RCW 18.83.050.

[Statutory Authority: RCW 18.83.050(5). 93-21-024, § 246-924-100, filed 10/13/93, effective 11/13/93. Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-100, filed 1/28/91, effective 2/28/91; 88-09-029 (Order PM 722), § 308-122-235, filed 4/15/88.]

WAC 246-924-110 AIDS education and training. Applicants must complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-924-110, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.83.050(5). 94-12-039, § 246-924-110, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-110, filed 1/28/91, effective 2/28/91. Statutory Authority: 1988 c 206 § 604. 88-23-059 (Order PM 798), § 308-122-280, filed 11/15/88.]

WAC 246-924-115 Brief adjudicative proceedings—Denials based on failure to meet education, experience, or examination prerequisites for licensure. The board adopts RCW 34.05.482 and 34.05.485 through 34.05.494 for adjudicative proceedings requested by applicants, who are denied a license under chapter 18.83 RCW for failure to meet the education, experience, or examination prerequisites for licensure. The sole issue at the adjudicative proceeding shall be whether the applicant meets the education, experience, and examination prerequisites for the issuance of a license.

[Statutory Authority: RCW 18.83.050 and chapter 18.83 RCW. 92-20-029 (Order 304B), § 246-924-115, filed 9/28/92, effective 10/29/92.]

WAC 246-924-130 Certificates of qualification. Certificates of qualification shall not be granted. Those holding certificates of qualification as of July 1, 1990, shall continue to be in conformance with WAC 246-924-140, 246-924-150, and 246-924-160.

[Statutory Authority: RCW 18.83.050(5). 94-12-039, § 246-924-130, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-130, filed 1/28/91, effective 2/28/91; 91-04-020 (Order 117B), recodified as § 246-924-130, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.090. 89-19-053 (Order PM 862), § 308-122-360, filed 9/19/89, effective 10/20/89; Order PL 202, § 308-122-360, filed 10/1/75.]

WAC 246-924-140 Certificates of qualification—Title. Applicants receiving the certificates of qualification shall hold the title of "psychological assistant," unless the board approves the applicant's petition to work without immediate supervision in which case the applicant shall hold the title of "psychological affiliate."

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-140, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.090. 89-19-053 (Order PM 862), § 308-122-370, filed 9/19/89, effective 10/20/89; Order PL 202, § 308-122-370, filed 10/1/75.]

WAC 246-924-150 Certificates of qualification—Procedure for additional areas of function. A person receiving a certificate of qualification may apply for certification in an additional area of function by updating his/her application form and references, submitting the required fee and by taking an oral examination in the new area following the procedures outlined above.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-150, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.090. 89-19-053 (Order PM 862), § 308-122-430, filed 9/19/89, effective 10/20/89; Order PL 202, § 308-122-430, filed 10/1/75.]

WAC 246-924-160 Continued supervision of persons receiving certificates of qualification. (1) The law states that the holder of a certificate of qualification must perform psychological functions "under the periodic direct supervision of a psychologist licensed by the board." The board's interpretation of this statement is that the psychological assistant is certified *in tandem* with a licensed psychologist and not in his or her own right. That is, the board will evaluate simultaneously the professional capabilities of the applicant and the qualifications of the licensed psychologist to supervise the assistant in the specific professional functions outlined by the assistant. The board's approval of an association between a psychological assistant and a licensed psychologist is done purely on an examination of the professional qualifications of the two parties concerned and on the execution of an agreement between the two of them as proposed supervisor and supervisee. The board in no way involves itself with the specific work conditions, fees, salaries, and related factors except insofar as they have a bearing on the quality of the professional relationship or services offered to the public.

(2) The applicant must indicate on the application form, in detail, his or her areas of intended practice. After initial screening (evaluation of the person's education, experience and supervision) and passing the national written examination, the applicant shall furnish the board with a plan for continued supervision which will include detailed information regarding the supervisor which indicates an agreement to supervise. The board will use this information in conjunction with the oral examination to assess the supervision plans.

(3) Minimum supervision shall entail discussion of the assistant's work through regularly scheduled contacts with the supervisor at appropriate intervals. Whenever possible, supervision should consist of occasional direct observation or review of taped case material. The supervisor shall be responsible for preparing evaluative reports of the assistant's performance, which will be forwarded to the division of professional licensing on a periodic basis.

(4) When a licensed psychologist assumes the responsibility of supervision, he or she shares the professional and ethical responsibility for the nature and quality of all of the psychological services as the assistant may provide. Failure to provide supervision when such a relationship is claimed may result in appropriate action against the license of the supervisor.

(5) Interruption or termination of a supervisory relationship shall be promptly communicated to the division of professional licensing.

(6) In every case where psychological testing is done and a report is written based on that testing by a psychological assistant, the supervising licensed psychologist will countersign the report indicating his approval.

(7) An applicant or holder of a certificate may apply to the board for authority to work without immediate supervision in particular areas of function. In these cases the board may require further evidence of proficiency. Even though the immediate supervision requirement is waived for the psychological affiliate, periodic supervisory consultation as deemed appropriate by the board is required. Evidence of supervisory consultation must be submitted to the division of professional licensing with the annual license fee.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-160, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.090. 89-19-053 (Order PM 862), § 308-122-440, filed 9/19/89, effective 10/20/89; Order PL 202, § 308-122-440, filed 10/1/75.]

WAC 246-924-170 Certificates of qualification—Representations to clients. (1) Each client of the psychological assistant or psychological affiliate must be informed of the nature of the assistant's or affiliate's professional status, the function in which he or she is certified, and the fact that said assistant is under the supervision of a licensed psychologist.

(2) Only psychological affiliates may advertise their services (e.g. representations of themselves in telephone directories and announcements and on business cards). In doing so, the affiliate must list the functions for which he or she is certified and state his or her academic degree.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-170, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.090. 89-19-053 (Order PM 862), § 308-122-450, filed 9/19/89, effective 10/20/89; Order PL 202, § 308-122-450, filed 10/1/75.]

WAC 246-924-180 Continuing education—Purpose and scope. The ultimate aim of continuing education is to ensure the highest quality of professional work. Continuing education consists of educational activities designed to review existing concepts and techniques and to convey information and knowledge about advances in psychology as applied to the work settings. The objectives are to improve and increase the ability of the psychologist to deliver the highest possible quality of psychological work and to keep the professional psychologist abreast of current developments in a rapidly changing field. All psychologists, licensed pursuant to chapter 18.83 RCW, and holders of certificates of qualification issued pursuant to RCW 18.83.105, will be required to meet the continuing education requirements set forth in these rules as a prerequisite to license renewal.

[Statutory Authority: RCW 18.83.090. 99-14-075, § 246-924-180, filed 7/6/99, effective 8/6/99. Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-180, filed 1/28/91, effective 2/28/91.]

WAC 246-924-230 Continuing education requirements. (1) The Washington state board of psychology (hereafter referred to as the board) requires a minimum of sixty hours of continuing education (hereafter referred to as CE) every three years.

(2) A minimum of four hours credit in ethics must be included in the sixty hours required. Areas to be covered, depending on the licensee's primary area(s) of function are practice, consultation, research, teaching, and/or supervision.

(3) Faculty providing CE offerings shall meet the training and the full qualifications of their respective professions. All faculty shall have demonstrated an expertise in the areas in which they are instructing.

(4) The board reserves the right to require any licensee to submit evidence, e.g., course or program certificate of training, transcript, course or workshop brochure description, evidence of attendance, etc., in addition to the affidavit form in order to demonstrate compliance with the sixty hours CE requirement.

[Statutory Authority: RCW 18.83.090. 99-14-075, § 246-924-230, filed 7/6/99, effective 8/6/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-924-230, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.83.050(5). 94-12-039, § 246-924-230, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-230, filed 1/28/91, effective 2/28/91; 91-04-020 (Order 117B), recodified as § 246-924-230, filed 1/28/91, effective 2/28/91; Order PL 276, § 308-122-515, filed 11/16/77.]

WAC 246-924-240 Definitions of categories of creditable CE. All CE activities shall be directly relevant to maintaining or increasing professional or scientific competence in psychology. Courses or workshops primarily designed to increase practice income or office efficiency, while valuable to the licensee, are specifically noneligible for CE credit. Program sponsors or institutes should not apply for, nor expect to receive, prior or current board approval for CE status or category. Recognized activities shall include:

(1) Courses, seminars, workshops and post-doctoral institutes offered by educational institutions chartered by a state and recognized (accredited) by a regional association of schools, colleges and universities as providing graduate level course offerings. Such educational activities shall be recorded on an official transcript or certificate of completion.

(2) Courses (including correspondence courses), seminars, workshops and post-doctoral institutes sponsored by the American Psychological Association, regional or state psychological associations or their subchapters, psychology internship training centers, other professionally or scientifically recognized behavioral science organizations, and the board.

(3) Credit toward the CE requirement may be earned through teaching an approved CE program. Credit earned through teaching shall not exceed thirty hours every three years. Credit for teaching an approved CE program may be earned on the following basis:

(a) One credit hour for each sixty minutes actually spent teaching the program for the first event. Credit may be conferred for teaching similar subject matter only if the psychologist has actually spent an equal or greater amount of preparation time updating the subject matter to be taught on a later occasion.

(b) One credit hour for each sixty minutes actually spent participating in a panel presentation.

[Statutory Authority: RCW 18.83.090. 99-14-075, § 246-924-240, filed 7/6/99, effective 8/6/99. Statutory Authority: RCW 18.83.050(5). 94-12-039, § 246-924-240, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-240, filed 1/28/91, effective 2/28/91; 91-04-020 (Order 117B), recodified as § 246-924-240, filed 1/28/91, effective 2/28/91; Order PL 276, § 308-122-520, filed 11/16/77.]

WAC 246-924-250 Continuing education—Special considerations. In lieu (total or partial) of sixty hours of CE the board may consider credit hour approval and acceptance of other programs as they are developed and implemented, such as:

(1) Compliance with a CE program developed by the American Psychological Association which provides either a recognition award or certificate, may be evaluated and considered for partial or total fulfillment of the CE credit hour requirements of the board.

(2) Psychologists licensed in the state of Washington but practicing in a different state or country which has a mandatory or voluntary CE program may submit to the board evidence of completion of that other state's or country's CE requirements for evaluation and partial or total credit hour approval.

(3) Psychologists licensed in the state of Washington but practicing in a state, U.S. territory or foreign country without CE requirements, or who are not legally required to meet those CE requirements, may submit evidence of their CE activities pursued outside of Washington state directly to the board for evaluation and approval based on conformity to the board's CE requirements.

(4) The board may also accept evidence of diplomate award by the American Board of Professional Psychology (ABPP) and American Board of Psychological Hypnosis (ABPH) in lieu of sixty hours of CE for that three year period in which the diplomate was awarded.

(5) Credit hours may be earned for other specialty board or diploma certifications if and when such are established.

(6) In accordance with WAC 246-12-040 (2)(c)(ix), psychologists who have allowed their credential to expire for three years or more must document completion of forty hours of CE, of which four hours must be in ethics. This CE must have been obtained within the two most recent years immediately prior to reinstatement.

[Statutory Authority: RCW 18.83.090. 99-14-075, § 246-924-250, filed 7/6/99, effective 8/6/99. Statutory Authority: RCW 18.130.250 and 18.83.050. 96-08-007, § 246-924-250, filed 3/22/96, effective 4/22/96. Statutory Authority: RCW 18.83.050(5). 94-12-039, § 246-924-250, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-250, filed 1/28/91, effective 2/28/91; Statutory Authority: RCW 18.83.050(5). 86-04-087 (Order PL 578), § 308-122-525, filed 2/5/86; Order PL 276, § 308-122-525, filed 11/16/77.]

WAC 246-924-300 Definition of acceptable documentation and proof of CE. Licensees are responsible for acquiring and maintaining all acceptable documentation of their CE activities.

Acceptable documentation shall include transcripts, letters from course instructors, or certificate of completion or other formal certification. In all cases other than transcripts, the documentation must show the participant's name, the activity title, number of CE credit hours, date(s) of activity, faculty's name(s) and degree and the signature of verifying individual (program sponsor).

[Statutory Authority: RCW 18.83.090. 99-14-075, § 246-924-300, filed 7/6/99, effective 8/6/99. Statutory Authority: RCW 18.83.050(5). 94-12-039, § 246-924-300, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-300, filed 1/28/91, effective 2/28/91.]

WAC 246-924-330 Continuing education—Exemptions. In the event a licensee fails to meet requirements, because of illness, retirement (with no further provision of psychological services to consumers), failure to renew, or other extenuating circumstances, each case will be considered by the board on an individual basis. When circumstances justify it, the board may grant a time extension. The board may, in its discretion, limit in part or in whole the provision of psychological services to the consumers until the CE requirements are met. In the case of retirement or illness, the board may grant indefinite waiver of CE as a requirement for relicensure, provided an affidavit is received indicating the psychologist is not providing psychological services to consumers. If such illness or retirement status is changed or consumer psychological services are resumed, it is incumbent upon the licensee to immediately notify the board and to resume meeting CE requirements for relicensure. CE credit hours will be prorated for the portion of that three year period involving resumption of such services.

[Statutory Authority: RCW 18.83.090. 99-14-075, § 246-924-330, filed 7/6/99, effective 8/6/99. Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-330, filed 1/28/91, effective 2/28/91.]

WAC 246-924-351 Rules of ethical conduct. (1) Scope. The psychologist shall be governed by these rules of conduct whenever practicing as a psychologist.

(2) Responsibility for own actions. The psychologist shall be fully responsible for his/her own professional decisions and professional actions.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-351, filed 3/10/93, effective 4/10/93.]

WAC 246-924-352 Definitions. (1) "Client" means a recipient of psychological services or that person's legal guardian. A corporate entity or other organization can be a client when the professional contract is to provide services of primary benefit to the organization rather than to individuals.

(2) "Confidential client information" means information revealed by the client or otherwise obtained by a psychologist, where there is reasonable expectation, because of the relationship between the client and the psychologist, or the circumstances under which the information was revealed or obtained, that the information was private.

(3) "Supervisee" means any person who functions under the extended authority of the psychologist to provide psychological services or any person who is in training and provides psychological services.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-352, filed 3/10/93, effective 4/10/93.]

WAC 246-924-353 Competence. (1) Limits on practice. The psychologist shall limit practice to the areas in

which he/she is competent. Competency at a minimum must be based upon appropriate education, training, or experience.

(2) Referral. The psychologist shall refer to other health care resources, legal authorities, or social service agencies when such referral is in the best interest of the client.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-353, filed 3/10/93, effective 4/10/93.]

WAC 246-924-354 Maintenance and retention of records. (1) The psychologist rendering professional services to a client or clients or rendering services billed to a third party payor, shall document services except as provided in (g) of this subsection. That documentation shall include:

(a) The presenting problem(s), purpose or diagnosis;

(b) The fee arrangement;

(c) The date and service provided;

(d) A copy of all tests and evaluative reports prepared;

(e) Notation and results of formal consults including information obtained from other persons or agencies through a release of information;

(f) Progress notes reflecting on-going treatment and current status;

(g) If a client requests that no treatment records be kept and the psychologist agrees to the request, the request must be in writing and only the following must be retained:

(i) Identity of the recipient of services;

(ii) Service dates and fees;

(iii) Description of services;

(iv) Written request that no records be kept.

(2) The psychologist shall not agree to the request if maintaining records is required by other state or federal law.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-354, filed 3/10/93, effective 4/10/93.]

WAC 246-924-355 Continuity of care. The psychologist shall make arrangements to deal with emergency needs of her/his clients during periods of anticipated absences from the psychologist's routine professional availability.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-355, filed 3/10/93, effective 4/10/93.]

WAC 246-924-356 Impaired objectivity. The psychologist shall not undertake or continue a professional relationship with a client when the competency of the psychologist is impaired due to mental, emotional, physical, pharmacological, or substance abuse conditions. If such a condition develops after a professional relationship has been initiated, the psychologist shall terminate the relationship in an appropriate manner, and shall assist the client in obtaining services from another professional.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-356, filed 3/10/93, effective 4/10/93.]

WAC 246-924-357 Multiple relationships. The psychologist shall not undertake or continue a professional relationship with a client when the objectivity or competency of the psychologist is impaired because of the psychologist's present or previous familial, social, sexual, emotional, financial, supervisory, political, administrative, or legal relationship with the client or a person associated with or related to the client. When such relationship impairs objectivity, the psychologist shall terminate the professional relationship with adequate notice and in an appropriate manner; and shall assist the client in obtaining services from another professional.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-357, filed 3/10/93, effective 4/10/93.]

WAC 246-924-358 Sexual misconduct. (1) The psychologist shall never engage in sexual contact or sexual activity with current clients.

(2) Sexual contact or sexual activity is prohibited with a former client for two years after cessation or termination of professional services.

(3) The psychologist shall never engage in sexual contact or sexual activity with former clients if such contact or activity involves the abuse of the psychologist-client relationship. Factors which the board may consider in evaluating if the psychologist-client relationship has been abusive includes but is not limited to:

(a) The amount of time that has passed since therapy terminated;

(b) The nature and duration of the therapy;

(c) The circumstances of cessation or termination;

(d) The former client's personal history;

(e) The former client's current mental status;

(f) The likelihood of adverse impact on the former client and others; and

(g) Any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a post termination sexual or romantic relationship with the former client.

(4) The psychologist shall never engage in sexually harassing or demeaning behavior with current or former clients.

(5) Psychologists do not accept as therapy patients or clients, persons with whom they have engaged in sexual contact or activity.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-358, filed 3/10/93, effective 4/10/93.]

WAC 246-924-359 Client welfare. (1) Providing explanation of procedures. The psychologist shall upon request give a truthful, understandable, and reasonably complete account of the client's condition to the client or to those responsible for the care of the client. The psychologist shall keep the client fully informed as to the purpose and nature of any evaluation, treatment, or other procedures, and of the client's right to freedom of choice regarding services provided subject to the exceptions contained in the Uniform Health Care Information Act, chapter 70.02 RCW.

(2) Termination of services. Whenever professional services are terminated, the psychologist shall offer to help locate alternative sources of professional services or assistance if necessary. Psychologists shall terminate a professional relationship when it would become clear to a reasonable, prudent psychologist that the client no longer needs the service, is not benefitting, or is being harmed by continued service.

(3) Stereotyping. In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

(4) Solicitation of business by clients. The psychologist shall not request or induce any client, who is not an organization, to solicit business on behalf of the psychologist.

(5) Referrals on request. When making referrals the psychologist shall do so in the best interest of the client. The referral shall not be motivated primarily by financial gain.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-359, filed 3/10/93, effective 4/10/93.]

WAC 246-924-361 Exploiting supervisees and research subjects. (1) Psychologists shall not exploit persons over whom they have supervisory, evaluative, or other authority such as students, supervisees, employees, research participants, clients, or patients.

(2) Psychologist shall not engage in sexual relationships with students or supervisees in training over whom the psychologist has evaluative or direct authority.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-361, filed 3/10/93, effective 4/10/93.]

WAC 246-924-363 Protecting confidentiality of clients. (1) In general. The psychologist shall safeguard the confidential information obtained in the course of practice, teaching, research, or other professional duties. With the exceptions set forth below, the psychologist shall disclose confidential information to others only with the informed written consent of the client.

When a corporation or other organization is the client, rules of confidentiality apply to information pertaining to the organization, including personal information about individuals when obtained in the proper course of that contract. Such information about individuals is subject to confidential control of the organization, not of the individual, and can be made available to the organization, unless the information was obtained in a separate professional relationship with that individual.

(2) Disclosure without informed written consent. The psychologist may disclose confidential information without the informed written consent of the client only in compliance with the Uniform Health Care Information Act, chapter 70.02 RCW.

(3) Services involving more than one interested party. In a situation in which more than one party has a legally recognized interest in the professional services rendered by the psychologist to a recipient, the psychologist shall, to the extent possible, clarify to all parties, in writing, prior to rendering the services the dimensions of confidentiality and professional responsibility that shall pertain in the rendering of services. Such clarification is specifically indicated, among other circumstances, when the client is an organization.

(4) Legally dependent clients. At the beginning of a professional relationship, to the extent that the client can understand, the psychologist shall inform a client who is under the age of thirteen or who has a legal guardian of the limit the law imposes on the right of confidentiality with respect to his/her communications with the psychologist. For clients between the age of thirteen and eighteen, the psychologist shall clarify any limits to confidentiality between the minor and legal guardians at the outset of services. The psychologist will act in the minor's best interests in deciding whether to disclose confidential information to the legal guardians without the minor's consent.

(5) Limited access to client records. The psychologist shall limit access to client records and shall ensure that all persons working under his/her authority are familiar with the requirements for confidentiality of client material.

(6) When rendering psychological services as part of a team which includes nonhealth care professionals, if the psychologist shares confidential information about the client when so authorized by the client, the psychologist shall advise all persons receiving the information from the psychologist that the information should be maintained in a confidential manner.

(7) Reporting of abuse of children and vulnerable adults. The psychologist shall comply with chapter 26.44 RCW.

(8) Observation and electronic recording. The psychologist shall obtain documented informed consent of the client, guardian or agent for observed or electronically recorded sessions.

(9) Disguising confidential information. When case reports or other confidential information are used as the basis of teaching, research, or other published reports, the psychologist shall exercise reasonable care to insure that the reported material is appropriately disguised to prevent client identification.

(10) Confidentiality if client is deceased. The psychologist shall comply with the Uniform Health Care Information Act, chapter 70.02 RCW.

(11) Confidentiality after termination of professional relationship. The psychologist shall continue to treat information regarding a client as confidential after the professional relationship between the psychologist and the client has ceased.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-363, filed 3/10/93, effective 4/10/93.]

WAC 246-924-364 Fees. (1) Disclosure of cost of services. The psychologist shall not mislead or withhold from the client, a prospective client, or third party payor, information about the cost of his/her professional services. A psychologist may participate in bartering only if:

(a) It is not clinically contraindicated; and

(b) The bartering relationship is not exploitive.

(2) Reasonableness of fee. The psychologist shall not exploit the client or responsible payor by charging a fee that is excessive for the services performed or by entering into an exploitive bartering arrangement in lieu of a fee.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-364, filed 3/10/93, effective 4/10/93.]

WAC 246-924-365 Assessment procedures. (1) Communication of results. The psychologist shall accompany communication of assessment procedures and test results, including automated test results, with appropriate interpretive

aids and explanations. Psychologists shall not rely exclusively on automated test results in performing assessments.

(2) Limitations regarding assessment results. When reporting of the results of an assessment procedure, the psychologist shall include any relevant reservations, qualifications or limitations which affect the validity, reliability, or other interpretation of results.

(3) Protection of integrity of assessment procedures. In publications, lectures, or public presentations, psychologists shall not reproduce or describe psychological tests or other devices in ways which might invalidate them.

(4) Psychologists shall maintain the integrity and security of tests and other assessment techniques consistent with contractual obligations and the law, including the Uniform Health Care Information Act, chapter 70.02 RCW.

(5) Advertising newly developed procedures. Information for professional users. The psychologist advertising for sale a newly developed assessment procedure or automated interpretation service to other professionals shall provide or make available a manual or other printed material which fully describes the development of the assessment procedure or service, the rationale, evidence of validity and reliability, and characteristics of the normative population. The psychologist shall explicitly state the purpose and application for which the procedure is recommended and identify special qualifications required to administer and interpret it properly. The psychologist shall ensure that the advertisements for the assessment procedure or interpretive service are factual and descriptive.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-365, filed 3/10/93, effective 4/10/93.]

WAC 246-924-366 Fraud, misrepresentation, or deception. The psychologist shall not use fraud, misrepresentation, or deception in obtaining a psychology license, in passing a psychology licensing examination, in assisting another to obtain a psychology license, or to pass a psychology licensing examination, in billing clients or third party payors, in providing psychological service, in reporting the results of psychological evaluations or services, or in conducting any other activity related to the practice of psychology.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-366, filed 3/10/93, effective 4/10/93.]

WAC 246-924-367 Aiding illegal practice. Delegating professional responsibility. The psychologist shall not delegate professional responsibilities to a person not qualified and/or not appropriately credentialed to provide such services.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-367, filed 3/10/93, effective 4/10/93.]

WAC 246-924-470 Examination fees—Failure to appear at examination session. Examination and examination administration fees shall be forfeited whenever a candidate fails to attend a scheduled examination session, except in the case of a bona fide emergency.

[Statutory Authority: RCW 18.130.250 and 18.83.050. 96-08-007, § 246-924-470, filed 3/22/96, effective 4/22/96. Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-470, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.070(3). 85-06-043 (Order PL 521), § 308-122-710, filed 3/5/85.]

WAC 246-924-475 Model procedural rules. The examining board of psychology hereby adopts the model procedural rules for boards as filed by the department of health as chapter 246-11 WAC, including subsequent amendments.

[Statutory Authority: RCW 18.83.050(5). 93-16-027 (Order 382), § 246-924-475, filed 7/26/93, effective 8/26/93.]

WAC 246-924-480 Temporary permits. (1) Pursuant to RCW 18.83.082(1), a temporary permit issued to a license applicant:

(a) Is valid for no more than 1 year from the date of issue;

(b) Is terminated if the license applicant fails either the written or oral examination administered by the board pursuant to RCW 18.83.050; and/or,

(c) Is terminated if the license applicant fails to appear for a scheduled written or oral examination, unless the applicant notifies the board in advance of the inability to appear.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-480, filed 1/28/91, effective 2/28/91; 88-09-029 (Order PM 722), § 308-122-720, filed 4/15/88.]

WAC 246-924-500 Retired active credential. A practitioner may obtain a retired active credential. Refer to the requirements of chapter 246-12 WAC, Part 5.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-924-500, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.130.250 and 18.83.050. 96-08-007, § 246-924-500, filed 3/22/96, effective 4/22/96.]

WAC 246-924-990 Psychology fees 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. 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 246-926 WAC
RADIOLOGICAL TECHNOLOGISTS

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-926-160 Renewals. [Statutory Authority: RCW 18.84.040 and 18.84.110. 92-05-010 (Order 237), § 246-926-160, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-150, filed 12/9/88.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

WAC 246-926-020 General provisions. (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Department" means the department of health.

(5) "Radiological technologist" means a person certified pursuant to chapter 18.84 RCW.

(6) "Registered x-ray technician" means a person who is registered with the department, and who applies ionizing radiation at the direction of a licensed practitioner.

(7)(a) "Immediate supervision" means the appropriate licensed practitioner is in audible or visual range of the patient and the person treating the patient.

(b) "Direct supervision" means the appropriate licensed practitioner is on the premises, is quickly and easily available.

(c) "Indirect supervision" means the appropriate licensed practitioner is on site no less than half-time.

(8) "Mentally or physically disabled " means a radiological technologist or x-ray technician who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

[Statutory Authority: RCW 18.84.040 and 18.130.070. 92-05-010 (Order 237), § 246-926-020, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-183-010, filed 6/30/89.]

WAC 246-926-030 Mandatory reporting. (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, profession, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the radiological technologist or x-ray technician being reported.

(c) The case number of any client whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 18.84.040 and 18.130.070. 92-05-010 (Order 237), § 246-926-030, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-183-020, filed 6/30/89.]

WAC 246-926-040 Health care institutions. The chief administrator or executive officer or their designee of any hospital or nursing home shall report to the department when any radiological technologist's or x-ray technician's services are terminated or are restricted based on a determination that the radiological technologist or x-ray technician has either committed an act or acts which may constitute unprofessional conduct or that the radiological technologist or x-ray technician may be unable to practice with reasonable skill or safety to clients by reason of a mental or physical condition.

[Statutory Authority: RCW 18.84.040 and 18.130.070. 92-05-010 (Order 237), § 246-926-040, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-183-030, filed 6/30/89.]

WAC 246-926-050 Radiological technologist associations or societies. The president or chief executive officer of any radiological technologist association or society within this state shall report to the department when the association or society determines that a radiological technologist has committed unprofessional conduct or that a radiological technologist may not be able to practice radiological technology

with reasonable skill and safety to clients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the certificate holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-183-040, filed 6/30/89.]

WAC 246-926-060 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to radiological technologists or x-ray technicians shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured radiological technologist's or x-ray technician's incompetency or negligence in the practice of radiology technology. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the radiological technologist's or x-ray technician's alleged incompetence or negligence.

[Statutory Authority: RCW 18.84.040 and 18.130.070. 92-05-010 (Order 237), § 246-926-060, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-183-050, filed 6/30/89.]

WAC 246-926-070 Courts. The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of radiological technologists or x-ray technicians, other than minor traffic violations.

[Statutory Authority: RCW 18.84.040 and 18.130.070. 92-05-010 (Order 237), § 246-926-070, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-183-060, filed 6/30/89.]

WAC 246-926-080 State and federal agencies. The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a radiological technologist or x-ray technician is employed to provide client care services, to report to the department whenever such a radiological technologist or x-ray technician has been judged to have demonstrated his/her incompetency or negligence in the practice of radiological technology, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled radiological technologist. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 18.84.040 and 18.130.070. 92-05-010 (Order 237), § 246-926-080, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-183-070, filed 6/30/89.]

WAC 246-926-090 Cooperation with investigation. (1) A certificant or registrant must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the secretary of the department of health by submitting the requested items within fourteen calendar days of receipt of the request by either the certificant, registrant or their attorney, whichever is first. If the certificant or registrant fails to comply with the request within fourteen calendar days, the investigator will contact that individual or their attorney by telephone or letter as a reminder.

(2) Investigators may extend the time for response if the request for extension does not exceed seven calendar days. Any other requests for extension of time may be granted by the secretary or the secretary's designee.

(3) If the certificant or registrant fails to comply with the request within three business days after receiving the reminder, a subpoena will be served to obtain the requested items. A statement of charges may be issued pursuant to RCW 18.130.180(8) for failure to cooperate. If there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(4) If the certificant or registrant complies with the request after the issuance of the statement of charges, the secretary or the secretary's designee will decide if the charges will be prosecuted or settled. If the charges are to be settled the settlement proposal will be negotiated by the secretary's designee. Settlements are not considered final until the secretary signs the settlement agreement.

[Statutory Authority: RCW 18.84.040 and 18.130.070. 92-05-010 (Order 237), § 246-926-090, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-183-080, filed 6/30/89.]

WAC 246-926-100 Definitions—Alternative training radiologic technologists. (1) Definitions. For the purposes of certifying radiologic technologists by alternative training methods the following definitions shall apply:

(a) "One quarter credit hour" equals eleven "contact hours";

(b) "One semester credit hour" equals sixteen contact hours;

(c) "One contact hour" is considered to be fifty minutes lecture time or one hundred minutes laboratory time;

(d) "One clinical year" is considered to be 1900 contact hours.

(e) "Immediate supervision" means the radiologist or nuclear medicine physician is in audible or visual range of the patient and the person treating the patient.

(f) "Direct supervision" means the supervisory clinical evaluator is on the premises, is quickly and easily available.

(g) "Indirect supervision" means the supervising radiologist or nuclear medicine physician is on site no less than half-time.

(h) "Allied health care profession" means an occupation for which programs are accredited by the American Medical Association Committee on Allied Health Education and Accreditation, Sixteenth Edition of the Allied Health Education Directory, 1988 or a previous edition.

(i) "Formal education" shall be obtained in postsecondary vocational/technical schools and institutions, community or junior colleges, and senior colleges and universities

accredited by regional accrediting associations or by other recognized accrediting agencies or programs approved by the Committee on Allied Health Education and Accreditation of the American Medical Association.

(2) Clinical practice experience shall be supervised and verified by the approved clinical evaluators who must be:

(a) A certified radiologic technologist designated in the specialty area the individual is requesting certification who provides direct supervision; and

(b) A radiologist for those individuals requesting certification in practice of diagnostic radiologic technology or therapeutic radiologic technology; or for those individuals requesting certification as a nuclear medicine technologist, a physician specialist in nuclear medicine who provides indirect supervision. The physician supervisor shall routinely critique the films and evaluate the quality of the trainees' work.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-090, filed 12/9/88.]

WAC 246-926-110 Diagnostic radiologic technologist—Alternative training. An individual must possess the following alternative training qualifications to be certified as a diagnostic radiologic technologist.

(1) Have obtained a high school diploma or GED equivalent, a minimum of four clinical years supervised practice experience in radiography, and completed the course content areas outlined in subsection (2) of this section; or have obtained an associate or higher degree in an allied health care profession or meets the requirements for certification as a therapeutic radiologic technologist or nuclear medicine technologist, have obtained a minimum of three clinical years supervised practice experience in radiography, and completed course content areas outlined in subsection (2) of this section.

(2) The following course content areas of training may be obtained directly by supervised clinical practice experience: Introduction to radiography, medical ethics and law, medical terminology, methods of patient care, radiographic procedures, radiographic film processing, evaluation of radiographs, radiographic pathology, introduction to quality assurance, and introduction to computer literacy. Clinical practice experience must be verified by the approved clinical evaluators.

The following course content areas of training must be obtained through formal education: Human anatomy and physiology - 100 contact hours; principles of radiographic exposure - 45 contact hours; imaging equipment - 40 contact hours; radiation physics, principles of radiation protection, and principles of radiation biology - 40 contact hours.

(3) Must satisfactorily pass an examination approved or administered by the secretary.

(4) Individuals who are registered as a diagnostic radiologic technologist with the American Registry of Radiologic Technologists shall be considered to have met the alternative education and training requirements.

[Statutory Authority: RCW 18.84.040 and 18.84.080. 92-05-010 (Order 237), § 246-926-110, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-100, filed 12/9/88.]

WAC 246-926-120 Therapeutic radiologic technologist—Alternative training. An individual must possess the following alternative training qualifications to be certified as a therapeutic radiologic technologist.

(1) Have obtained a baccalaureate or associate degree in one of the physical, biological sciences, or allied health care professions, or meets the requirements for certification as a diagnostic radiologic technologist or nuclear medicine technologist; have obtained a minimum of five clinical years supervised practice experience in therapeutic radiologic technology; and completed course content areas outlined in subsection (2) of this section.

(2) The following course content areas of training may be obtained by supervised clinical practice experience: Orientation to radiation therapy technology, medical ethics and law, methods of patient care, computer applications, and medical terminology. At least fifty percent of the clinical practice experience must have been in operating a linear accelerator. Clinical practice experience must be verified by the approved clinical evaluators.

The following course content areas of training must be obtained through formal education: Human anatomy and physiology - 100 contact hours; oncologic pathology - 22 contact hours; radiation oncology - 22 contact hours; radiobiology, radiation protection, and radiographic imaging - 73 contact hours; mathematics (college level algebra or above) - 55 contact hours; radiation physics - 66 contact hours; radiation oncology technique - 77 contact hours; clinical dosimetry - 150 contact hours; quality assurance - 12 contact hours; and hyperthermia - 4 contact hours.

(3) Must satisfactorily pass an examination approved or administered by the secretary.

(4) Individuals who are registered as a therapeutic radiologic technologist by the American Registry of Radiologic Technologists shall be considered to have met the alternative education and training requirements.

[Statutory Authority: RCW 18.84.040 and 18.84.080. 92-05-010 (Order 237), § 246-926-120, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-110, filed 12/9/88.]

WAC 246-926-130 Nuclear medicine technologist—Alternative training. An individual must possess the following alternative training qualifications to be certified as a nuclear medicine technologist.

(1) Have obtained a baccalaureate or associate degree in one of the physical, biological sciences, allied health care professions, or meets the requirements for certification as a diagnostic radiologic technologist or a therapeutic radiologic technologist; have obtained a minimum of four clinical years supervised practice experience in nuclear medicine technology; and completed course content areas outlined in subsection (2) of this section.

(2) The following course content areas of training may be obtained by supervised clinical practice experience: Methods of patient care, computer applications, department organization and function, nuclear medicine in-vivo and in-vitro procedures, and radionuclide therapy. Clinical practice

experience must be verified by the approved clinical evaluators.

The following course content areas of training must be obtained through formal education: Radiation safety and protection - 10 contact hours; radiation biology - 10 contact hours; nuclear medicine physics and radiation physics - 80 contact hours; nuclear medicine instrumentation - 22 contact hours; statistics - 10 contact hours; radionuclide chemistry and radiopharmacology - 22 contact hours.

(3) Must satisfactorily pass an examination approved or administered by the secretary.

(4) Individuals who are registered as a nuclear medicine technologist with the American Registry of Radiologic Technologists or with the nuclear medicine technology certifying board shall be considered to have met the alternative education and training requirements.

[Statutory Authority: RCW 18.84.040 and 18.84.080. 92-05-010 (Order 237), § 246-926-130, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-120, filed 12/9/88.]

WAC 246-926-140 Approved schools. Approved schools and standards of instruction for diagnostic radiologic technologist, therapeutic radiologic technologist, and nuclear medicine technologist are those recognized as radiography, radiation therapy technology, and nuclear medicine technology educational programs that have obtained accreditation from the Committee on Allied Health Education and Accreditation of the American Medical Association as recognized in the publication Allied Health Education Directory, Sixteenth Edition, published by the American Medical Association, 1988 or any previous edition.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-130, filed 12/9/88.]

WAC 246-926-150 Certification designation. A certificate shall be designated in a particular field of radiologic technology by:

(1) The educational program completed; diagnostic radiologic technologist - radiography program; therapeutic radiologic technologist - radiation therapy technology program; and nuclear medicine technologist - nuclear medicine technology program; or

(2) By meeting the alternative training requirements established in WAC 246-926-100, 246-926-110, 246-926-120, or 246-926-130.

[Statutory Authority: RCW 18.84.040 and 18.84.080. 92-05-010 (Order 237), § 246-926-150, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-140, filed 12/9/88.]

WAC 246-926-170 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) Demonstrate competence to the standards established by the secretary;

(b) Meet the requirements of chapter 246-12 WAC, Part 2.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-926-170, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.84.040 and 18.84.110. 92-05-010 (Order 237), § 246-926-170, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-160, filed 12/9/88.]

WAC 246-926-180 Parenteral procedures. (1) A certified radiologic technologist may administer diagnostic and therapeutic agents under the direction and immediate supervision of a radiologist if the following guidelines are met:

(a) The radiologic technologist has had the prerequisite training and thorough knowledge of the particular procedure to be performed;

(b) Appropriate facilities are available for coping with any complication of the procedure as well as for emergency treatment of severe reactions to the diagnostic or therapeutic agent itself, including the ready availability of appropriate resuscitative drugs, equipment, and personnel; and

(c) After parenteral administration of a diagnostic or therapeutic agent, competent personnel and emergency facilities shall be available for at least thirty minutes in case of a delayed reaction.

(2) A certified radiologic technologist may perform venipuncture at the direction and immediate supervision of a radiologist.

[Statutory Authority: RCW 43.70.040. 92-19-060 (Order 302), § 246-926-180, filed 9/11/92, effective 10/12/92; 91-02-049 (Order 121), recodified as § 246-926-180, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-170, filed 12/9/88.]

WAC 246-926-190 State examination/examination waiver/examination application deadline. (1) The American Registry of Radiologic Technologists certification examinations for radiography, radiation therapy technology, and nuclear medicine technology shall be the state examinations for certification as a radiologic technologist.

(a) The examination for certification as a radiologic technologist shall be conducted three times a year in the state of Washington, in March, July, and October.

(b) The examination shall be conducted in accordance with the American Registry of Radiologic Technologists security measures and contract.

(c) Examination candidates shall be advised of the results of their examination in writing.

(2) Applicants taking the state examination must submit the application, supporting documents, and fees to the department of health no later than the fifteenth day of December, for the March examination; the fifteenth day of April, for the July examination; and the fifteenth day of July, for the October examination.

(3) A scaled score of seventy-five is required to pass the examination.

[Statutory Authority: RCW 18.84.040 and 18.84.080. 92-05-010 (Order 237), § 246-926-190, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-190, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-190, filed 12/9/88.]

WAC 246-926-200 AIDS prevention and information education requirements. Applicants must complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-926-200, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.84.040 and 70.24.270. 92-05-010 (Order 237), § 246-926-200, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-200, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-183-200, filed 11/2/88.]

WAC 246-926-990 Certification and registration fees and renewal cycle. (1) Certificates and registrations 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 - certification	$45.00
Exam fee - certification	30.00
Application - registration	35.00
Certification renewal	45.00
Registration renewal	35.00
Late renewal penalty - certification	45.00
Late renewal penalty - registration	35.00
Expired certificate reissuance	45.00
Expired registration reissuance	35.00
Certification of registration or certificate	15.00
Duplicate registration of certificate	15.00

[Statutory Authority: RCW 43.70.250. 99-08-101, § 246-926-990, filed 4/6/99, effective 7/1/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-926-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.84.040 and 18.84.100. 92-05-010 (Order 237), § 246-926-990, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-180, filed 12/9/88.]

Chapter 246-928 WAC
RESPIRATORY CARE PRACTITIONERS

WAC

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 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).

246-928-070 Grandfather—Examination dates. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.89.050. 88-23-001 (Order PM 787), § 308-195-070, filed 11/3/88; 88-10-015 (Order 724), § 308-195-070, filed 4/27/88.] Repealed by 92-02-018 (Order 224), filed 12/23/91,

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.]

PART I
DEFINITIONS AND PROCEDURES FOR LICENSING AS A RESPIRATORY CARE PRACTITIONER

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 person 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.]

PART II
REQUIREMENTS FOR LICENSURE AS A RESPIRATORY CARE PRACTITIONER

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.

[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.]

PART III
REQUIREMENTS FOR REPORTING UNPROFESSIONAL CONDUCT

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.]

PART IV
RESPIRATORY CARE PRACTITIONER LICENSING AND RENEWAL FEES

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

Title of Fee	Fee
Renewal	50.00
Late renewal penalty	50.00
Expired license reissuance	50.00

[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 246-930 WAC
SEX OFFENDER TREATMENT PROVIDER

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-930-400 Issuance and renewal of certification. [Statutory Authority: RCW 18.155.040. 92-12-027 (Order 275), § 246-930-400, filed 5/28/92, effective 6/28/92; 91-11-063 (Order 168), § 246-930-400, filed 5/16/91, effective 6/16/91.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-930-430 Reinstatement. [Statutory Authority: RCW 18.155.040. 94-13-179, § 246-930-430, filed 6/21/94, effective 7/22/94.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-930-499 Temporary and provisional certificate during initial implementation of certification program. [Statutory Authority: RCW 18.155.040. 93-14-095, § 246-930-499, filed 7/1/93, effective 8/1/93; 92-12-027 (Order 275), § 246-930-499, filed 5/28/92, effective 6/28/92; 91-11-063 (Order 168), § 246-930-499, filed 5/16/91, effective 6/16/91.] Repealed by 99-07-018, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 18.155.040.

WAC 246-930-010 General definitions. In these rules, the following terms shall have the definition described below, unless another definition is stated:

(1) "Department" means the department of health.

(2) "Secretary" means the secretary of the department of health, or designee.

(3) "Provider" means a certified sex offender treatment provider.

(4) "Affiliate" means affiliate sex offender treatment provider.

(5) "Committee" means the sex offender treatment providers advisory committee.

(6) "Credential" or its derivative means the process of licensing, registration, certification or the equivalent through which a person is legally recognized by a state agency as lawfully authorized to practice a health profession.

(7) "Evaluation."

(a) For purposes of determining eligibility for certification, evaluation is defined as the direct provision of comprehensive evaluation and assessment services to persons who have been investigated by law enforcement or child protective services for commission of a sex offense, or who have been adjudicated or convicted of a sex offense. Such evaluation shall be related to a client's offending behavior. Such services shall have resulted in preparation of a formal written report. To qualify, the individual shall have had primary responsibility for interviewing the offender and shall have completed the written report. Only hours in face-to-face contact with a client may be counted for evaluation credit. Evaluation hours performed by affiliate providers under the supervision of fully certified providers count toward certification under this definition. Note that limited assessments for the purpose of institution classification, treatment monitoring, and reporting do not qualify for evaluation credit under this definition.

(b) Standards for evaluations of clients by certified providers as defined in RCW 9.94A.120 (7)(a) and 13.40.160 are set forth in WAC 246-930-320.

(8) "Treatment" for purposes of determining eligibility for certification, treatment is defined as the provision of face-to-face individual, group, or family therapy with persons who have been investigated by law enforcement or child protective services for commission of a sex offense, or who have been adjudicated or convicted of a sex offense. The professional seeking certification has formal responsibility for providing primary treatment services, and such services shall have had direct relevance to a client's offending behavior. Face-to-face treatment hours performed by affiliate providers under the supervision of certified providers count toward certification under this definition. "Cotherapy hours" are defined as the actual number of hours the applicant spent facilitating a group session. Cotherapists may each claim credit for therapy hours as long as both persons have formal responsibility for the group sessions. Time spent in maintaining collateral contacts and written case/progress notes are not counted under this definition.

(9) A "certified sex offender treatment provider" is an applicant who has met the educational, experience and training requirements as specified for full certification, has satisfactorily passed the examination, and has been issued a certificate by the department to evaluate and treat sex offenders pursuant to chapter 18.155 RCW.

(10) An "affiliate sex offender treatment provider" is an applicant who has met the educational, experience and train-

ing requirements as specified for affiliate certification applicants, and has satisfactorily passed the examination. An affiliate sex offender treatment provider evaluates and treats sex offenders pursuant to chapter 18.155 RCW under the supervision of a certified sex offender treatment provider in accordance with the supervision requirements set forth in WAC 246-930-075.

(11) "SSOSA" is special sex offender sentencing alternative as defined in RCW 9.94A.120 (7)(a).

(12) "SSODA" is special sex offender disposition alternative as defined in RCW 13.40.160.

(13) "Supervising officer" means the designated representative of the agency having oversight responsibility for a client sentenced under SSOSA or SSODA, under the sentence or disposition order, for example, community correction officer, probation officer.

(14) "Treatment plan" means the plan set forth in the evaluation detailing how the treatment needs of the client will be met while the community is protected during the course of treatment.

(15) "Community protection contract" means the document specifying the treatment rules and requirements the client has agreed to follow in order to maximize community safety.

(16) "Parties" means the defendant, the prosecuting attorney, the community corrections officer and the juvenile probation officer.

[Statutory Authority: RCW 18.155.040. 94-13-179, § 246-930-010, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-010, filed 5/28/92, effective 6/28/92; 91-23-076 (Order 212), § 246-930-010, filed 11/19/91, effective 12/20/91; 91-11-063 (Order 168), § 246-930-010, filed 5/16/91, effective 6/16/91.]

WAC 246-930-020 Underlying credential as a health professional required. (1) Under RCW 18.155.020(1), only credentialed health professionals may be certified as providers.

(2) A person who is credentialed as a health professional in a state or jurisdiction other than Washington may satisfy this requirement by submitting the following:

(a) A copy of the current nonexpired credential issued by the credentialing state;

(b) A copy of the statute, administrative regulation, or other official document of the issuing state which sets forth the minimum requirements for the credential;

(c) A statement from the issuing authority:

(i) That the credential is in good standing;

(ii) That there is no disciplinary action currently pending; and

(iii) Listing any formal discipline actions taken by the issuing authority with regard to the credential;

(d) A statement signed by the applicant, on a form provided by the department, submitting to the jurisdiction of the Washington state courts for the purpose of any litigation involving his or her practice as a sex offender treatment provider;

(e) A statement signed by the applicant on a form provided by the department, that the applicant does not intend to practice the health profession for which he or she is credentialed by another state within the state of Washington without first obtaining an appropriate credential to do so from the state of Washington, except as may be authorized by Washington state law; and

(f) Applicants must complete four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

(3) Underlying registration, certification, or licensure shall be maintained in good standing. If an underlying registration, certification, or licensure is not renewed or is revoked, certification as a sex offender treatment provider, affiliate sex offender treatment provider, or temporary or provisional treatment provider is revoked. If an underlying license is suspended, the sex offender treatment provider certification is suspended. If there is a stay of the suspension of an underlying license the sex offender treatment provider program must independently evaluate the reasonableness of a stay for the sex offender treatment provider.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-930-020, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.155.040. 94-13-179, § 246-930-020, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-020, filed 5/28/92, effective 6/28/92; 91-11-063 (Order 168), § 246-930-020, filed 5/16/91, effective 6/16/91.]

WAC 246-930-030 Education required prior to examination. (1) An applicant for full certification shall have completed:

(a) A master's or doctoral degree in social work, psychology, counseling, or educational psychology from a regionally accredited institution of higher education; or

(b) A medical doctor or doctor of osteopathy degree if the individual is a board certified/eligible psychiatrist; or

(c) A master's or doctoral degree in an equivalent field from a regionally accredited institution of higher education with documentation of thirty graduate semester hours or forty-five graduate quarter hours in approved subject content. Approved subject content includes at least five graduate semester hours or seven graduate quarter hours in (c)(i) and (ii) of this subsection and five graduate semester hours or seven graduate quarter hours in at least two additional content areas from (c)(i) through (viii) of this subsection:

(i) Counseling and psychotherapy.

(ii) Personality theory.

(iii) Behavioral science and research.

(iv) Psychopathology/personality disorders.

(v) Assessment/tests and measurement.

(vi) Group therapy/family therapy.

(vii) Human growth and development/sexuality.

(viii) Corrections/criminal justice.

(d) The applicant is responsible for submitting proof that the hours used to meet this requirement are in fact, equivalent.

(2) Transcripts of all graduate work shall be submitted directly to the department from the institution where earned.

[Statutory Authority: RCW 18.155.040. 94-13-179, § 246-930-030, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-030, filed 5/28/92, effective 6/28/92; 91-11-063 (Order 168), § 246-930-030, filed 5/16/91, effective 6/16/91.]

WAC 246-930-040 Professional experience required prior to examination. (1) To qualify for examination, an applicant must complete at least two thousand hours of treatment and evaluation experience, as defined in WAC 246-

930-010. These two thousand hours shall include at least two hundred fifty hours of evaluation experience and at least two hundred fifty hours of treatment experience.

(2) All of the prerequisite experience shall have been within the seven-year period preceding application for certification as a provider.

[Statutory Authority: RCW 18.155.040. 94-13-179, § 246-930-040, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-040, filed 5/28/92, effective 6/28/92; 91-11-063 (Order 168), § 246-930-040, filed 5/16/91, effective 6/16/91.]

WAC 246-930-050 Education required for affiliate prior to examination. (1) An applicant for affiliate certification shall have completed: Effective July 1, 1995, new applicants must have a master's or doctorate degree to meet the minimum requirement for affiliate certification.

(a) A bachelor's, master's, or doctorate degree in social work, psychology, counseling, or educational psychology from a regionally accredited institution of higher education; or

(b) A medical doctor or doctor of osteopathy degree if the individual is a board certified/eligible psychiatrist; or

(c) A bachelor's, master's, or doctorate degree in an equivalent field from a regionally accredited institution of higher education when there is documentation of thirty semester hours or forty-five quarter hours in approved subject content. Approved subject content includes at least five semester hours or seven quarter hours in (c)(i) and (ii) of this subsection and five semester hours or seven quarter hours in at least two additional content areas from (c)(i) through (viii) of this subsection:

(i) Counseling and psychotherapy.

(ii) Personality theory.

(iii) Behavioral science and research.

(iv) Psychopathology/personality disorders.

(v) Assessment/tests and measurement.

(vi) Group therapy/family therapy.

(vii) Human growth and development/sexuality.

(viii) Corrections/criminal justice.

(d) The applicant is responsible for submitting proof that the hours used to meet this requirement are in fact, equivalent.

(2) Transcripts of all academic work shall be submitted directly to the department from the institution where earned.

[Statutory Authority: RCW 18.155.040. 94-13-179, § 246-930-050, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-050, filed 5/28/92, effective 6/28/92; 91-11-063 (Order 168), § 246-930-050, filed 5/16/91, effective 6/16/91.]

WAC 246-930-060 Professional experience required for affiliate prior to examination. (1) An applicant meeting only the minimal academic requirements for affiliate status (bachelor's degree), shall have a total of two thousand hours of experience in evaluation and/or treatment as defined in WAC 246-930-010. No specific minimum number of hours in either category is required for an affiliate applicant.

(2) All of the prerequisite experience shall have been within the seven-year period preceding application for certification as a provider.

(3) If the applicant for affiliate status meets the academic requirements for full certification, post-graduate degree as outlined in WAC 246-930-030, no experience requirement applies.

[Statutory Authority: RCW 18.155.040. 94-13-179, § 246-930-060, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-060, filed 5/28/92, effective 6/28/92; 91-11-063 (Order 168), § 246-930-060, filed 5/16/91, effective 6/16/91.]

WAC 246-930-070 Training required for certified providers. (1) All applicants for certification as providers shall submit documentation of attendance at fifty hours of formal conferences, symposia, or seminars directly related to the treatment and evaluation of sex offenders. No more than ten hours of training may be related to victims of abuse.

(2) All such training shall have been received within the three years preceding application for certification.

[Statutory Authority: RCW 18.155.040. 01-02-065, § 246-930-070, filed 12/29/00, effective 1/29/01; 94-13-179, § 246-930-070, filed 6/21/94, effective 7/22/94; 91-11-063 (Order 168), § 246-930-070, filed 5/16/91, effective 6/16/91.]

WAC 246-930-075 Description of supervision of affiliates. Supervision of affiliates is considerably different than consultation with other professionals. Consultation is solely advisory; consultants do not assume responsibility for those individuals to whom they consult. Supervision of affiliates requires that the provider take full ethical and legal responsibility for the quality of work of the affiliate. The following rules apply to providers and affiliates when service is being provided to SSOSA and SSODA clients:

(1) Whether providing training, consultation, or supervision, sex offender treatment providers shall avoid presenting themselves as having qualifications in areas where they do not have expertise.

(2) The supervisor shall provide sufficient training and supervision to the affiliate to insure the health and safety of the client and community. The supervisor shall have the expertise and knowledge to directly supervise the work of the affiliate.

(3) The supervisor shall insure that any person he or she supervises has sufficient education, background, and preparation for the work they will be doing.

(4) Supervision of an affiliate shall require that the supervisor and supervisee enter into a formal written contract defining the parameters of the professional relationship. This supervision contract shall be submitted to the department for approval and shall be renewed on a yearly basis. The contract shall include, but is not limited to:

(a) Supervised areas of professional activity;

(b) Amount of supervision time and the frequency of supervisory meetings. This information may be presented as a ratio of supervisory time to clinical work conducted by the affiliate;

(c) Supervisory fees and business arrangements, when applicable;

(d) Nature of the supervisory relationship and the anticipated process of supervision;

(e) Selected and review of clinical cases;

(f) Methodology for recordkeeping, evaluation of the affiliate, and feedback; and

(g) How the affiliate is represented to the public.

(5) Supervision of affiliates shall involve regular, direct, face-to-face supervision. Based on the affiliate's skill and experience levels, supervision shall include a reasonable degree of direct observation of the affiliates by means of the supervisor sitting in sessions, audio tape recording, videotape, etc. In some cases, special flexible supervision arrangements which deviate from the standard are permitted, for example, due to geography or disability; special flexible supervision contracts shall be submitted to the department for approval.

(6) The level of supervision shall insure that the affiliate is prepared to conduct professional work and provide adequate oversight. There shall be a minimum of one hour of supervision time for every ten hours of supervised professional work. Supervision meetings shall regularly occur at least every other week.

(7) A certified sex offender treatment provider shall undertake no contract which exceeds the provider's ability to comply with supervision standards. A supervisor shall not supervise more than thirty hours of SSOSA and SSODA case clinical work each week.

(8) Generally, a supervisor shall not provide supervision for more than two affiliates. However, the special needs of certain locales, particularly rural areas, are recognized. Where appropriate, deviation from the standards in subsections (4)(b), (6) and (7) of this section are permitted subject to department approval, if quality of supervision can be maintained. Special supervisory arrangements shall be submitted for approval with the supervision contract to the department. A supervisor may adjust a supervision plan, as necessary, but shall notify the department of the amendment to the contract within thirty days.

(9) The status of the affiliate's relationship to the supervisor is to be accurately communicated to the public, other professionals, and to all clients served.

(10) An affiliate sex offender treatment provider may represent himself or herself as an affiliate only when doing clinical work supervised by the contracted sex offender treatment provider. If the affiliate is providing unsupervised clinical services to clients who are not SSOSA or SSODA cases, the individual shall not utilize the title "affiliate". This is not intended to prohibit an affiliate from describing their experience and qualifications to potential referral sources.

(11) All written reports and correspondence by the affiliate acting under SSOSA or SSODA shall be cosigned by the supervisor, indicating the supervisory relationship. The work shall be represented as conducted by the affiliate with oversight provided by the supervisor.

(12) All work relating to SSOSA and SSODA clients conducted by the affiliate is the responsibility of the supervisor. The supervisor shall have authority to direct the practice of the affiliate involving SSOSA and SSODA clients.

(13) Supervision includes, but is not limited to the following:

(a) Discussion of services provided by the affiliate;

(b) Case selection, service plan, and review of each case or work unit of the affiliate;

(c) Discussions regarding theory and practice of the work being conducted;

(d) Review of Washington statutes, rules, and criminal justice procedures relevant to the work being conducted;

(e) Discussion of the standards of practice for providers as adopted by the department and the ethical issues involved in providing professional services for sex offenders;

(f) Discussion regarding coordination of work with other professionals;

(g) Discussion of relevant professional literature and research; and

(h) Periodic review of the supervision itself.

(14) Both the supervisor and affiliate shall maintain full documentation of the work done and supervision provided.

(15) The supervisor will evaluate the affiliate's work and professional progress on an ongoing basis.

(16) It is the responsibility of the supervisor to remedy the problems or terminate the supervision contract. If the work of the supervisee does not meet sufficient standards to protect the best interests of the clients and the community. The supervisor shall notify the department and provide the department with a letter of explanation, if a supervision contract is terminated.

(17) Supervision is a power relationship and the supervisee-supervisor relationship is not to be exploited. This standard in no way precludes reasonable compensation for supervisory services.

(18) It is the responsibility of the supervisor to provide, on request, accurate and objective letters of reference and work documentation regarding the affiliate, when requested by affiliate.

(19) If a supervisee is in the employ of a provider it is the responsibility of the supervisor to provide:

(a) Appropriate working conditions;

(b) Opportunities to further the supervisee's skills and professional development; and

(c) Consultation in all areas of professional practice appropriate to the supervisee's employment.

(20) All records of both affiliate and supervisor are subject to audit to determine compliance with appropriate statutes and rules.

[Statutory Authority: RCW 18.155.040. 94-13-179, § 246-930-075, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-075, filed 5/28/92, effective 6/28/92; 91-21-035 (Order 201), § 246-930-075, filed 10/10/91, effective 11/10/91.]

WAC 246-930-200 Application and examination. (1) In order to be certified to practice under this chapter as a provider or affiliate provider in the state of Washington all applicants shall pass an examination approved by the secretary.

(2) An applicant shall meet all education, experience, and training requirements and be a health care provider before being allowed to sit for the examination.

(3) Examinations shall be given at a time and place determined by the secretary.

(4) A completed application with the appropriate fee for certification shall be received in the office of the department, no later than sixty days prior to the examination date. All supporting documentation shall be received no later than twenty days prior to the scheduled examination date.

(5) Any applicant who fails to follow written or oral instructions relative to the conduct of the examination, is observed talking or attempting to give or receive information, or attempting to remove materials from the examination or using or attempting to use unauthorized materials during any portion of the examination shall be terminated from the examination and not permitted to complete it.

(6) The department shall approve the method of grading each examination, and apply the method uniformly to all applicants taking the examination.

(7) Applicants will be notified in writing of their examination scores.

(8) Applicant's examination scores are not disclosed to anyone other than the applicant, unless requested to do so in writing by the applicant.

(9) An applicant who fails to make the required grade in the first examination is entitled to take up to two additional examinations upon the payment of a reexamination fee for each subsequent examination. After failure of three examinations, the secretary may require remedial education before admission to future examinations.

[Statutory Authority: RCW 18.155.040. 94-13-179, § 246-930-200, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-200, filed 5/28/92, effective 6/28/92; 91-11-063 (Order 168), § 246-930-200, filed 5/16/91, effective 6/16/91.]

WAC 246-930-210 Examination appeal procedures. (1) Any candidate who takes and does not pass the sex offender treatment provider examination may request an informal review of the results of the examination.

(a) The examination results shall not be modified unless the candidate presents clear and convincing evidence of error in the examination content or procedure, or bias, prejudice, or discrimination in the examination process.

(b) Any challenges to examination scores shall not be considered unless the total of the potentially revised score would result in issuance of a certificate.

(2) The procedure for requesting an informal review of examination results is as follows: The request shall be in writing and shall be received by the department within thirty days of the date on the letter of notification of examination results sent to the candidate.

(3) The candidate shall be identified only by candidate number for the purpose of this review. The candidate shall be notified in writing of the decision.

Letters of referral or requests for special consideration shall not be read or considered.

(4) Any candidate not satisfied with the results of the informal examination review may request a formal hearing before the secretary to challenge the informal review decision. The procedures for requesting a formal hearing are as follows:

(a) The candidate shall complete the informal review process before requesting a formal hearing.

(b) The request for formal hearing shall be received by the department within twenty days of the date on the notice of the results of the informal review.

(c) The written request shall specifically identify the challenged portion(s) of the examination and shall state the specific reason(s) why the candidate believes the examination results should be modified.

(d) Appeals are brief adjudicative proceedings, as provided under the Administrative Procedure Act, chapter 34.05 RCW and chapter 246-11 WAC. The presiding officer is the secretary or the secretary's designee.

(5) The hearing shall be restricted to the specific portion(s) of the examination the candidate had identified in the request for formal hearing.

[Statutory Authority: RCW 18.155.040. 94-13-179, § 246-930-210, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-210, filed 5/28/92, effective 6/28/92; 91-11-063 (Order 168), § 246-930-210, filed 5/16/91, effective 6/16/91.]

WAC 246-930-220 Reexamination. (1) An applicant for certification who has been previously certified shall retake the examination and achieve a passing score before recertification under any of the following circumstances:

(a) The applicant has been uncertified voluntarily for more than twenty-four calendar months; or

(b) The applicant's certificate has been revoked or suspended by reason of a disciplinary action by the secretary.

(2) The secretary may require reexamination in any disciplinary order as a condition of reissuing a certificate or confirming certification.

(3) Whenever reexamination is required, the applicant shall pay the examination fees set forth in WAC 246-930-990.

[Statutory Authority: RCW 18.155.040. 94-13-179, § 246-930-220, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-220, filed 5/28/92, effective 6/28/92; 91-11-063 (Order 168), § 246-930-220, filed 5/16/91, effective 6/16/91.]

WAC 246-930-300 Mandatory reporting. (1) Pursuant to RCW 18.130.070, the persons designated in subsection (2) of this section are required to report to the department any conviction, determination, or finding of which they have personal knowledge that any person certified as a provider or affiliate provider has committed an act which constitutes unprofessional conduct under RCW 18.130.180.

(2) The following persons are required to report the information identified in subsection (1) of this section:

(a) Persons certified as providers or affiliate providers;

(b) The president, chief executive officer, or designated official of any professional association or society whose members are certified providers or affiliate providers;

(c) Prosecuting attorneys and deputy prosecuting attorneys;

(d) Community corrections officers employed by the department of corrections;

(e) Juvenile probation or parole counselors who provide counseling or supervision to juveniles;

(f) The president, chief executive officer, or designated official of any public or private agency which employs certified providers or affiliate providers;

(g) The president, chief executive officer, or designated official of any credentialing agency for health professionals.

(3) Reports under this section shall be made in writing, and must include the name, address, and telephone number of the person making the report, the name and address of the

person about whom the report is made, and complete information about the circumstances giving rise to the report.

[Statutory Authority: RCW 18.155.040. 94-13-179, § 246-930-300, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-300, filed 5/28/92, effective 6/28/92; 91-11-063 (Order 168), § 246-930-300, filed 5/16/91, effective 6/16/91.]

WAC 246-930-301 Purpose—Professional standards and ethics. (1) Sex offender treatment providers are also credentialed health professionals, and are subject to the standards of practice of their primary field of practice. However, standards of practice vary from profession to profession, and sex offender evaluation and treatment represents significant differences in practice from general mental health interventions.

(2) The standards set forth in WAC 246-930-301 through 246-930-340 apply to all sex offender treatment providers evaluating or treating SSOSA or SSODA clients. Failure to comply with these standards in providing evaluation and/or treatment to SSOSA/SSODA clients may constitute unprofessional conduct pursuant to RCW 18.130.180(7).

(3) Standards of practice specific to this area of specialization are necessary due to the unique characteristics of this area of practice, the degree of control that a provider exercises over the lives of clients, and the community protection issues inherent in this work.

[Statutory Authority: RCW 18.155.040. 94-13-179, § 246-930-301, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-301, filed 5/28/92, effective 6/28/92; 91-23-076 (Order 212), § 246-930-301, filed 11/19/91, effective 12/20/91.]

WAC 246-930-310 Standards for professional conduct and client relationships. (1) General considerations. Sex offender treatment providers shall:

(a) Not discriminate against clients with regard to race, religion, gender or disability; and

(b) Treat clients with dignity and respect, regardless of the nature of their crimes or offenses.

(2) Competence in practice. Providers shall:

(a) Be fully aware of the standards of their area of credentialling as health professionals and adhere to those standards;

(b) Be knowledgeable of statutes and scientific data relevant to specialized sex offender treatment and evaluation practice;

(c) Be familiar with the statutory requirements for assessments, treatment plans and reports for the court under SSOSA and SSODA;

(d) Perform professional duties with the highest level of integrity, maintaining confidentiality within the scope of statutory responsibilities;

(e) Be committed to community protection and safety;

(f) Be aware of all statutes related to client confidentiality;

(g) Not make claims regarding the efficacy of treatment that exceed what can be reasonably expected;

(h) Make appropriate referrals when they are not qualified or are otherwise unable to offer services to a client; and

(i) Exercise due prudence and care in making referral to other professionals.

(3) Confidentiality. Providers shall:

(a) Insure that the client fully understands the scope and limits of confidentiality, and the relevance to the client's particular situation. The provider shall inform the client of the provider's method of reporting disclosures made by the client and to whom disclosures are reported, before evaluation and treatment commence;

(b) Inform clients of any circumstances which may trigger an exception to the agreed upon confidentiality;

(c) Not require or seek waivers of privacy or confidentiality beyond the requirements of evaluation, treatment, training, or community safety. Providers shall evaluate the impact of authorizations for release of information upon their clients; and

(d) Understand and explain to their juvenile clients the rights of their parents and/or guardians to obtain information relating to the client.

(4) Conflict of interest. Providers shall:

(a) Refrain from using professional relationships to further their personal, religious, political, or economic interest other than accepting customary fees;

(b) Avoid relationships with clients which may constitute a conflict of interest, impair professional judgment and risk exploitation. (For example, bartering, service for service, and/or treating individuals where a social, business, or personal relationship exists); and

(c) Have no sexual relationships with a client.

(5) Fee-setting and client interaction. Providers shall:

(a) Prior to commencing service, fully inform the client of the scope of professional services to be provided and the fees associated with the services;

(b) Review any changes in financial arrangements and requirements with the client pursuant to the rules initially specified;

(c) Neither offer nor accept payment for referral; and

(d) Provide clients or their responsible person timely statements accurately indicating all services provided, the fees charged, and payments made.

(6) Termination or alteration of therapist/client relationship. Providers shall:

(a) Not unreasonably withdraw services to clients, and shall take care to minimize possible adverse effects on the client and the community;

(b) Notify clients promptly when termination or disruptions of services are anticipated, and provide for a transfer, referral, or continuation of service consistent with client needs and preferences, when appropriate; and

(c) Refrain from knowingly providing treatment services to a client who is in mental health treatment with another professional without consultation with the current provider.

(7) The department neither requires nor prohibits the use of psychological or physiological testing. The use of these and other treatment and evaluation techniques is at the discretion of the provider, subject to the terms of the court order in a particular case. The following standards apply when such techniques are used.

(a) Psychological testing: Psychological testing may provide valuable data during the assessment phase and in determining treatment progress. However, psychological testing should not be conducted by a provider who is not a

licensed psychologist, unless the specific test(s) standardized administration procedures provide for administration by a nonpsychologist.

Psychological assessment data provided by a psychologist, other than the examiner, shall not be integrated into an assessment report unless the provider is familiar with the psychological instruments used and aware of their strengths and/or limitations.

The interpretation of psychological testing through blind analysis has significant limitations. Providers reporting psychological test data derived in this manner shall also report the way in which the information was derived and the limitations of the data.

It is important to report any information which might influence the validity of psychological test findings. Examples of such information include, but are not limited to, the context of the evaluation, the information available to the professional who interpreted the data, whether the interpretations were computer derived and any special population characteristics of the person examined.

(b) Use of polygraph: The use of the polygraph examination may enhance the assessment, treatment and monitoring processes by encouraging disclosure of information relevant and necessary to understanding the extent of present risk and compliance with treatment and court requirements. When obtained, the polygraph data achieved through periodic examinations is an important asset in monitoring the sex offender client in the community. Other alternative sources of verification may also be utilized. Sex offender treatment providers shall be knowledgeable of the limitations of the polygraph and shall take into account its appropriateness with each individual client and special client populations. Examinations shall be given in accordance with the treatment plan. Sex offender treatment providers shall not base decisions solely on the results of the polygraph examination.

(c) Use of plethysmography: The use of physiological assessment measures, such as penile plethysmography, may yield useful information regarding the sexual arousal patterns of sex offenders. This data can be useful in assessing baseline arousal patterns and therapeutic progress. Decisions about the use of plethysmography should be made on a case-by-case basis with due consideration given to the limitations and the intrusiveness of the procedure. Consideration also should be given to the available literature on the usefulness of the information obtained as it relates to a specific sex offender population.

When obtained, physiological assessment data shall not be used as the sole basis for offender risk assessment and shall not be used to determine if an individual has committed a specific sexually deviant act. Providers shall recognize that plethysmographic data is only meaningful within the context of a comprehensive evaluation and/or treatment process. Sex offender treatment providers shall ensure that physiologic assessment data is interpreted only by sex offender treatment providers who possess the necessary training and experience. Sex offender treatment providers shall insure that particular care is taken when performing physiological assessment with juvenile offenders and other special populations, due to concerns about exposure to deviant materials. Given the intrusiveness of this procedure, care shall be given to the dignity of the client.

[Statutory Authority: RCW 18.155.040. 94-13-179, § 246-930-310, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-310, filed 5/28/92, effective 6/28/92; 91-23-076 (Order 212), § 246-930-310, filed 11/19/91, effective 12/20/91.]

WAC 246-930-320 Standards for SSOSA and SSODA assessment and evaluation reports. (1) General considerations in evaluating clients. Providers shall:

(a) Be knowledgeable of assessment procedures used;

(b) Be aware of the strengths and limitations of self-report and make reasonable efforts to verify information provided by the offender;

(c) Be knowledgeable of the client's legal status including any court orders applicable. Have a full understanding of the SSOSA and SSODA process and be knowledgeable of relevant criminal and legal considerations;

(d) Be impartial; provide an objective and accurate base of data; and

(e) Avoid addressing or responding to referral questions which exceed the present level of knowledge in the field or the expertise of the evaluator.

(2) Scope of assessment data.

Comprehensive evaluations under SSOSA and SSODA shall include a compilation of data from as many sources as reasonable, appropriate, and available. These sources may include but are not limited to:

(a) Collateral information (i.e., police reports, child protective services information, criminal correctional history and victim statements);

(b) Interviews with the offender;

(c) Interviews with significant others;

(d) Previous assessments of the offender conducted (i.e., medical, substance abuse, psychological and sexual deviancy);

(e) Psychological/physiological tests;

(f) If a report fails to include information specified in (a) through (e) of this subsection, the evaluation should indicate the information not included and cite the reason the information is not included; and

(g) Second evaluations shall state whether other evaluations were considered. The decision regarding use of other evaluations prior to conducting the second evaluation is within the professional discretion of the provider. The second evaluation need not repeat all assessment or data compilation measures if it reasonably relies on existing current information. The second evaluation must address all issues outlined in subsection (3) of this section, and include conclusions, recommendations and a treatment plan if one is recommended.

(3) Evaluation reports.

(a) Written reports shall be accurate, comprehensive and address all of the issues required for court disposition as provided in the statutes governing SSOSA and SSODA;

(b) Written reports shall present all knowledge relevant to the matters at hand in a clear and organized manner;

(c) Written reports shall include the referral sources, the conditions surrounding the referral and the referral questions addressed; and

(d) Written reports shall state the sources of information utilized in the evaluation. The evaluation and written report shall address, at a minimum, the following issues:

(i) A description of the current offense(s) including, but not limited to, the evaluator's conclusion about the reasons for any discrepancy between the official and offender's versions of the offenses;

(ii) A sexual history, sexual offense history and patterns of sexual arousal/preference/interest;

(iii) Prior attempts to remediate and control offense behavior including prior treatment;

(iv) Perceptions of significant others, when appropriate, including their ability and/or willingness to support treatment efforts;

(v) Potentiators of offending behavior to include alcohol and drug abuse, stress, mood, sexual patterns, use of pornography, and social and environmental influences;

(vi) A personal history to include medical, marital/relationships, employment, education and military;

(vii) A family history;

(viii) History of violence and/or criminal behavior;

(ix) Mental health functioning to include coping abilities, adaptational styles, intellectual functioning and personality attributes; and

(x) The overall findings of psychological/physiological/medical assessment when such assessments have been conducted.

(e) Conclusions and recommendations shall be supported by the data presented in the body of the report and include:

(i) The evaluator's conclusions regarding the appropriateness of community treatment;

(ii) A summary of the clinician's diagnostic impressions;

(iii) A specific assessment of relative risk factors, including the extent of the offender's dangerousness in the community at large;

(iv) The client's amenability to outpatient treatment and conditions of treatment necessary to maintain a safe treatment environment.

(f) Proposed treatment plan shall be described in detail and clarity and include:

(i) Anticipated length of treatment, frequency and type of contact with providers, and supplemental or adjunctive treatment;

(ii) The specific issues to be addressed in treatment and a description of planned treatment interventions including involvement of significant others in treatment and ancillary treatment activities;

(iii) Recommendations for specific behavioral prohibitions, requirements and restrictions on living conditions, lifestyle requirements, and monitoring by family members and others that are necessary to the treatment process and community safety;

(iv) Proposed methods for monitoring and verifying compliance with the conditions and prohibitions of the treatment program; and

(v) If the evaluator will not be providing treatment, a specific certified provider should be identified to the court. The provider shall adopt the proposed treatment plan or submit an alternative treatment plan for approval by the court, including each of the elements in WAC 246-930-330 (5)(a) through (d).

(4) The provider shall submit to the court and the parties a statement that the provider is either adopting the proposed treatment plan or submitting an alternate plan. The plan and the statement shall be provided to the court before sentencing.

[Statutory Authority: RCW 18.155.040. 94-13-179, § 246-930-320, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-320, filed 5/28/92, effective 6/28/92; 91-23-076 (Order 212), § 246-930-320, filed 11/19/91, effective 12/20/91.]

WAC 246-930-330 Standards for treatment. Introduction-SSOSA/SSODA offender treatment: It is recognized that effective sexual deviancy treatment will involve a broad set of planned therapeutic experiences and interventions designed to ultimately reduce the risk of a client engaging in criminal sexual behavior. Such treatment shall be consistent with current professional literature and shall emphasize community safety.

(1) **General considerations.**

(a) In most cases clients shall be seen by a certified or affiliate treatment provider a minimum of once per week for at least forty-five minutes for individual or ninety minutes for group.

(b) Changes in client circumstances or treatment provider schedule may require a reduction in frequency or duration of contacts appropriate, provided that:

(i) Such changes are made on a case-by-case basis;

(ii) Any changes that constitute a permanent change in the treatment plan or that reduce community safety shall be communicated to the supervising officer, the prosecutor and the court prior to the implementation of the change; and

(iii) Other short term, temporary changes in the treatment plan due to illness, vacation, etc., should be reported in the regular progress report.

(c) Any reduction in frequency or duration of contacts which constitutes a deviation from the treatment plan shall be reported to the supervising officer, the prosecutor, and the court; and

(d) The treatment methods employed by the provider shall:

(i) Reflect concern for the well being of clients, victims and the safety of potential victims;

(ii) Take into account the legal/civil rights of clients, including the right to refuse therapy and return to court for review; and

(iii) Be individualized to meet the unique needs of each client.

(2) **Planning and interventions.** The treatment plan and the interventions used by the provider to achieve the goals of the plan shall:

(a) Address the sexual deviancy treatment needs identified;

(b) Include provisions for the protection of victims and potential victims;

(c) Give priority to those treatment interventions most likely to avoid sexual reoffense; and

(d) Take reasonable care to not cause victims to have unsafe, or unwanted contact with their offenders.

(3) **Community protection contract.** The provider shall present a contract to the client within ninety days of the start of treatment which:

(a) Details the treatment rules and requirements which the client must follow in order to preserve community safety;

(b) Outlines the client's responsibility to adhere to the contract and the provider's responsibility to report any violations;

(c) Is a separate document from any other evaluation or treatment agreements between the client and the provider; and

(d) Is signed by both client and provider, sent to the supervising officer after sentencing, and updated when conditions change throughout the course of treatment.

(4) **Treatment methods.** The methods used by the provider shall:

(a) Address clients' deviant sexual urges and recurrent deviant sexual fantasies;

(b) Educate clients and the individuals who are part of their support systems about the potential for reoffense, and risk factors;

(c) Teach clients to use self control methods to avoid sexual reoffense;

(d) Consider the effects of trauma and past victimization as factors in reoffense potential where applicable;

(e) Address clients' thought processes which facilitate sexual reoffense and other victimizing or assaultive behaviors;

(f) Modify client thinking errors and cognitive distortions;

(g) Enhance clients appropriate adaptive/legal sexual functioning;

(h) Insure that clients have accurate knowledge about the effect of sexual offending upon victims, their families, and the community;

(i) Help clients develop a sensitivity to the effects of sexual abuse upon victims;

(j) Address clients' personality traits and personality deficits which are related to increased reoffense potential;

(k) Address clients' deficits in coping skills;

(l) Include and integrate clients' families, guardians, and residential program staff into the treatment process when appropriate; and

(m) To maintain communication with other significant persons in the client's support system, when deemed appropriate by the provider.

(5) **Monitoring of treatment requirements.** The monitoring of the client's compliance with treatment requirements by the provider shall:

(a) Recognize the reoffense potential of the sex offender client, the damage that may be caused by sexual reoffense or attempted reoffense, and the limits of self report by the sex offender client;

(b) Consider multiple sources of input regarding the client's out of office behavior;

(c) As a general principle, increase monitoring during those times of increased risk and notify the supervising officer:

(i) When a client is in crisis;

(ii) When visits with victims or potential victims are authorized; and

(iii) When clients are in high risk environments.

(d) Work in collaboration with the supervising officer to verify that the client is following the treatment plan by reducing the frequency of those behaviors that are most closely related to sexual reoffense and that the client's living, work and social environments have sufficient safeguards and protection for victims and potential victims; and

(e) The provider and the supervising officer should discuss the verification methods used so that each can more fully collaborate to protect community safety and assist the client in successfully completing treatment.

(6) **Contacts with victims/vulnerable persons for SSOSA clients.** When authorizing SSOSA clients to have contact with victims or children, the provider shall recognize that supervision during contact with children is critical for those offenders who have had crimes against children, or have the potential to abuse children. Providers shall:

(a) Consider victim's wishes about contact and reasonably ensure that all contact is safe and in accordance with court directives;

(b) Restrict, as necessary, offender decision-making authority over victims and vulnerable children;

(c) Prior to offender contact with children, collaborate with other relevant professionals regarding contact with victims, rather than make isolated decisions;

(d) Consult with the victim's parents, custodial parents, or guardians prior to authorizing any contact between offenders and children;

(e) Include educational experiences for chaperones/supervisors of SSOSA clients; and

(f) Devise a plan/protocol for reuniting or returning SSOSA clients to homes where children reside. Such plan/protocol should emphasize child safety, and provide for some monitoring of the impact on the victim and other children.

(7) **Contacts with victims/vulnerable persons for SSODA clients.** While the rationale behind the standards for SSOSA clients in subsection (6)(a) through (f) of this section is equally relevant for juvenile SSODA clients, there are some substantial differences that warrant specific standards. The prohibitions on contact with children are not intended to prohibit reasonable peer-age social or educational contacts for juvenile SSODA clients. It is further understood that providers working with juvenile SSODA clients have limited authority over their clients, and that they have limited authority to govern the decisions or supervision of a juvenile client's parents. Reasonable and practical supervision plans/strategies for juvenile SSODA clients require the cooperation and involvement of parents, foster parents, group home staff, and the supervising officer. Providers shall work in collaboration with the supervising officer to meet the following standards:

(a) Establish reasonable guidelines for contacts with victims or vulnerable children commensurate with the offender's offending history, treatment progress, and the current disposition order.

(b) Make reasonable efforts to advise, inform, and educate adults who will be in contact with and responsible for the offender's behavior around victims or vulnerable children.

(c) Restrict, as necessary, offender decision-making authority over victims and vulnerable children.

(d) Devise plans/protocols for reuniting or returning SSODA clients to homes where the victim or other children reside, specifically considering the victim's wishes and victim impact of reunification.

(e) Closely scrutinize victim requests for offender contact to ensure the request is free of emotional strain and is in the victim's best interests.

(8) **Documentation of treatment.** Providers shall maintain and safeguard client files in accordance with the professional standards of their individual disciplines and with Washington state law regarding health care records. Providers shall insure that the client files reflect the content of professional contact, treatment progress, sessions attended and treatment plan change information necessary for completion of the required SSOSA/SSODA reports; and

(9) **Completion of court ordered treatment.** In fulfilling the SSOSA requirements for the end of court ordered treatment hearing, the treatment provider shall:

(a) Assess and document how the goals of the treatment plan have been met, what changes in the client's reoffense potential have been accomplished, and what risk factors remain;

(b) Report to the court in a timely manner regarding the client's compliance with treatment and monitoring requirements and make a recommendation regarding modification of conditions of community supervision, and either termination of treatment or extension of treatment for up to the remaining period of community supervision.

(10) **Completion of treatment for SSODA.** Sex offender treatment providers who are treating juvenile offenders shall comply with subsection (9) of this section.

[Statutory Authority: RCW 18.155.040. 94-13-179, § 246-930-330, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-330, filed 5/28/92, effective 6/28/92; 91-23-076 (Order 212), § 246-930-330, filed 11/19/91, effective 12/20/91.]

WAC 246-930-340 Standards for communication with other professionals. (1) Professional relationships with corrections/probation officers and other supervising agencies.

(a) The provider shall establish a cooperative relationship with the supervising officer and/or responsible agency for purposes of the effective supervision and monitoring of an offender's behavior in the community.

(b) All violations of the provider client contract shall be reported immediately to the supervising officer.

(c) Quarterly progress reports documenting dates of attendance, treatment activities and duration, changes in the treatment plan, client compliance with requirements, and treatment progress shall be made in a timely manner to the court and parties. Providers shall provide additional information regarding treatment progress when requested by the court or a party. If there is more than one provider, the primary provider shall confer on all quarterly reports and provide one report to the required parties in a timely manner.

(d) Prior to implementation, plans for contact with the victim, potential victims and plans for family reunification or return (where appropriate) should be reviewed with the supervising officer.

(e) Prior to implementation the provider shall communicate with the supervising officer when approving chaperones and supervisors for offender contact with children. If an urgency of circumstances requires independent approval of a chaperone by a provider, the provider will notify the community correction officer or supervising officer in a timely manner.

(2) Communication with the department of social and health services or other agencies responsible for the care or supervision of the client. When appropriate, the provider shall seek an authorization for release of information from the client to communicate with such agencies for treatment or monitoring purposes.

(3) Communication with others. Where appropriate and consistent with the offender's informed consent, the provider shall communicate with the victim's therapist, guardian ad litem, custodial parent, guardian, caseworker, or other involved professional in making decisions regarding family reunification or return, or victim contact with the offender.

(4) Reporting of additional victims.

(a) Providers are expected to comply with the mandatory reporting law, RCW 26.44.030.

(b) All clients shall be notified of the limits of confidentiality imposed on therapists by the mandatory reporting law (RCW 26.44.030).

[Statutory Authority: RCW 18.155.040. 94-13-179, § 246-930-340, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-340, filed 5/28/92, effective 6/28/92; 91-23-076 (Order 212), § 246-930-340, filed 11/19/91, effective 12/20/91.]

WAC 246-930-410 Continuing education requirements. Certified sex offender treatment providers must complete forty hours of continuing education every two years as required in chapter 246-12 WAC, Part 7.

(1) **Purpose and scope.** The aim of continuing education for sex offender treatment providers is to ensure that professionals practicing in this specialty field are knowledgeable of current scientific and practice principles that affect the supervision and treatment of sex offenders in community-based treatment. Since the treatment of sex offenders in communities raises significant public safety concerns, continuing education is required to help sex offender treatment providers deliver the highest quality of professional service by being familiar with current developments in a rapidly changing profession. Certified sex offender treatment providers, regardless of certification status (e.g., full, affiliate, or provisional), shall meet the continuing education requirements set forth in this section as a prerequisite to license renewal.

(2) **Specific requirements.**

(a) A minimum of thirty hours of the CE shall be earned through attendance at courses, workshops, institutes, and/or formal conference presentations with direct, specific relevance to the assessment and treatment of sex offenders.

(i) Consultative or supervisory training obtained from other certified sex offender treatment providers is not creditable under this CE definition.

(ii) Independent study of audio or video tapes of seminar presentations not actually attended are creditable under this

definition, up to a maximum of ten hours in any two-year period. Credit for independent study will only be granted if accompanied by documentation of the learning activity, such as a written summary of the independent study activity.

(iii) CE credit for assessment and treatment of sex offender training courses presented to other professionals may be claimed by the certified provider who provides the training one time only (usually the first time it is taught, unless there is substantial revision), up to a maximum of ten hours in any two-year period.

(iv) Courses specifically oriented toward assessment or treatment of sex offenders may be claimed as CE. The following are examples of subjects that qualify under this definition:

(A) Ethics and professional standards;

(B) Relapse prevention with sex offenders;

(C) Plethysmographic assessment;

(D) Sexual arousal assessment and reconditioning;

(E) Risk assessment with sex offenders;

(F) Psychopharmacological therapy with sex offenders;

(G) Family therapy with sex offenders;

(H) Research concerning sexual deviancy;

(I) Sexual addiction; and

(J) Therapy/clinical methods specific to sex offenders.

(b) In addition to the thirty hours of CE with direct, specific relevance to the assessment and treatment of sex offenders, ten hours of the total requirement may be earned through participation in training courses with indirect relevance to the assessment and treatment of sex offenders. The following subjects qualify under this definition:

(i) Victimology/victim therapy;

(ii) General counseling methods;

(iii) Psychological test interpretation;

(iv) Addiction/substance abuse;

(v) Family therapy;

(vi) Group therapy; and

(vii) Legal issues.

(3) **Program or course approval.** The department shall accept any CE that reasonably falls within the above categories and requirements. The department relies upon each individual provider's integrity with the intent and spirit of the CE requirements.

(4) **CE requirement for newly certified providers.** Providers who are newly certified within six months of their renewal date shall not be required to submit proof of continuing education for the preceding twelve-month period. Providers who are newly certified from six to nine months prior to the renewal date shall be required to submit proof of ten hours of the annual CE requirement for the preceding twelve-month period. Providers who are newly certified from nine to twelve months prior to the renewal date shall be required to submit proof of the full twenty hour annual CE requirement at the renewal date. The above noted prorated CE requirements apply only to the first renewal following certification. If proof of CE is not required at the first renewal (dependent on birthdate), the prorated amount shall be added to the full twenty hour annual requirement for the second year following certification.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-930-410, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.155.040. 94-13-179, § 246-930-410, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-410, filed 5/28/92, effective 6/28/92.]

WAC 246-930-420 Inactive credential. A practitioner may obtain an inactive credential. Refer to the requirements of chapter 246-12 WAC, Part 4.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-930-420, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.155.040. 94-13-179, § 246-930-420, filed 6/21/94, effective 7/22/94.]

WAC 246-930-431 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) Successfully pass the examination as provided in WAC 246-930-200;

(b) Meet the requirements of chapter 246-12 WAC, Part 2.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-930-431, filed 2/13/98, effective 3/16/98.]

WAC 246-930-490 Sexual misconduct. (1) The sex offender treatment provider shall not engage in sexual contact or sexual activity with SSOSA/SSODA clients.

(2) Sexual contact or sexual activity is prohibited with former SSOSA/SSODA clients for ten years after cessation or termination of professional services.

(3) The sex offender treatment provider shall not engage in sexual contact or sexual activity with any former client if such contact or activity involves the abuse of the sex offender treatment provider and client relationship. Factors to be considered in evaluating if the sex offender treatment provider and client relationship is abused include, but are not limited to:

(a) The amount of time that has passed since the last therapeutic contact;

(b) The nature and duration of the therapy;

(c) The circumstances of cessation or termination;

(d) The client's personal history;

(e) The client's current mental status;

(f) The likelihood of adverse impact on the client and others; and

(g) Any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a post termination sexual or romantic relationship with the client.

(4) The sex offender treatment provider shall not engage in sexual contact or sexual activity with any person participating in the treatment process of a SSOSA or SSODA client while the therapy is ongoing.

(5) The sex offender treatment provider shall not engage in sexual contact or sexual activity with any person formally participating in the treatment process, if such contact or activity involves the abuse of the sex offender treatment provider and client relationship. Factors to be considered in evaluating if the sex offender treatment provider and client relationship is abused include, but are not limited to:

(a) The amount of time that has passed since the last therapeutic contact;

(b) The amount of time that has passed since the last professional contact between the provider and the other person;

(c) The knowledge the provider has obtained about the person because of the professional contact; and

(d) The likelihood of adverse impact on the former client.

[Statutory Authority: RCW 18.155.040. 94-13-179, § 246-930-490, filed 6/21/94, effective 7/22/94.]

WAC 246-930-990 Sex offender treatment provider fees and renewal cycle. (1) Certificates 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 for:

Title of Fee	Fee
Sex offender treatment provider:	
Application and examination	$ 500.00
Reexamination	250.00
Initial certification	100.00
Renewal	800.00
Inactive status	300.00
Late renewal penalty	300.00
Expired certificate reissuance	300.00
Expired inactive certificate reissuance	150.00
Duplicate certificate	15.00
Extension fee	1,475.00

(3) The following nonrefundable fees will be charged for affiliate treatment provider:

Application and examination	200.00
Reexamination	100.00
Renewal	300.00
Inactive status	200.00
Late renewal penalty	150.00
Expired affiliate certificate reissuance	150.00
Expired inactive affiliate certificate reissuance	100.00
Duplicate certificate	15.00
Extension fee	850.00

[Statutory Authority: RCW 43.70.250. 99-08-101, § 246-930-990, filed 4/6/99, effective 7/1/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-930-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.155.040. 94-13-179, § 246-930-990, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-990, filed 5/28/92, effective 6/28/92; 91-11-063 (Order 168), § 246-930-990, filed 5/16/91, effective 6/16/91.]

WAC 246-930-995 Conversion to a birthday renewal cycle. (1) The annual license renewal date is changed to coincide with the practitioner's birthday.

(2) Renewal fees will be prorated during the transition period while renewal dates are changed to coincide with the practitioner's birthday.

(3) After the initial conversion to a staggered system, practitioners will annually renew their license on their birthday at the current renewal rate.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-930-995, filed 2/13/98, effective 3/16/98.]

Chapter 246-933 WAC
VETERINARIANS—VETERINARY BOARD

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-933-120 Nonnarcotic Schedule II controlled substances—Prohibited. [Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-120, filed 12/28/90, effective 1/31/91; Order PL 179, § 308-150-050, filed 11/27/74.] Repealed by 92-17-076 (Order 299B), filed 8/19/92, effective 9/19/92. Statutory Authority: RCW 18.92.030.

246-933-170 Cooperation with the board. [Statutory Authority: RCW 18.92.030. 92-17-076 (Order 299B), § 246-933-170, filed 8/19/92, effective 9/19/92; 91-02-060 (Order 108B), recodified as § 246-933-170, filed 12/28/90, effective 1/31/91; 80-09-106 (Order PL 351), § 308-150-070, filed 7/23/80.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.

246-933-180 Responsibility for maintaining mailing address on file with the board. [Statutory Authority: RCW 18.92.030. 93-08-029 (Order 353B), § 246-933-180, filed 3/30/93,

effective 4/30/93.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-933-240 Practical examination requirement. [Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-240, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-240, filed 12/28/90, effective 1/31/91; 79-10-087 (Order 318), § 308-151-070, filed 9/21/79.] Repealed by 92-17-076 (Order 299B), filed 8/19/92, effective 9/19/92. Statutory Authority: RCW 18.92.030.

246-933-430 Effective date of requirement. [Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-430, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-430, filed 12/28/90, effective 1/31/91; Order 233, § 308-154-030, filed 2/16/77.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-933-470 Continuing education—Certification of compliance. [Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-470, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-470, filed 12/28/90, effective 1/31/91; 80-16-023 (Order PL 358), § 308-154-080, filed 10/29/80.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-933-980 Licensing/renewal/late penalty. [Statutory Authority: RCW 18.92.030. 93-08-029 (Order 353B), § 246-933-980, filed 3/30/93, effective 4/30/93. Statutory Authority: RCW 43.70.040 and 18.92.140. 92-07-036 (Order 252), § 246-933-980, filed 3/10/92, effective 4/10/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-933-980, filed 12/27/90, effective 1/31/91; Order PL 262, § 308-152-020, filed 1/13/77.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.

PROFESSIONAL CONDUCT/ETHICS

WAC 246-933-010 Definitions. For the purposes of this chapter, the following words and phrases shall have the following meanings unless the context clearly indicates otherwise. Unless stated, words used in the singular may be read in the plural.

(1) "Advertise" means to announce publicly by any form of media in order to aid directly or indirectly in the sale of a commodity or service.

(2) "Animal" means any species normally recognized as treatable by veterinary medicine.

(3) "Controlled substances" as defined in RCW 69.50.-101.

(4) "Department" means the department of health.

(5) "Drugs" as defined in RCW 69.50.101.

(6) "Health certificate" means a document prepared pursuant to law and which attests to the fact that an animal is in a certain state of health.

(7) "Patient" means any animal under the care and treatment of a veterinarian.

(8) "Secretary" means the secretary of the department of health.

(9) "Veterinary board of governors" is that board appointed by the governor pursuant to chapter 18.92 RCW.

[Statutory Authority: RCW 18.92.030. 93-08-029 (Order 353B), § 246-933-010, filed 3/30/93, effective 4/30/93; 91-24-098 (Order 221B), § 246-933-010, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-010, filed 12/28/90, effective 1/31/91; Order PL 179, § 308-150-005, filed 11/27/74.]

WAC 246-933-020 Objectives. The principal objectives of the veterinary profession are to render veterinary services to society, to assist in conserving livestock resources, and to assist in relieving suffering of animals. The veterinarian shall always endeavor to act in such a manner to further these objectives.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-020, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-020, filed 12/28/90, effective 1/31/91; 80-09-106 (Order PL 351), § 308-150-006, filed 7/23/80.]

WAC 246-933-030 Degree of skills. The veterinarian shall endeavor to keep abreast of new developments in veterinary medicine, surgery and dentistry, and shall endeavor to improve his or her knowledge and skill in the practice of veterinary medicine, surgery and dentistry.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-030, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-030, filed 12/28/90, effective 1/31/91; 80-09-106 (Order PL 351), § 308-150-007, filed 7/23/80.]

WAC 246-933-040 Exercise of professional judgment and skills. The veterinarian shall not accept employment under terms and conditions that interfere with the free exercise of the veterinarian's professional judgment or infringe upon the utilization of his or her professional skills.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-040, filed 12/28/90, effective 1/31/91; 80-09-106 (Order PL 351), § 308-150-008, filed 7/23/80.]

WAC 246-933-050 Emergency care of animals of unknown ownership. The veterinarian shall endeavor to provide at least minimal treatment to alleviate the suffering of an animal presented in the absence of the owner or the owner's agent.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-050, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-050, filed 12/28/90, effective 1/31/91; 86-01-085 (Order PL 575), § 308-150-009, filed 12/18/85; 80-09-106 (Order PL 351), § 308-150-009, filed 7/23/80.]

WAC 246-933-060 Patient abandonment. The veterinarian shall always be free to accept or reject a particular patient, but once care is undertaken, the veterinarian shall not neglect the patient, as long as the person presenting the patient requests and authorizes the veterinarian's services for the particular problem. Emergency treatment not authorized by the owner shall not constitute acceptance of a patient.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-060, filed 12/28/90, effective 1/31/91; 80-09-106 (Order PL 351), § 308-150-011, filed 7/23/80.]

WAC 246-933-070 Emergency services. (1) Emergency services shall mean the delivery of veterinary care by a licensed veterinarian during the hours when the majority of regional, daytime veterinary practices have no regularly scheduled office hours (are closed).

(2) Emergency service shall be provided at all times. This requirement does not mean that a veterinary medical facility shall be open to the public at all times but that the provision of professional services must be accomplished by appropriate means including the assignment of veterinarians or cooperation between practices or after-hours emergency

veterinary medical facilities serving the area. In the absence of an emergency veterinary medical facility serving the area, the phone shall be answered at all times so that inquirers can be told if the veterinarian is available and, if not, where emergency service is available.

(3) A veterinarian who represents, in any way, that he or she provides emergency veterinary services, including but not limited to, using names or terms such as "after hours clinic," or "after hours veterinary hospital," or use of the word "emergency" in any way, shall include in all advertisements the following information:

The availability of the veterinarian who is to provide emergency services, in print at least as large as that used to advertise the availability of emergency services, as either:

(a) "Veterinarian on premises," or term of like import, which phrase shall be used when there is a veterinarian actually present at the facility who is prepared to render veterinary services and the hours such services are available; or

(b) "Veterinarian on call," or term of like import, which phrase shall be used when the veterinarian is not present at the hospital, but is able to respond within a reasonable time to requests for emergency veterinary services and has been designated to so respond.

(4) All licensees shall comply with this section by December 1, 1989.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-070, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-070, filed 12/28/90, effective 1/31/91; 88-08-033 (Order PM 719), § 308-150-013, filed 4/1/88; 86-01-085 (Order PL 575), § 308-150-013, filed 12/18/85.]

WAC 246-933-080 Honesty, integrity and fair dealing. A veterinarian's practice shall be conducted on the highest plane of honesty, integrity and fair dealing with clients in time and services rendered, and in the amount charged for services, facilities, appliances and drugs. It is unprofessional and unethical for a veterinarian to attempt to mislead or deceive a client or to make untruthful statements or representations to a client.

It is also unprofessional and unethical for a veterinarian to attempt to dissuade a client from filing a disciplinary complaint by, but not limited to, a liability release, waiver, or written agreement, wherein the client assumes all risk or releases the veterinarian from liability for any harm, damage, or injury to an animal while under the care, custody, or treatment by the veterinarian.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-080, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-080, filed 12/28/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604 and RCW 18.92.030. 89-10-076 (Order PM 836), § 308-150-014, filed 5/3/89. Statutory Authority: RCW 18.92.030. 86-01-085 (Order PL 575), § 308-150-014, filed 12/18/85.]

WAC 246-933-090 Validation of health certificate. It is unethical to sign or otherwise validate any health certificate without actually, physically inspecting the animal. A health certificate shall be dated as of the time of examination.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-090, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-090, filed 12/28/90, effective 1/31/91; Order PL 179, § 308-150-030, filed 11/27/74.]

WAC 246-933-100 Inspection of animals. It is unethical for a veterinarian when employed to inspect an animal for health and soundness, to accept a fee or other compensation in relation to the inspection from a person other than the veterinarian's employer.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-100, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-100, filed 12/28/90, effective 1/31/91; Order PL 179, § 308-150-035, filed 11/27/74.]

WAC 246-933-110 Drugs and controlled substances. It is unethical to violate any laws or regulations of either the state of Washington or the United States relating to prescription drugs or controlled substances.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-110, filed 12/28/90, effective 1/31/91; Order PL 179, § 308-150-045, filed 11/27/74.]

WAC 246-933-130 Minimum sanitary conditions. It is unethical for a veterinarian to own or operate a clinic, office, hospital, mobile veterinary clinic, or other animal facility contrary to the health and sanitary standards as established by the rules and regulations as adopted by the veterinary board of governors.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-130, filed 12/28/90, effective 1/31/91; Order PL 179, § 308-150-055, filed 11/27/74.]

WAC 246-933-140 Prohibited publicity and advertising. A veterinarian shall not, on behalf of himself or herself, any partner, associate or other veterinarian affiliated with his or her office or clinic, use or allow to be used any form of public communication or advertising which:

(1) Is false, fraudulent, deceptive or misleading;

(2) Refers to secret methods of treatment;

(3) Is not identified as a paid advertisement or solicitation;

(4) States or implies that a veterinarian is a certified specialist unless the veterinarian is certified in such specialty by a board recognized by the American Veterinary Medical Association.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-140, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-140, filed 12/28/90, effective 1/31/91; 80-09-106 (Order PL 351), § 308-150-060, filed 7/23/80.]

WAC 246-933-150 Honoring of publicity and advertisements. (1) If a veterinarian advertises a fee for a service, the veterinarian shall render that service for no more than the fee advertised.

(2) Unless otherwise specified in the advertisement, if a veterinarian publishes any fee information, the veterinarian shall be bound by any representation made therein for the periods specified in the following categories:

(a) If in a publication which is published more frequently than one time per month, for a period of not less than thirty days after such publication.

(b) If in a publication which is published once a month or less frequently, until the publication of the succeeding issue.

(c) If in a publication which has no fixed date for publication of the succeeding issue, for a reasonable period of time after publication, but in no event less than one year.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-150, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-150, filed 12/28/90, effective 1/31/91; 80-09-106 (Order PL 351), § 308-150-061, filed 7/23/80.]

WAC 246-933-160 Prohibited transactions. A veterinarian shall not compensate or give anything of value to representatives of the press, radio, television or other communication media in anticipation of or in return for professional publicity of any individual veterinarian in a news item.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-160, filed 12/28/90, effective 1/31/91; 80-09-106 (Order PL 351), § 308-150-062, filed 7/23/80.]

WAC 246-933-190 Adjudicative proceedings. The board adopts the model procedural rules for adjudicative proceedings as adopted by the department of health and contained in chapter 246-11 WAC, including subsequent amendments.

[Statutory Authority: RCW 18.92.030. 93-21-007, § 246-933-190, filed 10/7/93, effective 11/7/93.]

VETERINARIAN EDUCATION AND EXAMINATION REQUIREMENTS

WAC 246-933-220 Approval of courses. A course of instruction conducted by a school, that has obtained accreditation of the course of instruction in the care and treatment of animals from the American Veterinary Medical Association, is an approved course within the meaning of section 1, chapter 44, Laws of 1974 1st ex. sess., RCW 18.92.015.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-220, filed 12/28/90, effective 1/31/91; Order PL 179, § 308-151-050, filed 11/27/74.]

WAC 246-933-230 Foreign trained veterinarians. A person who is a graduate of a college of veterinary medicine not accredited by the American Veterinary Medical Association shall be eligible to take the regularly scheduled licensing examination given by the board upon furnishing the certificate of the American Veterinary Medical Association Education Commission for Foreign Veterinary Graduates (ECFVG). Applications and instructions for certification are obtained from:

ECFVG
American Veterinary Medical Association
930 North Meacham Road
Schaumburg, Illinois 60172.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-230, filed 12/28/90, effective 1/31/91; Order PL 232, § 308-151-060, filed 11/17/75.]

WAC 246-933-250 Examination requirement and procedures. In order to be licensed, any applicant for licensure must have successfully completed the North American Veterinary Licensing Examination (NAVLE), or the National Board Examination for Veterinary Medical Licensing (NBE), and the Clinical Competency Test (CCT). All applicants must also pass the Washington state examination. The Washington state examination shall consist of questions pertaining to laws regulating the practice of veterinary medicine in the state. The applicant may take the examinations up to six months prior to graduation from a course of instruction as described in WAC 246-933-220.

[Statutory Authority: RCW 18.92.030. 01-02-066, § 246-933-250, filed 12/29/00, effective 1/29/01; 92-17-076 (Order 299B), § 246-933-250, filed 8/19/92, effective 9/19/92; 92-03-074 (Order 235B), § 246-933-250, filed 1/14/92, effective 2/14/92; 91-02-060 (Order 108B), recodified as § 246-933-250, filed 12/28/90, effective 1/31/91; 88-08-033 (Order PM 719), § 308-151-080, filed 4/1/88; 85-03-085 (Order PL 509), § 308-151-080, filed 1/18/85. Statutory Authority: RCW 18.92.030 and 18.92.070. 83-07-050 (Order PL 429), § 308-151-080, filed 3/18/83. Statutory Authority: RCW 18.92.030. 80-05-032 (Order 340), § 308-151-080, filed 4/15/80.]

WAC 246-933-260 Frequency and location of examinations. (1) The secretary or his or her designee establishes the time and location for the veterinary examination.

(2) If an applicant fails to appear for the North American Veterinary Licensing Examination at the designated time and place, the applicant shall forfeit the examination fee unless the applicant has notified the Veterinary Board of Governors in writing of his or her inability to appear for the scheduled exam at least five business days prior to the scheduled time.

[Statutory Authority: RCW 18.92.030. 01-02-066, § 246-933-260, filed 12/29/00, effective 1/29/01; 91-24-098 (Order 221B), § 246-933-260, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-260, filed 12/28/90, effective 1/31/91; 88-08-033 (Order PM 719), § 308-151-090, filed 4/1/88; 80-05-032 (Order 340), § 308-151-090, filed 4/15/80.]

WAC 246-933-270 Examination results. (1) In order to pass the examination for licensure as a veterinarian, the applicant shall attain a grade that meets or exceeds the criterion-referenced passing score established by the National Board Examination Committee of the American Veterinary Medical Association for the North American Veterinary Licensing Examination (NAVLE). Additionally, the applicant must attain a minimum grade of ninety percent on the Washington state examination.

(2) An applicant who fails the North American Veterinary Licensing Examination (NAVLE), or the Washington state examination may retake the examination that he or she failed by completing an application and by submitting the reexamination fee to the Veterinary Board of Governors.

[Statutory Authority: RCW 18.92.030. 01-02-066, § 246-933-270, filed 12/29/00, effective 1/29/01; 92-17-076 (Order 299B), § 246-933-270, filed 8/19/92, effective 9/19/92; 91-24-098 (Order 221B), § 246-933-270, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-270, filed 12/28/90, effective 1/31/91; 85-07-021 (Order PL 523), § 308-151-100, filed 3/13/85; 85-03-085 (Order PL 509), § 308-151-100, filed 1/18/85. Statutory Authority: RCW 18.92.030 and 18.92.070. 83-07-050 (Order PL 429), § 308-151-100, filed 3/18/83. Statutory Authority: RCW 18.92.030. 80-16-023 (Order PL 358), § 308-151-100, filed 10/29/80; 80-05-032 (Order 340), § 308-151-100, filed 4/15/80.]

WAC 246-933-280 Examination review procedures. (1) Each individual who takes the Washington state examination for licensure as a veterinarian and does not pass the Washington state examination section may request review of the examination results by the board. This request shall be in writing and shall be postmarked to the board within thirty

days of notification of the examination results. The request shall state the reason or reasons the applicant feels the results of the examination should be changed. The board shall not consider any challenges to examination scores unless the total revised score could result in the issuance of a license. The board shall consider the following to be adequate reasons for consideration for review and possible modification of examination results:

(a) A showing of a significant procedural error in the examination process;

(b) Evidence of bias, prejudice or discrimination in the examination process;

(c) Other significant errors which result in substantial disadvantage to the applicant.

(2) Any applicant who is not satisfied with the result of the examination review may appeal the board's decision and may request a formal hearing to be held before the board pursuant to the Administrative Procedure Act. Such hearing shall be requested and postmarked within twenty days of the receipt of the board's review of the examination results. The board shall not consider any challenges to examination scores unless the total revised score could result in the issuance of a license.

[Statutory Authority: RCW 18.92.030. 92-03-074 (Order 235B), § 246-933-280, filed 1/14/92, effective 2/14/92; 91-02-060 (Order 108B), recodified as § 246-933-280, filed 12/28/90, effective 1/31/91; 86-08-068 (Order PL 584), § 308-151-110, filed 4/1/86.]

WAC 246-933-300 Veterinary specialty licensure. (1) A person may be licensed to practice only specialized veterinary medicine in Washington state. Application for specialty licensure shall be made on forms provided by the secretary and include:

(a) Official transcript or other evidence of graduation from an American Veterinary Medical Association approved or accredited college or university; or

(b) Certification from the Educational Commission for Foreign Veterinary Graduates; and

(c) Documented licensure, in good standing, to practice veterinary medicine in any state, United States territory, or province of Canada; and

(d) Certification as a diplomate of a national board or college recognized in the specialty area for which application is submitted.

(2) Applicants must pass a written examination approved by the board pertaining to laws regulating the practice of veterinary medicine in the state of Washington. Examination grades will be based on a possible score of one hundred percent with a minimum passing score of ninety percent.

(3) At the time of license renewal, licensees must present evidence of continued certification by the veterinary specialty board authority.

(4) The veterinary board of governors recognizes all veterinary medicine specialties recognized by the American Veterinary Medical Association. The practice of a veterinarian licensed as a specialized practitioner is limited to the specific specialty for which licensed.

(5) Individuals licensed as a veterinary specialist are subject to chapter 18.130 RCW.

(6) Veterinary specialty licensees shall be charged the impaired veterinarian assessment on each license issuance or renewal: Provided however, That no licensee shall pay more than one impaired veterinarian assessment per year.

[Statutory Authority: RCW 18.92.030. 92-17-076 (Order 299B), § 246-933-300, filed 8/19/92, effective 9/19/92; 92-03-074 (Order 235B), § 246-933-300, filed 1/14/92, effective 2/14/92.]

WAC 246-933-305 Retired active credential. A practitioner may obtain a retired active credential. Refer to the requirements of chapter 246-12 WAC, Part 5.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-933-305, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.92.030. 92-03-074 (Order 235B), § 246-933-305, filed 1/14/92, effective 2/14/92.]

FACILITIES AND PRACTICE MANAGEMENT STANDARDS

WAC 246-933-310 Definitions. (1) **Veterinary medical facility:** Any premise, unit, structure or vehicle where any animal is received and/or confined to be examined, diagnosed or treated medically, surgically or prophylactically, as defined in RCW 18.92.010.

(2) **Mobile clinic:** A vehicle, including a camper, motor home, trailer or mobile home, used as a veterinary medical facility. A mobile clinic is not required for house calls or farm calls.

(3) **Aseptic surgery:** Aseptic surgical technique exists when everything that comes in contact with the wound is sterile and precautions are taken to ensure such sterility during the procedure. These precautions include, but are not limited to, such things as the surgery room itself, sterilization procedures, scrubbing hands and arms, sterile gloves, caps and masks, sterile long-sleeved gowns, and sterile draping and operative techniques.

(4) **Antiseptic surgery:** Antiseptic surgical technique exists when care is taken to avoid bacterial contamination but the precautions are not as thorough and extensive as in aseptic surgery. Surgeons and surgical assistants shall wear clean attire and sterile gloves, and the patient shall be appropriately draped. A separate sterile surgical pack shall be used for each animal.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-310, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-310, filed 12/28/90, effective 1/31/91; 89-02-006 (Order PM 804), § 308-153-010, filed 12/27/88. Statutory Authority: RCW 18.92.030, 18.130.050 (1) and (12) and 1986 c 259 § 139. 86-13-070 (Order PM 600), § 308-153-010, filed 6/18/86; Order PL-236, § 308-153-010, filed 2/18/76.]

WAC 246-933-320 General requirements for all veterinary medical facilities. (1) **Construction and maintenance:** All facilities shall be so constructed and maintained as to provide comfort and safety for patients and clients. All areas of the premises shall be maintained in a clean and orderly condition, free of objectionable odors. All facilities shall comply with applicable state, county and municipal laws, ordinances and regulations.

(2) **Ventilation:** Adequate heating and cooling shall be provided for the comfort of the animals, and the facility shall have sufficient ventilation in all areas.

(3) **Lighting:** Proper lighting shall be provided in all rooms utilized for the practice of veterinary medicine. Outside lighting shall be adequate to identify the building and to assist the clients.

(4) **Water:** Potable water shall be provided.

(5) **Basic sanitation:** Any equipment, instruments or facilities used in the treatment of animals shall be clean and sanitary at all times to protect against the spread of diseases, parasites and infection.

(6) **Waste disposal:** Covered waste containers, impermeable by water, shall be used for the removal and disposal of animal and food wastes, bedding, animal tissues, debris and other waste.

Disposal facilities shall be so operated as to minimize insect or other vermin infestation, and to prevent odor and disease hazards or other nuisance conditions.

The facility shall employ a procedure for the prompt, sanitary and esthetic disposal of dead animals which complies with all applicable state, county and municipal laws, ordinances and regulations.

(7) **Records:**

(a) Every veterinarian shall keep daily written reports of the animals he or she treats. Separate records for companion animals shall be kept for each animal. Records for food and fibre producing animals and animals kept in herds or flocks, etc., may be maintained on a group or client basis. These records shall be readily retrievable and shall be kept for a period of three years following the last treatment or examination. They shall include, but not be limited to, the following:

(i) Name, address and telephone number of the owner.

(ii) Name, number or other identification of the animal or group.

(iii) Species, breed, age, sex and color of the animal.

(iv) Immunization record.

(v) Beginning and ending dates of custody of the animal.

(vi) A short history of the animal's condition as it pertains to its medical status.

(vii) Physical examination findings and any laboratory data.

(viii) Provisional or final diagnosis.

(ix) Treatment and medication administered, prescribed or dispensed.

(x) Surgery and anesthesia.

(xi) Progress of the case.

(b) Veterinary medical records and radiographs are the property of the veterinarian or the veterinary facility which originally ordered their preparation. When requested by the client, copies of records will be made available as promptly as required under the circumstances, but no later than fifteen working days upon the client's request. The veterinarian may charge a reasonable copying fee, not to exceed the actual cost for providing the veterinary care information. A radiograph shall be released upon the request of another veterinarian who has the authorization of the owner of the animal to which it pertains. Such radiograph shall be returned to the originating veterinarian or veterinary facility within fifteen working days of receipt of a written request.

(8) **Storage:** All supplies, including food and bedding, shall be stored in facilities which adequately protect such supplies against infestation, contamination or deterioration. Refrigeration shall be provided for all supplies that are of a perishable nature, including foods, drugs and biologicals.

(9) **Biologicals and drugs:** Biologicals and other drugs shall be stored in such a manner as to prevent contamination and deterioration in accordance with the packaging and storage requirements of the current editions of the *U.S. Pharmacopeia,* 12601 Twinbrook Parkway, Rockville, Maryland 20852, and the *National Formulary,* Mack Publishing Company, 20th and Northampton Streets, Easton, Pennsylvania 18042 and/or manufacturers' recommendation.

All controlled substances shall be maintained in a locked cabinet or other suitable secure container in accordance with federal and Washington state laws.

Controlled substance records shall be readily retrievable, in accordance with federal and Washington state laws.

[Statutory Authority: RCW 18.92.030. 92-17-076 (Order 299B), § 246-933-320, filed 8/19/92, effective 9/19/92; 91-24-098 (Order 221B), § 246-933-320, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-320, filed 12/28/90, effective 1/31/91; 88-08-033 (Order PM 719), § 308-153-020, filed 4/1/88. Statutory Authority: RCW 18.92.030, 18.130.050 (1) and (12) and 1986 c 259 § 139. 86-13-070 (Order PM 600), § 308-153-020, filed 6/18/86; Order PL-236, § 308-153-020, filed 2/18/76.]

WAC 246-933-330 Minimum physical facilities. All veterinary medical facilities in which animals are received for medical, surgical or prophylactic treatment shall have the following minimum facilities, but are not limited to only these facilities:

(1) **Reception room and office:** Or a combination of the two.

(2) **Examination room:** Should be separate but may be combined with a room having a related function, such as a pharmacy or laboratory. It must be of sufficient size to accommodate the veterinarian, patient and client.

Examination tables shall have impervious surfaces. Waste receptacles shall be lined, covered or in a closed compartment, and properly maintained. A sink with clean or disposable towels must be within easy access.

(3) **Surgery:** If surgery is performed, a separate and distinct area so situated as to keep contamination and infection to a minimum; provided, however, a separate and distinct room so situated as to keep contamination and infection to a minimum shall be required.

(4) **Laboratory:** Shall be either in the facility or through consultative facilities, adequate to render diagnostic information.

(5) **Radiology:** Facilities for diagnostic radiography shall be available either on or off the premises. The facilities shall meet federal and Washington state protective requirements and be capable of producing good quality diagnostic radiographs.

(6) **Animal housing areas:** Any veterinary medical facility confining animals shall have individual cages, pens, exercise areas or stalls to confine said animals in a comfortable, sanitary and safe manner.

Cages and stalls shall be of impervious material and of adequate size to assure patient comfort and sanitation.

Runs and exercise pens shall be of a size to allow patient comfort and exercise. Runs and exercise pens shall provide

and allow effective separation of adjacent animals and their waste products, and shall be constructed in such a manner as to protect against escape or injury. Floors of runs shall be of impervious material.

Animals that are hospitalized for treatment of contagious diseases shall be isolated in such a manner as to prevent the spread of contagious diseases.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-330, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-330, filed 12/28/90, effective 1/31/91; 89-02-006 (Order PM 804), § 308-153-030, filed 12/27/88; 88-08-033 (Order PM 719), § 308-153-030, filed 4/1/88. Statutory Authority: RCW 18.92.030, 18.130.050 (1) and (12) and 1986 c 259 § 139. 86-13-070 (Order PM 600), § 308-153-030, filed 6/18/86; Order PL-236, § 308-153-030, filed 2/18/76.]

WAC 246-933-340 Practice management. All veterinary medical facilities shall maintain a sanitary environment to avoid sources and transmission of infection. This includes the proper sterilization or sanitation of all equipment used in diagnosis or treatment and the proper routine disposal of waste materials.

(1) **Surgery:** Surgery shall be performed in a manner compatible with current veterinary practice with regard to anesthesia, asepsis or antisepsis, life support and monitoring procedures, and recovery care. The minimum standards for surgery shall be:

(a) Aseptic or antiseptic surgery shall be performed in a room designated and reserved for surgery and directly related noncontaminating activities.

(b) The surgery room shall be clean, orderly, well lighted and maintained in a sanitary condition, free of offensive odors.

(c) Storage in the surgery room shall be limited only to items and equipment related to surgery and surgical procedures.

(d) Instruments and equipment utilized in the surgery room shall be appropriate for the type of surgical service being provided.

(e) The operating table shall be constructed of a smooth and impervious material.

(f) Chemical disinfection ("cold sterilization") may be used only for field conditions or minor surgical procedures. Sterilizing of all appropriate equipment is required. Provisions for sterilization shall include a steam pressure sterilizer (autoclave) or a gas sterilizer (e.g., ethylene oxide).

(g) Surgical packs include towels, drapes, gloves, sponges and proper instrumentation. They shall be properly prepared for sterilization by heat or gas (sufficient to kill spores) for each sterile surgical procedure.

(h) For any major procedure, such as opening the abdominal or thoracic cavity or exposing bones or joints, a separate sterile surgical pack shall be used for each animal. Surgeons and surgical assistants shall use aseptic technique throughout the entire surgical procedure.

(i) Uncomplicated ovariohysterectomy or castration of normal healthy animals, and minor surgical procedures, such as excising small skin lesions or suturing superficial lacerations, may be performed under clean, antiseptic conditions. Surgeons and surgical assistants shall wear clean attire and sterile gloves, and care shall be taken to avoid introducing bacterial contamination.

(j) All animals shall be properly prepared for surgery as follows:

(i) Clipping and shaving of the surgical area for major procedures requiring aseptic technique as in (h) of this subsection shall be performed in a room other than the surgery room. Loose hair shall be removed from the surgical area.

(ii) Scrubbing the surgical area with soap and water.

(iii) Disinfecting the surgical area.

(iv) Draping the surgical area if appropriate.

(k) Anesthetic equipment appropriate for the type of patient and surgery performed shall be available at all times.

(l) Compressed oxygen or other adequate means shall be available to be used for resuscitation.

(m) Emergency drugs shall be available to the surgery area.

(n) Grossly contaminated procedures, such as lancing and draining abscesses, shall not be performed in the room designated for aseptic or antiseptic surgery.

(2) **Library:** A library of appropriate veterinary journals and textbooks shall be available on the premises for ready reference.

(3) **Laboratory:** Veterinary medical facilities shall have the capability for use of either in-house or consultant laboratory service for blood chemistry, bacterial cultures and antibiotic sensitivity examinations, complete blood counts, histopathologic examinations and complete necropsies. The in-house laboratory facility shall meet the following minimum standards:

(a) The laboratory room shall be clean and orderly with provision for ample storage.

(b) Ample refrigeration shall be provided.

(c) Any tests performed shall be properly conducted by currently recognized methods to assure reasonable accuracy and reliability of results.

(4) **Radiology:** Veterinary medical facilities shall have the capability for use of either in-house or consultant services for obtaining radiographs of diagnostic quality. Radiology equipment and use shall be in compliance with federal and Washington state laws, and shall follow the guidelines approved by the American Veterinary Medical Association.

(5) **Biologicals and drugs:** The minimum standards for drug procedures shall be:

(a) All controlled substances shall be stored, maintained, administered, dispensed and prescribed in compliance with federal and Washington state laws.

(b) Among things otherwise provided by RCW 69.41.050, legend drugs dispensed by a veterinarian shall be labeled with the following:

(i) Name of client or identification of animal.

(ii) Date dispensed.

(iii) Complete directions for use.

(iv) Name and strength of the drug.

(v) Name of prescribing veterinarian.

(c) A record of all drugs administered or dispensed shall be kept in the client's record. In the case of companion animals this record shall be by individual animal.

(6) **Limited services:** If veterinary medical services are limited to specific aspects of practice,

(a) The public shall be informed of the limitation of services provided.

(b) All veterinary services provided in the facility shall conform to the requirements for those services listed in WAC 246-933-330 and this section.

(c) The general requirements prescribed in WAC 246-933-320 shall apply to all veterinary medical facilities.

(7) **Exceptions:**

(a) The standards and requirements prescribed in WAC 246-933-330(3) and subsection (1)(a), (c), (j)(i), (n) of this section, shall not apply to equine or food animal veterinary procedures performed in medical facilities.

(b) The standards and requirements prescribed in WAC 246-933-320 (1), (2), (3), (4), (6), (8), 246-933-330 and subsections (1)(a), (b), (c), (e), (h), (j)(i), (l), (n), (2), (3), (4), (6)(b), (c) of this section, shall not apply to equine or food animal veterinary procedures performed on the owner's premises by a veterinarian.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-340, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-340, filed 12/28/90, effective 1/31/91; 89-02-006 (Order PM 804), § 308-153-045, filed 12/27/88. Statutory Authority: RCW 18.92.030, 18.130.050 (1) and (12) and 1986 c 259 § 139. 86-13-070 (Order PM 600), § 308-153-045, filed 6/18/86.]

CONTINUING EDUCATION REQUIREMENTS

WAC 246-933-401 Citation and purpose. These rules may be cited and referred to as the "Veterinary continuing education rules." The purpose of these rules is to require licensed veterinarians to continue their professional educations as a condition of maintaining a license to practice veterinary medicine in this state.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-401, filed 12/28/90, effective 1/31/91; Order 233, § 308-154-010, filed 2/16/77.]

WAC 246-933-420 Basic requirement—Amount. Licensed veterinarians must complete thirty hours of continuing education every three years as required in chapter 246-12 WAC, Part 7.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-933-420, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-420, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-420, filed 12/28/90, effective 1/31/91; Order 233, § 308-154-020, filed 2/16/77.]

WAC 246-933-440 Exceptions. The following are exceptions from the continuing education requirements:

Upon a showing of good cause by a licensee to the board, the board may exempt such licensee from any, all, or part of the continuing education requirement. Good cause includes, but is not limited to:

(1) Illness;

(2) Hardship to practice.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-440, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-440, filed 12/28/90, effective 1/31/91; 80-16-023 (Order PL 358), § 308-154-040, filed 10/29/80; Order 233, § 308-154-040, filed 2/16/77.]

WAC 246-933-450 Qualification of program for continuing education credit. Generally: Generally a formal completion of program of learning which contributes directly to the professional competence of an individual to practice veterinary medicine after he/she has been licensed to do so shall qualify an individual to receive credit for continuing education.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-450, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-450, filed 12/28/90, effective 1/31/91; Order 233, § 308-154-050, filed 2/16/77.]

WAC 246-933-460 Programs approved by the veterinary board. Completion of the following are deemed to qualify an individual for continuing education credit: Attendance at a recognized local, state, national, or international continuing education program having a featured speaker.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-460, filed 12/28/90, effective 1/31/91; Order 233, § 308-154-060, filed 2/16/77.]

WAC 246-933-480 AIDS prevention and information education requirements. Applicants must complete four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8. Alternatives to formal coursework may be in the form of video tapes, professional journal articles, periodicals, or audio tapes, that contain current or updated information.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-933-480, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.92.030 and 70.24.270. 91-24-098 (Order 221B), § 246-933-480, filed 12/4/91, effective 1/4/92. Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-480, filed 12/28/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604 and RCW 18.92.030. 89-10-076 (Order PM 836), § 308-154-085, filed 5/3/89.]

SUBSTANCE ABUSE MONITORING

WAC 246-933-601 Intent. It is the intent of the legislature that the veterinary board of governors seek ways to identify and support the rehabilitation of veterinarians where practice or competency may be impaired due to the abuse of drugs or alcohol. The legislature intends that these veterinarians be treated so that they can return to or continue to practice veterinary medicine in a way which safeguards the public. The legislature specifically intends that the veterinary board of governors establish an alternate program to the traditional administrative proceedings against such veterinarians.

In lieu of disciplinary action under RCW 18.130.160 and if the veterinary board of governors determines that the unprofessional conduct may be the result of substance abuse, the veterinary board of governors may refer the license holder to a voluntary substance abuse monitoring program approved by the veterinary board of governors.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-601, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.130.175. 90-21-029 (Order 93), § 308-158-010, filed 10/9/90, effective 11/10/90.]

WAC 246-933-610 Definitions. As used in this chapter:

(1) "Approved substance abuse monitoring program" or "approved monitoring program" is a program, complying with applicable state law and approved by the board, which

oversees a veterinarian's compliance with a contractually prescribed substance abuse recovery program. Substance abuse monitoring programs may provide evaluation and/or treatment to participating veterinarians.

(2) "Contract" is a comprehensive, structured agreement between the recovering veterinarian and the approved monitoring program wherein the veterinarian consents to comply with the monitoring program and the required components for the veterinarian's recovery activity.

(3) "Approved treatment facility" is a facility recognized as such according to RCW 18.130.175(1).

(4) "Substance abuse" means the impairment, as determined by the board, of a veterinarian's professional services by an addiction to, a dependency on, or the use of alcohol, legend drugs, controlled substances, or other addictive drugs.

(5) "Aftercare" is that period of time after intensive treatment that provides the veterinarian or the veterinarian's family with group or individual counseling sessions, discussions with other families, ongoing contact and participation in self-help groups, and ongoing continued support of treatment and/or monitoring program staff.

(6) "Veterinarian support group" is a group of veterinarians and/or other health professionals meeting regularly to support the recovery of its members. The group provides a confidential setting with a trained and experienced facilitator in which participants may safely discuss drug diversion, licensure issues, return to work, and other professional issues related to recovery.

(7) "Twelve-steps groups" are groups such as Alcoholics Anonymous, Narcotics Anonymous, and related organizations based on a philosophy of anonymity, peer group association, and self-help.

(8) "Random drug screens" are the observed collection of specified bodily fluids together with laboratory tests to detect the presence of drugs of abuse in bodily fluids. Collection must occur at irregular intervals not known in advance by the person to be tested.

(9) "Veterinarian" means an impaired practitioner.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-610, file 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.130.175. 90-21-029 (Order 93), § 308-158-020, filed 10/9/90, effective 11/10/90.]

WAC 246-933-620 Approval of substance abuse monitoring programs. The board shall approve the monitoring program(s) which shall participate in the recovery of veterinarians. The board shall enter into a contract with the approved substance abuse monitoring program(s) on an annual basis.

(1) An approved monitoring program may provide referrals for evaluations and/or treatment to the participating veterinarians.

(2) An approved monitoring program staff shall have the qualifications and knowledge of both substance abuse as defined in this chapter and the practice of veterinary medicine to be able to evaluate:

(a) Drug screening laboratories;

(b) Laboratory results;

(c) Providers of substance abuse treatment, both individual and facilities;

(d) Veterinarians' support groups;

(e) The veterinarians' work environment; and

(f) The ability of the veterinarian to practice with reasonable skill and safety.

(3) An approved monitoring program shall enter into a contract with the veterinarian and the board to oversee the veterinarian's compliance with the requirements of the program.

(4) An approved monitoring program staff shall evaluate and recommend to the board, on an individual basis, whether a veterinarian will be prohibited from engaging in the practice of veterinary medicine for a period of time and restrictions, if any, on the veterinarian's access to controlled substances in the work place.

(5) An approved monitoring program shall maintain records on participants.

(6) An approved monitoring program shall be responsible for providing feedback to the veterinarian as to whether treatment progress is acceptable.

(7) An approved monitoring program shall report to the board any veterinarian who fails to comply with the requirements of the monitoring program.

(8) An approved monitoring program shall provide the board with a statistical report on the program, including progress of participants, at least annually, or more frequently as requested by the board. Progress reports shall not include names or any identifying information regarding voluntary participants.

(9) The board shall approve and provide the monitoring program guidelines on treatment, monitoring, and/or limitations on the practice of veterinary medicine for those participating in the program.

(10) An approved monitoring program shall provide for the board a complete financial breakdown of cost for each individual veterinary participant by usage at an interval determined by the board in the annual contract.

(11) An approved monitoring program shall provide for the board a complete annual audited financial statement.

[Statutory Authority: RCW 18.92.030 and 18.130.050. 91-24-098 (Order 221B), § 246-933-620, filed 12/4/91, effective 1/4/92. Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-620, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.130.175. 90-21-029 (Order 93), § 308-158-030, filed 10/9/90, effective 11/10/90.]

WAC 246-933-630 Participation in approved substance abuse monitoring program. (1) In lieu of disciplinary action, the veterinarian may accept board referral into an approved substance abuse monitoring program.

(a) The veterinarian shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by health care professionals with expertise in chemical dependency.

(b) The veterinarian shall enter into a contract with the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to the following:

(i) The veterinarian shall agree to remain free of all mind-altering substances, including alcohol, except for med-

ications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101.

(ii) The veterinarian shall submit to random drug screening as specified by the approved monitoring program.

(iii) The veterinarian shall sign a waiver allowing the approved monitoring program to release information to the board if the veterinarian does not comply with the requirements of this contract.

(iv) The veterinarian shall undergo approved substance abuse treatment in an approved treatment facility.

(v) The veterinarian shall complete the prescribed aftercare program of the approved treatment facility, which may include individual and/or group psychotherapy.

(vi) The veterinarian shall cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment prognosis and goals.

(vii) The veterinarian shall attend veterinarians' support groups and/or twelve-step group meetings as specified by the contract.

(viii) The veterinarian shall comply with specified practice conditions and restrictions as defined by the contract.

(ix) Except for (b)(i) through (iii) of this subsection, an approved monitoring program may make an exception to the foregoing requirements on individual contracts.

(c) The veterinarian is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, random drug screens, and therapeutic group sessions.

(d) The veterinarian may be subject to disciplinary action under RCW 18.130.160 and 18.130.180 if the veterinarian does not consent to be referred to the approved monitoring program, does not comply with specified practice restrictions, or does not successfully complete the program.

(2) A veterinarian who is not being investigated or monitored by the board for substance abuse and who is not currently the subject of current disciplinary action, may voluntarily participate in the approved substance abuse monitoring program without being referred by the board. Such voluntary participants shall not be subject to disciplinary action under RCW 18.130.160 and 18.130.180 for their substance abuse, and shall not have their participation made known to the board if they meet the requirements of the approved monitoring program:

(a) The veterinarian shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation shall be performed by health care professional(s) with expertise in chemical dependency.

(b) The veterinarian shall enter into a contract with the approved substance abuse monitoring program to comply with the requirements of the program which may include, but not be limited to the following:

(i) The veterinarian shall undergo approved substance abuse treatment in an approved treatment facility.

(ii) The veterinarian shall agree to remain free of all mind-altering substances, including alcohol, except for medications prescribed by an authorized prescriber as defined in RCW 69.41.030 and 69.50.101.

(iii) The veterinarian shall complete the prescribed aftercare program of the approved treatment facility, which may include individual and/or group psychotherapy.

(iv) The veterinarian shall cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment prognosis and goals.

(v) The veterinarian shall submit to random observed drug screening as specified by the approved monitoring program.

(vi) The veterinarian shall attend veterinarians' support groups and/or twelve-step group meetings as specified by the contract.

(vii) The veterinarian shall comply with practice conditions and restrictions as defined by the contract.

(viii) The veterinarian shall sign a waiver allowing the approved monitoring program to release information to the board if the veterinarian does not comply with the requirements of this contract.

(ix) Except for (b)(ii) through (iii) of this subsection, an approved monitoring program may make an exception to the foregoing requirements on individual contracts.

(c) The veterinarian is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, random drug screens, and therapeutic group sessions.

(3) Treatment and pretreatment records shall be confidential as provided by law.

[Statutory Authority: RCW 18.92.030 and 18.130.050. 91-24-098 (Order 221B), § 246-933-630, filed 12/4/91, effective 1/4/92. Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-630, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.130.175. 90-21-029 (Order 93), § 308-158-040, filed 10/9/90, effective 11/10/90.]

FEES

WAC 246-933-990 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 TECHNICIANS

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-935-080 Grading of examinations. [Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-935-080, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-935-080, filed 12/28/90, effective 1/31/91; 85-03-085 (Order PL 509), § 308-156-070, filed 1/18/85. Statutory Authority: RCW 18.92.015 and 18.92.030. 83-19-055 (Order PL 445), § 308-156-070, filed 9/19/83. Statutory Authority: RCW 18.92.030. 80-01-069 (Order PL 332), § 308-156-070, filed 12/21/79.] Repealed by 93-08-029 (Order 353B), filed 3/30/93, effective 4/30/93. Statutory Authority: RCW 18.92.030

246-935-125 Registration/renewal/late penalty. [Statutory Authority: RCW 18.92.030. 93-08-029 (Order 353B), § 246-935-125, filed 3/30/93, effective 4/30/93. Statutory Authority: RCW 43.70.040 and 18.92.140. 92-07-036 (Order 252), § 246-935-125, filed 3/10/92, effective 4/10/92.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.

246-935-140 Disciplinary reinstatement procedures. [Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-935-140, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-935-140, filed 12/28/90, effective 1/31/91; 89-02-006 (Order PM 804), § 308-157-010, filed 12/27/88.] Repealed by 99-14-076, filed 7/6/99, effective 8/6/99. Statutory Authority: RCW 18.92.030.

WAC 246-935-010 Definitions. (1) "Veterinary technician" means any person who has met the requirements of RCW 18.92.015 and who is registered as required by chapter 18.92 RCW.

(2) "Direct supervision" means the supervisor is on the premises, is quickly and easily available and the animal has been examined by a veterinarian at such times as acceptable veterinary medical practice requires, consistent with the particular delegated animal health care task.

(3) "Emergency" means that the animal has been placed in a life-threatening condition where immediate treatment is necessary to sustain life.

(4) "Immediate supervision" means the supervisor is in audible and visual range of the animal patient and the person treating the patient.

(5) "Indirect supervision" means the supervisor is not on the premises, but has given either written or oral instructions for treatment of the animal patient and the animal has been examined by a veterinarian at such times as acceptable veterinary medical practice requires, consistent with the particular delegated animal health care task and the animal is not anesthetized.

(6) "Supervisor" means a veterinarian or, if a task so provides, a veterinary technician.

(7) "Unregistered assistant" means any individual who is not a veterinary technician or veterinarian.

(8) "Veterinarian" means a person authorized by chapter 18.92 RCW to practice veterinary medicine in the state of Washington.

(9) "Veterinary medical facility" is as defined by WAC 246-933-310.

[Statutory Authority: RCW 18.92.030. 02-10-135, § 246-935-010, filed 5/1/02, effective 6/1/02; 91-24-098 (Order 221B), § 246-935-010, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-935-010, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.92.015 and 18.92.030. 83-19-055 (Order PL 445), § 308-156-010, filed 9/19/83. Statutory Authority: RCW 18.92.030. 80-01-069 (Order PL 332), § 308-156-010, filed 12/21/79.]

WAC 246-935-020 Applications—Veterinary technicians. Applications for registration as a veterinary technician shall be made on forms prepared by the secretary of the department of health and submitted to the department of health. Applications must be received at least sixty days prior to the scheduled examination. The application, in addition to the required fee, must be accompanied by satisfactory evidence of experience and/or official transcripts or other evidence of completion of educational courses approved by the board. The application shall be signed by the applicant. When the application and the accompanying evidence are found satisfactory, the secretary shall notify the applicant of eligibility to be scheduled for the veterinary technician examination.

[Statutory Authority: RCW 18.92.030. 02-10-135, § 246-935-020, filed 5/1/02, effective 6/1/02; 92-02-057 (Order 233B), § 246-935-020, filed 12/30/91, effective 1/30/92; 91-02-060 (Order 108B), recodified as § 246-935-020, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.92.015 and 18.92.030. 83-19-055 (Order PL 445), § 308-156-020, filed 9/19/83. Statutory Authority: RCW 18.92.030. 80-01-069 (Order PL 332), § 308-156-020, filed 12/21/79.]

WAC 246-935-030 Grounds for denial, suspension or revocation of registration. The board may suspend, revoke or deny the issuance or renewal of registration of any veterinary technician and file its decision in the secretary's office if the veterinary technician:

(1) Has employed fraud or misrepresentation in applying for or obtaining the registration;

(2) Has within ten years prior to the date of application been found guilty of a criminal offense relating to the practice of veterinary medicine, surgery and dentistry, including, but not limited to:

(a) Any violation of the Uniform Controlled Substances Act or the Legend Drug Act;

(b) Chronic inebriety;

(c) Cruelty to animals;

(3) Has violated or attempted to violate any provision of chapter 18.92 RCW or any rule or regulation adopted pursuant to that chapter;

(4) Has assisted, abetted or conspired with another person to violate chapter 18.92 RCW, or any rule or regulation adopted under that chapter;

(5) Has performed any animal health care service not authorized by WAC 246-935-040 or 246-935-050.

[Statutory Authority: RCW 18.92.030. 02-10-135, § 246-935-030, filed 5/1/02, effective 6/1/02; 91-24-098 (Order 221B), § 246-935-030, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-935-030, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.92.015 and 18.92.030. 83-19-055 (Order PL 445), § 308-156-030, filed 9/19/83. Statutory Authority: RCW 18.92.030. 80-01-069 (Order PL 332), § 308-156-030, filed 12/21/79.]

WAC 246-935-040 Responsibilities of veterinarian supervising 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 veterinary 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 246-935-070 Examination for registration as animal technician. (1) All applicants shall be required to complete the veterinary technician national examination and the Washington state veterinary technician examination

(a) The national examination shall consist of questions on the following areas: Basic sciences, animal care and management/husbandry (including farm, pet, and research animals) and clinical sciences (including small and large animal patient care). The examination is designed to measure essential job-related knowledge at the entry level.

(b) The Washington state examination shall consist of questions pertaining to laws regulating animal technicians and to laws regulating animal health care in the state.

(2) In order to pass examination for registration as an animal technician, the applicant shall attain a minimum grade of:

(a) 1.5 standard deviation below the national mean of the criterion population on the national examination.

(b) Ninety percent on the Washington state examination.

[Statutory Authority: RCW 18.92.030. 93-08-029 (Order 353B), § 246-935-070, filed 3/30/93, effective 4/30/93; 91-24-098 (Order 221B), § 246-935-070, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-935-070, filed 12/28/90, effective 1/31/91; 88-08-033 (Order PM 719), § 308-156-060, filed 4/1/88. Statutory Authority: RCW 18.92.015 and 18.92.030. 83-19-055 (Order PL 445), § 308-156-060, filed 9/19/83. Statutory Authority: RCW 18.92.030. 80-01-069 (Order PL 332), § 308-156-060, filed 12/21/79.]

WAC 246-935-090 Examination review procedures. (1) Each individual who takes the examination for registration as a veterinary technician and does not pass the examination may request review by the board of his or her examination results. This request must be in writing and shall be received by the board within thirty days of notification of the examination results. The request shall state the reason or reasons the applicant feels the results of the examination should be changed. The board shall not consider any challenges to examination scores unless the total revised score could result in the issuance of a registration. The board shall consider the following to be adequate reasons for consideration for review and possible modification of examination results:

(a) A showing of a significant procedural error in the examination process;

(b) Evidence of bias, prejudice or discrimination in the examination process;

(c) Other significant errors which result in substantial disadvantage to the applicant.

(2) Any applicant who is not satisfied with the result of the examination review may appeal the board's decision and may request a formal hearing before the board under the

Administrative Procedure Act. The hearing shall be requested within twenty days of receipt of the result of the board's review of the examination results.

[Statutory Authority: RCW 18.92.030. 02-10-135, § 246-935-090, filed 5/1/02, effective 6/1/02; 91-24-098 (Order 221B), § 246-935-090, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-935-090, filed 12/28/90, effective 1/31/91; 86-08-068 (Order PL 584), § 308-156-075, filed 4/1/86.]

WAC 246-935-100 Reexamination. An applicant who has failed the veterinary technician examination may apply for reexamination.

[Statutory Authority: RCW 18.92.030. 02-10-135, § 246-935-100, filed 5/1/02, effective 6/1/02; 91-24-098 (Order 221B), § 246-935-100, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-935-100, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.92.015 and 18.92.030. 83-19-055 (Order PL 445), § 308-156-080, filed 9/19/83. Statutory Authority: RCW 18.92.030. 80-01-069 (Order PL 332), § 308-156-080, filed 12/21/79.]

WAC 246-935-110 Examination procedures. Failure to follow written or oral instructions relative to the conduct of the examination, including termination times of the examination, shall be considered grounds for expulsion from the examination.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-935-110, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-935-110, filed 12/28/90, effective 1/31/91; 88-08-033 (Order PM 719), § 308-156-090, filed 4/1/88. Statutory Authority: RCW 18.92.015 and 18.92.030. 83-19-055 (Order PL 445), § 308-156-090, filed 9/19/83. Statutory Authority: RCW 18.92.030. 80-01-069 (Order PL 332), § 308-156-090, filed 12/21/79.]

WAC 246-935-120 Frequency and location of examination. (1) The examination for veterinary technicians shall be given at least once a year at times and places authorized by the secretary.

(2) If the applicant fails to appear for examination at the designated time and place, the applicant will forfeit the examination fee unless the applicant has notified the department of health in writing of an inability to appear for the scheduled exam at least five days before the designated time.

[Statutory Authority: RCW 18.92.030. 02-10-135, § 246-935-120, filed 5/1/02, effective 6/1/02; 91-24-098 (Order 221B), § 246-935-120, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-935-120, filed 12/28/90, effective 1/31/91; 88-08-033 (Order PM 719), § 308-156-100, filed 4/1/88. Statutory Authority: RCW 18.92.015 and 18.92.030. 83-19-055 (Order PL 445), § 308-156-100, filed 9/19/83. Statutory Authority: RCW 18.92.030. 80-01-069 (Order PL 332), § 308-156-100, filed 12/21/79.]

WAC 246-935-130 AIDS prevention and information education requirements. Applicants must complete four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8. Alternatives to formal coursework may be in the form of video tapes, professional journal articles, periodicals, or audio tapes, that contain current or updated information.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-935-130, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.92.030 and 70.24.270. 91-24-098 (Order 221B), § 246-935-130, filed 12/4/91, effective 1/4/92. Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-935-130, filed 12/28/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604 and RCW 18.92.030. 89-10-076 (Order PM 836), § 308-156-200, filed 5/3/89.]

WAC 246-935-990 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

REGISTERED VETERINARY MEDICATION CLERKS

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-937-100 Renewal of certification. [Statutory Authority: Chapter 18.92 RCW. 95-04-083, § 246-937-100, filed 1/31/95, effective 3/3/95.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.

WAC 246-937-010 Definitions. (1) "Registered veterinary medication clerk" means any person who has met the requirements for registration as established by the veterinary board of governors (board) and WAC 246-937-040.

(2) "Direct supervision" means the supervising licensed veterinarian is on the premises and is quickly and easily available.

(3) "Indirect supervision" means the supervising licensed veterinarian is not on the premises, but has given either written or oral instructions regarding policies and procedures for the handling of legend drugs.

(4) "On-the-job training program" means a program following the guidelines approved by the board.

(5) "Supervising veterinarian" means the licensed veterinarian who is responsible for closely supervising the registered veterinary medication clerk while performing daily duties.

(6) "Sponsoring veterinarian" means the licensed veterinarian who is responsible for training and reviewing the work of a registered veterinary medication clerk. An appropriate degree of supervision is involved.

[Statutory Authority: RCW 18.92.030 and 18.92.145. 02-11-022, § 246-937-010, filed 5/7/02, effective 6/7/02. Statutory Authority: Chapter 18.92 RCW. 95-04-083, § 246-937-010, filed 1/31/95, effective 3/3/95.]

WAC 246-937-020 Responsibility for supervision. Licensed veterinarians are responsible and accountable for the ordering, inventory, labeling, counting, packaging and delivery of legend drugs utilized in their practice. In accordance with chapter 18.92 RCW, certain nondiscretionary pharmaceutical tasks may be delegated by a veterinarian to a qualified nonveterinarian. The delegating veterinarian is responsible for the supervision of pharmaceutical tasks performed by veterinary medication clerks and veterinary technicians. Records shall be maintained that account for the receipt and disposition of all legend drugs. A registered veterinary medication clerk may be supervised by a licensed veterinarian other than the sponsor subject to the sponsoring veterinarian's approval. The sponsoring veterinarian shall be primarily responsible for the performance and acts of the registered veterinary medication clerk.

[Statutory Authority: RCW 18.92.030 and 18.92.145. 02-11-022, § 246-937-020, filed 5/7/02, effective 6/7/02. Statutory Authority: Chapter 18.92 RCW. 95-04-083, § 246-937-020, filed 1/31/95, effective 3/3/95.]

WAC 246-937-030 Tasks and prohibited functions. (1) A registered veterinary medication clerk may perform the following tasks only under the direct supervision of a licensed veterinarian: Counting, labeling, and packaging of legend drugs. A licensed veterinarian must personally inspect all packaged medication orders to ensure the accuracy of the order prior to delivery to the client. The licensed veterinarian will document the medication inspection by placing his/her initials in the patient's record.

(2) A registered veterinary medication clerk may perform the following tasks under the indirect supervision of a licensed veterinarian: Ordering, stocking, inventorying, and the delivery of legend drugs. The identity of the client must be confirmed before the delivery of legend drugs.

(3) The following functions must not be delegated by a licensed veterinarian to a registered veterinary medication clerk:

(a) Consultation with a client regarding the medication order and/or any information involving professional clinical judgment.

(b) Dispensing any medication. The medication must be recorded in the patient's record by the authorizing veterinarian.

(c) Extemporaneous compounding of a medication order.

(d) Interpretation of data in a patient record.

(e) Final inspection of a completed medication order as described in WAC 246-937-030(1).

(f) Any duties required by law to be performed by a licensed veterinarian.

(g) Any ordering, accountability, packaging, or delivery of controlled substances as defined in or under chapter 69.50 RCW.

[Statutory Authority: RCW 18.92.030 and 18.92.145. 02-11-022, § 246-937-030, filed 5/7/02, effective 6/7/02. Statutory Authority: Chapter 18.92 RCW. 95-04-083, § 246-937-030, filed 1/31/95, effective 3/3/95.]

WAC 246-937-040 Training and education. (1) The training of veterinary medication clerks must be obtained by completion of an on-the-job training program following guidelines approved by the board.

(2) The minimum educational requirement must be high school graduation or equivalency.

[Statutory Authority: RCW 18.92.030 and 18.92.145. 02-11-022, § 246-937-040, filed 5/7/02, effective 6/7/02. Statutory Authority: Chapter 18.92 RCW. 95-04-083, § 246-937-040, filed 1/31/95, effective 3/3/95.]

WAC 246-937-050 Applications. In addition to the requirements of chapter 246-12 WAC, Part 2, the application must be signed by the sponsoring veterinarian attesting that the applicant is qualified to perform the responsibilities of a registered veterinary medication clerk and is familiar with the procedures and policies of the practice. Registration is valid only for employment at the veterinary practice identified in the application and/or pursuant to WAC 246-937-020.

[Statutory Authority: RCW 18.92.030 and 18.92.145. 02-11-022, § 246-937-050, filed 5/7/02, effective 6/7/02. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-937-050, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.92 RCW. 95-04-083, § 246-937-050, filed 1/31/95, effective 3/3/95.]

WAC 246-937-060 Transfer of registration. In the event that a veterinary medication clerk who is currently registered, desires to be sponsored by another licensed veterinarian, application for transfer of registration must be made on forms provided by the board and be subject to the board's approval.

[Statutory Authority: RCW 18.92.030 and 18.92.145. 02-11-022, § 246-937-060, filed 5/7/02, effective 6/7/02. Statutory Authority: Chapter 18.92 RCW. 95-04-083, § 246-937-060, filed 1/31/95, effective 3/3/95.]

WAC 246-937-070 Termination of sponsorship. Upon termination of the working relationship, between the registered veterinary medication clerk and the sponsoring veterinarian, the sponsoring veterinarian shall notify the board in writing.

[Statutory Authority: RCW 18.92.030 and 18.92.145. 02-11-022, § 246-937-070, filed 5/7/02, effective 6/7/02. Statutory Authority: Chapter 18.92 RCW. 95-04-083, § 246-937-070, filed 1/31/95, effective 3/3/95.]

WAC 246-937-080 HIV/AIDS prevention and information education requirements. Applicants must complete four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8. Alternatives to formal coursework may be in the form of video tapes, professional journal articles, periodicals, or audio tapes, that contain current or updated information.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-937-080, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.92 RCW. 95-04-083, § 246-937-080, filed 1/31/95, effective 3/3/95.]

WAC 246-937-090 Grounds for denial, suspension, or revocation of registration. The board may suspend, revoke or deny the issuance or renewal of registration of any veterinary medication clerk and file its decision in the secretary's office if the veterinary medication clerk:

(1) Has employed fraud or misrepresentation in applying for or obtaining the registration;

(2) Has within ten years prior to the date of application been found guilty by any court of competent jurisdiction of violation of laws relating to the practice of veterinary medicine, surgery and dentistry, including, but not limited to:

(a) State or federal laws relating to the regulation of drugs;

(b) Chronic inebriety;

(c) Cruelty to animals;

(3) Has violated or attempted to violate any provision of chapter 18.92 RCW or any rule or regulation adopted pursuant to that chapter;

(4) Has assisted, abetted or conspired with another person to violate chapter 18.92 RCW, or any rule or regulation adopted pursuant to that chapter;

(5) Has performed any animal health care service not authorized by WAC 246-937-030.

[Statutory Authority: RCW 18.92.030 and 18.92.145. 02-11-022, § 246-937-090, filed 5/7/02, effective 6/7/02. Statutory Authority: Chapter 18.92 RCW. 95-04-083, § 246-937-090, filed 1/31/95, effective 3/3/95.]

WAC 246-937-110 Exemption. All employees, including but not limited to, animal health technicians, employed by research facilities or other testing or educational businesses or institutions, shall be exempt from the provisions of this chapter provided, that said employees are under the direct supervision of licensed veterinarians and further, that animals being treated, tested or utilized are not client-owned animals.

[Statutory Authority: Chapter 18.92 RCW. 95-04-083, § 246-937-110, filed 1/31/95, effective 3/3/95.]

WAC 246-937-990 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

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 246-939-010 Who can delegate to a surgical technologist? Health care practitioners who may delegate as referenced in RCW 18.215.010 and include:

(1) Physicians licensed under chapter 18.71 RCW.

(2) Registered nurses and advanced registered nurse practitioners licensed under chapter 18.79 RCW.

(3) Osteopathic physicians licensed under chapter 18.57 RCW.

(4) Osteopathic physician assistants licensed under chapter 18.57A RCW.

(5) Podiatric physicians licensed under chapter 18.22 RCW.

(6) Dentists licensed under chapter 18.32 RCW.

(7) Physician's assistants and physician's assistant surgical assistants licensed under chapter 18.71A RCW.

(8) Naturopathic physicians as licensed under chapter 18.36A RCW.

[Statutory Authority: Chapter 18.215 RCW and RCW 18.130.050. 00-23-119, § 246-939-010, filed 11/22/00, effective 12/23/00.]

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 246-939-030 Who needs to be registered as a surgical technologist? (1) Anyone representing themselves as a surgical technologist by title or by description as a person who performs tasks in the surgical setting under the delegation of authority of a licensed health care practitioner.

(2) For the purposes of this chapter "surgical setting" means any place surgery takes place where the patient is placed in a sterile field.

(3) Surgical technologists perform tasks that typically consist of, but are not limited to, the following tasks in a surgical setting:

(a) Prepare basic sterile packs and trays.

(b) Assist with the physical preparation of the operating room, creating the sterile field, and maintaining sterile technique during operative procedure.

(c) Identify and select appropriate packs, trays and accessory/specialty equipment for each surgery.

(d) Prepare supplies and instruments for sterile field.

(e) Assists with the count of instruments, sponges, needles and other surgical items. Surgical technologists are not accountable for the final count of surgical instrumentation.

(f) Pass correct instruments, supplies and sutures as needed by the surgeon.

(g) Sponge or suction the operative site, retract tissue for exposure at the operative site and assist with irrigation under immediate supervision of the licensed health care practitioner.

(h) Cut sutures placed by the authorized health care practitioner.

(i) Prepare specimens for submission for pathological analysis.

(j) Fire automatic staple gun as directed by the licensed health care practitioner for skin stapling. Deep tissue stapling is not allowed.

(k) Move drugs to the sterile field.

(4) Registered nurses, practical nurses and other credentialed providers acting within their scope do not need to register.

[Statutory Authority: Chapter 18.215 RCW and RCW 18.130.050. 00-23-119, § 246-939-030, filed 11/22/00, effective 12/23/00.]

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.]

WAC 246-939-050 Are there tasks a surgical technologist is not allowed to do? Tasks that shall not be performed by a surgical technologist include:

(1) Activities that constitute the practice of medicine under the Medical Practice Act in RCW 18.71.011 including: Prescribing or administering; penetrating or severing tissue, including, but not limited to, suturing and cutting/incisions, regardless of instrumentality.

(2) Dispensing medications, as defined in RCW 18.64.011 and 69.41.010.

[Statutory Authority: Chapter 18.215 RCW and RCW 18.130.050. 00-23-119, § 246-939-050, filed 11/22/00, effective 12/23/00.]

WAC 246-939-990 Surgical technologists—Fees and renewal cycle. (1) Registration must be renewed every year on registrant's birthday as provided in chapter 246-12 WAC, Part 2.

(2) The following nonrefundable fees will be charged for registration:

Title of Fee	Fee
Application for registration	$50.00
Renewal of registration	125.00
Registration late fee	62.50
Duplicate registration	10.00
Expired registration reissuance	62.50
Registration issuance	25.00

[Statutory Authority: Chapter 18.215 RCW. 99-24-097, § 246-939-990, filed 11/30/99, effective 12/31/99.]

Chapter 246-976 WAC
EMERGENCY MEDICAL SERVICES AND TRAUMA CARE SYSTEMS

WAC

TRAUMA TEAM ACTIVATION, QUALITY ASSESSMENT, EDUCATIONAL REQUIREMENTS, AND TRANSFER GUIDELINES

SYSTEM ADMINISTRATION

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-976-020 First responder training—Course contents, registration, instructor qualifications. [Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-020, filed 12/23/92, effective 1/23/93.] Repealed by 00-08-102, filed 4/5/00, effective 5/6/00. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.

246-976-025 First responder—Continuing medical education. [Statutory Authority: RCW 43.70.040, chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-025, filed 12/23/92, effective 1/23/93.] Repealed by 00-08-102, filed 4/5/00, effective 5/6/00. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.

246-976-030 Emergency medical technician training—Course content, registration, and instructor qualifications. [Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-030, filed 12/23/92, effective 1/23/93.] Repealed by 00-08-102, filed 4/5/00, effective 5/6/00. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.

246-976-035 Emergency medical technician—Continuing medical education. [Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-035, filed 12/23/92, effective 1/23/93.] Repealed by 00-08-102, filed 4/5/00, effective 5/6/00. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.

246-976-040 Specialized training. [Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-040, filed 12/23/92, effective 1/23/93.] Repealed by 00-08-102, filed 4/5/00, effective 5/6/00. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.

246-976-045 Levels of intermediate life support personnel and advanced life support paramedics. [Statutory Authority: Chapter 18.71 RCW. 96-03-052, § 246-976-045, filed 1/12/96, effective 2/12/96.] Repealed by 00-08-102, filed 4/5/00, effective 5/6/00. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.

246-976-050 Intravenous therapy technician training—Course content, registration, instructor qualifications. [Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-050, filed 12/23/92, effective 1/23/93.] Repealed by 00-08-102, filed 4/5/00, effective 5/6/00. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.

246-976-055 Intravenous therapy technicians—Continuing medical education. [Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-055, filed 12/23/92, effective 1/23/93.] Repealed by 00-08-102, filed 4/5/00, effective 5/6/00. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.

246-976-060 Airway technician training—Course content, registration, instructor qualifications. [Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-060, filed 12/23/92, effective 1/23/93.] Repealed by 00-08-102, filed 4/5/00, effective 5/6/00. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.

323), § 246-976-350, filed 12/23/92, effective 1/23/93.] Repealed by 00-08-102, filed 4/5/00, effective 5/6/00. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.

246-976-370 Ambulance and aid services—Prehospital trauma triage procedures. [Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-370, filed 12/23/92, effective 1/23/93.] Repealed by 00-08-102, filed 4/5/00, effective 5/6/00. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.

246-976-440 Trauma registry—Reports. [Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-440, filed 12/23/92, effective 1/23/93.] Repealed by 00-08-102, filed 4/5/00, effective 5/6/00. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.

246-976-450 Access and release of trauma registry information. [Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-450, filed 12/23/92, effective 1/23/93.] Repealed by 00-08-102, filed 4/5/00, effective 5/6/00. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.

246-976-470 Trauma care facilities—Designation process. [Statutory Authority: Chapter 70.168 RCW. 93-20-063, § 246-976-470, filed 10/1/93, effective 11/1/93. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-470, filed 12/23/92, effective 1/23/93.] Repealed by 98-04-038, filed 1/29/98, effective 3/1/98. Statutory Authority: Chapter 70.168 RCW.

246-976-475 On-site review for designation. [Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-475, filed 12/23/92, effective 1/23/93.] Repealed by 98-04-038, filed 1/29/98, effective 3/1/98. Statutory Authority: Chapter 70.168 RCW.

246-976-480 Denial, revocation, or suspension of designation. [Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-480, filed 12/23/92, effective 1/23/93.] Repealed by 98-04-038, filed 1/29/98, effective 3/1/98. Statutory Authority: Chapter 70.168 RCW.

246-976-880 Trauma quality assurance programs for designated trauma care hospitals. [Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-880, filed 12/23/92, effective 1/23/93.] Repealed by 98-04-038, filed 1/29/98, effective 3/1/98. Statutory Authority: Chapter 70.168 RCW.

WAC 246-976-001 Purpose. The purpose of these rules is to implement RCW 18.71.200 through 18.71.215, and chapters 18.73 and 70.168 RCW; and those sections of chapter 70.24 RCW relating to EMS/TC personnel and services.

(1) This chapter establishes criteria for:

(a) Training and certification of basic, intermediate and advanced life support technicians;

(b) Licensure and inspection of ambulance and aid services;

(c) Verification of prehospital trauma services;

(d) Development and operation of a statewide trauma registry;

(e) The designation process and operating requirements for designated trauma care services;

(f) A statewide emergency medical communication system;

(g) Administration of the statewide EMS/TC system.

(3) This chapter does not contain detailed procedures to implement the state EMS/TC system. Request procedures, guidelines, or any publications referred to in this chapter from the Office of Emergency Medical and Trauma Prevention, Department of Health, Olympia, WA 98504-7853 or on the internet at www.doh.wa.gov.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-001, 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), § 246-976-001, filed 12/23/92, effective 1/23/93.]

WAC 246-976-010 Definitions. Definitions in RCW 18.71.200, 18.71.205, 18.73.030, and 70.168.015 apply to this chapter. In addition, unless the context plainly requires a different meaning, the following words and phrases used in this chapter mean:

"ACLS" means advanced cardiac life support, a course developed by the American Heart Association.

"Activation of the trauma system" means mobilizing resources to care for a trauma patient in accordance with regional patient care procedures. When the prehospital provider identifies a major trauma patient, using approved prehospital trauma triage procedures, he or she notifies both dispatch and medical control from the field.

"Adolescence" means the period of physical and psychological development from the onset of puberty to maturity, approximately twelve to eighteen years of age.

"Advanced first aid," for the purposes of RCW 18.73.-120, 18.73.150, and 18.73.170, means a course of at least twenty-four hours of instruction, which includes at least:

- CPR;
- Airway management;
- Trauma/wound care;
- Immobilization.

"Agency response time" means the interval from agency notification to arrival on the scene. It is the combination of activation and enroute times defined under system response times in this section.

"Aid service" means an agency licensed by the department to operate one or more aid vehicles, consistent with regional and state plans.

"Airway technician" means a person who:

- Has been trained in an approved program to perform endotracheal airway management and other authorized aids to ventilation under written or oral authorization of an MPD or approved physician delegate; and
- Has been examined and certified as an airway technician by the department or by the University of Washington's school of medicine.

"ALS" means advanced life support.

"Ambulance service" means an agency licensed by the department to operate one or more ground or air ambulances. Ground ambulance service operation must be consistent with regional and state plans. Air ambulance service operation must be consistent with the state plan.

"Approved" means approved by the department of health.

"ATLS" means advanced trauma life support, a course developed by the American College of Surgeons.

"Attending surgeon" means a physician who is board-certified or board-qualified in general surgery, and who has surgical privileges delineated by the facility's medical staff. The attending surgeon is responsible for care of the trauma patient, participates in all major therapeutic decisions, and is present during operative procedures.

"Available" for designated trauma services described in WAC 246-976-485 through 246-976-890 means physically

present in the facility and able to deliver care to the patient within the time specified. If no time is specified, the equipment or personnel must be available as reasonable and appropriate for the needs of the patient.

"BLS" means basic life support.

"Basic life support" means emergency medical services requiring basic medical treatment skills as defined in chapter 18.73 RCW.

"Board certified" means that a physician has been certified by the appropriate specialty board recognized by the American Board of Medical Specialties. For the purposes of this chapter, references to "board certified" include physicians who are board-qualified.

"Board-qualified" means physicians who have graduated less than five years previously from a residency program accredited for the appropriate specialty by the accreditation council for graduate medical education.

"BP" means blood pressure.

"Certification" means the department recognizes that an individual has met predetermined qualifications, and authorizes the individual to perform certain procedures.

"CME" means continuing medical education.

"Consumer" means an individual who is not associated with the EMS/TC system, either for pay or as a volunteer, except for service on the steering committee, licensing and certification committee, or regional or local EMS/TC councils.

"Continuing medical education (CME)" means ongoing education after initial certification to maintain and enhance skill and knowledge.

"CPR" means cardiopulmonary resuscitation.

"Dispatch" means to identify and direct an emergency response unit to an incident location.

"E-code" means external cause code, an etiology included in the International Classification of Diseases (ICD).

"ED" means emergency department.

"Emergency medical services and trauma care (EMS/TC) system" means an organized approach to providing personnel, facilities, and equipment for effective and coordinated medical treatment of patients with a medical emergency or injury requiring immediate medical or surgical intervention to prevent death or disability. The emergency medical service and trauma care system includes prevention activities, prehospital care, hospital care, and rehabilitation.

"EMS" means emergency medical services.

"EMS/TC" means emergency medical services and trauma care.

"EMT" means emergency medical technician.

"General surgeon" means a licensed physician who has completed a residency program in surgery and who has surgical privileges delineated by the facility.

"ICD" means the international classification of diseases, a coding system developed by the World Health Organization.

"ILS" means intermediate life support.

"Injury prevention" means any combination of educational, legislative, enforcement, engineering and emergency response initiatives used to reduce the number and severity of injuries.

"Interfacility transport" means medical transport of a patient between recognized medical treatment facilities requested by a licensed health care provider.

"Intermediate life support (ILS) technician" means a person who:

- Has been trained in an approved program to perform specific phases of advanced cardiac and trauma life support as specified in this chapter, under written or oral direction of an MPD or approved physician delegate; and
- Has been examined and certified as an ILS technician by the department or by the University of Washington's school of medicine.

"Intravenous therapy technician" means a person who:

- Has been trained in an approved program to initiate IV access and administer intravenous solutions under written or oral authorization of an MPD or approved physician delegate; and
- Has been examined and certified as an intravenous therapy technician by the department or by the University of Washington's school of medicine.

"IV" means intravenous.

"Licensing and certification committee (L&C committee)" means the emergency medical services licensing and certification advisory committee created by RCW 18.73.040.

"Local council" means a local EMS/TC council authorized by RCW 70.168.120(1).

"Local medical community" means the organized local medical society existing in a county or counties; or in the absence of an organized medical society, majority physician consensus in the county or counties.

"Medical control" means MPD authority to direct the medical care provided by certified EMS personnel in the prehospital EMS system.

"Medical control agreement" means a written agreement between two or more MPDs, using similar protocols that are consistent with regional plans, to assure continuity of patient care between counties, and to facilitate assistance.

"MPD" means medical program director.

"Must" means shall.

"Ongoing training and evaluation" (OTEP) means a course of education authorized for first responders and EMTs in RCW 18.73.081 (3)(b).

"PALS" means pediatric advanced life support, a course developed by the American Heart Association.

"Paramedic" means a person who:

- Has been trained in an approved program to perform all phases of prehospital emergency medical care, including advanced life support, under written or oral authorization of an MPD or approved physician delegate; and
- Has been examined and certified as a paramedic by the department or by the University of Washington's school of medicine.

"Physician" means an individual licensed under the provisions of chapters 18.71 or 18.57 RCW.

"Practical examination" means a test conducted in an initial course, or a test or series of evaluations during a recertification period, to determine competence in each of the practical skills specified by the department.

"Prehospital agencies" means providers of prehospital care or interfacility ambulance transport.

"Prehospital index" means a scoring system used to activate a hospital trauma resuscitation team.

"Prehospital patient care protocols" means the written procedures adopted by the MPD under RCW 18.73.030(13) and 70.168.015(26) which direct the out-of-hospital emergency care of the emergency patient which includes the trauma care patient. These protocols are related only to delivery and documentation of direct patient treatment.

"Prehospital trauma care services" means agencies that are verified to provide prehospital trauma care.

"Prehospital trauma triage procedures" means the method used by prehospital providers to evaluate injured patients and determine whether to activate the trauma system from the field. It is described in WAC 246-976-930(2).

"Public education" means education of the population at large, targeted groups or individuals, in preventive measures and efforts to alter specific injury-related behaviors.

"Quality assurance (QA)" means an organized quality assessment and improvement program to audit and evaluate care provided in EMS/TC systems, with the goal of improving patient outcomes.

"Regional council" means the regional EMS/TC council established by RCW 70.168.100.

"Regional patient care procedures (RPCP)" means procedures adopted by a regional council under RCW 18.73.-030(14) and 70.168.015(23), and approved by the department. Regional patient care procedures do not relate to direct patient care.

"Regional plan" means the plan defined in WAC 246-976-960 (1)(b) that has been approved by the department.

"Registered nurse" means an individual licensed under the provisions of chapter 18.79 RCW.

"Response area" means a service coverage zone identified in an approved regional plan.

"Rural" means unincorporated or incorporated areas with total populations less than ten thousand people, or with a population density of less than one thousand people per square mile.

"Senior EMT instructor (SEI)" means an individual approved to be responsible for the quality of instruction and the conduct of basic life support training courses.

"Special competence" means that an individual has been deemed competent and committed to a medical specialty area with documented training, board certification and/or experience, which has been reviewed and accepted as evidence of a practitioner's expertise:

- For physicians, by the facility's medical staff;
- For registered nurses, by the facility's department of nursing;
- For physician assistants and advanced registered nurse practitioners, as defined in the facility's bylaws.

"Specialized training" means approved training of certified EMS personnel to use a skill, technique, or equipment that is not included in the standard course curriculum.

"State plan" means the emergency medical services and trauma care system plan described in RCW 70.168.015(7), adopted by the department under RCW 70.168.060(10).

"Steering committee" means the EMS/TC steering committee created by RCW 70.168.020.

"Suburban" means an incorporated or unincorporated area with a population of ten thousand to twenty-nine thousand nine hundred ninety nine or any area with a population density of one thousand to two thousand people per square mile.

"System response time" for trauma means the interval from discovery of an injury until the patient arrives at a designated trauma facility. It includes:

"Discovery time": The interval from injury to discovery of the injury;

"System access time": The interval from discovery to call received;

"911 time": The interval from call received to dispatch notified, including the time it takes the call answerer to:

- Process the call, including citizen interview; and
- Give the information to the dispatcher;

"Dispatch time": The interval from call received by the dispatcher to agency notification;

- "Activation time": The interval from agency notification to start of response;
- "Enroute time": The interval from the end of activation time to the beginning of on-scene time;
- "Patient access time": The interval from the end of enroute time to the beginning of patient care;
- "On scene time": The interval from arrival at the scene to departure from the scene. This includes extrication, resuscitation, treatment, and loading;
- "Transport time": The interval from leaving the scene to arrival at a health care facility;

"Training agency" means an organization or individual that is approved to be responsible for specified aspects of training of EMS personnel.

"Training physician" means a physician delegated by the MPD and approved by the department to be responsible for specified aspects of training of EMS personnel.

"Trauma rehabilitation coordinator" means a person designated to facilitate early rehabilitation interventions and the trauma patient's access to a designated rehabilitation center.

"Urban" means:

- An incorporated area over thirty thousand; or
- An incorporated or unincorporated area of at least ten thousand people and a population density over two thousand people per square mile.

"Wilderness" means any rural area not readily accessible by public or private maintained road.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-010, filed 4/5/00, effective 5/6/00. Statutory Authority: Chapter 18.71 RCW. 96-03-052, § 246-976-010, filed 1/12/96, effective 2/12/96. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-010, filed 12/23/92, effective 1/23/93.]

TRAINING

WAC 246-976-021 Training course requirements. (1) **Department responsibilities:** The department will publish procedures for agencies to conduct EMS training courses, including:

(a) The registration process;

(b) Requirements, functions, and responsibilities of course instructional and administrative personnel;

(c) Necessary information and administrative forms to conduct the course;

(2) **Training agency responsibilities:**

(a) **General.** Agencies providing initial training of certified EMS personnel at all levels (except advanced first aid) must:

(i) Have MPD approval for the course content;

(ii) Have MPD approval for all instructional personnel, who must be experienced and qualified in the area of training;

(iii) Have local EMS/TC council recommendation for each course;

(iv) Have written approval from the department to conduct each course;

(v) Approve or deny applicants for training consistent with the prerequisites for applicants in WAC 246-976-041 and 246-976-141.

(b) **Basic life support** (first responder, EMT). Agencies providing initial training of basic life support personnel must identify a senior EMS instructor to be responsible for the quality of instruction and the conduct of the course.

(c) **Intermediate life support** (IV, airway and ILS technicians). Agencies providing initial training of intermediate life support personnel must:

(i) Have a written agreement with the clinical facility, if it is separate from the academic facility;

(ii) Ensure that clinical facilities provide departments or sections, personnel, and policies, including:

(A) Written program approval from the administrator and chief of staff;

(B) A written agreement to participate in continuing education;

(C) Supervised clinical experience for students during the clinical portion of the program;

(D) An orientation program.

(d) **Paramedics.** Agencies training paramedics must be accredited by a national accrediting organization approved by the department.

(3) **Course curriculum.** The department recognizes the following National Standard EMS training courses published by the United States Department of Transportation as amended by the department:

(a) First responder: The first responder training course published 1996, amended by the department March 1998;

(b) EMT: The emergency medical technician — Basic training course published 1994, amended by the department February 1999;

(c) IV technician: Those parts of the emergency medical technician — Intermediate course published 1999 which relate to intravenous therapy lessons 1-1, 1-2, 1-3, 2-1, 2-2, 2-3, 2-6, 2-7, 3-2, 3-3, 4-1, and 4-2; amended by the department February 1999;

(d) Airway technician: Those parts of the emergency medical technician — Intermediate course published 1999 which relate to airway management lessons 1-1, 1-2, 1-3, 2-1, 2-2, 2-3, 2-5, 3-2, 3-3, 4-1, and 4-2; amended by the department February 1999;

(e) ILS technician: Those parts of the emergency medical technician — Intermediate course published 1999 which relate to IV therapy and intraosseous infusion, the use of multi-lumen airway adjuncts, and the following medications:

(i) Epinephrine for anaphylaxis administered by a commercially preloaded measured-dose device;

(ii) Albuterol administered by inhalation;

(iii) Dextrose 50% and 25%;

(iv) Nitroglycerine, sublingual and/or spray;

(v) Naloxone;

(vi) Aspirin PO (oral), for suspected myocardial infarction lessons 1-1, 1-2, 1-3, 2-1, 2-2, 2-3, 2-4, 2-6, 2-7, 3-1, 3-2, 3-3, 4-1, and 4-2; amended by the department February 1999;

(f) Paramedic: The emergency medical technician — Paramedic training course published 1999, as amended by the department January 2000.

(4) Initial training for first responders and EMTs must also include approved infectious disease training that meets the requirements of chapter 70.24 RCW.

(5) Specialized training. The department, in conjunction with the advice and assistance of the L&C committee, may approve specialized training for certified EMS personnel to use skills, techniques, or equipment that is not included in standard course curricula. Agencies providing specialized training must have MPD and department approval of:

(a) Course curriculum;

(b) Lesson plans;

(c) Course instructional personnel, who must be experienced and qualified in the area of training;

(d) Student selection criteria;

(e) Criteria for satisfactory completion of the course, including student evaluations and/or examinations;

(f) Prehospital patient care protocols that address the specialized skills.

(6) Local government agencies: The department recognizes county agencies established by ordinance and approved by the MPD to coordinate EMS training. These agencies must comply with the requirements of this section.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-021, filed 4/5/00, effective 5/6/00.]

WAC 246-976-031 Senior EMS instructor (SEI). (1) **Responsibilities.** The SEI is responsible for the overall instructional quality of initial first responder or EMT-basic courses, under the general supervision of the medical program director (MPD). The SEI must conduct courses following department-approved curricula identified in WAC 246-976-021. The SEI candidate shall document the completion of requirements for initial and renewal recognition on forms provided by the department.

(2) **Initial recognition.** The department will publish *Initial Recognition Application Procedures for Senior EMS Instructors* (IRAP), which include the *Initial Senior EMS Instructor Application and Agreement,* instructor objectives, instructions and forms necessary for initial recognition.

(a) **Prerequisites.** Candidates for initial recognition must document proof of the following:

(i) Current Washington state certification as an EMT or higher EMS certification;

(ii) At least three years prehospital EMS experience as an EMT or higher EMS certification level, with at least one recertification;

(iii) Successful completion of an approved ongoing training and evaluation program (OTEP)/basic life support (BLS) evaluator workshop;

(iv) Current recognition as a CPR instructor for health care providers by the American Heart Association, the American Red Cross, the National Safety Council, or other nationally recognized organization with substantially equivalent standards approved by the department;

(v) Successful completion of an instructor training course by the U.S. Department of Transportation, National Highway Traffic Safety Administration, or an instructor training course from an accredited institution of higher education;

(vi) Successful completion of an examination developed and administered by the department on current EMS training and certification statutes, Washington Administrative Code (WAC) and the Uniform Disciplinary Act (UDA).

(b) **Submission of prerequisites.** Candidates must submit proof of successful completion of the prerequisites to the department.

(i) Candidates meeting the prerequisites will be issued the IRAP by the department.

(ii) The department will provide instruction to each candidate prior to beginning the initial recognition process.

(c) **Candidate objectives.** Candidates who have been issued the IRAP and received instructions on the recognition process must successfully complete the IRAP, under the supervision of a currently recognized, EMT-basic course lead SEI:

As part of an initial EMT-basic course, the candidate must demonstrate to the course lead SEI, the knowledge and skills necessary to complete the following instructor objectives;

(i) Accurately complete the course application process and meet application timelines;

(ii) Notify EMT-basic course students of course entry prerequisites;

(iii) Assure students selected for admittance to the course meet DOH training and certification prerequisites and notify training agency selection board of discrepancies;

(iv) Maintain course records adequately;

(v) Track student attendance, scores, quizzes, and performance, and counsel/remediate students as necessary;

(vi) Assist in the coordination and instruction of one entire EMT-basic course under the supervision of the course lead SEI; utilizing the EMT-basic training course curriculum identified in WAC 246-976-021, and be evaluated on the instruction of each of the following lessons:

(A) Lesson 1-2—Well Being of the EMT-Basic, including Infectious Disease Prevention for EMS Providers, Revised 10/1997 (available from the department of health, office of emergency medical and trauma prevention);

(B) Lesson 2-1—Airway;

(C) Lesson 3-2—Initial Assessment;

(D) Lesson 3-3—Focused History and Physical Exam: Trauma;

(E) Lesson 3-4—Focused History and Physical Exam: Medical;

(F) Lesson 3-5—Detailed Physical Exam;

(G) Lesson 3-6—Ongoing Assessment;

(H) Lesson 3-9—Practical Lab: Patient Assessment;

(I) Lesson 4-1—General Pharmacology;

(J) Lesson 4-2—Respiratory Emergencies;

(K) Lesson 4-3—Cardiovascular Emergencies;

(L) Lesson 4-9—Obstetrics/Gynecology;

(M) Lesson 5-4—Injuries to the Head and Spine, Chest and Abdomen;

(N) Lesson 5-5—Practical Lab: Trauma;

(O) Lesson 6-1—Infants and Children;

(P) Lesson 7-2—Gaining Access (including patient removal, treatment and transport).

(vii) Coordinate and conduct an EMT-basic final end of course comprehensive practical skills evaluation.

(d) **Candidate evaluation.** Performance evaluations will be conducted by an SEI for each instructor objective performed by the candidate on documents identified in the IRAP. These documents consist of:

(i) An evaluation form, to evaluate lesson instruction objectives performed by the candidate;

(ii) A quality improvement record, to document improvement necessary to successfully complete an instructor objective performed by the candidate;

(iii) An objective completion record, to document successful completion of each instructor objective performed by the candidate.

(e) **Application and approval.**

(i) Candidates must submit the completed IRAP, including the application/agreement and all documents completed during the initial recognition process, to the county MPD to obtain a recommendation of approval to the department.

(ii) Upon recommendation of approval by the county MPD, the SEI candidate will submit the following documents to the department:

(A) Current proof of completion of prerequisites listed in subsection (2)(a)(i), (iv) and (vi) of this section;

(B) The original initial SEI application/agreement, signed by the candidate and the MPD; and

(C) The original completed IRAP document and all forms used for evaluation, quality improvement purposes, and verification of successful completion as identified in the IRAP.

(3) **Renewal of recognition.** The department will publish *Renewal Application Procedures for Senior EMS Instructors* (RAP), which include the *Senior EMS Instructor Renewal Application and Agreement*, instructor objectives, instructions and forms necessary for renewal.

(a) The RAP will be provided by the department to individuals upon recognition as a SEI, to be completed during the recognition period.

(b) **Candidate objectives.** Candidates who have been issued the RAP must successfully complete the RAP during each approval period, which includes the following instructor objectives:

(i) Coordinate and perform as the lead SEI for one initial first responder or EMT-basic course including the supervision of all practical skills evaluations;

(ii) Receive performance evaluations from a currently recognized SEI, on two candidate instructed first responder or EMT-basic course lessons;

(iii) Perform two performance evaluations on the instruction of first responder or EMT-basic course lessons for SEI initial or renewal recognition candidates; and

(iv) Attend one DOH approved SEI workshop.

(c) **Candidate evaluation.** Evaluations of the performance of instructor objectives will be conducted by an SEI and completed on documents identified in the RAP. These documents consist of:

(i) An evaluation form, to evaluate lesson instruction objectives performed by the candidate.

(ii) A quality improvement record, to document improvement necessary to successfully complete an instructor objective performed by the candidate.

(iii) An objective completion record, to document successful completion of each instructor objective performed by the candidate.

(d) **Prerequisites.** Candidates for renewal of recognition must document proof of the following:

(i) Current or previous recognition as a Washington state SEI;

(ii) Current Washington state certification as an EMT or higher EMS certification;

(iii) Current recognition as a CPR instructor for health care providers by the American Heart Association, the American Red Cross, the National Safety Council, or other nationally recognized organization with substantially equivalent standards.

(iv) Successful completion of an examination developed and administered by the department on current EMS training and certification statutes, WAC and the UDA.

(e) **Application and approval.**

(i) Candidates must submit the completed RAP, including the application/agreement and all documents completed during the renewal of recognition process, to the county MPD to obtain a recommendation of approval to the department.

(ii) Upon recommendation of approval by the county MPD, the renewal candidate must submit the following documents to the department:

(A) Current proof of successful completion of the prerequisites listed in subsection (3)(d)(ii), (iii), and (iv) of this section;

(B) The original SEI renewal application/agreement that has been signed by the candidate and the MPD; and

(C) The original completed RAP document and all forms used for evaluation, quality improvement purposes and verification of successful completion as identified in the RAP.

(4) **Length of recognition.** Recognition as a SEI is for three years.

(5) **Denial, suspension, modification or revocation of SEI recognition.**

(a) The department may deny, suspend, modify or revoke an SEI's recognition when it finds:

(i) Violations of chapter 18.130 RCW, the Uniform Disciplinary Act;

(ii) A failure to:

(A) Maintain EMS certification;

(B) Update the following personal information with DOH as changes occur:

(I) Name;

(II) Address;

(III) Home and work phone numbers;

(C) Maintain knowledge of current EMS training and certification statutes, WAC and the UDA;

(D) Comply with requirements in WAC 246-976-031(1);

(E) Participate in the instructor candidate evaluation process in an objective and professional manner without cost to the individual being reviewed or evaluated;

(F) Adequately complete all forms and adequately maintain records in accordance with this chapter;

(G) Demonstrate all skills and procedures based on current standards;

(H) Follow the requirements of the Americans with Disabilities Act;

(I) Maintain security on all department examination materials.

(b) The candidate or SEI may request a hearing to contest department decisions in regard to denial, suspension, modification or revocation of SEI recognition in accordance with the Administrative Procedure Act (APA) (chapter 34.05 RCW) and associated administrative codes.

[Statutory Authority: RCW 18.73.081 and 70.168.120. 02-14-053, § 246-976-031, filed 6/27/02, effective 7/28/02. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-031, filed 4/5/00, effective 5/6/00.]

WAC 246-976-041 To apply for training. (1) You must be at least eighteen years old at the beginning of the course.

(2) For training at the intermediate (IV, airway and ILS technicians) and advanced life support (paramedic) levels, you must have completed at least one year as a certified EMT or above.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-041, filed 4/5/00, effective 5/6/00.]

CERTIFICATION

WAC 246-976-141 To apply for certification. (1) Department responsibilities. The department will publish procedures for initial certification which include:

(a) Examinations. An applicant may have up to three attempts within six months after course completion to successfully complete the examinations;

(b) The process for administration of examinations; and

(c) Administrative requirements and the necessary forms.

(2) Applicant responsibilities. To apply for initial certification, submit to the department:

(a) An application for certification on forms provided by the department;

(b) Proof of identity: An official photo identification (which may be state, federal or military identification, drivers' license, or passport);

(c) Proof of age;

(d) Proof of completion of an approved course or courses for the level of certification sought;

(e) Proof of completion of approved infectious disease training to meet the requirements of chapter 70.24 RCW;

(f) Proof of successful completion of an approved examination within eighteen months prior to application;

(g) Proof of active membership, paid or volunteer, in one of the following EMS/TC organizations:

(i) Licensed provider of aid or ambulance services;

(ii) Law enforcement agency; or

(iii) Other affiliated EMS/TC service;

(h) The MPD's recommendation for certification;

(i) For EMTs, proof of high school graduation, GED, or equivalent;

(j) Other information required by this chapter.

(3) Certification is effective on the date the department issues the certificate, and will be valid for three years except as extended by the department for the efficient processing of license renewals. The expiration date will be indicated on the certification card.

(4) Certification of intermediate level technicians and paramedics is valid only:

(a) In the county or counties where recommended by the MPD and approved by the department;

(b) In other counties where formal EMS/TC medical control agreements are in place; or

(c) In other counties when accompanying a patient in transit from a county meeting the criteria in (a) or (b) of this subsection.

With approval of the MPD, a certified intermediate level technician or paramedic may function as an EMT in counties other than those described in (a) through (c) of this subsection.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-141, filed 4/5/00, effective 5/6/00.]

WAC 246-976-151 Reciprocity, challenges, reinstatement and other actions. (1) The department will publish procedures for:

(a) Reciprocal certification of individuals with current EMS certification in another state, or who are currently recognized by a national accrediting agency approved by the department.

(i) All applicants must pass an approved examination;

(ii) Paramedics whose training started after June 30, 1996, must have successfully completed a course accredited by a national accrediting organization approved by the department, and be currently recognized by a national accrediting agency approved by the department;

(b) Reinstatement of individuals whose Washington state EMS/TC certification has lapsed, or been suspended or revoked;

(c) Challenge of prerequisites for certification examinations by individuals who have not completed the course work and practical training required by this chapter, but who document equivalent EMS training and/or experience;

(d) Voluntary reversion from a level of certification to a lower level of certification.

(2) Before granting reciprocity, reinstatement, or challenge, the department will verify that infectious disease training required for EMS/TC personnel by chapter 70.24 RCW has been accomplished.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-151, filed 4/5/00, effective 5/6/00.]

WAC 246-976-161 Continuing medical education (CME), skills maintenance, and ongoing training and evaluation (OTEP). (1) General requirements. See Tables A and B. You must document your annual CME and skills maintenance requirements, as indicated in the tables. You must complete all CME and skills maintenance requirements for your current certification period to be eligible for recertification.

(2)(a) You must complete the number of MPD-approved CME hours appropriate to your level of certification, as indicated in Table A.

(b) If you are a first responder or EMT, you may choose to complete an approved OTEP program instead of completing the required number of CME hours and taking the recertification exams.

(3) You must demonstrate proficiency in certain critical skills, indicated in Table B, to the satisfaction of the MPD:

(4) IV starts.

(a) During your first year of certification as an IV technician, combined IV/airway technician, ILS technician, or paramedic, you must perform a minimum of thirty-six successful IV starts. EXCEPTION: If you have completed a certification period as an IV or ILS technician, you do not need to meet this requirement during your first year of certification as a paramedic.

(b) By the end of your initial certification period, you must perform a minimum of one hundred eight successful IV starts.

(5) Intubations.

(a) During your first year of certification as an airway technician, combined IV/airway technician, combined ILS/airway technician or paramedic, you must perform a minimum of twelve successful endotracheal intubations. EXCEPTION: If you have completed a certification period as an airway technician, you do not need to meet this requirement during your first year of certification as a paramedic.

(b) By the end of your initial certification period, you must perform a minimum of thirty-six successful endotracheal intubations.

(6) Description of selected terms used in the table:

TABLE A: CME REQUIREMENTS	Basic Life Support		Intermediate Life Support					Paramedic
	FR	EMT	IV	Air	IV/Air	ILS	ILS/Air	Paramedic
Annual								
CPR & Airway	X	X	X	X	X	X	X	
Spinal Immobilization	X	X	X	X	X	X	X	
Patient Assessment	X	X	X	X	X	X	X	
Certification Period								
Infectious Disease	X	X	X	X	X	X	X	X
Trauma		X	X	X	X	X	X	X
Pharmacology		X	X	X	X	X	X	
Pediatrics	X	2 hrs	2 hrs	2 hrs	2 hrs	2 hrs	2 hrs	6 hrs
Other CME, for a total of:	15 hrs	30 hrs	45 hrs	45 hrs	60 hrs	60 hrs	75 hrs	150 hrs
OR, complete an equivalent OTEP program as described in WAC 246-976-171	X	X	per MPD for BLS skills	per MPD for BLS skills	per MPD for BLS skills	per MPD for BLS skills	per MPD for BLS skills	per MPD for BLS skills

TABLE B: SKILLS MAINTENANCE REQUIREMENTS	Intermediate Life Support					Paramedic
	IV	Air	IV/Air	ILS	ILS/Air	Paramedic
First Certification Period						
• First Year of Certification						
IV Starts - may not be averaged (see par 4)	36		36	36	36	36
Endotracheal intubations - may not be averaged (see par 5)		12	12		12	12
Demonstrate intraosseous infusion proficiency	X		X	X	X	X
• Second and Third Years of Certification						
IV Starts - average (see par 4)	36		36	36	36	36
Endotracheal intubations - average (see par 5)		12	12		12	12
Demonstrate intraosseous infusion proficiency	X		X	X	X	X
• During the Certification Period						
Demonstrate pediatric airway proficiency		X	X		X	X
Multi-Lumen Airway				per MPD	per MPD	
Defibrillation				per MPD	per MPD	
Later Certification Periods						
• Annual Requirements						
IV Starts - demonstrate proficiency	X		X	X	X	X
Endotracheal intubations - average (see par 4)		4	4		4	4
Demonstrate intraosseous infusion proficiency	X		X	X	X	X
• During the Certification Period						
Demonstrate pediatric airway proficiency		X	X		X	X
Multi-Lumen Airway				per MPD	per MPD	
Defibrillation				per MPD	per MPD	

• Infectious disease: Infectious disease training must meet the requirements of chapter 70.24 RCW.

• CPR includes the use of airway adjuncts appropriate to the level of certification.

• Pharmacology: Pharmacology specific to the medications approved by your MPD (NOT REQUIRED FOR FIRST RESPONDERS).

• Pediatrics: This includes patient assessment, CPR and airway management, and spinal immobilization and packaging.

• "IV starts": Proficiency in intravenous catheterization performed on sick, injured, or preoperative adult and pediatric patients. With written authorization of the MPD, IV starts may be performed on artificial training aids.

• Endotracheal intubation: Proficiency in endotracheal intubations, at least half of which must be performed on human subjects. With written authorization of the MPD, up to half of the intubations may be performed on artificial training aids.

• Intraosseous infusion: Proficiency in intraosseous line placement in pediatric patients.

• Proficiency: Ability to perform a skill properly, demonstrated to the satisfaction of the MPD.

• Pediatric airway: Proficiency in pediatric airway management.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-161, filed 4/5/00, effective 5/6/00.]

WAC 246-976-171 Recertification. (1) The department will publish procedures for renewal of certification, including:

(a) An ongoing training and evaluation program (OTEP) of skills as authorized in RCW 18.73.081 (3)(b) for first responders and EMTs; and

(b) Examinations for renewal of certification.

If you are a first responder or an EMT, you may choose to complete an approved OTEP program instead of completing the required number of CME hours and taking the recertification exam.

(2) To apply for renewal of certification, submit to the department on approved forms:

(a) All the information identified in WAC 246-976-141(2); EXCEPT current certification is considered proof of course completion, age, and initial infectious disease training;

(b) Proof of completion of CME and skills maintenance required for the level of certification sought, as defined in this chapter and identified on the table above. For first responders and EMTs, this includes proof of successful demonstration of skills, by:

(i) Successfully completing an approved OTEP; or

(ii) Passing an approved practical examination within the six months prior to application. An applicant changing from the ongoing training and evaluation program to the practical examination program must take the practical examination prior to the end of the certification period.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-171, filed 4/5/00, effective 5/6/00.]

WAC 246-976-182 Authorized care. (1) Certified EMS/TC personnel are only authorized to provide patient care that is:

(a) Included in the approved curriculum for the individual's level of certification;

(b) Included in approved specialized training; and

(c) That is included in approved MPD protocols.

(2) When a patient is identified as needing care which is not authorized for the providers, the certified person in charge of that patient must consult with medical control as soon as possible, if protocols and regional patient care procedures do not provide adequate off-line direction for the situation.

(3) For trauma patients, all prehospital providers must follow the approved trauma triage procedures, regional patient care procedures and MPD patient care protocols.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-182, filed 4/5/00, effective 5/6/00.]

WAC 246-976-191 Disciplinary actions. (1) The department will publish procedures for modification, suspension, revocation, or denial of certification. The procedures will be consistent with the requirements of the Administrative Procedure Act (chapter 34.05 RCW), the Uniform Disciplinary Act (chapter 18.130 RCW), and practice and procedure (chapter 246-10 WAC).

(2) The department will publish procedures:

(a) To investigate complaints and allegations against certified personnel;

(b) For MPDs to recommend corrective action regarding certified individuals.

(3) Before recommending revocation, suspension, modification, or denial of a certificate, the MPD must initiate corrective action with the certified individual, consistent with department procedures.

(4) The MPD may request the department to summarily suspend certification of an individual if the MPD believes that continued certification will be detrimental to patient care.

(5) In cases where the MPD recommends denial of recertification, the department will investigate the individual, and may revoke his or her certification.

(6) If an employing or sponsoring agency disciplines a certified individual for conduct or circumstances as described in RCW 18.130.070, the Uniform Disciplinary Act, the agency must report the cause and the action taken to the department.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-191, filed 4/5/00, effective 5/6/00.]

LICENSURE AND VERIFICATION

WAC 246-976-260 Licenses required. (1) The department will publish procedures to license ambulance and aid services and vehicles, to provide service that is consistent with the state plan and approved regional plans.

(2) To become licensed as an ambulance or aid service, an applicant must submit application forms to the department, including:

(a) A declaration that the service is able to comply with standards, rules, and regulations of this chapter;

(b) A declaration that staffing will meet the personnel requirements of RCW 18.73.150 and 18.73.170;

(c) A declaration that operation will be consistent with the statewide and regional EMS/TC plans and approved patient care procedures;

(d) Evidence of liability insurance coverage;

(e) A description of the general area to be served and the number of vehicles to be used. The description includes:

(i) The services to be offered (e.g., emergency response and/or interfacility transports);

(ii) The dispatch process, including a backup plan if the primary unit is unavailable;

(iii) A plan for tiered response that is consistent with approved regional patient care procedures;

(iv) A plan for rendezvous with other services that is consistent with approved regional patient care procedures;

(v) A map of the proposed response area;

(vi) The level of service to be provided: BLS, ILS, or paramedic; and the scheduled hours of operation; and

(vii) For licensed ambulance services, a written plan to continue patient transport if a vehicle becomes disabled, consistent with regional patient care procedures.

(3) To renew a license, submit application forms to the department at least thirty days before the expiration of the current license.

(4) Licensed ambulance and aid services must comply with the approved prehospital trauma triage procedures defined in WAC 246-976-010.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-260, 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), § 246-976-260, filed 12/23/92, effective 1/23/93.]

WAC 246-976-270 Denial, suspension, revocation of license. (1) The department may suspend, modify, or revoke any ambulance or aid service license issued under this chapter, or deny licensure to an applicant when it finds:

(a) Failure to comply with the requirements of chapters 18.71, 18.73, 18.130, or 70.168 RCW, or other applicable laws or rules, or with this chapter;

(b) Failure to comply or ensure compliance with prehospital patient care protocols or regional patient care procedures;

(c) Failure to cooperate with the department in inspections or investigations;

(d) Failure to supply data as required in chapter 70.168 RCW and this chapter.

(2) Under the provisions of the Administrative Procedure Act, chapter 34.05 RCW, and the Uniform Disciplinary Act, chapter 18.130 RCW, the department may impose sanctions against a licensed service as provided in chapter 18.130 RCW. The department will not take action against a licensed, nonverified service under this section for providing emergency trauma care consistent with regional patient care procedures when the wait for the arrival of a verified service would place the life of the patient in jeopardy or seriously compromise patient outcome.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-270, 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), § 246-976-270, filed 12/23/92, effective 1/23/93.]

WAC 246-976-290 Ground ambulance vehicle standards. (1) Essential equipment for patient and provider safety and comfort must be in good working order.

(2) All ambulance vehicles must be clearly identified by appropriate emblems and markings on the front, side, and rear of the vehicle.

(3) Tires must be in good condition with not less than two-thirty-seconds inch useable tread, appropriately sized to support the weight of the vehicle when loaded.

(4) The electrical system must meet the following requirements:

(a) Interior lighting in the driver compartment must be designed and located so that no glare is reflected from surrounding areas to the driver's eyes or line of vision from the instrument panel, switch panel, or other areas which may require illumination while the vehicle is in motion;

(b) Interior lighting in the patient compartment must be adequate throughout the compartment, and provide an intensity of twenty foot-candles at the level of the patient;

(c) Exterior lights must comply with the appropriate sections of Federal Motor Vehicle Safety Standards, and include body-mounted flood lights over the rear door which provide adequate loading visibility;

(d) Emergency warning lights must be provided in accordance with RCW 46.37.380, as administered by the state commission on equipment.

(5) Windshield wipers and washers must be dual, electric, multispeed, and maintained in good condition.

(6) Battery and generator system:

(a) Battery with a minimum seventy ampere hour rating. It must be located in a ventilated area sealed off from the vehicle interior, and completely accessible for checking and removal;

(b) Generating system capable of supplying the maximum built-in DC electrical current requirements of the ambulance. Extra fuses must be provided.

(7) Seat belts that comply with Federal Motor Vehicle Safety Standards 207, 208, 209, and 210. Restraints must be provided in all seat positions in the vehicle, including the attendant station.

(8) Mirrors on the left side and right side of the vehicle. The location of mounting must provide maximum rear vision from the driver's seated position.

(9) One ABC two and one-half pound fire extinguisher.

(10) Ambulance body:

(a) The length of the patient compartment must be at least one hundred twelve inches in length, measured from the partition to the inside edge of the rear loading doors;

(b) The width of the patient compartment, after cabinet and cot installation, must provide at least nine inches of clear walkway between cots or the squad bench;

(c) The height of the patient compartment must be at least fifty-three inches at the center of the patient area, measured from floor to ceiling, exclusive of cabinets or equipment;

(d) There must be secondary egress from the curb side of the patient compartment;

(e) Back doors must open in a manner to increase the width for loading patients without blocking existing working lights of the vehicle;

(f) The floor at the lowest level permitted by clearances. It must be flat and unencumbered in the access and work area, with no voids or pockets in the floor to side wall areas where water or moisture can become trapped to cause rusting and/or unsanitary conditions;

(g) Floor covering applied to the top side of the floor surface. It must withstand washing with soap and water or disinfectant without damage to the surface. All joints in the floor covering must have minimal void between matching edges, cemented with a suitable water-proof and chemical-proof cement to eliminate the possibility of joints loosening or lifting;

(h) The finish of the entire patient compartment must be impervious to soap and water and disinfectants to permit washing and sanitizing;

(i) Exterior surfaces must be smooth, with appurtenances kept to a minimum;

(j) Restraints provided for all litters. If the litter is floor supported on its own support wheels, a means must be provided to secure it in position. These restraints must permit quick attachment and detachment for quick transfer of patient.

(11) Vehicle brakes, tires, regular and special electrical equipment, windshield wipers, heating and cooling units, safety belts, and window glass, must be in good working order.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-290, 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), § 246-976-290, filed 12/23/92, effective 1/23/93.]

WAC 246-976-300 Ground ambulance and aid vehicles—Equipment. Ground ambulance and aid services must provide equipment listed in Table C on each licensed vehicle, when available for service.

Note: "asst" means assortment

TABLE C: EQUIPMENT	AMBULANCE	AID VEHICLE
AIRWAY MANAGEMENT		
Airway Adjuncts		
Oral airway (adult: sm, med, lg)	1ea	1ea
Oral airway (pediatric: 00, 0, 1,2,3,4)	1ea	1ea
Suction		
Portable, manual	1	1
Vehicle mounted and powered, providing: Minimum of 30 L/min. & vacuum > 300 mm Hg	1	0
Tubing, suction	1	1
Bulb syringe, pediatric	1	1
Rigid suction tips	2	1
Catheters as required by local protocol		
Water-soluble lubricant		
Oxygen delivery system built in	1	0
3000L Oxygen cylinder, 500Lbs PSI minimum, or equivalent liquid oxygen system	1	0
300L Oxygen cylinder, 500Lbs PSI minimum, or equivalent liquid oxygen system	2	1
Regulator, oxygen (0-15+ Liter)	1	1
Cannula, nasal, adult	4	2
O_2 mask, nonrebreather, adult	4	2
O_2 mask, nonrebreather, pediatric	2	1
BVM, with O_2 reservoir		
Adult	1	1
Pediatric (w/sizes neonatal to adult)	1	1
Pocket mask or equivalent	1	1
PATIENT ASSESSMENT AND CARE		
Assessment		
Sphygmomanometer		
Adult, large	1	0
Adult, regular	1	1
Pediatric	1	0
Stethoscope, adult	1	1
Thermometer, hypothermia and hyperthermia	1ea	0
Flashlight, w/spare or rechargeable batteries & bulb	1	1
* Defibrillation capability appropriate to the level of personnel. (*Note: The requirement for defibrillation takes effect January 1, 2002.)	1	1

Note: "asst" means assortment

TABLE C: EQUIPMENT	AMBULANCE	AID VEHICLE
Personal infection control and protective equipment as required by the department of labor and industries		
TRAUMA EMERGENCIES		
Trauma registry identification bands	Yes	Yes
Triage identification for 12 patients	Yes	Yes
Wound care		
Dressing, sterile	asst	asst
Dressing, sterile, trauma	2	2
Roller gauze bandage	asst	asst
Medical tape	asst	asst
Self adhesive bandage strips	asst	asst
Cold packs	4	2
Occlusive dressings	2	2
Burn sheets	2	2
Scissors, bandage	1	1
Irrigation solution	2	1
Splinting		
Backboard with straps	2	1
Head immobilizer	1	1
Pediatric immobilization device	1	0
Extrication collars, rigid		
Adult (small, medium, large)	asst	asst
Pediatric or functionally equivalent sizes	asst	asst
Immobilizer, cervical/thoracic, adult	1	0
Splint, traction, adult w/straps	1	0
Splint, traction, pediatric, w/straps	1	0
Splint, adult (arm and leg)	2ea	1ea
Splint, pediatric (arm and leg)	1ea	1ea
General		
Litter, wheeled, collapsible	1	0
Pillows, plastic covered or disposable	2	0
Pillow case	4	0
Sheets	4	0
Blankets	2	2
Towels, cloth	4	0
Emesis collection device	1	1
Urinal	1	0
Bed pan	1	0
OB kit	1	1
Extrication		
Shovel	1	1
Hammer	1	1
Adjustable wrench, 8"	1	1
Hack saw, with blades	1	1
Crowbar, pinch point, 36" minimum	1	1
Screwdriver, straight tip, 10" minimum	1	1
Screwdriver, 3 Phillips, 10" minimum	1	1
Wrecking bar, 3' minimum	1	1
Locking pliers	1	1
Bolt cutters, 1/2" min. jaw spread	1	1
Rope, utility, 50' x 3/8"	1	1

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-300, 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), § 246-976-300, filed 12/23/92, effective 1/23/93.]

WAC 246-976-310 Ground ambulance and aid vehicles—Communications equipment. (1) Licensed services must provide each licensed ambulance and aid vehicle with communication equipment which:

(a) Is consistent with state and regional plans;

(b) Is in good working order;

(c) Allows direct two-way communication between the vehicle and its dispatch control point;

(d) Allows communication with medical control.

(2) If cellular telephones are used, there must also be another method of radio contact with dispatch and medical control for use when cellular service is unavailable.

(3) Licensed services must provide each licensed ambulance with communication equipment which:

(a) Allows direct two-way communication with all hospitals in the service area of the vehicle, from both the driver's and patient's compartment;

(b) Incorporates appropriate encoding and selective signaling devices; and

(c) When transporting patients, allows communications with medical control and designated EMS/TC receiving facilities.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-310, 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), § 246-976-310, filed 12/23/92, effective 1/23/93.]

WAC 246-976-320 Air ambulance services. (1) Air ambulance services must:

(a) Comply with all regulations in this chapter pertaining to ambulance services and vehicles, except that WAC 246-976-290 and 246-976-300 are replaced for air ambulance services by subsection (4)(b) and (c) of this section;

(b) Comply with the standards in this section for all types of transports, including inter-facility and prehospital transports;

(c) Be in current compliance with all state and Federal Aviation Administration statutes and regulations that apply to air carriers, including, but not limited to, those regulations that apply to certification requirements, operations, equipment, crew members, and maintenance, and any specific regulations that apply to air ambulance services;

(d) Air ambulance services must provide a physician director who is practicing medicine in the response area of the aircraft, as identified in the state EMS/TC plan.

(2) Air ambulance services currently licensed or seeking relicensure after July 31, 2001, must have and maintain accreditation by the Commission on Accreditation of Medical Transport Services or another accrediting organization approved by the department as having equivalent requirements as CAMTS for aeromedical transport. Until August 1, 2001, subsections (4) and (5) of this section apply to air ambulance services currently licensed or seeking relicensure.

(3) Air ambulance services requesting initial licensure that are ineligible to attain accreditation because they lack a history of operation at the site, must meet the criteria of subsections (4) and (5) of this section and within four months of licensure must have completed an initial consultation with CAMTS or another accrediting organization approved by the department as having equivalent requirements as CAMTS for aeromedical transport. A provisional license will be granted for no longer than two years at which time the service must provide documentation that it is accredited by CAMTS or another accrediting organization approved by the department as having equivalent requirements as CAMTS for aeromedical transport.

(4) Air ambulance services must provide:

(a) A physician director who is:

(i) Practicing medicine in the response area of the aircraft, as identified in the state EMS/TC plan;

(ii) Trained and experienced in emergency, trauma, and critical care;

(iii) Knowledgeable of the operation of air medical services; and

(iv) Responsible for supervising and evaluating the quality of patient care provided by the air medical flight personnel;

(b) Sufficient air medical personnel on each response to provide adequate patient care, specific to the mission, including:

(i) One specially trained, experienced registered nurse or paramedic; and

(ii) One other person who must be a physician, nurse, physician's assistant, respiratory therapist, paramedic, EMT, or other appropriate specialist appointed by the physician director. If an air ambulance responds directly to the scene of an incident, at least one of the air medical personnel must be trained in prehospital emergency care;

(c) Aircraft that, when operated as air ambulances:

(i) Are configured so that the medical attendants can access the patient to begin and maintain advanced life support and other treatment;

(ii) Allow loading and unloading the patient without excessive maneuvering or tilting of the stretcher;

(iii) Have appropriate communication equipment to insure internal crew and air-to-ground exchange of information between flight personnel and hospitals, medical control, the flight operations center, and air traffic control facilities;

(iv) Are equipped with:

(A) Appropriate navigational aids;

(B) Airway management equipment, including:

(I) Oxygen;

(II) Suction;

(III) Ventilation and intubation equipment, adult and pediatric;

(C) Cardiac monitor/defibrillator;

(D) Supplies, equipment, and medication as required by the program physician director, for emergency, cardiac, trauma, pediatric care, and other missions; and

(E) The ability to maintain appropriate patient temperature; and

(v) Have adequate interior lighting for patient care arranged so as not to interfere with the pilot's vision;

(d) If using fixed-wing aircraft, pressurized, multiengine aircraft when appropriate to the mission;

(e) If using helicopter aircraft:

(i) A protective barrier sufficiently isolating the cockpit, to minimize in-flight distraction or interference;

(ii) Appropriate communication equipment to communicate with ground EMS/TC services and public safety vehicles, in addition to the communication equipment specified in (c)(iii) of this subsection.

(5) All air medical personnel must:

(a) Be certified in ACLS;

(b) Be trained in:

(i) Emergency, trauma, and critical care;

(ii) Altitude physiology;

(iii) EMS communications;

(iv) Aircraft and flight safety; and

(v) The use of all patient care equipment on board the aircraft;

(c) Be familiar with survival techniques appropriate to the terrain;

(d) Perform under protocols.

(6) Exceptions:

(a) If aeromedical evacuation of a patient is necessary because of a life threatening condition and a licensed air ambulance is not available, the nearest available aircraft that can accommodate the patient may transport. The physician ordering the transport must justify the need for air transport of the patient in writing to the department within thirty days after the incident.

(b) Excluded from licensure requirements those services operating aircraft for primary purposes other than civilian air medical transport, but which may be called into service to initiate an emergency air medical transport of a patient to the nearest available treatment facility or rendezvous point with other means of transportation. Examples are: United States Army Military Assistance to Safety and Traffic, United States Navy, United States Coast Guard, Search and Rescue, and the United States Department of Transportation.

[Statutory Authority: RCW 18.73.140. 00-22-124, § 246-976-320, filed 11/1/00, effective 12/2/00. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-320, 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), § 246-976-320, filed 12/23/92, effective 1/23/93.]

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 246-976-340 Ambulance and aid services—Inspections and investigations. (1) The department may conduct periodic, unannounced inspections of licensed ambulances and aid vehicles and services.

(2) If the service is also verified in accordance with WAC 246-976-390, the department will include a review for compliance with verification standards as part of the inspections described in this section.

(3) Licensed services shall make available to the department and provide copies of any printed or written materials relevant to the inspection, verification review, or investigative process in a timely manner.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-340, 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), § 246-976-340, filed 12/23/92, effective 1/23/93.]

WAC 246-976-390 Verification of trauma care services. (1) The department will:

(a) Publish procedures for verification. Verification will expire with the period of licensure. The application for verification will be incorporated in the application for licensure;

(b) Verify prehospital trauma care services in the following categories:

(i) Aid service: Basic, intermediate and advanced (paramedic) life support;

(ii) Ground ambulance service: Basic, intermediate and advanced (paramedic) life support;

(iii) Air ambulance service: After July 31, 2001, the department will consider that an air ambulance service has met the requirements of subsections (4), (6), and (9) of this section if it has been accredited by CAMTS or another accrediting organization approved by the department as having equivalent requirements as CAMTS for aeromedical transport;

(c) Review the minimum response times for verified prehospital trauma services at least biennially, considering data available from the trauma registry and with the advice of the steering committee;

(d) Forward applications for verification for aid and ground ambulance services to the appropriate regional council for review and comment;

(e) Approve an applicant to provide verified prehospital trauma care, based on satisfactory evaluations as described in this section;

(f) Notify the regional council and the MPD in writing of the name, location, and level of verified services;

(g) Renew approval of a verified service upon reapplication, if the service continues to meet standards established in this chapter and verification remains consistent with the regional plan.

(2) The department will identify minimum and maximum numbers of prehospital services, based on the approved regional and state plans. The department will:

(a) Establish and review biennially the minimum and maximum number of prehospital services based upon distri-

bution and level of service identified for each response area in the approved regional plan.

(b) Evaluate an applicant for trauma verification based upon demonstrated ability of the provider to meet standards defined in this section 24-hours every day.

(c) Verify the trauma capabilities of a licensed prehospital service if it determines that the applicant:

(i) Proposes services that are identified in the regional plan for ground services, or the state plan for air ambulance services, in the proposed response areas.

(ii) Agrees to operate under approved regional patient care procedures and prehospital patient care protocols.

(3) Regional council responsibilities regarding verification are described in WAC 246-976-960.

(4) To apply for verification, a licensed ambulance or aid service must submit application on forms provided by the department, including:

(a) Documentation required for licensure specified by WAC 246-976-260(2);

(b) A policy that a trauma training program is required for all personnel responding to trauma incidents. The program must meet learning objectives established by the department and be approved by the MPD;

(c) Documentation that the provider has the ability twenty-four hours every day to deliver personnel and equipment required for verification to the scene of a trauma within the agency response times identified in this section; and

(d) Documentation that the provider will participate in an approved regional quality assurance program.

(5) Verified aid services must provide personnel on each trauma response including:

(a) Basic life support: At least one individual, first responder or above;

(b) Intermediate life support:

(i) At least one ILS technician; or

(ii) At least one IV/airway technician; or

(iii) At least two individuals, one IV technician and one airway technician.

(c) Advanced life support - Paramedic: At least one paramedic.

(6) Verified ambulance services must provide personnel on each trauma response including:

(a) Basic life support: At least two certified individuals — one EMT plus one first responder;

(b) Intermediate life support:

(i) One ILS technician, plus one EMT; or

(ii) One IV/airway technician, plus one EMT; or

(iii) One IV technician and one airway technician;

(c) Advanced life support - Paramedic: At least two certified individuals — one paramedic and one EMT.

(7) Verified BLS vehicles must carry equipment identified in WAC 246-976-300, Table C.

(8) Verified ILS and paramedic vehicles must provide equipment identified in Table D, in addition to meeting the requirements of WAC 246-976-300:

TABLE D: EQUIPMENT FOR VERIFIED TRAUMA SERVICES
(NOTE: "ASST" MEANS ASSORTMENTS)

	AMBULANCE		AID VEHICLE	
	PAR	ILS	PAR	ILS
AIRWAY MANAGEMENT				
Airway Adjuncts				
Adjunctive airways, per protocol	1	1	1	1
Laryngoscope handle, spare batteries	1	1	1	1
Adult blades, set	1	1	1	1
Pediatric blades, straight (0,1,2)	1ea	1ea	1ea	1ea
Pediatric blades, curved (2)	1ea	1ea	1ea	1ea
McGill forceps, adult & pediatric	1	1	1	1
ET tubes, adult (±1/2 mm)	1ea	1ea	1ea	1ea
ET tubes, pediatric, with stylet				
Uncuffed (2.5 - 5.0 mm)	1ea	1ea	1ea	1ea
Cuffed or uncuffed (6.0 mm)	1ea	1ea	1ea	1ea
End-tidal CO^2 detector	1ea	1ea	1ea	1ea
Oxygen saturation monitor	1ea	1ea	1ea	1ea
Suction				
Portable, powered	1	1	1	1
PATIENT ASSESSMENT AND CARE				
Sphygmomanometer				
Adult, large	1	1	1	1
Pediatric	1	1	1	1
TRAUMA EMERGENCIES				
IV access				
Administration sets				
Adult	1	1	1	1
Pediatric, w/volume control	4	4	2	2
Catheters, intravenous (14-24 ga)	asst	asst	asst	asst
Needles				
Hypodermic	asst	asst	asst	asst

TABLE D: EQUIPMENT FOR VERIFIED TRAUMA SERVICES
(NOTE: "ASST" MEANS ASSORTMENTS)

	AMBULANCE		AID VEHICLE	
	PAR	ILS	PAR	ILS
Intraosseous, per protocol	2	2	1	1
Sharps container	1	1	1	1
Syringes	asst	asst	asst	asst
Glucose measuring supplies	Yes	Yes	Yes	Yes
Pressure infusion device	1	1	1	1
Medications according to local patient care protocols				

(9) Verified air ambulance services must meet equipment requirements described in WAC 246-976-320.

(10) Verified aid services must meet the following minimum agency response times for all major trauma responses to response areas as defined by the department and identified in the regional plan:

(a) To urban response areas: Eight minutes or less, eighty percent of the time;

(b) To suburban response areas: Fifteen minutes or less, eighty percent of the time;

(c) To rural response areas: Forty-five minutes or less, eighty percent of the time;

(d) To wilderness response areas: As soon as possible.

(11) Verified ground ambulance services must meet the following minimum agency response times for all major trauma responses to response areas as defined by the department and identified in the regional plan:

(a) To urban response areas: Ten minutes or less, eighty percent of the time;

(b) To suburban response areas: Twenty minutes or less, eighty percent of the time;

(c) To rural response areas: Forty-five minutes or less, eighty percent of the time;

(d) To wilderness response areas: As soon as possible.

(12) Verified air ambulance services must meet minimum agency response times as identified in the state plan.

[Statutory Authority: RCW 18.73.140. 00-22-124, § 246-976-390, filed 11/1/00, effective 12/2/00. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-390, 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), § 246-976-390, filed 12/23/92, effective 1/23/93.]

WAC 246-976-400 Verification—Noncompliance with standards. If the department finds that a verified prehospital trauma care service is out of compliance with verification standards:

(1) The department shall promptly notify in writing: The service, the MPD, the local and regional EMS/TC councils.

(2) Within thirty days of the department's notification, the service must submit a corrective plan to the department, the MPD and the regional council outlining proposed action to return to compliance.

(3) If the service is either unable or unwilling to comply with the verification standards, under the provisions of chapter 34.05 RCW, the department may suspend or revoke the verification. The department shall promptly notify the regional council and the MPD of any revocation or suspension of verification.

If the MPD or the regional council receive information that a service is out of compliance with the regional plan, they may forward their recommendations for corrections to the department.

(4) The department will review the plan within thirty days, including consideration of any recommendations from the MPD or regional council. The department will notify the service whether the plan is accepted or rejected.

(5) The department will monitor the service's progress in fulfilling the terms of the approved plan.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-400, 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), § 246-976-400, filed 12/23/92, effective 1/23/93.]

TRAUMA REGISTRY

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/Expression)

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 department.

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.]

DESIGNATION OF TRAUMA CARE FACILITIES

WAC 246-976-485 Designation of facilities to provide trauma care services. (1) The department designates trauma services as part of the comprehensive, statewide emergency medical services and trauma care system. This section and WAC 246-976-490 describe the designation process. WAC 246-976-500 through 246-976-890 identify standards for trauma services. The department uses a competitive process to select designated services, including:

(a) An application schedule. You will have at least ninety days to complete the application;

(b) A description of the documents you must submit to demonstrate that you meet the standards;

(c) An on-site review fee schedule. You must pay any required fees at least thirty days before an on-site review;

(d) The department's evaluation criteria; and

(e) The department's decision criteria.

(2) To apply for trauma service designation, you must:

(a) Send a notice of intent to the department by the time required in the application schedule;

(b) Submit a completed application by the time required in the application schedule. If you are applying for multiple designation, you must submit a separate application for each level and category of designation for which you are applying.

If you represent more than one facility applying for joint designation, you must submit a single application for each level and category. The department's evaluation of joint applications will use the same criteria as for a single facility designation.

(c) Provide the department's on-site review team access to your facility, staff, and all documents concerning trauma care. This will include at least your standards of care, policy and procedures, patient care records, trauma quality assurance/improvement materials, and other relevant documents.

(3) The department must conduct an on-site review of your facility before you can be designated as level I, II or III trauma care service, or level I, II or III pediatric trauma care service. The department will use a multidisciplinary team to conduct this review.

(a) For level I and II services, the department will only choose members for the review team who live or work outside your state.

(b) For level III services, the department will only choose members for the review team who live or work outside your region.

(c) The department will provide you with the names of members of the review team. You should send any objections to the department within ten days of notification.

(d) The team will give an oral report of preliminary findings before leaving your facility.

(e) The department and the team will maintain confidentiality of information, records, and reports developed pursuant to on-site reviews in accordance with the provisions of RCW 70.41.200 and 70.168.070.

(f) The department will conduct an on-site review within eighteen months of designating a joint service, to confirm that you meet the requirements of this chapter. This requirement shall not be construed to limit the department's right to conduct an on-site review at any earlier or later time, or to limit its authority under WAC 246-976-490 to suspend or revoke designation for cause at any time prior to the on-site review of the jointly designated trauma care service.

(4) The department may conduct an on-site review of your facility if you applied for designation as a level IV or V trauma care service, as a level I-III trauma rehabilitation service, or as a level I-pediatric trauma rehabilitation service.

(5) After designation as a trauma service, you may ask the department to conduct an on-site survey for technical assistance. The department may require you to reimburse its costs for conducting the survey.

(6) The department will designate the health care facilities it considers most qualified to provide trauma care services. The decision to designate will be based on at least the following:

(a) Evaluation of all applications submitted;

(b) Recommendations from the on-site review team;

(c) Trauma patient outcomes during the previous designation period;

(d) The impact of designation on the effectiveness of the trauma care system;

(e) Expected patient volume of the area;

(f) The number, levels, and distribution of designated health care facilities established in the state and regional EMS/TC plans;

(g) Ability of each applicant to comply with goals of the state and regional EMS/TC plans; and

(h) Each applicant's compliance with its designation contract during the previous designation period.

(7) The department will notify you in writing of its designation decision. It will also provide you with a written report summarizing its review of your application, any on-site review findings, and any decisions:

(a) In regions where there is competition for designation, the department will send you the report within ninety days of announcing its decisions. There is competition for designation in any region where the number of applications for a level and type of designation is more than the maximum number of services identified in the state plan.

(b) In regions where there is no competition, the department will send you the report within ninety days of the on-site review.

(8) The department will notify regional EMS/TC councils of the name, location, and level of services that have been designated in their regions.

(9) The department will not approve your application if it finds that your facility:

(a) Is not the most qualified applicant, if there is competition for designation;

(b) Does not meet the requirements of this chapter for the level you applied for;

(c) Does not meet the requirements of the approved regional plan;

(d) Has made a false statement about a material fact in its application for designation; or

(e) Refuses to allow the department to inspect any part of your facility that relates to the delivery of trauma services, including records, documentation, or files.

(10) If the department denies an application for trauma service designation, the department will notify you in writing, including the reasons for its action and explaining your rights. You may appeal the department's decisions. Your appeal must follow the requirements of chapter 34.05 RCW and chapter 246-10 WAC. Send your appeal to the adjudicative clerk's office at the address indicated on the notice of decision.

(11) The department may:

(a) Consider applications from facilities located and licensed in adjacent states in the same manner as applications received from facilities located and licensed in Washington;

(b) Consider the administrative findings, conclusions and determination of an adjacent state to determine if you meet Washington standards. The department may request additional information. The department will base its decision on these considerations only if:

(i) There is no competition in the region for designation at the level/category you applied for; and

(ii) Your facility is located in an adjacent state that has an established trauma care system, with standards that meet or exceed Washington standards; and your facility is designated by your state to provide trauma service;

(c) Provisionally designate trauma services that are not able to meet all the requirements of this chapter, if this is necessary to ensure adequate trauma care in an area. The provisional designation will not be for more than two years;

(d) Consider additional applications without regard to the schedule, if this is needed to ensure adequate coverage according to the state plan.

(12) You and the department must agree to a contract to provide trauma services. The contract will include at least:

(a) Your authority to provide trauma services for a three-year period;

(b) Both the department's and your contractual and financial requirements and responsibilities;

(c) Allowance for the department to monitor your compliance with trauma service standards;

(d) Allowance for the department access to discharge summaries for trauma patients, patient care logs, trauma patient care records, hospital trauma care quality assurance/improvement materials, including minutes, and other relevant documents;

(e) A requirement for confidentiality of information relating to individual patient's, provider's, and facility's care outcomes.

(13) The department will notify all interested parties of the application process and schedule at least one hundred fifty days before the expiration of designation in each region.

[Statutory Authority: Chapter 70.168 RCW. 98-04-038, § 246-976-485, filed 1/29/98, effective 3/1/98.]

WAC 246-976-490 Suspension or revocation of designation. The Administrative Procedure Act, chapter 34.05 RCW, and chapter 246-10 WAC govern the process of suspending or revoking trauma service designation.

(1) The department may suspend or revoke your trauma service designation if the designated facility and/or any owner, officer, director, or managing employee:

(a) Is substantially out of compliance with the requirements of this chapter and chapter 70.168 RCW, and has been unable or unwilling to comply as required by the department;

(b) Makes a false statement of a material fact in the application for designation, or in any record required by this chapter, or in a matter under investigation;

(c) Prevents, interferes with, or attempts to impede in any way, the work of a representative of the department in the lawful enforcement of this chapter or chapter 70.168 RCW;

(d) Uses false, fraudulent, or misleading advertising, or makes any public claims regarding the facility's ability to care for nontrauma patients based on its trauma care designation status;

(e) Misrepresents or is fraudulent in any aspect of conducting business.

(2) The department will use the following process to suspend trauma service designation:

(a) The department will notify you in writing if it intends to suspend your designation. It will send the notice at least twenty-eight days before it takes action, unless it is a summary suspension as provided for in the Administrative Procedure Act. The notice will include the reasons for the action, and describe your right to a hearing to contest the department's notice of intent to suspend your designation. If you request a hearing within twenty-eight days of the date the notice was mailed to you, a hearing before a health law judge will be scheduled. If you do not request a hearing within twenty-eight days of the date the notice was mailed to you, the suspension becomes final.

(b) You may submit a plan to the department within twenty-eight days after service of the department's notice of intent to suspend your designation, describing how you will correct deficiencies. The department will approve or disapprove your plan within thirty days of receiving your plan. If the department approves your plan, you must begin to implement it within thirty days. You must notify the department when the problems are corrected. When you have shown the department that you are meeting the requirements of chapter 70.168 RCW and this chapter, which may require a site review, the department will withdraw its notice of intent to suspend your designation or will otherwise reinstate designation if a final decision suspending designation has already occurred.

(c) The department will notify the regional EMS/TC council of the actions it has taken.

(3) The department will use the following process to revoke designation:

(a) The department will notify you in writing if it intends to revoke your designation. It will send the notice at least twenty-eight days before it takes action, unless it is a summary revocation as provided for in the Administrative Procedure Act. The notice will include the reasons for the action, and describe your right to a hearing to contest the depart-

ment's notice of intent to revoke your designation. If you request a hearing, a hearing before a health law judge will be scheduled. If you do not request a hearing within twenty-eight days of the date the notice was mailed to you, the revocation becomes final.

(b) The department will notify the regional EMS/TC council of the actions it has taken.

(4) You may appeal final decisions to superior court under the Administrative Procedure Act, chapter 34.05 RCW.

[Statutory Authority: Chapter 70.168 RCW. 98-04-038, § 246-976-490, filed 1/29/98, effective 3/1/98.]

WAC 246-976-500 Designation standards for facilities providing level I trauma care service—Administration and organization. A facility with a designated level I trauma care service shall have:

(1)(a) Organization and direction by a general surgeon with special competence in care of the injured. The service may have as codirector another general surgeon with special competence in care of the injured;

(b) Ongoing coordination of the trauma care service by a registered nurse with special competence in care of the injured;

(c) A multidisciplinary trauma committee chaired by the trauma service director with input to hospital management, including:

(i) An emergency physician;

(ii) An emergency department registered nurse;

(iii) A general surgeon with special competence in trauma care;

(iv) A neurosurgeon;

(v) An orthopaedic surgeon;

(vi) A pediatrician;

(vii) An anesthesiologist;

(viii) The physician director of critical care service;

(ix) The trauma care service nurse coordinator;

(x) Critical care registered nurse; and

(xi) The trauma rehabilitation coordinator;

(d) The multidisciplinary trauma committee shall adopt an approved method to determine activation of the trauma team, as described in WAC 246-976-870.

(e) A trauma team to provide initial evaluation, resuscitation and treatment.

(i) The team shall be organized and directed by a general surgeon with special competence in care of the injured, and who assumes responsibility for coordination of overall care of the trauma patient. The surgeon shall be at least a postgraduate year four resident;

(ii) All members of the team, including the surgeon, shall be available within five minutes of notification of team activation;

(iii) The team shall include an emergency physician who is:

(A) Responsible for activating the team, using an approved method as defined in WAC 246-976-870; and

(B) Responsible for providing team leadership and care for the trauma patient until the arrival of the general surgeon in the resuscitation area;

(iv) The trauma care service shall identify all other members of the team;

(f) Specific delineation of trauma surgery privileges by the medical staff.

(2) An emergency department with written standards of care to ensure immediate and appropriate care for adult and pediatric trauma patients.

(3) A surgery department, including:

(a) General surgery;

(b) A neurosurgical service. Coverage shall be available within five minutes of notification of team activation. Coverage shall be provided by:

(i) A neurosurgeon; or

(ii) A surgeon who has been judged competent by the neurosurgical consultants on staff to initiate measures to stabilize the patient, and to initiate diagnostic procedures, with a board-certified neurosurgeon on-call and available within thirty minutes of notification of team activation.

(c) The following surgical services on-call and available within thirty minutes of request by the trauma team leader:

(i) Cardiac surgery;

(ii) Gynecologic surgery;

(iii) Hand surgery;

(iv) Microsurgery;

(v) Obstetric surgery;

(vi) Ophthalmic surgery;

(vii) Oral/maxillofacial or otorhinolaryngologic surgery;

(viii) Orthopaedic surgery;

(ix) Pediatric surgery;

(x) Plastic surgery;

(xi) Thoracic surgery;

(xii) Urologic surgery; and

(xiii) Vascular surgery.

(4) Nonsurgical specialties including:

(a) Anesthesiology, with an anesthesiologist who:

(i) Is ACLS trained, except this requirement shall not apply to a physician board-certified in anesthesiology;

(ii) Has completed the pediatric education requirement (PER) as defined in WAC 246-976-886;

(iii) Is available within five minutes of notification of team activation;

(b) A radiologist on-call and available for patient service within twenty minutes of notification of team activation;

(c) The following services on-call and available for patient consultation or management:

(i) Cardiology;

(ii) Gastroenterology;

(iii) Hematology;

(iv) Infectious disease specialists;

(v) Internal medicine;

(vi) Nephrology;

(vii) Neurology;

(viii) Pathology;

(ix) Pediatrics; and

(x) Pulmonology.

(5) Written policy and procedures for access to ancillary services, including:

(a) Chemical dependency services;

(b) Child and adult protection services;

(c) Clergy or pastoral care;

(d) Nutritionist services;
(e) Occupational therapy services;
(f) Pharmacy services, with a pharmacist in-house;
(g) Physical therapy services;
(h) Rehabilitation services;
(i) Social services;
(j) Psychological services; and
(k) Speech therapy services.

(6) A pediatric trauma policy that:

(a) Provides for initial stabilization and resuscitation of pediatric trauma patients, including emergency department and surgical interventions; and

(b) If the facility is not designated as a pediatric trauma care service, identifies and establishes its scope of pediatric trauma care, including but not limited to:

(i) Criteria for admission of pediatric patients;

(ii) Written transfer guidelines and agreements for pediatric trauma patients requiring critical care services.

(7) A written policy and procedures to divert patients to other designated trauma care services. The policy shall be based on criteria which reflect the service's ability to resuscitate and stabilize each patient at a particular time.

(8) A trauma registry as required in WAC 246-976-430.

(9) A quality assurance program in accordance with WAC 246-976-880; and cooperate with regional trauma care quality assurance programs throughout the state established pursuant to WAC 246-976-910.

(10) Interfacility transfer guidelines and agreements consistent with WAC 246-976-890.

[Statutory Authority: Chapter 70.168 RCW. 02-12-107, § 246-976-500, filed 6/5/02, effective 7/6/02; 98-04-038, § 246-976-500, filed 1/29/98, effective 3/1/98. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-500, filed 12/23/92, effective 1/23/93.]

WAC 246-976-510 Designation standards for facilities providing level I trauma care service—Basic resources and capabilities. A facility with a designated level I trauma care service shall have:

(1) An emergency department with:

(a) A physician director who:

(i)(A) Is board-certified in emergency medicine, surgery or other relevant specialty; or

(B) Has documented experience as director of an emergency department which has been previously recognized as a level I trauma center either by a regional entity or as verified by the Committee on Trauma of the American College of Surgeons;

(ii) Is ATLS and ACLS trained, except this requirement shall not apply to a physician board-certified in emergency medicine; and

(iii) Has completed the pediatric education requirement (PER) as defined in WAC 246-976-886, except that this requirement shall not apply to a physician board-certified in pediatric emergency medicine.

(b) Physicians who:

(i) Are board-certified in emergency medicine, or board-certified in a specialty and practicing emergency medicine as their primary practice with special competence in care of trauma patients; (this requirement may be met by a surgical resident post graduate year two who is ATLS, and ACLS trained, has completed the PER as defined in WAC 246-976-886, and is working under the direct supervision of the attending emergency physician, until the arrival of the surgeon to assume leadership of the trauma team);

(ii) Are available within five minutes of patient's arrival in the emergency department;

(iii) Are ATLS and ACLS trained, except this requirement shall not apply to a physician board-certified in emergency medicine;

(iv) Have completed the PER as defined in WAC 246-976-886, except this requirement shall not apply to a physician board-certified in pediatric emergency medicine; and

(v) Are designated as members of the trauma team;

(c) Registered nurses who:

(i) Are ACLS trained;

(ii) Have completed the PER as defined in WAC 246-976-886;

(iii) Have successfully completed a trauma life support course as defined in WAC 246-976-885; and

(iv) Are in the emergency department and available within five minutes of patient's arrival in the emergency department;

(d) An area designated for adult and pediatric resuscitation, with equipment for resuscitation and life support of pediatric and adult trauma patients, including equipment described in WAC 246-976-620;

(e) Routine radiological capabilities by a technician available within five minutes of notification of team activation.

(2) A surgery department including:

(a) An attending general surgeon available within five minutes of notification of team activation, except as provided in (b) of this subsection. The attending surgeon shall:

(i) Provide trauma team leadership upon arrival in the resuscitation area;

(ii) Be board-certified;

(iii) Have trauma surgery privileges as delineated by the medical staff;

(b) A postgraduate year four or above surgical resident may initiate evaluation and treatment upon the patient's arrival in the emergency department until the arrival of the attending surgeon. In this case the attending surgeon shall be available within twenty minutes of notification of team activation.

(c) All general surgeons and surgical residents who are responsible for care and treatment of trauma patients shall:

(i) Be trained in ATLS and ACLS, except this requirement shall not apply to a physician board-certified in surgery; and

(ii) Have completed the PER as defined in WAC 246-976-886.

(3) An operating room available within five minutes of notification of team activation, with:

(a) A registered nurse or designee of the operating room staff who is available within five minutes of notification of team activation to open the operating room, and to coordinate responsibilities to ensure the operating room is ready for surgery upon arrival of the patient, the surgeon, and the anesthesiologist;

(b) A written policy providing for mobilization of additional surgical teams for trauma patients; and

(c) Instruments and equipment appropriate for pediatric and adult surgery, including equipment described in WAC 246-976-620.

(4) A post anesthetic recovery unit with:

(a) Essential personnel, including at least one registered nurse available twenty-four hours a day;

(b) Nurses ACLS trained;

(c) Nurses who have completed the PER as defined in WAC 246-976-886; and

(d) Appropriate monitoring and resuscitation equipment.

(5) A critical care service with:

(a) A medical director of the surgical critical care unit who is:

(i) Board-certified in surgery with special competence in critical care;

(ii) ATLS and ACLS trained, except this requirement shall not apply to a physician board-certified in surgery;

(iii) Responsible for coordinating with the attending staff for the care of trauma patients, including:

(A) Development and implementation of policies;

(B) Coordination of medical care;

(C) Determination of patient isolation;

(D) Authority for patient placement decisions;

(E) Equipment;

(F) Coordination of staff education;

(G) Coordination of statistics;

(H) Identification of criteria for reviewing quality of care on all critical care unit trauma patients, in conjunction with the trauma service medical director;

(b) A physician with special competence in critical care available in the critical care unit within five minutes of notification;

(c) A physician directed code team;

(d) Critical care unit registered nurses with special competence in trauma care, who:

(i) Are ACLS trained; and

(ii) Have successfully completed a trauma life support course as defined in WAC 246-976-885;

(e) If the facility is not designated as a pediatric trauma care service, have a written transfer agreement and guidelines for pediatric trauma patients;

(f) Equipment as described in WAC 246-976-620.

(6) Respiratory therapy available within five minutes of notification.

(7) A clinical laboratory technologist available within five minutes of notification;

(8) Clinical laboratory services, including:

(a) Standard analysis of blood, urine, and other body fluids;

(b) Coagulation studies;

(c) Blood gases and pH determination;

(d) Serum and urine osmolality;

(e) Microbiology;

(f) Serum alcohol and toxicology determination;

(g) Drug screening; and

(h) Microtechnique.

(9) Blood and blood-component services, including:

(a) Blood and blood components available from in-house or through community services, to meet patient needs;

(b) Noncrossmatched blood available on patient arrival in the emergency department;

(c) Blood typing and cross-matching;

(d) Policies and procedures for massive transfusion;

(e) Autotransfusion; and

(f) Blood storage capability.

(10) Radiological services, including:

(a) A technician available within five minutes of notification, able to perform the following:

(i) Computerized tomography; and

(ii) Routine radiological capabilities;

(b) A technician on-call and available within twenty minutes of notification, able to perform the following:

(i) Angiography of all types;

(ii) Sonography; and

(iii) Nuclear scanning.

(11) Acute dialysis capability, or written transfer agreements.

(12)(a) A physician-directed burn unit staffed by nursing personnel trained in burn care; and is equipped to care for extensively burned patients; or

(b) Written transfer guidelines in accordance with the guidelines of the American Burn Association, and transfer agreements for burn care.

(13) The ability to manage acute head and/or spinal cord injuries. Early transfer to an appropriate designated trauma rehabilitation service shall be considered.

(14) A trauma rehabilitation coordinator to facilitate the trauma patient's access to rehabilitation services.

(15)(a) A designated trauma rehabilitation service; or

(b) Written agreements to transfer patients to a designated trauma rehabilitation service when medically feasible.

(16) A heli-stop, landing zone, or airport located close enough to permit the facility to receive or transfer patients by fixed-wing or rotary-wing aircraft.

[Statutory Authority: Chapter 70.168 RCW. 02-12-107, § 246-976-510, filed 6/5/02, effective 7/6/02; 98-04-038, § 246-976-510, filed 1/29/98, effective 3/1/98; 93-20-063, § 246-976-510, filed 10/1/93, effective 11/1/93. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-510, filed 12/23/92, effective 1/23/93.]

WAC 246-976-520 Designation standards for facilities providing level I trauma care service—Outreach, public education, trauma care education, and research. A facility with a designated level I trauma care service shall have:

(1) An outreach program with telephone and on-site consultations with physicians of the community and outlying areas regarding trauma care;

(2) A public education program addressing injury prevention;

(3) Training, including:

(a) A formal program of continuing trauma care education for:

(i) Staff physicians;

(ii) Nurses;

(iii) Allied health care professionals;

(iv) Community physicians; and

(v) Prehospital personnel;

(b) Residency programs accredited by the accreditation council of graduate medical education, with a commitment to training physicians in trauma management;

(c) In-house initial and maintenance training of invasive manipulative skills for prehospital personnel;

(4) A trauma research program.

[Statutory Authority: Chapter 70.168 RCW. 98-04-038, § 246-976-520, filed 1/29/98, effective 3/1/98; 93-20-063, § 246-976-520, filed 10/1/93, effective 11/1/93. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-520, filed 12/23/92, effective 1/23/93.]

WAC 246-976-550 Designation standards for facilities providing level II trauma care service—Administration and organization. A facility with a designated level II trauma care service shall have:

(1)(a) Organization and direction by a general surgeon with special competence in care of the injured. The service may have as codirector another physician with special competence in care of the injured;

(b) Ongoing coordination of the trauma care service by a registered nurse with special competence in care of the injured;

(c) A multidisciplinary trauma committee chaired by the trauma service director, with input to hospital management, including:

(i) An emergency physician;

(ii) An emergency department registered nurse;

(iii) A general surgeon with special competence in trauma care;

(iv) A neurosurgeon;

(v) An orthopaedic surgeon;

(vi) A pediatrician;

(vii) An anesthesiologist;

(viii) The physician director of the critical care service;

(ix) The trauma care service nurse coordinator;

(x) A critical care registered nurse; and

(xi) The trauma rehabilitation coordinator;

(d) The multidisciplinary trauma committee shall adopt an approved method to determine activation of the trauma team, as described in WAC 246-976-870;

(e) A trauma team to provide initial evaluation, resuscitation and treatment.

(i) The team shall be organized and directed by a general surgeon with special competence in care of the injured, and who assumes responsibility for coordination of overall care of the trauma patient;

(ii) All members of the team, except the surgeon and anesthesiologist, shall be available within five minutes of notification of team activation;

(iii) The team shall include:

(A) An emergency physician who is:

(I) Responsible for activating the team, using an approved method as defined in WAC 246-976-870; and

(II) Responsible for providing team leadership and care for the trauma patient until the arrival of the general surgeon in the resuscitation area;

(B) A general surgeon on-call and available within twenty minutes of notification of team activation, who shall assume responsibility for patient care upon arrival in the resuscitation area;

(iv) The trauma care service shall identify all other members of the team;

(f) Specific delineation of trauma surgery privileges by the medical staff.

(2) An emergency department with written standards of care to ensure immediate and appropriate care for adult and pediatric trauma patients.

(3) A surgery department, including:

(a) General surgery;

(b) A neurosurgical service. Coverage shall be available within five minutes of notification of team activation. In-house coverage shall be provided by:

(i) A neurosurgeon; or

(ii) A surgeon or other physician who has been judged competent by the neurosurgical consultants on staff to initiate measures to stabilize the patient, and to initiate diagnostic procedures; with a surgeon with neurosurgical privileges on-call and available within thirty minutes of notification of team activation;

(c) The following surgical services on-call and available within thirty minutes of request by the trauma team leader:

(i) Gynecologic surgery;

(ii) Hand surgery;

(iii) Obstetric surgery;

(iv) Ophthalmic surgery;

(v) Oral/maxillofacial or otorhinolaryngologic surgery;

(vi) Orthopaedic surgery;

(vii) Plastic surgery;

(viii) Thoracic surgery;

(ix) Urologic surgery; and

(x) Vascular surgery.

(4) Nonsurgical specialties, including:

(a) Anesthesiology, with an anesthesiologist who:

(i) Is ACLS trained, except this requirement shall not apply to a physician board-certified in anesthesiology;

(ii) Has completed the pediatric education requirement (PER) as defined in WAC 246-976-886; and

(iii) Is on-call and available within twenty minutes of notification of team activation;

(b) A radiologist on-call and available for patient service within twenty minutes of notification of team activation; and

(c) The following services on-call and available for patient consultation or management:

(i) Cardiology;

(ii) Gastroenterology;

(iii) Hematology;

(iv) Infectious disease specialists;

(v) Internal medicine;

(vi) Nephrology;

(vii) Neurology;

(viii) Pathology;

(ix) Pediatrics; and

(x) Pulmonology.

(5) Written policy and procedures for access to ancillary services, including:

(a) Chemical dependency services;

(b) Child and adult protection services;

(c) Clergy or pastoral care;

(d) Nutritionist services;

(e) Occupational therapy services;

(f) Pharmacy;

(g) Physical therapy services;

(h) Rehabilitation services;

(i) Social services; and

(j) Speech therapy services.

(6) A pediatric trauma policy that:

(a) Provides for initial stabilization and resuscitation of pediatric trauma patients, including emergency department and surgical interventions; and

(b) If the facility is not designated as a pediatric trauma care service, identifies and establishes its scope of pediatric trauma care, including but not limited to:

(i) Criteria for admission of pediatric patients;

(ii) Written transfer guidelines and agreements for pediatric trauma patients requiring critical care services.

(7) A written policy and procedures to divert patients to other designated trauma care services. The policy shall be based on criteria which reflect the service's ability to resuscitate and stabilize each patient at a particular time.

(8) A trauma registry as required in WAC 246-976-430.

(9) A quality assurance program in accordance with WAC 246-976-880; and cooperate with regional trauma care quality assurance programs throughout the state established pursuant to WAC 246-976-910.

(10) Interfacility transfer guidelines and agreements consistent with WAC 246-976-890.

[Statutory Authority: Chapter 70.168 RCW. 02-12-107, § 246-976-550, filed 6/5/02, effective 7/6/02; 98-04-038, § 246-976-550, filed 1/29/98, effective 3/1/98. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-550, filed 12/23/92, effective 1/23/93.]

WAC 246-976-560 Designation standards for facilities providing level II trauma care service—Basic resources and capabilities. A facility with a designated level II trauma care service shall have:

(1) An emergency department, with:

(a) A physician director who:

(i) Is board-certified in emergency medicine or other relevant specialty;

(ii) Is ATLS and ACLS trained, except this requirement shall not apply to a physician board-certified in emergency medicine; and

(iii) Has completed the pediatric education requirement (PER) as defined in WAC 246-976-886, except that this requirement shall not apply to a physician board-certified in pediatric emergency medicine.

(b) Physicians who:

(i) Are board-certified in emergency medicine, or board-certified in a specialty and practicing emergency medicine as their primary practice with special competence in care of trauma patients;

(ii) Are available within five minutes of patient's arrival in the emergency department;

(iii) Are ATLS and ACLS trained, except this requirement shall not apply to a physician board-certified in emergency medicine;

(iv) Have completed the PER as defined in WAC 246-976-886, except this requirement shall not apply to a physician board-certified in pediatric emergency medicine; and

(v) Are designated as members of the trauma team;

(c) Registered nurses who:

(i) Are ACLS trained;

(ii) Have completed the PER as defined in WAC 246-976-886;

(iii) Have successfully completed a trauma life support course as defined in WAC 246-976-885; and

(iv) Are in the emergency department and available within five minutes of patient's arrival in the emergency department;

(d) An area designated for adult and pediatric resuscitation, with equipment for resuscitation and life support of pediatric and adult trauma patients, including equipment as described in WAC 246-976-620;

(e) Routine radiological capabilities by a technician available within five minutes of notification of team activation.

(2) A surgery department, including:

(a) An attending general surgeon on-call and available within twenty minutes of notification of team activation. The attending surgeon shall:

(i) Provide trauma team leadership upon arrival in the resuscitation area;

(ii) Be board-certified;

(iii) Have trauma surgery privileges as delineated by the medical staff; or

(b) A postgraduate year four or above surgical resident may initiate evaluation and treatment upon the patient's arrival in the emergency department until the arrival of the attending surgeon. The attending surgeon shall be available within twenty minutes upon notification of team activation. The resident shall have ATLS training and have completed the PER as defined in WAC 246-976-886;

(c) All general surgeons who are responsible for care and treatment of trauma patients shall:

(i) Be trained in ATLS and ACLS, except this requirement shall not apply to a physician board-certified in surgery; and

(ii) Have completed the PER as defined in WAC 246-976-886.

(3) An operating room available within five minutes of notification of team activation, with:

(a) A registered nurse or designee of the operating room staff who is available within five minutes of notification of team activation to open the operating room, and to coordinate responsibilities to ensure the operating room is ready for surgery upon arrival of the patient, the surgeon, and the anesthesiologist;

(b) Other essential personnel on-call and available within twenty minutes of notification of team activation;

(c) A written policy providing for mobilization of additional surgical teams for trauma patients; and

(d) Instruments and equipment appropriate for pediatric and adult surgery, including equipment as described in WAC 246-976-620.

(4) A post anesthetic recovery unit with:

(a) Essential personnel, including at least one registered nurse, on-call and available twenty-four hours a day;

(b) Nurses ACLS trained;

(c) Nurses who have completed the PER as defined in WAC 246-976-886; and

(d) Appropriate monitoring and resuscitation equipment.

(5) A critical care service, with:

(a) A medical director who is:

(i) Board-certified in surgery, internal medicine, or anesthesiology, with special competence in critical care; and

(ii) Responsible for coordinating with the attending staff for the care of trauma patients, including:

(A) Development and implementation of policies;

(B) Coordination of medical care;

(C) Determination of patient isolation;

(D) Authority for patient placement decisions;

(E) Equipment;

(F) Coordination of staff education;

(G) Coordination of statistics;

(H) Identification of criteria for reviewing quality of care on all critical care unit trauma patients, in conjunction with the trauma service medical director;

(b) A physician available in the critical care unit within five minutes of notification;

(c) A physician directed code team;

(d) Critical care unit registered nurses with special competence in trauma care, who:

(i) Are ACLS trained;

(ii) Have successfully completed a trauma life support course as defined in WAC 246-976-885;

(e) If the facility is not designated as a pediatric trauma care service, have a written transfer agreement and guidelines for pediatric trauma patients;

(f) Equipment as described in WAC 246-976-620.

(6) Respiratory therapy available within five minutes of notification.

(7) A clinical laboratory technologist available within five minutes of notification.

(8) Clinical laboratory services, including:

(a) Standard analysis of blood, urine, and other body fluids;

(b) Coagulation studies;

(c) Blood gases and pH determination;

(d) Serum and urine osmolality;

(e) Microbiology;

(f) Serum alcohol and toxicology determination;

(g) Drug screening; and

(h) Microtechnique.

(9) Blood and blood-component services, including:

(a) Blood and blood components available from in-house or through community services, to meet patient needs;

(b) Noncrossmatched blood available on patient arrival in emergency department;

(c) Blood typing and cross-matching;

(d) Policies and procedures for massive transfusion;

(e) Autotransfusion; and

(f) Blood storage capability.

(10) Radiological services, including:

(a) A technician available within five minutes of notification, able to perform routine radiological procedures;

(b) A technician on-call and available within twenty minutes of notification, able to perform the following:

(i) Computerized tomography;

(ii) Angiography of all types; and

(iii) Sonography.

(11) Acute dialysis capability, or written transfer agreements.

(12)(a) A physician-directed burn unit staffed by nursing personnel trained in burn care; and equipped to care for extensively burned patients; or

(b) Written transfer guidelines in accordance with the guidelines of the American Burn Association, and transfer agreements for burn care.

(13)(a) The ability to manage acute head and/or spinal cord injuries or;

(b) Have written transfer guidelines and agreements for head and spinal cord injuries.

(c) Early transfer to an appropriate designated trauma rehabilitation service shall be considered.

(14) A trauma rehabilitation coordinator to facilitate the trauma patient's access to rehabilitation services.

(15)(a) A designated trauma rehabilitation service; or

(b) Written agreements to transfer patients to a designated trauma rehabilitation service when medically feasible.

(16) A heli-stop, landing zone, or airport located close enough to permit the facility to receive or transfer patients by fixed-wing or rotary-wing aircraft.

[Statutory Authority: Chapter 70.168 RCW. 02-12-107, § 246-976-560, filed 6/5/02, effective 7/6/02; 98-19-107, § 246-976-560, filed 9/23/98, effective 10/24/98; 98-04-038, § 246-976-560, filed 1/29/98, effective 3/1/98; 93-20-063, § 246-976-560, filed 10/1/93, effective 11/1/93. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-560, filed 12/23/92, effective 1/23/93.]

WAC 246-976-570 Designation standards for facilities providing level II trauma care service—Outreach, public education and trauma care education. A facility with a designated level II trauma care service shall have:

(1) An outreach program with telephone and on-site consultations with physicians of the community and outlying areas regarding trauma care;

(2) A public education program addressing injury prevention;

(3) A formal program of continuing trauma care education for:

(a) Staff physicians;

(b) Nurses;

(c) Allied health care professionals;

(d) Community physicians; and

(e) Prehospital personnel;

(4) Make the facility available for initial and maintenance training of invasive manipulative skills for prehospital personnel.

[Statutory Authority: Chapter 70.168 RCW. 98-04-038, § 246-976-570, filed 1/29/98, effective 3/1/98. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-570, filed 12/23/92, effective 1/23/93.]

WAC 246-976-600 Designation standards for facilities providing level III trauma care service—Administration and organization. A facility with a designated level III trauma care service shall have:

(1)(a) Organization and direction by a general surgeon or other physician with special competence in care of the injured. The service may have as codirector another physician with special competence in care of the injured;

(b) Ongoing coordination of the trauma care service by a registered nurse with special competence in care of the injured;

(c) A multidisciplinary trauma committee chaired by the trauma service director, with input to hospital management, including:

(i) An emergency physician;

(ii) An emergency department registered nurse;

(iii) A general surgeon with special competence in trauma care;

(iv) An orthopaedic surgeon;

(v) A pediatrician;

(vi) An anesthesiologist;

(vii) The physician director of the critical care service;

(viii) The trauma care service nurse coordinator;

(ix) A critical care registered nurse; and

(x) The trauma rehabilitation coordinator.

(d) The multidisciplinary trauma committee shall adopt an approved method to determine activation of the trauma team, as described in WAC 246-976-870.

(e) A trauma team to provide initial evaluation, resuscitation and treatment.

(i) The team shall be organized and directed by a general surgeon with special competence in care of the injured, and who assumes responsibility for coordination of overall care of the trauma patient;

(ii) All members of the team, except the surgeon and anesthesiologist or CRNA (if a member of the team), shall be available within five minutes of notification of team activation;

(iii) The team shall include:

(A) An emergency physician who is:

(I) Responsible for activating the trauma team, using an approved method as defined in WAC 246-976-870; and

(II) Responsible for providing team leadership and care for the trauma patient until the arrival of the general surgeon in the resuscitation area;

(B) A general surgeon on-call and available within thirty minutes of notification of team activation, who shall assume responsibility for patient care upon arrival in the resuscitation area;

(iv) The trauma care service shall identify all other members of the team.

(f) Specific delineation of trauma surgery privileges by the medical staff.

(2) An emergency department with written standards of care to ensure immediate and appropriate care for adult and pediatric trauma patients.

(3) A surgery department, including:

(a) General surgery;

(b)(i) Written transfer guidelines and agreements for head and spinal cord injuries; or

(ii) Neurosurgery, with a neurosurgeon on-call and available within thirty minutes of notification of team activation.

(c)(i) Have written transfer guidelines and procedures for patients requiring orthopaedic surgery; or

(ii) Orthopaedic surgery, with an orthopaedic surgeon on-call and available within thirty-minutes of request by the trauma team leader.

(4) Nonsurgical specialties, including:

(a) Anesthesiology, with an anesthesiologist or certified registered nurse anesthetist who:

(i) Is ACLS trained, except this requirement shall not apply to a physician board-certified in anesthesiology;

(ii) Has completed the pediatric education requirement (PER) as defined in WAC 246-976-886;

(iii) Is on-call and available within thirty minutes of notification of team activation;

(b) A radiologist on-call and available for patient service within thirty minutes of notification of team activation.

(c) The following services on-call and available for patient consultation or management:

(i) Internal medicine; and

(ii) General pediatrics, with board-certified pediatricians available for pediatric patient consultation or management.

(5) Written policy and procedures for access to ancillary services, including:

(a) Chemical dependency services;

(b) Child and adult protection services;

(c) Clergy or pastoral care;

(d) Nutritionist services;

(e) Occupational therapy services;

(f) Pharmacy services;

(g) Physical therapy services;

(h) Rehabilitation services;

(i) Social services.

(6) A pediatric trauma policy that:

(a) Provides for initial stabilization and resuscitation of pediatric trauma patients including emergency department and surgical interventions; and

(b) If the facility is not designated as a pediatric trauma care service, identifies and establishes its scope of pediatric trauma care, including but not limited to:

(i) Criteria for admission of pediatric patients;

(ii) Written transfer guidelines and agreements for pediatric trauma patients requiring critical care services.

(7) A written policy and procedure to divert patients to other designated trauma care services. The policy shall be based on criteria which reflect the service's ability to resuscitate and stabilize each patient at a particular time.

(8) A trauma registry as required in WAC 246-976-430.

(9) A quality assurance program in accordance with WAC 246-976-880; and cooperate with regional trauma care quality assurance programs throughout the state established pursuant to WAC 246-976-910.

(10) Interfacility transfer guidelines and agreements consistent with WAC 246-976-890.

[Statutory Authority: Chapter 70.168 RCW. 02-12-107, § 246-976-600, filed 6/5/02, effective 7/6/02; 98-04-038, § 246-976-600, filed 1/29/98, effective 3/1/98; 93-20-063, § 246-976-600, filed 10/1/93, effective 11/1/93. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-600, filed 12/23/92, effective 1/23/93.]

WAC 246-976-610 Designation standards for facilities providing level III trauma care service—Basic resources and capabilities. A facility with a designated level III trauma care service shall have:

(1) An emergency department with:

(a) A physician director who:

(i) Is board-certified in emergency medicine, or other relevant specialty;

(ii) Is ATLS and ACLS trained, except this requirement shall not apply to a physician board-certified in emergency medicine;

(iii) Has completed the pediatric education requirement (PER) as defined in WAC 246-976-886, except this requirement shall not apply to a physician board-certified in pediatric emergency medicine.

(b) Physicians who:

(i) Have special competence in the resuscitation and care of trauma patients;

(ii) Are available within five minutes of patient's arrival in the emergency department;

(iii) Are ATLS and ACLS trained, except this requirement shall not apply to a physician board-certified in emergency medicine;

(iv) Have completed the PER as defined in WAC 246-976-886, except this requirement shall not apply to a physician board-certified in pediatric emergency medicine; and

(v) Are designated as members of the trauma team;

(c) Registered nurses who:

(i) Are ACLS trained;

(ii) Have completed the PER as defined in WAC 246-976-886;

(iii) Have successfully completed a trauma life support course as defined in WAC 246-976-885; and

(iv) Are in the emergency department and available within five minutes of patient's arrival in the emergency department;

(d) An area designated for adult and pediatric resuscitation, with equipment for resuscitation and life support of pediatric and adult trauma patients, including equipment as described in WAC 246-976-620.

(e) Routine radiological capabilities by a technician available within twenty minutes of notification of team activation.

(2) A surgery department, including an attending general surgeon who:

(a) Is on-call and available within thirty minutes of notification of team activation;

(b) Has general surgery privileges;

(c) Has ATLS and ACLS training, except this requirement shall not apply to a physician board-certified in surgery; and

(d) Has completed the PER as defined in WAC 246-976-886.

(3) An operating room available within five minutes of notification of team activation, with:

(a) A registered nurse or designee of the operating room staff who is available within five minutes of notification of team activation to open the operating room, and to coordinate responsibilities to ensure the operating room is ready for surgery upon arrival of the patient, the surgeon, and the anesthesiologist;

(b) Other essential personnel on-call and available within thirty minutes of notification of team activation;

(c) A written policy providing for mobilization of additional surgical teams for trauma patients; and

(d) Instruments and equipment appropriate for pediatric and adult surgery, including equipment as described in WAC 246-976-620.

(4) A post anesthetic recovery unit with:

(a) Essential personnel on-call and available twenty-four hours a day;

(b) Nurses ACLS trained;

(c) Nurses who have completed the PER as defined in WAC 246-976-886; and

(d) Appropriate monitoring and resuscitation equipment.

(5) A critical care service, with:

(a) A medical director who is:

(i) Board-certified in surgery, internal medicine, or anesthesiology, with special competence in critical care;

(ii) Responsible for coordinating with the attending staff for the care of trauma patients, including:

(A) Development and implementation of policies;

(B) Coordination of medical care;

(C) Determination of patient isolation;

(D) Authority for patient placement decisions;

(E) Equipment;

(F) Coordination of staff education;

(G) Coordination of statistics;

(H) Identification of criteria for reviewing quality of care on all critical care unit trauma patients, in conjunction with the trauma service medical director;

(b) A physician-directed code team;

(c) Critical care unit registered nurses with special competence in trauma care, who:

(i) Are ACLS trained; and

(ii) Have successfully completed a trauma life support course as defined in WAC 246-976-885;

(d) If the facility is not designated as a pediatric trauma care service, have a written transfer agreement and guidelines for pediatric trauma patients requiring critical care services;

(e) Equipment as described in WAC 246-976-620.

(6) Respiratory therapy on-call and available within thirty minutes of notification.

(7) A clinical laboratory technologist available within twenty minutes of notification.

(8) Clinical laboratory services, including:

(a) Standard analysis of blood, urine, and other body fluids;

(b) Coagulation studies;

(c) Blood gases and pH determination;

(d) Microbiology;

(e) Serum alcohol and toxicology determination; and

(f) Microtechnique.

(9) Blood and blood-component services, including:

(a) Blood and blood components available from in-house or through community services, to meet patient needs;

(b) Noncrossmatched blood available on patient arrival in emergency department;

(c) Blood typing and cross-matching;

(d) Policies and procedures for massive transfusion;

(e) Autotransfusion; and

(f) Blood storage capability.

(10) Radiological services with a technician on-call and available within twenty minutes of notification, able to perform:

(a) Routine radiological procedures; and

(b) Computerized tomography.

(11) Acute dialysis capability, or written transfer agreements.

(12) Ability to resuscitate and stabilize burn patients, and have written transfer guidelines in accordance with the guidelines of the American Burn Association, and transfer agreements for burn care.

(13) Ability to resuscitate and stabilize head and spinal cord injuries, and have:

(a) Written transfer guidelines and agreements for patients with head or spinal cord injuries; or

(b) Neurosurgery, with a neurosurgeon on-call and available within thirty minutes of request by the trauma team leader.

(c) Early transfer to an appropriate designated trauma rehabilitation service shall be considered.

(14) A trauma rehabilitation coordinator to facilitate the trauma patient's access to rehabilitation services.

(15)(a) A designated trauma rehabilitation service; or

(b) Written agreements to transfer patients to a designated trauma rehabilitation service when medically feasible.

(16)(a) A heli-stop, landing zone, or airport located close enough to permit the facility to receive or transport patients by fixed-wing or rotary-wing aircraft; or

(b) A written policy and procedures addressing the receipt of patients by air, and transfer of patients to other designated trauma services by ground or air.

[Statutory Authority: Chapter 70.168 RCW. 02-12-107, § 246-976-610, filed 6/5/02, effective 7/6/02; 98-19-107, § 246-976-610, filed 9/23/98, effective 10/24/98; 98-04-038, § 246-976-610, filed 1/29/98, effective 3/1/98; 93-20-063, § 246-976-610, filed 10/1/93, effective 11/1/93. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-610, filed 12/23/92, effective 1/23/93.]

WAC 246-976-615 Designation standards for facilities providing level III trauma care service—Trauma care education. A facility with a designated level III trauma care service shall:

(1) Have a public education program addressing injury prevention;

(2) Make the facility available for initial and maintenance training of invasive manipulative skills for prehospital personnel.

[Statutory Authority: Chapter 70.168 RCW. 98-04-038, § 246-976-615, filed 1/29/98, effective 3/1/98.]

WAC 246-976-620 Equipment requirements for levels I - III and levels I - III pediatric trauma care services. A facility providing level I - III or level I - III pediatric trauma care services shall have the following equipment:

(1) In the emergency department:

(a) Airway control and ventilation equipment, including:

(i) Airways, neonate to adult;

(ii) Laryngoscopes, including curved and straight blades, size 0-4;

(iii) Endotracheal tubes size 2.5 to 8.0 with stylets available;

(iv) Bag-valve-mask resuscitator, neonate, child and adult;

(v) Pulse oximeter with infant, child, and adult probes;

(vi) CO_2 measurement;

(vii) Sources of oxygen;

(viii) Ability to provide mechanical ventilation;

(b) Suction devices, including:

(i) Back up suction source;

(ii) Pediatric and adult suction catheters, size 5.0 to 14 fr; and

(iii) Tonsil tip suction;

(c) Cardiac monitoring devices, including:

(i) Cardiac monitor;

(ii) Defibrillator, including pediatric paddles;

(iii) Electrocardiograph;

(iv) Portable transport monitor with ECG;

(v) Blood pressure cuffs, neonate, infant, child, adult;

(vi) Noninvasive blood pressure monitor; and

(vii) Doppler device;

(d) Intravenous supplies, including:

(i) Standard apparatus to establish central venous pressure monitoring;

(ii) Standard intravenous fluids and administration devices, including:

(A) Intravenous catheters: Size 24g to 14g;

(B) Intraosseous needles;

(C) Umbilical catheters: Size 5.0 - 8.0;

(D) Infusion controllers or pumps;

(iii) Pediatric and adult dosages/dilutions of medications;

(e) Sterile surgical sets appropriate for pediatric and adult patients, for standard emergency department procedures, including:

(i) Thoracotomy set;

(ii) Chest tubes, sizes 10-36 with sealing devices;

(iii) Emergency surgical airway set;

(iv) Peritoneal lavage set;

(v) Cutdown set;

(f) Gastric supplies, including:

(i) Gastric lavage equipment;

(ii) Nasogastric tubes, size 10 fr to 18 fr;

(g) Ability to provide thermal control equipment, including:

(i) Patient warming/cooling device;

(ii) Blood and fluid warming device;

(iii) Expanded scale thermometer capable of detecting hypothermia;

(iv) Device for assuring maintenance of infant warmth during evaluation and transport;

(h) Immobilization equipment, including:

(i) Traction splint;

(ii) Rigid cervical collars;

(iii) Cervical injury immobilization device;

(iv) Long-bone stabilization device; and

(v) Backboard;

(i) Other equipment, including:

(i) Urinary bladder catheters;

(ii) Infant scale for accurate weight measurement under twenty-five pounds;

(iii) Medication chart, tape or other system to assure ready access to information on proper dose-per-kilogram for resuscitation drugs and equipment sizes for pediatric patients; and

(iv) Two-way radio linked with EMS vehicles from trauma facility;

(2) In the surgery department, instruments and equipment or capabilities appropriate for pediatric and adult surgery (in levels I - III) or pediatric surgery (in pediatric levels I - III), including:

(a) Cardiopulmonary bypass (level I and pediatric level I only);

(b) Ability to provide thermal control equipment for:

(i) Patient warming/cooling;

(ii) Blood and fluid warming;

(c) Rapid infusion capability;

(d)(i) For level I and II and level I and II pediatric trauma care services, intraoperative autologous blood recovery and transfusion;

(ii) For level III and level III pediatric trauma care services, autologous blood recovery and transfusion;

(e) Ability to provide bronchoscopic capability in the operating room;

(f) Ability to provide endoscopes;

(g) Craniotomy set; except this is not required for level III or level III pediatric trauma care services; and

(h) Monitoring equipment;

(3) In the critical care unit for levels I - III, equipment appropriate for adult patients, including:

(a) Airway control and ventilation devices;

(b) Oxygen source with concentration controls;

(c) Cardiac emergency cart;

(d) Cardiac pacing capabilities;

(e) Electrocardiograph-cardiac monitor-defibrillator;

(f) Cardiac output monitoring;

(g) Electronic pressure monitoring;

(h) Ability to provide mechanical ventilator;

(i) Ability to provide patient weighing devices;

(j) Ability to provide thermal control equipment for:

(i) Patient warming/cooling;

(ii) Blood and fluid warming;

(k) Intracranial pressure monitoring devices, except this is not required in level III or level III pediatric trauma care services;

(4) In the critical care unit for level I - III pediatrics:

(a) Airway control and ventilation equipment, including:

(i) Oral and nasopharyngeal airways, all sizes neonate to adult (NOTE: Neonate and infants can use ETT for NP airway);

(ii) Laryngoscopes with curved and straight blades, size 0-4;

(iii) Endotracheal tubes size 2.5 to 8.0, with stylets available;

(iv) Bag-valve-mask resuscitators: Neonate, child, adult;

(v) Mechanical ventilator appropriate for entire pediatric spectrum;

(vi) Noninvasive oximetry and capnometry;

(b) Suction devices, including:

(i) Suction machine;

(ii) Suction catheters size 5.0 to 14 fr;

(iii) Tonsil tip suction;

(c) Cardiac monitoring devices, including:

(i) Cardiac monitor with capability to continuously monitor: Heart rate, respiration, temperature, and at least two pressure monitoring modules;

(ii) Hard copy monitor recording capabilities;

(iii) Defibrillator with pediatric paddles;

(iv) Electrocardiograph; and

(v) Portable transport monitor with ECG and pressure monitoring capability;

(d) Intravenous supplies, including:

(i) Standard apparatus to establish central venous pressure monitoring;

(ii) Standard IV fluids and administration devices appropriate for pediatric patients including:

(A) IV catheters: Size 24g to 16g;

(B) Intraosseous needles;

(C) Infusion sets and pumps with micro-infusion capabilities;

(D) Infusion controllers;

(iii) Pediatric dosages/dilutions of medications;

(e) Sterile surgical sets appropriate for pediatric patients, including:

(i) Thoracotomy set;

(ii) Chest tubes; (sizes 10 to 36);

(iii) Emergency surgical airway sets;

(iv) Peritoneal lavage set;

(v) Cutdown set;

(vi) Lumbar puncture set;

(f) Gastric supplies, including NG tubes: Size 10 fr to 16 fr;

(g) Ability to provide thermal control equipment, including:

(i) Temperature controlled heating units with or without open crib;

(ii) Heating/cooling blanket;

(iii) Heat lamp;

(iv) Blood and fluid warming device;

(v) Expanded scale thermometer capable of detecting hypothermia;

(vi) Device for assuring maintenance of infant warmth during transport;

(h) Equipment specific to pediatric trauma care including:

(i) Urinary bladder catheters;

(ii) Otoscope/ophthalmoscope;

(iii) Refractometer;

(iv) Blood pressure cuffs: Neonate, infant, child, adult;

(v) Doppler device;

(vi) Noninvasive blood pressure machine;

(vii) Ability to provide patient weighing devices including an infant scale for accurate weight measurement under twenty-five pounds;

(viii) Provision for life support with emergency cardiopulmonary arrest cart.

[Statutory Authority: Chapter 70.168 RCW. 98-04-038, § 246-976-620, filed 1/29/98, effective 3/1/98.]

WAC 246-976-640 Designation standards for facilities providing level IV trauma care services—Administration and organization. A facility with a designated level IV trauma care service shall:

(1) Define a system for providing emergency care twenty-four hours every day, which shall include ongoing coordination by a registered nurse;

(2) Establish emergency care services consistent with community needs, the approved regional plan, and within the facility's capabilities. The service shall have a policy that identifies and establishes its scope of trauma care for both adult and pediatric patients, including but not limited to:

(a) Initial resuscitation and stabilization;

(b) Admission criteria;

(c) Surgical capabilities;

(d) Critical care capabilities;

(e) Rehabilitation capabilities;

(3) Have a method of activating trauma-response personnel consistent with the scope of trauma care and in keeping with the goals of WAC 246-976-870;

(4) Have a written policy and procedures to divert trauma patients to other designated trauma care services. The policy shall be based on criteria which reflect the ability of the service to accept, resuscitate and stabilize each patient at a particular time, and shall include notification of prehospital providers of the facility's diversion status;

(5) Have interfacility transfer guidelines and agreements consistent with WAC 246-976-890;

(6) Participate in the state trauma registry as required in WAC 246-976-430, with a person identified as responsible for coordination of trauma registry activities;

(7) Have a quality assurance program in accordance with WAC 246-976-881; and

(8) Participated in the regional trauma quality assurance program as required in WAC 246-976-910.

[Statutory Authority: Chapter 70.168 RCW. 98-04-038, § 246-976-640, filed 1/29/98, effective 3/1/98. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-640, filed 12/23/92, effective 1/23/93.]

WAC 246-976-650 Designation standards for facilities providing level IV trauma care services—Basic resources and capabilities. A facility with a designated level IV trauma care service shall have:

(1) An emergency department with:

(a) A physician with special competence in resuscitation, care and treatment of trauma patients, who:

(i) Is on-call and available within twenty minutes of notification;

(ii) Is responsible for activating trauma-response personnel;

(iii) Is ATLS and ACLS trained, except this requirement shall not apply to a physician board-certified in emergency medicine; and

(iv) Has completed the pediatric education requirement (PER) as defined in WAC 246-976-886, except this requirement shall not apply to a physician board-certified in emergency medicine or pediatric emergency medicine;

(b) A registered nurse in-house and available within five minutes of notification, who:

(i) Is ACLS trained;

(ii) Has successfully completed a trauma life support course as defined in WAC 246-976-885; and

(iii) Has completed the PER as defined in WAC 246-976-886;

(c) Basic emergency services including:

(i) Assessment of the patient's condition;

(ii) Determination of the nature and urgency of the patient's medical need, including the timing and place of care; and

(iii) Diagnosis and treatment of any life threatening condition, including procedures to minimize aggravation of the patient's condition during transport to another designated trauma care service;

(d) Equipment available for resuscitation and life support of adult and pediatric trauma patients, including:

(i) Airway control and ventilation equipment including:

(A) Airways, neonatal to adult;

(B) Laryngoscope, including curved and straight blades, sizes 0-4;

(C) Endotracheal tubes sizes 2.5 to 8.0, with stylets;

(D) Bag-valve-mask resuscitator sizes neonatal, child and adult;

(E) Sources of oxygen;

(F) Pulse oximeter with infant, child and adult probes; and

(G) Suction devices;

(ii) Cardiac monitoring devices, including:

(A) Electrocardiograph;

(B) Cardiac monitor;

(C) Defibrillator with pediatric paddles;

(iii) Standard intravenous fluids and administering devices, including:

(A) Intravenous catheters, size 24g to 14g;

(B) Intraosseous needles;

(C) Infusion control device;

(iv) Gastric lavage equipment;

(v) Drugs and supplies necessary for adult and pediatric emergency care;

(vi) Medication chart, tape, or other system to assure ready access to information on proper dose-per-kilogram for resuscitation drugs and equipment sizes for pediatric patients;

(vii) Immobilization devices, including:

(A) Cervical injury immobilization devices, adult and pediatric sizes;

(B) Long-bone stabilization device; and

(C) Backboard;

(viii) Ability to provide thermal control equipment for:

(A) Patient warming and cooling;

(B) Blood warming and cooling;

(ix) Other equipment:

(A) Sterile surgical sets for procedures standard for emergency department;

(B) Two-way radio linked with EMS/TC vehicles;

(e) Routine radiological capabilities by a technician available within twenty minutes of notification of activation of trauma response personnel.

(2) If the service's scope of trauma care defined under WAC 246-976-640(2) includes surgery and/or critical care capabilities, it shall have:

(a) Staff, including:

(i) A physician on-call and available within thirty minutes of notification of activation of trauma response personnel, who:

(A) Has specific delineation of surgical privileges by the medical staff for resuscitation, stabilization and treatment of major trauma patients;

(B) Is ATLS and ACLS trained, except this requirement shall not apply to a physician board-certified in surgery; and

(C) Is responsible for coordinating care and transfer of trauma patients;

(ii) Anesthesiology, with an anesthesiologist or certified registered nurse anesthetist, who:

(A) Has ACLS training, except this requirement shall not apply to a physician board-certified in anesthesiology; and

(B) Is on-call and available within thirty minutes of notification of activation of trauma response personnel;

(b) An operating room with a registered nurse or designee of the operating room staff who is available within five minutes of notification of activation of trauma response personnel, to open the operating room, and to coordinate responsibilities to ensure the operating room is ready for surgery upon arrival of the patient, the surgeon, and the anesthesiologist;

(c) Other essential personnel on-call and available within thirty minutes of notification;

(d) The operating room shall have available:

(i) Ability to provide thermal control equipment for:

(A) Patient warming;

(B) Blood and fluid warming;

(ii) Radiological capabilities;

(iii) Ability to provide endoscopes appropriate to trauma resuscitation; and

(iv) Monitoring equipment;

(e) Post anesthetic recovery services, with:

(i) Essential personnel on-call and available twenty-four hours every day;

(ii) Nurses ACLS trained;

(iii) Appropriate monitoring and resuscitation equipment;

(3)(a) A critical care unit which meets requirements for a designated level III trauma service as described in WAC 246-976-610; or

(b) Written transfer guidelines and agreements with designated trauma care services for patients requiring critical care;

(4) Clinical laboratory services available, for:

(a) Standard analysis of blood, urine, and other body fluids;

(b) Blood gases and pH determination;

(5) Blood and blood-component services, including:

(a) Blood and blood components available in-house or through community services, to meet patient needs in a timely fashion;

(b) Policies and procedures for massive transfusions; and

(c) Blood storage capability;

(6) Acute dialysis capabilities, or have written transfer guidelines and agreements for dialysis service;

(7) Ability to resuscitate and stabilize burn patients; and have written transfer guidelines in accordance with the guidelines of the American Burn Association, and agreements for burn care;

(8) Ability to resuscitate and stabilize acute head and/or spinal cord injuries; and

(a) Written transfer guidelines and agreements for patients with head or spinal cord injuries; or

(b) Have neurosurgery, with a neurosurgeon on-call and available within thirty minutes of request by the emergency department physician; or

(c) Early transfer to an appropriate designated trauma rehabilitation facility shall be considered;

(9) A qualified person assigned to coordinate trauma rehabilitation activities and referrals;

(10) A written plan addressing receipt and transfer of patients by fixed-wing and rotary-wing aircraft.

[Statutory Authority: Chapter 70.168 RCW. 02-12-107, § 246-976-650, filed 6/5/02, effective 7/6/02; 98-19-107, § 246-976-650, filed 9/23/98, effective 10/24/98; 98-04-038, § 246-976-650, filed 1/29/98, effective 3/1/98; 93-20-063, § 246-976-650, filed 10/1/93, effective 11/1/93. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-650, filed 12/23/92, effective 1/23/93.]

WAC 246-976-680 Designation standards for facilities providing level V trauma care services—Administration and organization. A facility with a designated level V trauma care service shall:

(1) Have written policies and procedures for providing emergency care, twenty-four hours every day for adult and pediatric trauma patients; and

(2) Establish emergency care services consistent with community needs, the approved regional plan, and within the facilities capabilities. The service shall have a policy that identifies and establishes its scope of trauma care for both adult and pediatric trauma patients, including but not limited to:

(a) Initial resuscitation and stabilization;

(b) Admission criteria;

(3) Have a method of activating trauma-response personnel consistent with the scope of trauma care and in keeping with the goals of WAC 246-976-870;

(4) Participate in the state trauma registry as required in WAC 246-976-430;

(5) Have a written policy and procedures to divert patients to other designated trauma care services. The policy shall be based on criteria which reflect the ability of the service to resuscitate and stabilize each patient at a particular time; and

(6) Have interfacility transfer guidelines and agreements consistent with WAC 246-976-890;

(7) Have a quality assurance program in accordance with WAC 246-976-881;

(8) Participate in the regional trauma quality assurance program as required in WAC 246-976-910.

[Statutory Authority: Chapter 70.168 RCW. 98-04-038, § 246-976-680, filed 1/29/98, effective 3/1/98; 93-20-063, § 246-976-680, filed 10/1/93,

effective 11/1/93. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-680, filed 12/23/92, effective 1/23/93.]

WAC 246-976-690 Designation standards for facilities providing level V trauma care service—Basic resources and capabilities. A facility with a designated level V trauma care service shall have:

(1) A physician, physician assistant registered in accordance with chapter 18.71 RCW, or advanced registered nurse practitioner, on-call and available within twenty minutes of notification, who has ATLS training, except the ATLS requirement shall not apply to a physician board-certified in emergency medicine or board-certified in surgery;

(2) Equipment for resuscitation and life support of adult and pediatric trauma patients, including:

(a) Airway control and ventilation equipment, including:

(i) Airways, neonate to adult;

(ii) Laryngoscope, including curved and straight blades, sizes 0-4;

(iii) Endotracheal tubes available, sizes 2.5 to 8.0, with stylets;

(iv) Bag-valve-mask resuscitator, sizes neonatal, child, and adult;

(v) Sources of oxygen;

(vi) Pulse oximeter with infant, child and adult probes; and

(vii) Suction devices;

(b) Cardiac monitoring devices, including:

(i) Electrocardiograph;

(ii) Cardiac monitor;

(iii) Defibrillator, with pediatric paddles;

(c) All standard intravenous fluids and administering devices, including:

(i) Intravenous catheters, size 24g to 14g;

(ii) Intraosseous needles;

(iii) Infusion control device;

(d) Gastric lavage equipment;

(e) Drugs and supplies necessary for adult and pediatric emergency care;

(f) Medication chart, tape or other system to assure ready access to information on proper dose-per-kilogram for resuscitation drugs and equipment sizes for pediatric patients;

(g) Immobilization devices, including:

(i) Cervical injury immobilization devices, adult and pediatric sizes;

(ii) Long-bone stabilization device; and

(iii) Backboard;

(3) A plan addressing receipt and transfer of patients by fixed-wing and rotary-wing aircraft.

[Statutory Authority: Chapter 70.168 RCW. 98-04-038, § 246-976-690, filed 1/29/98, effective 3/1/98. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-690, filed 12/23/92, effective 1/23/93.]

WAC 246-976-720 Designation standards for facilities providing level I pediatric trauma care service—Administration and organization. A facility with a designated level I pediatric trauma care service shall have:

(1)(a) Organization and direction by a general surgeon with special competence in care of the injured child. The service may have as codirector another physician or general surgeon with special competence in care of the injured child;

(b) Ongoing coordination of the trauma care service by a registered nurse with special competence in care of the injured child;

(c) A multidisciplinary trauma committee chaired by the trauma service director, with input to hospital management, including:

(i) A pediatric emergency physician;

(ii) An emergency department registered nurse;

(iii) A pediatric surgeon or general surgeon with special competence in pediatric trauma care;

(iv) A neurosurgeon;

(v) An orthopaedic surgeon;

(vi) An anesthesiologist;

(vii) The physician director of pediatric critical care service;

(viii) A pediatrician with special competence in critical care;

(ix) The pediatric trauma care service nurse coordinator;

(x) A pediatric critical care registered nurse;

(xi) A pediatric intensivist; and

(xii) The trauma rehabilitation coordinator;

(d) The multidisciplinary trauma committee shall adopt an approved method to determine activation of the trauma team, as described in WAC 246-976-870;

(e) A trauma team to provide initial evaluation, resuscitation and treatment.

(i) The team shall be organized and directed by a pediatric surgeon or general surgeon with special competence in care of the injured child, and who assumes responsibility for coordination of overall care of the pediatric trauma patient. The surgeon shall be at least a PGY4.

(ii) All members of the team, including the surgeon, shall be available within five minutes of notification of team activation.

(iii) The team shall include an emergency physician with special competence in pediatric care, who is:

(A) Responsible for activating the trauma team, using an approved method as defined in WAC 246-976-870; and

(B) Responsible for providing team leadership and care for the pediatric trauma patient until the arrival of the general surgeon with special competence in pediatric care in the resuscitation area.

(iv) The trauma care service shall identify all other members of the team.

(v) The team shall work in conjunction with a pediatric intensivist or pediatric emergency physician.

(f) Specific delineation of pediatric trauma surgery privileges by the medical staff.

(2) An emergency department with written standards of care to ensure immediate and appropriate care for pediatric trauma patients.

(3) A surgery department, including:

(a) General surgery with special competence in care of the pediatric trauma patient;

(b) A neurosurgical service. Coverage shall be available within five minutes of notification of team activation, provided by:

(i) A neurosurgeon; or

(ii) A surgeon who has been judged competent by the neurosurgical consultants on staff to initiate measures to stabilize the pediatric patient, and to initiate diagnostic procedures, with a board-certified neurosurgeon on call and available within thirty minutes of notification of team activation.

(c) The following surgical services on-call and available within thirty minutes of request by the trauma team leader:

(i) Cardiac surgery;

(ii) Gynecologic surgery;

(iii) Hand surgery;

(iv) Microsurgery;

(v) Obstetric surgery;

(vi) Ophthalmic surgery;

(vii) Oral/maxillofacial or otorhinolaryngologic surgery;

(viii) Orthopaedic surgery;

(ix) Pediatric surgery;

(x) Plastic surgery;

(xi) Thoracic surgery;

(xii) Urologic surgery; and

(xiii) Vascular surgery.

(4) Nonsurgical specialties with special competence in pediatric care, including:

(a) Anesthesiology, with an anesthesiologist who:

(i) Is ACLS trained, except this requirement shall not apply to a physician board-certified in anesthesiology;

(ii) Has completed the pediatric education requirement (PER) as defined in WAC 246-976-887; and

(iii) Available within five minutes of team activation;

(b) A radiologist on-call and available for patient service within twenty minutes of notification of team activation;

(c) The following services on-call and available for pediatric patient consultation or management:

(i) Cardiology;

(ii) Gastroenterology;

(iii) General pediatrics;

(iv) Hematology;

(v) Infectious disease specialists;

(vi) Nephrology;

(vii) Pediatric neurology;

(viii) Pathology;

(ix) Pediatric critical care;

(x) Pulmonology; and

(xi) Psychiatry;

(5) Written policy and procedures for access to ancillary services specific for pediatric patients, including:

(a) Chemical dependency services;

(b) Child and adult protection services;

(c) Clergy or pastoral care;

(d) Nutritionist services;

(e) Occupational therapy services;

(f) Pediatric therapeutic recreation;

(g) Pharmacy, with a pharmacist in-house;

(h) Physical therapy services;

(i) Psychological services;

(j) Rehabilitation services;

(k) Social services;

(l) Speech therapy services;

(6) A written policy and procedures to divert patients to other designated trauma care services. The policy shall be based on criteria which reflect the service's ability to resuscitate and stabilize each patient at a particular time.

(7) A trauma registry as required in WAC 246-976-430;

(8) A quality assurance program in accordance with WAC 246-976-881, and cooperate with regional trauma care quality assurance programs throughout the state established pursuant to WAC 246-976-910;

(9) Interfacility transfer guidelines and agreements consistent with WAC 246-976-890.

[Statutory Authority: Chapter 70.168 RCW. 02-12-107, § 246-976-720, filed 6/5/02, effective 7/6/02; 98-19-107, § 246-976-720, filed 9/23/98, effective 10/24/98; 98-04-038, § 246-976-720, filed 1/29/98, effective 3/1/98; 93-20-063, § 246-976-720, filed 10/1/93, effective 11/1/93. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-720, filed 12/23/92, effective 1/23/93.]

WAC 246-976-730 Designation standards for facilities providing level I pediatric trauma care services—Resources and capabilities. A facility with a designated level I pediatric trauma care service shall have:

(1) An emergency department with:

(a) A physician director who:

(i) Is board-certified in emergency medicine, pediatric emergency medicine, surgery or other relevant specialty; or

(ii) Has documented experience as director of an emergency department which has been previously recognized as a level I trauma center either by a regional entity or as verified by the Committee on Trauma of the American College of Surgeons;

(iii) Is ATLS and ACLS trained, except this requirement shall not apply to a physician board-certified in emergency medicine or in surgery; and

(iv) Has completed the pediatric education requirement (PER) as defined in WAC 246-976-887, except this requirement shall not apply to a physician board-certified in pediatric emergency medicine;

(b) Emergency physicians who:

(i) Are board-certified in emergency medicine, or pediatric emergency medicine, or in a specialty practicing emergency medicine as their primary practice with special competence in care of pediatric trauma patients; (this requirement may be met by a surgical resident post graduate year two who is ATLS and ACLS trained, has completed the PER as defined in WAC 246-976-887, and is working under the direct supervision of the attending emergency department physician, until the arrival of the surgeon to assume leadership of the trauma team);

(ii) Are available within five minutes of the patient's arrival in the emergency department;

(iii) Are ATLS and ACLS trained, except this requirement shall not apply to a physician board-certified in emergency medicine;

(iv) Have completed the PER as defined in WAC 246-976-887, except this requirement shall not apply to a physician board-certified in pediatric emergency medicine; and

(v) Are designated members of the trauma team;

(c) Registered nurses who:

(i) Have completed the PER as defined in WAC 246-976-887;

(ii) Have successfully completed a trauma life support course as defined in WAC 246-976-885;

(iii) Are in the emergency department and available within five minutes of patient's arrival in the emergency department;

(d) An area designated for pediatric resuscitation, with equipment for resuscitation and life support of pediatric patients, including equipment as described in WAC 246-976-620;

(e) Routine radiological capabilities by a technician available within five minutes of notification of team activation;

(2) A surgery department including:

(a) An attending pediatric surgeon or general surgeon with special competence in pediatric care who is available within five minutes of notification of team activation, except as provided in (b) of this subsection. The attending surgeon shall:

(i) Provide trauma team leadership upon arrival in the resuscitation area;

(ii) Be board-certified;

(iii) Have trauma surgery privileges as delineated by the medical staff;

(b) A postgraduate year four or above surgical resident may initiate evaluation and treatment upon the patient's arrival in the emergency department until the arrival of the attending surgeon. In this case, the attending surgeon shall be available within twenty minutes of notification of team activation.

(c) All general surgeons and surgical residents who are responsible for care and treatment of trauma patients shall:

(i) Be trained in ATLS and ACLS, except this requirement shall not apply to a physician board-certified in surgery;

(ii) Have completed the PER as defined in WAC 246-976-887;

(3) An operating room available within five minutes of notification of team activation, with:

(a) A registered nurse or designee of the operating room staff who is available within five minutes of team activation to open the operating room, and to coordinate responsibilities to ensure the operating room is ready for surgery upon arrival of the patient, the surgeon, and the anesthesiologist;

(b) A written policy providing for mobilization of additional surgical teams for pediatric trauma patients;

(c) Instruments and equipment appropriate for pediatric surgery, including equipment as described in WAC 246-976-620;

(4) A post-anesthetic recovery unit with:

(a) Essential personnel, including at least one registered nurse available twenty-four hours a day;

(b) Nurses ACLS trained;

(c) Nurses who have completed the PER as defined in WAC 246-976-887;

(d) Appropriate monitoring and resuscitation equipment.

(5) A pediatric critical care service, with:

(a) A pediatric critical care unit, including patient isolation capacity;

(b) A medical director or codirector who is board-certified in pediatrics, with sub-board certification in critical care, with responsibility for coordinating with the attending staff for the care of pediatric trauma patients, including:

(i) Development and implementation of policies;

(ii) Coordination of medical care;

(iii) Determination of patient isolation;

(iv) Authority for patient placement decisions;

(v) Equipment;

(vi) Coordination of staff education;

(vii) Coordination of statistics; and

(viii) Identification of criteria for reviewing quality of care on all pediatric critical care unit trauma patients in conjunction with the trauma service medical director;

(c) A physician with special competence in pediatric critical care available within five minutes of notification;

(d) A physician-directed code team;

(e) Pediatric critical care nursing with registered nurses who have:

(i) Special competence in pediatric trauma care; and

(ii) Completed the PER as defined in WAC 246-976-887;

(f) Equipment as described in WAC 246-976-620 and 246-976-825;

(6) Respiratory therapy available within five minutes of notification;

(7) A clinical laboratory technologist available within five minutes of notification;

(8) Clinical laboratory services, including:

(a) Standard analyses of blood, urine, and other body fluids;

(b) Coagulation studies;

(c) Blood gases and pH determination;

(d) Serum and urine osmolality;

(e) Microbiology;

(f) Serum alcohol and toxicology determination;

(g) Drug screening; and

(h) Microtechnique.

(9) Blood and blood-component services, including:

(a) Blood and blood components available from in-house or through community services, to meet patient needs;

(b) Noncrossmatched blood available on patient arrival in the emergency department;

(c) Blood typing and cross-matching;

(d) Policies and procedures for massive transfusion;

(e) Autotransfusions; and

(f) Blood storage capability;

(10) A radiological service, including:

(a) A technician available within five minutes of notification, able to perform the following:

(i) Routine radiological procedures; and

(ii) Computerized tomography;

(b) A technician on-call and available within twenty minutes of notification, able to perform the following:

(i) Angiography of all types;

(ii) Sonography;

(iii) Nuclear scanning;

(11) Acute dialysis capability, or written transfer agreements.

(12)(a) A physician-directed burn unit staffed by nursing personnel trained in burn care, and equipped to care for extensively burned pediatric patients; or

(b) Written transfer guidelines and agreements for burn care, in accordance with the guidelines of the American Burn Association.

(13) The ability to manage acute head and/or spinal cord injuries. Early transfer to an appropriate pediatric trauma rehabilitation service shall be considered.

(14) A trauma rehabilitation coordinator to facilitate the trauma patient's access to pediatric rehabilitation services.

(15)(a) A designated pediatric trauma rehabilitation service; or

(b) Written agreements to transfer patients to designated pediatric trauma rehabilitation services when medically feasible.

(16) Heli-stop, landing zone or airport located close enough to permit the facility to receive or transfer patients by fixed-wing or rotary-wing aircraft.

[Statutory Authority: Chapter 70.168 RCW. 02-12-107, § 246-976-730, filed 6/5/02, effective 7/6/02; 98-19-107, § 246-976-730, filed 9/23/98, effective 10/24/98; 98-04-038, § 246-976-730, filed 1/29/98, effective 3/1/98; 93-20-063, § 246-976-730, filed 10/1/93, effective 11/1/93. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-730, filed 12/23/92, effective 1/23/93.]

WAC 246-976-740 Designation standards for facilities providing level I pediatric trauma care service—Outreach, public education, trauma care education, and research. A facility with a designated level I pediatric trauma care service shall have:

(1) An outreach program with telephone and on-site consultations with physicians in the community and outlying areas regarding pediatric trauma care;

(2) A public education program addressing injury prevention;

(3) Training, including:

(a) A formal program of continuing trauma care education for:

(i) Staff physicians;

(ii) Nurses;

(iii) Allied health care professionals;

(iv) Community physicians; and

(v) Prehospital personnel;

(b) Residency programs accredited by the accreditation council of graduate medical education, with commitment to training physicians in pediatric trauma management;

(c) In-house initial and maintenance training of invasive manipulative skills for prehospital personnel;

(4) A pediatric trauma research program.

[Statutory Authority: Chapter 70.168 RCW. 98-04-038, § 246-976-740, filed 1/29/98, effective 3/1/98. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-740, filed 12/23/92, effective 1/23/93.]

WAC 246-976-770 Designation standards for facilities providing level II pediatric trauma care service—Administration and organization. A facility with a designated level II pediatric trauma care service shall have:

(1)(a) Organization and direction by a general surgeon with special competence in care of the injured child. The service may have as codirector another physician with special competence in care of the injured child;

(b) Ongoing coordination of the trauma care service by a registered nurse with special competence in care of the injured child;

(c) A multidisciplinary trauma committee chaired by the trauma service director, with input to hospital management, including:

(i) An emergency physician with special competence in pediatric care;

(ii) An emergency department registered nurse;

(iii) A pediatric surgeon or general surgeon with special competence in pediatric trauma care;

(iv) A neurosurgeon;

(v) An orthopaedic surgeon;

(vi) An anesthesiologist;

(vii) The physician director of pediatric critical care service;

(viii) A pediatrician with special competence in critical care;

(ix) The pediatric trauma care service nurse coordinator;

(x) A pediatric critical care registered nurse;

(xi) Pediatric intensivist; and

(xii) The trauma rehabilitation coordinator;

(d) The multidisciplinary trauma committee shall adopt an approved method to determine activation of the trauma team, as described in WAC 246-976-870;

(e) A trauma team to provide initial evaluation, resuscitation and treatment.

(i) The team shall be organized and directed by a pediatric surgeon or general surgeon with special competence in care of the injured child, and who assumes responsibility for coordination of overall care of the pediatric trauma patient.

(ii) The team shall work in conjunction with a pediatric intensivist or pediatric emergency physician.

(iii) All members of the team, except the surgeon and the anesthesiologist, shall be available within five minutes of notification of team activation.

(iv) The team shall include:

(A) An emergency physician with special competence in pediatric care, who is:

(I) Responsible for activating the trauma team, using an approved method as defined in WAC 246-976-870; and

(II) Responsible for providing team leadership and care for the pediatric trauma patient until the arrival of the general surgeon in the resuscitation area.

(B) A pediatric surgeon, or general surgeon with special competence in pediatric trauma surgery, on-call and available within twenty minutes of notification of team activation, who shall assume responsibility for patient care upon arrival in the resuscitation area;

(v) The trauma care service shall identify all other members of the team.

(f) Specific delineation of pediatric trauma surgery privileges by the medical staff.

(2) An emergency department with written standards of care to ensure immediate and appropriate care for pediatric trauma patients.

(3) A surgery department, including:

(a) General surgery, with special competence in care of the pediatric trauma patient;

(b) A neurosurgical service. Coverage shall be available within five minutes of notification of team activation. In-house coverage shall be provided by:

(i) A neurosurgeon; or

(ii) A surgeon or other physician who has been judged competent by the neurosurgical consultants on staff to initiate measures to stabilize the patient, and to initiate diagnostic procedures, with a neurosurgeon on-call and available within thirty minutes of notification of team activation;

(c) The following surgical services on-call and available within thirty minutes of request by the trauma team leader:

(i) Gynecologic surgery;

(ii) Hand surgery;

(iii) Obstetric surgery;

(iv) Ophthalmic surgery;

(v) Oral/maxillofacial or otorhinolaryngologic surgery;

(vi) Orthopaedic surgery;

(vii) Pediatric surgery;

(viii) Plastic surgery;

(ix) Thoracic surgery;

(x) Urologic surgery; and

(xi) Vascular surgery.

(4) Nonsurgical specialties with special competence in pediatric care, including:

(a) Anesthesiology, with an anesthesiologist who:

(i) Is ACLS trained, except this requirement shall not apply to a physician board-certified in anesthesiology;

(ii) Has completed the pediatric education requirement (PER) as defined in WAC 246-976-887; and

(iii) Is on-call and available within twenty minutes of notification of team activation;

(b) A radiologist on-call and available for patient service within twenty minutes of notification of team activation;

(c) The following services on-call and available for pediatric patient consultation or management:

(i) Cardiology;

(ii) Gastroenterology;

(iii) General pediatrics;

(iv) Hematology;

(v) Infectious disease specialists;

(vi) Nephrology;

(vii) Neurology;

(viii) Pathology;

(ix) Pediatric critical care; and

(x) Pulmonology;

(5) Written policy and procedures for access to ancillary services specific for pediatric patients, including:

(a) Chemical dependency services;

(b) Child and adult protection services;

(c) Clergy or pastoral care;

(d) Nutritionist services;

(e) Occupational therapy services;

(f) Pediatric therapeutic recreation;

(g) Pharmacy;

(h) Physical therapy services;

(i) Rehabilitation services;

(j) Social services; and

(k) Speech therapy services.

(6) A written policy and procedures to divert patients to other designated trauma care services. The policy shall be based on criteria which reflect the service's ability to resuscitate and stabilize each patient at a particular time.

(7) A trauma registry as required in WAC 246-976-430.

(8) A quality assurance program in accordance with WAC 246-976-881; and cooperate with regional trauma care quality assurance programs throughout the state established pursuant to WAC 246-976-910.

(9) Interfacility transfer guidelines and agreements consistent with WAC 246-976-890.

[Statutory Authority: Chapter 70.168 RCW. 02-12-107, § 246-976-770, filed 6/5/02, effective 7/6/02; 98-19-107, § 246-976-770, filed 9/23/98, effective 10/24/98; 98-04-038, § 246-976-770, filed 1/29/98, effective 3/1/98; 93-20-063, § 246-976-770, filed 10/1/93, effective 11/1/93. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-770, filed 12/23/92, effective 1/23/93.]

WAC 246-976-780 Designation standards for facilities providing level II pediatric trauma care service—Basic resources and capabilities. A facility with a designated level II pediatric trauma care service shall have:

(1) An emergency department, with:

(a) A physician director who:

(i) Is board-certified in emergency medicine or pediatric emergency medicine;

(ii) Is ATLS trained, except this requirement shall not apply to a physician board-certified in emergency medicine; and

(iii) Has completed the pediatric education requirement (PER) as defined in WAC 246-976-887, except this requirement shall not apply to a physician board-certified in pediatric emergency medicine.

(b) Physicians who:

(i) Are board-certified in emergency medicine, or pediatric emergency medicine, or board-certified in a specialty practicing emergency medicine as their primary practice with special competence in the care of pediatric trauma patients;

(ii) Are available within five minutes of patient's arrival in the emergency department;

(iii) Are ATLS and ACLS trained, except this requirement shall not apply to a physician board-certified in emergency medicine;

(iv) Have completed the PER as defined in WAC 246-976-887, except this requirement shall not apply to a physician board-certified in pediatric emergency medicine; and

(v) Are designated as members of the trauma team;

(c) Registered nurses who:

(i) Have completed the PER as defined in WAC 246-976-887;

(ii) Have successfully completed a trauma life support course as defined in WAC 246-976-885;

(iii) Are in the emergency department and available within five minutes of patient's arrival in the emergency department;

(d) An area designated for pediatric resuscitation, with equipment for resuscitation and life support of pediatric patients, including equipment as described in WAC 246-976-620;

(e) Routine radiological capabilities by a technician available within five minutes of notification of team activation;

(2) A surgery department, including:

(a) An attending pediatric surgeon, or general surgeon with special competence in pediatric care, who is on-call and available within twenty minutes of notification of team activation. The attending surgeon shall:

(i) Provide trauma team leadership upon arrival in the resuscitation area;

(ii) Be board-certified;

(iii) Have trauma surgery privileges as delineated by the medical staff;

(b) All general surgeons who are responsible for care and treatment of trauma patients shall:

(i) Be trained in ATLS, except this requirement shall not apply to a physician board-certified in surgery;

(ii) Have completed the PER as defined in WAC 246-976-887.

(3) An operating room available within five minutes of notification of team activation, with:

(a) A registered nurse or designee of the operating room staff who is available within five minutes of notification of team activation to open the operating room, and to coordinate responsibilities to ensure the operating room is ready for surgery upon arrival of the patient, the surgeon, and the anesthesiologist;

(b) Other essential personnel on-call and available within twenty minutes of notification of team activation;

(c) A written policy providing for mobilization of additional surgical teams for pediatric trauma patients;

(d) Instruments and equipment appropriate for pediatric surgery, including equipment as described in WAC 246-976-620;

(4) A post-anesthetic recovery unit, with:

(a) Essential personnel, including at least one registered nurse on-call and available twenty-four hours a day; and

(b) Nurses ACLS trained;

(c) Nurses who have completed the PER as defined in WAC 246-976-887;

(d) Appropriate monitoring and resuscitation equipment.

(5) A pediatric critical care service, with:

(a) A pediatric critical care unit, including patient isolation capacity;

(b) A medical director or codirector who is board-certified in pediatrics with sub-board certification in critical care, with responsibility for coordinating with the attending staff for the care of pediatric trauma patients, including:

(i) Development and implementation of policies;

(ii) Coordination of medical care;

(iii) Determination of patient isolation;

(iv) Authority for patient placement decisions;

(v) Equipment;

(vi) Coordination of staff education;

(vii) Coordination of statistics; and

(viii) Identification of criteria for reviewing quality of care on all pediatric critical care unit trauma patients, in conjunction with the trauma service medical director;

(c) A physician with special competence in pediatric critical care available within five minutes of notification;

(d) A physician-directed code team;

(e) Pediatric critical care nursing, with registered nurses who have:

(i) Special competence in pediatric trauma care; and

(ii) Completed the PER as defined in WAC 246-976-887;

(f) Equipment as described in WAC 246-976-620 and 246-976-825.

(6) Respiratory therapy available within five minutes of notification;

(7) A clinical laboratory technologist available within five minutes of notification;

(8) Clinical laboratory services, including:

(a) Standard analyses of blood, urine, and other body fluids;

(b) Coagulation studies;

(c) Blood gases and pH determination;

(d) Serum and urine osmolality;

(e) Microbiology;

(f) Serum alcohol and toxicology determination;

(g) Drug screening; and

(h) Microtechnique;

(9) Blood and blood-component services, including:

(a) Blood and blood components available from in-house or through community services, to meet patient needs;

(b) Noncrossmatched blood available on patient arrival in the emergency department;

(c) Blood typing and cross-matching;

(d) Policies and procedures for massive transfusion;

(e) Autotransfusions; and

(f) Blood storage capability;

(10) Radiological services, including:

(a) A technician available within five minutes of notification, able to perform routine radiologic procedures;

(b) A technician on-call and available within twenty minutes of notification, able to perform the following:

(i) Angiography of all types;

(ii) Computerized tomography;

(iii) Sonography;

(11) Acute dialysis capability, or written transfer agreements.

(12)(a) A physician-directed burn unit staffed by nursing personnel trained in burn care; and equipped to care for extensively burned pediatric patients; or

(b) Written transfer guidelines and transfer agreements for burn care, in accordance with the guidelines of the American Burn Association.

(13)(a) The ability to manage acute head and/or spinal cord injuries; or

(b) Written transfer guidelines and agreements for head and spinal cord injuries.

(c) Early transfer to an appropriate designated trauma rehabilitation service shall be considered;

(14) A trauma rehabilitation coordinator to facilitate the trauma patient's access to pediatric rehabilitation services;

(15)(a) A designated pediatric trauma rehabilitation service; or

(b) Written agreements to transfer patients to a designated pediatric trauma rehabilitation service when medically feasible.

(16) A heli-stop, landing zone or airport located close enough to permit the facility to receive or transfer patients by fixed-wing or rotary-wing aircraft.

[Statutory Authority: Chapter 70.168 RCW. 02-12-107, § 246-976-780, filed 6/5/02, effective 7/6/02; 98-19-107, § 246-976-780, filed 9/23/98, effective 10/24/98; 98-04-038, § 246-976-780, filed 1/29/98, effective 3/1/98; 93-20-063, § 246-976-780, filed 10/1/93, effective 11/1/93. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-780, filed 12/23/92, effective 1/23/93.]

WAC 246-976-790 Designation standards for facilities providing level II pediatric trauma care service—Outreach, public education, and trauma care education. A facility with a designated level II pediatric trauma care service shall have:

(1) An outreach program with telephone and on-site consultations with physicians of the community and outlying areas regarding pediatric trauma care;

(2) A public education program addressing injury prevention;

(3) A formal program of continuing trauma care education for:

(a) Staff physicians;

(b) Nurses;

(c) Allied health care professionals;

(d) Community physicians; and

(e) Prehospital personnel;

(4) Make the facility available for initial and maintenance training of invasive manipulative skills for prehospital personnel.

[Statutory Authority: Chapter 70.168 RCW. 98-04-038, § 246-976-790, filed 1/29/98, effective 3/1/98; 93-20-063, § 246-976-790, filed 10/1/93, effective 11/1/93. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-790, filed 12/23/92, effective 1/23/93.]

WAC 246-976-810 Designation standards for facilities providing level III pediatric trauma care service—Administration and organization. A facility with a designated level III pediatric trauma care service shall have:

(1)(a) Organization and direction by a general surgeon or other physician with special competence in care of the injured child. The service may have as codirector another physician with special competence in care of the injured child;

(b) Ongoing coordination of the trauma care service by a registered nurse with special competence in care of the injured child;

(c) A multidisciplinary trauma committee chaired by the trauma service director, with input to hospital management, including:

(i) An emergency physician with special competence in pediatric trauma care;

(ii) An emergency department registered nurse;

(iii) A general surgeon with special competence in pediatric trauma care;

(iv) An orthopaedic surgeon;

(v) An anesthesiologist;

(vi) The pediatric trauma care service nurse coordinator;

(vii) A pediatric critical care registered nurse;

(viii) A pediatrician with special competence in critical care; and

(ix) The trauma rehabilitation coordinator;

(d) The multidisciplinary trauma committee shall adopt an approved method to determine activation of the trauma team, as described in WAC 246-976-870;

(e) A trauma team to provide initial evaluation, resuscitation and treatment.

(i) The team shall be organized and directed by a general surgeon with special competence in care of the injured child; and who assumes responsibility for coordination of overall care of the pediatric trauma patient;

(ii) All members of the team, except the surgeon and the anesthesiologist or CRNA (if a member of the team), shall be available within five minutes of notification of team activation;

(iii) The team shall include:

(A) An emergency physician with special competence in pediatric trauma care, who is:

(I) Responsible for activating the trauma team, using an approved method as defined in WAC 246-976-870; and

(II) Responsible for providing team leadership and care for the pediatric trauma patient until the arrival of the general surgeon in the resuscitation area;

(B) A pediatric surgeon, or general surgeon with special competence in pediatric trauma surgery, on-call and available within thirty minutes of notification of team activation, who shall assume responsibility for patient care upon arrival in the resuscitation area;

(iv) The trauma care service shall identify all other members of the team.

(f) Specific delineation of pediatric trauma surgery privileges by the medical staff.

(2) An emergency department with written standards of care to ensure immediate and appropriate care for pediatric trauma patients.

(3) A surgery department, including:

(a) General surgery, with special competence in care of the pediatric trauma patient;

(b)(i) Written transfer guidelines and agreements for head and spinal cord injuries; or

(ii) Neurosurgery, with a neurosurgeon on-call and available within thirty minutes of notification of team activation;

(c)(i) Written transfer guidelines and procedures for patients requiring orthopaedic surgery; or

(ii) Orthopaedic surgery, with an orthopaedic surgeon on-call and available within thirty minutes of request by the trauma team leader;

(4) Nonsurgical specialties, including:

(a) Anesthesiology, with an anesthesiologist or certified registered nurse anesthetist, who:

(i) Is ACLS trained, except this requirement shall not apply to a physician board-certified in anesthesiology;

(ii) Has completed the pediatric education requirement (PER) as defined in WAC 246-976-887; and

(iii) On-call and available within thirty minutes of notification of team activation;

(b) A radiologist on-call and available for patient service within thirty minutes of notification of team activation;

(c) General pediatrics, with board-certified pediatricians on-call and available for pediatric patient consultation or management;

(5) Written policy and procedures for access to ancillary services specific for pediatric patients, including:

(a) Chemical dependency services;

(b) Child and adult protection services;

(c) Clergy or pastoral care;

(d) Nutritionist services;

(e) Pediatric therapeutic recreation;

(f) Pharmacy;

(g) Physical therapy services;

(h) Rehabilitation services;

(i) Social services;

(6) A written policy and procedures to divert patients to other designated trauma care services. The policy shall be based on criteria which reflect the service's ability to resuscitate and stabilize each patient at a particular time;

(7) A trauma registry as required by WAC 246-976-430;

(8) A quality assurance program in accordance with WAC 246-976-881; and cooperate with regional trauma care quality assurance programs throughout the state established pursuant to WAC 246-976-910;

(9) Interfacility transfer guidelines and agreements consistent with WAC 246-976-890.

[Statutory Authority: Chapter 70.168 RCW. 02-12-107, § 246-976-810, filed 6/5/02, effective 7/6/02; 98-19-107, § 246-976-810, filed 9/23/98, effective 10/24/98; 98-04-038, § 246-976-810, filed 1/29/98, effective 3/1/98; 93-20-063, § 246-976-810, filed 10/1/93, effective 11/1/93. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-810, filed 12/23/92, effective 1/23/93.]

WAC 246-976-820 Designation standards for facilities providing level III pediatric trauma care service—Basic resources and capabilities. A facility with a designated level III pediatric trauma care service shall have:

(1) An emergency department with:

(a) A physician director who:

(i) Is board-certified in emergency medicine or pediatric emergency medicine;

(ii) Is ATLS and ACLS trained, except this requirement shall not apply to a physician board-certified in emergency medicine; and

(iii) Has completed the pediatric education requirement (PER) as defined in WAC 246-976-887, except this requirement shall not apply to a physician board-certified in pediatric emergency medicine;

(b) Physicians who:

(i) Have special competence in the resuscitation and care of pediatric trauma patients;

(ii) Are available within five minutes of patient's arrival in the emergency department;

(iii) Are ATLS and ACLS trained, except this requirement shall not apply to a physician board-certified in emergency medicine;

(iv) Have completed the PER as defined in WAC 246-976-887, except this requirement shall not apply to a physician board-certified in pediatric emergency medicine; and

(v) Are designated as members of the trauma team;

(c) Registered nurses who:

(i) Have completed the PER as defined in WAC 246-976-887;

(ii) Have successfully completed a trauma life support course as defined in WAC 246-976-885;

(iii) Are in the emergency department and available within five minutes of patient's arrival in the emergency department;

(d) An area designated for pediatric resuscitation, with equipment for resuscitation and life support of pediatric patients, including equipment as described in WAC 246-976-620;

(e) Routine radiological capabilities, by a technician available within twenty minutes of notification of team activation.

(2) A surgery department, including an attending surgeon who is:

On-call and available within thirty minutes of notification of team activation; and

(a) Has general surgery privileges, with special competence in pediatric care;

(b) Has completed the PER as defined in WAC 246-976-887;

(c) Has ATLS, except this requirement shall not apply to a physician board-certified in surgery.

(3) An operating room available within five minutes of notification of team activation, with:

(a) A registered nurse or designee of the operating room staff who is available within five minutes of notification of team activation to open the operating room, and to coordinate responsibilities to ensure the operating room is ready for surgery upon arrival of the patient, the surgeon, and the anesthesiologist;

(b) Other essential personnel on-call and available within thirty minutes of notification of team activation;

(c) A written policy providing for mobilization of additional surgical teams for pediatric trauma patients.

(d) Instruments and equipment appropriate for pediatric surgery, including equipment as described in WAC 246-976-620;

(4) A post-anesthetic recovery unit with:

(a) Essential personnel on-call and available twenty-four hours a day;

(b) Nurses ACLS trained;

(c) Nurses who have completed the PER as defined in WAC 246-976-887;

(d) Appropriate monitoring and resuscitation equipment;

(5) Availability of pediatric critical care, with:

(a) A written transfer agreement and guidelines for pediatric trauma patients requiring critical care services; or

(b) A pediatric critical care unit in accordance with standards as delineated for level II pediatric trauma service in WAC 246-976-780(5), except the medical director or codirector shall be board-certified in pediatrics or another relevant specialty with special competence in pediatric critical care;

(c) A physician with special competence in pediatric critical care, available within five minutes of notification;

(d) A physician-directed code team;

(e) Pediatric critical care nursing, with registered nurses who have:

(i) Special competence in pediatric trauma care; and

(ii) Completed the PER as defined in WAC 246-976-887;

(f) Equipment as described in WAC 246-976-620 and WAC 246-976-825.

(6) Respiratory therapy on-call and available within five minutes of notification;

(7) A clinical laboratory technologist available within twenty minutes of notification;

(8) Clinical laboratory services, including:

(a) Standard analyses of blood, urine, and other body fluids;

(b) Coagulation studies;

(c) Blood gases and pH determination;

(d) Microbiology;

(e) Serum alcohol and toxicology determination; and

(f) Microtechnique.

(9) Blood and blood-component services, including:

(a) Blood and blood components available from in-house or through community services, to meet patient needs;

(b) Noncrossmatched blood available on patient arrival in the emergency department;

(c) Blood typing and cross-matching;

(d) Policies and procedures for massive transfusion;

(e) Autotransfusions; and

(f) Blood storage capability;

(10) Radiological services, including a technician on-call and available within twenty minutes of notification, able to perform:

(a) Routine radiological studies;

(b) Computerized tomography;

(11) Acute dialysis capability, or written transfer agreements;

(12) Written transfer guidelines in accordance with the guidelines of the American Burn Association, and transfer agreements for burn care;

(13)(a) Written transfer guidelines and agreements for patients with head or spinal cord injuries; or

(b) Have neurosurgery, with a neurosurgeon on-call and available within thirty minutes of request by the trauma team leader.

(c) Early transfer to an appropriate designated trauma rehabilitation service shall be considered;

(14) A trauma rehabilitation coordinator to facilitate the pediatric trauma patient's access to pediatric rehabilitation services;

(15)(a) A designated pediatric trauma rehabilitation service; or

(b) Written agreements to transfer patients to a designated pediatric trauma rehabilitation service when medically feasible.

(16)(a) A heli-stop, landing zone, or airport located close enough to permit the facility to receive or transfer patients by fixed-wing or rotary-wing aircraft; or

(b) Have a written policy and procedures addressing the receipt of patients by air, and transfer of patients to other designated trauma services by ground or air.

[Statutory Authority: Chapter 70.168 RCW. 02-12-107, § 246-976-820, filed 6/5/02, effective 7/6/02; 98-19-107, § 246-976-820, filed 9/23/98, effective 10/24/98; 98-04-038, § 246-976-820, filed 1/29/98, effective 3/1/98; 93-20-063, § 246-976-820, filed 10/1/93, effective 11/1/93. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-820, filed 12/23/92, effective 1/23/93.]

WAC 246-976-822 Designation standards for facilities providing level III pediatric trauma care service—Trauma care education. A facility with a designated level III trauma care service shall:

(1) Have a public education program addressing injury prevention;

(2) Make the facility available for initial and maintenance training of invasive manipulative skills for prehospital personnel.

[Statutory Authority: Chapter 70.168 RCW. 98-04-038, § 246-976-822, filed 1/29/98, effective 3/1/98.]

WAC 246-976-830 Designation standards for facilities providing level I trauma rehabilitation service. (1) Level I trauma rehabilitation services shall:

(a) Treat trauma inpatients and outpatients, regardless of disability or level of severity or complexity, who are fifteen years old or older. For adolescent trauma patients, the service shall consider whether educational goals, premorbid learning or developmental status, social or family needs and other factors indicate treatment in an adult or pediatric rehabilitation service;

(b) Have and retain accreditation by the commission on accreditation of rehabilitation facilities (CARF) for hospital-based comprehensive inpatient rehabilitation, category one;

(i) Abeyance or deferral status from CARF do not qualify an applicant for designation;

(ii) If the applicant holds one-year accreditation, the application for trauma care service designation shall include a copy of the CARF survey report and recommendations;

(c) House patients on a designated rehabilitation nursing unit;

(d) Provide a peer group for persons with similar disabilities;

(e) Be directed by a physiatrist who is in-house or on-call and responsible for rehabilitation concerns twenty-four hours every day;

(f) Have a diversion or transfer policy with protocols on an individual patient basis, based on the ability to manage that patient at that time;

(g) In addition to the CARF medical consultative service requirements, have the following medical services in-house or on-call twenty-four hours every day:

(i) Anesthesiology, with an anesthesiologist or certified registered nurse anesthetist (CRNA); and

(ii) Radiology;

(h) Provide rehabilitation nursing personnel twenty-four hours every day, with:

(i) Management by a registered nurse;

(ii) At least one certified rehabilitation registered nurse (CRRN) on duty each day and evening shift when a trauma patient is present;

(iii) A minimum of six clinical nursing care hours per patient day for each trauma patient;

(iv) The initial care plan and weekly update reviewed and approved by a CRRN; and

(v) An orientation and training program for all levels of rehabilitation nursing personnel;

(i) Provide the following health personnel and services twenty-four hours every day:

(i) Access to pharmaceuticals, with a pharmacist on-call and available for consultation, with capability to have immediate access to patient and pharmacy data bases, within five minutes of notification;

(ii) Personnel trained in intermittent urinary catheterization; and

(iii) Respiratory therapy;

(j) Provide the following trauma rehabilitation services with staff who are licensed, registered, or certified, and who are in-house or available for treatment every day when indicated in the rehabilitation plan:

(i) Occupational therapy;

(ii) Physical therapy;

(iii) Psychology, including:

(A) Neuropsychological services;

(B) Clinical psychological services, including testing and counseling; and

(C) Substance abuse counseling;

(iv) Social services;

(v) Speech/language pathology;

(k) Provide the following services in-house or through affiliation or consultative arrangements with staff who are licensed, registered, certified, or degreed:

(i) Communication augmentation;

(ii) Driver evaluation and training;

(iii) Orthotics;

(iv) Prosthetics;

(v) Rehabilitation engineering for device development and adaptations;

(vi) Therapeutic recreation; and

(vii) Vocational rehabilitation;

(l) Provide the following diagnostic services in-house or through affiliation or consultative arrangements with staff who are licensed, registered, certified, or degreed:

(i) Diagnostic imaging, including computerized tomography, magnetic resonance imaging, nuclear medicine, and radiology;

(ii) Electrophysiologic testing, to include:

(A) Electroencephalography;

(B) Electromyography;

(C) Evoked potentials;

(iii) Laboratory services; and

(iv) Urodynamic testing;

(m) Serve as a regional referral center for patients in their geographical area needing only level II or III rehabilitation care;

(n) Have an outreach program regarding trauma rehabilitation care, consisting of telephone and on-site consultations with physicians and other health care professionals in the community and outlying areas;

(o) Have a formal program of continuing trauma rehabilitation care education, both in-house and outreach, provided for nurses and allied health care professionals;

(p) Have an ongoing structured program to conduct clinical studies, applied research, or analysis in rehabilitation of trauma patients, and report results within a peer review process.

(2) A level I trauma rehabilitation service shall:

(a) Have a quality assurance/improvement program in accordance with WAC 246-976-881;

(b) Participate in trauma registry activities as required in WAC 246-976-430;

(c) Participate in the regional trauma quality assurance program as required in WAC 246-976-910.

[Statutory Authority: Chapter 70.168 RCW. 98-04-038, § 246-976-830, filed 1/29/98, effective 3/1/98; 93-20-063, § 246-976-830, filed 10/1/93, effective 11/1/93.]

WAC 246-976-840 Designation standards for facilities providing level II trauma rehabilitation service. (1) Level II trauma rehabilitation services shall:

(a) Treat trauma inpatients and outpatients with any disability or level of severity or complexity within the service's capabilities as defined in (c) of this subsection, who are fifteen years old or older;

(b) For adolescent trauma patients, the service shall consider whether educational goals, premorbid learning or developmental status, social or family needs, and other factors indicate treatment in an adult or pediatric rehabilitation service;

(c) Delineate criteria for admission based on diagnosis and severity of impairment;

(d) Have and retain accreditation by the commission on accreditation of rehabilitation facilities (CARF) for comprehensive inpatient rehabilitation, category one or two;

(i) Abeyance or deferral status do not qualify an applicant for designation;

(ii) If the applicant holds one-year accreditation, the application for trauma service designation shall include a copy of the CARF survey report and recommendations;

(e) House patients on a designated rehabilitation nursing unit;

(f) Provide a peer group for persons with similar disabilities;

(g) Be directed by a physiatrist who is responsible for rehabilitation concerns twenty-four hours every day;

(h) Have a diversion or transfer policy with protocols on an individual patient basis, based on the ability to manage that patient at that time;

(i) In addition to the CARF medical consultative service requirements, provide the following medical services in-house or on-call twenty-four hours every day:

(i) Anesthesiology, with an anesthesiologist or certified registered nurse anesthetist (CRNA); and

(ii) Radiology;

(j) Provide rehabilitation nursing personnel twenty-four hours every day, with:

(i) Management by a registered nurse;

(ii) At least one certified rehabilitation registered nurse (CRRN) on duty one shift each day when a trauma patient is present;

(iii) A minimum of six clinical nursing care hours per patient day for each trauma patient;

(iv) The initial care plan and weekly update reviewed and approved by a CRRN; and

(v) An orientation and training program for all levels of rehabilitation nursing personnel;

(k) Provide the following health personnel and services twenty-four hours every day:

(i) Access to pharmaceuticals, with a pharmacist on-call and available for consultation, with capability to have immediate access to patient and pharmacy data bases, within five minutes of notification;

(ii) Personnel trained in intermittent urinary catheterization; and

(iii) Respiratory therapy;

(l) Provide the following trauma rehabilitation services with staff who are licensed, registered, or certified, and who are in-house or available for treatment every day when indicated in the rehabilitation plan:

(i) Occupational therapy;

(ii) Physical therapy;

(iii) Psychology, including:

(A) Neuropsychological services;

(B) Clinical psychological services, including testing and counseling;

(C) Substance abuse counseling;

(iv) Social services;

(v) Speech/language pathology;

(m) Provide the following services in-house or through affiliation or consultative arrangements with staff who are licensed, registered, certified, or degreed:

(i) Communication augmentation;

(ii) Driver evaluation and training;

(iii) Orthotics;

(iv) Prosthetics;

(v) Rehabilitation engineering for device development and adaptations;

(vi) Therapeutic recreation; and

(vii) Vocational rehabilitation;

(n) Provide the following diagnostic services in-house or through affiliation or consultative arrangements with staff who are licensed, registered, certified, or degreed:

(i) Diagnostic imaging, including computerized tomography, magnetic resonance imaging, nuclear medicine, and radiology;

(ii) Electrophysiologic testing, to include:

(A) Electroencephalography;

(B) Electromyography; and

(C) Evoked potentials;

(iii) Laboratory services;

(iv) Urodynamic testing;

(o) Have an outreach program regarding trauma rehabilitation care, consisting of telephone and on-site consultations with physicians and other health care professionals in the community and outlying areas;

(p) Have a formal program of continuing trauma rehabilitation care education, both in-house and outreach, provided for nurses and allied health care professionals.

(2) A level II trauma rehabilitation service shall:

(a) Have a quality assurance/improvement program in accordance with WAC 246-976-881;

(b) Participate in trauma registry activities as required in WAC 246-976-430;

(c) Participate in the regional trauma quality assurance program as required in WAC 246-976-910.

[Statutory Authority: Chapter 70.168 RCW. 98-04-038, § 246-976-840, filed 1/29/98, effective 3/1/98; 93-20-063, § 246-976-840, filed 10/1/93, effective 11/1/93.]

WAC 246-976-850 Designation standards for level III trauma rehabilitation service. (1) Level III trauma rehabilitation services shall:

(a) Provide a community based program of coordinated and integrated outpatient trauma rehabilitation services, evaluation, and treatment to those persons with trauma-related functional limitations, who do not need or no longer require comprehensive inpatient rehabilitation. Services may be provided in, but not limited to, the following settings:

(i) Freestanding outpatient rehabilitation centers;

(ii) Organized outpatient rehabilitation programs in acute hospital settings;

(iii) Day hospital programs; and

(iv) Other community settings;

(b) Treat patients according to admission criteria based on diagnosis and severity;

(c) Be directed by a physician with training and/or experience necessary to provide rehabilitative physician services, acquired through one of the following:

(i) Formal residency in physical medicine and rehabilitation;

(ii) A fellowship in rehabilitation for a minimum of one year; or

(iii) A minimum of two years' experience in providing rehabilitation services for patients typically seen in CARF-accredited comprehensive inpatient categories one, two, and three;

(d) Provide the following trauma rehabilitation services by staff who are licensed, registered, or certified:

(i) Occupational therapy;

(ii) Physical therapy;

(iii) Social services;

(iv) Speech/language pathology;

(e) Provide or assist the patient to obtain the following as defined in the rehabilitation plan:

(i) Audiology;

(ii) Chaplaincy;

(iii) Dentistry;

(iv) Dietetics;

(v) Driver evaluation and training;

(vi) Education;

(vii) Nursing;

(viii) Orthotics;

(ix) Prosthetics;

(x) Psychology;

(xi) Rehabilitation engineering for device development and adaptations;

(xii) Respiratory therapy;

(xiii) Substance abuse counseling;

(xiv) Therapeutic recreation;

(xv) Vocational rehabilitation;

(2) A level III trauma rehabilitation service shall:

(a) Have a quality assurance/improvement program in accordance with WAC 246-976-881;

(b) Participate in trauma registry activities as required in WAC 246-976-430;

(c) Participate in the regional trauma quality assurance program established pursuant to WAC 246-976-910.

[Statutory Authority: Chapter 70.168 RCW. 98-04-038, § 246-976-850, filed 1/29/98, effective 3/1/98; 93-20-063, § 246-976-850, filed 10/1/93, effective 11/1/93.]

WAC 246-976-860 Designation standards for facilities providing level I pediatric trauma rehabilitation service. (1) Level I pediatric rehabilitation services shall:

(a) Treat inpatients and outpatients, regardless of disability or level of severity or complexity, who are:

(i) Under fifteen years old; or

(ii) For adolescent trauma patients, determine whether educational goals, premorbid learning or developmental status, social or family needs, or other factors indicate treatment in an adult or pediatric setting.

(b) Have and retain accreditation by the commission on accreditation of rehabilitation facilities (CARF) for hospital-based comprehensive inpatient rehabilitation category one, including the additional designated pediatric program standards required to provide pediatric rehabilitative services;

(i) Abeyance or deferral status do not qualify an applicant for designation;

(ii) If the applicant holds one-year accreditation, the application for trauma care service designation shall include a copy of the CARF survey report and recommendations;

(c) House patients in a designated pediatric rehabilitation area, providing a pediatric milieu;

(d) Provide a peer group for persons with similar disabilities;

(e) Be directed by a physiatrist who is in-house or on-call and responsible for rehabilitation concerns twenty-four hours every day;

(f) Have a diversion or transfer policy with protocols on an individual patient basis, based on the ability to manage that patient at that time;

(g) In addition to the CARF medical consultative service requirements, have the following medical services in-house or on-call twenty-four hours every day:

(i) Anesthesiology, with an anesthesiologist or certified registered nurse anesthetist (CRNA);

(ii) A pediatrician;

(iii) Radiology;

(h) Provide rehabilitation nursing personnel twenty-four hours every day, with:

(i) Management by a registered nurse;

(ii) At least one certified rehabilitation registered nurse (CRRN) on duty each day shift and evening shift when a trauma patient is present;

(iii) A minimum of six clinical nursing care hours per patient day for each trauma patient;

(iv) All nursing personnel trained and/or experienced in pediatric rehabilitation;

(v) The initial care plan and weekly update reviewed and approved by a CRRN; and

(vi) An orientation and training program for all levels of rehabilitation nursing personnel;

(i) Provide the following health personnel and services twenty-four hours every day:

(i) Access to pharmaceuticals, with pharmacist in house;

(ii) Personnel trained in intermittent urinary catheterization; and

(iii) Respiratory therapy;

(j) Provide the following trauma rehabilitation services with staff who are licensed, registered, or certified, who are trained and/or experienced in pediatric rehabilitation, and who are in-house or available for treatment every day when indicated in the rehabilitation plan:

(i) Occupational therapy;

(ii) Physical therapy;

(iii) Psychology, including:

(A) Neuropsychological services;

(B) Clinical psychological services, including testing and counseling; and

(C) Substance abuse counseling;

(iv) Social services;

(v) Speech/language pathology;

(k) Provide the following services in-house or through affiliation or consultative arrangements with staff who are licensed, registered, certified, or degreed:

(i) Communication augmentation;

(ii) Educational component of the program appropriate to the disability and developmental level of the child, to include educational screening, instruction, and discharge planning coordinated with the receiving school district;

(iii) Orthotics;

(iv) Play space, with supervision by a pediatric therapeutic recreation specialist or child life specialist, to provide assessment and play activities;

(v) Prosthetics;

(vi) Rehabilitation engineering for device development and adaptations;

(vii) Therapeutic recreation;

(l) Provide the following diagnostic services in-house or through affiliation or consultative arrangements with staff who are licensed, registered, certified, or degreed:

(i) Electrophysiologic testing, to include:

(A) Electroencephalography;

(B) Electromyography;

(C) Evoked potentials;

(ii) Diagnostic imaging, including computerized tomography, magnetic resonance imaging, nuclear medicine, and radiology;

(iii) Laboratory services; and

(iv) Urodynamic testing;

(m) Have an outreach program regarding pediatric trauma rehabilitation care, consisting of telephone and on-site consultations with physicians and other health care professionals in the community and outlying areas;

(n) Have a formal program of continuing pediatric trauma rehabilitation care education, both in-house and outreach, provided for nurses and allied health care professionals;

(o) Have an ongoing structured program to conduct clinical studies, applied research or analysis in rehabilitation of pediatric trauma patients, and report results within a peer-review process.

(2) A level I pediatric rehabilitation service shall:

(a) Have a quality assurance/improvement program in accordance with WAC 246-976-881;

(b) Participate in trauma registry activities as required in WAC 246-976-430;

(c) Participate in the regional trauma quality assurance program as required in WAC 246-976-910.

[Statutory Authority: Chapter 70.168 RCW. 98-19-107, § 246-976-860, filed 9/23/98, effective 10/24/98; 98-04-038, § 246-976-860, filed 1/29/98, effective 3/1/98; 93-20-063, § 246-976-860, filed 10/1/93, effective 11/1/93.]

TRAUMA TEAM ACTIVATION, QUALITY ASSESSMENT, EDUCATIONAL REQUIREMENTS, AND TRANSFER GUIDELINES

WAC 246-976-870 Trauma team activation. (1) The purpose of trauma team activation is to assure all personnel and resources necessary for optimal care of the trauma patient are available when the patient arrives in the emergency department. To assure optimal patient care:

(a) Patient status shall be reported from the field by prehospital providers to the emergency department in the receiving trauma care service;

(i) It is the responsibility of the prehospital providers to determine all relevant information and report it to the receiving facility;

(ii) It is the responsibility of the receiving facility to request any relevant information that is not volunteered by the prehospital providers.

(b) The service shall use the prehospital information to determine activation of a trauma team and/or resources appropriate for the care of the patient.

(c) The presence of the general surgeon, when included in the service's scope of practice, is necessary both to exercise his or her professional judgment that immediate surgery is not indicated, as well as to perform surgery when it is indicated, and to direct resuscitation and patient transfer if necessary.

(2) Each designated trauma care service shall use an approved method to determine activation of its trauma team. The method shall include information obtained from prehospital providers and other sources appropriate to the circumstances.

(a) The method shall use notification by a prehospital provider that the patient meets trauma patient triage criteria, as defined in WAC 246-976-370; and

(b) A scoring system such as the Prehospital Index, or patient-based criteria, which includes evaluation of each patient's:

(i) Vital signs and level of consciousness;

(ii) Anatomy of injury, including evaluation;

(iii) Mechanism of injury; and

(iv) Comorbid factors.

(c) If a methodology is used for modified trauma team response, it shall:

(i) Provide a mechanism to upgrade the level of trauma team response based on newly acquired information; and

(ii) Be approved by the department.

(d) The method may include a response by a neurosurgeon in place of response by a general surgeon when, based on prehospital information, the mechanism of injury clearly indicates isolated penetrating trauma to the brain.

[Statutory Authority: Chapter 70.168 RCW. 98-04-038, § 246-976-870, filed 1/29/98, effective 3/1/98.]

WAC 246-976-881 Trauma quality assurance programs for designated trauma care services. (1) All designated levels I - V and pediatric levels I - III trauma care services shall have a quality assessment and improvement program that reflects and demonstrates a process for continuous quality improvement in the delivery of trauma care, with:

(a) An organizational structure that facilitates the process of quality assurance and improvement and identifies the authority to change policies, procedures, and protocols that address the care of the trauma patient;

(b) Participation of members of the trauma team;

(c) Developments of standards of quality care;

(d) A process for monitoring compliance with or adherence to the standards;

(e) A process of peer review to evaluate specific cases or problems identified by the monitoring process;

(f) A process for correcting problems or deficiencies;

(g) A process to analyze and evaluate the effect of corrective action;

(h) A process to insure that confidentiality of patient and provider information is maintained according to the standards of RCW 70.41.200 and 70.168.090.

(2) Designated levels I and II trauma rehabilitation services and level I pediatric trauma rehabilitation services shall have a quality assessment and improvement program that reflects and demonstrates a process for continuous quality improvement in the delivery of trauma care, with:

(a) An organizational structure and plan that facilitates the process of quality assurance and improvement and identified the authority to change policies, procedures, and protocols that address the care of the major trauma patient;

(b) Participation of members of the multidisciplinary trauma rehabilitation team, including involvement of the trauma rehabilitation coordinator of the referring acute trauma care service;

(c) Development of outcome standards;

(d) A process for monitoring compliance with or adherence to the outcome standards;

(e) A process of internal peer review to evaluate specific cases or problems identified by the outcome monitoring process;

(f) A process for implementing corrective action to address problems or deficiencies;

(g) A process to analyze and evaluate the effect of corrective action;

(h) A process to insure that confidentiality of patient and provider information is maintained according to the standards of RCW 70.41.200 and 70.168.090.

(3) A designated level III trauma rehabilitation service shall have an organized trauma rehabilitation quality assessment and improvement program that reflects and demonstrates a process for continuous quality improvement in the delivery of trauma care, with:

(a) A special audit process for rehabilitation trauma patients to identify the trauma rehabilitation outcome standards and indicators which monitor this program;

(b) A multidisciplinary team, to include the physician identified as responsible for coordination of rehabilitation trauma activities;

(c) A process to insure that confidentiality of patient and provider information is maintained according to the standards of RCW 70.41.200 and 70.168.090.

[Statutory Authority: Chapter 70.168 RCW. 98-04-038, § 246-976-881, filed 1/29/98, effective 3/1/98.]

WAC 246-976-885 Educational requirements—Designated trauma care service personnel. (1) To allow for timely and orderly establishment of the trauma system, the department shall consider that education requirements established in this chapter for all personnel caring for trauma patients in a designated trauma care service, have been met if:

(a) At the time of initial designation, twenty-five percent of all personnel meet the education and training requirements defined in this chapter;

(b) At the end of the first year of designation, fifty percent of all personnel meet the education and training requirements defined in this chapter;

(c) At the end of the second year of designation, seventy-five percent of all personnel meet the education and training requirements defined in this chapter; and

(d) At the end of the third year of designation, and in all subsequent designation periods, ninety percent of all personnel meet the education and training requirements defined in this chapter.

(2) To meet the requirements for a trauma life support course:

(a) Emergency department registered nurses in levels I, II, III and IV trauma care services, and in levels I, II, and III pediatric trauma care services, shall have successfully completed a trauma nurse core course (TNCC), or a department-approved equivalent that includes a minimum of sixteen contact hours of trauma-specific education on the following topics:

(i) Mechanism of injury;

(ii) Shock and fluid resuscitation;

(iii) Initial assessment;

(iv) Pediatric trauma;

(v) Stabilization and transport;

(b) Registered nurses in critical care units in level I or II trauma care services shall have successfully completed a minimum of eight contact hours of trauma-specific education;

(c) Registered nurses in critical care units in level III trauma care services shall have successfully completed a minimum of four contact hours of trauma-specific education;

(d) For level IV services, if the service's scope of care defined in WAC 246-976-640(2) includes critical care for trauma patients, registered nurses in critical care units shall have successfully completed a minimum of four contact hours of trauma-specific education.

[Statutory Authority: Chapter 70.168 RCW. 98-04-038, § 246-976-885, filed 1/29/98, effective 3/1/98. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-885, filed 12/23/92, effective 1/23/93.]

WAC 246-976-886 Pediatric education requirements (PER) for nonpediatric designated facilities. (1) In designated levels I, II, III, and IV general trauma care services emergency physicians and emergency RNs who are involved in the resuscitation and stabilization of pediatric trauma patients shall have PER, as provided in subsection (3) of this section, appropriate to their scope of trauma care.

(2) In designated levels I, II, and III general trauma care services general surgeons, anesthesiologists, CRNAs and PACU RNs who are involved in the resuscitation and stabilization of pediatric trauma patients shall have PER, as provided in subsection (3) of this section, appropriate to their scope of trauma care.

(3) PER can be met by the following methods:

(a) One-time completion of pediatric advanced life support (PALS) or a substantially equivalent training course;

(b) Current certification in ATLS; or

(c) Completion of a least five contact hours of pediatric trauma education during each designation period. PER contact hours will:

(i) Include the following topics:

(A) Initial stabilization and transfer of pediatric trauma;

(B) Assessment and management of pediatric airway and breathing;

(C) Assessment and management of pediatric shock, including vascular access;

(D) Assessment and management of pediatric head injuries;

(E) Assessment and management of pediatric blunt abdominal trauma;

(ii) Be accomplished through one or more of the following methods:

(A) Review and discussion of individual pediatric trauma cases within the trauma QA/QI program;

(B) Staff meetings;

(C) Classes, formal or informal;

(D) Web-based learning; or

(E) Other methods of learning which appropriately communicate the required topics listed in this section.

[Statutory Authority: Chapter 70.168 RCW. 02-12-107, § 246-976-886, filed 6/5/02, effective 7/6/02.]

WAC 246-976-887 Pediatric education requirements (PER) for pediatric designated facilities. (1) In designated levels I, II, III pediatric trauma care services emergency physicians, emergency RNs, general surgeons, pediatric intensivists, anesthesiologists, CRNAs, ICU RNs and PACU RNs who are involved in the resuscitation, stabilization and inpatient care of pediatric trauma patients shall have PER, as provided in subsection (2) of this section, appropriate to their scope of trauma care.

(2) PER can be met by the following methods:

(a) One-time completion of pediatric advance life support (PALS) or a substantially equivalent training course;

(b) Current certification in ATLS; or

(c) Completion of at least seven contact hours of pediatric trauma education during each designation period. PER contact hours will:

(i) Include the following topics:

(A) Initial stabilization and transfer of pediatric trauma;

(B) Assessment and management of pediatric airway and breathing;

(C) Assessment and management of pediatric shock, including vascular access;

(D) Assessment and management of pediatric head injuries;

(E) Assessment and management of pediatric blunt abdominal trauma;

(F) Pediatric sedation and analgesia;

(G) Complications of pediatric multiple system trauma;

(ii) Be accomplished through one or more of the following methods:

(A) Review and discussion of individual pediatric trauma cases within the trauma QA/QI program;

(B) Staff meetings;

(C) Classes, formal or informal;

(D) Web-based learning; or

(E) Other methods of learning which appropriately communicate the required topics listed in this section.

[Statutory Authority: Chapter 70.168 RCW. 02-12-107, § 246-976-887, filed 6/5/02, effective 7/6/02.]

SYSTEM ADMINISTRATION

WAC 246-976-890 Interhospital transfer guidelines and agreements. Designated trauma services must:

(1) Have written guidelines for the identification and transfer of patients with special care needs exceeding the capabilities of the trauma service.

(2) Have written transfer agreements with other designated trauma services.The agreements must address the responsibility of the transferring hospital, the receiving hospital, and the prehospital transport agency, including a mechanism to assign medical control during interhospital transfer.

(3) Have written guidelines to identify trauma patients who are transferred in from other facilities, whether admitted through the emergency department or directly into other hospital services.

(4) Use verified prehospital trauma services for interfacility transfer of trauma patients.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-890, filed 4/5/00, effective 5/6/00. Statutory Authority: Chapter 70.168 RCW. 98-04-038, § 246-976-890, filed 1/29/98, effective 3/1/98. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-890, filed 12/23/92, effective 1/23/93.]

WAC 246-976-910 Regional quality assurance and improvement program. (1) The department will:

(a) Develop guidelines for a regional EMS/TC system quality assurance and improvement program including:

(i) Purpose and principles of the program;

(ii) Establishing and maintaining the program;

(iii) Process;

(iv) Membership of the quality assurance and improvement program committee;

(v) Authority and responsibilities of the quality assurance and improvement program committee;

(b) Review and approve written regional quality assurance and improvement plans;

(c) Provide trauma registry data to regional quality assurance and improvement programs in the following formats:

(i) Quarterly standard reports;

(ii) Ad hoc reports as requested according to department guidelines.

(2) Levels I, II, and III, and Level I, II and III pediatric trauma care services must:

(a) Establish, coordinate and participate in regional EMS/TC systems quality assurance and improvement programs;

(b) Ensure participation in the regional quality assurance and improvement program of:

(i) Their trauma service director or codirector; and

(ii) The RN who coordinates the trauma service;

(c) Ensure maintenance and continuation of the regional quality assurance and improvement program.

(3) The regional quality assurance and improvement program committee must include:

(a) At least one member of each designated facility's medical staff;

(b) The RN coordinator of each designated trauma service;

(c) An EMS provider.

(4) The regional quality assurance program must invite the MPD and all other health care providers and facilities providing trauma care in the region, to participate in the regional trauma quality assurance program.

(5) The regional quality assurance and improvement program may invite:

(a) One or more regional EMS/TC council members;

(b) A trauma care provider who does not work or reside in the region.

(6) The regional quality assurance and improvement program must include a written plan for implementation including:

(a) Operational policies and procedures that detail committee actions and processes;

(b) Audit filters for adult and pediatric patients;

(c) Monitoring compliance with the requirements of chapter 70.168 RCW and this chapter;

(d) Policies and procedures for notifying the department and the regional EMS/TC council of identified regional or statewide trauma system issues, and any recommendations;

(e) Policies regarding confidentiality of:

(i) Information related to provider's and facility's clinical care, and patient outcomes, in accordance with chapter 70.168 RCW;

(ii) Quality assurance and improvement committee minutes, records, and reports in accordance with RCW 70.168.-090(4), including a requirement that each attendee of a regional quality assurance and improvement committee meeting is informed in writing of the confidentiality requirement. Information identifying individual patients may not be publicly disclosed without the patient's consent.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-910, 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), § 246-976-910, filed 12/23/92, effective 1/23/93.]

WAC 246-976-920 Medical program director. (1) The MPD must:

(a) Be knowledgeable in the administration and management of prehospital emergency medical care and services;

(b) Provide medical control and direction of EMS/TC certified personnel in their medical duties, by oral or written communication;

(c) Develop and adopt written prehospital patient care protocols to direct EMS/TC certified personnel in patient care. These protocols may not conflict with regional patient care procedures or with the authorized care of the certified prehospital personnel as described in WAC 246-976-182;

(d) Establish protocols for storing, dispensing, and administering controlled substances, in accordance with state and federal regulations and guidelines;

(e) Participate with the local and regional EMS/TC councils and emergency communications centers to develop and revise regional patient care procedures;

(f) Participate with the local and regional EMS/TC councils to develop and revise regional plans and make timely recommendations to the regional council;

(g) Work within the parameters of the approved regional patient care procedures and the regional plan;

(h) Supervise training of all EMS/TC certified personnel;

(i) Develop protocols for special training described in WAC 246-976-021(5);

(j) Periodically audit the medical care performance of EMS/TC certified personnel;

(k) Recommend to the department certification, recertification, or denial of certification of EMS/TC personnel;

(l) Recommend to the department disciplinary action to be taken against EMS/TC personnel, which may include modification, suspension, or revocation of certification;

(m) Recommend to the department individuals applying for recognition as senior EMS instructors.

(2) In accordance with department policies and procedures, the MPD may:

(a) Delegate duties to other physicians, except for duties described in subsection (1)(c), (k), and (l) of this section. The delegation must be in writing;

(i) The MPD must notify the department in writing of the names and duties of individuals so delegated, within fourteen days;

(ii) The MPD may remove delegated authority at any time, which shall be effective upon written notice to the delegate and the department;

(b) Delegate duties relating to training, evaluation, or examination of certified EMS/TC personnel, to qualified nonphysicians. The delegation must be in writing;

(c) Enter into EMS/TC medical control agreements with other MPDs;

(d) Recommend denial of certification to the department for any applicant the MPD can document is unable to function as an EMS provider, regardless of successful completion of training, evaluation, or examinations; and

(e) Utilize examinations to determine the knowledge and abilities of IV technicians, airway technicians, intermediate life support technicians, or paramedics prior to recommending applicants for certification or recertification.

(3) The department may withdraw the certification of an MPD for failure to comply with the Uniform Disciplinary Act (chapter 18.130 RCW) and other applicable statutes and regulations.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-920, 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), § 246-976-920, filed 12/23/92, effective 1/23/93.]

WAC 246-976-930 General responsibilities of the department. In addition to the requirements described in chapters 18.71, 18.73, and 70.168 RCW, and elsewhere in this chapter:

(1) The department shall review, recommend changes to, and approve regional plans and regional patient care procedures based on the requirements of this chapter and recommendations from the steering committee, and upon consideration of the needs of patients.

(a) The department may approve regional plans which include standards that are consistent with chapter 70.168 RCW and other state and federal laws, but which exceed the requirements of this chapter.

(b) The department will develop a process for biennial update of regional and statewide planning. The process will include provisions to amend regional plans between biennial updates.

(2) The department will publish standards for minimum required knowledge and skill objectives for ongoing training and evaluation programs (OTEP) for first responders and EMTs, as authorized in RCW 18.73.081 (3)(b). The department will publish procedures to approve OTEPs.

(3) The department will publish prehospital trauma triage procedures for activation of the trauma system from the field. The procedures will include assessment of the patient's:

(a) Vital signs and level of consciousness;

(b) Anatomy of injury;

(c) Biomechanics of the injury; and

(d) Comorbid and associated risk factors.

(4) The department may approve pilot programs and projects which have:

(a) Stated objectives;

(b) A specified beginning and ending date;

(c) An identified way to measure the outcome;

(d) A review process;

(e) A work plan with a time line;

(f) If training of EMS/TC personnel is involved, consistency with the requirements of WAC 246-976-021(5).

(5) The department will review at least every four years:

(a) Rules, policies, and standards for EMS/TC, with the advice of the steering committee;

(b) Rules and standards for licensure of services and vehicles, and for certification of EMS/TC personnel, with the advice of the L&C committee;

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-930, 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), § 246-976-930, filed 12/23/92, effective 1/23/93.]

WAC 246-976-935 Emergency medical services and trauma care system trust account. RCW 70.168.040 establishes the emergency medical services and trauma care system trust account. With the advice of the EMS/TC steering committee, the department will develop a method to budget and distribute funds in the trust account. The department may use an injury severity score to define a major trauma patient. Initially, the method and budget will be based on the department's *Trauma Care Cost Reimbursement Study, final report (October 1991).* The committee and the department will review the method and the budget at least every two years.

(1) Definitions: The following phrases used in this section mean:

(a) "Initial acute episode of injury" refers to care that is related to a major trauma. This can include prehospital care, resuscitation, stabilization, inpatient care and/or subsequent transfer, and rehabilitation. It does not include later readmission or outpatient care.

(b) "Needs grant" is a trust account payment that is based on a demonstrated need to develop and maintain service that meets the trauma care standards of chapter 70.168 RCW and this chapter. Needs grants are awarded to verified trauma care ambulance or aid services. Services must be able to show that they have looked for other resources without success before they will be considered for a needs grant.

(c) "Participation grant" refers to a trust account payment designed to compensate the recipient for participation in the state's comprehensive trauma care system. These grants are intended as a tool for assuring access to trauma care. Participation grants are awarded to:

(i) Verified trauma care ambulance or aid services;

(ii) Designated trauma care services; and

(iii) Designated trauma rehabilitation services.

(2) The department will distribute trust account funds to:

(a) Verified trauma care ambulance and aid services;

(b) Designated trauma care services:

(i) Levels I-V general; and

(ii) Levels I-III pediatric;

(c) Physicians and other clinical providers who:

(i) Are members of designated trauma care services;

(ii) Meet the response-time standards of this chapter;

(iii) Provide care for major trauma patients during the initial acute episode of injury. This includes physiatrists who consult on rehabilitation during the acute hospital stay, or who provide care in a designated trauma rehabilitation service;

(iv) Complete trauma records in a timely manner according to the trauma care services current requirements; and

(v) Participate in quality assurance activities;

(d) Designated trauma rehabilitation services:

(i) Levels I-III; and

(ii) I-pediatric.

(3) The department's distribution method for verified trauma care ambulance and aid services will include at least:

(a) Participation grants, which will be awarded once a year to services that comply with verification standards. Services that are eligible to receive Medicaid funds will have the option of either receiving the participation grant or receiving an increased payment by the department of social and health services for medical emergency transportation of medical assistance clients who meet trauma triage criteria;

(b) Needs grants, based on the service's ability to meet the standards of chapter 70.168 RCW and chapter 246-976 WAC (this chapter). The department may consider:

(i) Level of service (BLS, ILS, ALS);

(ii) Type of service (aid or ambulance);

(iii) Response area (rural, suburban, urban, wilderness);

(iv) Volume of service;

(v) Other factors that relate to trauma care;

(4) The department's distribution method for designated trauma care services, levels I-V general and I-III-pediatric will include at least:

(a) Participation grants, which will be awarded once a year only to services that comply with designation standards. The department will review the compliance requirements annually. The department may consider:

(i) Level of designation;

(ii) Service area (rural, suburban, urban, wilderness);

(iii) Volume of service;

(iv) The percentage of uncompensated major trauma care;

(v) Other factors that relate to trauma care;

(b) Increased payment by the department of social and health services for major trauma care for medical assistance clients during the initial acute episode of injury;

(5) The department's distribution method for physicians and other clinical providers included in subsection (2)(c) of this section will include at least:

(a) Increased payment by the department of social and health services for trauma care of medical assistance clients and care provided within six months of the date of injury for inpatient surgical procedures related to the injury, which were planned during the initial acute episode of injury, using Medicare rates as a benchmark;

(b) Partial reimbursement for care of other major trauma patients who meet DOH eligibility criteria. The department's criteria will consider at least:

(i) The patient's ability to pay;

(ii) The patient's eligibility for other health insurance, such as medical assistance or Washington's basic health plan;

(iii) Other sources of payment.

(6) The department's distribution method for designated trauma rehabilitation services, levels I-III and I-pediatric will include at least:

(a) Participation grants, which will be awarded once a year only to services that comply with designation standards. The department will review the compliance requirements annually. The department may consider:

(i) Level of designation;

(ii) Volume of service;

(iii) Other factors that relate to trauma care;

(b) Partial reimbursement for trauma rehabilitation provided during the initial acute episode of injury for major trauma patients who:

(i) Meet DOH eligibility criteria. The department's criteria will include at least:

(A) Residence in Washington at the time of injury;

(B) The patient's ability to pay;

(C) The patient's eligibility for other health insurance, such as medical assistance or Washington's basic health plan;

(D) Other sources of payment;

(ii) Were admitted for rehabilitation service within ninety days of the injury;

(c) The department will give priority to acute inpatient rehabilitation services.

(7) Chapter 70.168 RCW requires regional match of state funds from the emergency medical services and trauma care trust account. Contributions to regional matching funds may include:

(a) Hard match;

(b) Soft match:

(i) The value of services provided by volunteer prehospital agencies;

(ii) Local government support;

(iii) The cost of care by designated trauma care services which exceeds insurance or patient payment;

(iv) The value of volunteer time (excluding any expenses paid with state funds) to establish and operate:

(A) State EMS/TC committees and their subcommittees;

(B) Regional and local EMS/TC councils, and their committees and subcommittees;

(C) Regional and local quality assurance programs;

(D) Injury prevention and public education programs;

(E) EMS training and education programs;

(F) Trauma-related stress management and support programs;

(c) The department will determine the value of personnel time included in soft match, to be applied statewide.

[Statutory Authority: RCW 70.168.040. 02-04-045, § 246-976-935, filed 1/29/02, effective 3/1/02. Statutory Authority: Chapter 70.168 RCW. 98-05-035, § 246-976-935, filed 2/10/98, effective 3/13/98.]

WAC 246-976-940 Steering committee. In addition to the requirements of chapter 70.168 RCW and elsewhere in this chapter, the EMS/TC steering committee will:

(1) Review and comment on the department's rules, policies, and standards;

(2) Review and comment on the department's budget for the EMS/TC system at least biennially;

(3) Periodically review and recommend changes to:

(a) The department's prehospital triage procedures;

(b) Regional patient care procedures;

(c) Regional plans; and

(d) Inter-facility transfer guidelines.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-940, 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), § 246-976-940, filed 12/23/92, effective 1/23/93.]

WAC 246-976-950 Licensing and certification committee. In addition to the requirements of RCW 18.73.050, the licensing and certification committee will review and comment biennially on the department's EMS/TC rules and standards pertaining to licensure of vehicles and services, verification of services, and to certification of individuals.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-950, 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), § 246-976-950, filed 12/23/92, effective 1/23/93.]

WAC 246-976-960 Regional emergency medical services and trauma care councils. (1) In addition to meeting the requirements of chapter 70.168 RCW and elsewhere in this chapter, regional EMS/TC councils must:

(a) Identify and analyze system trends to evaluate the EMS/TC system and its component subsystems, using trauma registry data provided by the department;

(b) Develop and submit to the department regional EMS/TC plans to:

(i) Identify the need for and recommend distribution and level of care (basic, intermediate or advanced life support) for verified aid and ambulance services for each response area. The recommendations will be based on criteria established by the department relating to agency response times, geography, topography, and population density;

(ii) Identify EMS/TC services and resources currently available within the region;

(iii) Describe how the roles and responsibilities of the MPD are coordinated with those of the regional EMS/TC council and the regional plan;

(iv) Describe and recommend improvements in medical control communications and EMS/TC dispatch, with at least the elements of the state communication plan described in RCW 70.168.060 (1)(h);

(v) Include a schedule for implementation.

(2) In developing or modifying its plan, the regional council must seek and consider the recommendations of:

(a) Local EMS/TC councils;

(b) EMS/TC systems established by ordinance, resolution, interlocal agreement or contract by counties, cities, or other governmental bodies.

(3) In developing or modifying its plan, the regional council must use regional and state analyses provided by the department based on trauma registry data and other appropriate sources;

(4) Approved regional plans may include standards, including response times for verified services, which exceed the requirements of this chapter.

(5) An EMS/TC provider who disagrees with the regional plan may bring its concerns to the steering committee before the department approves the plan.

(6) The regional council must adopt regional patient care procedures as part of the regional plans. In addition to meeting the requirements of RCW 18.73.030(14) and 70.168.015(23):

(a) For all emergency patients, regional patient care procedures must identify:

(i) Guidelines for rendezvous with agencies offering higher levels of service if appropriate and available, in accordance with the regional plan.

(ii) The type of facility to receive the patient, as described in regional patient destination and disposition guidelines.

(iii) Procedures to handle types and volumes of trauma that may exceed regional capabilities, taking into consideration resources available in other regions and adjacent states.

(b) For major trauma patients, regional patient care procedures must identify procedures to activate the trauma system.

(7) In areas where no local EMS/TC council exists, the regional EMS/TC council shall:

(a) Make recommendations to the department regarding appointing members to the regional EMS/TC council;

(b) Review applications for initial training classes and OTEP programs, and make recommendations to the department.

(8) Matching grants made under the provisions of chapter 70.168 RCW may include funding to:

(a) Develop, implement, and evaluate prevention programs; or

(b) Accomplish other purposes as approved by the department.

[Statutory Authority: RCW 18.73.081 and 70.168.120. 02-14-053, § 246-976-960, filed 6/27/02, effective 7/28/02. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-960, 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), § 246-976-960, filed 12/23/92, effective 1/23/93.]

WAC 246-976-970 Local emergency medical services and trauma care councils. (1) If a county or group of counties creates a local EMS/TC council, it must be composed of representatives of hospital and prehospital trauma care and EMS providers, local elected officials, consumers, local law enforcement officials, local government agencies, physicians, and prevention specialists involved in the delivery of EMS/TC.

(2) In addition to meeting the requirements of chapter 70.168 RCW and this chapter, local EMS/TC councils must:

(a) Participate with the MPD and emergency communication centers in making recommendations to the regional council about the development of regional patient care procedures; and

(b) Review applications for initial training classes and OTEP programs, and make recommendations to the department.

(3) Local EMS/TC councils may make recommendations to the department regarding certification and termination of MPDs, as provided in RCW 18.71.205(4).

[Statutory Authority: RCW 18.73.081 and 70.168.120. 02-14-053, § 246-976-970, filed 6/27/02, effective 7/28/02. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-970, 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), § 246-976-970, filed 12/23/92, effective 1/23/93.]

WAC 246-976-990 Fees and fines. (1) The department shall assess individual health care facilities submitting a proposal to be designated as a level I general trauma care facility a fee, not to exceed seven thousand dollars, to help defray the costs to the department of inspections and review of applications.

(2) The department shall assess individual health care facilities submitting a proposal to be designated as a level II general trauma care facility a fee, not to exceed six thousand dollars, to help defray the costs to the department of inspections and review of applications.

(3) The department shall assess individual health care facilities submitting a proposal to be designated as a level III general trauma care facility a fee, not to exceed one thousand nine hundred fifty dollars, to help defray the costs to the department of inspections and review of applications.

(4) The department shall assess individual health care facilities submitting a proposal to be designated as a level I pediatric trauma care facility a fee, not to exceed nine thousand two hundred dollars, to help defray the costs to the department of inspections and review of applications.

(5) The department shall assess individual health care facilities submitting a proposal to be designated as a level II pediatric trauma care facility a fee, not to exceed eight thousand dollars, to help defray the costs to the department of inspections and review of applications.

(6) The department shall assess individual health care facilities submitting a proposal to be designated as a level III pediatric trauma care facility a fee, not to exceed two thousand dollars, to help defray the costs to the department of inspections and review of applications.

(7) The department shall assess health care facilities submitting a joint proposal to be jointly designated as a level I general or pediatric trauma care facility a fee, of at least seven thousand dollars, and based upon a determined hourly rate and per diem expense per inspection team member, not to exceed fourteen thousand five hundred dollars to help defray the costs to the department of inspections and review of applications.

(8) The department shall assess health care facilities submitting a joint proposal to be jointly designated as a level II general or pediatric trauma care facility a fee, of at least six thousand dollars, and based upon a determined hourly rate and per diem expense per inspection team member, not to exceed twelve thousand five hundred dollars to help defray the costs to the department of inspections and review of applications.

(9) The department shall assess health care facilities submitting a joint proposal to be jointly designated as a level III general or pediatric trauma care facility a fee, of at least one thousand nine hundred fifty dollars, and based upon a determined hourly rate and per diem expense per inspection team member, not to exceed three thousand one hundred dollars to help defray the costs to the department of inspections and review of applications.

(10) The department shall assess health care facilities submitting a proposal to be designated at multiple levels to provide adult and pediatric care a fee, not to exceed nine thousand two hundred dollars to help defray the costs to the department of inspections and review of applications.

(11) The department shall not assess such fees to health care facilities applying to provide level IV and V trauma care services.

(12) If an ambulance or aid service fails to comply with the requirements of chapters 18.71, 18.73, 70.168 RCW, the Uniform Disciplinary Act, or with the requirements of this chapter, the department may notify the appropriate local, state or federal agencies.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-990, filed 4/5/00, effective 5/6/00. Statutory Authority: Chapter 70.168 RCW. 93-20-063, § 246-976-990, filed 10/1/93, effective 11/1/93.

Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168
RCW. 93-01-148 (Order 323), § 246-976-990, filed 12/23/92, effective
1/23/93.]