

Title 246 WAC

HEALTH, DEPARTMENT OF

Chapters

| | |
|---------|------------------------------------------------------------------------------------|
| 246-08 | Practice and procedure. |
| 246-12 | Administrative procedures and requirements for credentialed health care providers. |
| 246-14 | Uniform procedures for complaint resolution. |
| 246-203 | General sanitation. |
| 246-221 | Radiation protection standards. |
| 246-235 | Radioactive materials—Specific licenses. |
| 246-240 | Radiation protection—Medical use of radioactive material. |
| 246-254 | Radiation protection—Fees. |
| 246-282 | Sanitary control of shellfish. |
| 246-290 | Public water supplies. |
| 246-320 | Hospital licensing regulations. |
| 246-322 | Private psychiatric and alcoholism hospitals. |
| 246-324 | Private alcohol and chemical dependency hospitals. |
| 246-329 | Childbirth centers. |
| 246-455 | Hospital patient discharge information reporting. |
| 246-815 | Dental hygienists. |
| 246-817 | Dental quality assurance commission. |
| 246-826 | Health care assistants. |
| 246-828 | Hearing and speech. |
| 246-836 | Naturopathic physicians. |
| 246-840 | Practical and registered nursing. |
| 246-843 | Nursing home administrators. |
| 246-847 | Occupational therapists. |
| 246-852 | Consumer access to vision care. |
| 246-853 | Osteopathic physicians and surgeons. |
| 246-854 | Osteopathic physicians' assistants. |
| 246-860 | Standards of professional conduct. |
| 246-863 | Pharmacists—Licensing. |
| 246-869 | Pharmacy licensing. |
| 246-889 | Pharmaceutical—Precursor substance control. |
| 246-915 | Physical therapists. |
| 246-918 | Physician assistants—Medical quality assurance commission. |
| 246-919 | Medical quality assurance commission. |
| 246-922 | Podiatric physicians and surgeons. |
| 246-924 | Psychologists. |
| 246-930 | Sex offender treatment provider. |
| 246-933 | Veterinarians—Veterinary board. |
| 246-934 | Standards of professional conduct. |
| 246-935 | Veterinary technicians. |

Chapter 246-08 WAC PRACTICE AND PROCEDURE

WAC

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| 246-08-400 | How much can a medical provider charge for searching and duplicating medical records? |
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WAC 246-08-400 How much can a medical provider charge for searching and duplicating medical records? RCW 70.02.010(15) allows medical providers to charge fees for searching and duplicating medical records. The fees a provider may charge cannot exceed the fees listed below:

- (1) Copying charge per page:
 - (a) No more than ninety-six cents per page for the first thirty pages;
 - (b) No more than seventy-three cents per page for all other pages.
- (2) Additional charges:
 - (a) The provider can charge a twenty-two dollar clerical fee for searching and handling records;
 - (b) If the provider personally edits confidential information from the record, as required by statute, the provider can charge the usual fee for a basic office visit.
- (3) This section is effective July 1, 2007, through June 30, 2009.
- (4) HIPAA covered entities: See HIPAA regulation Section 164.524 (c)(4) to determine applicability of this rule.

[Statutory Authority: RCW 70.02.010(15) and 43.70.040. 07-12-029, § 246-08-400, filed 5/30/07, effective 7/1/07. Statutory Authority: RCW 70.02.-010(14) and 43.70.040. 06-11-166, § 246-08-400, filed 5/24/06, effective 6/24/06. Statutory Authority: RCW 70.02.010(12) and 43.70.040. 05-12-013, § 246-08-400, filed 5/20/05, effective 7/1/05. Statutory Authority: RCW 70.02.010(12), 43-70-040 [43.70.040] and 70.02.900. 03-14-036, § 246-08-400, filed 6/23/03, effective 7/24/03. Statutory Authority: RCW 70.02.010 and 43.70.040. 01-16-009, § 246-08-400, filed 7/19/01, effective 8/19/01; 99-13-083, § 246-08-400, filed 6/14/99, effective 7/15/99. Statutory Authority: RCW 70.02.010(12) and 43.70.040. 97-12-087, § 246-08-400, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 43.70.040 and 70.02.101(12). 95-20-080, § 246-08-400, filed 10/4/95, effective 11/4/95.]

Chapter 246-12 WAC ADMINISTRATIVE PROCEDURES AND REQUIREMENTS FOR CREDENTIALLED HEALTH CARE PROVIDERS

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| 246-12-010 | Definitions. |
| 246-12-400 | Who qualifies for an initial retired volunteer medical worker license? |
| 246-12-410 | How to obtain an initial retired volunteer medical worker license. |
| 246-12-420 | When can you practice and what can you do? |
| 246-12-430 | How to renew your retired volunteer medical worker license. |
| 246-12-440 | Continuing competency. |
| 246-12-450 | How to return to active status. |

WAC 246-12-010 Definitions. (1) "Business": A business is an adult family home provider owned by a corporation regulated under chapter 18.48 RCW; a pharmaceutical firm regulated under chapter 18.64 RCW; or a nursing pool regulated under chapter 18.52C RCW; or a health care assistant regulated under chapter 18.135 RCW.

(2) "Credential": A credential is a license, certification, or registration issued to a person to practice a regulated health care profession. Whether the credential is a license, certification or registration is determined by the law regulating the profession.

(3) "Declaration": A declaration is a statement signed by the practitioner on a form provided by the department of

health for verifying continuing education, AIDS training, or other requirements. When required, declarations must be completed and signed to be effective verification to the department.

(4) "Disciplinary suspension": The regulatory entity places the credential in disciplinary suspension status when there is a finding of unprofessional conduct. Refer to the Uniform Disciplinary Act (RCW 18.130.160).

(5) "Local organization for emergency services or management": Has the same meaning as that found in RCW 38.52.010.

(6) "Mandated suspension": The department of health places the credential in mandated suspension status when a law requires suspension of a credential under certain circumstances. This suspension is nondiscretionary for the department of health. Examples of mandated suspension are default on a student loan and failure to pay child support. The practitioner may not practice while on mandated suspension. The credential must be returned to active status before the practitioner may practice. See Part 6 of this chapter.

(7) "Practitioner": A practitioner is an individual health care provider listed under the Uniform Disciplinary Act, RCW 18.130.040.

(8) "Regulatory entities": A "regulatory entity" is a board, commission, or the secretary of the department of health designated as the authority to regulate one or more professions or occupations in this state. Practitioner health care practice acts and the Uniform Disciplinary Act (UDA) designate whether it is a board, commission, or the secretary of the department of health which has the authority to adopt rules, discipline health care providers, and determine requirements for initial licensure and continuing education requirements.

The regulatory entity determines whether disciplinary action should be taken on a credential for unprofessional conduct. These actions may include revocation, suspension, practice limitations or conditions upon the practitioner.

(9) "Renewal": Every credential requires renewal. The renewal cycle is either one, two, or three years, depending on the profession.

(10) "Secretary": The secretary is the secretary of the department of health or his or her designee.

(11) "Status": All credentials are subject to the Uniform Disciplinary Act (UDA) regardless of status. A credential status may be in any one of the following:

(a) Most credentials are in "**active**" status. These practitioners are authorized to practice the profession. These practitioners need to renew the credential each renewal cycle. See Part 2 of this chapter.

(b) The department of health places the credential in "**expired**" status if the credential is not renewed on time. While in expired status, the practitioner is not authorized to practice. Practice on an expired status is a violation of law and subject to disciplinary action. See Part 2 of this chapter.

(c) A practitioner may place the credential in "**inactive**" status if authorized by the regulatory entity. This means the practitioner is not practicing the profession. See Part 4 of this chapter.

(d) A practitioner may place the credential in "**retired active**" status if authorized by the regulatory entity. This

means the practitioner can practice only intermittently or in emergencies. See Part 5 of this chapter.

[Statutory Authority: RCW 18.130.050 and 18.130.360. 07-21-133, § 246-12-010, filed 10/23/07, effective 12/1/07. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-12-010, filed 2/13/98, effective 3/16/98.]

WAC 246-12-400 Who qualifies for an initial retired volunteer medical worker license? (1) To be eligible for a retired volunteer medical worker license, a person must:

(a) Have held a license issued by a disciplining authority under RCW 18.130.040 that was in active status within the ten years prior to an initial application for a retired volunteer medical worker license;

(b) Have no restrictions on their ability to obtain an active license; and

(c) Be currently registered as a volunteer emergency worker with a local organization for emergency services or management.

(2) A person is not eligible for a retired volunteer medical worker license if they hold any current license issued by a disciplining authority under RCW 18.130.040.

[Statutory Authority: RCW 18.130.050 and 18.130.360. 07-21-133, § 246-12-400, filed 10/23/07, effective 12/1/07.]

WAC 246-12-410 How to obtain an initial retired volunteer medical worker license. (1) To obtain an initial retired volunteer medical worker license, a person must:

(a) Meet the requirements in WAC 246-12-400;

(b) Submit an application on forms approved by the secretary; and

(c) Submit proof of current registration as a volunteer emergency worker with a local organization for emergency services or management.

(2) There is no application fee.

(3) The retired volunteer medical worker's initial license expires on the person's third birthday after issuance and may be renewed as provided in WAC 246-12-430.

[Statutory Authority: RCW 18.130.050 and 18.130.360. 07-21-133, § 246-12-410, filed 10/23/07, effective 12/1/07.]

WAC 246-12-420 When can you practice and what can you do? (1) A retired volunteer medical worker can practice only when:

(a) There is a declared emergency, disaster, or authorized training event that has been given a mission number by the department of emergency management; and

(b) The local organization for emergency services or management, or designee, has activated the retired volunteer medical worker.

(2) A retired volunteer medical worker can only:

(a) Work the duties assigned;

(b) Work up to, but not exceed the scope of practice under their prior active license; and

(c) Work under an assigned supervisor.

(3) A health care facility is not obligated to use any retired volunteer medical worker.

[Statutory Authority: RCW 18.130.050 and 18.130.360. 07-21-133, § 246-12-420, filed 10/23/07, effective 12/1/07.]

WAC 246-12-430 How to renew your retired volunteer medical worker license. (1) To renew a retired volunteer medical worker license, you must:

(a) Submit a written declaration stating you have met the continuing competency requirements defined in WAC 246-12-440; and

(b) Submit proof of current registration as a volunteer with a local organization for emergency services or management.

(2) There is no renewal fee.

(3) A retired volunteer medical worker license must be renewed every three years.

(4) Prior to the expiration date, courtesy renewal notices are mailed to the address on file. Practitioners should return the renewal notice when renewing their license. Failure to receive a courtesy renewal notice does not relieve or exempt the retired volunteer medical worker license renewal requirement.

[Statutory Authority: RCW 18.130.050 and 18.130.360. 07-21-133, § 246-12-430, filed 10/23/07, effective 12/1/07.]

WAC 246-12-440 Continuing competency. (1) A retired volunteer medical worker must complete the following requirements every three years to renew their license:

- (a) Basic first-aid course;
- (b) Bloodborne pathogens course; and
- (c) CPR course.

(2) A retired volunteer medical worker must submit a signed declaration to verify they meet the continuing competency education requirements.

(3) Local organizations for emergency services or management that register retired volunteer medical workers may require additional training, such as incident command system (ICS) or national incident management system (NIMS).

[Statutory Authority: RCW 18.130.050 and 18.130.360. 07-21-133, § 246-12-440, filed 10/23/07, effective 12/1/07.]

WAC 246-12-450 How to return to active status. A licensed retired volunteer medical worker may return to active status as provided in WAC 246-12-040.

[Statutory Authority: RCW 18.130.050 and 18.130.360. 07-21-133, § 246-12-450, filed 10/23/07, effective 12/1/07.]

Chapter 246-14 WAC

UNIFORM PROCEDURES FOR COMPLAINT RESOLUTION

WAC

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|------------|--------------------------------------------------|
| 246-14-010 | Intent. |
| 246-14-020 | Definitions. |
| 246-14-030 | What happens if a time period expires? |
| 246-14-090 | Adjudication of statement of charges. |
| 246-14-100 | Resolution of a statement of allegations. |
| 246-14-110 | What happens if a case returns to a prior stage? |
| 246-14-120 | Notice of applicable time periods. |

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

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| 246-14-070 | Limited extensions of basic time periods. [Statutory Authority: RCW 18.130.095(1). 00-10-114, § 246-14-070, filed 5/3/00, effective 7/2/00.] Repealed by 07-24-073, filed 12/4/07, effective 1/4/08. Statutory Authority: RCW 18.130.095. |
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| 246-14-080 | Extension with management oversight. [Statutory Authority: RCW 18.130.095(1). 00-10-114, § 246-14-080, filed 5/3/00, effective 7/2/00.] Repealed by 07-24-073, filed 12/4/07, effective 1/4/08. Statutory Authority: RCW 18.130.095. |
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WAC 246-14-010 Intent. These rules establish basic time periods for processing and resolving complaints against credentialed health care providers and applicants. The rules also provide enforcement mechanisms to ensure timely disposition of complaints and adjudicative proceedings. The department of health does not anticipate that the basic time period will be used in all cases. These rules are adopted as required by RCW 18.130.095(1). The intent is to promote timely protection of the public and fairness to credential holders, applicants, and complainants, without sacrificing public safety.

[Statutory Authority: RCW 18.130.095. 07-24-073, § 246-14-010, filed 12/4/07, effective 1/4/08. Statutory Authority: RCW 18.130.095(1). 00-10-114, § 246-14-010, filed 5/3/00, effective 7/2/00.]

WAC 246-14-020 Definitions. (1) A "report" is information received by the department of health which raises concern about conduct, acts or conditions related to a credential holder or applicant or about the credential holder or applicant's ability to practice with reasonable skill and safety. If the disciplining authority determines a report warrants an investigation, the report becomes a "complaint."

(2) Basic time periods may be exceeded for "good cause." Good cause is determined on a case-by-case basis, balancing all relevant factors including risk of harm to the public. Some examples of relevant factors may be circumstances not within the control of the department or the disciplining authority, need for expert review not available within the department or the disciplining authority, and activities which cannot be completed within the time period despite effort to do so.

(3) "Days" are calendar days unless otherwise indicated. If a time period would end on a Saturday, Sunday, or state holiday, that time period will end on the next business day.

(4) "Enhanced management oversight" is enhanced direction of a case imposed by department management as an enforcement mechanism when a basic time period is exceeded. Management will ensure the case moves through the stage promptly. Some examples of enhanced direction may be staffing changes, resource reallocation, and work planning.

[Statutory Authority: RCW 18.130.095. 07-24-073, § 246-14-020, filed 12/4/07, effective 1/4/08. Statutory Authority: RCW 18.130.095(1). 00-10-114, § 246-14-020, filed 5/3/00, effective 7/2/00.]

WAC 246-14-030 What happens if a time period expires? When a basic time period expires, enhanced management oversight will occur. The reason for the delay will be noted in the tracking system, but work on the case will not be interrupted.

[Statutory Authority: RCW 18.130.095. 07-24-073, § 246-14-030, filed 12/4/07, effective 1/4/08. Statutory Authority: RCW 18.130.095(1). 00-10-114, § 246-14-030, filed 5/3/00, effective 7/2/00.]

WAC 246-14-090 Adjudication of statement of charges. (1) Procedures for adjudication of statements of

charges are contained in chapters 246-10 and 246-11 WAC. Those rules provide for twenty days to file an answer, with a sixty-day extension for good cause, and thirty days to issue a scheduling order. They also provide for continuances.

(2) The basic time period for settlement, discovery, and commencement of hearing is one hundred eighty days or less, to be set in the scheduling order.

(3) The basic time period for issuing an order is forty-five days. For secretary professions, the forty-five day period begins upon completion of the hearing. For boards and commission professions, the forty-five day period begins upon completion of the hearing and deliberations.

(4) If no answer is filed or default occurs during the adjudication, a proposed final order of default will be submitted to the disciplining authority within sixty days of notice of failure to respond or notice of default. A final order will be issued within forty-five days of the submission.

[Statutory Authority: RCW 18.130.095. 07-24-073, § 246-14-090, filed 12/4/07, effective 1/4/08. Statutory Authority: RCW 18.130.095(1). 00-10-114, § 246-14-090, filed 5/3/00, effective 7/2/00.]

WAC 246-14-100 Resolution of a statement of allegations. (1) If a statement of allegations is issued, the respondent will have twenty-eight days to make an initial response. If no response is made, the program's attorney may determine informal disposition has been rejected. The case will be returned to case disposition.

(2) If a response is made, the basic period for completion of informal resolution is sixty days. If informal resolution has not been reached within that time, the case will return to case disposition to determine appropriate action.

[Statutory Authority: RCW 18.130.095. 07-24-073, § 246-14-100, filed 12/4/07, effective 1/4/08. Statutory Authority: RCW 18.130.095(1). 00-10-114, § 246-14-100, filed 5/3/00, effective 7/2/00.]

WAC 246-14-110 What happens if a case returns to a prior stage? If a case returns to a prior stage, any unused basic time period days in the prior stage may be used.

[Statutory Authority: RCW 18.130.095. 07-24-073, § 246-14-110, filed 12/4/07, effective 1/4/08. Statutory Authority: RCW 18.130.095(1). 00-10-114, § 246-14-110, filed 5/3/00, effective 7/2/00.]

WAC 246-14-120 Notice of applicable time periods. (1) Affected credential holders, applicants, and complainants will be notified of applicable time periods as soon as possible consistent with effective case management.

(2) Other information about applicable time periods will be released according to public records law.

[Statutory Authority: RCW 18.130.095. 07-24-073, § 246-14-120, filed 12/4/07, effective 1/4/08. Statutory Authority: RCW 18.130.095(1). 00-10-114, § 246-14-120, filed 5/3/00, effective 7/2/00.]

**Chapter 246-203 WAC
GENERAL SANITATION**

WAC

246-203-121 Disposal of dead animals.

**DISPOSITION OF SECTIONS FORMERLY
CODIFIED IN THIS CHAPTER**

246-203-120 Disposal of garbage, trash, rubbish, offal, dead animals, and manure. [Statutory Authority: RCW 43.20.050. 91-

02-051 (Order 124B), recodified as § 246-203-120, filed 12/27/90, effective 1/31/91; Regulation .50.120, effective 3/11/60; subsection (2) amended by filing of 6/3/65.] Repealed by 07-14-149, filed 7/5/07, effective 8/5/07. Statutory Authority: RCW 43.20.050(2).

WAC 246-203-121 Disposal of dead animals. (1) Definitions. For the purpose of this regulation the following definitions apply:

(a) "Burial" means completely covering with soil in a manner and location not requiring a permit for a landfill under chapter 70.95 RCW, Solid waste management—Reduction and recycling.

(b) "Composting" means a process of controlled aerobic decomposition in compliance with chapter 70.95 RCW, Solid waste management—Reduction and recycling.

(c) "Dead animal" means the carcass or tissue from an animal, large or small, except part of an animal used for food or other beneficial purpose in accordance with federal, state, and local laws and regulations. "Dead animal" does not mean a fish or other primarily aquatic animal.

(d) "Incineration" means controlled and monitored combustion for the purposes of volume reduction and pathogen destruction in an enclosed device approved by the department of ecology or the local air pollution control authority under chapter 70.94 RCW, Washington Clean Air Act, and chapter 70.95 RCW, Solid waste management—Reduction and recycling.

(e) "Landfilling" means a process of disposal at a permitted facility where solid waste is permanently placed in or on land in compliance with rules adopted by the department of ecology under chapter 70.95 RCW, Solid waste management—Reduction and recycling.

(f) "Livestock" means horses, mules, donkeys, cattle, bison, sheep, goats, swine, rabbits, llamas, alpacas, ratites, poultry, waterfowl, game birds, or other species according to RCW 16.36.005.

(g) "Natural decomposition" means natural decay on the surface of the ground without cover material.

(h) "Rendering" means heat processing according to requirements under chapter 16.68 RCW, Disposal of dead animals.

(2) Disposal methods.

(a) Within seventy-two hours after death or discovery, the owner of a dead animal or, if the owner of the animal cannot be identified, the owner of the property on which the animal is found must properly dispose of the dead animal. A dead animal must be covered or otherwise removed from public view immediately upon discovery by the person responsible for disposing of the dead animal.

(b) The person responsible for disposal of a dead animal must dispose of it in a manner so as not to become a public or common nuisance or cause pollution of surface or ground water.

(c) The person responsible for disposal of a dead animal must dispose of it by burial, landfilling, incineration, composting, rendering, or another method approved by the local health officer (such as natural decomposition) that is not otherwise prohibited by federal, state, or local law or regulation.

(d) A person disposing of a dead animal by burial must place it so that every part is covered by at least three feet of soil; at a location not less than one hundred feet from any

well, spring, stream or other surface waters; not in a low-lying area subject to seasonal flooding or within a one hundred-year flood plain; and not in a manner likely to contaminate ground water.

(e) A person disposing of a dead animal must not bury or compost it within the sanitary control area of a public drinking water supply source as designated under chapter 246-290 WAC, Public water supplies, or chapter 246-291 WAC, Group B public water systems.

(f) The local health officer may specify the method of disposal for a dead animal if:

(i) The animal died with a communicable disease transmissible to humans; or

(ii) The local health officer considers a public health emergency to exist.

(g) The provisions of RCW 16.36.092 and chapter 16-25 WAC supersede the provisions of this regulation for the disposal of a livestock animal that has died because of disease or unknown cause.

[Statutory Authority: RCW 43.20.050(2), 07-14-149, § 246-203-121, filed 7/5/07, effective 8/5/07.]

Chapter 246-221 WAC

RADIATION PROTECTION STANDARDS

WAC

246-221-150 Security and control of radioactive material and radiation machines.

WAC 246-221-150 Security and control of radioactive material and radiation machines. (1) Licensed radioactive materials and registered radiation machines shall be secured from, or controlled in such a manner so as to prevent, unauthorized access or removal from the place of storage.

(2) Each portable gauge licensee shall use a minimum of two independent physical controls that form tangible barriers to secure portable gauges from unauthorized removal, whenever portable gauges are not under the control and constant surveillance of the licensee.

(3) Licensed radioactive materials in an unrestricted area and not in storage shall be tended under the constant surveillance and immediate control of the licensee.

(4) Registered radiation machines in an unrestricted area and not in storage shall be under the control of the registrant.

[Statutory Authority: RCW 70.98.050, 07-17-028, § 246-221-150, filed 8/7/07, effective 9/7/07; 94-01-073, § 246-221-150, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-221-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080, 83-19-050 (Order 2026), § 402-24-120, filed 9/16/83; Order 1095, § 402-24-120, filed 2/6/76; Order 1, § 402-24-120, filed 1/8/69; Rules (part), filed 10/26/66.]

Chapter 246-235 WAC

RADIOACTIVE MATERIALS—SPECIFIC LICENSES

WAC

246-235-075 Financial assurance and recordkeeping for decommissioning.
 246-235-100 Manufacture, preparation, or commercial transfer of radiopharmaceuticals for medical use.
 246-235-102 Manufacture and distribution of sources or devices containing radioactive material for medical use.

WAC 246-235-075 Financial assurance and recordkeeping for decommissioning. (1) Each applicant for one of the following licenses shall submit a decommissioning funding plan as described in this section:

(a) A specific license authorizing receipt of radioactive waste for the purpose of volume reduction, repackaging or interim storage.

(b) Receipt of contaminated articles, scrap material, equipment, or clothing to be decontaminated at the licensee's facility.

(c) A specific license authorizing the possession and use of radioactive material of half-life greater than one hundred twenty days and in quantities for unsealed material exceeding 10^3 times and for sealed forms exceeding 10^{10} times the applicable quantities set forth in WAC 246-221-300 Appendix B (for a combination of isotopes the unity rule applies. A decommissioning funding plan will be required if R is greater than 1, where R is defined as the sum of the ratios of the quantity for sealed and unsealed forms of each isotope compared to the applicable value derived from WAC 246-221-300).

(d) A specific license authorizing possession and use of source material in readily dispersible form and in quantities greater than 10 millicuries.

(2) Each decommissioning funding plan shall contain:

(a) A cost estimate for decommissioning facilities impacted by the activities authorized in the specific license.

(b) A description of the method of assuring funds for decommissioning.

(c) A means for adjusting cost estimates and associated funding levels periodically over the life of the facility or facilities.

(d) A description of methods and general procedures for performing facility decontamination, maintaining security, and performing a final radiation survey.

(e) A commitment to clean up accidental spills promptly and to begin decommissioning of the facility or facilities within twelve months of ceasing operation involving radioactive material.

(3) Each cost estimate for decommissioning shall include:

(a) A description of the facility and areas within the facility likely to require decommissioning as a result of routine operation.

(b) Anticipated labor, equipment and material costs.

(c) Anticipated waste volume.

(d) Anticipated packaging, transportation and waste disposal costs.

(e) An assessment of costs associated with an accident involving licensed material.

(4) Each applicant shall submit a certification that financial assurance for decommissioning shall be provided by one or more of the following methods:

(a) Prepayment. Prepayment is the deposit of sufficient funds to pay decommissioning costs. Funds shall be deposited prior to the start of operation into an account segregated from licensee assets and outside the licensee's administrative control. Prepayment may be in the form of a trust, escrow account, government fund, certificate of deposit, or deposit of government securities.

(b) A surety method, insurance, or other guarantee method. These methods guarantee that decommissioning costs will be paid should the licensee default. A surety method may be in the form of a surety bond, letter of credit, or line of credit. Any surety method or insurance used to provide financial assurance for decommissioning must contain the following conditions:

(i) The surety method or insurance shall be open-ended or, if written for a specified term, such as five years, shall be renewed automatically unless ninety days or more prior to the renewal date, the issuer notifies the department, the beneficiary, and the licensee of its intention not to renew. The surety method or insurance shall also require that the full face amount be paid to the beneficiary automatically prior to the expiration without proof of forfeiture if the licensee fails to provide a replacement acceptable to the department within thirty days after receipt of notification of cancellation.

(ii) The surety method or insurance shall be payable to a trust established for decommissioning costs. The trustee and trust shall be acceptable to the department. Acceptable trustees include an appropriate state or federal government agency or an entity which has the authority to act as a trustee and whose trust operations are regulated and examined by a federal or state agency.

(iii) The surety method or insurance must remain in effect until the department has terminated the license.

(c) An external sinking fund in which deposits are made at least annually, coupled with a surety method or insurance, the value of which may decrease by the amount being accumulated in the sinking fund. An external sinking fund is a fund established and maintained by setting aside funds periodically in an account segregated from licensee assets and outside the licensee's administrative control. The total amount of funds in the external sinking fund shall be sufficient to pay decommissioning costs at the time termination of operation is expected. An external sinking fund may be in the form of a trust, escrow account, government fund, certificate of deposit, or deposit of government securities. The surety or insurance provisions shall be as stated in subsection (4)(b) of this section.

(d) Statement of intent. In the case of state or local government licensees, a statement of intent containing a cost estimate for decommissioning and indicating that funds for decommissioning will be obtained when necessary.

(e) Other methods of financial assurance as approved by the department. The department may approve other financial mechanisms submitted by the applicant or licensee if the alternate method meets, at a minimum, the requirements of 10 C.F.R. 30.35 and associated U.S. Nuclear Regulatory Commission guidance.

(5)(a) The applicant or licensee shall submit to the department an initial decommissioning funding plan prior to license issuance and shall submit an updated plan at intervals not to exceed three years.

(b) The applicant or licensee shall incorporate department comments into the decommissioning funding plan including its cost estimate and shall revise its financial surety accordingly.

(c) Applicants shall obtain the appropriate financial assurance as approved by the department prior to receipt of licensed material. The department may issue a new license if

the applicant agrees to comply with the decommissioning funding plan as approved. If the applicant defers execution of the financial instrument until after the license has been issued, a signed original of the financial instrument obtained to satisfy the requirements of this section shall be submitted to the department before receipt of licensed material.

(d) Licensees shall implement the financial assurance requirements within thirty days of receiving department approval of the initial or updated decommissioning funding plan. Licensees shall submit copies of the financial surety within thirty days of securing the surety and annually thereafter.

(6) Each person licensed under this chapter shall keep records of information important to the safe and effective decommissioning of the facility in an identified location until the site is released for unrestricted use. Before licensed activities are transferred or assigned in accordance with WAC 246-232-050(2), licensees shall transfer all records described in this subsection to the new licensee. In this case, the new licensee will be responsible for maintaining these records until the license is terminated by the department. If records of relevant information are kept for other purposes, reference to these records and their locations may be used. Information the department considers important to decommissioning consists of:

(a) Records of spills or other unusual occurrences involving the spread of contamination in and around the facility, equipment, or site. These records may be limited to instances when contamination remains after any cleanup procedures or when there is reasonable likelihood that contaminants may have spread to inaccessible areas as in the case of possible seepage into porous materials such as concrete. These records shall include any known information on identification of involved nuclides, quantities, forms, and concentrations.

(b) As-built drawings and modifications of structures and equipment in restricted areas where radioactive materials are used and/or stored, and of locations of possible inaccessible contamination such as buried pipes which may be subject to contamination. If required drawings are referenced, each relevant document need not be indexed individually. If drawings are not available, the licensee shall substitute appropriate records of available information concerning these areas and locations.

(c) Except for areas containing only sealed sources (provided the sources have not leaked or no contamination remains after any leak) or depleted uranium used only for shielding or as penetrators in unused munitions, or radioactive materials having only half-lives of less than sixty-five days, a list contained in a single document and updated every two years, of the following:

(i) All areas designated and formerly designated as restricted areas as defined under WAC 246-220-010;

(ii) All areas outside of restricted areas that require documentation under (a) of this subsection;

(iii) All areas outside of restricted areas where current and previous wastes have been buried as documented under WAC 246-221-230 (8)(a); and

(iv) All areas outside of restricted areas which contain material such that, if the license expired, the licensee would be required to either decontaminate the area to meet the crite-

ria for decommissioning in chapter 246-246 WAC or apply for approval for disposal under WAC 246-221-180. Records of the cost estimate performed for the decommissioning funding plan or of the amount certified for decommissioning, and records of the funding method used for assuring funds if either a funding plan or certification is used.

[Statutory Authority: RCW 70.98.095 and 70.98.050. 07-03-049, § 246-235-075, filed 1/12/07, effective 2/12/07. Statutory Authority: RCW 70.98.050. 00-07-085, § 246-235-075, filed 3/15/00, effective 4/15/00; 99-15-105, § 246-235-075, filed 7/21/99, effective 8/21/99. Statutory Authority: RCW 70.98.050 and 70.98.080. 97-08-095, § 246-235-075, filed 4/2/97, effective 5/3/97; 92-06-008 (Order 245), § 246-235-075, filed 2/21/92, effective 3/23/92.]

WAC 246-235-100 Manufacture, preparation, or commercial transfer of radiopharmaceuticals for medical use.

(1) An application for a specific license to manufacture and, prepare, or transfer for commercial distribution radiopharmaceuticals containing radioactive material for use by persons licensed under chapter 246-240 WAC for medical use in humans will be approved if:

(a) The applicant satisfies the general requirements specified in WAC 246-235-020;

(b) The applicant submits evidence that:

(i) The applicant is registered or licensed with the U.S. Food and Drug Administration (FDA) as a drug manufacturer; or

(ii) The applicant is licensed as a nuclear pharmacy by the state board of pharmacy;

(c) The applicant submits information on the radionuclide, chemical and physical form, maximum activity per vial, syringe, generator, or other container of the radiopharmaceutical, and shielding provided by the packaging of the radioactive material which is appropriate for safe handling and storage of radiopharmaceuticals by medical use licensees; and

(d) The applicant satisfies the labeling requirements specified by the state board of pharmacy in WAC 246-903-020. For a drug manufacturer, the labels required by this subsection are in addition to the labeling required by the Food and Drug Administration (FDA) and may be separate from or, with the approval of FDA, may be combined with the labeling required by FDA.

(2) A nuclear pharmacy licensee:

(a) May prepare radiopharmaceuticals for medical use provided the radiopharmaceutical is prepared by or under the supervision of an authorized nuclear pharmacist.

(b) May allow a pharmacist to work as an authorized nuclear pharmacist if:

(i) This individual qualifies as an authorized nuclear pharmacist as defined in WAC 246-240-010;

(ii) This individual meets the state board of pharmacy requirements in WAC 246-903-030, Nuclear pharmacists, and the requirements of WAC 246-240-081 and the licensee has received an approved license amendment identifying this individual as an authorized nuclear pharmacist; or

(iii) This individual is designated as an authorized nuclear pharmacist in accordance with (d) of this subsection.

(c) The actions authorized in (a) and (b) of this subsection are permitted in spite of more restrictive language in license conditions.

(d) May designate a pharmacist as an authorized nuclear pharmacist if the individual is identified as of December 2, 1994, as an "authorized user" on a nuclear pharmacy license issued by the department, the U.S. NRC, or an agreement state.

(e) Shall provide to the department a copy of each individual's letter of notification from the state board of pharmacy recognizing the individual as a nuclear pharmacist, within thirty days of the date the licensee allows the individual to work as an authorized nuclear pharmacist under (b) of this subsection.

(3) A manufacturer or nuclear pharmacy licensee shall possess and use instrumentation to measure the radioactivity of radiopharmaceuticals. The licensee shall have procedures for use of the instrumentation. The licensee shall measure, by direct measurement or by combination of measurements and calculations, the amount of radioactivity in dosages of alpha-, beta-, or photon-emitting radiopharmaceuticals, prior to transfer for commercial distribution. In addition, the licensee shall:

(a) Perform tests before initial use, periodically, and following repair, on each instrument for accuracy, linearity, and geometry dependence, as appropriate for the use of the instrument; and make adjustments when necessary; and

(b) Check each instrument for constancy and proper operation at the beginning of each day of use.

(4) Nothing in this section relieves the licensee from complying with applicable FDA, other federal, and state requirements governing radiopharmaceuticals.

[Statutory Authority: RCW 70.98.050. 07-14-131, § 246-235-100, filed 7/3/07, effective 8/3/07; 06-05-019, § 246-235-100, filed 2/6/06, effective 3/9/06; 98-13-037, § 246-235-100, filed 6/8/98, effective 7/9/98. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-235-100, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70-040. 91-02-049 (Order 121), recodified as § 246-235-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-22-110, filed 12/8/80. Statutory Authority: RCW 70.98.080. 79-12-073 (Order 1459), § 402-22-110, filed 11/30/79, effective 1/1/80. Formerly WAC 402-20-076.]

WAC 246-235-102 Manufacture and distribution of sources or devices containing radioactive material for medical use.

An application for a specific license to manufacture and distribute sources and devices containing radioactive material to persons licensed under chapter 246-240 WAC for use as a calibration, transmission, or reference source or for the uses listed in WAC 246-240-251, 246-240-301, and 246-240-351 will be approved if:

(1) The applicant satisfies the general requirements in WAC 246-235-020;

(2) The applicant submits sufficient information regarding each type of source or device pertinent to an evaluation of its radiation safety, including:

(a) The radioactive material contained, its chemical and physical form and amount;

(b) Details of design and construction of the source or device;

(c) Procedures for, and results of, prototype tests to demonstrate that the source or device will maintain its integrity under stresses likely to be encountered in normal use and accidents;

(d) For devices containing radioactive material, the radiation profile of a prototype device;

(e) Details of quality control procedures to assure that production sources and devices meet the standards of the design and prototype tests;

(f) Procedures and standards for calibrating sources and devices;

(g) Legend and methods for labeling sources and devices as to their radioactive content; and

(h) Instructions for handling and storing the source or device from the radiation safety standpoint, these instructions are to be included on a durable label attached to the source or device or attached to a permanent storage container for the source or device: Provided that instructions which are too lengthy for the label may be summarized on the label and printed in detail on a brochure which is referenced on the label.

(3) The label affixed to the source or device, or to the permanent storage container for the source or device, contains information on the radionuclide, quantity and date of assay, and a statement that the named source or device is licensed by the department for distribution to persons licensed under chapter 246-240 WAC or under equivalent regulations of the United States Nuclear Regulatory Commission, an agreement state or a licensing state: Provided that the labeling for sources which do not require long term storage may be on a leaflet or brochure which accompanies the source.

(4) If the applicant desires that the source or device be tested for leakage of radioactive material at intervals longer than six months, the applicant shall include in the application sufficient information to demonstrate that the longer interval is justified by performance characteristics of the source or device or similar sources or devices and by design features that have a significant bearing on the probability or consequences of leakage of radioactive material from the source.

(5) In determining the acceptable interval for test of leakage of radioactive material, the department will consider information that includes, but is not limited to:

- (a) Primary containment (source capsule);
- (b) Protection of primary containment;
- (c) Method of sealing containment;
- (d) Containment construction materials;
- (e) Form of contained radioactive material;
- (f) Maximum temperature withstood during prototype tests;
- (g) Maximum pressure withstood during prototype tests;
- (h) Maximum quantity of contained radioactive material;
- (i) Radiotoxicity of contained radioactive material; and
- (j) Operating experience with identical sources or devices or similarly designed and constructed sources or devices.

[Statutory Authority: RCW 70.98.050. 07-14-131, § 246-235-102, filed 7/3/07, effective 8/3/07; 06-05-019, § 246-235-102, filed 2/6/06, effective 3/9/06; 98-13-037, § 246-235-102, filed 6/8/98, effective 7/9/98.]

Chapter 246-240 WAC

RADIATION PROTECTION—MEDICAL USE OF RADIOACTIVE MATERIAL

WAC

| | |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 246-240-010 | Definitions. |
| 246-240-025 | Notifications. |
| 246-240-066 | Suppliers for sealed sources or devices for medical use. |
| 246-240-069 | Training for radiation safety officer. |
| 246-240-072 | Training for an authorized medical physicist. |
| 246-240-081 | Recentness of training. |
| 246-240-110 | Authorization for calibration, transmission, and reference sources. |
| 246-240-151 | Use of unsealed radioactive material for uptake, dilution, and excretion studies for which a written directive is not required. |
| 246-240-154 | Training for uptake, dilution, and excretion studies. |
| 246-240-157 | Use of unsealed radioactive material for imaging and localization studies for which a written directive is not required. |
| 246-240-163 | Training for imaging and localization studies. |
| 246-240-210 | Training for use of unsealed radioactive material for which a written directive is required. |
| 246-240-213 | Training for the oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries). |
| 246-240-216 | Training for the oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries). |
| 246-240-219 | Training for the parenteral administration of unsealed radioactive material requiring a written directive. |
| 246-240-269 | Calibration measurements of brachytherapy sources. |
| 246-240-278 | Training for use of manual brachytherapy sources. |
| 246-240-399 | Training for use of remote afterloader units, teletherapy units, and gamma stereotactic radiosurgery units. |

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

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| 246-240-451 | Radiation safety officer. [Statutory Authority: RCW 70.98.050. 06-05-019, § 246-240-451, filed 2/6/06, effective 3/9/06.] Repealed by 07-14-131, filed 7/3/07, effective 8/3/07. Statutory Authority: RCW 70.98.050. |
| 246-240-454 | Training for uptake, dilution, and excretion studies. [Statutory Authority: RCW 70.98.050. 06-05-019, § 246-240-454, filed 2/6/06, effective 3/9/06.] Repealed by 07-14-131, filed 7/3/07, effective 8/3/07. Statutory Authority: RCW 70.98.050. |
| 246-240-457 | Training for imaging and localization studies. [Statutory Authority: RCW 70.98.050. 06-05-019, § 246-240-457, filed 2/6/06, effective 3/9/06.] Repealed by 07-14-131, filed 7/3/07, effective 8/3/07. Statutory Authority: RCW 70.98.050. |
| 246-240-460 | Training for therapeutic use of unsealed radioactive material. [Statutory Authority: RCW 70.98.050. 06-05-019, § 246-240-460, filed 2/6/06, effective 3/9/06.] Repealed by 07-14-131, filed 7/3/07, effective 8/3/07. Statutory Authority: RCW 70.98.050. |
| 246-240-463 | Training for treatment of hyperthyroidism. [Statutory Authority: RCW 70.98.050. 06-05-019, § 246-240-463, filed 2/6/06, effective 3/9/06.] Repealed by 07-14-131, filed 7/3/07, effective 8/3/07. Statutory Authority: RCW 70.98.050. |
| 246-240-466 | Training for treatment of thyroid carcinoma. [Statutory Authority: RCW 70.98.050. 06-05-019, § 246-240-466, filed 2/6/06, effective 3/9/06.] Repealed by 07-14-131, filed 7/3/07, effective 8/3/07. Statutory Authority: RCW 70.98.050. |
| 246-240-469 | Training for use of brachytherapy sources. [Statutory Authority: RCW 70.98.050. 06-05-019, § 246-240-469, filed 2/6/06, effective 3/9/06.] Repealed by 07-14-131, filed 7/3/07, effective 8/3/07. Statutory Authority: RCW 70.98.050. |
| 246-240-472 | Training for ophthalmic use of strontium-90. [Statutory Authority: RCW 70.98.050. 06-05-019, § 246-240-472, filed 2/6/06, effective 3/9/06.] Repealed by 07-14-131, filed 7/3/07, effective 8/3/07. Statutory Authority: RCW 70.98.050. |
| 246-240-475 | Training for use of sealed sources for diagnosis. [Statutory Authority: RCW 70.98.050. 06-05-019, § 246-240-475, filed 2/6/06, effective 3/9/06.] Repealed by 07-14- |

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| | 131, filed 7/3/07, effective 8/3/07. Statutory Authority: RCW 70.98.050. |
| 246-240-478 | Training for use of therapeutic medical devices. [Statutory Authority: RCW 70.98.050. 06-05-019, § 246-240-478, filed 2/6/06, effective 3/9/06.] Repealed by 07-14-131, filed 7/3/07, effective 8/3/07. Statutory Authority: RCW 70.98.050. |
| 246-240-481 | Training for authorized medical physicist. [Statutory Authority: RCW 70.98.050. 06-05-019, § 246-240-481, filed 2/6/06, effective 3/9/06.] Repealed by 07-14-131, filed 7/3/07, effective 8/3/07. Statutory Authority: RCW 70.98.050. |
| 246-240-484 | Training for an authorized nuclear pharmacist. [Statutory Authority: RCW 70.98.050. 06-05-019, § 246-240-484, filed 2/6/06, effective 3/9/06.] Repealed by 07-14-131, filed 7/3/07, effective 8/3/07. Statutory Authority: RCW 70.98.050. |
| 246-240-487 | Training for experienced nuclear pharmacists. [Statutory Authority: RCW 70.98.050. 06-05-019, § 246-240-487, filed 2/6/06, effective 3/9/06.] Repealed by 07-14-131, filed 7/3/07, effective 8/3/07. Statutory Authority: RCW 70.98.050. |

WAC 246-240-010 Definitions. Address of use means the building or buildings that are identified on the license and where radioactive material may be received, prepared, used, or stored.

Area of use means a portion of an address of use that has been set aside for the purpose of receiving, preparing, using, or storing radioactive material.

Authorized medical physicist means an individual who:

(1) Meets the requirements in WAC 246-240-072 and 246-240-081; or

(2) Is identified as an authorized medical physicist or teletherapy physicist on:

(a) A specific medical use license issued by the department, the U.S. Nuclear Regulatory Commission or an agreement state;

(b) A medical use permit issued by a U.S. NRC master material licensee;

(c) A permit issued by a U.S. NRC or agreement state broad scope medical use licensee; or

(d) A permit issued by a U.S. NRC master material license broad scope medical use permittee.

Authorized nuclear pharmacist means a pharmacist who:

(1) Meets the requirements in WAC 246-240-075 and 246-240-081; or

(2) Is identified as an authorized nuclear pharmacist on:

(a) A specific license issued by the department, the U.S. NRC or an agreement state, that authorizes medical use or the practice of nuclear pharmacy;

(b) A permit issued by a U.S. NRC master material license that authorizes medical use or the practice of nuclear pharmacy;

(c) A permit issued by a U.S. NRC or agreement state broad scope medical use licensee that authorizes medical use or the practice of nuclear pharmacy; or

(d) A permit issued by a U.S. NRC master material license broad scope medical use permittee that authorizes medical use or the practice of nuclear pharmacy; or

(3) Is identified as an authorized nuclear pharmacist by a commercial nuclear pharmacy that has been authorized to identify authorized nuclear pharmacists; or

(4) Is designated as an authorized nuclear pharmacist in accordance with WAC 246-235-100(2).

Authorized user means a physician, dentist, or podiatrist who:

(1) Meets the requirements in WAC 246-240-081 and 246-240-154, 246-240-163, 246-240-210, 246-240-213, 246-240-216, 246-240-278, 246-240-301, or 246-240-399; or

(2) Is identified as an authorized user on:

(a) A department, U.S. NRC, or agreement state license that authorizes the medical use of radioactive material;

(b) A permit issued by a U.S. NRC master material licensee that is authorized to permit the medical use of radioactive material;

(c) A permit issued by a department, U.S. NRC, or agreement state specific licensee of broad scope that is authorized to permit the medical use of radioactive material; or

(d) A permit issued by a U.S. NRC master material license broad scope permittee that is authorized to permit the medical use of radioactive material.

Brachytherapy means a method of radiation therapy in which sources are used to deliver a radiation dose at a distance of up to a few centimeters by surface, intracavitary, intraluminal, or interstitial application.

Brachytherapy source means a radioactive source or a manufacturer-assembled source train or a combination of these sources that is designed to deliver a therapeutic dose within a distance of a few centimeters.

Client's address means the area of use or a temporary job site for the purpose of providing mobile medical service in accordance with WAC 246-240-125.

Dedicated check source means a radioactive source that is used to assure the constant operation of a radiation detection or measurement device over several months or years.

Dentist means an individual licensed by a state or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico to practice dentistry.

High dose-rate remote afterloader, as used in this chapter, means a brachytherapy device that remotely delivers a dose rate in excess of 12 gray (1200 rads) per hour at the point or surface where the dose is prescribed.

Low dose-rate remote afterloader, as used in this chapter, means a brachytherapy device that remotely delivers a dose rate of less than or equal to 2 gray (200 rads) per hour at the point or surface where the dose is prescribed.

Management means the chief executive officer or other individual having the authority to manage, direct, or administer the licensee's activities, or that person's delegate or delegates.

Manual brachytherapy, as used in this chapter, means a type of brachytherapy in which the brachytherapy sources (e.g., seeds, ribbons) are manually placed topically on or inserted either into the body cavities that are in close proximity to a treatment site or directly into the tissue volume.

Medical event means an event that meets the criteria in WAC 246-240-651.

Medical institution means an organization in which more than one medical discipline is practiced.

Medical use means the intentional internal or external administration of radioactive material or the radiation from radioactive material to patients or human research subjects under the supervision of an authorized user.

Medium dose-rate remote afterloader, as used in this chapter, means a brachytherapy device that remotely delivers

a dose rate of greater than 2 gray (200 rads), but less than or equal to 12 grays (1200 rads) per hour at the point or surface where the dose is prescribed.

Mobile medical service means the transportation of radioactive material to and its medical use at the client's address.

Output means the exposure rate, dose rate, or a quantity related in a known manner to these rates from a brachytherapy source or a teletherapy, remote afterloader, or gamma stereotactic radiosurgery unit for a specified set of exposure conditions.

Patient intervention means actions by the patient or human research subject, whether intentional or unintentional, such as dislodging or removing treatment devices or prematurely terminating the administration.

Podiatrist means an individual licensed by a state or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico to practice podiatry.

Preceptor means an individual who provides, directs, or verifies training and experience required for an individual to become an authorized user, an authorized medical physicist, an authorized nuclear pharmacist, or a radiation safety officer.

Prescribed dosage means the specified activity or range of activity of unsealed radioactive material as documented:

- (1) In a written directive; or
- (2) In accordance with the directions of the authorized user for procedures performed under WAC 246-240-151 and 246-240-157.

Prescribed dose means:

- (1) For gamma stereotactic radiosurgery, the total dose as documented in the written directive;
- (2) For teletherapy, the total dose and dose per fraction as documented in the written directive;
- (3) For manual brachytherapy, either the total source strength and exposure time or the total dose, as documented in the written directive; or
- (4) For remote brachytherapy afterloaders, the total dose and dose per fraction as documented in the written directive.

Pulsed dose-rate remote afterloader, as used in this chapter, means a special type of remote afterloading brachytherapy device that uses a single source capable of delivering dose rates in the "high dose-rate" range, but:

- (1) Is approximately one-tenth of the activity of typical high dose-rate remote afterloader sources; and
- (2) Is used to simulate the radiobiology of a low dose-rate treatment by inserting the source for a given fraction of each hour.

Radiation safety officer means an individual who:

- (1) Meets the requirements in WAC 246-240-069 and 246-240-081; or
- (2) Is identified as a radiation safety officer on a specific medical use license issued by the department prior to October 5, 2005, the U.S. NRC or an agreement state; or
- (3) A medical use permit issued by a commission master material licensee.

Sealed source and device registry means the national registry that contains all the registration certificates, generated by both the U.S. NRC and the agreement states, that summarize the radiation safety information for the sealed

sources and devices and describe the licensing and use conditions approved for the product.

Stereotactic radiosurgery means the use of external radiation in conjunction with a stereotactic guidance device to very precisely deliver a therapeutic dose to a tissue volume.

Structured educational program means an educational program designed to impart particular knowledge and practical education through interrelated studies and supervised training.

Teletherapy, as used in this chapter, means a method of radiation therapy in which collimated gamma rays are delivered at a distance from the patient or human research subject.

Temporary job site means a location where mobile medical services are conducted other than those location(s) of use authorized on the license.

Therapeutic dosage means a dosage of unsealed radioactive material that is intended to deliver a radiation dose to a patient or human research subject for palliative or curative treatment.

Therapeutic dose means a radiation dose delivered from a source containing radioactive material to a patient or human research subject for palliative or curative treatment.

Treatment site means the anatomical description of the tissue intended to receive a radiation dose, as described in a written directive.

Type of use means use of radioactive material under WAC 246-240-151, 246-240-157, 246-240-201, 246-240-251, 246-240-301, 246-240-351, or 246-240-501.

Unit dosage means a dosage prepared for medical use for administration as a single dosage to a patient or human research subject without any further manipulation of the dosage after it is initially prepared.

Written directive means an authorized user's written order for the administration of radioactive material or radiation from radioactive material to a specific patient or human research subject, as specified in WAC 246-240-060.

[Statutory Authority: RCW 70.98.050, 07-14-131, § 246-240-010, filed 7/3/07, effective 8/3/07; 06-05-019, § 246-240-010, filed 2/6/06, effective 3/9/06; 98-13-037, § 246-240-010, filed 6/8/98, effective 7/9/98. Statutory Authority: RCW 70.98.050 and 70.98.080, 92-06-008 (Order 245), § 246-240-010, filed 2/21/92, effective 3/23/92.]

WAC 246-240-025 Notifications. (1) A licensee shall notify the department no later than thirty days after:

- (a) An authorized user, an authorized nuclear pharmacist, a radiation safety officer, or an authorized medical physicist permanently discontinues performance of duties under the license or has a name change;
- (b) The licensee's mailing address changes;
- (c) The licensee's name changes, but the name change does not constitute a transfer of control of the license as described in WAC 246-232-050(2);
- (d) The licensee has added to or changed the areas of use identified in the application or on the license where radioactive material is used under either WAC 246-240-151 or 246-240-157; or
- (e) The licensee permits an authorized user or an individual qualified to be a radiation safety officer, under WAC 246-240-069 and 246-240-081, to function as a temporary radia-

tion safety officer and to perform the functions of a radiation safety officer in accordance with WAC 246-240-051(3).

(2) The licensee shall send the documents required in this section to the department at P.O. Box 47827, Olympia WA 98504-7827.

[Statutory Authority: RCW 70.98.050. 07-14-131, § 246-240-025, filed 7/3/07, effective 8/3/07; 06-05-019, § 246-240-025, filed 2/6/06, effective 3/9/06; 98-13-037, § 246-240-025, filed 6/8/98, effective 7/9/98.]

WAC 246-240-066 Suppliers for sealed sources or devices for medical use. For medical use, a licensee may only use:

(1) Sealed sources or devices manufactured, labeled, packaged, and distributed in accordance with a license issued under WAC 246-235-102.

(2) Sealed sources or devices noncommercially transferred from a U.S. NRC or agreement state medical use licensee; or

(3) Teletherapy sources manufactured and distributed in accordance with a license issued under chapter 246-232 WAC.

[Statutory Authority: RCW 70.98.050. 07-14-131, § 246-240-066, filed 7/3/07, effective 8/3/07; 06-05-019, § 246-240-066, filed 2/6/06, effective 3/9/06.]

WAC 246-240-069 Training for radiation safety officer. Except as provided in WAC 246-240-078, the licensee shall require an individual fulfilling the responsibilities of the radiation safety officer under WAC 246-240-051 to be an individual who:

(1) Is certified by a specialty board whose certification process has been recognized by the department, the U.S. NRC, or an agreement state, and who meets the requirements of subsections (4) and (5) of this section. (Specialty boards whose certification process has been recognized by the department, the U.S. Nuclear Regulatory Commission or an agreement state will be posted on the NRC's web page, at <http://www.nrc.gov>.) To be recognized, a specialty board shall require all candidates for certification to:

(a) Hold a bachelor's or graduate degree from an accredited college or university in physical science or engineering or biological science with a minimum of twenty college credits in physical science;

(b) Have five or more years of professional experience in health physics (graduate training may be substituted for no more than two years of the required experience) including at least three years in applied health physics; and

(c) Pass an examination administered by diplomates of the specialty board, which evaluates knowledge and competence in radiation physics and instrumentation, radiation protection, mathematics pertaining to the use and measurement of radioactivity, radiation biology, and radiation dosimetry; or

(i) Hold a master's or doctor's degree in physics, medical physics, other physical science, engineering, or applied mathematics from an accredited college or university;

(ii) Have two years of full-time practical training and/or supervised experience in medical physics:

(A) Under the supervision of a medical physicist who is certified in medical physics by a specialty board recognized by the commission or an agreement state; or

(B) In clinical nuclear medicine facilities providing diagnostic and/or therapeutic services under the direction of physicians who meet the requirements for authorized users in WAC 246-240-163 or 246-240-210; and

(iii) Pass an examination, administered by diplomates of the specialty board, that assesses knowledge and competence in clinical diagnostic radiological or nuclear medicine physics and in radiation safety; or

(d) Obtain written certification signed by a preceptor radiation safety officer that the individual has achieved a level of radiation safety knowledge sufficient to function independently as a radiation safety officer for a medical use licensee; or

(2)(a) Has completed a structured educational program consisting of both:

(i) Two hundred hours of classroom and laboratory training in the following areas:

(A) Radiation physics and instrumentation;

(B) Radiation protection;

(C) Mathematics pertaining to the use and measurement of radioactivity;

(D) Radiation biology; and

(E) Radiation dosimetry; and

(ii) One year of full-time radiation safety experience under the supervision of the individual identified as the radiation safety officer on a department or agreement state license or license issued by the U.S. NRC that authorizes similar type(s) of use(s) of radioactive material involving the following:

(A) Shipping, receiving, and performing related radiation surveys;

(B) Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and instruments used to measure radionuclides;

(C) Securing and controlling radioactive material;

(D) Using administrative controls to avoid mistakes in the administration of radioactive material;

(E) Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures;

(F) Using emergency procedures to control radioactive material; and

(G) Disposing of radioactive material; or

(b) Is a medical physicist who has been certified by a specialty board whose certification process has been recognized by the department, the U.S. NRC, or an agreement state under WAC 246-240-072 and has experience in radiation safety for similar types of use of radioactive material for which the licensee is seeking the approval of the individual as radiation safety officer and who meets the requirements in subsections (4) and (5) of this section; or

(3) Is an authorized user, authorized medical physicist, or authorized nuclear pharmacist identified on the licensee's license or a medical physicist who has been certified by a specialty board whose certification process has been recognized by the department, the U.S. Nuclear Regulatory Commission or an agreement state under WAC 246-240-072 and has experience with the radiation safety aspects of similar types of use of radioactive material for which the individual has radiation safety officer responsibilities; and

(4) Has obtained written certification, signed by a preceptor radiation safety officer, that the individual has satis-

factorily completed the requirements in subsection (5) of this section, and in subsection (1)(a) and (b), or (c)(i) and (ii) of this section, or subsection (2)(a) or (b) of this section, or subsection (3) of this section and has achieved a level of radiation safety knowledge sufficient to function independently as a radiation safety officer for a medical use licensee; and

(5) Has training in the radiation safety, regulatory issues, and emergency procedures for the types of use for which a licensee seeks approval. This training requirement may be satisfied by completing training that is supervised by an authorized medical physicist, authorized user, authorized nuclear pharmacist, or radiation safety officer, as appropriate, who is authorized for the type(s) of use for which the licensee is seeking approval.

[Statutory Authority: RCW 70.98.050. 07-14-131, § 246-240-069, filed 7/3/07, effective 8/3/07; 06-05-019, § 246-240-069, filed 2/6/06, effective 3/9/06.]

WAC 246-240-072 Training for an authorized medical physicist. Except as provided in WAC 246-240-078, the licensee shall require the authorized medical physicist to be an individual who:

(1) Is certified by a specialty board whose certification process has been recognized by the department, the U.S. Nuclear Regulatory Commission or an agreement state and who meets the requirements in subsections (2)(b) and (3) of this section. (Specialty boards whose certification process has been recognized by the commission or an agreement state will be posted on the NRC's web page at <http://www.nrc.gov>.) To be recognized, a specialty board shall require all candidates for certification to:

(a) Hold a master's or doctor's degree in physics, medical physics, other physical science, engineering, or applied mathematics from an accredited college or university;

(b) Have two years of full-time practical training and/or supervised experience in medical physics:

(i) Under the supervision of a medical physicist who is certified in medical physics by a specialty board recognized by the commission or an agreement state; or

(ii) In clinical radiation facilities providing high energy, external beam therapy (photons and electrons with energies greater than or equal to one million electron volts) and brachytherapy services under the direction of physicians who meet the requirements for authorized users in WAC 246-240-278 or 246-240-399;

(c) Pass an examination, administered by diplomates of the specialty board, which assesses knowledge and competence in clinical radiation therapy, radiation safety, calibration, quality assurance, and treatment planning for external beam therapy, brachytherapy, and stereotactic radiosurgery; or

(2)(a) Holds a master's or doctor's degree in physics, medical physics, other physical science, engineering, or applied mathematics from an accredited college or university; and has completed one year of full-time training in medical physics and an additional year of full-time work experience under the supervision of an individual who meets the requirements for an authorized medical physicist for the type(s) of use modalities for which the individual is seeking authorization. This training and work experience must be conducted in clinical radiation facilities that provide high

energy, external beam therapy and brachytherapy services and must include:

(i) Performing sealed source leak tests and inventories;

(ii) Performing decay corrections;

(iii) Performing full calibration and periodic spot checks of external beam treatment units, stereotactic radiosurgery units, and remote afterloading units as applicable; and

(iv) Conducting radiation surveys around external beam treatment units, stereotactic radiosurgery units, and remote afterloading units as applicable; and

(b) Has obtained written certification that the individual has satisfactorily completed the requirements in subsections (1)(a) and (b) and (3), or (2)(a) and (3) of this section, and has achieved a level of competency sufficient to function independently as an authorized medical physicist for each type of therapeutic medical unit for which the individual is requesting authorized medical physicist status. The written certification must be signed by a preceptor authorized medical physicist who meets the requirements in WAC 246-240-072 or equivalent U.S. NRC or agreement state requirements for an authorized medical physicist for each type of therapeutic medical unit for which the individual is requesting authorized medical physicist status; and

(3) Has training for the type(s) of use in the modalities for which authorization is sought that includes hands-on device operation, safety procedures, clinical use, and the operation of a treatment planning system. This training requirement may be satisfied by satisfactorily completing either a training program provided by the vendor or by training supervised by an authorized medical physicist authorized for the type(s) of use for which the individual is seeking authorization.

[Statutory Authority: RCW 70.98.050. 07-14-131, § 246-240-072, filed 7/3/07, effective 8/3/07; 06-05-019, § 246-240-072, filed 2/6/06, effective 3/9/06.]

WAC 246-240-081 Recentness of training. Training and experience specified in WAC 246-240-069, 246-240-072, 246-240-075, 246-240-078, 246-240-154, 246-240-163, 246-240-210, 246-240-213, 246-240-216, 246-240-278, 246-240-281, and 246-240-399, must have been obtained within the seven years preceding the date of application or the individual must have had related continuing education and experience since the required training and experience was completed.

[Statutory Authority: RCW 70.98.050. 07-14-131, § 246-240-081, filed 7/3/07, effective 8/3/07; 06-05-019, § 246-240-081, filed 2/6/06, effective 3/9/06.]

WAC 246-240-110 Authorization for calibration, transmission, and reference sources. Any person authorized by WAC 246-240-016 for medical use of radioactive material may receive, possess, and use any of the following radioactive material for check, calibration, transmission, and reference use:

(1) Sealed sources, not exceeding 1.11 GBq (30 mCi) each, manufactured and distributed by a person licensed under WAC 246-235-102 or equivalent agreement state or U.S. NRC regulations.

(2) Sealed sources, not exceeding 1.11 GBq (30 mCi) each, redistributed by a licensee authorized to redistribute the

sealed sources manufactured and distributed by a person licensed under WAC 246-235-102, or equivalent agreement state or U.S. NRC regulations if the redistributed sealed sources are in the original packaging and shielding and are accompanied by the manufacturer's approved instructions.

(3) Any radioactive material with a half-life not longer than one hundred twenty days in individual amounts not to exceed 0.56 GBq (15 mCi).

(4) Any radioactive material with a half-life longer than one hundred twenty days in individual amounts not to exceed the smaller of 7.4 MBq (200 μ Ci) or 1000 times the quantities in Schedule B of WAC 246-232-120.

(5) Technetium-99m in amounts as needed.

[Statutory Authority: RCW 70.98.050. 07-14-131, § 246-240-110, filed 7/3/07, effective 8/3/07; 06-05-019, § 246-240-110, filed 2/6/06, effective 3/9/06.]

WAC 246-240-151 Use of unsealed radioactive material for uptake, dilution, and excretion studies for which a written directive is not required. Except for quantities that require a written directive under WAC 246-240-060(2), a licensee may use any unsealed radioactive material prepared for medical use for uptake, dilution, or excretion studies that is:

(1) Obtained from a manufacturer or preparer licensed under WAC 246-235-100(1) or equivalent U.S. NRC or agreement state requirements; or

(2) Prepared by an authorized nuclear pharmacist, or a physician who is an authorized user and who meets the requirements specified in WAC 246-240-163, or 246-240-210 and 246-240-163 (3)(a)(ii)(G), or an individual under the supervision of either as specified in WAC 246-240-057; or

(3) Obtained from and prepared by an agreement state or U.S. NRC licensee for use in research in accordance with a radioactive drug research committee-approved protocol or an investigational new drug (IND) protocol accepted by FDA; or

(4) Prepared by the licensee for use in research in accordance with a radioactive drug research committee-approved application or an investigational new drug (IND) protocol accepted by FDA.

[Statutory Authority: RCW 70.98.050. 07-14-131, § 246-240-151, filed 7/3/07, effective 8/3/07; 06-05-019, § 246-240-151, filed 2/6/06, effective 3/9/06.]

WAC 246-240-154 Training for uptake, dilution, and excretion studies. Except as provided in WAC 246-240-078, the licensee shall require an authorized user of unsealed radioactive material for the uses authorized under WAC 246-240-151 to be a physician who:

(1) Is certified by a medical specialty board whose certification process has been recognized by the department, the U.S. Nuclear Regulatory Commission or an agreement state and who meets the requirements of subsection (3)(b) of this section. (Specialty boards whose certification process has been recognized by the department, the U.S. NRC or an agreement state will be posted on the NRC's web page at <http://www.nrc.gov>.) To be recognized, a specialty board shall require all candidates for certification to:

(a) Meet the requirements in subsection (3)(a) of this section; and

(b) Pass an examination, administered by diplomates of the specialty board, which assesses knowledge and competence in radiation safety, radionuclide handling, and quality control; or

(2) Is an authorized user under WAC 246-240-163 or 246-240-210 or equivalent agreement state or U.S. NRC requirements; or subsection (3)(a) of this section; or

(3)(a) Has completed sixty hours of training and experience, including a minimum of eight hours of classroom and laboratory training, in basic radionuclide handling techniques applicable to the medical use of unsealed radioactive material for uptake, dilution, and excretion studies. The training and experience must include:

(i) Classroom and laboratory training in the following areas:

(A) Radiation physics and instrumentation;

(B) Radiation protection;

(C) Mathematics pertaining to the use and measurement of radioactivity;

(D) Chemistry of radioactive material for medical use; and

(E) Radiation biology; and

(ii) Work experience, under the supervision of an authorized user who meets the requirements in WAC 246-240-154, 246-240-163, or 246-240-210 or equivalent U.S. NRC or agreement state requirements, involving:

(A) Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys;

(B) Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters;

(C) Calculating, measuring, and safely preparing patient or human research subject dosages;

(D) Using administrative controls to prevent a medical event involving the use of unsealed radioactive material;

(E) Using procedures to contain spilled radioactive material safely and using proper decontamination procedures; and

(F) Administering dosages of radioactive drugs to patients or human research subjects; and

(b) Has obtained written certification, signed by a preceptor authorized user who meets the requirements in WAC 246-240-154, 246-240-163, or 246-240-210 or equivalent agreement state or U.S. NRC requirements, that the individual has satisfactorily completed the requirements in (a) of this subsection and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under WAC 246-240-151.

[Statutory Authority: RCW 70.98.050. 07-14-131, § 246-240-154, filed 7/3/07, effective 8/3/07; 06-05-019, § 246-240-154, filed 2/6/06, effective 3/9/06.]

WAC 246-240-157 Use of unsealed radioactive material for imaging and localization studies for which a written directive is not required. Except for quantities that require a written directive under WAC 246-240-060(2), a licensee may use any unsealed radioactive material prepared for medical use for imaging and localization studies that is:

(1) Obtained from a manufacturer or preparer licensed under WAC 246-235-100(1) or equivalent agreement state or U.S. NRC requirements; or

(2) Prepared by an authorized nuclear pharmacist, a physician who is an authorized user and who meets the requirements specified in WAC 246-240-163, or 246-240-210 and 246-240-163 (3)(a)(ii)(G), or an individual under the supervision of either as specified in WAC 246-240-057;

(3) Obtained from and prepared by an agreement state or U.S. NRC licensee for use in research in accordance with a radioactive drug research committee-approved protocol or an investigational new drug (IND) protocol accepted by FDA; or

(4) Prepared by the licensee for use in research in accordance with a radioactive drug research committee-approved application or an investigational new drug (IND) protocol accepted by FDA.

[Statutory Authority: RCW 70.98.050, 07-14-131, § 246-240-157, filed 7/3/07, effective 8/3/07; 06-05-019, § 246-240-157, filed 2/6/06, effective 3/9/06.]

WAC 246-240-163 Training for imaging and localization studies. Except as provided in WAC 246-240-078, the licensee shall require an authorized user of unsealed radioactive material for the uses authorized under WAC 246-240-157 to be a physician who:

(1) Is certified by a medical specialty board whose certification process has been recognized by the department, the U.S. Nuclear Regulatory Commission or an agreement state and who meets the requirements in subsection (3)(b) of this section. (Specialty boards whose certification process has been recognized by the commission or an agreement state will be posted on the U.S. NRC's web page at <http://www.nrc.gov>.) To be recognized, a specialty board shall require all candidates for certification to:

(a) Satisfy the requirements in subsection (3)(a) of this section; and

(b) Pass an examination, administered by diplomates of the specialty board, which assesses knowledge and competence in radiation safety, radionuclide handling, and quality control;

(2) Is an authorized user under WAC 246-240-210 and meets the requirements in WAC 246-240-163 (3)(a)(ii)(G) and 246-240-210 or equivalent agreement state or U.S. NRC requirements; or

(3)(a) Has completed seven hundred hours of training and experience, including a minimum of eighty hours of classroom and laboratory training, in basic radionuclide handling techniques applicable to the medical use of unsealed radioactive material for imaging and localization studies. The training and experience must include, at a minimum:

(i) Classroom and laboratory training in the following areas:

(A) Radiation physics and instrumentation;

(B) Radiation protection;

(C) Mathematics pertaining to the use and measurement of radioactivity;

(D) Chemistry of radioactive material for medical use;

(E) Radiation biology; and

(ii) Work experience, under the supervision of an authorized user, who meets the requirements in WAC 246-240-163, or 246-240-210 and 246-240-163 (3)(a)(ii)(G), or equivalent agreement state or U.S. NRC requirements, involving:

(A) Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys;

(B) Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters;

(C) Calculating, measuring, and safely preparing patient or human research subject dosages;

(D) Using administrative controls to prevent a medical event involving the use of unsealed radioactive material;

(E) Using procedures to safely contain spilled radioactive material and using proper decontamination procedures;

(F) Administering dosages of radioactive drugs to patients or human research subjects; and

(G) Eluting generator systems appropriate for preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs; and

(b) Has obtained written certification, signed by a preceptor authorized user who meets the requirements in WAC 246-240-163, or 246-240-210 and 246-240-163 (3)(a)(ii)(G) or equivalent agreement state or U.S. NRC requirements, that the individual has satisfactorily completed the requirements in (a) of this subsection and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under WAC 246-240-151 and 246-240-157.

[Statutory Authority: RCW 70.98.050, 07-14-131, § 246-240-163, filed 7/3/07, effective 8/3/07; 06-05-019, § 246-240-163, filed 2/6/06, effective 3/9/06.]

WAC 246-240-210 Training for use of unsealed radioactive material for which a written directive is required. Except as provided in WAC 246-240-078, the licensee shall require an authorized user of unsealed radioactive material for the uses authorized under WAC 246-240-201 to be a physician who:

(1) Is certified by a medical specialty board whose certification process has been recognized by the department, the U.S. Nuclear Regulatory Commission or an agreement state. (Specialty boards whose certification process has been recognized by the commission or an agreement state will be posted on the NRC's web page at <http://www.nrc.gov>.) To be recognized, a specialty board shall require all candidates for certification to:

(a) Successfully complete a residency training in a radiation therapy or nuclear medicine training program or a program in a related medical specialty that includes seven hundred hours of training and experience as described in subsection (2) of this section. Eligible training programs must be approved by the Residency Review Committee of the Accreditation Council for Graduate Medical Education or Royal College of Physicians and Surgeons of Canada or the Committee on Postgraduate Training of the American Osteopathic Association;

(b) Pass an examination, administered by diplomates of the specialty board, which tests knowledge and competence in radiation safety, radionuclide handling, quality assurance, and clinical use of unsealed by-product material; and

(c) Obtain written certification that the individual has achieved a level of competency sufficient to function inde-

pendently as an authorized user for the medical uses authorized under WAC 246-240-201. The written certification must be signed by a preceptor authorized user who meets the requirements in WAC 246-240-210 or equivalent U.S. NRC or agreement state requirements. The preceptor authorized user, who meets the requirements in WAC 246-240-210 must have experience in administering dosages in the same dosage category or categories (i.e., this section) as the individual requesting authorized user status; or

(2) Has completed seven hundred hours of training and experience, including a minimum of two hundred hours of classroom and laboratory training, in basic radionuclide handling techniques applicable to the medical use of unsealed radioactive material requiring a written directive. The training and experience must include:

(a) Classroom and laboratory training in the following areas:

- (i) Radiation physics and instrumentation;
- (ii) Radiation protection;
- (iii) Mathematics pertaining to the use and measurement of radioactivity;
- (iv) Chemistry of radioactive material for medical use; and

(v) Radiation biology; and

(b) Work experience, under the supervision of an authorized user who meets the requirements in subsection (1) or (2) of this section, or equivalent U.S. NRC or agreement state requirements. A supervising authorized user, who meets the requirements in this subsection, must also have experience in administering dosages in the same dosage category or categories (i.e., this section) as the individual requesting authorized user status. The work experience must involve:

(i) Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys;

(ii) Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters;

(iii) Calculating, measuring, and safely preparing patient or human research subject dosages;

(iv) Using administrative controls to prevent a medical event involving the use of unsealed radioactive material;

(v) Using procedures to contain spilled radioactive material safely and using proper decontamination procedures;

(vi) Eluting generator systems, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs; and

(vii) Administering dosages of radioactive drugs to patients or human research subjects involving a minimum of three cases in each of the following categories for which the individual is requesting authorized user status:

(A) Oral administration of less than or equal to 1.22 gigabecquerels (33 millicuries) of sodium iodide I-131 for which a written directive is required;

(B) Oral administration of greater than 1.22 gigabecquerels (33 millicuries) of sodium iodide I-131. Experience with at least three cases in this also satisfies the requirement in (b)(vii)(A) of this subsection;

(C) Parenteral administration of any beta emitter, or a photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required; and/or

(D) Parenteral administration of any other radionuclide for which a written directive is required; and

(E) Has obtained written certification that the individual has satisfactorily completed the requirements in subsection (1)(a) and (b) of this section and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under WAC 246-240-201. The written certification must be signed by a preceptor authorized user who meets the requirements in this section, or equivalent U.S. NRC or agreement state requirements. The preceptor authorized user, who meets the requirements in this subsection (2), must also have experience in administering dosages in the same dosage category or categories (i.e., this section) as the individual requesting authorized user status.

[Statutory Authority: RCW 70.98.050, 07-14-131, § 246-240-210, filed 7/3/07, effective 8/3/07; 06-05-019, § 246-240-210, filed 2/6/06, effective 3/9/06.]

WAC 246-240-213 Training for the oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries). Except as provided in WAC 246-240-078, the licensee shall require an authorized user for the oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries), to be a physician who:

(1) Is certified by a medical specialty board whose certification process includes all of the requirements in subsection (3) of this section and whose certification has been recognized by the department, the U.S. Nuclear Regulatory Commission or an agreement state. (Specialty boards whose certification process has been recognized by the commission or an agreement state will be posted on the NRC's web page at <http://www.nrc.gov>); or

(2) Is an authorized user under WAC 246-240-210 for uses listed in WAC 246-240-210 (2)(b)(vii)(A) and (B), 246-240-216, or equivalent agreement state or U.S. NRC requirements; or

(3)(a) Has successfully completed eighty hours of classroom and laboratory training, applicable to the medical use of sodium iodide I-131 for procedures requiring a written directive. The training must include:

(i) Radiation physics and instrumentation;

(ii) Radiation protection;

(iii) Mathematics pertaining to the use and measurement of radioactivity;

(iv) Chemistry of radioactive material for medical use; and

(v) Radiation biology; and

(b) Has work experience, under the supervision of an authorized user who meets the requirements in WAC 246-240-210, 246-240-213, 246-240-216, or equivalent agreement state or U.S. NRC requirements. A supervising authorized user who meets the requirements in WAC 246-240-210(2), must also have experience in administering dosages as specified in WAC 246-240-210 (2)(b)(vii)(A) or (B). The work experience must involve:

(i) Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys;

(ii) Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters;

(iii) Calculating, measuring, and safely preparing patient or human research subject dosages;

(iv) Using administrative controls to prevent a medical event involving the use of radioactive material;

(v) Using procedures to contain spilled radioactive material safely and using proper decontamination procedures; and

(vi) Administering dosages to patients or human research subjects, that includes at least three cases involving the oral administration of less than or equal to 1.22 gigabecquerels (33 millicuries) of sodium iodide I-131; and

(c) Has obtained written certification that the individual has satisfactorily completed the requirements in (a) and (b) of this subsection and has achieved a level of competency sufficient to function independently as an authorized user for medical uses authorized under WAC 246-240-201. The written certification must be signed by a preceptor authorized user who meets the requirements in WAC 246-240-210, 246-240-213, 246-240-216, or equivalent agreement state or U.S. NRC requirements. A preceptor authorized user, who meets the requirement in WAC 246-240-210(2), must also have experience in administering dosages as specified in WAC 246-240-210 (2)(b)(vii)(A) or (B).

[Statutory Authority: RCW 70.98.050. 07-14-131, § 246-240-213, filed 7/3/07, effective 8/3/07; 06-05-019, § 246-240-213, filed 2/6/06, effective 3/9/06.]

WAC 246-240-216 Training for the oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries). Except as provided in WAC 246-240-078, the licensee shall require an authorized user for the oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries), to be a physician who:

(1) Is certified by a medical specialty board whose certification process includes all of the requirements in subsection (3) of this section and whose certification has been recognized by the department, the U.S. NRC or an agreement state. (Specialty boards whose certification process has been recognized by the commission or an agreement state will be posted on the NRC's web page at <http://www.nrc.gov>); or

(2) Is an authorized user under WAC 246-240-210 for uses listed in WAC 246-240-210 (2)(b)(vii)(B), or equivalent agreement state or U.S. NRC requirements; or

(3)(a) Has successfully completed eighty hours of classroom and laboratory training, applicable to the medical use of sodium iodide I-131 for procedures requiring a written directive. The training must include:

(i) Radiation physics and instrumentation;

(ii) Radiation protection;

(iii) Mathematics pertaining to the use and measurement of radioactivity;

(iv) Chemistry of radioactive material for medical use; and

(v) Radiation biology; and

(b) Has work experience, under the supervision of an authorized user who meets the requirements in WAC 246-240-210, 246-240-216, or equivalent agreement state or U.S.

NRC requirements. A supervising authorized user, who meets the requirements in WAC 246-240-210(2), must also have experience in administering dosages as specified in WAC 246-240-210 (2)(b)(vii)(B).

The work experience must involve:

(i) Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys;

(ii) Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters;

(iii) Calculating, measuring, and safely preparing patient or human research subject dosages;

(iv) Using administrative controls to prevent a medical event involving the use of radioactive material;

(v) Using procedures to contain spilled radioactive material safely and using proper decontamination procedures; and

(vi) Administering dosages to patients or human research subjects, that includes at least three cases involving the oral administration of greater than 1.22 gigabecquerels (33 millicuries) of sodium iodide I-131; and

(c) Has obtained written certification that the individual has satisfactorily completed the requirements in (a) and (b) of this subsection and has achieved a level of competency sufficient to function independently as an authorized user for medical uses authorized under WAC 246-240-201. The written certification must be signed by a preceptor authorized user who meets the requirements in WAC 246-240-210, 246-240-216, or equivalent agreement state or U.S. NRC requirements. A preceptor authorized user, who meets the requirements in WAC 246-240-210(2), must have experience in administering dosages as specified in WAC 246-240-210 (2)(b)(vii)(B).

[Statutory Authority: RCW 70.98.050. 07-14-131, § 246-240-216, filed 7/3/07, effective 8/3/07; 06-05-019, § 246-240-216, filed 2/6/06, effective 3/9/06.]

WAC 246-240-219 Training for the parenteral administration of unsealed radioactive material requiring a written directive. Except as provided in WAC 246-240-078, the licensee shall require an authorized user for the parenteral administration requiring a written directive, to be a physician who:

(1) Is an authorized user under WAC 246-240-210 for uses listed in WAC 246-240-210 (2)(b)(vii)(C) or (D), or equivalent agreement state or U.S. NRC requirements; or

(2) Is an authorized user under WAC 246-240-278 or 246-240-399, or equivalent agreement state or U.S. NRC requirements and who meets the requirements in subsection (4) of this section; or

(3) Is certified by a medical specialty board whose certification process has been recognized by the U.S. NRC or an agreement state under WAC 246-240-278 or 246-240-399, and who meets the requirements in subsection (4) of this section.

(4)(a) Has successfully completed eighty hours of classroom and laboratory training, applicable to parenteral administrations, for which a written directive is required, of any beta emitter or any photon-emitting radionuclide with a photon energy less than 150 keV, and/or parenteral administration of any other radionuclide for which a written directive is required. The training must include:

- (i) Radiation physics and instrumentation;
- (ii) Radiation protection;
- (iii) Mathematics pertaining to the use and measurement of radioactivity;
- (iv) Chemistry of radioactive material for medical use; and

(v) Radiation biology; and

(b) Has work experience, under the supervision of an authorized user who meets the requirements in WAC 246-240-210, 246-240-219, or equivalent agreement state or U.S. NRC requirements, in the parenteral administration, for which a written directive is required, of any beta emitter or any photon-emitting radionuclide with a photon energy less than 150 keV, and/or parenteral administration of any other radionuclide for which a written directive is required. A supervising authorized user who meets the requirements in WAC 246-240-210 must have experience in administering dosages as specified in WAC 246-240-210 (2)(b)(vii)(C) and/or (D). The work experience must involve:

(i) Ordering, receiving, and unpacking radioactive materials safely, and performing the related radiation surveys;

(ii) Performing quality control procedures on instruments used to determine the activity of dosages, and performing checks for proper operation of survey meters;

(iii) Calculating, measuring, and safely preparing patient or human research subject dosages;

(iv) Using administrative controls to prevent a medical event involving the use of unsealed radioactive material;

(v) Using procedures to contain spilled radioactive material safely, and using proper decontamination procedures; and

(vi) Administering dosages to patients or human research subjects, that include at least three cases involving the parenteral administration, for which a written directive is required, of any beta emitter, or any photon-emitting radionuclide with a photon energy less than 150 keV and/or at least three cases involving the parenteral administration of any other radionuclide, for which a written directive is required; and

(5) Has obtained written certification that the individual has satisfactorily completed the requirements in subsection (2) or (3) of this section, and has achieved a level of competency sufficient to function independently as an authorized user for the parenteral administration of unsealed radioactive material requiring a written directive. The written certification must be signed by a preceptor authorized user who meets the requirements in WAC 246-240-210, 246-240-219, or equivalent agreement state or U.S. NRC requirements. A preceptor authorized user, who meets the requirements in WAC 246-240-210, must have experience in administering dosages as specified in WAC 246-240-210 (2)(b)(vii)(C) and/or (D).

[Statutory Authority: RCW 70.98.050, 07-14-131, § 246-240-219, filed 7/3/07, effective 8/3/07; 06-05-019, § 246-240-219, filed 2/6/06, effective 3/9/06.]

WAC 246-240-269 Calibration measurements of brachytherapy sources. (1) Before the first medical use of a brachytherapy source on or after March 9, 2006, a licensee shall have:

(a) Determined the source output or activity using a dosimetry system that meets the requirements of WAC 246-240-366(1);

(b) Determined source positioning accuracy within applicators; and

(c) Used published protocols currently accepted by nationally recognized bodies to meet the requirements of (a) and (b) of this subsection.

(2) A licensee may use measurements provided by the source manufacturer or by a calibration laboratory accredited by the American Association of Physicists in Medicine that are made in accordance with subsection (1) of this section.

(3) A licensee shall mathematically correct the outputs or activities determined in subsection (1) of this section for physical decay at intervals consistent with one percent physical decay.

(4) A licensee shall retain a record of each calibration in accordance with WAC 246-240-599.

[Statutory Authority: RCW 70.98.050, 07-14-131, § 246-240-269, filed 7/3/07, effective 8/3/07; 06-05-019, § 246-240-269, filed 2/6/06, effective 3/9/06.]

WAC 246-240-278 Training for use of manual brachytherapy sources. Except as provided in WAC 246-240-078, the licensee shall require an authorized user of a manual brachytherapy source for the uses authorized under WAC 246-240-251 to be a physician who:

(1) Is certified by a medical specialty board whose certification process has been recognized by the department, the U.S. NRC, or an agreement state. (Specialty boards whose certification process has been recognized by the commission or an agreement state will be posted on the NRC's web page at <http://www.nrc.gov>.) To be recognized, a specialty board shall require all candidates for certification to:

(a) Successfully complete a minimum of three years of residency training in a radiation oncology program approved by the Residency Review Committee of the Accreditation Council for Graduate Medical Education or Royal College of Physicians and Surgeons of Canada or the Committee on Postgraduate Training of the American Osteopathic Association;

(b) Pass an examination, administered by diplomates of the specialty board, which tests knowledge and competence in radiation safety, radionuclide handling, treatment planning, quality assurance, and clinical use of high and low dose-rate brachytherapy; and

(c) Obtain written certification, signed by a preceptor authorized user who meets the requirements in WAC 246-240-278 or equivalent U.S. NRC or agreement state requirements, that the individual has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized in WAC 246-240-251; or

(2)(a) Has completed a structured educational program in basic radionuclide handling techniques applicable to the use of manual brachytherapy sources that includes:

(i) Two hundred hours of classroom and laboratory training in the following areas:

(A) Radiation physics and instrumentation;

(B) Radiation protection;

(C) Mathematics pertaining to the use and measurement of radioactivity; and

(D) Radiation biology; and

(ii) Five hundred hours of work experience, under the supervision of an authorized user who meets the requirements in WAC 246-240-278 or equivalent agreement state or U.S. NRC requirements at a medical institution, involving:

(A) Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys;

(B) Checking survey meters for proper operation;

(C) Preparing, implanting, and removing brachytherapy sources;

(D) Maintaining running inventories of material on hand;

(E) Using administrative controls to prevent a medical event involving the use of radioactive material;

(F) Using emergency procedures to control radioactive material; and

(b) Has completed three years of supervised clinical experience in radiation oncology, under an authorized user who meets the requirements in WAC 246-240-278 or equivalent U.S. NRC or agreement state requirements, as part of a formal training program approved by the Residency Review Committee for Radiation Oncology of the Accreditation Council for Graduate Medical Education or the Royal College of Physicians and Surgeons of Canada or the Committee on Postdoctoral Training of the American Osteopathic Association. This experience may be obtained concurrently with the supervised work experience required by (a)(ii) of this subsection; and

(c) Has obtained written certification, signed by a preceptor authorized user who meets the requirements in WAC 246-240-278 or equivalent agreement state or U.S. NRC requirements, that the individual has satisfactorily completed the requirements in subsection (1)(a) of this section, or (a) and (b) of this subsection and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under WAC 246-240-251.

[Statutory Authority: RCW 70.98.050, 07-14-131, § 246-240-278, filed 7/3/07, effective 8/3/07; 06-05-019, § 246-240-278, filed 2/6/06, effective 3/9/06.]

WAC 246-240-399 Training for use of remote after-loader units, teletherapy units, and gamma stereotactic radiosurgery units. Except as provided in WAC 246-240-078, the licensee shall require an authorized user of a sealed source for a use authorized under WAC 246-240-351 to be a physician who:

(1) Is certified by a medical specialty board whose certification process has been recognized by the department, the U.S. NRC, or an agreement state. (Specialty boards whose certification process has been recognized by the NRC or an agreement state will be posted on the NRC's web page at <http://www.nrc.gov>.) To be recognized, a specialty board shall require all candidates for certification to:

(a) Successfully complete a minimum of three years of residency training in a radiation therapy program approved by the Residency Review Committee of the Accreditation Council for Graduate Medical Education or Royal College of Physicians and Surgeons of Canada or the Committee on

Postgraduate Training of the American Osteopathic Association; and

(b) Pass an examination, administered by diplomates of the specialty board, which tests knowledge and competence in radiation safety, radionuclide handling, treatment planning, quality assurance, and clinical use of stereotactic radiosurgery, high and low dose-rate brachytherapy, and external beam therapy;

(2)(a) Has completed a structured educational program in basic radionuclide techniques applicable to the use of a sealed source in a therapeutic medical unit that includes:

(i) Two hundred hours of classroom and laboratory training in the following areas:

(A) Radiation physics and instrumentation;

(B) Radiation protection;

(C) Mathematics pertaining to the use and measurement of radioactivity; and

(D) Radiation biology; and

(ii) Five hundred hours of work experience, under the supervision of an authorized user who meets the requirements in WAC 246-240-399 or equivalent agreement state or U.S. NRC requirements at a medical institution, involving:

(A) Reviewing full calibration measurements and periodic spot-checks;

(B) Preparing treatment plans and calculating treatment doses and times;

(C) Using administrative controls to prevent a medical event involving the use of radioactive material;

(D) Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console;

(E) Checking and using survey meters; and

(F) Selecting the proper dose and how it is to be administered; and

(c) Has completed three years of supervised clinical experience in radiation therapy, under an authorized user who meets the requirements in WAC 246-240-399 or equivalent U.S. NRC or agreement state requirements, as part of a formal training program approved by the Residency Review Committee for Radiation Oncology of the Accreditation Council for Graduate Medical Education or Royal College of Physicians and Surgeons of Canada or the Committee on Postdoctoral Training of the American Osteopathic Association. This experience may be obtained concurrently with the supervised work experience required by (a)(ii) of this subsection; and

(c) Has obtained written certification that the individual has satisfactorily completed the requirements in subsection (1)(a) of this section, or (a) and (b), and (d) of this subsection and has achieved a level of competency sufficient to function independently as an authorized user of each type of therapeutic medical unit for which the individual is requesting authorized user status. The written certification must be signed by a preceptor authorized user who meets the requirements in WAC 246-240-399 or equivalent U.S. NRC or agreement state requirements for an authorized user for each type of therapeutic medical unit for which the individual is requesting authorized user status; and

(d) Has received training in device operation, safety procedures, and clinical use for the type(s) of use for which authorization is sought. This training requirement may be sat-

ified by satisfactory completion of a training program provided by the vendor for new users or by receiving training supervised by an authorized user or authorized medical physicist, as appropriate, who is authorized for the type(s) of use for which the individual is seeking authorization.

[Statutory Authority: RCW 70.98.050, 07-14-131, § 246-240-399, filed 7/3/07, effective 8/3/07; 06-05-019, § 246-240-399, filed 2/6/06, effective 3/9/06.]

Chapter 246-254 WAC RADIATION PROTECTION—FEES

WAC

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|-------------|-----------------------------------------------|
| 246-254-001 | Purpose and scope. |
| 246-254-010 | Definitions. |
| 246-254-020 | Payment of fees. |
| 246-254-050 | Method of payment. |
| 246-254-053 | Radiation machine facility registration fees. |

WAC 246-254-001 Purpose and scope. This chapter establishes fees charged for licensing, permitting, registration, and inspection services rendered by the office of radiation protection as authorized under chapters 43.70, 70.98, and 70.121 RCW. These fees apply to owners and operators of radiation generating machines, users of radioactive material, operators of low-level radioactive waste disposal facilities, owners and operators of facilities emitting airborne radioactivity, and owners and operators of certain mineral processing and uranium or thorium milling operations and their associated tailings or waste.

[Statutory Authority: RCW 19.02.050, 43.20B.020, 43.70.110, 43.70.250, 70.98.080, 07-14-130, § 246-254-001, filed 7/3/07, effective 8/3/07. Statutory Authority: RCW 43.70.110, 91-22-027 (Order 208), § 246-254-001, filed 10/29/91, effective 11/29/91. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-254-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080, 87-01-031 (Order 2450), § 402-70-010, filed 12/11/86; 79-12-073 (Order 1459), § 402-70-010, filed 11/30/79, effective 1/1/80.]

WAC 246-254-010 Definitions. As used in this chapter, the following definitions apply:

(1) "Application" means a completed RHF-1 or equivalent with supporting documentation requesting the department to grant authority to receive, possess, use, transfer, own or acquire radioactive material. For radiation machine facility registrations, "application" means the master business application and appropriate addenda used by the master license service of the department of licensing.

(2) "Compliance inspection" means a routinely scheduled visit to the licensee's facility and/or temporary job site(s) for the purpose of determining compliance with the radioactive material license and applicable regulations. This service is covered by the annual fee for the radioactive material license.

(3) "Department" means the department of health which has been designated as the state radiation control agency.

(4) "Direct staff time" means all work time directly applicable to or associated with a specific radioactive material licensee and includes license file review, inspection preparation, on-site visits, report writing, review and acknowledgement of correspondence, review of license applications, renewals and amendment requests, telephone contacts, and

staff or management conferences specifically related to the license. Travel time is not considered direct staff time.

(5) "Emission unit" means the point of release of airborne emissions of radioactive material.

(6) "Environmental cleanup monitoring" means an on-site visit by the department to a licensee's facility or site of operation to determine the status of corrective actions to remove environmental radiation contamination resulting from the licensee's operation. Such a monitoring visit may include, but is not limited to, the review of the licensee's records pertaining to the environmental cleanup, observation of the licensee's cleanup work, sampling by the department for analysis, associated laboratory work, and the analysis of the information collected by the department.

(7) "Facility" means all buildings, structures and operations on one contiguous site using or identified by one physical location address designation.

(8) "Follow-up inspection" means an on-site visit to a licensee's facility to verify that prompt action was taken to correct significant items of noncompliance found by the department in a previous inspection. The first follow-up inspection is covered by the annual fee for the radioactive material license.

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

(10) "Investigation" means an on-site visit to a licensee's facility or site of operation when, in the department's judgment, it is required for the purpose of reviewing specific conditions, allegations, or other information regarding unusual conditions, operations, or practices. This service is covered by the annual fee for the radioactive material license.

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

(12) "New license application" means a request to use radioactive material from a person not currently a licensee or from a current licensee requesting authorization to use radioactive material in a new way such that a change of fee category is required.

(13) "Perpetual care and maintenance" means further maintenance, surveillance or other care of milling or tailings impoundment sites after termination of the site operator's decommissioning responsibilities and license.

(14) "Registration" means registration with the department by any person possessing a source of ionizing radiation in accordance with regulations adopted by the department.

(15) "Sealed source and device evaluation" means a radiological safety evaluation performed by the department on the design, manufacture, and test data of any single sealed source and/or device model for the purpose of registering the sealed source or device with the United States Nuclear Regulatory Commission.

[Statutory Authority: RCW 19.02.050, 43.20B.020, 43.70.110, 43.70.250, 70.98.080, 07-14-130, § 246-254-010, filed 7/3/07, effective 8/3/07. Statutory Authority: RCW 43.70.110, 91-22-027 (Order 208), § 246-254-010, filed 10/29/91, effective 11/29/91. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-254-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080, 87-01-031 (Order

2450), § 402-70-020, filed 12/11/86; 79-12-073 (Order 1459), § 402-70-020, filed 11/30/79, effective 1/1/80.]

WAC 246-254-020 Payment of fees. (1) Applicants, licensees, permittees, and registrants requesting or receiving licenses, permits, registrations, and actions or services by the department shall pay the applicable fee or fees for the license, permit, registration, and action or service provided by the department.

(2) The department shall charge a fee for each:

- (a) Radiation machine facility registration, and radiation machine at the facility, if applicable;
- (b) Radioactive material license;
- (c) Service or action with respect to a radioactive material licensee not otherwise covered by fees;
- (d) Cubic foot of low-level radioactive waste volume received at a commercial disposal site;
- (e) Kilogram of uranium or thorium milled from ore; and
- (f) Air emission permit.

(3) The department shall charge a fee for each radioactive material license based on the single highest fee category describing activities subject to the conditions of the license.

(4) The department shall charge the applicable license fee for each category when multiple licenses are required.

(5) The department may require multiple radioactive material licenses based upon:

- (a) Physical separation of operations;
- (b) Organizational separations within a licensee's operation;
- (c) Complexity of uses of radioactive material such that two or more fee categories would apply to the operation.

(6) Each licensee, permittee, or registrant shall:

(a) Remit the full fee (i) at the fee rate established by rule at the time such fee is paid, and (ii) at least thirty days prior to the annual anniversary date for licensees or (iii) on a payment schedule as provided in WAC 246-254-030 or other schedule as may be determined through partnership with the master license service of the department of licensing.

(b) Consider the annual anniversary to be the month and day of the expiration date of the existing radioactive material license, or other date as may be determined through partnership with the master license service of the department of licensing.

(7) The department shall refund one-half of the fee if an application is withdrawn prior to issuance of a radioactive material license.

(8) If there is a change by the applicant, licensee, permittee or registrant resulting in a higher fee category, the applicant, licensee, permittee, or registrant shall pay a prorated fee for the remainder of the fee interval.

(9) Each licensee, permittee, or registrant shall remit the full amount of any quarterly billing or individual billing for licensing or compliance actions within thirty days of receipt of the bill.

(10) Fees due on or after the effective date of these regulations shall be at the rate prescribed in this chapter.

[Statutory Authority: RCW 19.02.050, 43.20B.020, 43.70.110, 43.70.250, 70.98.080. 07-14-130, § 246-254-020, filed 7/3/07, effective 8/3/07. Statutory Authority: RCW 43.70.110. 91-22-027 (Order 208), § 246-254-020, filed 10/29/91, effective 11/29/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-254-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order

2450), § 402-70-030, filed 12/11/86; 79-12-073 (Order 1459), § 402-70-030, filed 11/30/79, effective 1/1/80.]

WAC 246-254-050 Method of payment. (1) For radiation machine facility registration application and renewal fees, applicants and registrants shall submit payment to the master license service of the department of licensing.

(2) For all other fees and charges including shielding plan review and follow-up inspection fees, licensees, permittees and registrants shall:

- (a) Submit fee payments by check, draft or money order made payable to the department of health; and
- (b) Include fee payment with the application for license or submit the fee by mail, in person, or by courier to the address provided in the bill or bill correspondence.

[Statutory Authority: RCW 19.02.050, 43.20B.020, 43.70.110, 43.70.250, 70.98.080. 07-14-130, § 246-254-050, filed 7/3/07, effective 8/3/07. Statutory Authority: RCW 43.70.110. 91-22-027 (Order 208), § 246-254-050, filed 10/29/91, effective 11/29/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-254-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-70-050, filed 12/11/86; 79-12-073 (Order 1459), § 402-70-050, filed 11/30/79, effective 1/1/80.]

WAC 246-254-053 Radiation machine facility registration fees. (1) Radiation machine facility fees apply to each person or facility owning, leasing or using radiation-producing machines. The annual facility fee consists of the base registration fee and a per tube charge, where applicable.

| (a) Radiation Machine Facility Fees | | | |
|--------------------------------------------|-------------------------------------------------------------------------|--------------------------|---------------------------|
| | Type of Facility | Facility Base Fee | Added Fee per Tube |
| (i) | Dental, podiatric, veterinary uses | \$102 | See following table |
| (ii) | Hospital, medical, chiropractic uses | \$158 | See following table |
| (iii) | Industrial, research, educational, security, or other facilities | \$140 | See following table |
| (iv) | Mammography only | \$68 | N/A |
| (v) | Bone densitometry only | \$68 | N/A |
| (vi) | Electron microscopes only | \$68 | N/A |
| (vii) | Bomb squad only | \$68 | N/A |
| (viii) | Radiation safety program as specified in subsection (3) of this section | \$4,441 | N/A |

| (b) Radiation Machine Tube Fees | | |
|----------------------------------------|----------------------------------------------------------------------------------|---------------------------|
| | Type of Tube | Added Fee per Tube |
| (i) | Dental (intraoral, panoramic, cephalometric, dental radiographic, and dental CT) | \$35 |

| (b) Radiation Machine Tube Fees | | |
|----------------------------------------|---------------------------------------------------------------------------------------------|---------------------------|
| | Type of Tube | Added Fee per Tube |
| (ii) | Veterinary (radiographic, fluoroscopic, portable, mobile) | \$35 |
| (iii) | Podiatric uses (radiographic, fluoroscopic) | \$35 |
| (iv) | Mammography | N/A |
| (v) | Bone densitometry | N/A |
| (vi) | Electron microscope | N/A |
| (vii) | Bomb squad | N/A |
| (viii) | Medical radiographic (includes R/F combinations, fixed, portable, mobile) | \$100 |
| (ix) | Medical fluoroscopic (includes R/F combinations, C-arm, Simulator, fixed, portable, mobile) | \$100 |
| (x) | Therapy (Grenz Ray, Orthovoltage, nonaccelerator) | \$100 |
| (xi) | Accelerators (therapy, other medical uses) | \$100 |
| (xii) | Computer tomography (CT, CAT scanner) | \$100 |
| (xiii) | Stereotactic (mammography) | \$100 |
| (xiv) | Industrial radiographic | \$35 |
| (xv) | Analytical, X-ray fluorescence | \$35 |
| (xvi) | Industrial accelerators | \$35 |
| (xvii) | Airport baggage | \$35 |
| (xviii) | Cabinet (industrial, security, mail, other) | \$35 |
| (xiv) | Other industrial uses (includes industrial fluoroscopic uses) | \$35 |

(2) X-ray shielding fees.

(a) Facilities regulated under the shielding plan requirements of WAC 246-225-030 or 246-227-150 are subject to a \$255 X-ray shielding review fee for each X-ray room plan submitted. A registrant may request an expedited plan review for an additional \$500 for each X-ray room plan. Expedited plan means the department will complete the plan review within two business days of receiving all required information from the registrant.

(b) If a facility regulated under WAC 246-225-030 or 246-227-150 operates without submittal and departmental approval of X-ray shielding calculations and a floor plan it will be subject to a shielding design follow-up fee of \$500.

(3) **Radiation safety fee.** If a facility or group of facilities under one administrative control employs two or more full-time individuals whose positions are entirely devoted to in-house radiation safety, the facility shall pay a flat, annual fee as specified in subsection (1)(a)(viii) of this section.

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

tures and operations on one contiguous site using or identified by one physical address location designation.

(5) Inspection fees.

(a) The cost of routine, periodic inspections, including the initial inspection, are covered under the base fee and tube registration fees as described in subsection (1) of this section.

(b) Facilities requiring follow-up inspections due to uncorrected noncompliances must pay an inspection follow-up fee of \$90.

(6) A facility's annual registration fee is valid for a specific geographical location and person only. It is not transferable to another geographical location or owner or user.

[Statutory Authority: RCW 19.02.050, 43.20B.020, 43.70.110, 43.70.250, 70.98.080, 07-14-130, § 246-254-053, filed 7/3/07, effective 8/3/07. Statutory Authority: RCW 70.98.080, 43.20B.020, 43.70.110, and 43.70.250, 05-24-108, § 246-254-053, filed 12/7/05, effective 1/7/06. Statutory Authority: RCW 43.70.250, 04-12-125, § 246-254-053, filed 6/2/04, effective 7/3/04. Statutory Authority: RCW 43.70.250 and 43.70.110, 03-13-122, § 246-254-053, filed 6/18/03, effective 7/19/03. Statutory Authority: RCW 43.70.250 and 2001 2nd sp.s. c 7 § 220, 02-07-085, § 246-254-053, filed 3/19/02, effective 4/19/02. Statutory Authority: RCW 43.70.110, 01-14-048, § 246-254-053, filed 6/29/01, effective 7/30/01; 99-13-085, § 246-254-053, filed 6/14/99, effective 7/15/99; 98-11-066, § 246-254-053, filed 5/19/98, effective 7/1/98. Statutory Authority: RCW 43.70.110, 43.70.250 and chapter 70.98 RCW, 98-01-047, § 246-254-053, filed 12/8/97, effective 1/8/98; 96-11-043, § 246-254-053, filed 5/8/96, effective 6/28/96; 95-12-004, § 246-254-053, filed 5/25/95, effective 6/25/95; 94-11-010, § 246-254-053, filed 5/5/94, effective 6/5/94; 93-13-019 (Order 372), § 246-254-053, filed 6/8/93, effective 7/9/93. Statutory Authority: RCW 43.70.110, 91-22-027 (Order 208), § 246-254-053, filed 10/29/91, effective 11/29/91. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-254-053, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20B.110, 89-16-064 (Order 2839), § 440-44-050, filed 7/31/89, effective 8/31/89. Statutory Authority: RCW 43.20A.055, 86-08-054 (Order 2359), § 440-44-050, filed 3/28/86. Statutory Authority: Chapter 70.98 RCW and 1985 c 383, 85-20-021 (Order 2283), § 440-44-050, filed 9/23/85. Statutory Authority: RCW 43.20A.055, 85-13-007 (Order 2238), § 440-44-050, filed 6/7/85; 83-12-058 (Order 1965), § 440-44-050, filed 6/1/83. Statutory Authority: 1982 c 201, 82-13-011 (Order 1825), § 440-44-050, filed 6/4/82.]

Chapter 246-282 WAC

SANITARY CONTROL OF SHELLFISH

WAC

246-282-005 Minimum performance standards.
246-282-990 Fees.

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

(a) The requirements of the 2005 National Shellfish Sanitation Program (NSSP) Guide for the Control of Molluscan Shellfish, published by the United States Department of Health and Human Services, Public Health Service, Food and Drug Administration (copies available through the U.S. Food and Drug Administration, Shellfish Sanitation Branch, and the Washington state department of health, office of food safety and shellfish programs);

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

state department of health, office of food safety and shellfish programs); and

(c) All other provisions of this chapter.

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

[Statutory Authority: RCW 69.30.030. 07-20-014, § 246-282-005, filed 9/20/07, effective 10/21/07; 06-01-055, § 246-282-005, filed 12/16/05, effective 1/16/06. Statutory Authority: RCW 69.30.030 and 43.20.030. 01-04-054, § 246-282-005, filed 2/5/01, effective 3/8/01. Statutory Authority: RCW 69.30.030. 98-18-066, § 246-282-005, filed 8/31/98, effective 10/1/98; 98-03-096, § 246-282-005, filed 1/21/98, effective 2/21/98; 96-18-096, § 246-282-005, filed 9/4/96, effective 10/5/96; 94-23-026, § 246-282-005, filed 11/8/94, effective 12/9/94.]

WAC 246-282-990 Fees. (1) Annual shellfish operation license fees are:

| Type of Operation | Annual Fee |
|------------------------------------------------------|------------|
| Harvester | \$250 |
| Shellstock Shipper | |
| 0 - 49 Acres | \$282 |
| 50 or greater Acres | \$452 |
| Scallop Shellstock Shipper | \$282 |
| Shucker-Packer | |
| Plants with floor space < 2000 sq. ft. | \$514 |
| Plants with floor space 2000 sq. ft. to 5000 sq. ft. | \$622 |
| Plants with floor space > 5000 sq. ft. | \$1,147 |

(2) The fee for each export certificate is \$10.30.

(3) Annual PSP testing fees for companies harvesting species other than geoduck intertidally (between the extremes of high and low tide) are as follows:

| Fee Category | Number of Harvest Sites | Fee |
|---------------------------------------|-------------------------|---------|
| Harvester | ≤ 2 | \$173 |
| Harvester | 3 or more | \$259 |
| Shellstock Shipper | ≤ 2 | \$195 |
| 0 - 49 acres | | |
| Shellstock Shipper | 3 or more | \$292 |
| 0 - 49 acres | | |
| Shellstock Shipper | N/A | \$468 |
| 50 or greater acres | | |
| Shucker-Packer | ≤ 2 | \$354 |
| (plants < 2000 ft ²) | | |
| Shucker-Packer | 3 or more | \$533 |
| (plants < 2000 ft ²) | | |
| Shucker-Packer | ≤ 2 | \$429 |
| (plants 2000 - 5000 ft ²) | | |
| Shucker-Packer | 3 or more | \$644 |
| (plants 2000 - 5000 ft ²) | | |
| Shucker-Packer | N/A | \$1,189 |
| (plants > 5000 ft ²) | | |

(a) The number of harvest sites will be the total number of harvest sites on the licensed company's harvest site certificate:

(i) At the time of first licensure; or

(ii) January 1 of each year for companies licensed as harvesters; or

(iii) July 1 of each year for companies licensed as shellstock shippers and shucker packers.

(b) Two or more contiguous parcels with a total acreage of one acre or less is considered one harvest site.

(4) Annual PSP testing fees for companies harvesting geoduck are as follows:

| Harvester | Fee |
|----------------------------------------------------------------------------------|----------|
| Department of natural resources (quota tracts harvested by DNR contract holders) | \$13,201 |
| Jamestown S'Klallam Tribe | \$3,030 |
| Lower Elwah Klallam Tribe | \$7,358 |
| Lummi Nation | \$216 |
| Nisqually Indian Tribe | \$3,463 |
| Port Gamble S'Klallam Tribe | \$4,978 |
| Puyallup Tribe of Indians | \$5,194 |
| Skokomish Indian Tribe | \$0 |
| Squaxin Island Tribe | \$6,276 |
| Suquamish Tribe | \$10,604 |
| Swinomish Tribe | \$1,299 |
| Tulalip Tribe | \$1,299 |
| Discovery Bay Shellfish | \$1,082 |

(5) PSP fees must be paid in full to department of health before a commercial shellfish license is issued or renewed.

(6) Refunds for PSP fees will be given only if the applicant withdraws a new or renewal license application prior to the effective date of the new or renewed license.

[Statutory Authority: RCW 43.70.250. 07-17-159, § 246-282-990, filed 8/21/07, effective 9/21/07; 06-15-131, § 246-282-990, filed 7/19/06, effective 8/19/06; 05-17-120, § 246-282-990, filed 8/17/05, effective 9/17/05; 04-15-154, § 246-282-990, filed 7/21/04, effective 8/21/04; 03-18-093, § 246-282-990, filed 9/2/03, effective 10/3/03. Statutory Authority: RCW 43.70.250 and 34.70.250 [43.70.250]. 03-14-037, § 246-282-990, filed 6/23/03, effective 7/24/03. Statutory Authority: RCW 43.70.250 and the 2002 supplemental operating budget. 02-15-094, § 246-282-990, filed 7/16/02, effective 8/16/02. Statutory Authority: RCW 43.70.250, 70.90.150, and 43.20B.250. 01-14-047, § 246-282-990, filed 6/29/01, effective 7/30/01. Statutory Authority: RCW 69.30.030 and 43.20.030. 01-04-054, § 246-282-990, filed 2/5/01, effective 3/8/01. Statutory Authority: RCW 43.70.250. 00-02-016, § 246-282-990, filed 12/27/99, effective 1/27/00; 99-12-022, § 246-282-990, filed 5/24/99, effective 6/24/99. Statutory Authority: RCW 43.20B.020 and 69.30.030. 98-12-068, § 246-282-990, filed 6/1/98, effective 7/2/98. Statutory Authority: RCW 43.203.020 [43.20B.020]. 97-12-031, § 246-282-990, filed 5/30/97, effective 6/30/97. Statutory Authority: RCW 43.20B.020 and 69.30.030. 96-16-073, § 246-282-990, filed 8/6/96, effective 10/1/96. Statutory Authority: RCW 43.70.040. 93-17-096 (Order 389), § 246-282-990, filed 8/17/93, effective 9/17/93; 91-02-049 (Order 121), recodified as § 246-282-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20A.055. 85-12-029 (Order 2236), § 440-44-065, filed 5/31/85; 84-13-006 (Order 2109), § 440-44-065, filed 6/7/84; 83-15-021 (Order 1991), § 440-44-065, filed 7/14/83. Statutory Authority: 1982 c 201. 82-13-011 (Order 1825), § 440-44-065, filed 6/4/82.]

**Chapter 246-290 WAC
PUBLIC WATER SUPPLIES**

| WAC | |
|-------------|---------------------------------------------------------------|
| 246-290-990 | Water system evaluation and project review and approval fees. |

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

Public Water Supplies

246-290-990

construction documents, existing systems, and related evaluations required under chapters 246-290, 246-291, 246-293, 246-294, and 246-295 WAC are:

(a) Water system plans required under WAC 246-290-100, 246-290-105, 246-291-140, 246-293-220, and 246-293-230.

| Project Type | Group B | Group A | | | | |
|-------------------------------------|---------|---------------|---------------------|---------------------|-------------------------|-------------------------|
| | | <100 Services | 100 to 500 Services | 501 to 999 Services | 1,000 to 9,999 Services | 10,000 or more Services |
| Water system plan (New and Updated) | \$138 | \$491 | \$1,206 | \$2,280 | \$3,705 | \$5,484 |
| Minor water system plan alteration | \$31 | \$115 | \$293 | \$565 | \$919 | \$1,349 |

(b) Satellite management agency (SMA) plans for Group A and Group B water systems required under WAC 246-295-040.

| Project Type | Total Active or Approved Services | | | | |
|-----------------------------------------------|--------------------------------------------------------------------------|---------------------|---------------------|-------------------------|-------------------------|
| | <100 Services | 100 to 500 Services | 501 to 999 Services | 1,000 to 9,999 Services | 10,000 or more Services |
| SMA plan for ownership (New and Updated) | \$491 | \$1,206 | \$2,280 | \$3,705 | \$5,484 |
| SMA approval amendment | \$102 per hour or appropriate fee from category above, whichever is less | | | | |
| SMA plan for operation only (New and Updated) | \$1,206 | \$1,206 | \$1,206 | \$1,206 | \$1,206 |

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

(c) New plan elements required under WAC 246-290-100, 246-290-105, 246-290-125, 246-290-132, 246-290-135, 246-290-691, and 246-291-140 including:

(i) Water use efficiency; and

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

(d) Project reports required under WAC 246-290-110 and design reports required under WAC 246-291-120.

| Project Type | Group B | Group A | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------|---------------------|---------------------|-------------------------|-------------------------|
| | | <100 Services | 100 to 500 Services | 501 to 999 Services | 1,000 to 9,999 Services | 10,000 or more Services |
| All types of filtration or other complex treatment processes | \$348 | \$710 | \$1,103 | \$1,598 | \$2,204 | \$2,922 |
| Chemical addition only, such as ion exchange, hypochlorination, or fluoridation | \$102 | \$205 | \$348 | \$525 | \$743 | \$994 |
| Complete water system (an additional fee shall be assessed for review of treatment facility, if any) | \$205 | \$491 | \$778 | \$1,137 | \$1,564 | \$2,061 |
| System modifications requiring a detailed evaluation to determine whether the system, as modified, will comply with regulations (an additional fee shall be assessed for review of treatment facility, if any) | \$138 | \$348 | \$565 | \$851 | \$1,206 | \$1,626 |

Note: In accordance with WAC 246-290-125, project reports are not required for minor projects that are described in sufficient detail in an approved water system plan, and have been reviewed as part of the process for approving the water system plan.

(e) Special reports or plans required under WAC 246-290-230, 246-290-235, 246-290-250, 246-290-470, 246-290-636, 246-290-640, 246-290-654, 246-290-676, 246-291-230 including:

(i) Corrosion control recommendation report;

(ii) Corrosion control study;

(iii) Plan to cover uncovered reservoirs;

(iv) Predesign study;

(v) Uncovered reservoir plan of operation;

(vi) Tracer study plan;

(vii) Surface water or GWI treatment facility operations plan;

(viii) Filtration pilot study; or

(ix) GWI determination reports, shall be reviewed by the department and the fee assessed shall reflect the time spent for this review and shall be calculated based on one hundred two dollars per hour.

(f) Construction documents required under WAC 246-290-120 and design reports required under WAC 246-291-120.

| Project Type | Group B | Group A | | | | |
|--------------------------------------------------------------|---------|---------------|---------------------|---------------------|-------------------------|-------------------------|
| | | <100 Services | 100 to 500 Services | 501 to 999 Services | 1,000 to 9,999 Services | 10,000 or more Services |
| All types of filtration or other complex treatment processes | \$348 | \$710 | \$1,103 | \$1,598 | \$2,204 | \$2,922 |

| Project Type | Group B | Group A | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------|---------------------|---------------------|-------------------------|-------------------------|
| | | <100 Services | 100 to 500 Services | 501 to 999 Services | 1,000 to 9,999 Services | 10,000 or more Services |
| Chemical addition only, such as ion exchange, hypochlorination, or fluoridation | \$102 | \$205 | \$348 | \$525 | \$743 | \$994 |
| Complete new water system except treatment (an additional fee shall be assessed for review of treatment facility, if any) | \$281 | \$633 | \$919 | \$1,279 | \$1,709 | \$2,204 |
| New source only (an additional fee shall be assessed for review of treatment facility, if any) | \$205 | \$382 | \$525 | \$710 | \$919 | \$1,172 |
| One or more of the following submitted as a package and not requiring a detailed evaluation as determined by the department: Water line installation, booster pump station, modifications to source pumping, piping-valving, controls or storage reservoir (an additional fee shall be assessed for review of treatment facility, if any) | \$138 | \$241 | \$382 | \$565 | \$778 | \$1,027 |
| Documents submitted for projects such as water line installation, booster pump stations, modifications to source pumping, piping/valving, controls or storage reservoirs as determined by the department where such projects: Comply with design standards established by the department; Are prepared by a professional engineer in accordance with WAC 246-290-040; and Do not require a detailed evaluation by the department. | \$64 | \$118 | \$198 | \$281 | \$389 | \$512 |

(g) Existing system approval required under WAC 246-290-140 and 246-291-130. For the purpose of this subsection the department shall determine whether a system is expanding or nonexpanding.

| Project Type | Group B | Group A | | | | |
|-------------------------------------------------------------------------------------|---------|---------------|---------------------|---------------------|-------------------------|-------------------------|
| | | <100 Services | 100 to 500 Services | 501 to 999 Services | 1,000 to 9,999 Services | 10,000 or more Services |
| NONEXPANDING system not requiring a detailed evaluation by the department | \$268 | \$539 | \$811 | \$1,083 | \$1,355 | \$1,626 |
| NONEXPANDING system requiring a detailed evaluation as determined by the department | \$404 | \$811 | \$1,229 | \$1,626 | \$2,034 | \$2,441 |
| EXPANDING system not requiring a detailed evaluation by the department | \$539 | \$1,083 | \$1,626 | \$2,169 | \$2,714 | \$3,256 |
| EXPANDING system requiring a detailed evaluation as determined by the department | \$676 | \$1,355 | \$2,034 | \$2,714 | \$3,391 | \$4,072 |

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

| Project Type | Group B | Group A | | | | |
|--------------------------------------|----------------|------------------|---------------------|---------------------|-------------------------|-------------------------|
| | | <100 Services | 100 to 500 Services | 501 to 999 Services | 1,000 to 9,999 Services | 10,000 or more Services |
| Inorganic chemical monitoring waiver | Not applicable | \$88 per source | \$123 per source | \$155 per source | \$188 per source | \$221 per source |
| Organic chemical monitoring waiver | Not applicable | \$161 per source | \$226 per source | \$294 per source | \$359 per source | \$425 per source |
| Use waiver | Not applicable | \$193 per source | \$260 per source | \$334 per source | \$392 per source | \$459 per source |

| Project Type | Group B | Group A | | | | |
|------------------------------------------------------------------------------------|----------------|------------------|---------------------|---------------------|-------------------------|-------------------------|
| | | <100 Services | 100 to 500 Services | 501 to 999 Services | 1,000 to 9,999 Services | 10,000 or more Services |
| Area wide waiver renewal | Not applicable | \$193 per source | \$240 per source | \$287 per source | \$334 per source | \$369 per source |
| Inorganic chemical monitoring waiver renewal | Not applicable | \$48 per source | \$62 per source | \$75 per source | \$88 per source | \$102 per source |
| Organic chemical monitoring waiver renewal | Not applicable | \$95 per source | \$135 per source | \$176 per source | \$215 per source | \$254 per source |
| Use waiver renewal | Not applicable | \$135 per source | \$181 per source | \$226 per source | \$273 per source | \$320 per source |
| Coliform monitoring waiver including departmental inspection requested by purveyor | Not applicable | \$414 | \$512 | \$652 | \$830 | Not applicable |
| Coliform monitoring waiver with third-party inspection report | Not applicable | \$128 | \$128 | \$128 | \$128 | Not applicable |

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

| Project Type | Group B | Group A | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------|---------------------|---------------------|-------------------------|-------------------------|
| | | <100 Services | 100 to 500 Services | 501 to 999 Services | 1,000 to 9,999 Services | 10,000 or more Services |
| Well-site evaluation and approval including the site inspection and hydrogeologic information review. | \$205 | \$309 | \$363 | \$451 | \$565 | \$710 |
| Regulatory monitoring plan ¹ | No plan required | \$198 | \$268 | \$337 | \$404 | \$471 |
| Unfiltered system annual comprehensive report | Not applicable | \$404 | \$676 | \$947 | \$1,218 | \$1,489 |
| ¹ A comprehensive document containing coliform, inorganic chemical and organic chemical monitoring plans in accordance with WAC 246-290-300. | | | | | | |
| Water system compliance report | \$115 | \$115 | \$115 | \$115 | \$115 | \$115 |

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

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

(a) The basic fee covers an evaluation, or the review of an initial submittal and one resubmittal if required. If additional resubmittals are required, an additional twenty-five percent of the original fee will be assessed for each additional resubmittal. For water system plan and SMA plan preparation the basic fee also covers a preplanning conference;

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

(c) Fees may be assessed for services which the department determines are not described under subsection (1) of this section. If assessed, the fees will be calculated based on a rate of one hundred two dollars per hour.

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

(i) Review and inspection of water reuse projects;

(ii) Collection of water quality samples requested by purveyor;

(iii) Review of alternate technologies requested by purveyor, manufacturer or authorized representative;

(iv) Sanitary surveys, including the time spent as part of the annual on-site inspections for systems under WAC 246-290-690(3) that is in addition to the time necessary to assess watershed control and disinfection treatment;

(v) Well field designations; or

(vi) Transfers of ownership under WAC 246-290-035 or 246-294-060.

(d) Additional fees assessed by the department shall be billed to the purveyor using an itemized invoice.

(4) If the legislature revises the water system operating permit fee under RCW 70.119A.110 to incorporate into it one or more fees for service currently assessed separately under this section, and the purveyor has paid that consolidated fee, the department shall not assess or collect a separate fee under this section for any such service.

(5) All fees required under this section except as noted in subsection (3) of this section, shall be submitted prior to the department's approval. Payment of fees shall be in the form of a check or money order made payable to: The Department of Health, P.O. Box 1099, Olympia, Washington 98507-1099. Payment of a fee shall not guarantee approval of the submitted document or evaluation request.

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

[Statutory Authority: RCW 43.70.250 and 43.20B.020. 07-14-128, § 246-290-990, filed 7/3/07, effective 8/3/07. Statutory Authority: RCW 70.119A.180. 07-02-025B, § 246-290-990, filed 12/22/06, effective 1/22/07. Statutory Authority: RCW 43.70.250 and 70.119.160. 04-12-123, § 246-290-990, filed 6/2/04, effective 7/3/04. Statutory Authority: RCW 43.70.250, 43.20B.020, and 70.119.160. 03-13-028, § 246-290-990, filed 6/10/03, effective 7/11/03. Statutory Authority: RCW 43.70.250 and 70.119.160. 02-01-065, § 246-290-990, filed 12/14/01, effective 1/14/02. Statutory Authority: RCW 43.70.250. 00-02-015, § 246-290-990, filed 12/27/99, effective 1/27/00; 99-12-022, § 246-290-990, filed 5/24/99, effective 6/24/99. Statutory Authority: RCW 43.20B.020. 98-11-068, § 246-290-990, filed 5/19/98, effective 6/19/98; 97-12-032, § 246-290-990, filed 5/30/97, effective 6/30/97; 95-20-079, § 246-290-990, filed 10/4/95, effective 11/4/95; 93-01-006 (Order 315), § 246-290-990, filed 12/3/92, effective 1/3/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-290-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20A.055. 87-14-066 (Order 2493), § 440-44-048, filed 7/1/87; 83-14-038 (Order 1980), § 440-44-048, filed 6/30/83.]

Chapter 246-320 WAC

HOSPITAL LICENSING REGULATIONS

WAC

246-320-990 Fees.

WAC 246-320-990 Fees. This section establishes the licensure fee for hospitals licensed under chapter 70.41 RCW.

(1) Applicants and licensees shall:

(a) Submit an annual license fee of one hundred thirteen dollars and zero cents for each bed space within the licensed bed capacity of the hospital to the department;

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

(c) Include neonatal intensive care bassinet spaces;

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

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

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

(e) Exclude all normal infant bassinets;

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

(g) 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;

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

(2) Refunds. The department shall refund fees paid by the applicant for initial licensure if:

(a) The department has received the application but has not performed an on-site survey or provided technical assistance, the department will refund two-thirds of the fees paid, less a fifty dollar processing fee.

(b) The department has received the application and has conducted an on-site survey or provided technical assistance, the department will refund one-third of the fees paid, less a fifty dollar processing fee.

(c) The department will not refund fees if:

(i) The department has performed more than one on-site visit for any purpose;

(ii) One year has elapsed since an initial licensure application is received by the department, and the department has not issued the license because the applicant has failed to complete requirements for licensure; or

(iii) The amount to be refunded as calculated by (a) or (b) of this subsection is ten dollars or less.

[Statutory Authority: RCW 43.70.250. 07-17-174, § 246-320-990, filed 8/22/07, effective 9/22/07; 05-18-073, § 246-320-990, filed 9/7/05, effective 10/8/05. Statutory Authority: RCW 43.70.250, 18.46.030, 43.70.110, 71.12.470. 04-19-141, § 246-320-990, filed 9/22/04, effective 10/23/04. Statutory Authority: RCW 43.70.250 and 70.38.105(5). 03-22-020, § 246-320-990, filed 10/27/03, effective 11/27/03. 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.]

Chapter 246-322 WAC

PRIVATE PSYCHIATRIC AND ALCOHOLISM HOSPITALS

WAC

246-322-990 Private psychiatric hospital fees.

WAC 246-322-990 Private psychiatric hospital fees.

This section establishes the licensure fees for private psychiatric hospitals licensed under chapter 71.12 RCW.

(1) Applicants and licensees shall:

(a) Submit an annual fee of seventy dollars and zero cents for each bed space within the licensed bed capacity of the hospital to the department;

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

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

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

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

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

(e) 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;

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

(2) Refunds. The department shall refund fees paid by the applicant for initial licensure if:

(a) The department has received the application but has not conducted an on-site survey or provided technical assistance, the department will refund two-thirds of the fees paid, less a fifty dollar processing fee.

(b) The department has received the application and has conducted an on-site survey or provided technical assistance, the department will refund one-third of the fees paid, less a fifty dollar processing fee.

(c) The department will not refund fees if:

(i) The department has performed more than one on-site visit for any purpose;

(ii) One year has elapsed since an initial licensure application is received by the department, and the department has not issued the license because the applicant has failed to complete requirements for licensure; or

(iii) The amount to be refunded as calculated by (a) or (b) of this subsection is ten dollars or less.

[Statutory Authority: RCW 43.70.250, 07-17-174, § 246-322-990, filed 8/22/07, effective 9/22/07; 05-18-073, § 246-322-990, filed 9/7/05, effective 10/8/05. Statutory Authority: RCW 43.70.250, 18.46.030, 43.70.110, 71.12.470, 04-19-141, § 246-322-990, filed 9/22/04, effective 10/23/04. Statutory Authority: RCW 43.70.250 and 70.38.105(5), 03-22-020, § 246-322-990, filed 10/27/03, effective 11/27/03. 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 246-324 WAC

PRIVATE ALCOHOL AND CHEMICAL DEPENDENCY HOSPITALS

WAC

246-324-990 Fees.

WAC 246-324-990 Fees. This section establishes the licensure fee for private alcohol and chemical dependency hospitals licensed under chapter 71.12 RCW.

(1) Applicants and licensees shall submit:

(a) An initial fee of seventy dollars and zero cents for each bed space within the proposed licensed bed capacity; and

(b) An annual renewal fee of seventy dollars and zero cents for each licensed bed space.

(2) Refunds. The department shall refund fees paid by the applicant for initial licensure if:

(a) The department has received an application but has not conducted an on-site survey or provided technical assistance, the department will refund two-thirds of the fees paid, less a fifty dollar processing fee.

(b) The department has received an application and has conducted an on-site survey or provided technical assistance, the department will refund one-third of the fees paid, less a fifty dollar processing fee.

(c) The department will not refund fees if:

(i) The department has conducted more than one on-site visit for any purpose;

(ii) One year has elapsed since an initial licensure application is received by the department, and the department has not issued the license because applicant has failed to complete requirements for licensure; or

(iii) The amount to be refunded as calculated by (a) or (b) of this subsection is ten dollars or less.

[Statutory Authority: RCW 43.70.250, 07-17-174, § 246-324-990, filed 8/22/07, effective 9/22/07; 05-18-073, § 246-324-990, filed 9/7/05, effective 10/8/05. Statutory Authority: RCW 43.70.250, 18.46.030, 43.70.110, 71.12.470, 04-19-141, § 246-324-990, filed 9/22/04, effective 10/23/04.]

Statutory Authority: RCW 43.70.250 and 70.38.105(5), 03-22-020, § 246-324-990, filed 10/27/03, effective 11/27/03. 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 246-329 WAC

CHILDBIRTH CENTERS

WAC

| | |
|-------------|---------------------------------------------------------|
| 246-329-005 | Scope and purpose. |
| 246-329-010 | Definitions. |
| 246-329-020 | Licensure. |
| 246-329-025 | Exemptions, alternative methods, and interpretations. |
| 246-329-030 | Governance. |
| 246-329-045 | Applicant or licensee rights and responsibilities. |
| 246-329-055 | Department responsibilities. |
| 246-329-065 | New construction—Major alterations. |
| 246-329-075 | Criminal history, disclosure, and background inquiries. |
| 246-329-085 | Client bill of rights. |
| 246-329-095 | Staffing. |
| 246-329-110 | Personnel policy and procedures and records. |
| 246-329-120 | Birth center policies and procedures. |
| 246-329-130 | Birth center equipment and supplies. |
| 246-329-140 | Client records. |
| 246-329-150 | Pharmaceuticals. |
| 246-329-160 | Birth center—Physical environment. |
| 246-329-170 | Emergency preparedness. |
| 246-329-180 | Quality improvement. |
| 246-329-990 | Fees. |

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

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| 246-329-035 | Criminal history, disclosure, and background inquiries. [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.] Repealed by 07-07-075, filed 3/16/07, effective 4/16/07. Statutory Authority: Chapter 18.46 RCW and RCW 43.70.040. |
| 246-329-040 | Personnel, clinical staff, and volunteers who work directly with clients. [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.] Repealed by 07-07-075, filed 3/16/07, effective 4/16/07. Statutory Authority: Chapter 18.46 RCW and RCW 43.70.040. |
| 246-329-050 | HIV/AIDS education and training. [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.] Repealed by 07-07-075, filed 3/16/07, effective 4/16/07. Statutory Authority: Chapter 18.46 RCW and RCW 43.70.040. |
| 246-329-060 | Birth center policies and procedures. [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.] Repealed by 07-07-075, filed 3/16/07, effective 4/16/07. Statutory Authority: Chapter 18.46 RCW and RCW 43.70.040. |
| 246-329-070 | Birth center equipment and supplies. [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.] Repealed by 07-07-075, filed 3/16/07, effective 4/16/07. Statutory Authority: Chapter 18.46 RCW and RCW 43.70.040.
- 246-329-080 Records. [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.] Repealed by 07-07-075, filed 3/16/07, effective 4/16/07. Statutory Authority: Chapter 18.46 RCW and RCW 43.70.040.
- 246-329-090 Pharmaceuticals. [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.] Repealed by 07-07-075, filed 3/16/07, effective 4/16/07. Statutory Authority: Chapter 18.46 RCW and RCW 43.70.040.
- 246-329-100 Birth center—Physical environment. [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.] Repealed by 07-07-075, filed 3/16/07, effective 4/16/07. Statutory Authority: Chapter 18.46 RCW and RCW 43.70.040.

WAC 246-329-005 Scope and purpose. (1) These rules implement chapter 18.46 RCW which requires the department of health to set minimum health and safety standards for childbirth centers.

(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 18.46 RCW.

(4) A childbirth center may not provide services unless the childbirth center is licensed under this chapter.

[Statutory Authority: Chapter 18.46 RCW and RCW 43.70.040. 07-07-075, § 246-329-005, filed 3/16/07, effective 4/16/07.]

WAC 246-329-010 Definitions. For purposes of this chapter, the following words and phrases will have the following meanings unless the context clearly indicates otherwise:

(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 rules governing these 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) "Applicant" means a person seeking licensure as a childbirth center under this chapter.

(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 or unique identifier verifying accuracy of information.

(4) "Bathing facility" means a bathtub or shower.

(5) "Birthing center" or "childbirth center" or "birth center" means any health facility, not part of a hospital or in a

hospital, that provides facilities and clinical staff to support a birth service to low risk maternity clients. This chapter does not apply to any hospital approved by the American College of Surgeons, American Osteopathic Association, or its successor.

(6) "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).

(7) "Birth service" means the prenatal, intrapartum, and postpartum care provided for low-risk maternity clients, including newborn care during transition and stabilization.

(8) "Client" means a woman, fetus, and newborn receiving care and services provided by a birth center during pregnancy and childbirth and recovery.

(9) "Clinical staff" means physicians and midwives, including contractors, appointed by the governing body to practice within the birth center and governed by rules and policies and procedures approved by the governing body.

(10) "Consultation" means the process used by the clinical staff of a childbirth center who maintain primary management responsibilities for the client's care to seek the opinion of a licensed physician on clinical issues that are client specific. The physician consulted must be qualified by training and experience in specific client need for which consultation is sought. Consultation, appropriate to client need, must be available during all times birth services are provided in a childbirth center.

(11) "Contractor" means an individual who has a written contract with a birth center licensee to provide birth services. The written contract must be approved by the governing body, including appointment of clinical privileges by the governing body. Birth services provided by contractors in licensed birth centers must meet requirements of this chapter, unless otherwise noted.

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

(13) "Emergency" means a medical emergency or injury requiring immediate medical or surgical intervention to prevent death or disability.

(14) "Emergency transfer" means the transfer of a maternal client or newborn in an emergent situation to a facility that can manage obstetrical and neonatal emergencies, including the ability to perform cesarean delivery.

(15) "Governing body" means the person or persons responsible for establishing and approving the purposes and policies and procedures of the childbirth center.

(16) "Hospital" means any institution, place, building, or agency which provides accommodations, facilities, and services over a continuous period of twenty-four hours or more, for observation, diagnosis, or care, of two or more individuals not related to the operator or suffering from any other condition which obstetrical, medical, or surgical services would be appropriate for care or diagnosis. "Hospital" as used in this definition includes facilities licensed under chapter 70.41 RCW. "Hospital" as used in this definition 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, defined and licensed under chapter 18.51 RCW;

(d) Childbirth centers licensed under this chapter and chapter 18.46 RCW;

(e) Psychiatric hospitals, licensed under chapter 71.12 RCW; or

(f) 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. 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.

(17) "Lavatory" means a plumbing fixture designed and equipped with a handwash device.

(18) "Low-risk maternal client" means an individual who:

(a) Is at term gestation, in general good health with uncomplicated prenatal course and participating in ongoing prenatal care, and prospects for a normal uncomplicated birth as defined by reasonable and generally accepted criteria of maternal and fetal health;

(b) Has no previous major uterine wall surgery, cesarean section, or obstetrical complications likely to recur;

(c) Has no significant signs or symptoms of anemia, active herpes genitalia, placenta praevia, known noncephalic presentation during active labor, pregnancy-induced hypertension, persistent polyhydramnios or persistent oligohydramnios, abruptio placenta, chorioamnionitis, known multiple gestation, intrauterine growth restriction, or substance abuse;

(d) Is in progressive labor; and

(e) Is appropriate for a setting where methods of anesthesia are limited.

(19) "Midwife" means a person licensed under chapter 18.79 RCW, or chapter 18.50 RCW, Midwifery.

(20) "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;

(e) Changes in the approved use of rooms or areas of the birth center.

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

(22) "Personnel" means individuals employed by the birth center, contractors of the birth center, students and volunteers.

(23) "Physician" means a person licensed under chapter 18.71 RCW, "Physicians," and rules adopted under chapter 246-919 WAC or chapter 18.57 RCW, "Osteopathy—Osteopathic medicine and surgery," and rules adopted under chapter 246-853 WAC.

(24) "Referral" means the process by which the clinical staff of a childbirth center directs the client to a physician for management of a particular problem or aspect of the client's care.

(25) "Registered nurse" means a person licensed under chapter 18.79 RCW, and rules adopted under chapter 246-840 WAC.

(26) "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.

(27) "Shall" means compliance is mandatory.

(28) "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.

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

(30) "Transfer of care" means the process by which the clinical staff of a childbirth center directs the client or newborn to a physician or other licensed health care provider for complete management of client's care. Transfer of care to an appropriate obstetrical department, patient care area or hospital, or physician(s) qualified in obstetrics or newborn/pediatric care respectively with admitting privileges to a hospital must be available twenty-four hours per day.

(31) "Volunteer" means an individual who is an unpaid worker in the birth center, other than a support person.

(32) "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: Chapter 18.46 RCW and RCW 43.70.040. 07-07-075, § 246-329-010, filed 3/16/07, effective 4/16/07. 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. A person must possess a current birth center license issued by the department before advertising, operating, managing, conducting, opening or maintaining a childbirth center unless exempt under chapter 18.46 RCW.

(1) Application for license. An applicant for initial licensure of a childbirth center must:

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

(b) Submit disclosure statements and criminal history background checks no older than three months preceding the application date for the administrator, owner and director of services in accordance with RCW 43.43.830 through 43.43-845;

(c) Submit the following information:

(i) Name of managing personnel, officers, administrator, director of clinical services or supervisor of clinical services,

and partners or individuals owning ten percent or more of the applicant's voting stock;

(ii) A description of the organizational structure;

(iii) Name, address, and phone numbers of all office locations that provide services within the state;

(iv) A copy of the current business license(s);

(d) Submit evidence of completion of the department's construction review process;

(e) Submit evidence of compliance with local codes and ordinances;

(f) Submit evidence of approval of the state fire marshal as required per RCW 18.46.110;

(g) Submit evidence that a certificate of occupancy by the local building official has been approved and issued;

(h) Submit other information as required by the department;

(i) Submit fees as specified in WAC 246-329-990;

(j) Furnish to the department full and complete information and promptly report any changes which would affect the current accuracy of this 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;

(k) Develop and approve policies and procedures addressing the content of this chapter; and

(l) Meet the requirements of this chapter as determined by an initial survey conducted by the department.

(2) License renewal.

(a) A license, unless suspended or revoked, shall be renewed annually.

Applications for renewal must be on forms provided by the department and must be filed with the department not less than thirty days prior to expiration and must also include disclosure statements and criminal history background checks no older than three months preceding the renewal date for the administrator, owner and director of services when these individuals are new to the birth center since initial licensure or last renewal, in accordance with RCW 43.43.830 through 43.43.845.

(b) The department may inspect and investigate each childbirth center every twenty-four months or as needed to determine compliance with these rules and chapter 18.46 RCW.

(c) 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.

(d) Licenses must be posted in a conspicuous place on the licensed premises.

(3) Change of ownership. At least thirty days prior to changing ownership of a childbirth center:

(a) The licensee must submit in writing to the department:

(i) The full name, address and phone number of the current and prospective owner;

(ii) The name, address, and phone number of the currently licensed childbirth center and the name under which the prospective agency will operate;

(iii) Date of the proposed change of ownership; and

(iv) Any changes in the office location, if relevant;

(b) The prospective new owner must submit:

(i) Information listed in subsection (1)(b) through (c) of this section; and

(ii) The change of ownership fee specified in WAC 246-329-990.

[Statutory Authority: Chapter 18.46 RCW and RCW 43.70.040, 07-07-075, § 246-329-020, filed 3/16/07, effective 4/16/07. 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 246-329-025 Exemptions, alternative methods, and interpretations. The purpose of this section is to provide birth centers a mechanism to request an interpretation, exemption, or approval to use an alternative method. This chapter is 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 birth center requesting exemption from 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 birth center 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 birth center from complying with portions of this chapter when:

(i) The exemption is not contrary to the intent of chapter 18.46 RCW and the requirements of these rules.

(ii) After review and consideration, the department determines the exemption will not:

(A) Negate the purpose and intent of these rules;

(B) Place the safety or health of the patients in the birth center in jeopardy;

(C) Lessen any fire and life safety or infection control provision of other codes or regulations; and

(D) Affect any structural integrity of the building;

(b) Approve the use of alternative materials, designs, and methods when:

(i) The birth center 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 birth center requesting an interpretation of rule 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 birth center 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 birth center will keep a copy of each exemption or alternative granted or interpretation issued under this section on file and available at all times.

[Statutory Authority: Chapter 18.46 RCW and RCW 43.70.040, 07-07-075, § 246-329-025, filed 3/16/07, effective 4/16/07.]

WAC 246-329-030 Governance. The purpose of this section is to provide organizational guidance and oversight and to ensure resources and staff to support safe and adequate patient care.

(1) The birth center shall have a governing body.

(2) The governing body shall be responsible for providing personnel, facilities, equipment, supplies, and special services 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 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, approval of written contracts and appointment of contractors, approval of clinical bylaws and to ensure that only members of the clinical staff admit clients to the birth center.

(a) Each birth center shall have access to physician consultation and appropriate clinical services as defined in WAC 246-329-095(2).

(b) Each physician and midwife, including contractors, appointed to the clinical staff shall provide evidence of current licensure in the state of Washington.

(c) Members of the clinical staff shall develop and adopt bylaws, policies, and procedures subject to the approval of the governing body including requirements for clinical staff membership; delineation of clinical privileges and the organization of clinical staff.

(7) The governing body shall be responsible for assuring a quality improvement program is implemented according to WAC 246-329-180.

(8) The governing body shall have responsibility for the legal and financial management of the birth center.

[Statutory Authority: Chapter 18.46 RCW and RCW 43.70.040, 07-07-075, § 246-329-030, filed 3/16/07, effective 4/16/07. 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 246-329-045 Applicant or licensee rights and responsibilities. This section describes the applicant or licensee's responsibilities in the fulfillment of the requirements of this chapter.

(1) An applicant or licensee must:

(a) Comply with chapter 18.46 RCW and this chapter;

(b) Establish, implement and periodically review all policies and procedures which address the contents of this chapter;

(c) Display the license issued by the department in an area accessible to the public;

(d) Notify the department in writing:

(i) Within thirty days of changes of an administrator, owner or the director of clinical services;

(ii) Thirty or more days before ceasing operations;

(e) Cooperate with the department during surveys which may include reviewing licensee and client records and conducting client interviews with client consent;

(f) Respond to a statement of deficiencies by submitting to the department:

(i) A written plan of correction, within ten working days of receipt. The applicant or licensee must complete all corrections within sixty days after the survey exit date, unless otherwise specified by the department; and

(ii) A progress report describing corrections made and ongoing monitoring actions, within ninety days after the survey exit date, unless the department specifies another date.

(2) An applicant or licensee may:

(a) Discuss findings observed during a survey with the surveyor; and

(b) Discuss the statement of deficiencies with the department's manager.

(3) As required by chapter 70.56 RCW, the licensed childbirth center shall notify the department if any of the following events have been confirmed to have occurred in the birth center:

(a) An infant abduction or discharge to the wrong family;

(b) Sexual assault or rape of a patient or staff member while in the birth center;

(c) Maternal death or serious disability with labor or delivery in a low-risk pregnancy while being cared for in a health care facility;

(d) Patient death or serious disability associated with:

(i) The use of contaminated drugs, devices, or biologics provided by the health care facility;

(ii) The use or function of a device in which the device is used or functions other than as intended;

(iii) Intravascular air embolism that occurs while being cared for in a health care facility;

(iv) A medication error (errors involving wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation or wrong route of administration);

(v) Hypoglycemia, the onset of which occurs while the patient is being cared for in a health care facility;

(vi) Failure to identify and treat hyperbilirubinemia in neonates;

(vii) An electric shock while being cared for in a health care facility; or

(viii) A burn incurred from any source while being cared for in a health care facility.

(e) Any incident in which a line designated for oxygen or other gas to be delivered to a patient contains the wrong gas or is contaminated by toxic substances;

(f) Patient suicide, or attempted suicide resulting in serious disability, that occurs while the patient is receiving care in a health care facility;

(g) Death or significant injury of a patient or staff member resulting from physical assault that occurs within or on the grounds of a health care facility;

(h) Any instance of care ordered by someone impersonating a physician, nurse, pharmacist or other licensed health care provider;

(i) Patient death associated with a fall while being cared for in a health care facility;

(j) Patient death or serious disability associated with the use of restraints or bedrails while being cared for in a health care facility; and

(k) Sexual assault on a patient within or on the grounds of a health care facility.

(4) The licensed childbirth center must also notify the department if either of the following events have been confirmed to have occurred in the birth center:

(a) An unanticipated death, stillbirth or major loss of function; or

(b) Any catastrophic incident, such as fire or flood, or any incident which may cause interruption or cessation of the delivery of services, or another interruption of services which would affect the health and safety of the client.

(5) The report required in subsection (3) and (4) of this section must be submitted in writing to the department as required by chapter 70.56 RCW. The birth center is encouraged to confirm these events through a review or assessment by the birth center's quality improvement or risk management process. Each notice to the department must include:

(a) The licensee's name;

(b) The name of the affected client, if applicable;

(c) The date the event occurred;

(d) A description of the event and a clinical summary if the event is client-related;

(e) Root cause analysis and corrective action plans as required by chapter 70.56 RCW.

(6) The report note in subsection (3) of this section:

(a) Will allow the department to be informed of events which in the interest of the public will be reviewed and reported as required by chapter 70.56 RCW;

(b) 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; and

(c) Does not relieve a birth center from complying with other applicable reporting or notification requirements of this chapter or those requirements relating to law enforcement or professional regulatory agencies.

(7) 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 18.46 RCW and RCW 43.70.040. 07-07-075, § 246-329-045, filed 3/16/07, effective 4/16/07.]

[2008 WAC Supp—page 32]

WAC 246-329-055 Department responsibilities. This section describes the department's responsibilities in the fulfillment of the requirements of this chapter:

(1) The department may, in accordance with chapter 18.46 RCW:

(a) Issue an initial license 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 for the twelve-month period following submission of a completed application and appropriate fee;

(c) Issue a license for change of ownership to the new licensee for the remainder of the current license period following submission of the required information and appropriate fee, under WAC 246-329-990.

(2) The department may:

(a) Conduct surveys and investigations every twenty-four months or as needed to determine compliance with chapter 18.46 RCW and this chapter. Surveys and investigations may be announced or unannounced;

(b) Investigate any person suspected of:

(i) Advertising, operating, managing, conducting, opening or maintaining a childbirth center without a license unless exempt from licensure under chapter 18.46 RCW; or

(ii) Survey a licensee at anytime if the department has reason to believe the licensee is providing unsafe, insufficient, inadequate or inappropriate care;

(c) Investigate allegations of noncompliance with RCW 43.43.830 through 43.43.845, when necessary, in consultation with law enforcement personnel;

(d) 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; and

(e) Issue a statement of deficiencies following a survey which identifies noncompliance with chapter 18.46 RCW and this chapter.

(3) The department may deny, suspend, or revoke a license if the applicant or licensee fails or refuses to comply with the requirements of chapter 18.46 RCW and/or these rules. The department's notice of denial, suspension, modification, or revocation of a license shall be consistent with RCW 43.70.115. An applicant or licensee has the right to an adjudicative proceeding to contest the decision.

(4) The department may 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 18.46 RCW and this chapter. The statement of charges must include a notice that the licensee or applicant may request a hearing to contest the charges.

[Statutory Authority: Chapter 18.46 RCW and RCW 43.70.040. 07-07-075, § 246-329-055, filed 3/16/07, effective 4/16/07.]

WAC 246-329-065 New construction—Major alterations. The purpose of this section is to provide minimum standards for a safe and efficient patient care environment

consistent with other rules. The rules are intended to allow flexibility in achieving desired outcomes and enable birth centers to respond to changes in technologies and health care innovations.

(1) When a licensee or applicant is contemplating new construction or major alteration, the licensee or applicant shall:

(a) Under chapters 70.40 RCW and 246-329 WAC, submit an application and construction documents to the department's construction review services program for all new construction and major alterations, as defined in WAC 246-329-010. In addition to the application and construction documents, the construction review services program may require documentation of approval from local zoning commissions, fire departments, and building departments, if applicable;

(b) Respond in writing when the department requests additional or corrected construction documents;

(c) Not begin construction until the construction documents are approved by the local jurisdictions and same local jurisdictions have issued any required permits;

(d) Complete construction consistent with the final "department approved" documents;

(e) Notify the department in writing when construction is completed; and

(f) Submit to the department a copy of the local jurisdictions' certificate of occupancy.

(2) A childbirth center applicant or licensee must, through its design, construction and necessary permits demonstrate compliance with the following codes and local jurisdiction standards:

(a) The state building code as adopted by the state building code council.

(b) *Accepted Procedure and Practice in Cross-contamination Control, Pacific Northwest Edition, 9th Edition, American Waterworks Association*; and

(c) 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.*

[Statutory Authority: Chapter 18.46 RCW and RCW 43.70.040. 07-07-075, § 246-329-065, filed 3/16/07, effective 4/16/07.]

WAC 246-329-075 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 individuals with developmental disabilities.

(1) A childbirth center applicant or licensee must establish and implement policies and procedures regarding Washington state patrol criminal background inquiries and disclosure statements under RCW 43.43.830 through 43.43.845 for the administrator, owner, director of services and personnel, contractors, volunteers, students, and any other individual associated with the licensee having direct contact with children under sixteen years of age, individuals with developmental disabilities, or vulnerable adults.

(2) 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: Chapter 18.46 RCW and RCW 43.70.040. 07-07-075, § 246-329-075, filed 3/16/07, effective 4/16/07.]

WAC 246-329-085 Client bill of rights. The purpose of this section is to help improve patient outcomes by respecting each client and conducting all relationships with clients and the public in an ethical manner.

The birth center at the time of registration, including clients of contractors, must provide each client with a written bill of rights, verified by client or representative signature, affirming each individual's rights to:

(1) A listing of the services provided by the birth center and a description of other levels of maternal/fetal services available in the community;

(2) Be informed of the policy and procedures for admission and discharge;

(3) Be informed of the definition of a low risk maternal client, the benefits and risks of out-of-hospital labor and birth and complete a written informed consent, prior to the onset of labor that shall include, but not be limited to, evidence of an explanation by personnel of the birth services offered and potential risks and emergency transfer and transport procedures;

(4) Be informed of what constitutes being ineligible for birth center services and the transfer policy and procedures of clients who, during the course of pregnancy or labor or recovery, are determined to be ineligible, including the birth center's plan for provisions of emergency and nonemergency care in the event of complications to mother and newborn;

(5) Be informed that unexpected neonatal emergencies requiring complex resuscitation are rare, but can occur. Be informed that the birth center staff is prepared to provide initial steps of newborn resuscitation (upper airway clearance with a bulb or mechanical suction) and provide bag-and-mask ventilation until emergency medical service providers arrive to provide complete resuscitation procedures if required;

(6) Participate in decisions relating to the plan for management of care and all changes in that plan once established including consultation, referral and transfer to other practitioners or other levels of care;

(7) Be informed of the policy and procedures for consultation, referral, transfer of care and transport of a newborn and maternal client to a hospital where appropriate care is available;

(8) Be informed of prenatal screening under chapter 70.54 RCW and chapter 246-680 WAC;

(9) Be informed of newborn screening requirements under chapter 70.83 RCW and chapter 246-650 WAC, including a provision of a copy of the parent information pamphlet "*Newborn Screening Tests and Your Baby*" which is available from the department's newborn screening program;

(10) Be informed that rapid HIV testing is available for all maternal clients without a documented history of HIV testing during prenatal care;

(11) Be informed of prophylactic treatment of the eyes of the newborn in accordance with WAC 246-100-206 (6)(b);

(12) Be informed that vitamin K administration for the newborn is available;

(13) Be informed that newborn hearing screening tests are offered in most hospitals;

(14) A description of the process for submitting and addressing complaints;

(15) Submit complaints without retaliation and to have the complaint addressed by the licensee;

(16) Be informed of the state complaint hotline number;

(17) Be treated with courtesy, dignity, respect, privacy, and freedom from abuse and discrimination;

(18) Refuse treatment or services;

(19) Privacy of personal information and confidentiality of health care records;

(20) Be cared for by properly trained personnel, contractors, students and volunteers and be informed of the qualifications of clinical staff, consultants and related services and institutions;

(21) Be informed of all diagnostic procedures and reports, recommendations and treatments;

(22) A fully itemized billing statement upon request, including the date of each service and the charge;

(23) Be informed about advanced directives and the licensee's responsibility to implement them;

(24) Be informed of the client's right with regards to participation in research or student education programs;

(25) Be informed of the liability insurance coverage of practitioners on request; and

(26) Be informed of child passenger restraint systems to be used when transporting children in motor vehicles, including information describing the risks of death or serious injury associated with the failure to use a child passenger restraint system.

[Statutory Authority: Chapter 18.46 RCW and RCW 43.70.040. 07-07-075, § 246-329-085, filed 3/16/07, effective 4/16/07.]

WAC 246-329-095 Staffing. The purpose of the staffing section is to ensure the birth center provides competent staff consistent with the scope of services.

(1) The birth center shall have sufficient, qualified personnel and clinical staff to provide the services needed by clients and for safe maintenance and operation of the birth center.

(2) The birth center shall have written plans for consultation, referral, transfer of care, emergency transfer and transport of a newborn to a newborn nursery or neonatal intensive care nursery, and emergency transfer or transport of a maternal client to an appropriate obstetrical department, patient care area or hospital where appropriate care is available.

(3) The birth center shall:

(a) Employ, contract or use appropriately trained personnel and clinical staff; and

(b) Assure clinical staff or personnel have evidence of current training in neonatal and adult resuscitation.

(c) Assure a physician or midwife is present at each birth. A second person who is an employee, student or member of the clinical staff with evidence of current training in neonatal and adult resuscitation skills shall be immediately available in the birthing center during each birth.

(d) Ensure twenty-four hour coverage, including the provision that appropriate, qualified personnel and/or clinical staff shall be present in the birth center at all times when clients are present.

[Statutory Authority: Chapter 18.46 RCW and RCW 43.70.040. 07-07-075, § 246-329-095, filed 3/16/07, effective 4/16/07.]

WAC 246-329-110 Personnel policy and procedures and records. The purpose of this section is to ensure the birth center provides direction and standards in the employment, contracting and recording of personnel procedures.

(1) A childbirth center applicant or licensee must establish and implement policy and procedures which include, but are not limited to:

(a) For those birth centers operated by an employer as defined by RCW 49.60.040(3), employment criteria consistent with chapter 49.60 RCW;

(b) Job descriptions for employees, contractor agreements, volunteer responsibility statements and agreements with students commensurate with responsibilities and consent with health care professional credentialing and scope of practice as defined in relevant practice acts and associated rules;

(c) Verification of clinical staff credentials;

(d) Orientation to current agency policies and procedures and verification of skills or training for all clinical staff;

(e) Current neonatal and adult cardiopulmonary resuscitation training consistent with agency policies and procedures and community standards for all clinical staff;

(f) Infection control practices for clinical staff including communicable disease testing, immunization, vaccination and universal precautions or equivalent method of preventing the transmission of infection according to current local health authorities and shall include the availability of equipment necessary to implement plans of care and infection control policies and procedures;

(i) Birth centers must establish and implement a TB screening program for personnel;

(ii) Birth centers must provide or offer to employees Hepatitis B vaccination according to WAC 296-62-08001; and

(iii) Birth centers must assure that all contractors have received or been offered Hepatitis B vaccination according to WAC 296-62-08001;

(g) Verification of appropriate education and training of all personnel, contractors, student and volunteers on the prevention, transmission, and treatment of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) consistent with RCW 70.24.310;

(h) Performance evaluations of all personnel, including evaluations of contractor and student agreements to be conducted per birth center's policy and procedure; and

(i) Washington state patrol criminal background inquiries and disclosure statements under RCW 43.43.830 through 43.43.845 for the administrator, owner, director of services and personnel, contractors, volunteers, students, and any other individual associated with the licensee who has direct contact with children under sixteen years of age, people with developmental disabilities or vulnerable adults.

(2) Each employee, contractor, student and volunteer shall have a current record maintained by the birth center

which contains, but is not limited to, the following information:

(a) Documentation of the items stated above in subsection (1)(b) through (e) and (g) through (i) of this section.

(b) Evidence of communicable disease testing as required by local health authorities and per birth center policy and procedures and shall include, at a minimum, documented evidence of tuberculin (TB) screening as required in WAC 246-329-110 (1)(f) and documented evidence of Hepatitis B vaccination being provided or offered according to WAC 296-62-08001.

[Statutory Authority: Chapter 18.46 RCW and RCW 43.70.040. 07-07-075, § 246-329-110, filed 3/16/07, effective 4/16/07.]

WAC 246-329-120 Birth center policies and procedures. The purpose of this section is to ensure the birth center is able to provide safe and appropriate care to the clients of the birth center.

(1) An applicant or licensee must establish and implement policy and procedures which include, but are not limited to:

(a) Definition of a low-risk maternal client who is eligible for birth services offered by the birth center.

(b) Definition of a client who is ineligible for birth services at the birth center.

(c) Identification and transfer of clients who, during the course of pregnancy, are determined to be ineligible.

(d) 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.

(e) Written plans for consultation, referral and transfer of care for maternal client and newborn. Written plans for emergency transfer and transport of a newborn to a newborn nursery or neonatal intensive care nursery, and emergency transfer and transport of a maternal client to an appropriate obstetrical department, patient care area, or hospital where appropriate care is available.

(f) Transfer and discharge of neonates to minimize risk of newborn abduction.

(g) Protocol for medications and laboratory testing during labor and recovery if the birth center plans to deliver HIV positive clients.

(h) Rapid HIV testing using the opt out approach for women who have undocumented HIV test results when presenting to the birth center in labor.

(i) Protocol for electronic fetal heart monitoring or intermittent auscultation to monitor fetal status during labor.

(j) Protocol for the provision of MMR vaccine to nonimmune postpartum women.

(k) Protocol for the provision of anti D immune globulin to postpartum women who are unsensitized D-Negative and who deliver a D positive or Du positive infant.

(2) The applicant or licensee shall assure that transfer of care shall be available twenty-four hours per day to an appropriate obstetrical department, patient care area, or hospital where appropriate care is available.

(3) Clients shall receive and sign written informed consent which shall be obtained prior to the onset of labor and shall include, but is not limited to:

(a) Evidence of an explanation by personnel of the birth services offered, limitation of services, and potential risks;

(b) Explanation of the definition of low-risk maternal client;

(c) Explanation of a client who is ineligible for childbirth center services;

(d) Explanation of the birth center policies and procedures for consultation, referral, transfer of care and emergency transfer and transport;

(e) Explanation of prophylactic treatment of the eyes of the newborn in accordance with WAC 246-100-206 (6)(b);

(f) Explanation of screening of newborns under chapter 70.83 RCW and chapter 246-650 WAC; and

(g) Explanation of why rapid HIV testing is available if documentation of an HIV test during prenatal care is not available;

(h) Explanation of the need for prophylactic administration of RhIG (immune globulin) within seventy-two hours of delivery for an Rh negative mother whose newborn(s) are Rh positive.

(4) The birth center shall provide or assure:

(a) Education of clients, family and support persons in childbirth and newborn care.

(b) Plans for immediate and long-term follow-up of clients after discharge from the birth center.

(c) Registration of birth and reporting of complications and anomalies, including sentinel birth defect reporting under chapter 70.58 RCW.

(d) Prophylactic treatment of the eyes of the newborn in accordance with WAC 246-100-206 (5)(b).

(e) Collection of a newborn screening blood specimen, or signed refusal, and submission to the department's newborn screening program under the requirements of WAC 246-650-020.

(f) Rapid HIV testing when documentation of an HIV test during prenatal care is not available, unless the client refuses to give consent and the refusal is documented.

(g) For HIV positive women, the antiretroviral medications during delivery and perform or arrange appropriate lab tests.

(h) Intrapartum intravenous antibiotics for Group B Strep positive women per the CDC protocol.

(i) For Hepatitis B positive women, HBIG and Hepatitis B immunization for the newborn.

(j) Infection control to housekeeping; cleaning, sterilization, sanitization, and storage of supplies and equipment, and health of personnel and clients.

(k) 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.

(l) Authorization and administration of medications, legend drugs and devices per appropriate health profession rules.

(m) Actions to address patient or client communication needs.

(n) Reporting of patient/client abuse and neglect according to chapter 74.34 RCW.

(o) Emergency care of client.

(p) Actions to be taken upon death of a client.

(q) Plans for service delivery when natural or man-made emergencies occur that prevent normal clinical operation.

(r) Waived laboratory tests, if applicable, including the procurement of a medical test site waiver under chapter 246-338 WAC.

[Statutory Authority: Chapter 18.46 RCW and RCW 43.70.040. 07-07-075, § 246-329-120, filed 3/16/07, effective 4/16/07.]

WAC 246-329-130 Birth center equipment and supplies. The purpose of this section is to ensure the birth center provides safe and appropriate equipment and supplies necessary to the safe provision of care to the client of the birth center.

(1) The applicant or licensee shall assure the birth center has the adequate, 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) Suction equipment for the maternal client and newborn to include suction apparatus, either operated from a wall outlet or portable equipment, and bulb suction as appropriate. These devices must be immediately available in the birth center;
 - (d) Resuscitation equipment to include adult and neonate resuscitation bags and term and preterm size face masks, and neonatal-sized oxygen bags for assisted ventilation. Newborn resuscitation equipment shall include method to deliver free flow oxygen;
 - (e) Firm surfaces suitable for resuscitation;
 - (f) Fetal monitoring equipment, minimally to include a fetoscope, doppler or electronic monitor;
 - (g) Equipment for monitoring and maintaining the optimum body temperature of the newborn. A heat source appropriate for use in warming newborns shall be available, and may include an incubator;
 - (h) A time keeping device;
 - (i) Sterile suturing equipment and supplies;
 - (j) Glucose meter appropriately calibrated to screen glucose level in newborn;
 - (k) Examination lighting device with a shatterproof bulb or protective shield;
 - (l) Containers for soiled linen and waste materials which shall be closed or covered.
- (2) A telephone or equivalent communication device must be accessible in the client care area.
- (3) The licensee must clean, sterilize, disinfect and store equipment according to manufacturer guidelines and department requirements, if applicable. Clean and soiled equipment and supplies must be stored in separate areas.
- (4) The applicant licensee shall provide and maintain infection control equipment and supplies for clinical staff.

[Statutory Authority: Chapter 18.46 RCW and RCW 43.70.040. 07-07-075, § 246-329-130, filed 3/16/07, effective 4/16/07.]

WAC 246-329-140 Client records. The purpose of this section is to assure the center obtains, manages, and uses information to improve patient outcomes and the performance of the birth center in patient care.

(1) The birth center shall have a defined client record system, policies and procedures which provide for identifica-

tion, security, confidentiality, control, retrieval, and preservation of client care data and information.

(2) The childbirth center must maintain a health record for each maternal and newborn client in a legally acceptable, integrated and chronological document on the licensee's standardized forms consistent with chapter 70.02 RCW, Medical records—Health care information access and disclosure. Each record must include:

- (a) Client's demographic information and client identification to include at a minimum client's name, birth date, age, and address;
 - (b) Client's informed consent for care, service, treatment and receipt of the client bill of rights;
 - (c) Signed and authenticated notes describing the newborn and maternal status during prenatal, labor, birth, and recovery including, but not limited to:
 - (i) Documentation that verifies the client's low-risk maternal client status; and
 - (ii) Labor summary;
 - (iii) Newborn status including Apgar scores, maternal newborn interaction; and
 - (iv) Physical assessment of the mother and newborn during recovery;
 - (d) Documentation that a newborn screening specimen was collected (or signed refusal on the back of the specimen form) and submitted to the department's newborn screening program under WAC 246-650-020;
 - (e) Documentation and authentication of orders by clinical staff and birth center personnel who administer drugs and treatments or make observations and assessments;
 - (f) Laboratory and diagnostic testing results;
 - (g) Consultation reports;
 - (h) Referral, transfer of care, emergency transfer and transport documentation;
 - (i) Prophylactic treatment of the eyes of the newborn in accordance with WAC 246-100-206 (6)(b);
 - (j) Prenatal screening under chapters 70.54 RCW and 246-680 WAC, including client's refusal;
 - (k) Documentation of refusal of rapid HIV testing if documentation of an HIV test during prenatal care is not available;
 - (l) For HIV positive women, the antiretroviral medications during delivery and recommended lab tests;
 - (m) Intrapartum antibiotics for Group B Strep positive women per the CDC protocol;
 - (n) For Hepatitis B positive women, HBIG and Hepatitis B immunization for newborn;
 - (o) Refusal of any recommended test or treatment;
 - (p) Documentation of birth registration per chapter 70.58 RCW.
- (3) For clients managed by a contractor in a birth center, the licensee shall ensure that each client record is maintained by the birth center and must contain the information as stated in subsection (2)(a) through (p) of this section. Services provided by the contractor, prior to the client's admission to the birth center, shall be summarized or placed in the record in their entirety.
- (4) Entries in the client record shall be typewritten, retrievable by electronic means or written legibly in ink.
- (5) Documentation and record keeping shall include:

(a) Completion of a birth certificate and, if applicable, a sentinel birth defect report under chapters 70.58 RCW and 246-491 WAC.

(b) Documentation of orders for medical treatment and/or medication. Each order shall be specific to the client and shall be authenticated, at the time the order is received, by an appropriate health care professional authorized to approve the order or medication.

(6) The licensee shall:

- (a) Assure client records are kept confidential;
- (b) Fasten client records together;
- (c) Consider client records property of the birth center;

and

(d) Provide a client access to their client record under the licensee's policy and procedure and applicable rules.

(7) When a client is transferred or discharged to another provider or facility, the birth center must provide a summary of care to the provider or facility to whom the client is transferred or discharged.

(8) The licensee shall 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.

(9) The licensee shall:

(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 this subsection.

[Statutory Authority: Chapter 18.46 RCW and RCW 43.70.040. 07-07-075, § 246-329-140, filed 3/16/07, effective 4/16/07.]

WAC 246-329-150 Pharmaceuticals. The purpose of this section is to assure that client pharmaceutical needs are met in a planned and organized manner.

(1) The licensee shall maintain written prescriptions or orders signed by a practitioner legally authorized to prescribe for all drugs administered to clients within the birth center.

(2) The licensee shall have written policies and procedures addressing the receiving, transcribing, and implementing of orders for administration of drugs.

(3) The licensee shall establish and implement written policies to address the type and intended use of any drug or device to be used by patients within the facility.

(4) The licensee shall assure that only local anesthetics are used.

(5) The licensee shall ensure:

(a) Drugs are only administered by personnel or clinical staff licensed to administer drugs;

(b) Drugs kept anywhere in the center are clearly labeled with drug name, strength, and expiration date;

(c) Expired drugs are removed from the storage units and destroyed properly;

(d) Drugs are stored and secured in specifically designated cabinets, closets, drawers, or storerooms and made accessible only to authorized persons;

(e) Drugs for external use must be stored apart from drugs for internal use;

(f) 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;

(g) Drugs requiring refrigeration must be kept in a separate refrigeration unit according to manufacturer's directions;

(h) Schedule II-IV controlled substances are:

(i) Kept in a separate locked storage unit; and

(ii) If heat sensitive, kept in a locked refrigeration unit;

(i) Schedule II-IV controlled substances no longer needed by the patient must be disposed of in compliance with chapter 246-865 WAC.

(6) 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: Chapter 18.46 RCW and RCW 43.70.040. 07-07-075, § 246-329-150, filed 3/16/07, effective 4/16/07.]

WAC 246-329-160 Birth center—Physical environment. The purpose of this section is to reduce and control environmental hazards and risks, prevent accidents and injuries, and maintain safe conditions and equipment for clients, visitors, and staff.

(1) The licensee shall provide and maintain a safe and clean environment. The licensee shall maintain the facility consistent with this chapter. Birthing centers built before the adoption of this chapter shall be maintained to the standards that were in place at the time the facility was licensed. If the licensee modifies or alters the facility, the altered areas must meet and be maintained consistent with this chapter and in accordance with the approved plans.

(2) The licensee shall provide at least one birthing room that is a minimum of three hundred square feet and has a minimum dimension of fifteen feet. The room shall be 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) Additional birthing rooms 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) The licensee shall locate birthing rooms to provide unimpeded, rapid access to an exit of the building which will accommodate emergency transportation vehicles.

(3) The licensee shall provide at least five square feet of fixed or portable work surface areas for use in the birthing room or rooms.

(4) The licensee shall provide and maintain toilet and bathing facilities.

(a) Toilet and lavatory shall be located in the vicinity of the birthing room or rooms.

(b) A bathing facility must be available for client use.

(c) The licensee shall keep clean and in good repair all floor surfaces, wall surfaces, water closets, lavatories, tubs, and showers.

(5) The licensee shall provide a space suitable for hanging full length garments and secure storage of clients' personal belongings and valuables.

(6) The licensee shall provide visual privacy for each maternal client and her support person or persons.

(7) The licensee shall assure hallways and doors providing access and entry into the birth center and birthing room or rooms are adequate width and conformation to accommodate maneuvering of ambulance stretchers and wheelchairs.

(8) Water supply. The licensee shall assure an adequate supply of hot and cold running water under pressure consistent with chapter 246-290 WAC, regarding public water supplies. The licensee shall provide and maintain equipment required 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 sanitation;

(d) 120°F or more for mechanical dishwashers using chemical sanitation;

(e) 140°F or more for mechanical dishwashers using high temperature sanitation; and

(f) 180°F or more for sanitation cycle in high temperature mechanical dishwashers.

(9) The licensee shall provide heating and ventilation that:

(a) Provides a safe and adequate source of heat capable of maintaining a room temperature of at least 72°F.

(b) Provides ventilation sufficient to remove odors, excessive heat, and condensation.

(10) The licensee shall provide and maintain lighting and power and shall provide and maintain:

(a) Emergency lighting;

(b) General lighting and adequate examination lighting devices with shatterproof bulbs or protective shields, in the birthing room;

(c) Tamperproof electrical receptacles in birthing rooms, toilets, bathing facilities and family rooms and waiting areas; and

(d) Ground fault circuit interrupter (GFCI) receptacle when located within five feet of water source and above counters that contain sinks.

(11) The licensee shall assure linen and laundry service, and shall provide:

(a) Soiled linen/laundry storage and sorting areas physically separated from clean linen storage and handling areas, kitchen and eating facilities;

(b) Laundry services and shall include a commercial laundry service or the following equipment:

(i) Washing machine(s) providing hot water at a temperature of 160°F or 120°F for laundry washers using chemical sanitation;

(ii) Floor drains as required for equipment;

(iii) Dryer(s);

(iv) Dryer exhaust to the exterior; and

(v) A handwash sink.

(12) The licensee shall provide utility, housekeeping, garbage, and waste services and:

(a) Provide and maintain utility and storage facilities designed and equipped for washing, disinfecting, storing, and other handling of equipment and medical supplies in a manner which ensures physical segregation of clean and sterile supplies and equipment from those that are soiled and/or contaminated; and

(b) Assure all sewage, garbage, refuse, biomedical waste, human tissue, needles and sharps and liquid waste are collected and disposed of in a manner to prevent the creation of an unsafe or unsanitary condition.

(13) Medical gases. If oxygen is stored or used on the premises, the licensee shall, in addition to meeting other codes and regulations:

(a) Assure electrical equipment used in oxygen-enriched environments is designed for use with oxygen and is labeled for use with oxygen; and

(b) Post "no smoking" signs where oxygen is being administered.

(14) Food storage and/or preparation. The licensee shall not provide food preparation and service except when the birth center policy allows the preparation or storage of personal food brought in by the client or families of clients for consumption by that family. In this case, the licensee shall provide an electric or gas refrigerator capable of maintaining a temperature of 45°F or lower and if furnishing reusable utensils and dishes for client use, provide dishwashing facilities assuring hot water at a temperature of not less than 140°F or 120°F or more for mechanical dishwashers using chemical sanitation.

(15) The applicant may, as an alternate method for the design of new construction, use the 2006 edition of the *Guidelines for Design and Construction of Health Care Facilities* for the physical environment standards.

[Statutory Authority: Chapter 18.46 RCW and RCW 43.70.040. 07-07-075, § 246-329-160, filed 3/16/07, effective 4/16/07.]

WAC 246-329-170 Emergency preparedness. The purpose of this section is to establish and implement a disaster plan designed to meet both internal and external disasters.

Each applicant or licensee shall:

(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) Semiannual evacuation and fire drills for each shift of personnel.

[Statutory Authority: Chapter 18.46 RCW and RCW 43.70.040. 07-07-075, § 246-329-170, filed 3/16/07, effective 4/16/07.]

WAC 246-329-180 Quality improvement. The purpose of this section is to ensure that performance improvement activities of clinical staff result in continuous improvement of client health outcomes.

Each childbirth center licensee must maintain a quality improvement program to assure the quality of care and services provided that includes, at a minimum:

(1) A complaint process that includes a procedure for the receipt, investigation, and disposition of complaints regarding services;

(2) A method to identify, monitor and evaluate:

(a) Services; and

(b) Referral, transfer, consultation, and transport experience and plans; and

(c) Complications of pregnancy, labor and postpartum; and

(d) Other aspects of services which affect quality care.

(3) A method to identify, evaluate, monitor and correct problems identified by clients, families, clinical staff, volunteers, students or consultants.

(4) A method to identify, evaluate, monitor and correct problems associated with events reported to the department in WAC 246-329-045 (3)(a) through (l) and (4)(a) and (b) as required by chapter 70.56 RCW.

(5) A method to monitor, evaluate and modify as needed corrective actions taken.

(6) A system to assess client satisfaction.

[Statutory Authority: Chapter 18.46 RCW and RCW 43.70.040. 07-07-075, § 246-329-180, filed 3/16/07, effective 4/16/07.]

WAC 246-329-990 Fees. The purpose of the fees section is to describe the fees associated with licensing, renewal and other charges assessed by the department.

(1) Childbirth centers licensed under chapter 18.46 RCW shall submit an annual fee of five hundred ninety-nine dollars and ninety cents to the department unless a center is a charitable, nonprofit, or government-operated institution under RCW 18.46.030.

(2) A change of ownership fee of one hundred fifty dollars. A new license will be issued and valid for the remainder of the current license period.

(3) The department may charge and collect from a licensee a fee of seven hundred fifty dollars for:

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

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

(c) A follow-up compliance survey.

(4) A licensee 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.

(5) Refunds. The department shall refund fees paid by the applicant for initial licensure as follows:

(a) If an application has been received but no on-site survey or technical assistance has been performed by the depart-

ment, two-thirds of the fees paid, less a fifty dollar processing fee; or

(b) If an application has been received and an on-site survey or technical assistance has been performed by the department, one-third of the fees paid, less a fifty dollar processing fee.

(c) The department may not refund applicant fees if:

(i) The department has performed more than one on-site visit for any purpose;

(ii) One year has elapsed since an initial licensure application is received by the department, but no license is issued because applicant failed to complete requirements for licensure; or

(iii) The amount to be refunded as calculated by (a) or (b) of this subsection is ten dollars or less.

[Statutory Authority: Chapter 18.46 RCW and RCW 43.70.040. 07-07-075, § 246-329-990, filed 3/16/07, effective 4/16/07. Statutory Authority: RCW 43.70.250. 06-21-108, § 246-329-990, filed 10/17/06, effective 11/17/06; 05-13-189, § 246-329-990, filed 6/22/05, effective 7/23/05. Statutory Authority: RCW 43.70.250, 18.46.030, 43.70.110, 71.12.470. 04-19-141, § 246-329-990, filed 9/22/04, effective 10/23/04. Statutory Authority: RCW 43.70.250 and 70.38.105(5). 03-22-020, § 246-329-990, filed 10/27/03, effective 11/27/03. 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 246-455 WAC

HOSPITAL PATIENT DISCHARGE INFORMATION REPORTING

WAC

| | |
|-------------|------------------------------------------------|
| 246-455-001 | Purpose. |
| 246-455-010 | Definitions. |
| 246-455-020 | Reporting of UB-92/UB-04 data set information. |
| 246-455-040 | Acceptable media for submission of data. |
| 246-455-050 | Time deadline for submission of data. |
| 246-455-080 | Security of the data. |
| 246-455-090 | Release of the data. |

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

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| 246-455-030 | Reporting of E-Codes. [Statutory Authority: RCW 43.70.040 and [43.]70.170. 03-13-029, § 246-455-030, filed 6/10/03, effective 7/11/03. 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.] Repealed by 07-09-091, filed 4/18/07, effective 5/23/07. Statutory Authority: RCW 43.70.040 and 43.70.052. |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

WAC 246-455-001 Purpose. This chapter is adopted by the Washington state department of health pursuant to RCW 43.70.040, 43.70.052, and 70.170.010 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 43.70.052. 07-09-091, § 246-455-001, filed 4/18/07, effective 5/23/07. Statutory Authority: RCW 43.70.040 and [43.]70.170. 03-13-029, § 246-455-001, filed 6/10/03, effective 7/11/03. 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) "CHARS" means comprehensive hospital abstract reporting system.

(5) "*CHARS Procedure Manual*" means the written instructions for reporting hospital discharge data to the department.

(6) "*CHARS 837 Companion Guide*" means the written technical guidelines for creating the ASC X12 837 Health Care Claim file for CHARS.

(7) Uniform Billing "UB-92/UB-04 data set" means the data element specifications developed by the National Uniform Billing Committee which can be found at www.NUBC.org. The UB-92 specifications will be used until they are replaced by the UB-04 of the National Uniform Billing Committee. Data elements are completely defined in the *CHARS Procedure Manual* which may be obtained on the department's web site or by contacting the department.

(8) "Patient discharge" means the termination of an inpatient admission or observation stay, including an admission as a result of a birth, in a Washington hospital.

(9) "Office of Management and Budget" means a body within the Executive Office of the President of the United States which is tasked with coordinating United States Federal agencies and can be found at www.whitehouse.gov/OMB.

(10) "Individually identifiable health information" means any health information that can be linked or traced to an individual or family. It includes but is not limited to: Past, present and future health care; billings or payments for health care; physical or mental health conditions; and physical or mental health diagnosis. This includes names and parts of names, Social Security numbers and parts of Social Security numbers, date of birth, admission date, exact discharge date, procedure date, nine-digit zip code and identifiers and patient control numbers assigned by a hospital for record retrieval.

(11) "Minimum necessary use" means that the use and disclosure of individually identifiable health information will be limited to the minimum amount necessary to accomplish the authorized purpose.

(12) "Data sharing agreement" means a signed agreement between government agencies, or researchers having an Institutional Review Board approval for transmitting, receiving and using records containing individually identifiable health information. Sharing such records requires each agency to have independent statutory authority to receive and disclose the information. The agreement specifies, at a minimum, what information will be exchanged, and the conditions or restrictions under which the information will be used and protected.

[Statutory Authority: RCW 43.70.040 and 43.70.052. 07-09-091, § 246-455-010, filed 4/18/07, effective 5/23/07. Statutory Authority: RCW 43.70-

040 and [43.]70.170. 03-13-029, § 246-455-010, filed 6/10/03, effective 7/11/03. 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/UB-04 data set information. (1) Effective for all hospital patient discharges on or after April 1, 1994, hospitals shall collect and report the following UB-92 or UB-04 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
- (b) Type of bill
- (c) Medicare provider number
- (UB-92), National Provider Identifier (UB-04), or department assigned identifier, as applicable
- (d) Patient last name (at least the first four letters)
- (e) Patient first name (at least the first three letters)
- (f) Patient middle initial
- (g) Patient Social Security number (at least the last four digits)
- (h) Patient zip code (U.S.A.)
- (i) Patient country code (outside U.S.A.)
- (j) Patient's date of birth
- (k) Sex
- (l) Admission date
- (m) Type of admission
- (n) Source of admission
- (o) Patient discharge status
- (p) Statement covers period (from - through)
- (q) Revenue code
- (r) Units of service
- (s) Total charges
- (t) Payer identification (up to three): Payer identification number per the CHARS procedure manual identifying each payer group from which the hospital may expect some payment of the bill
- (u) Principal diagnosis code
- (v) Other diagnosis codes
- (w) External cause of injury (ECI) code
- (x) Principal procedure code
- (y) Other procedure code
- (z) Attending provider identifier (legacy ID for UB-92); National Provider Identifier or legacy for UB-04 according to Centers for Medicare and Medicaid Services (CMS) schedule
 - (aa) Operating physician identifier (legacy ID for UB-92); National Provider Identifier or legacy for UB-04 according to CMS schedule, as applicable
 - (bb) Other provider identifiers (legacy ID for UB-92); National Provider Identifier or legacy for UB-04 according to CMS schedule, as applicable
 - (cc) Admission hour
 - (dd) Race - per minimum Office of Management and Budget (OMB) standards
 - (ee) Ethnicity - per minimum OMB standards
 - (ff) Discharge hour
 - (gg) Procedure date

- (hh) Present on admission status
 - (ii) Health care provider taxonomy code
 - (jj) Health care common procedure coding system (HCPCS)
 - (kk) Service date
- (2) The hospital shall report all patient discharge data described in WAC 246-455-010 and 246-455-020 according to UB-92/UB-04 specifications unless noted otherwise.

[Statutory Authority: RCW 43.70.040 and 43.70.052. 07-09-091, § 246-455-020, filed 4/18/07, effective 5/23/07. Statutory Authority: RCW 43.70.-040 and [43.]70.170. 03-13-029, § 246-455-020, filed 6/10/03, effective 7/11/03. 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 246-455-040 Acceptable media for submission of data. Hospitals shall submit data in the form prescribed by the department in the *CHARS Procedure Manual* and *CHARS 837 Companion Guide*. Additional information not listed in WAC 246-455-020 may be required by the department to successfully process data submission files. Copies of the *CHARS Procedure Manual* and *CHARS 837 Companion Guide* may be obtained on the department's web site or by contacting the department.

[Statutory Authority: RCW 43.70.040 and 43.70.052. 07-09-091, § 246-455-040, filed 4/18/07, effective 5/23/07. Statutory Authority: RCW 43.70.040 and [43.]70.170. 03-13-029, § 246-455-040, filed 6/10/03, effective 7/11/03. 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. Hospitals 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 43.70.052. 07-09-091, § 246-455-050, filed 4/18/07, effective 5/23/07. 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 246-455-080 Security of the data. (1) The department and its contractors or agents shall maintain the confidentiality of any individually identifiable health information as required by RCW 70.170.090 and federal Health Insurance Portability and Accountability Act standards.

(2) The department shall institute security and system safeguards to prevent and detect unauthorized access, modification, or manipulation of individually identifiable health information. Accordingly, the safeguards will include:

- (a) Documented formal procedures for handling the information;
- (b) Physical safeguards to protect computer systems and other pertinent equipment from intrusion;
- (c) Processes to protect, control and audit access to the information;
- (d) Processes to protect the information from unauthorized access or disclosure when it is transmitted over communication networks;
- (e) Processes to protect the information when it is physically moved from one location to another;
- (f) Processes to ensure the information is encrypted when:
 - (i) It resides in an area that is readily accessible by individuals who are not authorized to access the information (e.g., shared network drives or outside the agency data centers);
 - (ii) It is stored in a format that is easily accessible by individuals who are not authorized to access the information (e.g., text files and spreadsheets);
 - (iii) It is stored on removable media, or portable devices (e.g., tapes, electronic disks, thumb drives, external hard drives, laptops and handheld devices).

[Statutory Authority: RCW 43.70.040 and 43.70.052. 07-09-091, § 246-455-080, filed 4/18/07, effective 5/23/07. Statutory Authority: RCW 43.70.-040 and [43.]70.170. 03-13-029, § 246-455-080, filed 6/10/03, effective 7/11/03. 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 Release of the data. (1) To acknowledge the need to protect patient privacy, federal privacy rules are used as models for deidentification of individually identifiable health information and for minimum necessary disclosure of individually identifiable health information in the release of CHARS data.

- (2) Individually identifiable health information will not be released to the public.
- (3) Confidential data sets may contain all or portions of the individually identifiable health information. Confidential data sets will be released under the following conditions:
 - (a) Data sets containing any of the individually identifiable health information will be constructed by applying the standard of inclusion of the minimum elements necessary for the recipient's project requirements.
 - (b) Research projects may receive these data sets following approval by Washington state institutional review board, and receipt of a signed data use agreement with the board and the department of health.
 - (c) Projects of state, local and federal agencies directly related to quality assurance or quality improvement of the data activities, hospitalization payment rate setting, program evaluation or public health surveillance may receive these data sets through a signed contract that includes a data use agreement.

The department reserves the right to determine whether a use is appropriate.

(4) The data sharing agreements for confidential data sets must include language which:

- (a) Establishes who will use and receive the data set;
- (b) Requires that the data not be used to identify or contact individuals;
- (c) Requires appropriate safeguards to prevent the use or disclosure of the information other than as provided for in the agreement;
- (d) Establishes the permitted use of the data set and excludes other uses;
- (e) Requires immediate notification to DOH of any suspected security breach;
- (f) Requires a report to DOH of any use or disclosure not permitted in the agreement;
- (g) Contains penalties for violation of the agreement;
- (h) Requires that the data set be destroyed or returned; and
- (i) Requires all users, including contractors and subcontractors, to read the agreement, abide by its provisions and sign it.

[Statutory Authority: RCW 43.70.040 and 43.70.052. 07-09-091, § 246-455-090, filed 4/18/07, effective 5/23/07. 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.]

Chapter 246-815 WAC DENTAL HYGIENISTS

WAC
246-815-030 Education requirements for licensure applicants.

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 the standards of the American Dental Association Commission on Dental Accreditation ("CODA") relevant to the accreditation of dental hygiene schools, in effect through June 2007. In implementing the adopted standards, the secretary approves those dental hygiene education programs that are currently accredited and received initial "CODA" accreditation on or before June 30, 2007, 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 whose curriculum does not include the didactic and clinical competency enumerated in subsection (1)(a) through

(d) of this section 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.

(4) The standards of the American Dental Association Commission on Dental Accreditation relevant to the accreditation of dental hygiene schools are available from the American Dental Association, 211 East Chicago Ave., Chicago, IL 60611-2678, 312-440-2500, <http://www.ada.org/>.

[Statutory Authority: RCW 18.29.130. 07-22-109, § 246-815-030, filed 11/6/07, effective 12/7/07; 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.]

Chapter 246-817 WAC

DENTAL QUALITY ASSURANCE COMMISSION (Formerly chapters 246-816 and 246-818 WAC)

WAC
246-817-450 Definitions.
246-817-460 Sexual misconduct.

WAC 246-817-450 Definitions. (1) "Dentist" means an individual applying for a credential or credentialed specifically as defined in chapter 18.32 RCW.

(2) "Health care information" means any information, whether oral or recorded in any form or medium that identifies or can readily be associated with the identity of, and relates to the health care of, a patient.

(3) "Key party" means a person legally authorized to make health care decisions for the patient.

(4) "Legitimate health care purpose" means activities for examination, diagnosis, treatment, and personal care of patients, including palliative care, as consistent with community standards of practice for the dental profession. The activity must be within the scope of practice of the dentist.

(5) "Patient" means an individual who receives health care services from a dentist. The determination of when a person is a patient is made on a case-by-case basis with consideration given to a number of factors, including the nature, extent and context of the professional relationship between the dentist and the person. The fact that a person is not receiving treatment or professional services is not the sole determining factor.

[Statutory Authority: RCW 18.32.0365 and 18.130.050 (1) and (12). 08-01-137, § 246-817-450, filed 12/19/07, effective 1/19/08.]

WAC 246-817-460 Sexual misconduct. (1) A dentist shall not engage, or attempt to engage, in sexual misconduct with a current patient, or key party, inside or outside the health care setting. Sexual misconduct shall constitute grounds for disciplinary action. Sexual misconduct includes but is not limited to:

- (a) Sexual intercourse;

(b) Touching the breasts, genitals, anus or any sexualized body part except as consistent with accepted community standards of practice for examination, diagnosis and treatment and within the dentist's scope of practice;

(c) Rubbing against a patient or key party for sexual gratification;

(d) Kissing;

(e) Hugging, touching, fondling or caressing of a romantic or sexual nature;

(f) Examination of or touching genitals without using gloves;

(g) Not allowing a patient privacy to dress or undress except as may be necessary in emergencies or custodial situations;

(h) Not providing the patient a gown or draping except as may be necessary in emergencies;

(i) Dressing or undressing in the presence of the patient or key party;

(j) Removing patient's clothing or gown or draping without consent, emergent medical necessity or being in a custodial setting;

(k) Encouraging masturbation or other sex act in the presence of the dentist;

(l) Masturbation or other sex act by the dentist in the presence of the patient or key party;

(m) Soliciting a date with a patient or key party;

(n) Discussing the sexual history, preferences or fantasies of the dentist;

(o) Any behavior, gestures, or expressions that can reasonably be interpreted as seductive or sexual;

(p) Sexually demeaning behavior including any verbal or physical contact which can reasonably be interpreted as demeaning, humiliating, embarrassing, threatening or harming a patient or key party;

(q) Photographing or filming the body or any body part or pose of a patient or key party, other than for legitimate health care purposes; or for the educational or marketing purposes with the consent of the patient; and

(r) Showing a patient or key party sexually explicit photographs, other than for legitimate health care purposes.

(2) A dentist shall not:

(a) Offer to provide health care services in exchange for sexual favors;

(b) Use health care information to contact the patient or key party for the purpose of engaging in sexual misconduct;

(c) Use health care information or access to health care information to meet or attempt to meet the dentist's sexual needs.

(3) A dentist shall not engage in the activities listed in subsection (1) of this section with a former patient or key party if the dentist:

(a) Uses or exploits the trust, knowledge, influence or emotions derived from the professional relationship; or

(b) Uses or exploits privileged information or access to privileged information to meet the dentist's personal or sexual needs.

(4) When evaluating whether a dentist has engaged or has attempted to engage in sexual misconduct, the commission will consider factors, including but not limited to:

(a) Documentation of a formal termination;

(b) Transfer of care to another health care provider;

(c) Duration of the dentist-patient relationship;

(d) Amount of time that has passed since the last dental health care services to the patient;

(e) Communication between the dentist and the patient between the last dental health care services rendered and commencement of the personal relationship;

(f) Extent to which the patient's personal or private information was shared with the dentist;

(g) Nature of the patient's health condition during and since the professional relationship; and

(h) The patient's emotional dependence and vulnerability.

(5) Patient or key party initiation or consent does not excuse or negate the dentist's responsibility.

(6) These rules do not prohibit:

(a) Providing health care services in case of emergency where the services cannot or will not be provided by another health care provider;

(b) Contact that is necessary for a legitimate health care purpose and that meets the standard of care appropriate to the dental profession; or

(c) Providing dental services for a legitimate health care purpose to a person who is in a preexisting, established personal relationship with the dentist where there is no evidence of, or potential for, exploiting the patient.

[Statutory Authority: RCW 18.32.0365 and 18.130.050 (1) and (12). 08-01-137, § 246-817-460, filed 12/19/07, effective 1/19/08.]

**Chapter 246-826 WAC
HEALTH CARE ASSISTANTS**

WAC

246-826-990

Health care assistant fees and renewal cycle.

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. The secretary may require payment of renewal fees less than those established in this section if the current level of fees is likely to result in a surplus of funds. Surplus funds are those in excess of the amount necessary to pay for the costs of administering the program and to maintain a reasonable reserve. Notice of any adjustment in the required payment will be provided to practitioners. The adjustment in the required payment shall remain in place for the duration of a renewal cycle to assure practitioners an equal benefit from the adjustment.

(2) If a health care assistant who holds a current active credential leaves employment with a facility or practitioner and returns to employment with a facility or practitioner that previously employed the health care assistant, and more than two years has passed since that health care assistant's employment with the previous facility or practitioner ended, the health care assistant must complete a new credential application and pay the application fee. However, that health care assistant is not required to pay the late renewal penalty and the expired credential reissuance fee.

(3) The following nonrefundable fees will be charged:

| Title of Fee | Fee |
|---------------------|------------|
| First certification | \$60.00 |

| Title of Fee | Fee |
|-------------------------------|-------|
| Renewal | 60.00 |
| Expired credential reissuance | 50.00 |
| Recertification | 60.00 |
| Late renewal penalty | 50.00 |
| Duplicate | 15.00 |

[Statutory Authority: RCW 18.135.030, 07-20-100, § 246-826-990, filed 10/2/07, effective 11/2/07. Statutory Authority: RCW 43.70.250, [43.70.]280 and 43.70.110, 05-12-012, § 246-826-990, filed 5/20/05, effective 7/1/05. Statutory Authority: RCW 43.70.250 and 18.135.030, 03-24-071, § 246-826-990, filed 12/1/03, effective 3/1/04. 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

| | |
|-------------|--------------------------------|
| 246-828-510 | Continuing education. |
| 246-828-620 | Definitions—Sexual misconduct. |
| 246-828-625 | Sexual misconduct. |

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

| | |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 246-828-500 | Citation and purpose. [Statutory Authority: RCW 18.35.161, 04-02-068, § 246-828-500, filed 1/7/04, effective 2/7/04. Statutory Authority: RCW 18.35.161(3), 93-07-007 (Order 342B), § 246-828-500, filed 3/5/93, effective 4/5/93.] Repealed by 07-07-065, filed 3/15/07, effective 4/15/07. Statutory Authority: RCW 18.35.161 and 18.35.090. |
| 246-828-530 | Exceptions for continuing education. [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.] Repealed by 07-07-065, filed 3/15/07, effective 4/15/07. Statutory Authority: RCW 18.35.161 and 18.35.090. |
| 246-828-550 | Programs approved by the board of hearing and speech. [Statutory Authority: RCW 18.35.161, 04-02-068, § 246-828-550, filed 1/7/04, effective 2/7/04. 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.] Repealed by 07-07-065, filed 3/15/07, effective 4/15/07. Statutory Authority: RCW 18.35.161 and 18.35.090. |

WAC 246-828-510 Continuing education. The ultimate aim of continuing education is to ensure the highest quality professional care. The objectives are to improve and increase the ability of the hearing instrument fitter/dispenser, audiologist and speech-language pathologist to deliver the highest possible quality professional care and keep the professional abreast of current developments.

Continuing education consists of educational activities designed to review existing concepts and techniques and to convey information and knowledge about advances in hearing instrument fitting/dispensing, audiology and speech-language pathology fields as applied to the work setting.

(1) Continuing education requirement. Licensees must complete a minimum of thirty hours of continuing education every three years in the following categories:

- (a) At least one hour on infection control.
- (b) Courses, seminars, workshops and postgraduate programs offered by accredited educational institutions. These educational activities shall be recorded on an official transcript or certificate stating the number of continuing education units completed.
- (c) Courses, seminars and workshops offering continuing clock or continuing educational units offered by profession-related organizations or industries. These units shall be accepted with proof of completion.
- (d) Attendance at a continuing education program having a featured speaker(s) or panel, which has been sponsored or endorsed by a profession-related organization or industry.
- (e) Participation as a speaker or panel member in a continuing education program which has been sponsored or endorsed by a profession-related organization or industry. A maximum of eight hours, including preparation time, may be applied to the total three-year requirement.
- (f) Completion of a written, video, internet, or audio continuing education program which has been sponsored or endorsed by a profession-related organization or industry. Only programs with tests that are independently graded shall be accepted.

(2) General information.

(a) The effective date of the continuing education requirement shall be three years after the licensee's 2007 renewal date.

(b) The board shall not grant credit for preparation time, except as provided in subsection (1)(e) of this section.

(3) The board may grant an exception for continuing education requirements under certain circumstances including, but not limited to, severe illness. The licensee must submit to the board for review, a written request for exception. The board will approve or deny the request.

(4) This section incorporates by reference the requirements of chapter 246-12 WAC, Part 7.

[Statutory Authority: RCW 18.35.161 and 18.35.090, 07-07-065, § 246-828-510, filed 3/15/07, effective 4/15/07. 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 246-828-620 Definitions—Sexual misconduct. The following definitions are applicable to the sexual misconduct rule, WAC 246-828-625:

(1) "Health care information" means any information, whether oral or recorded in any form or medium that identifies or can readily be associated with the identity of, and relates to the health care of, a patient or client.

(2) "Health care provider" means an individual applying for a credential or credentialed in a profession listed in chapter 18.35 RCW: Hearing instrument fitter/dispensers, audiologists, and speech-language pathologists.

(3) "Key party" means immediate family members and others who would be reasonably expected to play a significant role in the health care decisions of the patient or client and includes, but is not limited to, the spouse, domestic partner, sibling, parent, child, guardian and person authorized to make health care decisions of the patient or client.

(4) "Legitimate health care purpose" means activities for examination, diagnosis, treatment, and personal care of

patients or clients, including palliative care, as consistent with community standards of practice for the profession. The activity must be within the scope of practice of the health care provider.

(5) "Patient" or "client" means an individual who receives health care from a health care provider.

[Statutory Authority: RCW 18.35.161 and 18.130.050. 07-09-093, § 246-828-620, filed 4/18/07, effective 5/19/07.]

WAC 246-828-625 Sexual misconduct. (1) A health care provider shall not engage, or attempt to engage, in sexual misconduct with a current patient, client, or with a key party of a current client or patient, inside or outside the health care setting. Sexual misconduct shall constitute grounds for disciplinary action. Sexual misconduct includes but is not limited to:

- (a) Sexual intercourse;
- (b) Touching the breasts, genitals, anus or any sexualized body part except as consistent with accepted community standards of practice for examination, diagnosis and treatment and within the health care practitioner's scope of practice;
- (c) Rubbing against a patient or client or key party for sexual gratification;
- (d) Kissing;
- (e) Hugging, touching, fondling or caressing of a romantic or sexual nature;
- (f) Not allowing a patient or client privacy to dress or undress except as may be necessary in emergencies or custodial situations;
- (g) Not providing the patient or client a gown or draping except as may be necessary in emergencies;
- (h) Dressing or undressing in the presence of the patient, client or key party;
- (i) Removing patient or client's clothing or gown or draping without consent, emergent medical necessity or being in a custodial setting;
- (j) Encouraging masturbation or other sex act in the presence of the health care provider;
- (k) Masturbation or other sex act by the health care provider in the presence of the patient, client or key party;
- (l) Dating or beginning a sexual or romantic relationship before the professional relationship ends;
- (m) Discussing the sexual history, preferences or fantasies of the health care provider;
- (n) Any behavior, gestures, or expressions that may reasonably be interpreted as seductive or sexual;
- (o) Making statements regarding the patient, client or key party's body, appearance, sexual history, or sexual orientation other than for legitimate health care purposes;
- (p) Sexually demeaning behavior including any verbal or physical contact which may reasonably be interpreted as demeaning, humiliating, embarrassing, threatening or harming a patient, client or key party;
- (q) Photographing or filming the body or any body part or pose' of a patient, client, or key party, other than for legitimate health care purposes; and
- (r) Showing a patient, client or key party sexually explicit photographs, other than for legitimate health care purposes.

(2) A health care provider shall not:

(a) Offer to provide health care services in exchange for sexual favors;

(b) Use health care information to contact the patient, client or key party for the purpose of engaging in sexual misconduct;

(c) Use health care information or access to health care information to meet or attempt to meet the health care provider's sexual needs.

(3) After a health care provider has terminated providing services to the client or patient, a health care provider shall not engage, or attempt to engage, in dating or beginning a sexual or romantic relationship with a former client or patient or key party of a former client or patient if:

(a) There is a significant likelihood that the former patient, client or key party will seek or require additional services from the health care provider; or

(b) There is an imbalance of power, influence, opportunity and/or special knowledge held or acquired by the health care provider related to the professional relationship.

(4) When evaluating whether a health care provider is prohibited from engaging, or attempting to engage, in sexual misconduct, the board of hearing and speech will consider factors, including but not limited to:

(a) Documentation of a formal termination and the circumstances of termination of the provider-patient relationship;

(b) Transfer of care to another health care provider;

(c) Duration of the provider-patient relationship;

(d) Amount of time that has passed since the last health care services to the patient or client;

(e) Communication between the health care provider and the patient or client between the last health care services rendered and commencement of the personal relationship;

(f) Extent to which the patient's or the client's personal or private information was shared with the health care provider;

(g) Nature of the patient or client's health condition during and since the professional relationship;

(h) The patient or client's emotional dependence and vulnerability;

(i) Normal revisit cycle for the profession and service; and

(j) Patient, client or key party initiation or consent does not excuse or negate the health care provider's responsibility.

(5) These rules do not prohibit:

(a) Providing health care services in case of emergency where the services cannot or will not be provided by another health care provider;

(b) Contact that is necessary for a legitimate health care purpose and that meets the standard of care appropriate to that profession; or

(c) Providing health care services for a legitimate health care purpose to a person who is in a preexisting established personal relationship with the health care provider where there is no evidence of, or potential for, exploiting the patient or client.

[Statutory Authority: RCW 18.35.161 and 18.130.050. 07-09-093, § 246-828-625, filed 4/18/07, effective 5/19/07.]

Chapter 246-836 WAC
NATUROPATHIC PHYSICIANS

WAC

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| 246-836-210 | Authority to use, prescribe, dispense and order. |
| 246-836-211 | Authorization regarding controlled substances. |
| 246-836-220 | Intramuscular, intravenous, subcutaneous, and intradermal injections. |

WAC 246-836-210 Authority to use, prescribe, dispense and order. (1) Naturopathic medical practice includes the prescription, administration, dispensing, and use of:

(a) Nutrition and food science, physical modalities, minor office procedures, homeopathy, hygiene, and immunizations/vaccinations;

(b) Nondrug contraceptive devices;

(c) Nonlegend medicines including vitamins, minerals, botanical medicines, homeopathic medicines, and hormones;

(d) Legend drugs as defined under RCW 69.41.010 with the exception of Botulinum Toxin (commonly known as, among other names, Botox, Vistabel, Dysport, or Neurobloc) and inert substances used for cosmetic purposes; and

(e) Codeine and testosterone products that are contained within Schedules III, IV, and V in chapters 69.50 RCW and 246-887 WAC.

(2) In accordance with RCW 69.41.010(13), all prescriptions must be hand-printed, typewritten, or generated electronically.

(3) Prior to being allowed to administer, prescribe, dispense, or order controlled substances, a naturopathic physician must meet the requirements in WAC 246-836-211 and have obtained the appropriate registration issued by the Federal Drug Enforcement Administration.

(4) Naturopathic physicians may not treat malignancies except in collaboration with a practitioner licensed under chapter 18.57 or 18.71 RCW.

[Statutory Authority: RCW 18.130.050(1), 18.36A.060, and 2005 c 158. 07-20-101, § 246-836-210, filed 10/2/07, effective 11/2/07. 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 246-836-211 Authorization regarding controlled substances. (1) Upon approval by the department, naturopathic physicians may obtain a current Federal Drug Enforcement Administration registration. The department may approve naturopathic physicians who have:

(a) Provided documentation of a current Federal Drug Enforcement Administration registration from another state; or

(b) Submitted an attestation of at least four hours of instruction. Instruction must be part of a graduate level course from a school approved under chapter 18.36A, 18.71, 18.57, or 18.79 RCW. Instruction must include the following:

(i) Principles of medication selection;

(ii) Patient selection and therapeutics education;

(iii) Problem identification and assessment;

(iv) Knowledge of interactions, if any;

(v) Evaluation of outcome;

(vi) Recognition and management of complications and untoward reactions; and

(vii) Education in pain management and drug seeking behaviors.

(2) The naturopathic physician must retain training documentation at least five years from attestation date.

[Statutory Authority: RCW 18.130.050(1), 18.36A.060, and 2005 c 158. 07-20-101, § 246-836-211, filed 10/2/07, effective 11/2/07.]

WAC 246-836-220 Intramuscular, intravenous, subcutaneous, and intradermal injections. Naturopathic physicians may administer substances consistent with the practice of naturopathic medicine as indicated in WAC 246-836-210 through the means of intramuscular, intravenous, subcutaneous, and intradermal injections.

(1) Naturopathic physicians may use intravenous therapy when they have submitted an attestation of training. Training must be at least sixteen hours of instruction. At least eight hours must be part of a graduate level course from a school approved under chapter 18.36A, 18.71, 18.57, or 18.79 RCW. Instruction must include the following:

(a) Indications;

(b) Contraindications;

(c) Formularies;

(d) Emergency protocols;

(e) Osmolarity calculation;

(f) Aseptic technique; and

(g) Proper documentation.

(2) The naturopathic physician must retain training documentation at least five years from attestation date.

(3) Intravenous chelation therapy is limited to use for heavy metal toxicity.

(4) All naturopathic physicians who use injection therapy must have a plan to manage adverse events including sensitivity, allergy, overdose, or other unintended reactions.

[Statutory Authority: RCW 18.130.050(1), 18.36A.060, and 2005 c 158. 07-20-101, § 246-836-220, filed 10/2/07, effective 11/2/07.]

Chapter 246-840 WAC

PRACTICAL AND REGISTERED NURSING

WAC

246-840-740 Sexual misconduct prohibited.

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 or nursing technician does not need to be "assigned" to the client in order for the nurse/client relationship to exist. The role of the nurse or nursing technician in the nurse/client relationship places the nurse or nursing technician in the more powerful position and the nurse or nursing technician 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 and nursing technicians 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 and nursing technicians 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 and nursing technicians 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 or nursing technician 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 and nursing technicians 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 or nursing technician 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 or nursing technician 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 and nursing technicians 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 or nursing technician 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 or nursing technician where no evidence of abuse of the nurse/client relationship exists.

[Statutory Authority: RCW 18.130.050 and 18.79.110. 07-19-131, § 246-840-740, filed 9/19/07, effective 10/20/07. Statutory Authority: RCW 18.130.180(24), 99-04-051, § 246-840-740, filed 1/28/99, effective 2/28/99.]

Chapter 246-843 WAC**NURSING HOME ADMINISTRATORS****WAC**

246-843-270

Definitions for sexual misconduct.

246-843-280

Sexual misconduct.

WAC 246-843-270 Definitions for sexual misconduct.

(1) "Health care information" means any information, whether oral or recorded in any form or medium that identifies or can readily be associated with the identity of, and relates to the health care of, a patient or client.

(2) "Key party" means immediate family members and others who would be reasonably expected to play a significant role in the health care decisions of the patient or client and includes, but is not limited to, the spouse, domestic partner, sibling, parent, child, guardian and person authorized to make health care decisions of the patient or client.

(3) "Legitimate health care purpose" means activities for examination, diagnosis, treatment, and personal care of patients or clients, including palliative care, as consistent with community standards of practice for the profession. The activity must be within the scope of practice of the nursing home administrator.

(4) "Nursing home administrator" means an individual applying for a credential or credentialed as a nursing home administrator under chapter 18.52 RCW.

(5) "Patient" or "client" means an individual who receives health care in a nursing home under the administrative charge of the nursing home administrator.

[Statutory Authority: RCW 18.130.050 (1) and (12) and 18.52.061(1). 07-08-005, § 246-843-270, filed 3/22/07, effective 4/22/07.]

WAC 246-843-280 Sexual misconduct. (1) A nursing home administrator shall not engage, or attempt to engage, in sexual misconduct with a current patient, client, or key party, inside or outside the health care setting. Sexual misconduct shall constitute grounds for disciplinary action. Sexual misconduct includes but is not limited to:

- (a) Sexual intercourse;
- (b) Touching the breasts, genitals, anus or any sexualized body part except as consistent with accepted community standards of practice for examination, diagnosis and treatment and within the nursing home administrator's scope of practice;
- (c) Rubbing against a patient or client or key party for sexual gratification;
- (d) Kissing of a romantic or sexual nature;
- (e) Hugging, touching, fondling or caressing of a romantic or sexual nature;
- (f) Examination of or touching genitals without using gloves;
- (g) Not allowing a patient or client privacy to dress or undress except as may be necessary in emergencies or custodial situations;
- (h) Not providing the patient or client a gown or draping except as may be necessary in emergencies;
- (i) Dressing or undressing in the presence of the patient, client or key party;
- (j) Removing patient or client's clothing or gown or draping without consent, emergent medical necessity or being in a custodial setting;
- (k) Encouraging masturbation or other sex act in the presence of the nursing home administrator;
- (l) Masturbation or other sex act by the nursing home administrator in the presence of the patient, client or key party;
- (m) Terminating a professional relationship for the purpose of dating or pursuing a romantic or sexual relationship;
- (n) Soliciting a date with a patient, client or key party;
- (o) Discussing the sexual history, preferences or fantasies of the nursing home administrator;
- (p) Any behavior, gestures, or expressions that may reasonably be interpreted as seductive or sexual;
- (q) Making statements regarding the patient, client or key party's body, appearance, sexual history, or sexual orientation other than for legitimate health care purposes;
- (r) Sexually demeaning behavior including any verbal or physical contact which may reasonably be interpreted as demeaning, humiliating, embarrassing, threatening or harming a patient, client or key party;
- (s) Photographing or filming the body or any body part or pose of a patient, client, or key party, other than for legitimate health care purposes; and
- (t) Showing a patient, client or key party sexually explicit photographs, other than for legitimate health care purposes.

(2) A nursing home administrator shall not:

- (a) Offer to provide health care services in exchange for sexual favors;
- (b) Use health care information to contact the patient, client or key party for the purpose of engaging in sexual misconduct;
- (c) Use health care information or access to health care information to meet or attempt to meet the nursing home administrator's sexual needs.
- (3) A nursing home administrator shall not engage, or attempt to engage, in the activities listed in subsection (1) of this section with a former patient, client or key party within two years after the provider-patient/client relationship ends.
- (4) After the two-year period of time described in subsection (3) of this section, a nursing home administrator shall not engage, or attempt to engage, in the activities listed in subsection (1) of this section if:
 - (a) There is a significant likelihood that the patient, client or key party will seek or require additional services from the nursing home administrator; or
 - (b) There is an imbalance of power, influence, opportunity and/or special knowledge of the professional relationship.
- (5) When evaluating whether a nursing home administrator is prohibited from engaging, or attempting to engage, in sexual misconduct, the board of examiners for nursing home administrators will consider factors, including but not limited to:
 - (a) Documentation of a formal termination and the circumstances of termination of the nursing home administrator-patient relationship;
 - (b) Transfer of care to another nursing home administrator;
 - (c) Duration of the nursing home administrator-patient relationship;
 - (d) Amount of time that has passed since the last health care services to the patient or client;
 - (e) Communication between the nursing home administrator and the patient or client between the last health care services rendered and commencement of the personal relationship;
 - (f) Extent to which the patient's or client's personal or private information was shared with the nursing home administrator;
 - (g) Nature of the patient or client's health condition during and since the professional relationship;
 - (h) The patient or client's emotional dependence and vulnerability; and
 - (i) Normal revisit cycle for the profession and service.
- (6) Patient, client or key party initiation or consent does not excuse or negate the health care provider's responsibility.
- (7) These rules do not prohibit:
 - (a) Providing health care services in case of emergency where the services cannot or will not be provided by another nursing home administrator;
 - (b) Contact that is necessary for a legitimate health care purpose and that meets the standard of care appropriate to nursing home administrators; or
 - (c) Providing health care services for a legitimate health care purpose to a person who is in a preexisting, established personal relationship with the nursing home administrator

where there is no evidence of, or potential for, exploiting the patient or client.

[Statutory Authority: RCW 18.130.050 (1) and (12) and 18.52.061(1). 07-08-005, § 246-843-280, filed 3/22/07, effective 4/22/07.]

Chapter 246-847 WAC OCCUPATIONAL THERAPISTS

WAC

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|-------------|-------------------------------------------------------------|
| 246-847-010 | Definitions. |
| 246-847-110 | Persons exempt from licensure pursuant to RCW 18.59.040(5). |
| 246-847-135 | Standards of supervision. |
| 246-847-175 | Delegation of authority to initiate investigations. |

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

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| 246-847-130 | Definition of "commonly accepted standards for the profession." [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.] Repealed by 07-20-076, filed 10/1/07, effective 11/1/07. Statutory Authority: RCW 18.59.130. |
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WAC 246-847-010 Definitions. The following terms in this section apply throughout this chapter and have the following meanings:

(1) "Adapting environments for individuals with disabilities" includes assessing needs, identifying strategies, implementing and training in the use of strategies, and evaluating outcomes. Occupational therapy focuses on the interaction of an individual's skills and abilities, the features of the environment, and the demands and purposes of activities.

(2) "Clients" include patients, students, and those to whom occupational therapy services are delivered.

(3) "Client-related tasks" are routine tasks during which the aide may interact with the client but does not act as a primary service provider of occupational therapy services. The following factors must be present when an occupational therapist or occupational therapy assistant delegates a selected client-related task to the aide:

(a) The outcome anticipated for the delegated task is predictable;

(b) The situation of the client and the environment is stable and will not require that judgment, interpretations, or adaptations be made by the aide;

(c) The client has demonstrated some previous performance ability in executing the task; and

(d) The task routine and process have been clearly established.

(4) "Commonly accepted standards for the profession" in RCW 18.59.040 (5)(b) and 18.59.070 shall mean having passed the National Board for Certification in Occupational Therapy or its successor/predecessor organization, not having engaged in unprofessional conduct or gross incompetence 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.

(5) "Consultation" means that practitioners are expected to function as consultants within the scope of practice appropriate to their level of competence.

(6) "Developing prevocational skills and play and avocational capabilities" also involves the scientifically based use of purposeful activity.

(7) "Direct supervision" as described in RCW 18.59.040 (7) means daily, in-person contact at the site where services are provided by an occupational therapist licensed in the state of Washington.

(8) "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.

(9) "In association" as described in RCW 18.59.040(7) means practicing in a setting in which an occupational therapist licensed in the state of Washington is available on the premises for supervision, consultation, and assistance as needed to provide protection for the client's health, safety and welfare.

(10) "Occupational therapy aide" means a person who is trained by an occupational therapist or occupational therapy assistant to perform client and nonclient related tasks. Occupational therapy aides are not primary service providers of occupational therapy in any practice setting. Occupational therapy aides do not provide skilled occupational therapy services.

(11) "Professional supervision" of an occupational therapy aide as described in RCW 18.59.020(5) means in-person contact at the treatment site by an occupational therapist or occupational therapy assistant licensed in the state of Washington. When client related tasks are provided by an occupational therapy aide more than once a week, professional supervision must occur at least weekly. When client related tasks are provided by an occupational therapy aide once a week or less, professional supervision must occur at least once every two weeks.

(12) "Regular consultation" as described in RCW 18.59.020(4) means in-person contact at least monthly by an occupational therapist licensed in the state of Washington with supervision available as needed by other methods which include but are not limited to phone and e-mail.

(13) "Scientifically based use of purposeful activity" is the treatment of individuals using established methodology based upon the behavioral and biological sciences and includes the therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings. "Occupations" are activities having unique meaning and purpose in an individual's life.

(14) "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.

(15) "Working days" in RCW 18.59.040(5) shall mean consecutive calendar days.

(16) "Work site" in RCW 18.59.080 means the primary work location.

[Statutory Authority: RCW 18.59.130. 07-20-076, § 246-847-010, filed 10/1/07, effective 11/1/07; 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 246-847-110 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 under RCW 18.59.040(5)(b), the individual must submit a signed notarized statement attesting to:

(i) Having passed the National Board for Certification in Occupational Therapy examination or its successor/predecessor organization; 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 under RCW 18.130.180; 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.

[Statutory Authority: RCW 18.59.130. 07-20-076, § 246-847-110, filed 10/1/07, effective 11/1/07; 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 246-847-135 Standards of supervision. The following are the standards for supervision of occupational therapy assistants, limited permit holders, and occupational therapy aides:

(1) Licensed occupational therapy assistants must be supervised through regular consultation by an occupational therapist licensed in the state of Washington. Regular consultation must be documented and the documentation must be kept in a location determined by the supervising occupational therapist or occupational therapy assistant.

(2)(a) A limited permit holder must work in association with an occupational therapist licensed in the state of Washington with a minimum of one year of experience. "In association with" shall include consultation regarding evaluation, intervention, progress, reevaluation and discharge planning of each assigned patient at appropriate intervals and documented by cosignature of notes by the supervising occupational therapist.

(b) Limited permit holders who have failed the examination must be directly supervised by an occupational therapist licensed in the state of Washington with a minimum of one year of experience. Direct supervision must include consultation regarding evaluation, intervention, progress, reevaluation and discharge planning of each assigned patient at appropriate intervals and documented by cosignature of notes by the supervising occupational therapist.

(3) Occupational therapy aides must be professionally supervised and trained by an occupational therapist or an occupational therapy assistant licensed in the state of Washington. Professional supervision must include documented supervision and training.

(a) The occupational therapist or occupational therapy assistant shall train the occupational therapy aide on client and nonclient related tasks at least once a month.

(b) When performing client related tasks, the occupational therapist or occupational therapy assistant must ensure the occupational therapy aide is trained and competent in performing the task on the specific client.

(c) The documentation must be maintained in a location determined by the supervising occupational therapist or occupational therapy assistant.

(4) Definitions can be found in WAC 246-847-010.

[Statutory Authority: RCW 18.59.130. 07-20-076, § 246-847-135, filed 10/1/07, effective 11/1/07.]

WAC 246-847-175 Delegation of authority to initiate investigations. The board delegates to a department of health case management team the authority to initiate an investigation when the board or the department receives information, by means of a complaint or otherwise, that a licensee may have engaged in unprofessional conduct or may be unable to practice with reasonable skill and safety by reason of a mental or physical condition. The case management team will consist of, at a minimum, a board member licensed under chapter 18.59 RCW, the executive director or his or her designee, an investigator and a staff attorney.

[Statutory Authority: RCW 18.59.130 and 18.130.050. 07-20-078, § 246-847-175, filed 10/1/07, effective 11/1/07.]

Chapter 246-852 WAC
CONSUMER ACCESS TO VISION CARE

WAC

| | |
|-------------|------------------------------------------------------------------------------|
| 246-852-005 | Definitions. |
| 246-852-010 | Duties of practitioners. |
| 246-852-020 | Initial prescription for corrective lenses. |
| 246-852-030 | Transmittal of patient information, records, and contact lens prescriptions. |
| 246-852-040 | Retention of patient contact lens records. |

WAC 246-852-005 Definitions. For the purposes of this chapter, the following definitions apply:

(1) "Contact lens" means any contact lens for which state or federal law requires a prescription including noncorrective or plano contact lenses.

(2) "Initial prescription" means a written directive from a prescriber for corrective lenses and consists of the refractive powers.

(3) "Fitting" means the performance of mechanical procedures and measurements necessary to adapt and fit eyeglasses or contact lenses from an initial written prescription containing the information in WAC 246-852-020. In the case of contact lenses, where a patient requests that the fitting be performed by an optician licensed under chapter 18.34 RCW, the initial prescription from a prescriber must be in writing and fitting includes the selection of physical characteristics of the lenses including conversion of the spectacle power to contact lens equivalents, lens design, material and manufacturer of the lenses, and supervision of the trial wearing of the lenses which may require incidental revisions during the fitting period. The revisions may not alter the effect of the written prescription. The fitting and follow-up evaluation must be completed within six months of the eye examination.

(4) "Finalized contact lens prescription" means a contact lens prescription consisting of the contact lens specifications approved by a prescriber at the conclusion of the follow-up evaluation.

(5) "Contact lens prescription" means a postevaluation finalized prescription, issued by a prescriber in accordance with state and federal law, that contains sufficient information for the complete and accurate filling of a prescription for contact lenses that includes the following:

- (a) Name of the patient.
- (b) Date of original examination.
- (c) Issue date of the finalized contact lens prescription and expiration date of that prescription.
- (d) The name, postal address, telephone number and facsimile number of the evaluating prescriber.
- (e) Dioptric power.
- (f) Lens material, brand name and/or manufacturer.
- (g) In the case of a private label contact lens, the name of the manufacturer, trade name of the private label brand, and, if applicable, trade name of an equivalent brand name.
- (h) Base curve (inside radius of curvature), or appropriate designation.
- (i) Diameter.
- (j) Color (when applicable).
- (k) Thickness (when applicable).
- (l) Secondary/peripheral curves (when applicable).
- (m) Special features equivalent to variable curves, fenestration or coating.
- (n) Suggested wearing schedule and care regimen.

(o) Signature of the evaluating prescriber.

(6) "Contact lens prescription issue date" means the date on which the patient receives a copy of the finalized contact lens prescription at the completion of the fitting and follow-up evaluation.

(7) "Ophthalmic goods" means eyeglasses or a component or components of eyeglasses, and contact lenses.

(8) "Ophthalmic services" means the measuring, fitting, adjusting, and fabricating of ophthalmic goods subsequent to an eye examination.

(9) "Prescriber" means an ophthalmologist or optometrist who performs eye examinations under chapter 18.53, 18.57, or 18.71 RCW.

(10) "Private label contact lenses" means contact lenses that are sold under the label of a seller where the contact lenses are identical to lenses made by the same manufacturer but sold under other labels.

[Statutory Authority: RCW 18.195.050. 07-20-041, § 246-852-005, filed 9/25/07, effective 10/26/07.]

WAC 246-852-010 Duties of practitioners. (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 initial prescription at the conclusion of the eye examination. A prescriber may refuse to give the patient a copy of the patient's prescription until the patient has paid for the eye examination or fitting and follow-up evaluation, but only if that prescriber would have required immediate payment from that patient had the examination revealed that no ophthalmic goods were required. Verification of insurance coverage for a service shall be deemed a payment.

(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 initial 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;

(c) Shall provide the patient a copy of the finalized contact lens prescription, whether or not the patient requested it.

(d) When directed by any person designated to act on behalf of the patient, the prescriber shall provide or verify the contact lens prescription by electronic or other means.

(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 initial 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 by a prescriber, the approved contact lens specifications shall become a valid contact lens prescription. The patient shall be provided a copy of the finalized contact lens prescription as specified in subsection (2)(c) of this section, whether or not the patient requested it. The patient shall be able to obtain replacement contact 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: RCW 18.195.050. 07-20-041, § 246-852-010, filed 9/25/07, effective 10/26/07. Statutory Authority: 1994 c 106 § 6. 94-17-101, § 246-852-010, filed 8/17/94, effective 9/17/94.]

WAC 246-852-020 Initial prescription for corrective lenses. (1) An initial 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, at the time of the initial eye examination, the patient requests contact lenses, the prescriber shall determine the appropriateness of contact lens wear. If the prescriber would have fitted the patient him or herself, and if the patient has no contraindications for contact lenses, the prescriber shall include a notation of "OK for Contacts" or similar language on the prescription. The initial prescription shall also include:

(a) Exclusion of categories of contact lenses, if any.

(b) 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. The patient shall be able to obtain replacement lenses, from this finalized prescription, for the remainder of the prescription period.

[Statutory Authority: RCW 18.195.050. 07-20-041, § 246-852-020, filed 9/25/07, effective 10/26/07. 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, records, and contact lens prescriptions. (1) The practitioner who performs the contact lens fitting shall provide the contact lens specifications to a prescriber designated by the patient for the purpose of the follow up and final evaluation. The contact lens specification shall be transmitted to the designated practitioner by telephone, facsimile, mail or by electronic means.

(2) The finalized contact lens prescription shall be provided to the patient and, if requested, to the patient's designated practitioner for replacement lenses and shall be transmitted by telephone, facsimile or mail or by electronic means.

[Statutory Authority: RCW 18.195.050. 07-20-041, § 246-852-030, filed 9/25/07, effective 10/26/07. 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 initial written prescription.

(b) Dioptric power.

(c) Lens material, brand name and/or manufacturer.

(d) Base curve (inside radius of curvature), or appropriate designation.

(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.

(k) In the case of a private label contact lens, the name of the manufacturer, trade name of the private label brand, and, if applicable, trade name of an equivalent brand name.

(2) Opticians' records shall additionally include the following if fitting contact lenses:

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 docu-

mentation that the reasons were explained to the patient at the time of the eye examination.

[Statutory Authority: RCW 18.195.050, 07-20-041, § 246-852-040, filed 9/25/07, effective 10/26/07. Statutory Authority: 1994 c 106 § 6. 94-17-101, § 246-852-040, filed 8/17/94, effective 9/17/94.]

Chapter 246-853 WAC

OSTEOPATHIC PHYSICIANS AND SURGEONS

WAC

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|-------------|---------------------------------------------------------------------------------------------------|
| 246-853-085 | Approved colleges and schools of osteopathic medicine and surgery. |
| 246-853-510 | Use of controlled substances for pain control. |
| 246-853-520 | What specific guidance should an osteopathic physician follow? |
| 246-853-530 | What knowledge should an osteopathic physician who elects to treat chronic pain patients possess? |
| 246-853-540 | How will the board evaluate prescribing for pain? |
| 246-853-600 | Sexual misconduct. |
| 246-853-610 | Abuse. |

WAC 246-853-085 Approved colleges and schools of osteopathic medicine and surgery. For the purposes of meeting the qualifications under RCW 18.57.020, the board approves those colleges or schools of osteopathic medicine accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation.

[Statutory Authority: RCW 18.57.005, 18.57.020 and chapter 18.57 RCW. 07-08-070, § 246-853-085, filed 3/30/07, effective 4/30/07.]

WAC 246-853-510 Use of controlled substances for pain control. (1) **Purpose.** The board of osteopathic medicine and surgery 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 board wishes to reassure osteopathic physicians that they need not fear disciplinary action from the board for prescribing, dispensing, or administering controlled substances, including opioids, when treating pain so long as the care provided is consistent with currently acceptable osteopathic medical practice. This includes acute, chronic, and intractable pain (RCW 69.50.308(g)) patients.

[Statutory Authority: RCW 18.57.005, 18.130.050, and chapters 18.57, 18.18.57A [18.57A] RCW. 07-11-058, § 246-853-510, filed 5/11/07, effective 6/11/07.]

WAC 246-853-520 What specific guidance should an osteopathic physician follow? The osteopathic physician should consult the *Guidelines for Management of Pain* approved by the board of osteopathic medicine and surgery effective September 13, 2002.

(1) The board has adopted guidelines for the management of pain in order to acquaint osteopathic physicians 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) Osteopathic physicians 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 18.57.005, 18.130.050, and chapters 18.57, 18.18.57A [18.57A] RCW. 07-11-058, § 246-853-520, filed 5/11/07, effective 6/11/07.]

WAC 246-853-530 What knowledge should an osteopathic physician who elects to treat chronic pain patients possess? Osteopathic physicians treating pain should be:

- (1) Knowledgeable about the complex nature of pain;
- (2) Familiar with the pain treatment terms used in the board's pain treatment guidelines; and
- (3) Knowledgeable about acceptable pain treatment modalities.

[Statutory Authority: RCW 18.57.005, 18.130.050, and chapters 18.57, 18.18.57A [18.57A] RCW. 07-11-058, § 246-853-530, filed 5/11/07, effective 6/11/07.]

WAC 246-853-540 How will the board evaluate prescribing for pain? The osteopathic physician'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 osteopathic medical practice regarding the treatment of pain.

[Statutory Authority: RCW 18.57.005, 18.130.050, and chapters 18.57, 18.18.57A [18.57A] RCW. 07-11-058, § 246-853-540, filed 5/11/07, effective 6/11/07.]

WAC 246-853-600 Sexual misconduct. (1) Definitions:

(a) "Patient" means a person who is receiving health care or treatment, or has received health care or treatment without a termination of the osteopathic physician-patient relationship. The determination of when a person is a patient is made on a case-by-case basis with consideration given to a number of factors, including the nature, extent and context of the professional relationship between the osteopathic physician and the person. The fact that a person is not actively receiving treatment or professional services is not the sole determining factor.

(b) "Osteopathic physician" means a person licensed to practice osteopathic medicine and surgery under chapter 18.57 RCW.

(c) "Key third party" means a person in a close personal relationship with the patient and includes, but is not limited to, spouses, partners, parents, siblings, children, guardians and proxies.

(2) An osteopathic physician shall not engage in sexual misconduct with a current patient or a key third party. An osteopathic physician engages in sexual misconduct when he or she engages in the following behaviors with a patient or key third party:

- (a) Sexual intercourse or genital to genital contact;
- (b) Oral to genital contact;
- (c) Genital to anal contact or oral to anal contact;
- (d) Kissing in a romantic or sexual manner;
- (e) Touching breasts, genitals or any sexualized body part for any purpose other than appropriate examination or treatment;

(f) Examination or touching of genitals without using gloves;

(g) Not allowing a patient the privacy to dress or undress;

(h) Encouraging the patient to masturbate in the presence of the osteopathic physician or masturbation by the osteopathic physician while the patient is present;

(i) Offering to provide practice-related services, such as medication, in exchange for sexual favors;

(j) Soliciting a date;

(k) Engaging in a conversation regarding the sexual history, preferences or fantasies of the osteopathic physician.

(3) An osteopathic physician shall not engage in any of the conduct described in subsection (2) of this section with a former patient or key third party if the osteopathic physician:

(a) Uses or exploits the trust, knowledge, influence, or emotions derived from the professional relationship; or

(b) Uses or exploits privileged information or access to privileged information to meet the osteopathic physician's personal or sexual needs.

(4) To determine whether a patient is a current patient or a former patient, the board will analyze each case individually, and will consider a number of factors, including, but not limited to, the following:

(a) Documentation of formal termination;

(b) Transfer of the patient's care to another health care provider;

(c) The length of time that has passed;

(d) The length of time of the professional relationship;

(e) The extent to which the patient has confided personal or private information to the osteopathic physician;

(f) The nature of the patient's health problem;

(g) The degree of emotional dependence and vulnerability.

(5) This section does not prohibit conduct that is required for medically recognized diagnostic or treatment purposes if the conduct meets the standard of care appropriate to the diagnostic or treatment situation.

(6) It is not a defense that the patient, former patient, or key third party initiated or consented to the conduct, or that the conduct occurred outside the professional setting.

(7) A violation of any provision of this rule shall constitute grounds for disciplinary action.

[Statutory Authority: RCW 18.57.005, 18.130.050 and chapters 18.57, 18.57A RCW. 07-12-091, § 246-853-600, filed 6/6/07, effective 7/7/07.]

WAC 246-853-610 Abuse. (1) An osteopathic physician commits unprofessional conduct if the osteopathic physician abuses a patient or key third party. "Osteopathic physician," "patient" and "key third party" are defined in WAC 246-853-600. An osteopathic physician abuses a patient when he or she:

(a) Makes statements regarding the patient's body, appearance, sexual history, or sexual orientation that have no legitimate medical or therapeutic purpose;

(b) Removes a patient's clothing or gown without consent;

(c) Fails to treat an unconscious or deceased patient's body or property respectfully;

[2008 WAC Supp—page 54]

(d) Engages in any conduct, whether verbal or physical, which unreasonably demeans, humiliates, embarrasses, threatens, or harms a patient.

(2) A violation of any provision of this rule shall constitute grounds for disciplinary action.

[Statutory Authority: RCW 18.57.005, 18.130.050 and chapters 18.57, 18.57A RCW. 07-12-091, § 246-853-610, filed 6/6/07, effective 7/7/07.]

Chapter 246-854 WAC

OSTEOPATHIC PHYSICIANS' ASSISTANTS

WAC

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|-------------|------------------------------------------------------------------------------------------------------------|
| 246-854-010 | Approved training and additional skills or procedures. |
| 246-854-015 | Utilization and supervision of an osteopathic physician assistant. |
| 246-854-025 | Remote practice site—Utilization. |
| 246-854-030 | Osteopathic physician assistant prescriptions. |
| 246-854-035 | Osteopathic physician assistant—Scope of practice. |
| 246-854-080 | Osteopathic physician assistant licensure—Qualifications and requirements. |
| 246-854-085 | Interim permit—Qualifications and interim permit requirements. |
| 246-854-120 | Use of controlled substances for pain control. |
| 246-854-130 | What specific guidance should an osteopathic physician assistant follow? |
| 246-854-140 | What knowledge should an osteopathic physician assistant who elects to treat chronic pain patient possess? |
| 246-854-150 | How will the board evaluate prescribing for pain? |
| 246-854-200 | Sexual misconduct. |
| 246-854-210 | Abuse. |

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

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| 246-854-020 | Osteopathic physician assistant program. [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.] Repealed by 07-11-057, filed 5/11/07, effective 6/11/07. Statutory Authority: RCW 18.57.005, 18.57A.020. |
| 246-854-090 | Osteopathic physician assistant 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.] Repealed by 07-11-057, filed 5/11/07, effective 6/11/07. Statutory Authority: RCW 18.57.005, 18.57A.020. |

WAC 246-854-010 Approved training and additional skills or procedures. (1) "Board approved program" means a physician assistant program accredited by:

(a) The committee on allied health education and accreditation (CAHEA);

(b) The commission on accreditation of allied health education programs (CAAHEP);

(c) The accreditation review committee on education for the physician assistant (ARC-PA); or

(d) Any successor accrediting organization utilizing the same standards.

(2) An individual enrolled in an accredited board approved program for physician assistants may function only in direct association with his or her preceptorship physician or a delegated alternate physician in the immediate clinical setting. A trainee may not function in a remote location or in the absence of the preceptor.

(3) If an osteopathic physician assistant is being trained to perform additional skills or procedures beyond those established by the board, the training must be carried out under the direct, personal supervision of the supervising osteopathic physician or other qualified physician familiar with the practice plan of the osteopathic physician assistant. The training arrangement must be mutually agreed upon by the supervising osteopathic physician and the osteopathic physician assistant.

(4) Requests for approval of newly acquired skills or procedures shall be submitted in writing to the board, including a certificate by the program director or other acceptable evidence showing that he or she was trained in the additional skill or procedure for which authorization is requested. The board will review the evidence to determine whether the applicant has adequate knowledge to perform the additional skill or procedure.

[Statutory Authority: RCW 18.57.005, 18.57A.020. 07-11-057, § 246-854-010, filed 5/11/07, effective 6/11/07.]

WAC 246-854-015 Utilization and supervision of an osteopathic physician assistant. (1) Unless otherwise stated, for the purposes of this section reference to "osteopathic physician assistant" means a licensed osteopathic physician assistant or interim permit holder.

(2) A credentialed osteopathic physician assistant may not practice until the board approves a practice plan jointly submitted by the osteopathic physician assistant and osteopathic physician or physician group under whose supervision the osteopathic physician assistant will practice. The osteopathic physician assistant must submit the fee under WAC 246-853-990(5) with the practice plan.

(3) An osteopathic physician may supervise three osteopathic physician assistants. The board may consider requests to supervise more than three osteopathic physician assistants based on the individual qualifications and experience of the osteopathic physician and osteopathic physician assistant, community need, and review mechanisms identified in the approved practice plan.

(4) The osteopathic physician assistant shall practice only in the locations designated in the practice plan.

(5) The osteopathic physician assistant and supervising osteopathic physician shall ensure that:

(a) The supervising osteopathic physician timely reviews all reports of abnormalities and significant deviations, including the patient's chart;

(b) The charts of all patients seen by the osteopathic physician assistant are immediately and properly documented to

include the activities, functions, services and treatment measures performed by the osteopathic physician assistant;

(c) All telephone advice given through the osteopathic physician assistant by the supervising osteopathic physician, alternate supervising physician, or member of a supervising physician group are documented in the patient's record;

(d) The supervising osteopathic physician provides adequate supervision and review of the osteopathic physician assistant's practice. The supervising osteopathic physician or designated alternate physician shall review and countersign:

(i) All charts of the licensed osteopathic physician assistant within seven working days for the first thirty days of practice and thereafter ten percent of their charts, including clinic, emergency room, and hospital patients within seven working days.

(ii) Every chart entry of an interim permit holder within two working days;

(e) The osteopathic physician assistant, at all times when meeting or treating patients, wears identification or a badge identifying him or her as an osteopathic physician assistant;

(f) The osteopathic physician assistant is represented in a manner which would not be misleading to the public as to his or her title.

(6) The osteopathic physician assistant shall notify the supervisor within twenty-four hours of any significant deviation in a patient's ongoing condition as identified by EKGs, laboratory tests, or X rays not read by a radiologist.

(7) In the temporary absence of the supervising osteopathic physician, the osteopathic physician assistant may carry out those tasks for which he or she is credentialed, if the supervisory and review mechanisms are provided by a designated alternate 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. If a physician group is proposed as a designated alternate supervisor, the practice plan must specify how supervising responsibility is to be assigned among the members of the group.

(8) The supervising osteopathic physician and the osteopathic physician assistant shall advise the board of the termination date of the working relationship. The notification must be submitted in writing within thirty days of termination and include a written report indicating the reasons for termination.

(9) In the event that an osteopathic physician assistant who is currently credentialed desires to become associated with another osteopathic physician or physician group, he or she must submit a new practice plan and submit the fee under WAC 246-853-990(5). Board approval of the new relationship is required before the osteopathic physician assistant may begin practice under the new supervising physician. A physician assistant being supervised by an allopathic physician (MD) must be licensed and have an approved practice plan as provided in chapter 18.71A RCW.

(10) An osteopathic physician assistant working in or for a hospital, clinic or other health organization must be credentialed. His or her responsibilities to any other physicians must be defined in the board approved practice plan.

[Statutory Authority: RCW 18.57.005, 18.57A.020. 07-11-057, § 246-854-015, filed 5/11/07, effective 6/11/07.]

WAC 246-854-025 Remote practice site—Utilization.

(1) "Remote practice site" means a setting physically separate from the supervising osteopathic physician's primary practice location or a setting where the osteopathic physician is present less than twenty-five percent of the practice time of the osteopathic physician assistant.

(2) The board may approve a practice plan proposing utilization of an osteopathic physician assistant at a remote practice site if:

(a) There is a demonstrated need for this utilization;

(b) There is adequate means for immediate communication between the primary osteopathic physician or alternate physician and the osteopathic physician assistant;

(c) The supervising osteopathic physician spends at least ten percent of the documented and scheduled practice time of the osteopathic physician assistant in the remote office site. In the case of part time or unique practice settings, the osteopathic physician may petition the board to modify the on-site requirement provided adequate supervision is maintained by an alternate method. The board will consider each request on an individual basis;

(d) The names of the supervising osteopathic physician and osteopathic physician assistant must be prominently displayed at the entrance to the clinic or in the reception area.

(3) No osteopathic physician assistant holding an interim permit shall be utilized in a remote practice site.

[Statutory Authority: RCW 18.57.005, 18.57A.020, 07-11-057, § 246-854-025, filed 5/11/07, effective 6/11/07.]

WAC 246-854-030 Osteopathic physician assistant prescriptions. (1) An osteopathic physician assistant may issue written or oral prescriptions as provided in this section when designated by the supervising physician on the practice plan and approved by the board.

(a) An osteopathic physician assistant certified by the National Commission on Certification of Physician Assistants (P.A.-C.) may issue prescriptions for legend drugs and Schedule II through V controlled substances.

(b) A noncertified osteopathic physician assistant (P.A.) may issue prescriptions for legend drugs and Schedule III through V controlled substances.

(2) Written prescriptions shall comply with state and federal prescription writing laws. The osteopathic physician assistant shall sign a prescription by using his or her own name followed by the letters "P.A." to designate a noncertified osteopathic physician assistant, or "P.A.-C." to designate a certified osteopathic physician assistant and the physician assistant's license number.

(3) Prescriptions for Schedule II through V controlled substances must include the osteopathic physician assistant drug enforcement administration registration number or, if none, the supervising physician's drug enforcement administration registration number.

(4) An osteopathic physician assistant may issue prescriptions for a patient who is under his or her care, or the care of the supervising osteopathic physician.

(5) An osteopathic physician assistant employed or having been extended privileges by a hospital, nursing home or other health care institution may, if permissible under the bylaws and rules of the institution, order pharmaceutical

agents for inpatients under his or her care or the care of the supervising osteopathic physician.

(6) An osteopathic physician assistant may dispense legend drugs and controlled substances from office supplies. An osteopathic physician assistant may dispense prescription drugs for treatment up to forty-eight hours. The medication so dispensed must comply with the state law prescription labeling requirements.

(7) The supervising physician shall assume full responsibility for review of the osteopathic physician assistant's prescription writing practice on an ongoing basis.

[Statutory Authority: RCW 18.57A.020, 07-08-052, § 246-854-030, filed 3/29/07, effective 4/29/07. 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 246-854-035 Osteopathic physician assistant—Scope of practice. (1) For the purpose of this section, reference to "osteopathic physician assistant" means a licensed osteopathic physician assistant or interim permit holder.

(2) The osteopathic physician assistant may perform services for which they have been trained and approved in a practice plan by the board. Those services summarized in the standardized procedures reference and guidelines established by the board may be performed by the osteopathic physician assistant unless limited in the approved practice plan.

(3) An osteopathic physician assistant may sign and attest to any document that might ordinarily be signed by a licensed osteopathic physician, to include, but not be limited to, such things as birth and death certificates.

(4) An osteopathic physician assistant may prescribe legend drugs and controlled substances as permitted in WAC 246-854-030.

[Statutory Authority: RCW 18.57.005, 18.57A.020, 07-11-057, § 246-854-035, filed 5/11/07, effective 6/11/07.]

WAC 246-854-080 Osteopathic physician assistant licensure—Qualifications and requirements. (1) Individuals applying to the board under chapter 18.57A RCW after July 1, 1999, must have graduated from an accredited board approved physician assistant program and successfully passed the National Commission on Certification of Physician Assistants examination;

(2) Subsection (1) of this section does not apply to an osteopathic physician assistant licensed prior to July 1, 1999.

(3) An applicant applying for licensure as an osteopathic physician assistant must submit an application on forms supplied by the board. The application must detail the education, training, and experience of the osteopathic physician assistant and provide other information as may be required. The application must be accompanied by a fee determined by the

secretary under RCW 43.70.250 as specified in WAC 246-853-990(5).

(4) Each applicant shall furnish proof of the following, which must be approved by the board:

(a) The applicant has completed an accredited board approved physician assistant program;

(b) The applicant has successfully passed the National Commission on Certification of Physician Assistants examination;

(c) The applicant has not committed unprofessional conduct as defined in RCW 18.130.180; and

(d) The applicant is physically and mentally capable of practicing as an osteopathic physician assistant with reasonable skill and safety.

(5) The board will only consider complete applications with all supporting documents for licensure.

(6) An osteopathic physician assistant may not begin practice without written board approval of the practice plan for each working relationship.

[Statutory Authority: RCW 18.57.005, 18.57A.020, 07-11-057, § 246-854-080, filed 5/11/07, effective 6/11/07. 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 246-854-085 Interim permit—Qualifications and interim permit requirements. (1) Individuals applying to the board for an interim permit under RCW 18.57A.020(1) must have graduated from an accredited board approved physician assistant program.

(2) Interim permit holders will have one year from issuance of the interim permit to successfully pass the National Commission on Certification of Physician Assistants examination.

(3) An applicant applying for an osteopathic physician assistant interim permit must submit an application on forms supplied by the board. The application must detail the education, training, and experience of the osteopathic physician assistant and provide other information as may be required. The application must be accompanied by a fee determined by the secretary under RCW 43.70.250 as specified in WAC 246-853-990(5).

(4) Each applicant shall furnish proof of the following, which must be approved by the board:

(a) The applicant has completed an accredited physician assistant program approved by the board;

(b) The applicant is eligible to take the National Commission on Certification of Physician Assistants examination;

(c) The applicant has not committed unprofessional conduct as defined in RCW 18.130.180; and

(d) The applicant is physically and mentally capable of practicing as an osteopathic physician assistant with reasonable skill and safety.

(5) The board will only consider complete applications with all supporting documents for the interim permit.

(6) An osteopathic physician assistant may not begin practice without written board approval of the practice plan for each working relationship.

[Statutory Authority: RCW 18.57.005, 18.57A.020, 07-11-057, § 246-854-085, filed 5/11/07, effective 6/11/07.]

WAC 246-854-120 Use of controlled substances for pain control. (1) **Purpose.** The board of osteopathic medicine and surgery 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 board wishes to reassure osteopathic physician assistants that they need not fear disciplinary action from the board for prescribing, dispensing, or administering controlled substances, including opioids, when treating pain so long as the care provided is consistent with currently acceptable medical practice. This includes acute, chronic, and intractable pain (RCW 69.50.308(g)) patients.

[Statutory Authority: RCW 18.57.005, 18.130.050, and chapters 18.57, 18.18.57A [18.57A] RCW, 07-11-058, § 246-854-120, filed 5/11/07, effective 6/11/07.]

WAC 246-854-130 What specific guidance should an osteopathic physician assistant follow? The osteopathic physician assistant should consult the *Guidelines for Management of Pain* approved by the board of osteopathic medicine and surgery effective September 13, 2002.

(1) The board has adopted guidelines for the management of pain in order to acquaint osteopathic physician assistants 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) Osteopathic physician assistants 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 18.57.005, 18.130.050, and chapters 18.57, 18.18.57A [18.57A] RCW, 07-11-058, § 246-854-130, filed 5/11/07, effective 6/11/07.]

WAC 246-854-140 What knowledge should an osteopathic physician assistant who elects to treat chronic pain patient possess? Osteopathic physician assistants treating pain should be:

(1) Knowledgeable about the complex nature of pain;

(2) Familiar with the pain treatment terms used in the board's paid treatment guidelines; and

(3) Knowledgeable about acceptable pain treatment modalities.

[Statutory Authority: RCW 18.57.005, 18.130.050, and chapters 18.57, 18.18.57A [18.57A] RCW, 07-11-058, § 246-854-140, filed 5/11/07, effective 6/11/07.]

WAC 246-854-150 How will the board evaluate prescribing for pain? The osteopathic physician assistant'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.

[Statutory Authority: RCW 18.57.005, 18.130.050, and chapters 18.57, 18.18.57A [18.57A] RCW. 07-11-058, § 246-854-150, filed 5/11/07, effective 6/11/07.]

WAC 246-854-200 Sexual misconduct. (1) Definitions:

(a) "Patient" means a person who is receiving health care or treatment, or has received health care or treatment without a termination of the osteopathic physician assistant-patient relationship. The determination of when a person is a patient is made on a case-by-case basis with consideration given to a number of factors, including the nature, extent and context of the professional relationship between the osteopathic physician assistant and the person. The fact that a person is not actively receiving treatment or professional services is not the sole determining factor.

(b) "Osteopathic physician assistant" means a person licensed to practice osteopathic medicine and surgery under chapter 18.57A RCW.

(c) "Key third party" means a person in a close personal relationship with the patient and includes, but is not limited to, spouses, partners, parents, siblings, children, guardians and proxies.

(2) An osteopathic physician assistant shall not engage in sexual misconduct with a current patient or a key third party. An osteopathic physician assistant engages in sexual misconduct when he or she engages in the following behaviors with a patient or key third party:

- (a) Sexual intercourse or genital to genital contact;
- (b) Oral to genital contact;
- (c) Genital to anal contact or oral to anal contact;
- (d) Kissing in a romantic or sexual manner;
- (e) Touching breasts, genitals or any sexualized body part for any purpose other than appropriate examination or treatment;
- (f) Examination or touching of genitals without using gloves;
- (g) Not allowing a patient the privacy to dress or undress;
- (h) Encouraging the patient to masturbate in the presence of the osteopathic physician assistant or masturbation by the osteopathic physician assistant while the patient is present;
- (i) Offering to provide practice-related services, such as medication, in exchange for sexual favors;
- (j) Soliciting a date;
- (k) Engaging in a conversation regarding the sexual history, preferences or fantasies of the osteopathic physician assistant.

(3) An osteopathic physician assistant shall not engage in any of the conduct described in subsection (2) of this section with a former patient or key third party if the osteopathic physician assistant:

- (a) Uses or exploits the trust, knowledge, influence, or emotions derived from the professional relationship; or
- (b) Uses or exploits privileged information or access to privileged information to meet the osteopathic physician assistant's personal or sexual needs.

(4) To determine whether a patient is a current patient or a former patient, the board will analyze each case individually, and will consider a number of factors, including, but not limited to, the following:

- (a) Documentation of formal termination;
- (b) Transfer of the patient's care to another health care provider;
- (c) The length of time that has passed;
- (d) The length of time of the professional relationship;
- (e) The extent to which the patient has confided personal or private information to the osteopathic physician assistant;
- (f) The nature of the patient's health problem;
- (g) The degree of emotional dependence and vulnerability.

(5) This section does not prohibit conduct that is required for medically recognized diagnostic or treatment purposes if the conduct meets the standard of care appropriate to the diagnostic or treatment situation.

(6) It is not a defense that the patient, former patient, or key third party initiated or consented to the conduct, or that the conduct occurred outside the professional setting.

(7) A violation of any provision of this rule shall constitute grounds for disciplinary action.

[Statutory Authority: RCW 18.57.005, 18.130.050 and chapters 18.57, 18.57A RCW. 07-12-091, § 246-854-200, filed 6/6/07, effective 7/7/07.]

WAC 246-854-210 Abuse. (1) An osteopathic physician assistant commits unprofessional conduct if the osteopathic physician assistant abuses a patient or key third party. "Osteopathic physician assistant," "patient" and "key third party" are defined in WAC 246-854-200. An osteopathic physician assistant abuses a patient when he or she:

- (a) Makes statements regarding the patient's body, appearance, sexual history, or sexual orientation that have no legitimate medical or therapeutic purpose;
- (b) Removes a patient's clothing or gown without consent;
- (c) Fails to treat an unconscious or deceased patient's body or property respectfully; or
- (d) Engages in any conduct, whether verbal or physical, which unreasonably demeans, humiliates, embarrasses, threatens, or harms a patient.

(2) A violation of any provision of this rule shall constitute grounds for disciplinary action.

[Statutory Authority: RCW 18.57.005, 18.130.050 and chapters 18.57, 18.57A RCW. 07-12-091, § 246-854-210, filed 6/6/07, effective 7/7/07.]

Chapter 246-860 WAC

STANDARDS OF PROFESSIONAL CONDUCT

WAC

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| 246-860-010 | Purpose of chapter. |
| 246-860-020 | Definitions. |
| 246-860-100 | Sexual misconduct. |

WAC 246-860-010 Purpose of chapter. The rules in this chapter define certain acts of unprofessional conduct for all individual holders of licenses, registrations and certifications issued by the board of pharmacy.

[Statutory Authority: RCW 18.64.005 and 18.130.050. 07-08-040, § 246-860-010, filed 3/28/07, effective 4/28/07.]

WAC 246-860-020 Definitions. (1) "Health care information" means any information, whether oral or recorded in any form or medium that identifies or can readily be associated with the identity of, and relates to the health care of, a patient or client.

(2) "Health care provider" means an individual applying for a credential or credentialed as a pharmacist, pharmacy intern or pharmacy ancillary personnel.

(3) "Key party" means immediate family members and others who would be reasonably expected to play a significant role in the health care decisions of the patient or client and includes, but is not limited to, the spouse, domestic partner, sibling, parent, child, guardian and person authorized to make health care decisions of the patient or client.

(4) "Legitimate health care purpose" means activities consistent with community standards for the practice of pharmacy as defined in RCW 18.64.011(11).

(5) "Patient" or "client" means an individual who receives health care from a health care provider.

(6) "Pharmacist" means a person licensed by the Washington state board of pharmacy to engage in the practice of pharmacy.

(7) "Pharmacy ancillary personnel" means persons certified as a pharmacy technician or registered as a pharmacy assistant under chapter 18.64A RCW to engage in the practice of pharmacy under the direct supervision of a licensed pharmacist and to the extent permitted by the board in accordance with chapter 18.64A RCW.

(8) "Pharmacy intern" means a person registered by the Washington state board of pharmacy to engage in the practice of pharmacy.

[Statutory Authority: RCW 18.64.005 and 18.130.050. 07-08-040, § 246-860-020, filed 3/28/07, effective 4/28/07.]

WAC 246-860-100 Sexual misconduct. (1) A health care provider shall not engage, or attempt to engage, in sexual misconduct with a current patient, client, or key party, inside or outside the health care setting. Sexual misconduct shall constitute grounds for disciplinary action. Sexual misconduct includes but is not limited to:

- (a) Sexual intercourse;
- (b) Touching the breasts, genitals, anus or any sexualized body part except as consistent with accepted community standards of practice within the health care practitioner's scope of practice;
- (c) Rubbing against a patient or client or key party for sexual gratification;
- (d) Kissing;
- (e) Hugging, touching, fondling or caressing of a romantic or sexual nature;
- (f) Not allowing a patient or client privacy to dress or undress except as may be necessary in emergencies or custodial situations;
- (g) Not providing the patient or client a gown or draping except as may be necessary in emergencies;
- (h) Dressing or undressing in the presence of the patient, client or key party;
- (i) Removing patient's or client's clothing or gown or draping without consent, emergent medical necessity or being in a custodial setting;

(j) Encouraging masturbation or other sex act in the presence of the health care provider;

(k) Masturbation or other sex act by the health care provider in the presence of the patient, client or key party;

(l) Suggesting or discussing the possibility of a dating, sexual or romantic relationship after the professional relationship ends;

(m) Terminating a professional relationship for the purpose of dating or pursuing a romantic or sexual relationship;

(n) Soliciting a date with a patient, client or key party;

(o) Discussing the sexual history, preferences or fantasies of the health care provider;

(p) Any behavior, gestures, or expressions that may reasonably be interpreted as seductive or sexual;

(q) Making statements regarding the patient, client or key party's body, appearance, sexual history, or sexual orientation other than for legitimate health care purposes;

(r) Sexually demeaning behavior including any verbal or physical contact which may reasonably be interpreted as demeaning, humiliating, embarrassing, threatening or harming a patient, client or key party;

(s) Photographing or filming the body or any body part or pose of a patient, client, or key party, other than for legitimate health care purposes; and

(t) Showing a patient, client or key party sexually explicit photographs, other than for legitimate health care purposes.

(2) A health care provider shall not:

(a) Offer to provide health care services in exchange for sexual favors;

(b) Use health care information to contact the patient, client or key party for the purpose of engaging in sexual misconduct;

(c) Use health care information or access to health care information to meet or attempt to meet the health care provider's sexual needs.

(3) A health care provider shall not engage, or attempt to engage, in the activities listed in subsection (1) of this section with a former patient, client, or key party if:

(a) There is a significant likelihood that the patient, client or key party will seek or require additional services from the health care provider; or

(b) There is an imbalance of power, influence, opportunity and/or special knowledge of the professional relationship.

(4) When evaluating whether a health care provider engaged, or attempted to engage, in sexual misconduct, the board will consider factors, including but not limited to:

(a) Documentation of a formal termination and the circumstances of termination of the provider-patient relationship;

(b) Transfer of care to another health care provider;

(c) Duration of the provider-patient relationship;

(d) Amount of time that has passed since the last health care services to the patient or client;

(e) Communication between the health care provider and the patient or client between the last health care services rendered and commencement of the personal relationship;

(f) Extent to which the patient's or client's personal or private information was shared with the health care provider;

(g) Nature of the patient or client's health condition during and since the professional relationship;

(h) The patient or client's emotional dependence and vulnerability; and

(i) Normal revisit cycle for the profession and service.

(5) Patient, client or key party initiation or consent does not excuse or negate the health care provider's responsibility.

(6) These rules do not prohibit:

(a) Providing health care services in case of emergency where the services cannot or will not be provided by another health care provider;

(b) Contact that is necessary for a legitimate health care purpose and that meets the standard of care appropriate to that profession; or

(c) Providing health care services for a legitimate health care purpose to a person who is in a preexisting, established personal relationship with the health care provider where there is no evidence of, or potential for, exploiting the patient or client.

[Statutory Authority: RCW 18.64.005 and 18.130.050. 07-08-040, § 246-860-100, filed 3/28/07, effective 4/28/07.]

Chapter 246-863 WAC PHARMACISTS—LICENSING

WAC

246-863-095 Pharmacist's professional responsibilities.

WAC 246-863-095 Pharmacist's professional responsibilities. (1) A pharmacist's primary responsibility is to ensure patients receive safe and appropriate medication therapy.

(2) 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 prohibit pharmacy ancillary personnel 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, however, bulk compounding from a formula and IV admixture products prepared in accordance with chapter 246-871 WAC may be performed by a pharmacy technician 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.

(j) Decision to not dispense lawfully prescribed drugs or devices or to not distribute drugs and devices approved by the U.S. Food and Drug Administration for restricted distribution by pharmacies.

(3) 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.

(4) It is considered unprofessional conduct for any person authorized to practice or assist in the practice of pharmacy to engage in any of the following:

(a) Destroy unfilled lawful prescription;

(b) Refuse to return unfilled lawful prescriptions;

(c) Violate a patient's privacy;

(d) Discriminate against patients or their agent in a manner prohibited by state or federal laws; and

(e) Intimidate or harass a patient.

[Statutory Authority: RCW 18.64.005, 18.130.050, 18.64.165, 18.130.180. 07-14-025, § 246-863-095, filed 6/25/07, effective 7/26/07. Statutory Authority: RCW 18.64.005. 96-02-005, § 246-863-095, filed 12/20/95, effective 1/20/96.]

Chapter 246-869 WAC PHARMACY LICENSING

WAC

246-869-010 Pharmacies' responsibilities.

WAC 246-869-010 Pharmacies' responsibilities. (1) Pharmacies have a duty to deliver lawfully prescribed drugs or devices to patients and to distribute drugs and devices approved by the U.S. Food and Drug Administration for restricted distribution by pharmacies, or provide a therapeutically equivalent drug or device in a timely manner consistent with reasonable expectations for filling the prescription, except for the following or substantially similar circumstances:

(a) Prescriptions containing an obvious or known error, inadequacies in the instructions, known contraindications, or incompatible prescriptions, or prescriptions requiring action in accordance with WAC 246-875-040.

(b) National or state emergencies or guidelines affecting availability, usage or supplies of drugs or devices;

(c) Lack of specialized equipment or expertise needed to safely produce, store, or dispense drugs or devices, such as certain drug compounding or storage for nuclear medicine;

(d) Potentially fraudulent prescriptions; or

(e) Unavailability of drug or device despite good faith compliance with WAC 246-869-150.

(2) Nothing in this section requires pharmacies to deliver a drug or device without payment of their usual and customary or contracted charge.

(3) If despite good faith compliance with WAC 246-869-150, the lawfully prescribed drug or device is not in stock, or the prescription cannot be filled pursuant to subsection (1)(a) of this section, the pharmacy shall provide the patient or agent a timely alternative for appropriate therapy which, consistent with customary pharmacy practice, may include obtaining the drug or device. These alternatives include but are not limited to:

(a) Contact the prescriber to address concerns such as those identified in subsection (1)(a) of this section or to obtain authorization to provide a therapeutically equivalent product;

(b) If requested by the patient or their agent, return unfilled lawful prescriptions to the patient or agent; or

(c) If requested by the patient or their agent, communicate or transmit, as permitted by law, the original prescription information to a pharmacy of the patient's choice that will fill the prescription in a timely manner.

(4) Engaging in or permitting any of the following shall constitute grounds for discipline or other enforcement actions:

(a) Destroy unfilled lawful prescription.

(b) Refuse to return unfilled lawful prescriptions.

(c) Violate a patient's privacy.

(d) Discriminate against patients or their agent in a manner prohibited by state or federal laws.

(e) Intimidate or harass a patient.

[Statutory Authority: RCW 18.64.005, 18.130.050, 18.64.165, 18.130.180, 07-14-025, § 246-869-010, filed 6/25/07, effective 7/26/07.]

Chapter 246-889 WAC

PHARMACEUTICAL—PRECURSOR SUBSTANCE CONTROL

WAC

246-889-050 Suspicious transactions and reporting requirements.

WAC 246-889-050 Suspicious transactions and reporting requirements. (1) A manufacturer or wholesaler who sells, transfers, or furnishes a regulated product to any licensee shall report any suspicious transaction in writing to the state board of pharmacy.

(2) For the purpose of this rule, a regulated product is defined as a product specified in RCW 69.43.010(1) or WAC 246-889-020.

(3) For the purposes of this rule, a "suspicious transaction" is defined as any sale or transfer that meets any of the following criteria:

(a) Any sale or transfer that would lead a reasonable person to believe that the substance is likely to be used for the purpose of unlawfully manufacturing a controlled substance under chapter 69.50 RCW, based on such factors as:

(i) The amount of the substance involved;

(ii) The method of payment;

(iii) The method of delivery; or

(iv) Any past dealings with any participant in the transaction.

(b) Any sale or transfer involving payment for a regulated product in cash or money orders in a total amount of more than two hundred dollars.

(c) Any sale or transfer of a regulated product that meets the criteria identifying suspicious orders in the U.S. Department of Justice, Drug Enforcement Administration, Diversion Control Program Report of the Suspicious Orders Task Force. Copies of the publication are available upon request from the board of pharmacy.

(d) Any individual sale or transfer of a regulated product that exceeds ten percent of the nonprescription drugs contained in the order. (Example: If a wholesaler sells three thousand dollars worth of products to a shopkeeper and that order contains one thousand dollars worth of nonprescription drugs, the wholesaler must submit a suspicious transaction report if the order contains over one hundred dollars worth of regulated products.)

(e) Any order which contains regulated products and has no additional nonprescription drugs is considered a suspicious transaction.

(4) For the purposes of this rule, nonprescription drugs are defined as those drugs which may be sold at retail without a prescription for the diagnosis, treatment, cure or prevention of any disease that has been approved by the FDA and bears an appropriate label. An over-the-counter (OTC) drug is the same as a nonprescription drug.

The following are examples of products sold at retail which are not defined as OTC drugs:

(a) Cosmetics;

(b) Food, dietary, and vitamin supplements;

(c) Herbs;

(d) Products that carry the statements "this product is not intended to diagnose, treat, cure or prevent any disease" or "not evaluated by FDA."

(5) The written report of a suspicious transaction shall contain, at a minimum, the following information:

(a) Name, address and phone number of the manufacturer and/or wholesaler making the report;

(b) Washington state license number of the wholesaler;

(c) Washington state Unified Business Identifier (UBI) number of the recipient of the suspicious transaction;

(d) Trade/brand name of regulated product;

(e) Generic name of regulated product's active ingredients;

(f) Name, address and phone number of the recipient of the suspicious transaction;

(g) Quantity of substance purchased, transferred, or furnished, by number of units and doses per unit;

(h) Date of purchase or transfer;

(i) Method of payment of the substance;

(j) Lot number if available; and

(k) National Drug Code Number if available.

[Statutory Authority: RCW 18.64.005 and 69.43.035, 07-23-018, § 246-889-050, filed 11/9/07, effective 12/10/07. Statutory Authority: RCW 69.43.035 and 18.64.005(7), 03-13-027, § 246-889-050, filed 6/10/03, effective 7/11/03.]

Chapter 246-915 WAC
PHYSICAL THERAPISTS

WAC

246-915-120 Applicants from unapproved schools.

WAC 246-915-120 Applicants from unapproved schools. (1) Applicants who have not graduated from a physical therapy program approved by the board must:

(a) Have a bachelor's degree in physical therapy with all credits earned at an institution of higher learning that confers at least a bachelor's degree in physical therapy which is approved by the country's Ministry of Education/Health, or governmental entity;

(b) Have a valid, unencumbered license or authorization to practice physical therapy in the country in which the physical therapy education was obtained;

(c) Have graduated from a program of physical therapy education with requirements substantially equal to those required of graduates of board-approved programs;

(d) Submit an application for review by the board;

(e) Submit official transcripts from the physical therapy program showing degree date; and

(f) Submit transcripts, fees, and other documentation to a credentialing service approved by the board and request the evaluation report be sent directly to the board.

(2) In addition to the other requirements of this rule, the applicant must demonstrate a working knowledge of English by obtaining:

(a) Scores of at least:

(i) 4.5 on the test of written English (TWE);

(ii) 50 on the test of spoken English (TSE); and

(iii) 220 on the computer-based test of English as a foreign language (TOEFL) or 560 on the paper-based TOEFL; or

(b) Scores on the test of English as a foreign language (TOEFL) internet-based test (IBT) of at least:

(i) 24 on the writing section;

(ii) 26 on the speaking section;

(iii) 21 on the reading section;

(iv) 18 on the listening comprehension section; and

(v) 89 on the overall examination.

(3) The board may request additional supporting documentation as necessary.

(4) The degree's total credits must be at least one hundred twenty-three. A semester credit is equal to fifteen hours of classroom instruction per semester. For courses with a laboratory component, a semester credit is also equal to thirty hours of laboratory instruction per semester. (A semester credit equals 0.67 quarter credits.)

The applicant may meet the objective of one hundred twenty-three semester credits requirement by using additional elective credits in either general or professional education beyond the minimal requirements.

(5) Substantially equal physical therapy education as used in subsection (1)(c) of this section, shall include a total of one hundred twenty-three semester credits or equivalent credits of college education including:

General education - at least fifty-four semester credits:

(a) Humanities - nine semester credits which may include English, speech, foreign language, literature, music/art, philosophy and other humanities courses;

(b) Social sciences - ten semester credits which may include history, social sciences, philosophy, civilization, psychology, sociology, economics and other social science courses;

(c) Biological, natural, and physical science - eight semester credits which may include chemistry, mathematics, physics, biology, zoology, anatomy, kinesiology, physiology and other biological and natural science courses. In addition, the applicant must have one semester (five semester credits) of chemistry with laboratory and one semester (four semester credits) of physics with laboratory.

(6) Professional education. An applicant who has graduated from an unapproved school must complete at least sixty-nine semester credits in the following topics:

(a) Basic health sciences. At least one semester (at least four semester credits) in each of the following topics:

(i) Human anatomy (specific to physical therapy);

(ii) Human physiology (specific to physical therapy);

(iii) Neurological science;

(iv) Kinesiology or functional anatomy;

(v) Abnormal or developmental psychology; and

(vi) Pathology.

(b) Clinical sciences. The essential element of physical therapy education is teaching the student to assess and treat appropriately across the spectrum of age. Therefore, any educational course work should contain all of the following:

(i) Clinical medicine pertinent to physical therapy.

Including, but not be limited to:

(A) Neurology;

(B) Orthopedics;

(C) Pediatrics;

(D) Geriatrics.

(ii) Physical therapy course work including, but not limited to:

(A) Physical agents;

(B) Musculoskeletal assessment and treatment;

(C) Neuromuscular assessment and treatment;

(D) Cardiopulmonary assessment and treatment;

(E) Wound debridement/wound care;

(F) Pharmacology.

(c) Clinical education. Clinical education must include demonstrated application of physical therapy theories, techniques, and procedures, as supervised by a physical therapist. The applicant must have at least two clinical affiliations of no less than eight hundred hours total.

(d) Related professional course work. The applicant must complete three semester courses in the following topics:

(i) Professional ethics;

(ii) Administration;

(iii) Community health;

(iv) Research;

(v) Educational techniques; and

(vi) Medical terminology.

(7) Applicants must have received a grade of "C" or higher in all professional education course work.

(8) The applicant may apply for the College-Level Education Program (CLEP) and their scores may be applied

toward college credit. The board will consider the conversion of CLEP scores to college credits provided by a board-approved credentialing agency.

(9) The board may allow applicants who have not graduated from a physical therapy program approved by the board to correct deficiencies by completing board-approved course work. To obtain course work preapproval, the applicant must submit a written request along with the course description/syllabus for the proposed course.

[Statutory Authority: RCW 18.74.023, 07-07-066, § 246-915-120, filed 3/15/07, effective 4/15/07; 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.]

Chapter 246-918 WAC

PHYSICIAN ASSISTANTS—MEDICAL QUALITY ASSURANCE COMMISSION

WAC

| | |
|-------------|---------------------------------------------------------------------------------|
| 246-918-010 | Delegation of authority to initiate investigations. |
| 246-918-125 | Use of laser, light, radiofrequency, and plasma devices as applied to the skin. |

WAC 246-918-010 Delegation of authority to initiate investigations. The commission delegates to a case management team the authority to initiate an investigation when the commission or the department receives information that a licensee may have engaged in unprofessional conduct or may be unable to practice with reasonable skill and safety by reason of a mental or physical condition. The case management team will consist of, at a minimum, a commission member licensed under chapter 18.71 or 18.71A RCW, the executive director or his or her designee, an investigator and a staff attorney.

[Statutory Authority: RCW 18.71.017, 18.71A.020, 18.130.050(12), 18.130.080, 07-03-150, § 246-918-010, filed 1/23/07, effective 2/23/07.]

WAC 246-918-125 Use of laser, light, radiofrequency, and plasma devices as applied to the skin. (1) For the purposes of this rule, laser, light, radiofrequency, and plasma devices (hereafter LLRP devices) are medical devices that:

(a) Use a laser, noncoherent light, intense pulsed light, radiofrequency, or plasma to topically penetrate skin and alter human tissue; and

(b) Are classified by the federal Food and Drug Administration as prescription devices.

(2) Because an LLRP device penetrates and alters human tissue, the use of an LLRP device is the practice of medicine under RCW 18.71.011. The use of an LLRP device can result in complications such as visual impairment, blindness, inflammation, burns, scarring, hypopigmentation and hyperpigmentation.

(3) Use of medical devices using any form of energy to penetrate or alter human tissue for a purpose other than the purpose set forth in subsection (1) of this section constitutes surgery and is outside the scope of this section.

PHYSICIAN ASSISTANT RESPONSIBILITIES

(4) A physician assistant must be appropriately trained in the physics, safety and techniques of using LLRP devices prior to using such a device, and must remain competent for as long as the device is used.

(5) A physician assistant may use an LLRP device so long as it is with the consent of the sponsoring or supervising physician, it is in compliance with the practice arrangement plan approved by the commission, and it is in accordance with standard medical practice.

(6) Prior to authorizing treatment with an LLRP device, a physician assistant must take a history, perform an appropriate physical examination, make an appropriate diagnosis, recommend appropriate treatment, obtain the patient's informed consent (including informing the patient that a non-physician may operate the device), provide instructions for emergency and follow-up care, and prepare an appropriate medical record.

PHYSICIAN ASSISTANT DELEGATION OF LLRP TREATMENT

(7) A physician assistant who meets the above requirements may delegate an LLRP device procedure to a properly trained and licensed professional, whose licensure and scope of practice allow the use of an LLRP device provided all the following conditions are met:

(a) The treatment in no way involves surgery as that term is understood in the practice of medicine;

(b) Such delegated use falls within the supervised professional's lawful scope of practice;

(c) The LLRP device is not used on the globe of the eye; and

(d) The supervised professional has appropriate training in, at a minimum, application techniques of each LLRP device, cutaneous medicine, indications and contraindications for such procedures, preprocedural and postprocedural care, potential complications and infectious disease control involved with each treatment.

(e) The delegating physician assistant has written office protocol for the supervised professional to follow in using the LLRP device. A written office protocol must include at a minimum the following:

(i) The identity of the individual physician assistant authorized to use the device and responsible for the delegation of the procedure;

(ii) A statement of the activities, decision criteria, and plan the supervised professional must follow when performing procedures delegated pursuant to this rule;

(iii) Selection criteria to screen patients for the appropriateness of treatments;

(iv) Identification of devices and settings to be used for patients who meet selection criteria;

(v) Methods by which the specified device is to be operated and maintained;

(vi) A description of appropriate care and follow-up for common complications, serious injury, or emergencies; and

(vii) A statement of the activities, decision criteria, and plan the supervised professional shall follow when performing delegated procedures, including the method for documenting decisions made and a plan for communication or feedback to the authorizing physician assistant concerning specific decisions made. Documentation shall be recorded

after each procedure, and may be performed on the patient's record or medical chart.

(f) The physician assistant is responsible for ensuring that the supervised professional uses the LLRP device only in accordance with the written office protocol, and does not exercise independent medical judgment when using the device.

(g) The physician assistant shall be on the immediate premises during any use of an LLRP device and be able to treat complications, provide consultation, or resolve problems, if indicated.

[Statutory Authority: RCW 18.71.017, 18.71A.020 and 18.130.050(12). 07-03-177, § 246-918-125, filed 1/24/07, effective 3/1/07.]

Chapter 246-919 WAC

MEDICAL QUALITY ASSURANCE COMMISSION

WAC

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| 246-919-605 | Use of laser, light, radiofrequency, and plasma devices as applied to the skin. |
| 246-919-615 | Delegation of authority to initiate investigations. |

WAC 246-919-605 Use of laser, light, radiofrequency, and plasma devices as applied to the skin. (1) For the purposes of this rule, laser, light, radiofrequency, and plasma devices (hereafter LLRP devices) are medical devices that:

(a) Use a laser, noncoherent light, intense pulsed light, radiofrequency, or plasma to topically penetrate skin and alter human tissue; and

(b) Are classified by the federal Food and Drug Administration as prescription devices.

(2) Because an LLRP device penetrates and alters human tissue, the use of an LLRP device is the practice of medicine under RCW 18.71.011. The use of an LLRP device can result in complications such as visual impairment, blindness, inflammation, burns, scarring, hypopigmentation and hyperpigmentation.

(3) Use of medical devices using any form of energy to penetrate or alter human tissue for a purpose other than the purpose set forth in subsection (1) of this section constitutes surgery and is outside the scope of this section.

PHYSICIAN RESPONSIBILITIES

(4) A physician must be appropriately trained in the physics, safety and techniques of using LLRP devices prior to using such a device, and must remain competent for as long as the device is used.

(5) A physician must use an LLRP device in accordance with standard medical practice.

(6) Prior to authorizing treatment with an LLRP device, a physician must take a history, perform an appropriate physical examination, make an appropriate diagnosis, recommend appropriate treatment, obtain the patient's informed consent (including informing the patient that a nonphysician may operate the device), provide instructions for emergency and follow-up care, and prepare an appropriate medical record.

(7) Regardless of who performs LLRP device treatment, the physician is ultimately responsible for the safety of the patient.

(8) Regardless of who performs LLRP device treatment, the physician is responsible for assuring that each treatment is documented in the patient's medical record.

(9) The physician must ensure that there is a quality assurance program for the facility at which LLRP device procedures are performed regarding the selection and treatment of patients. An appropriate quality assurance program shall include the following:

(a) A mechanism to identify complications and untoward effects of treatment and to determine their cause;

(b) A mechanism to review the adherence of supervised professionals to written protocols;

(c) A mechanism to monitor the quality of treatments;

(d) A mechanism by which the findings of the quality assurance program are reviewed and incorporated into future protocols required by subsection (10)(d) of this section and physician supervising practices; and

(e) Ongoing training to maintain and improve the quality of treatment and performance of treating professionals.

PHYSICIAN DELEGATION OF LLRP TREATMENT

(10) A physician who meets the above requirements may delegate an LLRP device procedure to a properly trained and licensed professional, whose licensure and scope of practice allow the use of an LLRP device, provided all the following conditions are met:

(a) The treatment in no way involves surgery as that term is understood in the practice of medicine;

(b) Such delegated use falls within the supervised professional's lawful scope of practice;

(c) The LLRP device is not used on the globe of the eye;

(d) A physician has a written office protocol for the supervised professional to follow in using the LLRP device. A written office protocol must include at a minimum the following:

(i) The identity of the individual physician authorized to use the device and responsible for the delegation of the procedure;

(ii) A statement of the activities, decision criteria, and plan the supervised professional must follow when performing procedures delegated pursuant to this rule;

(iii) Selection criteria to screen patients for the appropriateness of treatments;

(iv) Identification of devices and settings to be used for patients who meet selection criteria;

(v) Methods by which the specified device is to be operated and maintained;

(vi) A description of appropriate care and follow-up for common complications, serious injury, or emergencies; and

(vii) A statement of the activities, decision criteria, and plan the supervised professional shall follow when performing delegated procedures, including the method for documenting decisions made and a plan for communication or feedback to the authorizing physician concerning specific decisions made;

(e) The supervised professional has appropriate training in, at a minimum, application techniques of each LLRP device, cutaneous medicine, indications and contraindications for such procedures, preprocedural and postprocedural care, potential complications and infectious disease control involved with each treatment;

(f) The delegating physician ensures that the supervised professional uses the LLRP device only in accordance with the written office protocol, and does not exercise independent medical judgment when using the device;

(g) The delegating physician shall be on the immediate premises during the patient's initial treatment and be able to treat complications, provide consultation, or resolve problems, if indicated. The supervised professional may complete the initial treatment if the physician is called away to attend to an emergency;

(h) Existing patients with an established treatment plan may continue to receive care during temporary absences of the delegating physician provided that there is a local back-up physician who satisfies the requirements of subsection (4) of this section. The local back-up physician must agree in writing to treat complications, provide consultation or resolve problems if medically indicated. The local back-up physician shall be reachable by phone and able to see the patient within sixty minutes.

(11) The use of, or the delegation of the use of, an LLRP device by a physician assistant is covered by WAC 246-918-125.

[Statutory Authority: RCW 18.71.017, 18.71A.020 and 18.130.050(12). 07-03-177, § 246-919-605, filed 1/24/07, effective 3/1/07.]

WAC 246-919-615 Delegation of authority to initiate investigations. The commission delegates to a case management team the authority to initiate an investigation when the commission or the department receives information, by means of a complaint or otherwise, that a licensee may have engaged in unprofessional conduct or may be unable to practice with reasonable skill and safety by reason of a mental or physical condition. The case management team will consist of, at a minimum, a commission member licensed under chapter 18.71 or 18.71A RCW, the executive director or his or her designee, an investigator and a staff attorney.

[Statutory Authority: RCW 18.71.017, 18.71A.020, 18.130.050(12), 18.130.080. 07-03-150, § 246-919-615, filed 1/23/07, effective 2/23/07.]

Chapter 246-922 WAC

PODIATRIC PHYSICIANS AND SURGEONS

WAC

| | |
|-------------|------------------------------------------------------------------------------------------------|
| 246-922-001 | Scope of practice. |
| 246-922-510 | Use of controlled substances for pain control. |
| 246-922-520 | What specific guidance should a podiatric physician follow? |
| 246-922-530 | What knowledge should a podiatric physician who elects to treat chronic pain patients possess? |
| 246-922-540 | How will the board evaluate prescribing for pain? |
| 246-922-600 | Sexual misconduct. |
| 246-922-620 | Abuse. |

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 a physician authorized under chapter 18.71 or 18.57 RCW; or a certified registered nurse anesthetist authorized under chapter 18.79 RCW.

[Statutory Authority: RCW 18.22.015. 07-13-071, § 246-922-001, filed 6/18/07, effective 7/19/07; 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 246-922-510 Use of controlled substances for pain control. (1) **Purpose.** The podiatric medical board 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 board wishes to reassure podiatric physicians that they need not fear disciplinary action from the board for prescribing, dispensing, or administering controlled substances, including opioids, when treating pain so long as the care provided is consistent with currently acceptable podiatric medical practice. This includes acute, chronic, and intractable pain (RCW 69.50.308(g)) patients.

[Statutory Authority: RCW 18.22.015, 18.130.050, and chapters 18.22, 18.130 RCW. 07-11-059, § 246-922-510, filed 5/11/07, effective 6/11/07.]

WAC 246-922-520 What specific guidance should a podiatric physician follow? The podiatric physician should consult the *Guidelines for Management of Pain* approved by the podiatric medical board effective September 13, 1996.

(1) The board has adopted guidelines for the management of pain in order to acquaint podiatric physicians 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) Podiatric physicians 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 18.22.015, 18.130.050, and chapters 18.22, 18.130 RCW. 07-11-059, § 246-922-520, filed 5/11/07, effective 6/11/07.]

WAC 246-922-530 What knowledge should a podiatric physician who elects to treat chronic pain patients possess? Podiatric physicians treating pain should be:

(1) Knowledgeable about the complex nature of pain;

(2) Familiar with the pain treatment terms used in the board's pain treatment guidelines; and

(3) Knowledgeable about acceptable pain treatment modalities.

[Statutory Authority: RCW 18.22.015, 18.130.050, and chapters 18.22, 18.130 RCW. 07-11-059, § 246-922-530, filed 5/11/07, effective 6/11/07.]

WAC 246-922-540 How will the board evaluate prescribing for pain? The podiatric physician'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 podiatric medical practice regarding the treatment of pain.

[Statutory Authority: RCW 18.22.015, 18.130.050, and chapters 18.22, 18.130 RCW. 07-11-059, § 246-922-540, filed 5/11/07, effective 6/11/07.]

WAC 246-922-600 Sexual misconduct. (1) Definitions:

(a) "Patient" means a person who is receiving health care or treatment, or has received health care or treatment without a termination of the podiatric physician-patient relationship. The determination of when a person is a patient is made on a case-by-case basis with consideration given to a number of factors, including the nature, extent and context of the professional relationship between the podiatric physician and the person. The fact that a person is not actively receiving treatment or professional services is not the sole determining factor.

(b) "Podiatric physician" means a person licensed to practice podiatric medicine and surgery under chapter 18.22 RCW.

(c) "Key third party" means a person in a close personal relationship with the patient and includes, but is not limited to, spouses, domestic partners, parents, siblings, children, guardians and proxies.

(2) A podiatric physician shall not engage in sexual misconduct with a current patient or a key third party. A podiatric physician engages in sexual misconduct when he or she engages in the following behaviors with a patient or key third party:

(a) Sexual intercourse or genital to genital contact;

(b) Oral to genital contact;

(c) Genital to anal contact or oral to anal contact;

(d) Kissing in a romantic or sexual manner;

(e) Touching breasts, genitals or any sexualized body part for any purpose other than appropriate examination or treatment;

(f) Examination or touching of genitals without using gloves;

(g) Not allowing a patient the privacy to dress or undress;

(h) Encouraging the patient to masturbate in the presence of the podiatric physician or masturbation by the podiatric physician while the patient is present;

(i) Offering to provide practice-related services, such as medication, in exchange for sexual favors;

(j) Soliciting a date;

(k) Engaging in a conversation regarding the sexual history, preferences or fantasies of the podiatric physician.

(3) A podiatric physician shall not engage in any of the conduct described in subsection (2) of this section with a former patient or key third party if the podiatric physician:

(a) Uses or exploits the trust, knowledge, influence, or emotions derived from the professional relationship; or

(b) Uses or exploits privileged information or access to privileged information to meet the podiatric physician's personal or sexual needs.

(4) To determine whether a patient is a current patient or a former patient, the board will analyze each case individually, and will consider a number of factors, including, but not limited to, the following:

(a) Documentation of formal termination;

(b) Transfer of the patient's care to another health care provider;

(c) The length of time that has passed;

(d) The length of time of the professional relationship;

(e) The extent to which the patient has confided personal or private information to the podiatric physician;

(f) The nature of the patient's health problem;

(g) The degree of emotional dependence and vulnerability.

(5) This section does not prohibit conduct that is required for medically recognized diagnostic or treatment purposes if the conduct meets the standard of care appropriate to the diagnostic or treatment situation.

(6) It is not a defense that the patient, former patient, or key third party initiated or consented to the conduct, or that the conduct occurred outside the professional setting.

(7) A violation of any provision of this section shall constitute grounds for disciplinary action.

[Statutory Authority: RCW 18.22.015, 18.130.050 and 18.130.180. 07-12-092, § 246-922-600, filed 6/6/07, effective 7/7/07.]

WAC 246-922-620 Abuse. (1) A podiatric physician commits unprofessional conduct if the podiatric physician abuses a patient or key third party. "Podiatric physician," "patient" and "key third party" are defined in WAC 246-922-600. A podiatric physician abuses a patient when he or she:

(a) Makes statements regarding the patient's body, appearance, sexual history, or sexual orientation that have no legitimate medical or therapeutic purpose;

(b) Removes a patient's clothing or gown without consent;

(c) Fails to treat an unconscious or deceased patient's body or property respectfully;

(d) Engages in any conduct, whether verbal or physical, which unreasonably demeans, humiliates, embarrasses, threatens, or harms a patient.

(2) A violation of any provision of this section shall constitute grounds for disciplinary action.

[Statutory Authority: RCW 18.22.015, 18.130.050 and 18.130.180. 07-12-092, § 246-922-620, filed 6/6/07, effective 7/7/07.]

Chapter 246-924 WAC PSYCHOLOGISTS

WAC

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|-------------|------------------------------------------------------|
| 246-924-043 | Education and experience requirements for licensure. |
| 246-924-046 | Doctoral degree program. |
| 246-924-049 | Practicum. |
| 246-924-053 | Preinternship. |
| 246-924-056 | Internship. |
| 246-924-059 | Post-doctoral supervised experience. |
| 246-924-358 | Sexual misconduct. |
| 246-924-445 | Parenting evaluations—Standards. |
| 246-924-467 | Limited services related to parenting evaluations. |
| 246-924-485 | Delegation of authority to initiate investigations. |

WAC 246-924-043 Education and experience requirements for licensure. (1) To obtain a license, applicants must complete:

(a) A doctoral degree program as described in WAC 246-924-046.

(b) A practicum of at least 300 hours as described in WAC 246-924-049; and

(c) An experience requirement consisting of no fewer than two years supervised experience totaling 3000 hours that includes:

(i) A minimum of 1500 hours of supervised experience that must be completed as an internship experience as outlined in WAC 246-924-056.

(ii) The remaining 1500 supervised hours may be obtained through:

(A) A preinternship as described in WAC 246-924-053;

(B) A postdoctoral experience as described in WAC 246-924-059; or

(C) A combination of preinternship and postdoctoral experience.

(2) The order of supervised experience must be graduated from more intensive to less intensive supervision.

[Statutory Authority: RCW 18.83.50 [18.83.050]. 07-24-093, § 246-924-043, filed 12/5/07, effective 9/1/09.]

WAC 246-924-046 Doctoral degree program. To meet the education requirements of RCW 18.83.070, an applicant must possess a doctoral degree from a regionally accredited institution. Regional accreditation is awarded to an institution by one of the regional accrediting agencies, each of which covers a specified portion of the United States and its territories, or equivalent accreditation in another country, upon approval by the board.

(1) The doctoral degree program must include:

(a) At least forty semester hours, or sixty quarter hours, of graduate courses in curriculum areas described in subsection (2) of this section. Courses must be clearly identified by

title and course content as being part of an integrated psychology program.

(b) One year in residency as described in subsection (4) of this section;

(c) Submission of an original dissertation which is psychological in nature and endorsed by the program; and

(d) An organized, sequential and coordinated practicum and internship experience as described in WAC 246-924-049 and 246-924-056.

(2) The curriculum requirements: The doctoral degree program must encompass a minimum of three academic years of full-time graduate study or the equivalent. The applicant must complete courses in:

(a) History and systems;

(b) Research design and methodology; and

(c) Statistics and psychometrics.

(3) The applicant must complete three or more semester hours, or five or more quarter hours, of core study in each of the following content areas:

(a) Biological bases of behavior for example: Physiological psychology, comparative psychology, neural bases of behavior, sensation and perception, and biological bases of development;

(b) Cognitive-affective bases of behavior for example: Learning, thinking, motivation, emotion, and cognitive development;

(c) Social bases of behavior for example: Social psychology, organizational theory, community psychology, and social development;

(d) Individual differences for example: Personality theory and psychopathology;

(e) Scientific and professional ethics;

(f) History and systems of psychology;

(g) Statistics and psychometrics;

(h) Research design and methodology;

(i) Techniques of data analysis;

(j) Human development (developmental psychology, child development, adult development and aging);

(k) Cultural and individual differences and diversity;

(l) Psychopathology and dysfunctional behaviors;

(m) Theories and methods of assessment and diagnosis—minimum of two courses;

(n) Effective psychological intervention and evaluation of the efficacy of interventions—minimum of three courses; and

(o) Psychopharmacology.

Doctoral degree programs accredited by the American Psychological Association or the Canadian Psychological Association are recognized as having met the minimum education requirements.

(4) Residency requirement:

(a) The doctoral degree program must involve at least one continuous year of full-time residency at the institution which grants the degree or a minimum of 750 hours of student-faculty contact involving face-to-face individual or group educational meetings.

(b) Educational meetings:

(i) Must include both faculty-student and student-student interaction;

(ii) Be conducted by the psychology faculty of the institution at least seventy-five percent of the time;

(iii) Be fully documented by the institution and the applicant; and

(iv) Relate substantially to the program components specified.

[Statutory Authority: RCW 18.83.50 [18.83.050]. 07-24-093, § 246-924-046, filed 12/5/07, effective 9/1/09.]

WAC 246-924-049 Practicum. Applied experience: The doctoral degree program required in WAC 246-924-046 must include a practicum of at least two semesters or three quarters and at least 300 hours of direct experience, 100 hours of which must be in supervision. Supervision must include the following:

- (1) Discussion of services provided by the student;
- (2) Selection of service plan for and review of each case or work unit of the student;
- (3) Discussion of and instruction in theoretical concepts underlying the work;
- (4) Discussion of the management of professional practice and other administrative or business issues;
- (5) Evaluation of the supervisory process by the student and the supervisor;
- (6) Discussion of coordination of services among the professionals involved in the particular cases or work units;
- (7) Discussion of relevant state laws and rules;
- (8) Discussion of ethical principles including principles applicable to the work;
- (9) Review of standards for providers of psychological services; and
- (10) Discussion of reading materials relevant to cases, ethical issues and the supervisory process.

[Statutory Authority: RCW 18.83.50 [18.83.050]. 07-24-093, § 246-924-049, filed 12/5/07, effective 9/1/09.]

WAC 246-924-053 Preinternship. A preinternship experience occurs between the practicum required by WAC 246-924-049 and internship required by WAC 246-924-056. A preinternship can include up to 1500 hours of supervised experience, but is not required. If preinternship experience is used to satisfy the experience requirement of WAC 246-924-043 (1)(c), it must meet the following requirements:

(1) Before beginning the program, the student, the doctoral program, and the preinternship program must agree on and document the goals, the student's expectations, and the methods of the preinternship experience. The goals must meet the requirements of this section.

(2) Every 20 hours of preinternship experience must include the following:

- (a) At least 2 hours of regularly scheduled, formal, face-to-face individual supervision that addresses the direct psychological services provided by the student; and
- (b) At least 2 hours of other learning activities such as case conferences, seminars on applied issues, conducting cotherapy with a staff person including discussion of the case, and group supervision.

(3) At least sixty percent of the preinternship experience must be direct client contact providing assessment and intervention services.

(4) The preinternship experience must be supervised by the person(s) responsible for the assigned casework.

(a) At least seventy-five percent of the supervision must be by a licensed psychologist with two years post-license experience.

(b) Up to twenty-five percent of the supervision may be completed by the following:

(i) A psychiatrist(s) with three years experience beyond residency;

(ii) A licensed mental health counselor(s) with five years post-license experience;

(iii) A licensed marriage and family therapist(s) with at least five years post-license experience;

(iv) A licensed advanced social worker(s) or licensed independent clinical social worker(s) with five years post-license experience; or

(v) A doctoral level psychologist(s) with three years post-doctoral experience who is exempt from licensure under RCW 18.83.200 (1), (2), (3) or (4), if the supervision occurs in the exempt setting.

(c) Supervision of the preinternship experience must include the following:

(i) Discussion of services provided by the student;

(ii) Selection of service plan for and review of each case or work unit of the student;

(iii) Discussion of and instruction in theoretical concepts underlying the work;

(iv) Discussion of the management of professional practice and other administrative or business issues;

(v) Evaluation of the supervisory process by the student and the supervisor;

(vi) Discussion of coordination of services among the professionals involved in the particular cases or work units;

(vii) Discussion of relevant state laws and rules;

(viii) Discussion of ethical principles including principles applicable to the work;

(ix) Review of standards for providers of psychological services; and

(x) Discussion of reading materials relevant to cases, ethical issues and the supervisory process.

[Statutory Authority: RCW 18.83.50 [18.83.050]. 07-24-093, § 246-924-053, filed 12/5/07, effective 9/1/09.]

WAC 246-924-056 Internship. Applicants must successfully complete an organized internship as part of the doctoral degree program described in WAC 246-924-046.

(1) The internship must include at least 1500 hours of supervised experience and be completed within twenty-four months.

(2) The internship program must:

(a) Be accredited by the American Psychological Association; or

(b) Be a member program of the Association of Psychology Postdoctoral and Internship Centers; or

(c) Meet the following requirements:

(i) Organization of the internship program.

(A) The internship must have a written statement or brochure describing the goals and content of the internship, stating clear expectations and quality of student work, and made available to prospective interns.

(B) A psychologist licensed by the appropriate state or provincial licensing authority must be clearly designated as

responsible for the integrity and quality of the internship program.

(C) Interns must use titles indicating their training status.

(ii) Content of the internship program.

(A) The internship must be designed to provide a planned sequence of training experiences focusing on breadth and quality of training. Supervision and training related to ethics must be ongoing.

(B) At least twenty-five percent of the internship experience must be in direct client contact providing assessment and intervention services.

(C) For every 40 hours of internship experience, the student must receive:

(I) At least 2 hours of regularly scheduled, formal, face-to-face individual supervision that addresses the direct psychological services provided by the intern; and

(II) At least 2 hours of other learning activities such as case conferences, seminars on applied issues, conducting cotherapy with a staff person including discussion of the case, and group supervision.

(iii) Supervision of the internship experience.

(A) The internship setting must have two or more psychologists available as supervisors, at least one of whom is licensed as a psychologist.

(B) The internship experience must be supervised by the person(s) responsible for the assigned casework.

(I) At least seventy-five percent of the supervision must be by a licensed psychologist with two years post-license experience.

(II) Up to twenty-five percent of the supervision may be completed by the following:

- A psychiatrist(s) with three years experience beyond residency;

- A licensed mental health counselor(s) with five years post-license experience;

- A licensed marriage and family therapist(s) with at least five years post-license experience;

- A licensed advanced social worker(s) or licensed independent clinical social worker(s) with five years post-license experience; or

- A doctoral level psychologist(s) with three years post-doctoral experience who is exempt from licensure under RCW 18.83.200 (1), (2), (3) or (4), if the supervision occurs in the exempt setting.

[Statutory Authority: RCW 18.83.50 [18.83.050]. 07-24-093, § 246-924-056, filed 12/5/07, effective 9/1/09.]

WAC 246-924-059 Post-doctoral supervised experience. If 3000 hours of supervised experience has not been completed at the end of the doctoral degree program, then up to 1500 hours of supervised post-doctoral experience can be used to satisfy the total requirement. Post-doctoral supervised experience must be completed only if an applicant does not already have 3000 hours of supervised experience.

(1) Organization of the post-doctoral supervised experience.

(a) The supervisor is ethically and legally responsible for all supervisee work covered by the supervision agreement. Therefore, the supervisor has authority to alter service plans and direct the course of psychological work.

(b) Supervisees must use titles indicating their training status, such as "psychological resident," "psychological intern," or "psychological supervisee."

(c) Clients must be informed of the identity and responsibilities of the supervisor and how they can speak directly to the supervisor.

(d) Services rendered by the supervisee must not be represented to third parties as having been rendered by the supervisor. Insurance forms must be filled out indicating the nature of the supervisory relationship.

(2) The supervisor and supervisee must have a written agreement for supervision, including:

(a) The area(s) of professional activity in which supervision will occur;

(b) Hours of supervision and/or ratio of supervision to professional activity;

(c) Fees for supervision, if any;

(d) Processes for supervision including mode(s) of supervision, expectations for recordkeeping, evaluation, and feedback;

(e) Relevant business arrangements;

(f) How the supervisee will represent himself or herself; and

(g) How disagreements will be handled.

(3) Mode of supervision.

(a) The preferred mode of supervision is face-to-face discussion between the supervisor and the supervisee.

(b) The nature of the supervision may depend on the following:

(i) The theoretical orientation of the supervisor;

(ii) The training and experience of the supervisee; and

(iii) The duration of the supervisory relationship.

(4) Some direct observation of the supervisee's work is required and the supervisor may use the following:

(a) Detailed process notes and progress reports;

(b) Audio and/or videotapes;

(c) Client supplied information such as behavioral ratings; and

(d) One-way mirror observation.

(5) Supervised experience must be appropriate to the area(s) of professional activity the person intends to practice.

(6) There must be at least one hour of individual supervision for every twenty hours of psychological work.

(7) The supervisor and the supervisee must keep records of experience and supervision hours.

(8) At the end of the supervision period, the supervisor must prepare and forward to the board a written evaluation, including the number of successfully completed supervised hours of psychological work and any hours not successfully completed.

If any hours were not successfully completed, the board may require additional hours of supervision.

(9) Supervision of the post-doctoral supervised experience.

(a) At least fifty percent of the post-doctoral supervision must be provided by a licensed psychologist.

(b) Up to fifty percent of the supervision may be provided by the following:

(i) A licensed psychologist with two years post-license experience;

(ii) A psychiatrist with three years of experience beyond residency;

(iii) A licensed mental health counselor, a licensed marriage and family therapist, a licensed advanced social worker, or a licensed independent clinical social worker, if the supervisor has five years post-license experience;

(iv) A doctoral level psychologist with three years post-doctoral experience who is exempt from licensure under RCW 18.83.200 (1), (2), (3) or (4), if the supervision occurs in the exempt setting.

(10) Supervision must include the following:

(a) Discussion of services provided by the student;

(b) Selection, service plan, and review of each case or work unit of the student;

(c) Discussion of and instruction in theoretical concepts underlying the work;

(d) Discussion of the management of professional practice and other administrative or business issues;

(e) Evaluation of the supervisory process by the student and the supervisor;

(f) Discussion of coordination of services among the professionals involved in the particular cases or work units;

(g) Discussion of relevant Washington laws and rules;

(h) Discussion of ethical principles including principles applicable to the work;

(i) Review of standards for providers of psychological services; and

(j) Discussion of reading materials relevant to cases, ethical issues and the supervisory process.

[Statutory Authority: RCW 18.83.50 [18.83.050]. 07-24-093, § 246-924-059, filed 12/5/07, effective 9/1/09.]

WAC 246-924-358 Sexual misconduct. (1) The following definitions apply to this section:

(a) "Health care information" means any information, whether oral or recorded in any form or medium that identifies or can readily be associated with the identity of, and relates to the health care of, a patient or client.

(b) "Key party" means immediate family members and others who would be reasonably expected to play a significant role in the health care decisions of the patient or client and includes, but is not limited to, the spouse, domestic partner, sibling, parent, child, guardian and person authorized to make health care decisions of the patient or client.

(c) "Legitimate health care purpose" means activities for examination, diagnosis, treatment, and personal care of patients or clients, including palliative care, as consistent with community standards of practice for the profession. The activity must be within the scope of practice of psychology.

(d) "Patient" or "client" means an individual who receives psychological services from a psychologist.

(2) A psychologist shall never engage, or attempt to engage, in sexual misconduct with a current patient, client, or key party, inside or outside the health care setting. Sexual misconduct shall constitute grounds for disciplinary action. Sexual misconduct includes, but is not limited to:

(a) Sexual intercourse;

(b) Touching the breasts, genitals, anus or any sexualized body part;

(c) Rubbing against a patient or client or key party for sexual gratification;

(d) Kissing;

(e) Hugging, touching, fondling or caressing of a romantic or sexual nature;

(f) Dressing or undressing in the presence of the patient, client or key party;

(g) Removing patient or client's clothing or gown or draping without emergent medical necessity;

(h) Encouraging masturbation or other sex act in the presence of the psychologist;

(i) Masturbation or other sex act by the psychologist in the presence of the patient, client or key party;

(j) Suggesting or discussing the possibility of a dating, sexual or romantic relationship after the professional relationship ends;

(k) Terminating a professional relationship for the purpose of dating or pursuing a romantic or sexual relationship;

(l) Soliciting a date with a patient, client or key party;

(m) Discussing the sexual history, preferences or fantasies of the psychologist;

(n) Any behavior, gestures, or expressions that may reasonably be interpreted as seductive or sexual;

(o) Making statements regarding the patient, client or key party's body, appearance, sexual history, or sexual orientation other than for psychological service purposes;

(p) Sexually demeaning behavior including any verbal or physical contact which may reasonably be interpreted as demeaning, humiliating, embarrassing, threatening or harming a patient, client or key party;

(q) Photographing or filming the body or any body part or pose of a patient, client, or key party, other than for psychological service purposes; and

(r) Showing a patient, client or key party sexually explicit photographs, other than for psychological service purposes.

(3) A psychologist shall not:

(a) Offer to provide psychological services in exchange for sexual favors;

(b) Use health care information to contact the patient, client or key party for the purpose of engaging in sexual misconduct;

(c) Use health care information or access to health care information to meet or attempt to meet the psychologist's sexual needs.

(4) After the termination of the psychology services, the psychologist shall not engage, or attempt to engage, in the activities listed in subsection (2) of this section with a patient or client for five years or with a key party for two years.

(5) A psychologist shall never engage, or attempt to engage, in sexual misconduct with a former client, patient or key party even after the period of time described in subsection (4) of this section if:

(a) There is a significant likelihood that the patient, client or key party will seek or require additional services from the psychologist; or

(b) There is an imbalance of power, influence, opportunity, and/or special knowledge of the professional relationship.

(6) When evaluating whether a psychologist is prohibited from engaging, or attempting to engage, in sexual misconduct, the board will consider factors, including but not limited to:

- (a) Documentation of a formal termination and the circumstances of termination of the psychological services;
 - (b) Transfer of care to another health care provider;
 - (c) Duration of the psychological services;
 - (d) Amount of time that has passed since the last psychological services were provided to the patient or client;
 - (e) Communication between the psychologist and the patient or client between the last psychological services rendered and commencement of the personal relationship;
 - (f) Extent to which the patient's or client's personal or private information was shared with the psychologist;
 - (g) Nature of the patient's or client's mental health condition during and since the professional relationship; and
 - (h) The patient's or client's emotional dependence and vulnerability.
- (7) Initiation or consent by patient, client or key party does not excuse or negate the psychologist's responsibility.
- (8) These rules do not prohibit providing psychological services in case of emergency where the services cannot or will not be provided by another psychologist.
- (9) Psychologists must not accept as therapy patients or clients persons with whom they have engaged in sexual contact or activity.

[Statutory Authority: RCW 18.83.050 and 18.130.050. 07-23-126, § 246-924-358, filed 11/21/07, effective 12/22/07. 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 246-924-445 Parenting evaluations—Standards. Psychologists may be called upon to evaluate members of a family to assist in determining an appropriate residential arrangement, parental duties, or parental relationship with respect to a minor child. These rules establish minimum standards for conducting parenting evaluations. The psychologist must perform the evaluation focusing on the best interest of the child. In the event that there is more than one child in the family, these rules apply to each child in the family.

- (1) The psychologist shall assess relevant ethnic and cultural issues and shall consider the following factors:
- (a) The relative strength, nature, and stability of the child's relationship with each parent;
 - (b) Which parent has taken greater responsibility for performing parenting functions relating to the daily needs of the child;
 - (c) Each parent's past and potential ability to perform parenting functions; and
 - (d) The emotional needs and developmental level of the child.
- (2) The psychologist may consider the following:
- (a) Any voluntary agreements of the parties;
 - (b) The child's relationship with siblings and with other significant adults, as well as the child's involvement with his or her physical surroundings, school, or other significant activities;
 - (c) The wishes of the parents and the wishes of a child who is sufficiently mature to express reasoned and independent preferences as to his or her residential schedule; and
 - (d) Each parent's employment schedule.
- (3) In conducting parenting evaluations, the psychologist shall not discriminate based on age, gender, race, ethnicity,

national origin, religion, sexual orientation, disability, socioeconomic status, or any basis prohibited by law.

(4) The psychologist may make recommendations regarding the primary residential parent, shared residential time, decision-making authority or other variables involving more than one of the parties. If recommendations are made, the parenting evaluation must include an assessment of each of the relevant parties being considered and their ability to function as a parent.

(5) In reaching a conclusion or making a recommendation, the psychologist shall consider the existence of limiting factors as outlined in RCW 26.09.191. The psychologist shall be familiar with or obtain consultation regarding the psychological aspects of child abuse, domestic violence, substance abuse, and family conflict. Recommendations and conclusions, if any, reached in an evaluation must be based on information from more than one source and must be supported by the data collected. Sources of information may include:

- (a) Face-to-face interviews with the parties;
- (b) Collateral contact interviews;
- (c) An opportunity for each party to express concerns or issues in writing;
- (d) A review of pleadings;
- (e) Written input from collateral sources;
- (f) Written documentation from the parties;
- (g) Direct observation of the parties with their children;
- (h) Psychological testing of the parties and/or their children;
- (i) A review of relevant records (e.g., school or counseling records, child protective services records, substance abuse evaluations);
- (j) Prior criminal convictions;
- (k) Current involvement of law enforcement; and
- (l) Face-to-face interviews with the children.

(6) If the psychologist uses psychological testing as part of the evaluation, the psychologist must interpret the test(s) consistent with current research or standards of practice.

(7) The psychologist shall not have provided therapeutic services to any party involved in the evaluation. Unless there are mitigating circumstances, the psychologist shall decline to perform a parenting evaluation. Providing service in a rural or underserved area with limited professional options is an example of a possible mitigating circumstance.

(8) The psychologist shall avoid multiple relationships when conducting parenting evaluations. If the previous or current relationship is substantially likely to impair objectivity, the psychologist shall decline the appointment or withdraw. The psychologist shall disclose multiple relationships to the parties or their legal representatives and document the disclosure in the client records.

(9) Relevant comments about a person not personally evaluated may be included if the report clearly identifies the source for the comment and states that the person to which the comment relates was not evaluated by the psychologist.

(10) Psychologists shall maintain a written record of the evaluation. At a minimum, the written record shall include the following:

- (a) Court order or signed consent from all parties to conduct the evaluation;
- (b) Written retainer agreement;

(c) Appropriate court order or signed authorizations for release of information;

(d) Documentation of dates of service, nature of service and fee charged;

(e) A copy of the evaluation report; and

(f) The information and sources used for the evaluation.

(11) The psychologist shall disclose the following specific information to the parties in writing at the outset of the evaluation assignment. All requests for records must be processed in accordance with chapter 70.02 RCW.

(a) The entity or individual that has requested the evaluation if it is done at the request of a third party;

(b) The entity or individual that is responsible for the bill;

(c) Fee structure;

(d) The entity, agency or individual that will receive the results or the report;

(e) Limits on confidentiality; and

(f) General procedures to be followed.

(12) The psychologist shall make available upon request to the clients or their counsel:

(a) The documents the psychologist relied upon during the evaluation process;

(b) The identity of collateral contacts;

(c) Notes taken during all interviews of the parties or collaterals;

(d) If, however, the psychologist believes that release of information provided by the child, may be harmful to the child, the psychologist may withhold those notes unless directed to do otherwise by the court. The psychologist shall document the reasons for withholding the information in the file;

(e) Dates of evaluation procedures and charges;

(f) All correspondence associated with the case;

(g) The psychologist shall not provide raw test data including test questions, answer sheets, profile scores, computer generated interpretations, or copyrighted materials to nonpsychologists. The psychologist may provide this information to another psychologist or another individual who is qualified to interpret it, with proper authorization from the client or the client's attorney. Protected test materials and raw data may be provided as directed by the court.

[Statutory Authority: RCW 18.83.050. 07-12-090, § 246-924-445, filed 6/6/07, effective 7/7/07.]

WAC 246-924-467 Limited services related to parenting evaluations. (1) A psychologist may perform limited evaluative services related to, but not intended to be, a full parenting evaluation. Examples of these services include:

(a) Evaluating the parenting ability of a party;

(b) Evaluating substance abuse status of a party;

(c) Assessing psychological functioning of a party;

(d) Performing a sexual deviance evaluation;

(e) Conducting a domestic violence assessment;

(f) Assessing allegations of sexual or physical abuse of a child; and

(g) Performing a vocational assessment of a party. The evaluator shall limit conclusions and recommendations to the scope of the requested assessment.

(2) With an appropriate authorization, a psychologist who has provided therapeutic services may provide informa-

tion to the court or an evaluator regarding a client. Relevant information may include, but is not limited to:

(a) Diagnosis, clinical and personality assessment;

(b) Treatment plan, or prognosis.

[Statutory Authority: RCW 18.83.050. 07-12-090, § 246-924-467, filed 6/6/07, effective 7/7/07.]

WAC 246-924-485 Delegation of authority to initiate investigations. In addition to its existing authority to initiate an investigation, the board delegates to a case management team the authority to initiate an investigation when the board or the department receives information, by means of a complaint or otherwise, that a licensee may have engaged in unprofessional conduct or may be unable to practice with reasonable skill and safety by reason of a mental or physical condition. The three member case management team must include a board member licensed under chapter 18.83 RCW, the executive director or his or her designee, and a staff attorney. A majority of the team must agree to initiate an investigation. The majority must include the board member representative.

[Statutory Authority: RCW 18.83.050 and 18.130.050. 07-13-076, § 246-924-485, filed 6/18/07, effective 7/19/07.]

Chapter 246-930 WAC

SEX OFFENDER TREATMENT PROVIDER

WAC

| | |
|-------------|--------------------------------------------------------------------------|
| 246-930-010 | General definitions. |
| 246-930-030 | Education required prior to certification as an affiliate or a provider. |
| 246-930-040 | Experience required prior to certification as a provider. |
| 246-930-065 | Requirements for certification. |
| 246-930-075 | Supervision of affiliates. |
| 246-930-320 | Standards for assessment and evaluation reports. |
| 246-930-330 | Standards and documentation of treatment. |
| 246-930-332 | Treatment methods and monitoring. |
| 246-930-334 | Planning and interventions. |
| 246-930-336 | Contacts with victims and children by clients. |
| 246-930-338 | Completion of court ordered treatment. |
| 246-930-350 | Evaluation and treatment experience credit. |

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

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|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 246-930-050 | Education required for affiliate prior to examination. [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.] Repealed by 07-09-092, filed 4/18/07, effective 5/19/07. Statutory Authority: RCW 18.155.040. |
| 246-930-060 | Professional experience required for affiliate prior to examination. [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.] Repealed by 07-09-092, filed 4/18/07, effective 5/19/07. 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) "Affiliate sex offender treatment provider" or "affiliate" means an individual who has satisfactorily passed the examination, met the education requirements, and has been issued a certificate to evaluate and treat sex offenders under

chapter 18.155 RCW, and under the supervision of a certified sex offender treatment provider in accordance with the supervision requirements set forth in WAC 246-930-075.

(2) "Certified sex offender treatment provider" or "provider" means an individual who has satisfactorily passed the examination, met the education and experience requirements, and has been issued a certificate by the department to evaluate and treat sex offenders under chapter 18.155 RCW.

(3) "Client" means a person who has been investigated by law enforcement or child protective services for committing or allegedly committing a sex offense, or who has been convicted of a sex offense.

(4) "Committee" means the sex offender treatment providers advisory committee.

(5) "Community protection contract" means the document specifying the treatment rules and requirements the client has agreed to follow in order to maximize community safety.

(6) "Co-therapy hours" means the actual number of hours the applicant spent facilitating a group session.

(7) "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.

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

(9) "Evaluation" means a comprehensive assessment or examination of a client conducted by a provider or affiliate that examines the client's offending behavior. Evaluation results must be detailed in a written report. Examples of evaluations include forensic, SSOSA, and SSODA evaluations. Standards for assessment and evaluation reports, and evaluation experience credit are located in WAC 246-930-320 and 246-930-340.

(10) "Parties" means the defendant, the prosecuting attorney, and the supervising officer.

(11) "Secretary" means the secretary of the department of health, or designee.

(12) "SSODA" means special sex offender disposition alternative, authorized under RCW 13.40.160.

(13) "SSOSA" means special sex offender sentencing alternative, authorized under RCW 9.94A.670.

(14) "Supervising officer" is the designated representative of the agency having oversight responsibility for a client sentenced under SSOSA or SSODA, for example, a community corrections officer or a juvenile probation officer.

(15) "Treatment" means face-to-face individual, group, or family therapy, provided by an affiliate or provider, to a client. Treatment is focused on the client's offending behavior.

(16) "Treatment plan" means a written statement of intended care and services as documented in the evaluation that details how the client's treatment needs will be met while protecting the community during the course of treatment.

[Statutory Authority: RCW 18.155.040, 07-09-092, § 246-930-010, filed 4/18/07, effective 5/19/07; 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 246-930-030 Education required prior to certification as an affiliate or a provider. (1) An applicant shall complete:

(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 and documentation of thirty graduate semester hours or forty-five graduate quarter hours in approved subject content listed in subsection (2) of this section.

(2) Approved subject content includes at least five graduate semester hours or seven graduate quarter hours in counseling, psychotherapy, and personality theory, and five graduate semester hours or seven graduate quarter hours in at least two of the following content areas:

(a) Counseling and psychotherapy;

(b) Personality theory;

(c) Behavioral science and research;

(d) Psychopathology/personality disorders;

(e) Assessment/tests and measurement;

(f) Group therapy/family therapy;

(g) Human growth and development/sexuality; and

(h) Corrections/criminal justice.

(3) Transcripts of all education required under this section must be submitted to the department from the institution where the credits were earned.

[Statutory Authority: RCW 18.155.040, 07-09-092, § 246-930-030, filed 4/18/07, effective 5/19/07; 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 Experience required prior to certification as a provider. (1) An applicant for certification must complete at least two thousand hours of treatment and evaluation experience, as required in WAC 246-930-350. These two thousand hours shall include at least two hundred fifty hours of evaluation experience and two hundred fifty hours of treatment experience.

(2) All of the claimed treatment and evaluation experience shall have been within the ten-year period preceding application for certification.

[Statutory Authority: RCW 18.155.040, 07-09-092, § 246-930-040, filed 4/18/07, effective 5/19/07; 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 246-930-065 Requirements for certification. (1) An applicant for certification must:

(a) Be credentialed as a health professional as provided in WAC 246-930-020. The credential must be in good standing without pending disciplinary action;

(b) Successfully complete an education program as required in WAC 246-930-030;

(c) Successfully complete an examination;

(d) Be able to practice with reasonable skill and safety; and

(e) Have no sex offense convictions, as defined in RCW 9.94A.030 or convictions in any other jurisdiction of an offense that under Washington law would be classified as a sex offense as defined in RCW 9.94A.030.

(2) An applicant for certification as a provider must also complete treatment and evaluation experience required in WAC 246-930-040.

[Statutory Authority: RCW 18.155.040. 07-09-092, § 246-930-065, filed 4/18/07, effective 5/19/07.]

WAC 246-930-075 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 with whom they consult. Supervision of affiliates requires that the provider take full ethical and legal responsibility for the quality of work of the affiliate. A provider may not supervise more than two affiliates.

(1) Supervision includes, but is not limited to:

(a) Discussion of services provided by the affiliate;

(b) Case selection, treatment 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 laws, rules, and criminal justice procedures relevant to the work being conducted;

(e) Discussion of the standards of practice for providers and affiliates 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 and parties;

(g) Discussion of relevant professional literature and research; and

(h) Periodic review of the contract.

(2) The provider shall:

(a) Avoid presenting himself or herself as having qualifications in areas that he or she does not have qualifications.

(b) Provide sufficient training and supervision to the affiliate to assure the health and safety of the client and community.

(c) Have expertise and knowledge to directly supervise affiliate work.

(d) Assure that the affiliate being supervised has sufficient and appropriate education, background, and preparation for the work he or she will be doing.

(3) The provider and affiliate must enter into a formal written contract that defines the parameters of the professional relationship. The contract must be submitted to the department for approval and shall include:

(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) Selection and review of clinical cases;

(f) Methodology for recordkeeping, evaluation of the affiliate, and feedback; and

(g) How the affiliate will be represented to the public and the parties.

(4) Supervision of affiliates shall involve regular, direct, face-to-face supervision.

(a) Depending on the affiliate's skill and experience levels, the provider's supervision shall include direct observation of the affiliate by:

(i) Sitting in sessions;

(ii) Audio tape recording;

(iii) Videotaping, etc.

(b) In some cases, such as geographic location or disability, more flexible supervision arrangements may be allowed. The provider must submit requests for more flexible supervision arrangements to the department for approval.

(5) The supervisor must assure that the affiliate is prepared to conduct professional work, and must assure adequate supervision of the affiliate. The provider shall meet face-to-face with the affiliate a minimum of one hour for every ten hours of supervised professional work. Supervision meetings shall regularly occur at least every other week.

(6) A provider may not undertake a contract that exceeds the provider's ability to comply with supervision standards.

(7) The department recognizes the needs of certain locales, particularly rural areas, and may allow a variance from the standards in subsections (3)(b) and (5) of this section. The supervisor must submit any variance request to the department for approval with the supervision contract. Variances will be granted or denied in writing within thirty days.

(8) The nature of the affiliate-provider relationship must be communicated to the public, other professionals, and all clients served.

(9) An affiliate may represent himself or herself as an affiliate only when performing clinical work supervised by the contracted provider.

(10) The provider must cosign all written reports and correspondence prepared by the affiliate. The written reports and correspondence must include a statement that indicates the work has been conducted by the affiliate acting under the provider's supervision.

(11) Both the provider and affiliate shall maintain full documentation of the work done and supervision provided. The department may audit the provider's and affiliate's records to assure compliance with laws and rules.

(12) All work conducted by the affiliate is the responsibility of the provider. The provider shall have authority to direct the practice of the affiliate.

(13) It is the provider's responsibility to correct problems or end the supervision contract if the affiliate's work does not protect the interests of the clients and community. If the provider ends the contract, he or she must notify the department in writing within thirty days of ending the contract. A provider may only change or adjust a supervision contract after receiving written approval from the department.

(14) Supervision is a power relationship. The provider must not use his or her position to take advantage of the affiliate. This subsection is not intended to prevent a provider from seeking reasonable compensation for supervisory services.

(15) A provider must provide accurate and objective letters of reference and documentation of the affiliate's work at the affiliate's request.

(16) The provider shall ensure that the affiliate has completed at least one thousand hours of supervised evaluation and treatment experience before the affiliate is authorized to evaluate and treat Level III sex offenders. The provider will submit to the department documentation that the affiliate has completed a minimum of one thousand hours within thirty days of completion of the experience.

[Statutory Authority: RCW 18.155.040, 07-09-092, § 246-930-075, filed 4/18/07, effective 5/19/07; 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 246-930-320 Standards for assessment and evaluation reports. (1) General considerations in evaluating clients. Providers and affiliates shall:

(a) Be knowledgeable of current assessment procedures used;

(b) Be aware of the strengths and limitations of self-report and make reasonable efforts to verify information provided by the client;

(c) Be knowledgeable of the client's legal status including any court orders applicable.

(d) Have a full understanding of the SSOSA and SSODA process, if applicable, and be knowledgeable of relevant criminal and legal considerations;

(e) Be impartial;

(f) Provide an objective and accurate base of data; and

(g) Avoid addressing or responding to referral questions which exceed the present level of knowledge in the field or the expertise of the evaluator.

(2) Providers and affiliates must complete written evaluation reports. These reports must:

(a) Be accurate, comprehensive and address all of the issues required for court or other disposition;

(b) Present all knowledge relevant to the matters at hand in a clear and organized manner;

(c) Include the referral sources, the conditions surrounding the referral and the referral questions addressed;

(d) Include a compilation of data from as many sources as reasonable, appropriate, and available. These sources may include but are not limited to:

(i) Collateral information including:

(A) Police reports;

(B) Child protective services information; and

(C) Criminal correctional history;

(ii) Interviews with the client;

(iii) Interviews with significant others;

(iv) Previous assessments of the client such as:

(A) Medical;

(B) Substance abuse; and

(C) Psychological and sexual deviancy;

(v) Psychological/physiological tests;

(e) Address, at a minimum, the following issues:

(i) A description of the current offense(s) or allegation(s) including, but not limited to, the evaluator's conclusion about the reasons for any discrepancy between the official and client's versions of the offenses or allegations;

(ii) A sexual history, sexual offense history and patterns of sexual arousal/preference/interest;

(iii) Prior attempts to remediate and control offensive behavior including prior treatment;

(iv) Perceptions of significant others, when appropriate, including their ability and/or willingness to support treatment efforts;

(v) Risk factors for offending behavior including:

(A) Alcohol and drug abuse;

(B) Stress;

(C) Mood;

(D) Sexual patterns;

(E) Use of pornography; and

(F) Social and environmental influences;

(vi) A personal history including:

(A) Medical;

(B) Marital/relationships;

(C) Employment;

(D) Education; and

(E) Military;

(vii) A family history;

(viii) History of violence and/or criminal behavior;

(ix) Mental health functioning including coping abilities, adaptation style, intellectual functioning and personality attributes; and

(x) The overall findings of psychological/physiological/medical assessment if these assessments have been conducted;

(f) Include conclusions and recommendations. The conclusions and recommendations shall be supported by the data presented in the report and include:

(i) The evaluator's conclusions regarding the appropriateness of community treatment;

(ii) A summary of the evaluator's diagnostic impressions;

(iii) A specific assessment of relative risk factors, including the extent of the client's dangerousness in the community at large; and

(iv) The client's willingness for outpatient treatment and conditions of treatment necessary to maintain a safe treatment environment.

(g) Include a proposed treatment plan which is clear and describes in detail:

(i) Anticipated length of treatment, frequency and type of contact with providers or affiliates, 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; and

(iv) Proposed methods for monitoring and verifying compliance with the conditions and prohibitions of the treatment program.

(3) 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.

(4) Second evaluations shall state whether prior evaluations were considered. The decision regarding use of other evaluations prior to conducting the second evaluation is within the professional discretion of the provider or affiliate. 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 (2) of this section, and include conclusions, recommendations and a treatment plan if one is recommended.

(5) The provider or affiliate who provides treatment shall submit to the court and the parties a statement that the provider or affiliate is either adopting the proposed treatment plan or submitting an alternate plan. Any alternate plan and the statement shall be provided to the court before sentencing. Any alternate plan must include the treatment methods described in WAC 246-930-332(1).

[Statutory Authority: RCW 18.155.040, 07-09-092, § 246-930-320, filed 4/18/07, effective 5/19/07; 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 and documentation of treatment. Effective sexual deviancy treatment involves a broad set of planned therapeutic experiences and interventions designed to ultimately reduce the client's risk of engaging in criminal sexual behavior. Treatment must be consistent with current professional literature and emphasize community safety.

General considerations.

(1) In most cases a provider or affiliate treats clients at least once per week for at least forty-five minutes for an individual or ninety minutes for a group.

(2) Changes in client circumstances or provider/affiliate schedule may require less frequent or shorter sessions. Changes to the number or duration of sessions may be made on a case-by-case basis, and must be reported to the department. A provider or affiliate must:

(a) Communicate permanent changes in the treatment plan or changes that may reduce community safety to the supervising officer, the prosecutor and the court before the changes may be implemented;

(b) Report other short term, temporary changes in the treatment plan due to illness, vacation, etc., in the regular progress report; and

(c) Report any reduction in frequency or duration of contacts that constitutes a variance from the treatment plan to the supervising officer, the prosecutor, and the court.

(3) The treatment methods employed by the provider or affiliate shall:

(a) Reflect concern for the well-being of clients, victims and the safety of potential victims;

(b) Take into account the legal/civil rights of clients, including the right to refuse therapy and return to court for review; and

(c) Be individualized to meet the unique needs of each client.

(4) Providers and affiliates shall maintain and safeguard client files consistent with the professional standards and with Washington state law regarding health care records. Providers and affiliates shall ensure that the client files include the following information for completion of required reports:

- (a) Content of professional contact;
- (b) Treatment progress;
- (c) Sessions attended; and
- (d) Any treatment plan changes.

[Statutory Authority: RCW 18.155.040, 07-09-092, § 246-930-330, filed 4/18/07, effective 5/19/07; 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 246-930-332 Treatment methods and monitoring. (1) The treatment methods used by the provider or affiliate shall:

(a) Address the client's deviant sexual urges and recurrent deviant sexual fantasies;

(b) Educate the client and the individuals who are part of the client's support system about the potential for reoffense, and risk factors;

(c) Teach the client 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 the client's thought processes which facilitate sexual reoffense and other victimizing or assaultive behaviors;

(f) Modify client thinking errors and cognitive distortions;

(g) Enhance the client's appropriate adaptive/legal sexual functioning;

(h) Assure that the client has accurate knowledge about the effect of sexual offending upon victims, their families, and the community;

(i) Help the client develop sensitivity to the effects of sexual abuse upon victims;

(j) Address the client's personality traits and personality deficits which are related to increased reoffense potential;

(k) Address the client's deficits in coping skills;

(l) Include and integrate the client's family, guardian, and residential program staff into the treatment process when appropriate; and

(m) Maintain communication with other significant persons in the client's support system, when deemed appropriate by the provider.

(2) The provider or affiliate shall monitor compliance with treatment requirements by:

(a) Recognizing the reoffense potential of the client, the damage that may be caused by sexual reoffense or attempted reoffense, and the limits of self report by the client;

(b) Considering multiple sources of input regarding the client's out-of-office behavior;

(c) Increasing monitoring during those times of increased risk and notifying the supervising officer when:

(i) A client is in crisis;

(ii) Visits with victims or potential victims are authorized; and

(iii) A client is in high-risk environments.

(d) Working in collaboration with the supervising officer, when applicable, 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) Discussing with the supervising officer the verification methods used so that each can fully collaborate to protect community safety and assist the client in successfully completing treatment.

[Statutory Authority: RCW 18.155.040. 07-09-092, § 246-930-332, filed 4/18/07, effective 5/19/07.]

WAC 246-930-334 Planning and interventions. (1)

The treatment plan and the interventions used by the provider or affiliate 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 not to cause victims to have unsafe, unauthorized, or unwanted contact with their offenders.

(2) The community protection contract shall be presented to the client within ninety days of the start of treatment by the provider or affiliate that:

(a) Details the treatment rules and requirements that 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;

(d) Is signed by both client and provider;

(e) Is sent to the supervising officer after sentencing; and

(f) Is updated when conditions change throughout the course of treatment.

[Statutory Authority: RCW 18.155.040. 07-09-092, § 246-930-334, filed 4/18/07, effective 5/19/07.]

WAC 246-930-336 Contacts with victims and children by clients. (1) The provider or affiliate shall recognize that supervision during contact with children is critical for those clients who have had crimes against children, or have the potential to abuse children. When authorizing clients to have contact with victims or children, the provider or affiliate shall:

(a) Consider the victim's wishes about contact and reasonably ensure that all contact is safe and in accordance with court directives;

(b) Restrict, as necessary, client decision-making authority over victims and children;

(c) Collaborate with other relevant professionals about contact with victims prior to authorizing client contact with children, rather than making isolated decisions;

(d) Consult with the victim's parents, custodial parents, or guardians prior to authorizing any contact between clients and children;

(e) Include educational experiences for chaperones/supervisors of clients; and

(f) Devise a plan/protocol for reuniting or returning clients to homes where children reside. This plan/protocol must emphasize child safety, and provide for some monitoring of the impact to the victim and other children.

(2) While the rationale behind the standards for clients in subsection (1)(a) through (f) of this section is equally relevant for juvenile 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 clients. Providers or affiliates working with juvenile clients have limited authority over their clients, in 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 clients require the cooperation and involvement of parents, foster parents, group home staff, and the supervising officer. Providers and affiliates shall work in collaboration with the supervising officer to:

(a) Establish reasonable guidelines for contacts with victims or children commensurate with the client'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 client's behavior around victims or children;

(c) Restrict, as necessary, client decision-making authority over victims and children;

(d) Devise plans/protocols for reuniting or returning 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 client contact to ensure the request is free of emotional strain and is in the victim's best interests; and

(f) Follow court ordered no contact provisions, or seek modification of court ordered restrictions if appropriate.

[Statutory Authority: RCW 18.155.040. 07-09-092, § 246-930-336, filed 4/18/07, effective 5/19/07.]

WAC 246-930-338 Completion of court ordered treatment. In fulfilling requirements for the end of court ordered treatment hearing, if applicable, the provider or affiliate shall:

(1) Assess and document how the treatment plan goals have been met, what changes in the client's reoffense potential have been accomplished, and what risk factors remain; and

(2) 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.

[Statutory Authority: RCW 18.155.040. 07-09-092, § 246-930-338, filed 4/18/07, effective 5/19/07.]

WAC 246-930-350 Evaluation and treatment experience credit. (1) Evaluation experience credit. The following can be counted for evaluation experience credit:

- (a) Preparation of a written SSOSA, SSODA, self-referal or forensic evaluation;
- (b) Primary or secondary responsibility for interviewing the client;
- (c) Preparation of the written evaluation report;
- (d) All contact with clients; and
- (e) Preparation of limited assessments for the purpose of:
 - (i) Institution classification;
 - (ii) Treatment monitoring; and
 - (iii) Reporting.

(2) Treatment experience credit. The following can be counted for treatment experience credit:

- (a) Face-to-face treatment hours performed by affiliates under the supervision of certified providers;
- (b) Time spent as a co-therapist. Both therapists must have formal responsibility for the group session; and
- (c) Time spent maintaining collateral contacts and written case/progress notes.

[Statutory Authority: RCW 18.155.040. 07-09-092, § 246-930-350, filed 4/18/07, effective 5/19/07.]

Chapter 246-933 WAC

VETERINARIANS—VETERINARY BOARD

WAC

| | |
|-------------|----------------------------------------------------------------|
| 246-933-250 | Examination and licensure requirements. |
| 246-933-265 | Scope of Washington state jurisprudence examination. |
| 246-933-270 | Examination results. |
| 246-933-401 | Citation and purpose. |
| 246-933-420 | Basic requirement—Amount. |
| 246-933-440 | Exceptions. |
| 246-933-460 | Courses approved by the veterinary board. |
| 246-933-465 | Self-study continuing veterinary medical education activities. |

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

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| 246-933-230 | Foreign trained veterinarians. [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.] Repealed by 07-20-036, filed 9/25/07, effective 10/26/07. Statutory Authority: RCW 18.92.030. |
| 246-933-260 | Frequency and location of examinations. [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.] Repealed by 07-20-036, filed 9/25/07, effective 10/26/07. Statutory Authority: RCW 18.92.030. |
| 246-933-280 | Examination review procedures. [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.] Repealed by 07-20-036, filed 9/25/07, effective 10/26/07. Statutory Authority: RCW 18.92.030. |
| 246-933-450 | Qualification of program for continuing education credit. [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.] Repealed by 07-19-130, filed 9/19/07, effective 10/20/07. Statutory Authority: RCW 18.92.030. |

WAC 246-933-250 Examination and licensure requirements. To qualify for licensure in this state, a candidate must:

- (1) Successfully complete either the North American Veterinary Licensing Examination (NAVLE), or the National Board Examination for Veterinary Medical Licensing (NBE), with the Clinical Competency Test (CCT); and
- (2) Successfully complete the Washington state jurisprudence examination; and

(3) Be a graduate of a program that is accredited by the American Veterinary Medical Association. A person who is a graduate of a college of veterinary medicine not accredited by the American Veterinary Medical Association must:

- (a) Successfully complete the American Veterinary Medical Association's Educational Commission for Foreign Veterinary Graduates program (ECFVG); or
- (b) Successfully complete the American Association of Veterinary State Board's Program for the Assessment of Veterinary Education Equivalence (PAVE); and
- (4) Complete four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 18.92.030. 07-20-036, § 246-933-250, filed 9/25/07, effective 10/26/07; 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 246-933-265 Scope of Washington state jurisprudence examination. (1) The Washington state jurisprudence examination consists of multiple choice questions relating to state laws and administrative regulations in the practice of veterinary medicine.

(2) A candidate may take the Washington state jurisprudence examination up to six months prior to graduation from an approved course of study.

(3) The passing score on the examination is ninety percent.

(4) A candidate may retake the examination by submitting an application and fee to the department of health.

[Statutory Authority: RCW 18.92.030. 07-20-036, § 246-933-265, filed 9/25/07, effective 10/26/07.]

WAC 246-933-270 Examination results. The board accepts the following minimum passing score for licensure examinations.

(1) The minimum passing score for the North American Veterinary Licensing Examination (NAVLE) is the criterion-referenced passing score established by the National Board of Veterinary Medical Examiners.

(2) The minimum passing score before December 1982 for the National Board Examination for Veterinary Medical Licensing (NBE), and the Clinical Competency Test (CCT) is 1.5 standard deviation below the mean of the criterion population. From December 1992 through April 2000 the minimum passing score is the criterion referenced passing score required by the National Board of Veterinary Medical Examiners.

(3) The minimum passing score on the Washington state jurisprudence examination is ninety percent.

[Statutory Authority: RCW 18.92.030. 07-20-036, § 246-933-270, filed 9/25/07, effective 10/26/07; 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 246-933-401 Citation and purpose. These rules may be cited as the "veterinary continuing education rules." The purpose of these rules is to establish standards of continuing veterinary medical education. The rules provide for qualifying training methods, designating approved continuing veterinary medical education providers and setting minimum continuing veterinary medical education credit requirements.

[Statutory Authority: RCW 18.92.030. 07-19-130, § 246-933-401, filed 9/19/07, effective 10/20/07; 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. Continuing veterinary medical education consists of programs of learning which contribute directly to the advancement or enhancement of skills in the practice of veterinary medicine, surgery and dentistry. Licensed veterinarians must complete thirty hours of continuing veterinary medical education every three years as required in chapter 246-12 WAC, Part 7. No more than ten hours can be earned in practice management courses in any three-year reporting period.

[Statutory Authority: RCW 18.92.030. 07-19-130, § 246-933-420, filed 9/19/07, effective 10/20/07. 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 board may excuse from or grant an extension of continuing veterinary medical education requirements to a licensee due to illness or other extenuating circumstances.

Licensees seeking an extension must petition the board, in writing, at least forty-five days prior to the end of the reporting period.

[Statutory Authority: RCW 18.92.030. 07-19-130, § 246-933-440, filed 9/19/07, effective 10/20/07; 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 246-933-460 Courses approved by the veterinary board. Courses offered by the following organizations are presumed to qualify as continuing veterinary medical education courses without specific prior approval of the board.

(1) The American Association of Veterinary State Boards (AAVSB).

(2) The American Veterinary Medical Association (AVMA).

(3) The Washington State Veterinary Medical Association.

(4) Any board approved college or school of veterinary medicine.

(5) Any state or regional veterinary association which is recognized by the licensing authority of its state as a qualified professional association or educational organization.

(6) The American Animal Hospital Association.

(7) Veterinary specialty boards recognized by the American Veterinary Medical Association.

(8) Regional veterinary conferences and allied organizations recognized by AAVSB.

(9) The Registry of Approved Continuing Education (RACE)

(10) Other courses as approved by the board.

[Statutory Authority: RCW 18.92.030. 07-19-130, § 246-933-460, filed 9/19/07, effective 10/20/07; 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 246-933-465 Self-study continuing veterinary medical education activities. The board may grant continuing veterinary medical education credit for participation in self-study educational activities. The board may grant a licensee a total of ten credit hours under this section for any three-year reporting period. Self-study educational activities may include:

(1) Credit for reports. The board may grant continuing education credit for reports on professional veterinary 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 about the article.

(a) Professional literature approved for these reports are peer reviewed veterinary medical journals.

(b) Each report qualifies for one credit hour. The board may grant a licensee up to five credit hours of continuing veterinary medical education under this subsection if the combined total of ten hours for all types of self-study continuing veterinary medical education is not exceeded.

(2) Credit for preprogrammed educational materials. The board may grant a licensee continuing veterinary medical education credit for viewing and participating in board-approved formal preprogrammed veterinary educational materials. The preprogrammed materials must be approved by an organization listed in WAC 246-933-460, and must require successful completion of an examination. Preprogrammed educational materials include, but are not limited to:

(a) Correspondence courses offered through magazines or other sources;

(b) Cassettes;

(c) Videotapes;

(d) CD-ROM;

(e) Internet.

[Statutory Authority: RCW 18.92.030. 07-19-130, § 246-933-465, filed 9/19/07, effective 10/20/07.]

Chapter 246-934 WAC

STANDARDS OF PROFESSIONAL CONDUCT

WAC

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|-------------|---------------------|
| 246-934-010 | Purpose of chapter. |
| 246-934-020 | Definitions. |
| 246-934-100 | Sexual misconduct. |

WAC 246-934-010 Purpose of chapter. The rules in this chapter define certain acts of unprofessional conduct for applicants or holders of licenses or registrations issued by the veterinary board of governors.

[Statutory Authority: RCW 18.92.030 and 18.130.050 (1), (12). 07-06-027, § 246-934-010, filed 2/28/07, effective 3/31/07.]

WAC 246-934-020 Definitions. (1) "Animal" means every creature, either alive or dead, other than a human being.

(2) "Board" means the veterinary board of governors.

(3) "Health care information" means any health care information, in any form that is associated with the key party, the patient or the health care of a patient.

(4) "Health care provider" means an individual applying for a credential or credentialed as a veterinary medication clerk, veterinary technician or veterinarian.

(5) "Key party" means persons who would be reasonably expected to play a significant role in the health care decisions for the patient and includes the owner, human companion, guardian, manager or trainer.

(6) "Legitimate health care purpose" means activities for examination, diagnosis, treatment, and personal care of patients, including palliative care, as consistent with community standards of practice for the profession. The activity must be within the scope of practice of the health care provider.

(7) "Patient" means an animal under the care and treatment of a health care provider.

(8) "Veterinary medication clerk" means a person who is registered under chapter 18.92 RCW to practice as a veterinary medication clerk.

(9) "Veterinary technician" means a person who is registered under chapter 18.92 RCW to practice as a veterinary technician.

(10) "Veterinarian" means a person who is licensed under chapter 18.92 RCW to practice veterinary medicine, surgery and dentistry in the state of Washington.

[Statutory Authority: RCW 18.92.030 and 18.130.050 (1), (12). 07-06-027, § 246-934-020, filed 2/28/07, effective 3/31/07.]

WAC 246-934-100 Sexual misconduct. (1) A health care provider shall not engage, or attempt to engage, in sexual misconduct with a key party, inside or outside the health care setting. Key party initiation or consent does not excuse or negate the health care provider's responsibility. Sexual misconduct shall constitute grounds for disciplinary action. Sexual misconduct includes but is not limited to:

(a) Sexual intercourse;

(b) Touching the breasts, genitals, anus or any sexualized body part;

(c) Rubbing against a key party for sexual gratification;

(d) Kissing, touching, fondling or caressing of a romantic or sexual nature;

(e) Encouraging masturbation or other sex act in the presence of the health care provider;

(f) Masturbation or other sex act by the health care provider in the presence of the key party;

(g) Suggesting the possibility of a sexual or romantic dating relationship;

(h) Discussing the sexual history, preferences or fantasies of the health care provider;

(i) Any behavior, gestures, or expressions that may reasonably be interpreted as seductive or sexual;

(j) Making statements regarding the key party's body, sexual history, or sexual orientation;

(k) Any verbal or physical contact which may reasonably be interpreted as sexually demeaning;

(l) Taking sexually explicit photographs or films of a key party;

(m) Showing a key party sexually explicit photographs.

(2) A health care provider shall not:

(a) Offer to provide health care services or professional knowledge in exchange for sexual favors;

(b) Use health care information to contact the key party for the purpose of engaging in sexual misconduct or to meet the health care provider's sexual needs.

(3) A health care provider shall not engage, or attempt to engage, in the activities listed in subsection (1) of this section with a former key party when:

(a) There is a significant likelihood that the key party will seek or require additional services from the health care provider; or

(b) The provider uses or exploits the trust, knowledge, influence or emotions derived from the professional relationship; or

(c) The health care provider uses or exploits privileged information or access to privileged information to meet the health care provider's sexual needs.

(4) When evaluating whether a health care provider is attempting to engage, or has engaged, in sexual misconduct, the board may consider factors, including but not limited to:

(a) Documentation of a formal termination and the circumstances of termination of the health care provider-patient relationship;

(b) Transfer of care to another health care provider;

(c) Duration of the health care provider-patient relationship;

(d) Amount of time that has passed since the last health care services were rendered to the patient;

(e) Communication between the health care provider and the key party between the last health care services rendered and commencement of the personal relationship;

(f) Nature of the patient's health condition during and since the professional relationship;

(g) The key party's emotional dependence and vulnerability; and

(h) Normal revisit cycle for the profession and service.

(5) These rules do not prohibit:

(a) Providing health care services in case of emergency where the services cannot or will not be provided by another health care provider;

(b) Contact that is necessary for legitimate health care purpose and that meets the standard of care appropriate to the profession; or

(c) Providing health care services for a legitimate health care purpose to an animal patient for a key party who is in a preexisting, established personal relationship with a health care provider where there is no evidence of, or potential for, exploiting the key party.

(6) Sexual conduct or sexual contact with an animal as defined in RCW 16.52.205 is unprofessional conduct. Violation of RCW 16.52.205 will be reported to the appropriate jurisdiction.

[Statutory Authority: RCW 18.92.030 and 18.130.050 (1), (12). 07-06-027, § 246-934-100, filed 2/28/07, effective 3/31/07.]

Chapter 246-935 WAC VETERINARY TECHNICIANS

WAC

246-935-050 Animal health care tasks.

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;

(xvi) Suturing. The use of a needle, cutting or tapered, and suture material, staples, wound clips or tissue glue to close a skin or gingival incision or prepared wound as directed by the attending licensed veterinarian under direct supervision. Suturing may include the use of needle holders, thumb forceps, tissue forceps, retractors and comparable instruments for gentle handling of the tissues to be repaired/closed by such suturing. Suturing does not include the use of cutting instruments such as scalpels, scissors, electrosurgical equipment or other instruments to remove skin or other tissues from the animal patient.

(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 en route 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, 07-17-169, § 246-935-050, filed 8/22/07, effective 9/22/07; 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.]