

WSR 18-11-015
EXPEDITED RULES
WINE COMMISSION

[Filed May 3, 2018, 1:41 p.m.]

Title of Rule and Other Identifying Information: Chapter 16-575 WAC, Wine commission.

Purpose of the Proposal and Its Anticipated Effects, Including Any Changes in Existing Rules: This expedited proposal adds public records disclosure procedures to the Washington wine commission rules, as required by RCW 42.56.040.

Reasons Supporting Proposal: Under RCW 42.56.040, each state agency has a duty to publish its procedures regarding public disclosure requests.

Statutory Authority for Adoption: RCW 42.56.040, 15.88.070, and chapter 34.05 RCW.

Statute Being Implemented: Chapters 42.56 and 15.88 RCW.

Rule is not necessitated by federal law, federal or state court decision.

Name of Proponent: Washington wine commission, governmental.

Name of Agency Personnel Responsible for Drafting, Implementation, and Enforcement: Steve Warner, Seattle, Washington, 206-326-5759.

This notice meets the following criteria to use the expedited adoption process for these rules:

Relates only to internal governmental operations that are not subject to violation by a person.

Explanation of the Reason the Agency Believes the Expedited Rule-Making Process is Appropriate: Using the expedited rule-making process is appropriate because these proposed rules cover internal procedures of the Washington wine commission.

NOTICE

THIS RULE IS BEING PROPOSED UNDER AN EXPEDITED RULE-MAKING PROCESS THAT WILL ELIMINATE THE NEED FOR THE AGENCY TO HOLD PUBLIC HEARINGS, PREPARE A SMALL BUSINESS ECONOMIC IMPACT STATEMENT, OR PROVIDE RESPONSES TO THE CRITERIA FOR A SIGNIFICANT LEGISLATIVE RULE. IF YOU OBJECT TO THIS USE OF THE EXPEDITED RULE-MAKING PROCESS, YOU MUST EXPRESS YOUR OBJECTIONS IN WRITING AND THEY MUST BE SENT TO Steve Warner, Washington Wine Commission, 1201 Western Avenue, Suite 450, phone 206-326-5759, email swarner@washingtonwine.org, AND RECEIVED BY July 24, 2018.

May 3, 2018
 Steve Warner
 President

NEW SECTION

WAC 16-575-005 Definitions. "Commission" means the Washington wine commission.

"Public records" includes any writing containing information relating to the conduct of government or the perfor-

mance of any governmental or proprietary function prepared, owned, used, or retained by the commission regardless of physical form or characteristics.

NEW SECTION

WAC 16-575-050 Description of commission, address and telephone number of the Washington wine commission. Headquartered at:

Washington Wine Commission
 1201 Western Avenue, Suite 450
 Seattle, WA 98101-3402
 Phone: 206-326-5759

The Washington wine commission serves Washington wine producers and wine grape growers by engaging directly or indirectly in the promotion of Washington wine.

NEW SECTION

WAC 16-575-055 Public records officer. (1) The commission's public records shall be in the charge of the public records officer designated by the commission. The commission or its executive director may appoint a temporary public records officer to serve during the absence of the designated records officer. The public records officer shall be responsible for implementing the commission's rules regarding disclosure of public records, coordination of staff regarding disclosure of public records, and generally insuring compliance by staff with public records disclosure requirements.

(2) The name of the commission's current public records officer is on file with the office of the code reviser and in accordance with RCW 42.56.580 and is published in the *Washington State Register*.

NEW SECTION

WAC 16-575-060 Request for public records. (1) All requests for disclosure of public records must be submitted in writing directly to the commission's public records officer by mail to:

Washington Wine Commission
 1201 Western Avenue, Suite 450
 Seattle, WA 98101-3402

The request may also be submitted by email to: Cchonette@washingtonwine.org. The written request must include:

(a) The name, address, and telephone number or other contact information of the person requesting the records;
 (b) The calendar date on which the request is made; and
 (c) Sufficient information to readily identify records being requested.

(2) Any person wishing to inspect the commission's public records may make an appointment with the public records officer to inspect the records at the commission office during regular business hours. In order to adequately protect the commission's public records, the following will apply:

(a) Public records made available for inspection may not be removed from the area the commission makes available for inspection;

(b) Inspection of any public record will be conducted in the presence of the public records officer or designee;

(c) Public records may not be marked or altered in any manner during the inspection; and

(d) The commission has the discretion to designate the means and the location for the inspection of records. The viewing of those records that require specialized equipment shall be limited to the availability of that equipment located at the commission's office and the availability of authorized staff to operate that equipment.

NEW SECTION

WAC 16-575-065 Response to public records requests. (1) The public records officer shall respond to public records requests within five business days by:

(a) Making the records available for inspection or copying;

(b) Providing a link or address for a record available on the internet under RCW 42.56.520;

(c) Acknowledging receipt of the request and providing a reasonable estimate of the time the commission will require to respond to the request;

(d) Sending the copies to the requestor if copies are requested and payment of a deposit for the copies is made or terms of payment have been agreed upon; or

(e) Denying the public records request. Responses refusing in whole or in part the inspection of a public record shall include a statement of the specific exemption authorizing withholding of the record, or any part of the record, and a brief explanation of how the exemption applies to the record withheld or to any redactions in records produced.

(2) Additional time to respond to the request may be based upon the need to:

(a) Clarify the intent of the request;

(b) Locate and assemble the information requested;

(c) Notify persons or agencies affected by the request; or

(d) Determine whether any of the information requested is exempt from disclosure and that a denial should be made as to all or part of the request.

(3) In acknowledging receipt of a public records request that is unclear, the public records officer may ask the requestor to clarify what records the requestor is seeking. The public records officer is not obligated to provide further response if the requestor fails to clarify the request.

(4) In the event the requested records name a specific person or pertain to a specific person and may be exempt from disclosure, the commission may, prior to providing the records, give notice to others whose rights may be affected by the disclosure. Sufficient notice will be given to allow affected persons to seek an order from a court to prevent or limit the disclosure. The notice to the affected persons will include a copy of the request.

NEW SECTION

WAC 16-575-070 Fees—Inspection and copying. (1) No fee will be charged for the inspection of public records.

(2) Pursuant to RCW 42.56.120(2), the commission declares for the following reasons that it would be unduly burdensome for it to calculate the actual costs it charges for

providing copies of public records: Funds were not allocated for performing a study to calculate actual costs and the commission lacks the necessary funds to perform a study and calculations; staff resources are insufficient to perform a study and to calculate such actual costs; and a study would interfere with and disrupt other essential agency functions.

(3) The commission may charge fees for production of copies of public records consistent with the fee schedule established in RCW 42.56.120. For all copying or duplicating service charges incurred, an invoice will be sent to the requestor. Reimbursement is payable within fifteen days of receipt of the invoice and is payable to the Washington wine commission. The commission may require that all charges be paid in advance of release of the copies of the records.

(4) The commission or its designee may waive any of the foregoing copying costs.

NEW SECTION

WAC 16-575-075 Exemptions. The commission's public records are available for disclosure except as otherwise provided under chapter 42.56 RCW or any other law. Requestors should be aware of the following exemptions to public disclosure specific to commission records. This list is not exhaustive and other exemptions may apply:

(1) Production or sales records required to determine assessment levels and actual assessment payments to the commission under chapter 15.88 RCW (reference RCW 42.56.380(3));

(2) Financial and commercial information and records supplied by persons to the commission under chapter 15.88 RCW with respect to domestic or export marketing activities or individual producer's production information (reference RCW 42.56.380(5));

(3) Lists of individuals requested for commercial purposes (reference RCW 42.56.070);

(4) Records that are relevant to a controversy to which the commission is a party but which records would not be available to another party under the rules of pretrial discovery for causes pending in the superior courts, including records involving attorney-client communications between the commission and the office of the attorney general (reference RCW 5.60.060(2) and 42.56.290);

(5) Credit card numbers, debit card numbers, electronic check numbers, card expiration dates, or bank or other financial account numbers, except when disclosure is expressly required or governed by other law (reference RCW 42.56.-230(5)).

NEW SECTION

WAC 16-575-080 Review of denial of public records requests. (1) Any person who objects to the initial denial of a request to copy or inspect public records may petition the commission for review of such decision by submitting a written request to the commission. The request shall specifically refer to the statement which constituted or accompanied the denial.

(2) The commission's executive director or designee shall immediately consider the matter and either affirm or reverse the denial within ten business days following the

commission's receipt of the written request for review of the original denial.

(3) Under RCW 42.56.530, if the commission denies a requestor access to public records because it claims the record is exempt in whole or in part from disclosure, the requestor may request the attorney general's office to review the matter.

(4) Any person may obtain court review of a denial of a public records request under RCW 42.56.550.

NEW SECTION

WAC 16-575-085 Records index. The commission shall establish a records index, which shall be made available for public review.

WSR 18-11-092

EXPEDITED RULES

HEALTH CARE AUTHORITY

[Filed May 18, 2018, 3:44 p.m.]

Title of Rule and Other Identifying Information: WAC 182-531A-0800 Applied behavior analysis (ABA)—Provider requirements.

Purpose of the Proposal and Its Anticipated Effects, Including Any Changes in Existing Rules: Corrects typographical errors.

Reasons Supporting Proposal: The agency is revising this rule to correct typographical errors in two form numbers. In WAC 182-531A-0800(4), the correct form number is HCA 13-0009, not 13-009. In WAC 182-531A-0800 (8)(b), the correct form number is HCA 13-0008, not 13-008. This correction is necessary so that providers can find the correct form on the health care authority's (HCA) forms web page.

Statutory Authority for Adoption: RCW 41.05.021, 41.05.160.

Statute Being Implemented: RCW 41.05.021, 41.05.160.

Rule is not necessitated by federal law, federal or state court decision.

Name of Proponent: HCA, governmental.

Name of Agency Personnel Responsible for Drafting: Katie Pounds, P.O. Box 42716, Olympia, WA 98504-2716, 360-725-1346; Implementation and Enforcement: Rebecca Peters, P.O. Box 45530, Olympia, WA 98504-5530, 360-725-1194.

This notice meets the following criteria to use the expedited adoption process for these rules:

Corrects typographical errors, make address or name changes, or clarify language of a rule without changing its effect.

Explanation of the Reason the Agency Believes the Expedited Rule-Making Process is Appropriate: Corrects typographical errors.

NOTICE

THIS RULE IS BEING PROPOSED UNDER AN EXPEDITED RULE-MAKING PROCESS THAT WILL ELIMINATE THE NEED FOR THE AGENCY TO HOLD PUBLIC HEARINGS, PREPARE A SMALL BUSINESS

ECONOMIC IMPACT STATEMENT, OR PROVIDE RESPONSES TO THE CRITERIA FOR A SIGNIFICANT LEGISLATIVE RULE. IF YOU OBJECT TO THIS USE OF THE EXPEDITED RULE-MAKING PROCESS, YOU MUST EXPRESS YOUR OBJECTIONS IN WRITING AND THEY MUST BE SENT TO Wendy Barcus, Rules Coordinator, HCA, P.O. Box 42716, Olympia, WA 98504-2716, phone 360-725-1306, fax 360-586-9727, email arc@hca.wa.gov, AND RECEIVED BY July 24, 2018.

May 18, 2018

Wendy Barcus

Rules Coordinator

AMENDATORY SECTION (Amending WSR 18-09-036, filed 4/12/18, effective 5/13/18)

WAC 182-531A-0800 Applied behavior analysis (ABA)—Provider requirements.

Center of excellence.

(1) A center of excellence (COE) may be an entity or an individual. The COE's evaluating and prescribing providers must function as a multidisciplinary care team.

(2) The COE must employ:

(a) A person licensed under Title 18 RCW who is experienced in the diagnosis and treatment of autism spectrum disorders and is:

(i) A developmental pediatrician;

(ii) A neurologist;

(iii) A pediatric neurologist;

(iv) A pediatric psychiatrist;

(v) A psychiatrist; or

(vi) A psychologist; or

(b) A qualified medical provider who meets qualifications in subsection (3) of this section and who has been designated by the agency as a COE.

(3) The COE must be prequalified by the agency as meeting or employing people who meet the following criteria:

(a) ARNPs, physicians, and psychologists must have demonstrated expertise in diagnosing an autism spectrum disorder by:

(i) Using a validated diagnostic tool;

(ii) Confirming the diagnosis by observing the client's behavior and interviewing family members; or

(iii) Reviewing the documentation available from the client's primary care provider, individualized education plan, or individualized family service plan;

(b) ARNPs, physicians, and psychologists must understand the medically necessary use of applied behavior analysis (ABA); and

(c) ARNPs, physicians, and psychologists must be sufficiently qualified to conduct and document a comprehensive diagnostic evaluation, and develop a multidisciplinary clinical treatment plan under WAC 182-531A-0500(2).

(4) To be recognized as a COE by the agency, the provider must submit a signed COE Attestation form, HCA (~~13-009~~) 13-0009, to the agency.

(5) The COE must be enrolled with the agency or the client's managed care organization to be reimbursed for services.

(6) Examples of providers who can qualify as a designated COE include:

- (a) Multidisciplinary clinics;
- (b) Individual qualified provider offices; and
- (c) Neurodevelopmental centers.

(7) All ABA providers must meet the specified minimum qualifications and comply with applicable state laws.

Lead behavior analysis therapist.

(8) The lead behavior analysis therapist (LBAT) must:

(a) Be licensed by the department of health (DOH) to practice independently as a behavior analyst or an assistant behavior analyst with supervision from a licensed behavior analyst or licensed psychologist (see chapter 18.380 RCW) and be an eligible provider according to chapter 182-502 WAC; or

(b) Be a DOH-licensed mental health counselor, DOH-licensed marriage and family therapist, DOH-licensed independent clinical social worker, DOH-licensed advanced social worker, or DOH-licensed psychologist (see chapter 18.380 RCW). Providers listed in this subsection must have a signed Applied Behavior Analysis (ABA) Attestation form, HCA ((13-008)) 13-0008, regarding certification as a board-certified behavior analyst (BCBA) or a board-certified assistant behavior analyst (BCaBA) on file with the agency.

(9) The LBAT must enroll as a servicing provider under chapter 182-502 WAC, be authorized to supervise ancillary providers, and be:

(a) A DOH-licensed behavior analyst (LBA) (see chapter 18.380 RCW); or

(b) A DOH-licensed assistant behavior analyst (LABA) (see chapter 18.380 RCW).

(10) If the LBAT's role is filled by a LABA, the responsibilities below must be fulfilled by both the LABA and the supervising LBA or licensed psychologist, as required by DOH under chapter 246-805 WAC. The LBAT must:

(a) Develop and maintain an ABA therapy treatment plan that is comprehensive, incorporating treatment provided by other health care professionals, and that states how all treatment will be coordinated; and

(b) Supervise at least five percent of the total direct care provided by the certified behavior technician per week.

Certified behavior technician.

(11) The certified behavior technician (CBT) must:

(a) Be certified by DOH as a CBT under chapter 18.380 RCW in good standing with no license restrictions; or

(b) Be a DOH-licensed mental health counselor, DOH-licensed marriage and family therapist, DOH-licensed independent clinical social worker, DOH-licensed advanced social worker, or DOH-licensed psychologist (see chapter 18.380 RCW). Providers listed in this subsection must have a signed Applied Behavior Analysis (ABA) Attestation form, HCA 13-0008, regarding ABA qualifications on file with the agency.

(12) The CBT must enroll as a servicing provider under chapter 182-502 WAC.

(13) The CBT must:

(a) Deliver services according to the ABA therapy treatment plan;

(b) Be supervised by a DOH-licensed professional who meets the requirements under WAC 246-805-330; and

(c) Review the client's progress with the supervisor at least every two weeks to confirm that the ABA therapy treatment plan still meets the client's needs. If changes are clinically indicated, they must be made by the supervisor.

Facility-based day program.

(14) All facility-based day program providers must meet the requirements under WAC 182-531A-0600 (3)(a), and meet the following requirements:

(a) Outpatient hospital facilities must meet the applicable DOH licensure requirements under chapter 246-320 WAC;

(b) Any provider rendering direct ABA services in the facility-based day program must meet the qualifications and applicable licensure or certification requirements as described in this subsection, as applicable;

(c) Any provider serving as a member of the multidisciplinary care team must be licensed or certified under Title 18 RCW; and

(d) Have a signed ABA Day Program Capacity Attestation form, HCA 13-0007, on file with the agency.

WSR 18-11-114

EXPEDITED RULES

DEPARTMENT OF

LABOR AND INDUSTRIES

[Filed May 22, 2018, 10:29 a.m.]

Title of Rule and Other Identifying Information: Chapter 296-840 WAC, Respirable crystalline silica: WAC 296-840-170 Appendix B—Medical surveillance guidelines—Nonmandatory and 296-840-175 Appendix C—Adult tuberculosis screening tool for workers exposed to respirable crystalline silica—Nonmandatory.

Purpose of the Proposal and Its Anticipated Effects, Including Any Changes in Existing Rules: The department adopted rules for occupational exposure to respirable silica, chapter 296-840 WAC, on March 20, 2018. These rules, adopted in response to the Occupational Safety and Health Administration's (OSHA) 2016 final rules for respirable crystalline silica, include requirements for medical surveillance.

These proposed rules add two nonmandatory appendices to chapter 296-840 WAC. These appendices are medical resources to aid physicians and other licensed health care professionals (PLHCP) regarding compliance with the medical surveillance provisions of the rule. The first, a medical surveillance guideline, is included in Appendix B. The second, a tuberculosis screening tool designed as an adjunct to the clinical evaluation, is included in Appendix C. Under chapter 296-840 WAC, final decisions about medical recommendations rest with PLHCP.

Reasons Supporting Proposal: Employers are required to provide PLHCPs with a copy of chapter 296-840 WAC and

the inclusion of the nonmandatory guidance documents will assist PLHCPs in implementing the medical surveillance requirements. In addition, the department received comments during the adoption of the substantive requirements of chapter 296-840 WAC requesting the appendices be included in the rule. This proposal is also consistent with OSHA's rules which include Appendix B.

Statutory Authority for Adoption: RCW 49.17.010, 49.17.040, 49.17.050, 49.17.060.

Statute Being Implemented: Chapter 49.17 RCW.

Rule is not necessitated by federal law, federal or state court decision.

Name of Proponent: Department of labor and industries, governmental.

Name of Agency Personnel Responsible for Drafting: Chris Miller, Tumwater, Washington, 360-902-5516; Implementation and Enforcement: Anne Soiza, Tumwater, Washington, 360-902-5090.

This notice meets the following criteria to use the expedited adoption process for these rules:

Adopts or incorporates by reference without material change federal statutes or regulations, Washington state statutes, rules of other Washington state agencies, shoreline master programs other than those programs governing shorelines of statewide significance, or, as referenced by Washington state law, national consensus codes that generally establish industry standards, if the material adopted or incorporated regulates the same subject matter and conduct as the adopting or incorporating rule.

Corrects typographical errors, make address or name changes, or clarify language of a rule without changing its effect.

NOTICE

THIS RULE IS BEING PROPOSED UNDER AN EXPEDITED RULE-MAKING PROCESS THAT WILL ELIMINATE THE NEED FOR THE AGENCY TO HOLD PUBLIC HEARINGS, PREPARE A SMALL BUSINESS ECONOMIC IMPACT STATEMENT, OR PROVIDE RESPONSES TO THE CRITERIA FOR A SIGNIFICANT LEGISLATIVE RULE. IF YOU OBJECT TO THIS USE OF THE EXPEDITED RULE-MAKING PROCESS, YOU MUST EXPRESS YOUR OBJECTIONS IN WRITING AND THEY MUST BE SENT TO Chris Miller, Department of Labor and Industries, P.O. Box 44610, Olympia, WA 98504, phone 360-902-5516, email christopher.miller@lni.wa.gov, AND RECEIVED BY July 24, 2018.

May 22, 2018

Joel Sacks

Director

NEW SECTION

WAC 296-840-170 Appendix B—Medical surveillance guidelines—Nonmandatory.

Introduction.

The purpose of this Appendix is to provide medical information and recommendations to aid physicians and

other licensed health care professionals (PLHCPs) regarding compliance with the medical surveillance provisions of the respirable crystalline silica standard (chapter 296-840 WAC, Respirable crystalline silica). Appendix B is for informational and guidance purposes only and none of the statements in Appendix B should be construed as imposing a mandatory requirement on employers that is not otherwise imposed by the standard.

Medical screening and surveillance allow for early identification of exposure-related health effects in individual employee and groups of employees, so that actions can be taken to both avoid further exposure and prevent or address adverse health outcomes. Silica-related diseases can be fatal, encompass a variety of target organs, and may have public health consequences when considering the increased risk of a latent tuberculosis (TB) infection becoming active. Thus, medical surveillance of silica-exposed employees requires that PLHCPs have a thorough knowledge of silica-related health effects.

This Appendix is divided into eight sections. Section 1 reviews silica-related diseases, medical responses, and public health responses. Section 2 outlines the components of the medical surveillance program for employees exposed to silica. Section 3 describes the roles and responsibilities of the PLHCP implementing the program and of other medical specialists and public health professionals. Section 4 provides a discussion of considerations, including confidentiality. Section 5 provides a list of additional resources and Section 6 lists references.

Section 7 provides sample forms for the written medical report for the employee, the written medical opinion for the employer and the written authorization. Section 8 provides information regarding Washington state reporting requirements for tuberculosis.

1. Recognition of Silica-related Diseases.

1.1. Overview. The term "silica" refers specifically to the compound silicon dioxide (SiO₂). Silica is a major component of sand, rock, and mineral ores. Exposure to fine (respirable size) particles of crystalline forms of silica is associated with adverse health effects, such as silicosis, lung cancer, chronic obstructive pulmonary disease (COPD), and activation of latent TB infections. Exposure to respirable crystalline silica can occur in industry settings such as foundries, abrasive blasting operations, paint manufacturing, glass and concrete product manufacturing, brick making, china and pottery manufacturing, manufacturing of plumbing fixtures, and many construction activities including highway repair, masonry, concrete work, rock drilling, and tuck-pointing. New uses of silica continue to emerge. These include countertop manufacturing, finishing, and installation (Kramer et al. 2012; OSHA 2015) and hydraulic fracturing in the oil and gas industry (OSHA 2012).

Silicosis is an irreversible, often disabling, and sometimes fatal fibrotic lung disease. Progression of silicosis can occur despite removal from further exposure. Diagnosis of silicosis requires a history of exposure to silica and radiologic findings characteristic of silica exposure. Three different presentations of silicosis (chronic, accelerated, and acute) have been defined. Accelerated and acute silicosis are much less

common than chronic silicosis. However, it is critical to recognize all cases of accelerated and acute silicosis because these are life-threatening illnesses and because they are caused by substantial overexposures to respirable crystalline silica. Although any case of silicosis indicates a breakdown in prevention, a case of acute or accelerated silicosis implies current high exposure and a very marked breakdown in prevention.

In addition to silicosis, employees exposed to respirable crystalline silica, especially those with accelerated or acute silicosis, are at increased risks of contracting active TB and other infections (ATS 1997; Rees and Murray 2007). Exposure to respirable crystalline silica also increases an employee's risk of developing lung cancer, and the higher the cumulative exposure, the higher the risk (Steenland et al. 2001; Steenland and Ward 2014). Symptoms for these diseases and other respirable crystalline silica-related diseases are discussed below.

1.2. Chronic Silicosis. Chronic silicosis is the most common presentation of silicosis and usually occurs after at least 10 years of exposure to respirable crystalline silica. The clinical presentation of chronic silicosis is:

1.2.1. Symptoms - shortness of breath and cough, although employees may not notice any symptoms early in the disease. Constitutional symptoms, such as fever, loss of appetite and fatigue, may indicate other diseases associated with silica exposure, such as TB infection or lung cancer. Employees with these symptoms should immediately receive further evaluation and treatment.

1.2.2. Physical Examination - may be normal or disclose dry rales or rhonchi on lung auscultation.

1.2.3. Spirometry - may be normal or may show only a mild restrictive or obstructive pattern.

1.2.4. Chest X-ray - classic findings are small, rounded opacities in the upper lung fields bilaterally. However, small irregular opacities and opacities in other lung areas can also occur. Rarely, "eggshell calcifications" in the hilar and mediastinal lymph nodes are seen.

1.2.5. Clinical Course - chronic silicosis in most cases is a slowly progressive disease. Under the respirable crystalline silica standard, the PLHCP is to recommend that employees with a 1/0 category X-ray be referred to an American Board Certified Specialist in Pulmonary Disease or Occupational Medicine. The PLHCP and/or Specialist should counsel employees regarding work practices and personal habits that could affect employees' respiratory health.

1.3. Accelerated Silicosis. Accelerated silicosis generally occurs within 5-10 years of exposure and results from high levels of exposure to respirable crystalline silica. The clinical presentation of accelerated silicosis is:

1.3.1. Symptoms - shortness of breath, cough, and sometimes sputum production. Employees with exposure to respirable crystalline silica, and especially those with accelerated silicosis, are at high risk for activation of TB infections, atypical mycobacterial infections, and fungal superinfections. Constitutional symptoms, such as fever, weight loss, hemoptysis (coughing up blood), and fatigue may herald one of these infections or the onset of lung cancer.

1.3.2. Physical Examination - rales, rhonchi, or other abnormal lung findings in relation to illnesses present. Club-

bing of the digits, signs of heart failure, and cor pulmonale may be present in severe lung disease.

1.3.3. Spirometry - restrictive or mixed restrictive/obstructive pattern.

1.3.4. Chest X-ray - small rounded and/or irregular opacities bilaterally. Large opacities and lung abscesses may indicate infections, lung cancer, or progression to complicated silicosis, also termed progressive massive fibrosis.

1.3.5. Clinical Course - accelerated silicosis has a rapid, severe course. Under the respirable crystalline silica standard, the PLHCP can recommend referral to a Board Certified Specialist in either Pulmonary Disease or Occupational Medicine, as deemed appropriate, and referral to a Specialist is recommended whenever the diagnosis of accelerated silicosis is being considered.

1.4. Acute Silicosis. Acute silicosis is a rare disease caused by inhalation of extremely high levels of respirable crystalline silica particles. The pathology is similar to alveolar proteinosis with lipoproteinaceous material accumulating in the alveoli. Acute silicosis develops rapidly, often, within a few months to less than 2 years of exposure, and is almost always fatal. The clinical presentation of acute silicosis is as follows:

1.4.1. Symptoms - sudden, progressive, and severe shortness of breath. Constitutional symptoms are frequently present and include fever, weight loss, fatigue, productive cough, hemoptysis (coughing up blood), and pleuritic chest pain.

1.4.2. Physical Examination - dyspnea at rest, cyanosis, decreased breath sounds, inspiratory rales, clubbing of the digits, and fever.

1.4.3. Spirometry - restrictive or mixed restrictive/obstructive pattern.

1.4.4. Chest X-ray - diffuse haziness of the lungs bilaterally early in the disease. As the disease progresses, the "ground glass" appearance of interstitial fibrosis will appear.

1.4.5. Clinical Course - employees with acute silicosis are at especially high risk of TB activation, nontuberculous mycobacterial infections, and fungal superinfections. Acute silicosis is immediately life-threatening. The employee should be urgently referred to a Board Certified Specialist in Pulmonary Disease or Occupational Medicine for evaluation and treatment. Although any case of silicosis indicates a breakdown in prevention, a case of acute or accelerated silicosis implies a profoundly high level of silica exposure and may mean that other employees are currently exposed to dangerous levels of silica.

1.5. COPD. COPD, including chronic bronchitis and emphysema, has been documented in silica-exposed employees, including those who do not develop silicosis. Periodic spirometry tests are performed to evaluate each employee for progressive changes consistent with the development of COPD. In addition to evaluating spirometry results of individual employees over time, PLHCPs may want to be aware of general trends in spirometry results for groups of employees from the same workplace to identify possible problems that might exist at that workplace. (See Section 2 of this Appendix on Medical Surveillance for further discussion.) Heart disease may develop secondary to lung diseases such as COPD. A recent study by Liu et al. 2014 noted a significant exposure-response trend between cumulative silica

exposure and heart disease deaths, primarily due to pulmonary heart disease, such as cor pulmonale.

1.6. Renal and Immune System. Silica exposure has been associated with several types of kidney disease, including glomerulonephritis, nephrotic syndrome, and end stage renal disease requiring dialysis. Silica exposure has also been associated with other autoimmune conditions, including progressive systemic sclerosis, systemic lupus erythematosus, and rheumatoid arthritis. Studies note an association between employees with silicosis and serologic markers for autoimmune diseases, including antinuclear antibodies, rheumatoid factor, and immune complexes (Jalloul and Banks 2007; Shtraichman et al. 2015).

1.7. TB and Other Infections. Silica-exposed employees with latent TB are 3 to 30 times as likely to develop active pulmonary TB infection (ATS 1997; Rees and Murray 2007). Although respirable crystalline silica exposure does not cause TB infection, individuals with latent TB infection are at increased risk for activation of disease if they have higher levels of respirable crystalline silica exposure, greater profusion of radiographic abnormalities, or a diagnosis of silicosis. Demographic characteristics, such as immigration from some countries, are associated with increased rates of latent TB infection. PLHCPs can review the latest Centers for Disease Control and Prevention (CDC) information on TB incidence rates and high risk populations online. (See Section 5 of this Appendix.) Additionally, silica-exposed employees are at increased risk for contracting nontuberculous mycobacterial infections, including *Mycobacterium avium-intracellulare* and *Mycobacterium kansasii*.

1.8. Lung Cancer. The National Toxicology Program has listed respirable crystalline silica as a known human carcinogen since 2000 (NTP 2014). The International Agency for Research on Cancer (2012) has also classified silica as Group 1 (carcinogenic to humans). Several studies have indicated that the risk of lung cancer from exposure to respirable crystalline silica and smoking is greater than additive (Brown 2009; Liu et al. 2013). Employees should be counseled on smoking cessation.

2. Medical Surveillance.

PLHCPs who manage silica medical surveillance programs should have a thorough understanding of the many silica-related diseases and health effects outlined in Section 1 of this Appendix. At each clinical encounter, the PLHCP should consider silica-related health outcomes, with particular vigilance for acute and accelerated silicosis. In this Section, the required components of medical surveillance under the respirable crystalline silica standard are reviewed, along with additional guidance and recommendations for PLHCPs performing medical surveillance examinations for silica-exposed employees.

2.1. History.

2.1.1. The respirable crystalline silica standard requires the following: A medical and work history, with emphasis on: past, present, and anticipated exposure to respirable crystalline silica, dust, and other agents affecting the respiratory system; any history of respiratory system dysfunction, including signs and symptoms of respiratory disease (e.g., shortness of breath, cough, wheezing); smoking status and

history; and history of tuberculosis. The history of tuberculosis should include completion of the Washington State Department of Labor and Industries form F252-113-000, Adult Tuberculosis Screening Tool for Workers Exposed to Respirable Crystalline Silica, located in WAC 296-840-175, Appendix C.

2.1.2. Further, the employer must provide the PLHCP with the following information:

2.1.2.1. A description of the employee's former, current, and anticipated duties as they relate to the employee's occupational exposure to respirable crystalline silica;

2.1.2.2. The employee's former, current, and anticipated levels of occupational exposure to respirable crystalline silica;

2.1.2.3. A description of any personal protective equipment used or to be used by the employee, including when and for how long the employee has used or will use that equipment; and

2.1.2.4. Information from records of employment-related medical examinations previously provided to the employee and currently within the control of the employer.

2.1.3. Additional guidance and recommendations: A history is particularly important both in the initial evaluation and in periodic examinations. Information on past and current medical conditions (particularly a history of kidney disease, cardiac disease, connective tissue disease, and other immune diseases), medications, hospitalizations and surgeries may uncover health risks, such as immune suppression, that could put an employee at increased health risk from exposure to silica. This information is important when counseling the employee on risks and safe work practices related to silica exposure.

2.2. Physical Examination.

2.2.1. The respirable crystalline silica standard requires the following: A physical examination, with special emphasis on the respiratory system. The physical examination must be performed at the initial examination and every three years thereafter.

2.2.2. Additional guidance and recommendations: Elements of the physical examination that can assist the PLHCP include: an examination of the cardiac system, an extremity examination (for clubbing, cyanosis, edema, or joint abnormalities), and an examination of other pertinent organ systems identified during the history.

2.3. TB Testing.

2.3.1. The respirable crystalline silica standard requires the following: Baseline testing for TB on initial examination.

2.3.2. Additional guidance and recommendations:

2.3.2.1. To assist the PLHCP with screening for tuberculosis, a tool is included in Appendix C: The Washington State Department of Labor and Industries form F252-113-000, Adult Tuberculosis Screening Tool for Workers Exposed to Respirable Crystalline Silica.

2.3.2.2. Current CDC guidelines (See Section 5 of this Appendix) should be followed for the application and interpretation of Tuberculin skin tests (TST). The interpretation and documentation of TST reactions should be performed within 48 to 72 hours of administration by trained PLHCPs.

2.3.2.3. PLHCPs may use alternative TB tests, such as interferon- γ release assays (IGRAs), if sensitivity and speci-

ficiency are comparable to TST (Mazurek et al. 2010; Slater et al. 2013). PLHCPs can consult the current CDC guidelines for acceptable tests for latent TB infection or refer to Appendix C: The Washington State Department of Labor and Industries form F252-113-000, Adult Tuberculosis Screening Tool for Workers Exposed to Respirable Crystalline Silica.

2.3.2.4. The silica standard allows the PLHCP to order additional tests or test at a greater frequency than required by the standard, if deemed appropriate. Therefore, PLHCPs might perform periodic (e.g., annual) TB testing as appropriate, based on employees' risk factors. For example, according to the American Thoracic Society (ATS), the diagnosis of silicosis or exposure to silica for 25 years or more are indications for annual TB testing (ATS 1997). PLHCPs should consult the current CDC guidance on risk factors for TB (See Section 5 of this Appendix), and refer to Appendix C: The Washington State Department of Labor and Industries form F252-113-000, Adult Tuberculosis Screening Tool for Workers Exposed to Respirable Crystalline Silica.

2.3.2.5. Employees with positive TB tests and those with indeterminate test results should be referred to the appropriate agency or specialist, depending on the test results and clinical picture. Agencies, such as local public health departments, and the Washington State Department of Health or specialists, such as a pulmonary or infectious disease specialist, may be the appropriate referral. Active TB is a nationally notifiable disease. PLHCPs should be aware of the reporting requirements for their region. All States have TB Control Offices that can be contacted for further information. (See Section 5 of this Appendix for links to CDC's TB resources and State TB Control Offices.)

2.3.2.6. The following public health principles are key to TB control in the U.S. (ATS-CDC-IDSA 2005):

- (1) Prompt detection and reporting of persons who have contracted active TB;
- (2) Prevention of TB spread to close contacts of active TB cases;
- (3) Prevention of active TB in people with latent TB through targeted testing and treatment; and
- (4) Identification of settings at high risk for TB transmission so that appropriate infection-control measures can be implemented.

2.4. Pulmonary Function Testing.

2.4.1. The respirable crystalline silica standard requires the following: Pulmonary function testing must be performed on the initial examination and every three years thereafter. The required pulmonary function test is spirometry and must include forced vital capacity (FVC), forced expiratory volume in one second (FEV1), and FEV1/FVC ratio. Testing must be administered by a spirometry technician with a current certificate from a National Institute for Occupational Health and Safety (NIOSH)-approved spirometry course.

2.4.2. Additional guidance and recommendations: Spirometry provides information about individual respiratory status and can be used to track an employee's respiratory status over time or as a surveillance tool to follow individual and group respiratory function. For quality results, the ATS and the American College of Occupational and Environmental Medicine (ACOEM) recommend use of the third National Health and Nutrition Examination Survey (NHANES III)

values, and ATS publishes recommendations for spirometry equipment (Miller et al. 2005; Townsend 2011; Redlich et al. 2014). OSHA's publication, *Spirometry Testing in Occupational Health Programs: Best Practices for Healthcare Professionals* provides helpful guidance (See Section 5 of this Appendix). Abnormal spirometry results may warrant further clinical evaluation and possible recommendations for limitations on the employee's exposure to respirable crystalline silica.

2.5. Chest X-ray.

2.5.1. The respirable crystalline silica standard requires the following: A single posteroanterior (PA) radiographic projection or radiograph of the chest at full inspiration recorded on either film (no less than 14 x 17 inches and no more than 16 x 17 inches) or digital radiography systems. A chest X-ray must be performed on the initial examination and every three years thereafter. The chest X-ray must be interpreted and classified according to the International Labour Office (ILO) International Classification of Radiographs of Pneumoconioses by a NIOSH-certified B Reader. Chest radiography is necessary to diagnose silicosis, monitor the progression of silicosis, and identify associated conditions such as TB. If the B reading indicates small opacities in a profusion of 1/0 or higher, the employee is to receive a recommendation for referral to a Board Certified Specialist in Pulmonary Disease or Occupational Medicine.

2.5.2. Additional guidance and recommendations: Medical imaging has largely transitioned from conventional film-based radiography to digital radiography systems. The ILO Guidelines for the Classification of Pneumoconioses has historically provided film-based chest radiography as a referent standard for comparison to individual exams. However, in 2011, the ILO revised the guidelines to include a digital set of referent standards that were derived from the prior film-based standards. To assist in assuring that digitally-acquired radiographs are at least as safe and effective as film radiographs, NIOSH has prepared guidelines, based upon accepted contemporary professional recommendations (See Section 5 of this Appendix). Current research from Laney et al. 2011 and Halldin et al. 2014 validate the use of the ILO digital referent images. Both studies conclude that the results of pneumoconiosis classification using digital references are comparable to film-based ILO classifications. Current ILO guidance on radiography for pneumoconioses and B-reading should be reviewed by the PLHCP periodically, as needed, on the ILO or NIOSH websites (See Section 5 of this Appendix).

2.6. Other Testing.

Under the respirable crystalline silica standards, the PLHCP has the option of ordering additional testing he or she deems appropriate. Additional tests can be ordered on a case-by-case basis depending on individual signs or symptoms and clinical judgment. For example, if an employee reports a history of abnormal kidney function tests, the PLHCP may want to order a baseline renal function tests (e.g., serum creatinine and urinalysis). As indicated above, the PLHCP may order annual TB testing for silica-exposed employees who are at high risk of developing active TB infections. Additional tests that PLHCPs may order based on findings of medical examinations include, but is not limited to, chest computerized tomography (CT) scan for lung cancer or COPD, testing for

immunologic diseases, and cardiac testing for pulmonary-related heart disease, such as cor pulmonale.

3. Roles and Responsibilities.

3.1. PLHCP. The PLHCP designation refers to "an individual whose legally permitted scope of practice (i.e., license, registration, or certification) allows him or her to independently provide or be delegated the responsibility to provide some or all of the particular health care services required" by the respirable crystalline silica standard. The legally permitted scope of practice for the PLHCP is determined by each State. PLHCPs who perform clinical services for a silica medical surveillance program should have a thorough knowledge of respirable crystalline silica-related diseases and symptoms. Suspected cases of silicosis, advanced COPD, or other respiratory conditions causing impairment should be promptly referred to a Board Certified Specialist in Pulmonary Disease or Occupational Medicine.

The medical surveillance program in this chapter is not intended to reduce a worker's legal rights or to limit a physician's obligations under Title 51 RCW.

Once the medical surveillance examination is completed, the employer must ensure that the PLHCP explains to the employee the results of the medical examination and provides the employee with a written medical report within 30 days of the examination. The written medical report must contain a statement indicating the results of the medical examination, including any medical condition(s) that would place the employee at increased risk of material impairment to health from exposure to respirable crystalline silica and any medical conditions that require further evaluation or treatment. In addition, the PLHCP's written medical report must include any recommended limitations on the employee's use of respirators, any recommended limitations on the employee's exposure to respirable crystalline silica, and a statement that the employee should be examined by a Board Certified Specialist in Pulmonary Disease or Occupational Medicine if the chest X-ray is classified as 1/0 or higher by the B Reader, or if referral to a Specialist is otherwise deemed appropriate by the PLHCP.

The PLHCP should discuss all findings and test results and any recommendations regarding the employee's health, worksite safety and health practices, and medical referrals for further evaluation, if indicated. In addition, it is suggested that the PLHCP offer to provide the employee with a complete copy of their examination and test results, as some employees may want this information for their own records or to provide to their personal physician or a future PLHCP. Employees are entitled to access their medical records.

Under the respirable crystalline silica standard, the employer must ensure that the PLHCP provides the employer with a written medical opinion within 30 days of the employee examination, and that the employee also gets a copy of the written medical opinion for the employer within 30 days. The PLHCP may choose to directly provide the employee a copy of the written medical opinion. This can be particularly helpful to employees, such as construction employees, who may change employers frequently. The written medical opinion can be used by the employee as proof of up-to-date medical surveillance. The following lists the ele-

ments of the written medical report for the employee and written medical opinion for the employer. (Sample forms for the written medical report for the employee, the written medical opinion for the employer, and the written authorization are provided in Section 7 of this Appendix.)

3.1.1. The written medical report for the employee must include the following information:

3.1.1.1. A statement indicating the results of the medical examination, including any medical condition(s) that would place the employee at increased risk of material impairment to health from exposure to respirable crystalline silica and any medical conditions that require further evaluation or treatment;

3.1.1.2. Any recommended limitations upon the employee's use of a respirator;

3.1.1.3. Any recommended limitations on the employee's exposure to respirable crystalline silica; and

3.1.1.4. A statement that the employee should be examined by a Board Certified Specialist in Pulmonary Disease or Occupational Medicine, where the standard requires or where the PLHCP has determined such a referral is necessary. The standard requires referral to a Board Certified Specialist in Pulmonary Disease or Occupational Medicine for a chest X-ray B reading indicating small opacities in a profusion of 1/0 or higher, or if the PLHCP determines that referral to a Specialist is necessary for other silica-related findings.

3.1.2. The PLHCP's written medical opinion for the employer must include only the following information:

3.1.2.1. The date of the examination;

3.1.2.2. A statement that the examination has met the requirements of this chapter; and

3.1.2.3. Any recommended limitations on the employee's use of respirators.

3.1.2.4. If the employee provides the PLHCP with written authorization, the written opinion for the employer shall also contain either or both of the following:

(1) Any recommended limitations on the employee's exposure to respirable crystalline silica; and

(2) A statement that the employee should be examined by a Board Certified Specialist in Pulmonary Disease or Occupational Medicine if the chest X-ray provided in accordance with this chapter is classified as 1/0 or higher by the B Reader, or if referral to a Specialist is otherwise deemed appropriate.

3.1.2.5. In addition to the above referral for abnormal chest X-ray, the PLHCP may refer an employee to a Board Certified Specialist in Pulmonary Disease or Occupational Medicine for other findings of concern during the medical surveillance examination if these findings are potentially related to silica exposure.

3.1.2.6. Although the respirable crystalline silica standard requires the employer to ensure that the PLHCP explains the results of the medical examination to the employee, the standard does not mandate how this should be done. The written medical opinion for the employer could contain a statement that the PLHCP has explained the results of the medical examination to the employee.

3.2. Medical Specialists. The silica standard requires that all employees with chest X-ray B readings of 1/0 or higher be referred to a Board Certified Specialist in Pulmonary Disease

or Occupational Medicine. If the employee has given written authorization for the employer to be informed, then the employer shall make available a medical examination by a Specialist within 30 days after receiving the PLHCP's written medical opinion.

3.2.1. The employer must provide the following information to the Board Certified Specialist in Pulmonary Disease or Occupational Medicine:

3.2.1.1. A description of the employee's former, current, and anticipated duties as they relate to the employee's occupational exposure to respirable crystalline silica;

3.2.1.2. The employee's former, current, and anticipated levels of occupational exposure to respirable crystalline silica;

3.2.1.3. A description of any personal protective equipment used or to be used by the employee, including when and for how long the employee has used or will use that equipment; and

3.2.1.4. Information from records of employment-related medical examinations previously provided to the employee and currently within the control of the employer.

3.2.2. The PLHCP should make certain that, with written authorization from the employee, the Board Certified Specialist in Pulmonary Disease or Occupational Medicine has any other pertinent medical and occupational information necessary for the specialist's evaluation of the employee's condition.

3.2.3. Once the Board Certified Specialist in Pulmonary Disease or Occupational Medicine has evaluated the employee, the employer must ensure that the Specialist explains to the employee the results of the medical examination and provides the employee with a written medical report within 30 days of the examination. The employer must also ensure that the Specialist provides the employer with a written medical opinion within 30 days of the employee examination. (Sample forms for the written medical report for the employee, the written medical opinion for the employer and the written authorization are provided in Section 7 of this Appendix.)

3.2.4. The Specialist's written medical report for the employee must include the following information:

3.2.4.1. A statement indicating the results of the medical examination, including any medical condition(s) that would place the employee at increased risk of material impairment to health from exposure to respirable crystalline silica and any medical conditions that require further evaluation or treatment;

3.2.4.2. Any recommended limitations upon the employee's use of a respirator; and

3.2.4.3. Any recommended limitations on the employee's exposure to respirable crystalline silica.

3.2.5. The Specialist's written medical opinion for the employer must include the following information:

3.2.5.1. The date of the examination; and

3.2.5.2. Any recommended limitations on the employee's use of respirators.

3.2.5.3. If the employee provides the Board Certified Specialist in Pulmonary Disease or Occupational Medicine with written authorization, the written medical opinion for

the employer shall also contain any recommended limitations on the employee's exposure to respirable crystalline silica.

3.2.5.4. Although the respirable crystalline silica standard requires the employer to ensure that the Board Certified Specialist in Pulmonary Disease or Occupational Medicine explains the results of the medical examination to the employee, the standard does not mandate how this should be done. The written medical opinion for the employer could contain a statement that the Specialist has explained the results of the medical examination to the employee.

3.2.6. After evaluating the employee, the Board Certified Specialist in Pulmonary Disease or Occupational Medicine should provide feedback to the PLHCP as appropriate, depending on the reason for the referral. OSHA believes that because the PLHCP has the primary relationship with the employer and employee, the Specialist may want to communicate his or her findings to the PLHCP and have the PLHCP simply update the original medical report for the employee and medical opinion for the employer. This is permitted under the standard, so long as all requirements and time deadlines are met.

3.3. Public Health Professionals. PLHCPs might refer employees or consult with public health professionals as a result of silica medical surveillance. For instance, if individual cases of active TB are identified, public health professionals from the Washington State Department of Health or local health departments may assist in diagnosis and treatment of individual cases and may evaluate other potentially affected persons, including coworkers. Because silica-exposed employees are at increased risk of progression from latent to active TB, treatment of latent infection is recommended. The diagnosis of active TB, acute or accelerated silicosis, or other silica-related diseases and infections should serve as sentinel events suggesting high levels of exposure to silica and may require consultation with the appropriate public health agencies to investigate potentially similarly exposed coworkers to assess for disease clusters. These agencies include local or state health departments or OSHA. In addition, NIOSH can provide assistance upon request through their Health Hazard Evaluation program. (See Section 5 of this Appendix.)

4. Confidentiality and Other Considerations.

The information that is provided from the PLHCP to the employee and employer under the medical surveillance section of DOSH's respirable crystalline silica standard differs from that of medical surveillance requirements in previous DOSH standards. The standard requires two separate written communications, a written medical report for the employee and a written medical opinion for the employer. The confidentiality requirements for the written medical opinion are more stringent than in past standards. For example, the information the PLHCP can (and must) include in his or her written medical opinion for the employer is limited to: the date of the examination, a statement that the examination has met the requirements of this chapter, and any recommended limitations on the employee's use of respirators. If the employee provides written authorization for the disclosure of any limitations on the employee's exposure to respirable crystalline silica, then the PLHCP can (and must) include that informa-

tion in the written medical opinion for the employer as well. Likewise, with the employee's written authorization, the PLHCP can (and must) disclose the PLHCP's referral recommendation (if any) as part of the written medical opinion for the employer. However, the opinion to the employer must not include information regarding recommended limitations on the employee's exposure to respirable crystalline silica or any referral recommendations without the employee's written authorization. Nor can the opinion for the employer include the confidential medical information gathered using the Adult Tuberculosis Screening Tool for Workers Exposed to Respirable Crystalline Silica, found in Appendix C (WAC 296-840-175) of this standard.

The standard also places limitations on the information that the Board Certified Specialist in Pulmonary Disease or Occupational Medicine can provide to the employer without the employee's written authorization. The Specialist's written medical opinion for the employer, like the PLHCP's opinion, is limited to (and must contain): the date of the examination and any recommended limitations on the employee's use of respirators. If the employee provides written authorization, the written medical opinion can (and must) also contain any limitations on the employee's exposure to respirable crystalline silica.

The PLHCP should discuss the implication of signing or not signing the authorization with the employee (in a manner and language that he or she understands) so that the employee can make an informed decision regarding the written authorization and its consequences. The discussion should include the risk of ongoing silica exposure, personal risk factors, risk of disease progression, and possible health and economic consequences. For instance, written authorization is required for a PLHCP to advise an employer that an employee should be referred to a Board Certified Specialist in Pulmonary Disease or Occupational Medicine for evaluation of an abnormal chest X-ray (B-reading 1/0 or greater). If an employee does not sign an authorization, then the employer will not know and cannot facilitate the referral to a Specialist and is not required to pay for the Specialist's examination. In the rare case where an employee is diagnosed with acute or accelerated silicosis, co-workers are likely to be at significant risk of developing those diseases as a result of inadequate controls in the workplace. In this case, the PLHCP and/or Specialist should explain this concern to the affected employee and make a determined effort to obtain written authorization from the employee so that the PLHCP and/or Specialist can contact the employer.

Finally, without written authorization from the employee, the PLHCP and/or Board Certified Specialist in Pulmonary Disease or Occupational Medicine cannot provide feedback to an employer regarding control of workplace silica exposure, at least in relation to an individual employee. However, the regulation does not prohibit a PLHCP and/or Specialist from providing an employer with general recommendations regarding exposure controls and prevention programs in relation to silica exposure and silica-related illnesses, based on the information that the PLHCP receives from the employer such as employees' duties and exposure levels.

Recommendations may include increased frequency of medical surveillance examinations, additional medical surveillance components, engineering and work practice controls, exposure monitoring and personal protective equipment. For instance, more frequent medical surveillance examinations may be a recommendation to employers for employees who do abrasive blasting with silica because of the high exposures associated with that operation.

ACOEM's Code of Ethics and discussion is a good resource to guide PLHCPs regarding the issues discussed in this chapter. (See Section 5 of this Appendix.)

5. Resources.

5.1. American College of Occupational and Environmental Medicine (ACOEM): ACOEM Code of Ethics. Accessed at: <http://www.acoem.org/codeofconduct.aspx>
Raymond, L.W. and Wintermeyer, S. (2006) ACOEM evidenced-based statement on medical surveillance of silica-exposed workers: medical surveillance of workers exposed to crystalline silica. *J Occup Environ Med*, 48, 95-101.

5.2. Center for Disease Control and Prevention (CDC) Tuberculosis web page: <http://www.cdc.gov/tb/default.htm>

State TB Control Offices web page: <http://www.cdc.gov/tb/links/tboffices.htm>

Tuberculosis Laws and Policies web page: <http://www.cdc.gov/tb/programs/laws/default.htm> CDC. (2013). Latent Tuberculosis Infection: A Guide for Primary Health Care Providers. Accessed at: <http://www.cdc.gov/tb/publications/tbi/pdf/targetedltbi.pdf>

5.3. International Labour Organization.

International Labour Office (ILO). (2011) Guidelines for the use of the ILO International Classification of Radiographs of Pneumoconioses, Revised edition 2011. Occupational Safety and Health Series No. 22: http://www.ilo.org/safework/info/publications/WCMS_168260/lang--en/index.htm

5.4. National Institute of Occupational Safety and Health (NIOSH) NIOSH B Reader Program web page. (Information on interpretation of X-rays for silicosis and a list of certified B-readers.) Accessed at: <http://www.cdc.gov/niosh/topics/chestradiography/breader-info.html> NIOSH Guideline (2011). Application of Digital Radiography for the Detection and Classification of Pneumoconiosis. NIOSH publication number 2011-198. Accessed at: [http://www.cdc.gov/niosh/docs/2011-198/NIOSH Hazard Review \(2002\), Health Effects of Occupational Exposure to Respirable Crystalline Silica. NIOSH publication number 2002-129: Accessed at http://www.cdc.gov/niosh/docs/2002-129/NIOSH Health Hazard Evaluations Programs. \(Information on the NIOSH Health Hazard Evaluation \(HHE\) program, how to request an HHE and how to look up an HHE report.\) Accessed at: http://www.cdc.gov/niosh/hhe/](http://www.cdc.gov/niosh/docs/2011-198/NIOSH_Hazard_Review_(2002)_Health_Effects_of_Occupational_Exposure_to_Respirable_Crystalline_Silica.pdf)

5.5. National Industrial Sand Association:

Occupational Health Program for Exposure to Crystalline Silica in the Industrial Sand Industry. National Industrial Sand Association, 2nd ed. 2010. Can be ordered at: <http://www.sand.org/silica-occupational-health-program>

5.6. Occupational Safety and Health Administration (OSHA)

Contacting OSHA: http://www.osha.gov/html/Feed_Back.html

OSHA's Clinicians web page. (OSHA resources, regulations and links to help clinicians navigate OSHA's web site and aid clinicians in caring for workers.) Accessed at: <http://www.osha.gov/dts/oom/clinicians/index.html>

OSHA's Safety and Health Topics webpage on Silica. Accessed at: <http://www.osha.gov/dsg/topics/silica/crystalline/index.html>

OSHA (2013). Spirometry Testing in Occupational Health Programs: Best Practices for Healthcare Professionals. (OSHA 3637-03 2013.) Accessed at: <http://www.osha.gov/Publications/OSHA3637.pdf>

OSHA/NIOSH (2011). Spirometry: OSHA/NIOSH Spirometry InfoSheet (OSHA 3415-1-11). (Provides guidance to employers.) Accessed at <http://www.osha.gov/Publications/osha3415.pdf>

OSHA/NIOSH (2011) Spirometry: OSHA/NIOSH Spirometry Worker Info. (OSHA 3418-3-11). Accessed at <http://www.osha.gov/Publications/osha3418.pdf>

5.7. Other.

Steenland, K. and Ward E. (2014). Silica: A lung carcinogen. *CA Cancer J Clin*, 64, 63-69. (This article reviews not only silica and lung cancer but also all the known silica-related health effects. Further, the authors provide guidance to clinicians on medical surveillance of silica-exposed workers and worker counseling on safety practices to minimize silica exposure.)

6. References.

American Thoracic Society (ATS). Medical Section of the American Lung Association (1997). Adverse effects of crystalline silica exposure. *Am J Respir Crit Care Med*, 155, 761-765.

American Thoracic Society (ATS), Centers for Disease Control (CDC), Infectious Diseases Society of America (IDSA) (2005). Controlling Tuberculosis in the United States. *Morbidity and Mortality Weekly Report (MMWR)*, 54(RR12), 1-81. Accessed at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5412a1.htm>

Brown, T. (2009). Silica exposure, smoking, silicosis and lung cancer - complex interactions. *Occupational Medicine*, 59, 89-95.

Halldin, C. N., Petsonk, E. L., and Laney, A. S. (2014). Validation of the International Labour Office digitized standard images for recognition and classification of radiographs of pneumoconiosis. *Acad Radiol*, 21,305-311.

International Agency for Research on Cancer. (2012). Monographs on the evaluation of carcinogenic risks to humans: Arsenic, Metals, Fibers, and Dusts Silica Dust, Crystalline, in the Form of Quartz or Cristobalite. A Review of Human Carcinogens. Volume 100 C. Geneva, Switzerland: World Health Organization.

Jalloul, A. S. and Banks D. E. (2007). Chapter 23. The health effects of silica exposure. In: Rom, W. N. and Markowitz, S. B. (Eds). *Environmental and Occupational Medicine*, 4th edition. Lippincott, Williams and Wilkins, Philadelphia, 365-387.

Kramer, M. R., Blanc, P. D., Fireman, E., Amital, A., Guber, A., Rahman, N. A., and Shitrit, D. (2012). Artificial

stone silicosis: disease resurgence among artificial stone workers. *Chest*, 142, 419-424.

Laney, A. S., Petsonk, E. L., and Attfield, M. D. (2011). Intramodality and intermodality comparisons of storage phosphor computed radiography and conventional film-screen radiography in the recognition of small pneumoconiotic opacities. *Chest*, 140,1574-1580.

Liu, Y., Steenland, K., Rong, Y., Hnizdo, E., Huang, X., Zhang, H., Shi, T., Sun, Y., Wu, T., and Chen, W. (2013). Exposure-response analysis and risk assessment for lung cancer in relationship to silica exposure: a 44-year cohort study of 34,018 workers. *Am J Epi*, 178,1424-1433.

Liu, Y., Rong, Y., Steenland, K., Christiani, D. C., Huang, X., Wu, T., and Chen, W. (2014). Long-term exposure to crystalline silica and risk of heart disease mortality. *Epidemiology*, 25, 689-696.

Mazurek, G. H., Jereb, J., Vernon, A., LoBue, P., Goldberg, S., Castro, K. (2010). Updated guidelines for using interferon gamma release assays to detect Mycobacterium tuberculosis infection - United States. *Morbidity and Mortality Weekly Report (MMWR)*, 59(RR05), 1-25.

Miller, M. R., Hankinson, J., Brusasco, V., Burgos, F., Casaburi, R., Coates, A., Crapo, R., Enright, P., van der Grinten, C. P., Gustafsson, P., Jensen, R., Johnson, D. C., MacIntyre, N., McKay, R., Navajas, D., Pedersen, O. F., Pellegrino, R., Viegi, G., and Wanger, J. (2005).

American Thoracic Society/European Respiratory Society (ATS/ERS) Task Force: Standardisation of Spirometry. *Eur Respir J*, 26, 319-338.

National Toxicology Program (NTP) (2014). Report on Carcinogens, Thirteenth Edition. Silica, Crystalline (respirable Size). Research Triangle Park, NC: U.S. Department of Health and Human Services, Public Health Service. <http://ntp.niehs.nih.gov/ntp/roc/content/profiles/silica.pdf>

Occupational Safety and Health Administration/National Institute for Occupational Safety and Health (OSHA/NIOSH) (2012). Hazard Alert. Worker exposure to silica during hydraulic fracturing.

Occupational Safety and Health Administration/National Institute for Occupational Safety and Health (OSHA/NIOSH) (2015). Hazard alert. Worker exposure to silica during countertop manufacturing, finishing, and installation. (OSHA-HA-3768-2015.)

Redlich, C. A., Tarlo, S. M., Hankinson, J. L., Townsend, M. C, Eschenbacher, W. L., Von Essen, S. G., Sigsgaard, T., Weissman, D. N. (2014). Official American Thoracic Society technical standards: spirometry in the occupational setting. *Am J Respir Crit Care Med*; 189, 984-994.

Rees, D. and Murray, J. (2007). Silica, silicosis and tuberculosis. *Int J Tuberc Lung Dis*, 11(5), 474-484.

Shtraichman, O., Blanc, P. D., Ollech, J. E., Fridel, L., Fuks, L., Fireman, E., and Kramer, M. R. (2015). Outbreak of autoimmune disease in silicosis linked to artificial stone. *Occup Med*, 65, 444-450.

Slater, M. L., Welland, G., Pai, M., Parsonnet, J., and Banaei, N. (2013). Challenges with QuantiFERON-TB gold assay for large-scale, routine screening of U.S. healthcare workers. *AmJ Respir Crit Care Med*, 188, 1005-1010.

Steenland, K., Mannelje, A., Boffetta, P., Stayner, L., Attfield, M., Chen, J., Dosemeci, M., DeKlerk, N., Hnizdo,

E., Koskela, R., and Checkoway, H. (2001). International Agency for Research on Cancer. Pooled exposure-response analyses and risk assessment for lung cancer in 10 cohorts of silica-exposed workers: an IARC multicentre study. *Cancer Causes Control*, 12(9):773-84.

Steenland, K. and Ward E. (2014). Silica: A lung carcinogen. *CA Cancer J Clin*, 64, 63-69. Townsend, M. C. ACOEM Guidance Statement. (2011). Spirometry in the occupational health setting - 2011 Update. *J Occup Environ Med*, 53, 569-584.

7. Sample Forms.

Three sample forms are provided. The first is a sample written medical report for the employee. The second is a sample written medical opinion for the employer. And the third is a sample written authorization form that employees sign to clarify what information the employee is authorizing to be released to the employer.

8. Washington State Reporting Requirements for Tuberculosis.

Active TB disease is a reportable condition in all Washington state counties. Current statewide requirements for notifiable conditions are found in WAC 246-101-101. Contact your local health department immediately to report or obtain assistance regarding any confirmed or suspected cases of active TB disease.

Latent TB infection may be a reportable condition in your Washington state county. Contact your local health department for more information on local reporting requirements, or to obtain assistance with the evaluation and management of latent TB infection.

WRITTEN MEDICAL REPORT FOR EMPLOYEE

EMPLOYEE NAME: _____ DATE OF EXAMINATION: _____

TYPE OF EXAMINATION:

[] Initial examination [] Periodic examination [] Specialist examination
[] Other: _____

RESULTS OF MEDICAL EXAMINATION:

Physical Examination - [] Normal [] Abnormal (see below) [] Not performed
Chest X-Ray - [] Normal [] Abnormal (see below) [] Not performed
Breathing Test (Spirometry) - [] Normal [] Abnormal (see below) [] Not performed
Test for Tuberculosis - [] Normal [] Abnormal (see below) [] Not performed
Other: _____ [] Normal [] Abnormal (see below) [] Not performed

Results reported as abnormal: _____

[] Your health may be at increased risk from exposure to respirable crystalline silica due to the following:

RECOMMENDATIONS:

[] No limitations on respirator use
[] Recommended limitations on use of respirator: _____
[] Recommended limitations on exposure to respirable crystalline silica: _____

Dates for recommended limitations, if applicable: _____ to _____
MM/DD/YYYY MM/DD/YYYY

[] I recommend that you be examined by a Board Certified Specialist in Pulmonary Disease or Occupational Medicine

[] Other recommendations*: _____

Your next periodic examination for silica exposure should be in: [] 3 years [] Other: _____

Examining Provider: _____ Date: _____
(signature) MM/DD/YYYY

Provider Name: _____ Office Phone: _____
Office Address: _____

*These findings may not be related to respirable crystalline silica exposure or may not be work-related, and therefore may not be covered by the employer. These findings may necessitate follow-up and treatment by your personal physician.

Respirable Crystalline Silica standard, chapter 296-840 WAC.

WRITTEN MEDICAL OPINION FOR EMPLOYER

EMPLOYER: _____

EMPLOYEE NAME: _____ DATE OF EXAMINATION: _____

TYPE OF EXAMINATION:

[] Initial examination [] Periodic examination [] Specialist examination
[] Other: _____

USE OF RESPIRATOR:

[] No limitations on respirator use
[] Recommended limitations on use of respirator: _____

Dates for recommended limitations, if applicable: _____ to _____
MM/DD/YYYY MM/DD/YYYY

The employee has provided written authorization for disclosure of the following to the employer (if applicable):

[] This employee should be examined by an American Board Certified Specialist in Pulmonary Disease or Occupational
Medicine
[] Recommended limitations on exposure to respirable crystalline silica: _____

Dates for exposure limitations noted above: _____ to _____
MM/DD/YYYY MM/DD/YYYY

NEXT PERIODIC EVALUATION: [] 3 years [] Other: _____
MM/DD/YYYY

Examining Provider: _____ Date: _____
(signature)

Provider Name: _____ Provider's Specialty: _____

Office Address: _____ Office Phone: _____

[] I attest that the results have been explained to the employee.

The following is required to be checked by the Physician or other Licensed Health Care Professional (PLHCP):

[] I attest that this medical examination has met the requirements of the medical surveillance section of the DOSH
Respirable Crystalline Silica standard, WAC 296-840-145.

AUTHORIZATION FOR CRYSTALLINE SILICA OPINION TO EMPLOYER

This medical examination for exposure to crystalline silica could reveal a medical condition that results in recommendations for (1) limitations on respirator use, (2) limitations on exposure to crystalline silica, or (3) examination by a specialist in pulmonary disease or occupational medicine. Recommended limitations on respirator use will be included in the written opinion to the employer. If you want your employer to know about limitations on crystalline silica exposure or recommendations for a specialist examination, you will need to give authorization for the written opinion to the employer to include one or both of those recommendations.

I hereby authorize the opinion to the employer to contain the following information, if relevant (please check all that apply):

Recommendations for limitations on crystalline silica exposure

Recommendation for a specialist examination

OR

I do not authorize the opinion to the employer to contain anything other than recommended limitations on respirator use.

Please read and initial:

_____ I understand that if I do not authorize my employer to receive the recommendation for specialist examination, the employer will not be responsible for arranging and covering costs of a specialist examination.

Name (printed)

Signature

Date

Reviser's note: The spelling error in the above section occurred in the copy filed by the agency and appears in the Register pursuant to the requirements of RCW 34.08.040.

NEW SECTION**WAC 296-840-175 Appendix C—Adult tuberculosis screening tool for workers exposed to respirable crystalline silica—Nonmandatory.**

Screening is the identification of those individuals—among a group with unknown disease status— who are likely to have a given medical condition. Because exposure to respirable crystalline silica increases the risk of developing active tuberculosis (TB) disease in workers who have latent TB infection, this standard requires that the physician or other licensed health care professional (PLHCP) conduct TB screening as part of both initial (baseline) and periodic examinations.

Persons undergoing TB screening do not necessarily require testing for latent TB infection:

- The PLHCP must offer testing for latent TB infection as part of initial (baseline) examinations.
- The PLHCP has discretion whether to offer testing for latent TB infection as part of periodic examinations.

The following TB screening tool is designed to help the PLHCP identify:

- workers who should undergo comprehensive evaluation for active TB disease (**section 1 of this form in this appendix**); and
- workers who should receive testing for latent TB infection (**section 2 of this form in this appendix.**)

Active TB disease is a reportable condition in all Washington State counties. Current statewide requirements for notifiable conditions are found at WAC 246-101-101. Contact your local health department immediately to report or obtain assistance regarding any confirmed or suspected cases of active TB disease.

Latent TB infection may be a reportable condition in your Washington State county. Contact your local health department for more information on local reporting requirements, or to obtain assistance with the evaluation and management of latent TB infection.

As a decision aid for the PLHCP, this tool does not supersede the PLHCP's determination of which additional tests are offered to an employee under the medical surveillance section of Chapter 296-840 WAC, beyond those tests the standard requires. The employee medical information gathered using the screening tool is confidential and cannot be included in the written medical opinion for employers. Section 4 of Appendix B (WAC 296-840-170) contains additional considerations on confidentiality under the medical surveillance section of Chapter 296-840 WAC.

The complete medical surveillance requirements for examinations and procedures under this chapter are described at WAC 296-840-145.



Adult Tuberculosis Screening Tool for Workers Exposed to Respirable Crystalline Silica

Provider's Name
Assessment Date

Patient's Name
Date of Birth

For use in meeting medical surveillance requirements per WAC 296-840-145.

This tool is designed to help providers identify:

- Adult workers who should undergo comprehensive evaluation for active tuberculosis (TB) disease (Section 1), AND
Adult workers who should receive testing for latent TB infection (Section 2).

Section 1 — Symptom Screen for Active TB Disease
Workers who have any of the following symptoms may require further evaluation for active TB disease. This tool is intended to be an adjunct to clinical evaluation and is not a substitute for exercising sound clinical judgement. Responses should be considered in clinical context and should not automatically result in a comprehensive evaluation for active TB disease, unless indicated.
Signs and symptoms consistent with active TB disease in the lung, pleura, airways, or larynx.
Cough (longer than 3 weeks), Coughing Up Blood, Fever, Night Sweats, Unusual Fatigue, Weight Loss (without trying), Loss of Appetite, Shortness of Breath, Chest Pain, Hoarseness.
For patients with clinical circumstances that require additional evaluation for active TB disease, consider the following: chest x-ray if not already obtained, sputum AFB smears, cultures and nucleic acid amplification.
A negative tuberculin skin test (TST) or interferon gamma release assay (IGRA) does not rule out active TB disease, but these tests can be useful for making the diagnosis and should be considered.

Continue to Page 2 to Begin Evaluation for Latent TB infection Testing

Adapted from the Washington State Department of Health Adult Tuberculosis Risk Assessment and Symptoms Screening

Centers for Disease Control and Prevention. Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005. MMWR 2005, 54 (No.RR-17): 16.

Provider's Name	Patient's Name
Assessment Date	Date of Birth

Section 2 — Risk Assessment for <i>Latent TB Infection</i>
Latent Tuberculosis Infection (LTBI) Testing is recommended if any of the eight boxes in the following Risk Assessment are checked.
If LTBI test result is positive and active TB disease is ruled out, LTBI treatment is recommended.
Retesting should generally only be done in persons with a previous negative test who have new risk factors since the last assessment.
Risk Assessment: Check appropriate risk factor boxes below. ⁱⁱ
<input type="checkbox"/> Worker is undergoing initial (baseline) medical examination per WAC 296-840-145.
<input type="checkbox"/> Foreign-born person from a country with an elevated TB rate. <ul style="list-style-type: none"> • Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe. • Interferon gamma release assay (IGRA) is preferred over tuberculin skin test (TST) for foreign-born persons.
<input type="checkbox"/> Immunosuppression — current or planned. <ul style="list-style-type: none"> • HIV infection, organ transplant recipient, treated with TNF-alpha antagonist (e.g. infliximab, etanercept, others), steroids (equivalent of prednisone ≥ 15 mg/day for ≥ 1 month), or other immunosuppressive medication.
<input type="checkbox"/> Close contact to someone with infectious TB disease at any time.
<input type="checkbox"/> Certain foreign travel. <ul style="list-style-type: none"> • Travel to countries with an elevated TB rate may be a risk for TB exposure in certain circumstances (e.g. extended duration, likely contact with infectious TB cases, high prevalence of TB in travel location, non-tourist travel).
<input type="checkbox"/> Diagnosis of silicosis.
<input type="checkbox"/> Exposure to respirable crystalline silica for 25 years or more.
<input type="checkbox"/> Other risk factor: _____
Latent Tuberculosis Infection (LTBI) Testing is recommended if any of the eight boxes in the Risk Assessment are checked.
IGRA testing for LTBI is preferred in BCG vaccinated persons: because IGRA has increased specificity of TB infection in persons vaccinated with BCG, IGRA is preferred over the TST in these persons. Most persons born outside the United States have been vaccinated with BCG.

Continue to Page 4 to Complete Risk Assessment for *Latent TB Infection Testing*

ⁱⁱ This list is not exhaustive. For additional information, see the Washington State Department of Health Adult TB Risk Assessment User Guide (www.doh.wa.gov).

If LTBI test result is positive and active TB disease is ruled out, LTBI treatment is recommended.

In persons at low risk for tuberculosis infection and disease progression, **confirmatory testing is recommended if the initial test for LTBI is positive:**ⁱⁱⁱ

- Either a TST or an IGRA may be used for the second (confirmatory) test,
 - but if the TST is the initial positive test, it should not be used as the confirmatory test due to potential side-effects.
- Persons at low risk are only considered to have LTBI if both tests are positive.
 - Discordant testing is likely due to false positive results in persons at low risk.

As used by this tool, low risk refers to patients who have no identified risk factors for either 1. having acquired TB infection (e.g. foreign-born person from a country with an elevated TB rate), or 2. having excess risk of disease progression (e.g., current or planned immunosuppression).^{iv,v}

ⁱⁱⁱ Lewinsohn et al. 2017. *Official American Thoracic Society/Infectious Diseases Society of America/Centers for Disease Control and Prevention Clinical Practice Guidelines: Diagnosis of Tuberculosis in Adults and Children*. Clin Infect Dis 64(2): e1-e33.

^{iv} Ibid.

^v See *DOH Adult TB Risk Assessment User Guide*. Please request from the Washington State Department of Health.

WSR 18-11-121
EXPEDITED RULES
SECRETARY OF STATE
 [Filed May 22, 2018, 12:28 p.m.]

Title of Rule and Other Identifying Information: WAC
 434-230-015 Ballots and instructions.

Purpose of the Proposal and Its Anticipated Effects, Including Any Changes in Existing Rules: This update changes punctuation, and clarifies subsection (3)(c) in a list of qualifications.

Reasons Supporting Proposal: The update will clarify and correctly punctuate the list of qualifications.

Statutory Authority for Adoption: RCW 29A.04.611.

Statute Being Implemented: Title 29A RCW.

Rule is not necessitated by federal law, federal or state court decision.

Name of Proponent: Office of the secretary of state, governmental.

Name of Agency Personnel Responsible for Drafting, Implementation, and Enforcement: Sheryl Moss, Olympia, 360-902-4146.

Agency Comments or Recommendations, if any, as to Statutory Language, Implementation, Enforcement, and Fiscal Matters: Clarifies the intent of recent WAC adoption by correcting a typographic[al] error.

This notice meets the following criteria to use the expedited adoption process for these rules:

Relates only to internal governmental operations that are not subject to violation by a person.

Corrects typographical errors, make address or name changes, or clarify language of a rule without changing its effect.

Have been the subject of negotiated rule making, pilot rule making, or some other process that involved substantial participation by interested parties before the development of the proposed rule.

Explanation of the Reason the Agency Believes the Expedited Rule-Making Process is Appropriate: Correction of a typographic[al] error.

NOTICE

THIS RULE IS BEING PROPOSED UNDER AN EXPEDITED RULE-MAKING PROCESS THAT WILL ELIMINATE THE NEED FOR THE AGENCY TO HOLD PUBLIC HEARINGS, PREPARE A SMALL BUSINESS ECONOMIC IMPACT STATEMENT, OR PROVIDE RESPONSES TO THE CRITERIA FOR A SIGNIFICANT LEGISLATIVE RULE. IF YOU OBJECT TO THIS USE OF THE EXPEDITED RULE-MAKING PROCESS, YOU MUST EXPRESS YOUR OBJECTIONS IN WRITING AND THEY MUST BE SENT TO Sheryl Moss, Office of the Secretary of State, P.O. Box 40220, phone 360-902-4146, fax 360-664-4619, email Sheryl.moss@sos.wa.gov[gov], AND RECEIVED BY July 23, 2018.

May 22, 2018

Mark Neary

Assistant Secretary of State

AMENDATORY SECTION (Amending WSR 18-10-003, filed 4/19/18, effective 5/20/18)

WAC 434-230-015 Ballots and instructions. (1) Each ballot shall specify the county, the date, and whether the election is a primary, special or general.

(2) Each ballot must include instructions directing the voter how to mark the ballot, including write-in votes if candidate races appear on the ballot.

(3) Instructions that accompany a ballot must:

(a) Instruct the voter how to cancel a vote by drawing a line through the text of the candidate's name or ballot measure response;

(b) Notify the voter that, unless specifically allowed by law, more than one vote for an office or ballot measure will be an overvote and no votes for that office or ballot measure will be counted;

(c) Explain how to complete and sign the ballot declaration. The following declaration must accompany the ballot:

"I do solemnly swear or affirm under penalty of perjury that I am:

A citizen of the United States;

A legal resident of the state of Washington;

At least 18 years old on election day;

Voting only once in this election;

Not under the authority of the Department of Corrections for a Washington felony conviction;

Not disqualified from voting due to a court order; and

Not voting in any other jurisdiction in the United States for this election(~~(-and)~~).

It is illegal to forge a signature or cast another person's ballot. Attempting to vote when not qualified, attempting to vote more than once, or falsely signing this declaration is a felony punishable by a maximum imprisonment of five years, a maximum fine of \$10,000, or both."

The declaration must include space for the voter to sign and date the declaration, for the voter to write his or her phone number, and for two witnesses to sign if the voter is unable to sign.

(d) Explain how the voter may make a mark, witnessed by two other people, if the voter is unable to write their signature;

(e) Explain that a power of attorney cannot be used to sign a ballot for someone else;

(f) Explain how to place the ballot in the security envelope and place the security envelope in the return envelope;

(g) Explain how to obtain a replacement ballot if the original ballot is destroyed, spoiled, or lost;

(h) If applicable, explain that postage is required, or exactly how much postage is required. See WAC 434-250-200 on return postage;

(i) Explain that, in order for the ballot to be counted, it must be either postmarked no later than election day or deposited at a ballot drop box no later than 8:00 p.m. election day;

(j) Explain how to learn about the locations, hours, and services of voting centers and ballot drop boxes, including the availability of accessible voting equipment;

(k) Include, for a primary election that includes a partisan office other than a presidential primary race, a notice on an insert explaining:

"In each race, you may vote for any one candidate listed. The two candidates who receive the most votes in the primary will advance to the general election.

Each candidate for partisan office may state a political party that he or she prefers. A candidate's preference does not imply that the candidate is nominated or endorsed by the party, or that the party approves of or associates with that candidate."

(l)(i) Include, for a general election that includes a partisan office, the following explanation:

"If a primary election was held for an office, the two candidates who received the most votes in the primary advanced to the general election.

Each candidate for partisan office may state a political party that he or she prefers. A candidate's preference does not imply that the candidate is nominated or endorsed by the party, or that the party approves of or associates with that candidate."

(ii) In a year that president and vice president appear on the general election ballot, the following must be added to the statement required by (l)(i) of this subsection:

"The election for president and vice president is different. Candidates for president and vice president are the official nominees of their political party."

(4) Instructions that accompany a special absentee ballot authorized by RCW 29A.40.050 must also explain that the voter may request and subsequently vote a regular ballot, and that if the regular ballot is received by the county auditor, the regular ballot will be tabulated and the special absentee ballot will be voided.

(5) Each ballot must explain, either in the general instructions or in the heading of each race, the number of candidates for whom the voter may vote (e.g., "vote for one").

(6)(a) If the ballot includes a partisan office other than a presidential primary race, the ballot must include the following notice in bold print immediately above the first partisan congressional, state or county office: "READ: Each candidate for partisan office may state a political party that he or she prefers. A candidate's preference does not imply that the candidate is nominated or endorsed by the party, or that the party approves of or associates with that candidate."

(b) When the race for president and vice president appears on a general election ballot, instead of the notice required by (a) of this subsection, the ballot must include the following notice in bold print after president and vice president but immediately above the first partisan congressional, state or county office: "READ: Each candidate for president and vice president is the official nominee of a political party. For other partisan offices, each candidate may state a political party that he or she prefers. A candidate's preference does not imply that the candidate is nominated or endorsed by the party, or that the party approves of or associates with that candidate."

(c) The same notice may also be listed in the ballot instructions.

(7) Counties may use varying sizes and colors of ballots, provided such size and color is used consistently throughout a region, area or jurisdiction (e.g., legislative district, commissioner district, school district, etc.). Varying color and size may also be used to designate various types of ballots.

(8) Ballots shall be formatted as provided in RCW 29A.36.170.

(9) Removable stubs are not considered part of the ballot.

(10) If ballots are printed with sequential numbers or other sequential identifiers, the county auditor must take steps to prevent ballots from being issued sequentially, in order to protect secrecy of the ballot.

Counties may use ballot envelopes and instruction in stock until May 31, 2019.

WSR 18-11-131
EXPEDITED RULES
DEPARTMENT OF
FISH AND WILDLIFE
 [Filed May 23, 2018, 9:03 a.m.]

Title of Rule and Other Identifying Information: Amending and adding rules relating to aquatic invasive species (AIS) in chapter 220-640 WAC.

Purpose of the Proposal and Its Anticipated Effects, Including Any Changes in Existing Rules: Updating terms to existing rules and adding rules to chapter 220-640 WAC based on changes from ESSB 6040 passed during the 2014 legislative session.

The department will amend WAC 220-640-010 Aquatic invasive species—Provisions, 220-640-020 Deleterious exotic wildlife, 220-640-030 Prohibited level 1 aquatic animal species, 220-640-040 Prohibited level 2 aquatic animal species, 220-640-050 Prohibited level 3 aquatic animal species, 220-640-060 Prohibited level 3 aquatic animal species, 220-640-070 Regulated Type A aquatic animal species, 220-640-080 Regulated Type B aquatic animal species, 220-640-100 Scientific research/display permits and monitoring and control programs—Requirements for possession of prohibited aquatic animal species, 220-640-110 Importation of live aquatic organisms—Required certification of "zebra/quagga mussel free," 220-640-120 Capture of prohibited aquatic animals in Washington waters—Requirements and 220-640-130 Allowable possession of prohibited aquatic animals if acquired prior to classification—Requirement of documentation; and repeal WAC 220-640-090 Regulated Type C aquatic animal species.

Reasons Supporting Proposal: During the 2014 legislative session, the legislature made substantial changes to the laws concerning invasive species and enacted chapter 77.135 RCW, Invasive species. The department needs to amend and add to its current rules concerning AIS contained in chapter 220-640 WAC to reflect these statutory changes.

Statutory Authority for Adoption: RCW 77.04.090, 77.04.130, 77.15.568, 77.08.010, 77.65.510, 77.65.515, 77.65.520.

Statute Being Implemented: RCW 77.135.010, 77.135.-020, 77.135.030, 77.135.040, 77.135.050, 77.135.060, 77.135.070, 77.135.080, 77.135.090, 77.135.100, 77.135.110, 77.135.120, 77.135.130, 77.135.140, 77.135.150, 77.135.-160, 77.135.170, 77.135.180, 77.135.200, 77.135.210, 77.135.220, 77.135.230, 77.135.240.

Rule is not necessitated by federal law, federal or state court decision.

Name of Proponent: [Department of fish and wildlife], governmental.

Name of Agency Personnel Responsible for Drafting and Implementation: Captain Eric Anderson, 1111 Washington Street, Olympia, WA 98501, 360-640-0493; Enforcement: Chief Steve Bear, 1111 Washington Street, Olympia, WA 98501, 360-902-2936.

This notice meets the following criteria to use the expedited adoption process for these rules:

Content is explicitly and specifically dictated by statute.

This notice meets the following criteria to use the expedited repeal process for these rules:

The rule is no longer necessary because of changed circumstances.

Explanation of the Reason the Agency Believes the Expedited Rule-Making Process is Appropriate: Based on the rationale of RCW 34.053 [34.05.353] (1)(d), the department believes that an expedited rule-making process is appropriate because the content of the proposed rules is explicitly and specifically dictated by statute.

NOTICE

THIS RULE IS BEING PROPOSED UNDER AN EXPEDITED RULE-MAKING PROCESS THAT WILL ELIMINATE THE NEED FOR THE AGENCY TO HOLD PUBLIC HEARINGS, PREPARE A SMALL BUSINESS ECONOMIC IMPACT STATEMENT, OR PROVIDE RESPONSES TO THE CRITERIA FOR A SIGNIFICANT LEGISLATIVE RULE. IF YOU OBJECT TO THIS USE OF THE EXPEDITED RULE-MAKING PROCESS, YOU MUST EXPRESS YOUR OBJECTIONS IN WRITING AND THEY MUST BE SENT TO Scott Bird, Washington Department of Fish and Wildlife, 600 Capitol Way North, phone 360-902-2403, fax 360-902-2155, e-mail Rules.Coordinator@dfw.wa.gov, AND RECEIVED BY July 23, 2018.

May 23, 2018
Scott Bird
Rules Coordinator

AMENDATORY SECTION (Amending WSR 18-06-006, filed 2/22/18, effective 3/25/18)

WAC 220-640-010 Aquatic invasive species—Provisions. The following provisions apply to all nonnative aquatic animal species except nonnative species in ballast water, which are provided for in chapter 220-650 WAC. The definitions of invasive species, prohibited (~~(aquatic animal)~~) species and regulated (~~(aquatic animal)~~) species as used in this section are the same as in RCW 77.135.010.

AMENDATORY SECTION (Amending WSR 18-06-006, filed 2/22/18, effective 3/25/18)

WAC 220-640-020 ((Reserved—Deleterious exotic wildlife-)) Aquatic invasive species classification. ((Reserved:

(1) The following animals are hereby designated as deleterious exotic wildlife:

(a) ~~Birds: In the family Anatidae, the mute swan (Cygnus olor).~~

(b) ~~Mammals:~~

(i) ~~In the family Viverridae, the mongoose (all members of the genus Herpestes).~~

(ii) ~~In the family Suidae, the wild boar (Sus scrofa and all wild hybrids).~~

(iii) ~~In the family Tayassuidae, the collared peccary (javelina) (Tayassu tajacu).~~

(iv) ~~In the family Bovidae, all members and hybrids of the following genera: Rupicapra (Chamois); Hemitragus (Tahr); Capra (goats, ibexes except domestic goat Capra (hircus)); Ammotragus (Barbary sheep or Aoudad); Ovis~~

~~(sheep), except domestic sheep Ovis aries; Damaliscus (Sassabies); Alelaphus buselaphus (Hartebeest); and Connochaetes (Wildebeests).~~

~~(v) In the family Cervidae, the European red deer (Cervus elaphus elaphus), all nonnative subspecies of Cervus elaphus, and all hybrids with North American elk; Fallow deer (Dama dama), Axis deer (Axis axis), Rusa deer or Sambar deer (Cervus unicolor, Cervus timorensis, Cervus mariannus and Cervus alfredi), Sika deer (Cervus Nippon), Reindeer (all members of the genus Rangifer except Rangifer tarandus caribou), and Roedeer (all members of the genus Capreolus).~~

~~(2) It is unlawful to import into the state, hold, possess, propagate, offer for sale, sell, transfer, or release live specimens of deleterious exotic wildlife, their gametes and/or embryo, except as provided under subsection (3), (4), (5), (6), or (7) of this section, and as provided in WAC 220-640-020.~~

~~(3) Scientific research or display: The director may authorize, by written approval, a person to import into the state, hold, possess, and propagate live specimens of deleterious exotic wildlife for scientific research or for display by zoos or aquariums who are accredited institutional members of the association of zoos and aquariums (AZA), provided:~~

~~(a) The specimens are confined to a secure facility;~~

~~(b) The specimens will not be transferred to any other location within the state, except to other AZA-accredited facilities with written director approval or as otherwise authorized in writing by the director;~~

~~(c) The specimens will be euthanized and all parts incinerated at the end of the project, except for federally listed endangered or threatened species, which may be retained or transferred where in compliance with federal law;~~

~~(d) The person will keep such records on the specimens and make such reports as the director may require; and~~

~~(e) The person complies with other requirements of this section.~~

~~(4) Retention or disposal of existing specimens lawfully in captivity:~~

~~(a) Specimens lawfully in captivity prior to January 18, 1991: A person holding exotic wildlife specimens in captivity that were classified by the fish and wildlife commission as deleterious exotic wildlife on or before January 18, 1991, may retain the specimens of such deleterious exotic wildlife such person lawfully possessed prior to January 18, 1991, provided such person complies with subsection (4)(c) through (h) hereunder and the other requirements of this section;~~

~~(b) Specimens lawfully in captivity prior to June 20, 1992: A person holding the following deleterious exotic wildlife specimens in captivity that were classified by the fish and wildlife commission as deleterious exotic wildlife by operation of emergency rule filed June 19, 1992, (in the family Bovidae, Sassabies (all members of the genus Damaliscus), Hartebeest (Alelaphus buselaphus), Wildebeests (all members of the genus Connochaetes), Markhor (Capra falconeri), and Marepolo sheep (Ovis ammon); and in the family Cervidae, Fallow deer (Dama dama), Axis deer (Axis axis), Sika deer (Cervus Nippon), and Rusa deer or Sambar deer (Cervus unicolor, Cervus timorensis, Cervus mariannus and Cervus alfredi)), may retain the specimens of such deleterious exotic wildlife such person lawfully possessed prior~~

to June 20, 1992, and the lawful progeny thereof, provided such person complies with (c) through (h) of this subsection and the other requirements of this section and except as provided under subsection (7) of this section;

(c) The person reported to the director, in writing, the species, number, and location of the specimens, as required;

(d) The specimens are confined to a secure facility at the location reported;

(e) Live specimens are not propagated, except at AZA-accredited facilities with the written permission of the director or as otherwise authorized in writing by the director;

(f) Live specimens shall be neutered, physically separated by sex, and/or rendered infertile by means of contraception, except at AZA-accredited facilities with the written permission of the director;

(g) Live specimens are not released; and

(h) Live specimens are not sold or transferred, except:

(i) Live specimens in lawful possession may be permanently removed from the state of Washington or transported directly to slaughter where in accordance with other applicable law;

(ii) Federally listed endangered or threatened species may be transferred to AZA-accredited facilities where in compliance with federal law;

(iii) Live specimens may be moved to the new primary residence of the possessor with the written approval of the director, provided that all other requirements are satisfied and the total number of locations where animals are held is not increased; and

(iv) AZA facilities may sell and/or transfer live specimens within the state with the written permission of the director.

(5) Retention or disposal of existing specimens lawfully in captivity prior to February 13, 1993: A person holding exotic wildlife specimens in captivity that are newly classified by the fish and wildlife commission as deleterious exotic wildlife by operation of this rule (Reindeer (all members of the genus Rangifer, except Rangifer tarandus caribou), and Roedeer (all members of the genus Capreolus)), may retain the specimens of such deleterious exotic wildlife such person lawfully possessed prior to February 13, 1993, provided:

(a) The person reports to the director in writing by March 31, 1993, and reports annually thereafter, or as otherwise required by the director, the species, number, and location of such specimens; and

(b) The person complies with subsection (4)(d) through (h) of this section and the other requirements of this section.

(6) The provisions of this section shall not prohibit the importation, possession, propagation, sale, transfer, or release of live specimens of federally listed threatened or endangered species, their gametes and/or embryo, where in compliance with federal law.

(7) Notwithstanding the provisions of subsection (2) of this section, Fallow deer (*Dama dama*) and reindeer (all members of the genus Rangifer, except Rangifer tarandus caribou) may be imported into the state, held, possessed, propagated, offered for sale, sold, and/or transferred, provided:

(a) The person complies with subsection (4)(e) through (g) of this section and the other requirements of this section, except for subsection (4)(e), (f), and (h) of this section; and

(b) The person complies with the department of agriculture per WAC 16-54-180 as now or hereafter amended, except:

Animals that have resided at any time east of a line drawn through the eastern boundaries of North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, and the 100th Meridian where it passes through Texas, or that have had contact with or shared common ground with animals which have resided at any time east of such line, shall not be imported into the state of Washington unless specifically authorized in writing by the director of the department of agriculture and the department of fish and wildlife;

(c) No specimens affected with any infectious or communicable disease shall be imported into the state unless in compliance with all applicable laws and regulations and unless written permission is obtained from the directors of the department of agriculture and the department of fish and wildlife;

(d) The specimens are confined to a secure facility; and

(e) Reindeer may not be imported into, held, or possessed in Ferry, Stevens, or Pend Oreille counties or that portion of Spokane County north of Spokane River.

(8) Escaped animals:

(a) Escaped deleterious exotic wildlife, including Fallow deer (*Dama dama*) and reindeer (all members of the genus Rangifer, except Rangifer tarandus caribou) will be considered a public nuisance. The department or any peace officer may seize, capture, or destroy deleterious exotic wildlife that have escaped the possessor's control. The former possessor shall be responsible for costs incurred by the department in recovering, maintaining, or disposing of such animals, as well as any damage to the state's wildlife or habitat.

(b) Escapes of deleterious exotic wildlife must be reported immediately to the department.

(c) The recapture or death of escaped deleterious exotic wildlife must be reported immediately to the department.

(9) Secure facility:

(a) All deleterious exotic wildlife will be held in a secure facility. For the purpose of this rule, a secure facility is an enclosure so constructed as to prevent danger to the environment or wildlife of the state, including escape of deleterious exotic wildlife specimens or ingress of resident wildlife ungulates (hoofed animals). The adequacy of the facility shall be determined by the director or agents of the director.

(b) For deleterious exotic wildlife listed in subsection (1)(b)(iv) and (v) of this section, the "secure facility" must comply with the fencing requirements in subsection (10) of this section, unless otherwise authorized by the director in writing.

(10) Fencing requirements:

(a) Perimeter fences must be, at a minimum, eight feet above ground level for their entire length. The bottom six feet must be mesh of sufficient size to prevent resident wildlife ungulates (hoofed animals) from entering and deleterious exotic wildlife from escaping. Supplemental wire required to attain a height of eight feet may be smooth, barbed, or woven

wire (at least 12-1/2 gauge) with strands spaced not more than six inches apart.

(b) Perimeter fences constructed of high tensile wire must be supported by a post or stay at minimum intervals of eight feet.

(c) Perimeter fences must be at least 12-1/2 gauge woven wire, 14-1/2 gauge high tensile woven wire, chain link, non-climbable woven fence, or other fence approved by the director.

If the wire used is not a full eight feet in height, it must be overlapped one row and securely fastened at every other vertical row or woven together with cable.

(d) Electric fencing materials may be used on perimeter fences only as a supplement to conventional fencing materials.

(e) All gates in the perimeter fences must be self-closing, equipped with two locking devices, and installed only in locations that have been approved by the director. Double gates may be required at points in the perimeter fences subject to frequent vehicle traffic that is not related to activities involving the holding of deleterious exotic wildlife.

(f) Posts used in the perimeter fences must be:

(i) Wood (pressure treated), five inch minimum diameter or an equivalent as approved by the director;

(ii) Spaced no more than twenty four feet apart with stays or supports at eight foot intervals between the posts;

(iii) Extended at least eight feet above ground level; and

(iv) Have corners braced with wood or with an equivalent material as approved by the director.

(g) Fences must be maintained at all times to prevent deleterious exotic wildlife from escaping or resident wildlife ungulates (hoofed animals) from entering the enclosure. If such animals do pass through, under, or over the fence because of any topographic feature or other conditions, the person possessing deleterious exotic wildlife must immediately supplement the fence to prevent continued passage.

(h) For any fence existing prior to February 13, 1993, a person may petition the director in writing for a variance from the above fencing requirements. Any such petition must be filed no later than May 31, 1993, and must identify all aspects in which the existing fence does not meet the fencing requirements contained herein. On approval of the director, such person may maintain such existing fence with normal repair. However, any extension or relocation of existing fence must meet the fencing requirements contained herein.

(11) Marking requirements:

(a) All live specimens of deleterious exotic wildlife, except those listed in subsection (1)(a) and (b) of this section, shall be permanently and individually identified by methods approved by the director.

(b) Identification assigned to an individual animal may not be transferred to any other animal.

(c) All specimens of deleterious exotic wildlife identified in subsection (1)(b)(iv) and (v) of this section must be individually identified by the methods specified below:

(i) All live specimens of such deleterious exotic wildlife shall be marked with USDA official ear tags or with ear tags supplied or approved by the department. Tags shall be applied in sequential order; and

(ii) All live specimens of such deleterious exotic wildlife shall be marked with a tattoo with an identifying number that has been recorded with the director. The tattoo must be placed on the left ear of the animal.

(d) All lawful progeny of deleterious exotic wildlife must be tagged and tattooed by December 31st of the year of birth or upon leaving the holding facility, whichever is earlier.

(e) Where allowed, if an animal is sold or transferred within the state, the tag and tattoo must accompany the animal. The new owner or possessor shall not renumber the animal.

(f) Where allowed, live specimens of deleterious exotic wildlife shall be marked prior to importation.

(g) No unmarked deleterious exotic wildlife may be sold or otherwise transferred from the holding facility.

(12) Testing of specimens:

(a) Where allowed, prior to entry into the state of Washington, a person importing any member of the genus *Cervus*, which is identified in subsection (1)(b)(v) of this section, must submit records of genetic tests conducted by a professionally recognized laboratory to identify red deer genetic influence (genetic material from any member of any subspecies, race, or species of the elk-red deer-wapiti complex *Cervus elaphus* not indigenous to the state of Washington). Such testing shall be at the possessor's expense. Animals that are deemed by department of wildlife biologists upon examination to exhibit either: Behavioral (vocalization), morphological (size, rump patch, color), or biochemical indications of such influence (hemoglobin, superoxide dismutase, transferrin and post-transferrin, or others to be developed) may not be imported.

(b) The director may require a person currently possessing any member of the genus *Cervus* that are identified in subsection (1)(b)(v) of this section to submit records of genetic tests conducted by a professionally recognized laboratory to identify red deer genetic influence (genetic material from any member of any subspecies, race, or species of the elk-red deer-wapiti complex *Cervus elaphus* not indigenous to the state of Washington) for each individual cervid to the department. Such testing shall be at the possessor's expense. The director may require that any animal identified as a red deer or having nonindigenous genetic influence be destroyed, removed from the state, or neutered.

(c) The director may require that all specimens of deleterious exotic wildlife lawfully in captivity be tested for brucellosis (*brucella abortus*), tuberculosis (*mycobacterium bovis* and *mycobacterium tuberculosis*), meningeal worm (*Paralophostongylus tenuis*), and muscle worm (*Elaphostongylus cervis*) in accordance with the procedures specified in department of agriculture per WAC 16-54-180 as now or hereafter amended and/or for other disease or parasites determined to pose a risk to wildlife. The results of such tests shall be filed with the director as required.

(13) Reporting:

(a) A person holding deleterious exotic wildlife in captivity shall submit a completed report no later than March 30, 1993, and then no later than January 31st of each year, or as otherwise required by the director, on a form provided by the department.

(b) Persons possessing deleterious exotic wildlife must notify the director within ten days of any change of such persons' address and/or location of the holding facility.

(14) Inspection:

(a) All holding facilities for deleterious exotic wildlife located in the state are subject to inspection for compliance with the provisions of this section.

(b) Such inspections shall be conducted at reasonable times.

(15) Notification and disposition of diseased animals:

(a) Any person who has reason to believe that deleterious exotic wildlife being held pursuant to this rule have or have been exposed to a dangerous or communicable disease or parasite shall notify the department immediately.

(b) Upon having reason to believe that deleterious exotic wildlife held pursuant to this rule have been exposed to or contracted a dangerous or contagious disease or parasite, the director may order inspection of such animals by a licensed, accredited veterinarian or inspection agent. Inspection shall be at the expense of the possessor.

(c) The director shall determine when destruction of animals, quarantine, or disinfection is required at any facility holding deleterious exotic wildlife, pursuant to this rule. If the director determines that destruction, quarantine, or disinfection is required, a written order shall be issued to the possessor describing the procedure to be followed and the time period for carrying out such actions. Such activities shall be at the expense of the possessor.

(16) Quarantine area:

(a) Any facility holding deleterious exotic wildlife must have an approved quarantine facility within its exterior boundary or submit an action plan to the director that guarantees access to an approved quarantine facility within the state of Washington:

(i) An approved quarantine facility is one that meets criteria set by the Washington state department of agriculture;

(ii) The quarantine area must meet the tests of isolation, separate feed and water, escape security, and allowances for the humane holding and care of its occupants for extended periods of time.

(b) Should the imposition of a quarantine become necessary, the possessor must provide an on-site quarantine facility or make arrangements at such possessor's expense to transport the animals to the approved quarantine facility named in the quarantine action plan.

(17) Seizure:

(a) The department of wildlife may seize any unlawfully possessed deleterious exotic wildlife.

(b) The cost of any seizure and/or holding of deleterious exotic wildlife may be charged to the possessor of such animals.) Prior to or at the time of classifying species by rule as prohibited or regulated, the department, in consultation with the invasive species council, must adopt rules establishing standards for determining invasive risk levels and criteria for determining beneficial use that take into consideration environmental impacts, and especially effects on the preservation of native species, salmon recovery, and threatened or endangered species.

AMENDATORY SECTION (Amending WSR 18-06-006, filed 2/22/18, effective 3/25/18)

WAC 220-640-030 Prohibited level 1 ((~~aquatic animal~~) species. The following species are classified as prohibited level 1 ((~~aquatic animal~~) species:

(1) Molluscs: Family Dreissenidae: Zebra and quagga mussels: ((All members of the genus Dreissena and all species known as quagga-)) Dreissena polymorpha and Dreissena rostriformis bugensis.

(2) Crustaceans:

(a) Family Grapsidae: Mitten crabs: All members of the genus Erochier.

(b) Family Portunidae: European green crab, *Carcinus maenas*.

(3) Fish:

(a) Family Channidae: China fish, snakeheads: All members of the genus *Channa*.

(b) Family Clariidae: All members of the walking catfish family.

(c) Family Cyprinidae:

(i) Carp, Bighead, *Hypophthalmichthys nobilis*.

(ii) Carp, Black, *Mylopharyngodon piceus*.

(iii) Carp, Silver, *Hypophthalmichthys molitrix*.

(iv) Carp, Largescale Silver, *Hypophthalmichthys harmandi*.

AMENDATORY SECTION (Amending WSR 18-06-006, filed 2/22/18, effective 3/25/18)

WAC 220-640-040 Prohibited level 2 ((~~aquatic animal~~) species. The following are classified as prohibited level 2 ((~~aquatic animal~~) species: None.

AMENDATORY SECTION (Amending WSR 18-06-006, filed 2/22/18, effective 3/25/18)

WAC 220-640-050 Prohibited level 3 ((~~aquatic animal~~) species. The following species are classified as prohibited level 3 ((~~aquatic animal~~) species:

(1) Amphibians:

(a) In the family Hylidae: Cricket frog, in the genus *Hyla* species in the group Arborea including: *Hyla annectans*, *Hyla arborea*, *Hyla chinensis*, *Hyla hallowellii*, *Hyla immaculata*, *Hyla japonica*, *Hyla meridionalis*, *Hyla sanchiangensis*, *Hyla simplex*, *Hyla suweonensis*, *Hyla tsinlingensis*, and *Hyla zhaopingensis*.

(b) In the family Pelobatidae, spadefoots, all species of the genus *Pelobates* including *P. cultripes*, *P. fuscus*, *P. syriacus*, and *P. varaldii*. All species of the genus *Scaphiopus* including: *S. couchii*, *S. holbrookii*, and *S. hurterii*. All species of the genus *Spea* including: *S. bombifrons*, *S. hammondi*, and *S. multiplicata* with the exception of the native species: *Spea intermontana* the great basin spadefoot.

(c) In the family Pipidae: African clawed frog, all members of the genera *Silurana*, and *Xenopus*.

(d) In the family Ranidae:

(i) American Bull frog, *Rana (Lithobates) catesbeiana*.

(ii) Holarctic brown frogs and Palearctic green frogs of the genus *Rana*, including the following: *Rana arvalis* group (*R. arvalis*, *R. chaochiaoensis*, *R. chevronta*); *Rana chensin-*

ensis group (*R. altaica*, *R. chensinensis*, *R. dybowskii*, *R. kukunoris*, *R. kunyuensis*, *R. ornativentris*, *R. pirica*); *Rana graeca* group (*R. graeca*, *R. italica*); *Rana japonica* group (*R. amurensis*, *R. aragonensis*, *R. japonica*, *R. omeimontis*, *R. zhenhaiensis*); the subgenus *Rugosa* (*Rana rugosa*, *Rana emeljanovi*, *Rana tientaiensis*); *Rana tagoi* group (*R. sakuraii*, *R. tagoi*); *Rana temporaria* group (*R. asiatica*, *R. dalmatina*, *R. honnorate*, *R. huanrenensis*, *R. iberica*, *R. latastei*, *R. macrocnemis*, *R. okinavana*, *R. pyrenaica*, *R. tsushimensis*, *R. zhengi*); and in the *Rana Pelophylax* section, the subgenus *Pelophylax* (*R. bedriagae*, *R. bergeri*, *R. cerigensis*, *R. chos-enica*, *R. cretensis*, *R. demarchii*, *R. epeirotica*, *R. fukienensis*, *R. grafti*, *R. hubeiensis*, *R. lateralis*, *R. lessonae*, *R. nigrolineata*, *R. nigromaculata*, *R. perezi*, *R. plancyi*, *R. porosa*, *R. ridibunda*, *R. saharica*, *R. shqipericana*, *R. shuchinae*, *R. terentievi*, *R. tenggerensis*); and the *Rana ridibunda*-*Rana lessonae* hybridogenetic complex species *R. esculenta* and *R. hispanica*.

(e) In the family Ambystomatidae: Mole salamanders. In the genus *Ambystomata*: *A. californiense*, *A. laterale*, *A. opacum*, *A. rosaceum*, *A. tigrinum*, except for the native species *A. tigrinum mavortium* Western tiger salamander, and *A. tigrinum melanostictum* Tiger salamander.

(f) In the family Amphiumidae one, two, and three toed salamanders or congo eels: All members of the genus *Amphiuma*.

(g) In the family Cryptobranchidae: Giant salamanders and hellbenders, all members of the genera *Andrias* and *Cryptobranchus*.

(h) In the family Dicamptodontidae, American giant salamanders, all members of the genus *Dicamptodon*, except for the native species: *Dicamptodon tenebrosus*, Pacific giant salamander, and *Dicamptodon copei*, Cope's giant salamander.

(i) In the family Hynobiidae: Mountain salamanders, all members of the genera *Batrachuperus*, *Hynobius*, *Liua*, *Onychodactylus*, *Pachyhynobius*, *Pseudohynobius*, *Ranodon*, and *Salamandrella*.

(j) In the family Plethodontidae, subfamily Desmognathinae: All members of the genus *Desmognathus*, dusky salamander.

(k) In the family Plethodontidae, subfamily Plethodontinae: All members of the genera *Eurycea* (American brook salamanders); *Gyrinophilus* (cave salamanders); *Hemidactylium* (four-toed salamanders); *Hydromantes* and *Pseudotriton* (mud or red salamanders).

(l) In the family Proteidae, mudpuppies, all members of the genus *Necturus* and *Proteus*.

(m) In the family Salamandridae: Newts, all members of the genera *Chioglossa*; *Eichinotriton* (mountain newts); *Euproctus* (European mt. salamander); *Neurergus* (Kurdistan newts); *Notophthalmus* (red-spotted newts); *Pachytriton* (Chinese newts); *Paramesotriton* (warty newts); *Salamandrina* (speckled salamander); *Taricha* except for the native species *Taricha granulosa granulosa* the Northern rough-skin newt, and *Ichthyosaura* and *Triturus* (alpine newts).

(n) In the family Sirenidae, sirens, all species of the genera *Pseudobranchius* and *Siren*.

(2) Reptiles:

(a) In the family Chelydridae, snapping turtles, all species.

(b) In the family Emydidae:

(i) Chinese pond turtles, all members of the genus *Chinemys*.

(ii) Pond turtles, all members of the genus *Clemmys*.

(iii) European pond turtle, *Emys orbicularis*.

(iv) Asian pond turtle, all members of the genus *Mauremys*.

(c) In the family Trionychidae, American soft shell turtles, all members of the genus *Apalone*.

(3) Crustaceans:

(a) Family Cercopagidae:

(i) Fish hook water flea, *Cercopagis pengoi*.

(ii) Spiny water flea, *Bythotrephes cederstroemi*.

(b) Family Cambaridae: Crayfish: All genera (~~except a person may possess and transport dead prohibited crayfish species obtained under the department's recreational crayfishing rules (WAC 220-56-336 (repealed) and 220-56-315 (repealed)). There is no daily limit, size limit, or sex restriction for prohibited crayfish species. All nonnative crayfish must be kept in a separate container from native crayfish. Release of any live crayfish species into waters other than the water being fished is prohibited~~).

(c) Family Parastacidae: Crayfish: All genera except *Engaeos*, and except the species *Cherax quadricarinatus*, *Cherax papuanus*, and *Cherax tenuimanus*.

(d) Family Spheromatidae: Burrowing isopod, *Sphaeroma quoayanum*.

(4) Fish:

(a) Family Amiidae: Bowfin, grinnel, or mudfish, *Amia calva*.

(b) Family Characidae: Piranha or caribe: All members of the genera *Pygocentrus*, *Rooseveltiella*, and *Serrasalmus*.

(c) (~~Family Clariidae: Walking catfish: All members of the family.~~)

(~~(d)~~) Family Cyprinidae:

(i) Fathead minnow, *Pimephales promelas*.

(ii) Carp, Grass (in the diploid form), *Ctenopharyngodon idella*.

(iii) Ide, silver orfe or golden orfe, *Leuciscus idus*.

(iv) Rudd, *Scardinius erythrophthalmus*.

(~~(e)~~) (~~(d)~~) Family Gobiidae: Round goby, *Neogobius melanostomus*.

(~~(f)~~) (~~(e)~~) Family Esocidae: Northern pike, *Esox lucius* (~~A person may possess and transport dead prohibited Northern pike obtained under the department's recreational sport fishing rules (WAC 220-56-100 (repealed) and 220-56-115 (repealed)). There is no minimum size, no daily limit, and no possession limit. Release of any live Northern pike into water other than the water being fished is prohibited~~).

(~~(g)~~) (~~(f)~~) Family Lepisosteidae: Gar-pikes: All members of the family.

(5) Mammals: Family Myocastoridae: Nutria, *Myocastor coypu*.

(6) Molluscs:

(a) Family Dreissenidae: All members of the genus *Dreissena* except the species zebra mussel, *Dreissena polymorpha*, and the quagga mussel, *Dreissena rostriformis bugensis*.

(b) Family Gastropoda: New Zealand mud snail, *Potamopyrgus antipodarum*.

AMENDATORY SECTION (Amending WSR 18-06-006, filed 2/22/18, effective 3/25/18)

WAC 220-640-060 ((Prohibited level 3 aquatic animal) Regulated Type A species. The following species are classified ((as prohibited level 3 aquatic animal)) regulated Type A species:

((1) Amphibians:

(a) In the family Hylidae: Cricket frog, in the genus *Hyla* species in the group *Arborea* including: *Hyla annectans*, *Hyla arborea*, *Hyla chinensis*, *Hyla hallowellii*, *Hyla immaculata*, *Hyla japonica*, *Hyla meridionalis*, *Hyla sanchiangensis*, *Hyla simplex*, *Hyla suweonensis*, *Hyla tsinlingensis*, and *Hyla zhaopingensis*.

(b) In the family Pelobatidae, spadefoots, all species of the genus *Pelobates* including *P. cultripes*, *P. fuscus*, *P. syriacus*, and *P. varaldii*. All species of the genus *Scaphiopus* including: *S. couchii*, *S. holbrookii*, and *S. hurterii*. All species of the genus *Spea* including: *S. bombifrons*, *S. hammondi*, and *S. multiplicata* with the exception of the native species: *Spea intermontana* the great basin spadefoot.

(c) In the family Pipidae: African clawed frog, all members of the genera *Silurana*, and *Xenopus*.

(d) In the family Ranidae:

(i) American Bull frog, *Rana (Lithobates) catesbeiana*.

(ii) Holarctic brown frogs and Palearctic green frogs of the genus *Rana*, including the following: *Rana arvalis* group (*R. arvalis*, *R. chaochiaensis*, *R. chevronta*); *Rana chensinensis* group (*R. altaica*, *R. chensinensis*, *R. dybowskii*, *R. kukunoris*, *R. kunyucensis*, *R. ornativentris*, *R. pirica*); *Rana graeca* group (*R. graeca*, *R. italica*); *Rana japonica* group (*R. amurensis*, *R. aragonensis*, *R. japonica*, *R. omeimontis*, *R. zhenhaiensis*); the subgenus *Rugosa* (*Rana rugosa*, *Rana emeljanovi*, *Rana tientaiensis*); *Rana tagoi* group (*R. sakurarii*, *R. tagoi*); *Rana temporaria* group (*R. asiatica*, *R. dalmatica*, *R. honnorate*, *R. huanrenensis*, *R. iberica*, *R. latastei*, *R. macrocnemis*, *R. okinavana*, *R. pyrenaica*, *R. tsushimensis*, *R. zhengi*); and in the *Rana Pelophylax* section, the subgenus *Pelophylax* (*R. bedriagae*, *R. bergeri*, *R. cerigensis*, *R. chosonica*, *R. cretensis*, *R. demarehii*, *R. epeirotica*, *R. fukienensis*, *R. grafti*, *R. hubciensis*, *R. lateralis*, *R. lessonae*, *R. nigrolineata*, *R. nigromaculata*, *R. perezi*, *R. planeyi*, *R. porosa*, *R. ridibunda*, *R. saharica*, *R. shqipericana*, *R. shuehinae*, *R. terentievi*, *R. tenggerensis*); and the *Rana ridibunda* *Rana lessonae* hybridogenetic complex species *R. esculenta* and *R. hispanica*.

(e) In the family Ambystomatidae: Mole salamanders. In the genus *Ambystomata*: *A. californiense*, *A. laterale*, *A. opacum*, *A. rosaceum*, *A. tigrinum*, except for the native species *A. tigrinum mavortium* Western tiger salamander, and *A. tigrinum melanostictum* Tiger salamander.

(f) In the family Amphiumidae one-, two-, and three-toed salamanders or congo eels: All members of the genus *Amphiuma*.

(g) In the family Cryptobranchidae: Giant salamanders and hellbenders, all members of the genera *Andrias* and *Cryptobranchus*.

(h) In the family Dicamptodontidae, American giant salamanders, all members of the genus *Dicamptodon*, except for the native species: *Dicamptodon tenebrosus*, Pacific giant salamander, and *Dicamptodon copei*, Cope's giant salamander.

(i) In the family Hynobiidae: Mountain salamanders, all members of the genera *Batrachuperus*, *Hynobius*, *Liua*, *Onychodactylus*, *Pachyhynobius*, *Pseudohynobius*, *Ranodon*, and *Salamandrella*.

(j) In the family Plethodontidae, subfamily Desmognathinae: All members of the genus *Desmognathus*, dusky salamander.

(k) In the family Plethodontidae, subfamily Plethodontinae: All members of the genera *Eurycea* (American brook salamanders); *Gyrinophilus* (cave salamanders); *Hemidactylium* (four-toed salamanders); *Hydromantes* and *Pseudotriton* (mud or red salamanders).

(l) In the family Proteidae, mudpuppies, all members of the genus *Necturus* and *Proteus*.

(m) In the family Salamandridae: Newts, all members of the genera *Chioglossa*; *Eichinotriton* (mountain newts); *Euproctus* (European mt. salamander); *Neurergus* (Kurdistan newts); *Notophthalmus* (red-spotted newts); *Pachytriton* (Chinese newts); *Paramesotriton* (warty newts); *Salamandrina* (speckled salamander); *Taricha* except for the native species *Taricha granulosa* the Northern rough-skin newt, and *Ichthyosaura* and *Triturus* (alpine newts).

(n) In the family Sirenidae, sirens, all species of the genera *Pseudobranchius* and *Siren*.

(2) Reptiles:

(a) In the family Chelydridae, snapping turtles, all species:

(b) In the family Emydidae:

(i) Chinese pond turtles, all members of the genus *Chinemys*.

(ii) Pond turtles, all members of the genus *Clemmys*.

(iii) European pond turtle, *Emys orbicularis*.

(iv) Asian pond turtle, all members of the genus *Mauremys*.

(e) In the family Trionychidae, American soft shell turtles, all members of the genus *Apalone*.

(3) Crustaceans:

(a) Family Cercopagidae:

(i) Fish hook water flea, *Cercopagis pengoi*.

(ii) Spiny water flea, *Bythotrephes cederstroemi*.

(b) Family Cambaridae: Crayfish: All genera, except a person may possess and transport dead prohibited crayfish species obtained under the department's recreational crayfishing rules (WAC 220-56-336 (repealed) and 220-56-315 (repealed)). There is no daily limit, size limit, or sex restriction for prohibited crayfish species. All nonnative crayfish must be kept in a separate container from native crayfish. Release of any live crayfish species into waters other than the water being fished is prohibited.

(c) Family Parastacidae: Crayfish: All genera except *Engaeos*, and except the species *Cherax quadricarinatus*, *Cherax papuanus*, and *Cherax tenuimanus*.

(d) Family Spheromatidae: Burrowing isopod, *Sphaeroma quoyanum*.

(4) Fish:

(a) Family Amiidae: Bowfin, grinnel, or mudfish, *Amia calva*.

(b) Family Characidae: Piranha or caribe: All members of the genera *Pygocentrus*, *Rooseveltiella*, and *Serrasalmus*.

(c) Family Clariidae: Walking catfish: All members of the family.

(d) Family Cyprinidae:

(i) Fathead minnow, *Pimephales promelas*.

(ii) Carp, Grass (in the diploid form), *Ctenopharyngodon idella*.

(iii) Ide, silver orfe or golden orfe, *Leuciscus idus*.

(iv) Rudd, *Scardinius erythrophthalmus*.

(e) Family Gobiidae: Round goby, *Neogobius melanostomus*.

(f) Family Esocidae: Northern pike, *Esox lucius*: A person may possess and transport dead prohibited Northern pike obtained under the department's recreational sport fishing rules (WAC 220-56-100 (repealed) and 220-56-115 (repealed)). There is no minimum size, no daily limit, and no possession limit. Release of any live Northern pike into water other than the water being fished is prohibited.

(g) Family Lepisosteidae: Gar pikes: All members of the family.

(5) Mammals: Family Myocastoridae: Nutria, *Myocastor coypu*.

(6) Molluscs: Family Gastropoda: New Zealand mud snail, *Potamopyrgus antipodarum*.) (1) Fish:

(a) All nonnative fish classified as food fish under WAC 220-300-370 and game fish under WAC 220-300-380.

(b) Family Cichlidae: Tilapia: All members of the genera *Tilapia*, *Oreochromis*, and *Sarotherodon*.

(c) Family Clupeidae: Alewife, *Alosa pseudoharengus*.

(d) Family Cyprinidae:

(i) Common carp, koi, *Cyprinus carpio*.

(ii) Goldfish, *Carassius auratus*.

(iii) Tench, *Tinca tinca*.

(iv) Grass carp (in the triploid form), *Ctenopharyngodon idella*.

(e) Family Poeciliidae: Mosquito fish, *Gambusia affinis*.

(2) Shellfish: All nonnative shellfish classified under WAC 220-320-010.

AMENDATORY SECTION (Amending WSR 18-06-006, filed 2/22/18, effective 3/25/18)

WAC 220-640-070 Regulated Type ((A-aquatic animal)) B species. The following species are automatically classified as regulated Type ((A-aquatic animal)) B species and do not require listing by rule:

(1) ((Fish:

(a) All fish classified as food fish under WAC 220-300-370 and game fish WAC 220-300-380.

(b) Family Cichlidae: Tilapia: All members of the genera *Tilapia*, *Oreochromis*, and *Sarotherodon*.

(c) Family Clupeidae: Alewife, *Alosa pseudoharengus*.

(d) Family Cyprinidae:

(i) Common carp, koi, *Cyprinus carpio*.

(ii) Goldfish, *Carassius auratus*.

(iii) Tench, *Tinca tinca*.

(iv) Grass carp (in the triploid form), *Ctenopharyngodon idella*.

(e) Family Poeciliidae: Mosquito fish, *Gambusia affinis*.

(2) Shellfish: All shellfish classified under WAC 220-320-010.) A nonnative aquatic animal species not listed under WAC 220-640-030 Prohibited level 1 species, WAC 220-640-040 Prohibited level 2 species, WAC 220-640-050 Prohibited level 3 species, or WAC 220-640-060 Regulated Type A species; and

(2) A nonnative aquatic animal species possessed for personal or commercial purposes, such as for aquariums, live food markets, or as nondomesticated pets.

AMENDATORY SECTION (Amending WSR 18-06-006, filed 2/22/18, effective 3/25/18)

WAC 220-640-080 Regulated Type ((B-aquatic animal)) C species. The following species are classified as regulated Type ((B-aquatic animal species: None.)) C species and do not require listing by rule:

(1) A nonnative aquatic animal species not listed under WAC 220-640-030 Prohibited level 1 species, WAC 220-640-040 Prohibited level 2 species, WAC 220-640-050 Prohibited level 3 species, or WAC 220-640-060 Regulated Type A species; and

(2) All other nonnative aquatic animal species that do not meet the criteria for automatic classification as a regulated Type B species.

AMENDATORY SECTION (Amending WSR 18-06-006, filed 2/22/18, effective 3/25/18)

WAC 220-640-100 Scientific research/display permits and monitoring and control programs—Requirements for possession of prohibited ((aquatic animal)) species. It is unlawful to introduce into the state or possess a prohibited level 1, level 2, or level 3 species except as provided in this section.

(1) Scientific research or display permit: The director may authorize, by prior written permit, a person to possess prohibited level 1, prohibited level 2, or prohibited level 3 species specimens for scientific research or display, provided that:

(a) Specimens are confined to a secure facility, defined as an enclosure that will prevent the escape or release of the prohibited species to include all stages of species development and body parts;

(b) Facility is not a natural watercourse, and is also inaccessible to wildlife or other animals that could transport prohibited species to include all stages of species development and body parts;

(c) Specimens are not transferred to any other facility without written approval by the director or designee;

(d) All zebra and quagga mussels are incinerated or chemically preserved at the conclusion of the project, and the enclosure, holding waters and all equipment are decontaminated. All other prohibited species must be killed at the conclusion of the project and either chemically preserved or disposed of in a landfill; and

(e) The permittee must provide an annual report to the department, no later than January 31st of the following year,

on a form provided by the department, describing the number, size, and location of prohibited species enclosures and general nature of the research.

(2) Monitoring and control programs: The director may authorize persons working within the scope and supervision of a department-sponsored monitoring and control program to capture, possess and destroy prohibited level 1, prohibited level 2, or prohibited level 3 species specimens provided that:

(a) The persons have completed a mandatory training program and are certified by the department;

(b) The persons have a permit authorized by the director or designee in possession;

(c) All prohibited species are disposed of in accordance with the monitoring and control program; and

(d) Participants must submit a report to the department within thirty days of any monitoring or control activity in accordance with the specifications outlined in the monitoring and control program.

AMENDATORY SECTION (Amending WSR 18-06-006, filed 2/22/18, effective 3/25/18)

WAC 220-640-120 Capture of prohibited (~~aquatic animals~~) in Washington waters—Requirements. (1) Capture of prohibited species in state waters: Any Prohibited level 1, level 2, or (~~prohibited~~) level 3 species that are captured in state waters must be:

(a) Immediately killed and removed from within the riparian perimeter of the body of water; or

(b) Immediately returned to the water from which the species was captured.

(2) The riparian perimeter includes all boat launch, park, private residences, or commercial businesses within a quarter-mile from the edge of the state water.

(3) (~~Any prohibited species captured (killed or released) must be reported to WDFW within forty-eight hours of the capture.~~

(4)) It is lawful to possess (~~the~~) dead prohibited species taken from state waters (~~as long as it has been reported to WDFW. No permit is required for possession under this section~~) and it is lawful to possess chemically preserved nonvertebrate prohibited species from any source.

(4) It is unlawful to use live or dead prohibited species as bait.

AMENDATORY SECTION (Amending WSR 18-06-006, filed 2/22/18, effective 3/25/18)

WAC 220-640-130 Allowable possession of prohibited (~~aquatic animals~~) species if acquired prior to classification—Requirement of documentation. A person who possessed a prohibited (~~aquatic animal~~) level 1, level 2, or level 3 species prior to the time the species was classified as prohibited may continue to hold the animal or animals for the life of the animals, provided that:

(1) The person must maintain proof of possession prior to the classification.

(2) The animals may not be transferred to another owner within the state.

(3) The person must comply with all provisions of this section.

(4) The animals must be prevented from reproducing, or if prevention is impracticable, the progeny must be destroyed.

REPEALER

The following section of the Washington Administrative Code is repealed:

WAC 220-640-090 Regulated Type C aquatic animal species.

WSR 18-11-135

EXPEDITED RULES

DEPARTMENT OF

SOCIAL AND HEALTH SERVICES

(Aging and Long-Term Support Administration)

[Filed May 23, 2018, 10:31 a.m.]

Title of Rule and Other Identifying Information: The department is amending WAC 388-78A-2020 Definitions.

Purpose of the Proposal and Its Anticipated Effects, Including Any Changes in Existing Rules: The department is amending WAC 388-78A-2020 Definitions, to remove an erroneous second occurrence of the definition of the term "Personal exploitation" that contains a typographical error.

Reasons Supporting Proposal: The second occurrence of the definition of "Personal exploitation" was included in error and contains a typographical error.

Statutory Authority for Adoption: Chapter 18.20 RCW.

Rule is not necessitated by federal law, federal or state court decision.

Name of Proponent: Department of social and health services, governmental.

Name of Agency Personnel Responsible for Drafting, Implementation, and Enforcement: Jeanette K. Childress, P.O. Box 45600, Olympia, WA 98504, 360-725-2591.

This notice meets the following criteria to use the expedited adoption process for these rules:

Corrects typographical errors, make address or name changes, or clarify language of a rule without changing its effect.

NOTICE

THIS RULE IS BEING PROPOSED UNDER AN EXPEDITED RULE-MAKING PROCESS THAT WILL ELIMINATE THE NEED FOR THE AGENCY TO HOLD PUBLIC HEARINGS, PREPARE A SMALL BUSINESS ECONOMIC IMPACT STATEMENT, OR PROVIDE RESPONSES TO THE CRITERIA FOR A SIGNIFICANT LEGISLATIVE RULE. IF YOU OBJECT TO THIS USE OF THE EXPEDITED RULE-MAKING PROCESS, YOU MUST EXPRESS YOUR OBJECTIONS IN WRITING AND THEY MUST BE SENT TO Jeanette K. Childress, Aging and Long-Term Support Administration, Residential Care Services, P.O. Box 45600, Olympia, WA 98504, phone 360-725-2591, email childjk@dshs.wa.gov, AND RECEIVED BY 5:00 p.m., July 23, 2018.

May 15, 2018
Katherine I. Vasquez
Rules Coordinator

AMENDATORY SECTION (Amending WSR 18-08-065, filed 4/2/18, effective 5/3/18)

WAC 388-78A-2020 Definitions. "Abandonment" means action or inaction by a person with a duty of care for a vulnerable adult that leaves the vulnerable person without the means or ability to obtain necessary food, clothing, shelter, or health care.

"Abuse" means the willful action or inaction that inflicts injury, unreasonable confinement, intimidation, or punishment on a vulnerable adult. In instances of abuse of a vulnerable adult who is unable to express or demonstrate physical harm, pain, or mental anguish, the abuse is presumed to cause physical harm, pain, or mental anguish. Abuse includes sexual abuse, mental abuse, physical abuse, and personal exploitation of a vulnerable adult, and improper use of restraint against a vulnerable adult, which have the following meanings:

(1) **"Sexual abuse"** means any form of nonconsensual sexual conduct, including, but not limited to, unwanted or inappropriate touching, rape, sodomy, sexual coercion, sexually explicit photographing, and sexual harassment. Sexual abuse also includes any sexual conduct between a staff person, who is not also a resident or a client, of a facility or a staff person of a program authorized under chapter 71A.12 RCW, and a vulnerable adult living in that facility or receiving service from a program authorized under chapter 71A.12 RCW, whether or not it is consensual.

(2) **"Physical abuse"** means the willful action of inflicting bodily injury or physical mistreatment. Physical abuse includes, but is not limited to, striking with or without an object, slapping, pinching, choking, kicking, shoving, or prodding.

(3) **"Mental abuse"** means a willful verbal or nonverbal action that threatens, humiliates, harasses, coerces, intimidates, isolates, unreasonably confines, or punishes a vulnerable adult. Mental abuse may include ridiculing, yelling, or swearing.

(4) **"Personal exploitation"** means an act of forcing, compelling, or exerting undue influence over a vulnerable adult causing the vulnerable adult to act in a way that is inconsistent with relevant past behavior, or causing the vulnerable adult to perform services for the benefit of another.

(5) **"Improper use of restraint"** means the inappropriate use of chemical, physical, or mechanical restraints for convenience or discipline or in a manner that:

(a) Is inconsistent with federal or state licensing or certification requirements for facilities, hospitals, or programs authorized under chapter 71A.12 RCW;

(b) Is not medically authorized; or

(c) Otherwise constitutes abuse under the section.

"Activities of daily living" means the following tasks related to basic personal care: Bathing; toileting; dressing; personal hygiene; mobility; transferring; and eating.

"Administrator" means an assisted living facility administrator who must be in active administrative charge of

the assisted living facility as required in this chapter. Unless exempt under RCW 18.88B.041, the administrator must complete long-term care training and home care aide certification.

"Adult day services" means care and services provided to a nonresident individual by the assisted living facility on the assisted living facility premises, for a period of time not to exceed ten continuous hours, and does not involve an overnight stay.

"Ambulatory" means capable of walking or traversing a normal path to safety without the physical assistance of another individual:

(1) **"Nonambulatory"** means unable to walk or traverse a normal path to safety without the physical assistance of another individual;

(2) **"Semiambulatory"** means physically and mentally capable of traversing a normal path to safety with the use of mobility aids, but unable to ascend or descend stairs without the physical assistance of another individual.

"Applicant" means a person, as defined in this section, that has submitted, or is in the process of submitting, an application for an assisted living facility license.

"Assisted living facility" means any home or other institution, however named, that is advertised, announced, or maintained for the express or implied purpose of providing housing, basic services, and assuming general responsibility for the safety and well-being of the residents, and may also provide domiciliary care, consistent with this chapter to seven or more residents after July 1, 2000. However, an assisted living facility that is licensed for three to six residents prior to or on July 1, 2000, may maintain its assisted living facility license as long as it is continually licensed as an assisted living facility. "Assisted living facility" may also include persons associated with the assisted living facility to carry out its duties under this chapter. "Assisted living facility" does not include facilities certified as group training homes under RCW 71A.22.040, nor any home, institution, or section that is otherwise licensed and regulated under state law that provides specifically for the licensing and regulation of that home, institution, or section. "Assisted living facility" also does not include independent senior housing, independent living units in continuing care retirement communities, or other similar living situations including those subsidized by the U.S. Department of Housing and Urban Development.

"Basic services" means housekeeping services, meals, nutritious snacks, laundry, and activities.

"Bathing fixture" means a bathtub, shower or sit-down shower.

"Bathroom" means a room containing at least one bathing fixture.

"Building code" means the building codes and standards adopted by the Washington state building code council.

"Caregiver" means anyone providing direct personal care to another person including, but not limited to: Cuing, reminding, or supervision of residents, on behalf of an assisted living facility, except volunteers who are directly supervised.

"Construction review services" means the office of construction review services within the Washington state department of health.

"Continuing care contract" means, as stated in RCW 70.38.025, a contract providing a person, for the duration of that person's life or for a term in excess of one year, shelter along with nursing, medical, health-related, or personal care services, which is conditioned upon the transfer of property, the payment of an entrance fee to the provider of such services, or the payment of periodic charges for the care and services involved. A continuing care contract is not excluded from this definition because the contract is mutually terminable or because shelter and services are not provided at the same location.

"Continuing care retirement community" means, as stated in RCW 70.38.025, an entity which provides shelter and services under continuing care contracts with its members and which sponsors or includes a health care facility or a health service.

"Contractor" means an agency or person who contracts with a licensee to provide resident care, services, or equipment.

"Crimes relating to financial exploitation" means the same as "crimes relating to financial exploitation" as defined in RCW 43.43.830 or 43.43.842.

"Department" means the Washington state department of social and health services.

"Dietitian" means an individual certified under chapter 18.138 RCW.

"Direct supervision" means oversight by a person on behalf of the assisted living facility who has met training requirements, demonstrated competency in core areas, or has been fully exempted from the training requirements, is on the premises, and is quickly and easily available to the caregiver.

"Document" means to record, with signature, title, date, and time:

(1) Information about medication administration, medication assistance or disposal, a nursing care procedure, accident, occurrence or change in resident condition that may affect the care or needs of a resident; and

(2) Processes, events, or activities that are required by law, rule, or policy.

"Domiciliary care" means:

(1) Assistance with activities of daily living provided by the assisted living facility either directly or indirectly;

(2) Health support services, if provided directly or indirectly by the assisted living facility; or

(3) Intermittent nursing services, if provided directly or indirectly by the assisted living facility.

"Enforcement remedy" means one or more of the department's responses to an assisted living facility's non-compliance with chapter 18.20 RCW and this chapter, as authorized by RCW 18.20.190.

"Financial exploitation" means the illegal or improper use, control over, or withholding of the property, income, resources, or trust funds of the vulnerable adult by any person or entity for any person's or entity's profit or advantage other than for the vulnerable adult's profit or advantage. Some examples of financial exploitation are given in RCW 74.34.-020(6).

"Food service worker" means according to chapter 246-217 WAC, an individual who works (or intends to work) with or without pay in a food service establishment and han-

dles unwrapped or unpackaged food or who may contribute to the transmission of infectious diseases through the nature of the individual's contact with food products or equipment and facilities. This does not include persons who simply assist residents with meals.

"General responsibility for the safety and well-being of the resident" means the provision of any one or more of the following:

(1) Prescribed general low sodium diets;

(2) Prescribed general diabetic diets;

(3) Prescribed mechanical soft foods;

(4) Emergency assistance;

(5) Monitoring of the resident;

(6) Arranging health care appointments with outside health care providers and reminding residents of such appointments as necessary;

(7) Coordinating health care services with outside health care providers consistent with WAC 388-78A-2350;

(8) Assisting the resident to obtain and maintain glasses, hearing aids, dentures, canes, crutches, walkers, wheelchairs, and assistive communication devices;

(9) Observation of the resident for changes in overall functioning;

(10) Blood pressure checks as scheduled;

(11) Responding appropriately when there are observable or reported changes in the resident's physical, mental, or emotional functioning;

(12) Medication assistance as permitted under RCW 69.41.085 and as described in RCW 69.41.010 and chapter 246-888 WAC.

"Harm" means a physical or mental or emotional injury or damage to a resident including those resulting from neglect or violations of a resident's rights.

"Health support services" means any of the following optional services:

(1) Blood glucose testing;

(2) Puree diets;

(3) Calorie controlled diabetic diets;

(4) Dementia care;

(5) Mental health care;

(6) Developmental disabilities care.

"Independent living unit" means:

(1) Independent senior housing;

(2) Independent living unit in a continuing care retirement community or other similar living environments;

(3) Assisted living facility unit where domiciliary services are not provided; or

(4) Assisted living facility unit where one or more items listed under "general responsibilities" are not provided.

"Independent senior housing" means an independent living unit occupied by an individual or individuals sixty or more years of age.

"Infectious" means capable of causing infection or disease by entrance of organisms into the body, which grow and multiply there, including, but not limited to, bacteria, viruses, protozoans, and fungi.

"Licensee" means a person, as defined in this section, to whom the department issues an assisted living facility license.

"Licensed resident bed capacity" means the resident occupancy level requested by a licensee and approved by the department. All residents receiving domiciliary care or the items or services listed under general responsibility for the safety and well-being of the resident as defined in this section count towards the licensed resident bed capacity. Adult day services clients do not count towards the licensed resident bed capacity.

"Long-term care worker" or **"caregiver"** means the same as "long-term care workers" is defined in RCW 74.39A.009.

"Majority owner" means any person that owns:

- (1) More than fifty percent interest;
- (2) If no one person owns more than fifty percent interest, the largest interest portion; or
- (3) If more than one person owns equal largest interest portions, then all persons owning those equal largest interest portions.

"Manager" means a person, as defined in this section, that provides management services on behalf of a licensee.

"Management agreement" means a written, executed agreement between a licensee and manager regarding the provision of certain services on behalf of the licensee.

"Mandated reporter:"

(1) Is an employee of the department, law enforcement officer, social worker, professional school personnel, individual provider, employee of a facility, operator of a facility, employee of a social service, welfare, mental health, adult day health, adult day care, home health, home care, or hospice agency, county coroner or medical examiner, Christian Science practitioner, or health care provider subject to chapter 18.130 RCW; and

(2) For the purpose of the definition of mandated reporter, "facility" means a residence licensed or required to be licensed under chapter 18.20 RCW (assisted living facility), chapter 18.51 RCW (nursing homes), chapter 70.128 RCW (adult family homes), chapter 72.36 RCW (soldiers' homes), chapter 71A.20 RCW (residential habilitation centers), or any other facility licensed by the department.

"Maximum facility capacity" means the maximum number of individuals that the assisted living facility may serve at any one time, as determined by the department.

(1) The maximum facility capacity includes all residents, respite care residents, and adult day services clients.

(2) The maximum facility capacity is equal to the lesser of:

(a) The sum of the number of approved bed spaces for all resident rooms (total number of approved bed spaces), except as specified in subsection (3) of this section;

(b) Twice the seating capacity of the dining area(s) consistent with WAC 388-78A-2300 (1)(h);

(c) The number of residents permitted by calculating the ratios of toilets, sinks, and bathing fixtures to residents consistent with WAC 388-78A-3030;

(d) For assisted living facilities licensed on or before December 31, 1988, the total day room area in square feet divided by ten square feet, consistent with WAC 388-78A-3050; or

(e) For assisted living facilities licensed after December 31, 1988, the total day room area in square feet divided by twenty square feet, consistent with WAC 388-78A-3050.

(3) For the purposes of providing adult day services consistent with WAC 388-78A-2360, one additional adult day services client may be served, beyond the total number of approved bed spaces, for each additional sixty square feet of day room area greater than the area produced by multiplying the total number of approved bed spaces by twenty square feet, provided that:

(a) There is at least one toilet and one hand washing sink accessible to adult day services clients for every eight adult day services clients or fraction thereof;

(b) The total number of residents and adult day services clients does not exceed twice the seating capacity of the dining area(s) consistent with WAC 388-78A-2300 (1)(h); and

(c) The adult day services program area(s) and building do not exceed the occupancy load as determined by the local building official or state fire marshal.

"Medication administration" means the direct application of a prescribed medication whether by injection, inhalation, ingestion, or other means, to the resident's body by an individual legally authorized to do so.

"Medication assistance" means assistance with self-administration of medication rendered by a nonpractitioner to a resident of an assisted living facility in accordance with chapter 246-888 WAC.

"Medication organizer" means a container with separate compartments for storing oral medications organized in daily doses.

"Medication service" means any service provided either directly or indirectly by an assisted living facility related to medication administration, medication administration provided through nurse delegation, medication assistance, or resident self-administration of medication.

"Neglect" means:

(1) A pattern of conduct or inaction resulting in the failure to provide the goods and services that maintain physical or mental health of a resident, or that fails to avoid or prevent physical or mental harm or pain to a resident; or

(2) An act or omission by a person or entity with a duty of care that demonstrates a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to the resident's health, welfare, or safety, including but not limited to conduct prohibited under RCW 9A.42.100.

"Nonresident individual" means an individual who resides in independent senior housing, independent living units in continuing care retirement communities, other similar living environment, or an unlicensed room located within an assisted living facility. A nonresident individual must not receive from the assisted living facility:

(1) Domiciliary care directly or indirectly; or

(2) Items or services listed in the definition of "general responsibility for the safety and well-being of the resident," except as allowed under WAC 388-78A-2032 or when the person is receiving adult day services.

"Nonpractitioner" means any individual who is not a practitioner as defined in WAC 388-78A-2020 and chapter 69.41 RCW.

"Nurse" means an individual currently licensed under chapter 18.79 RCW as either a:

- (1) **Licensed practical nurse (LPN)**; or
- (2) **Registered nurse (RN)**.

"**Over-the-counter (OTC) medication**" means any medication that may be legally purchased without a prescriptive order, including, but not limited to, aspirin, antacids, vitamins, minerals, or herbal preparations.

"**Person**" means any individual, firm, partnership, corporation, company, association, joint stock association or any other legal or commercial entity.

"**Physician**" means an individual licensed under chapter 18.57 or 18.71 RCW.

~~("Personal exploitation" means an act of forcing, compelling, or exerting undue influence over a vulnerable adult causing the vulnerable adult to act in a way that is consistent with relevant past behavior, or causing the vulnerable adult to perform services for the benefit of another.)~~

"**Practitioner**" includes a licensed physician, osteopathic physician, podiatric physician, pharmacist, licensed practical nurse, registered nurse, advanced registered nurse practitioner, dentist, and physician assistant. Refer to chapter 69.41 RCW for a complete listing of practitioners.

"**Prescribed medication**" means any medication (legend drug, controlled substance, and over-the-counter) that is prescribed by an authorized practitioner.

"**Prescriber**" means a health care practitioner authorized by Washington state law to prescribe drugs.

"**Problem**" means a violation of any WAC or RCW applicable to the operation of an assisted living facility:

(1) "**Recurring problem**" means, for all purposes other than those described in RCW 18.20.400, that the department has cited the assisted living facility for a violation of WAC or RCW and the circumstances of either (a) or (b) of this subsection are present. If the previous violation in (a) or (b) of this subsection was pursuant to WAC or RCW that has changed at the time of the new violation, citation to the equivalent current WAC or RCW section is sufficient. When there is a change in licensees between the first and the second or third citations, the new licensee must accept, and the department will consider, the prior licensee's compliance and enforcement record as part of the new licensee's compliance record at that assisted living facility if any person affiliated with the new licensee was affiliated with the prior licensee at the same assisted living facility. A person is considered affiliated with the licensee if the person is an applicant for the assisted living facility license, or is listed on the license application as a partner, officer, director, or majority owner of the applicant.

(a) The department previously imposed an enforcement remedy for a violation of the same section of WAC or RCW for substantially the same problem following any type of inspection within the preceding thirty-six months.

(b) The department previously cited a violation under the same section of WAC or RCW for substantially the same problem following any type of inspection on two occasions within the preceding thirty-six months.

(2) "**Serious problem**" means that there has been a violation of a WAC or RCW and:

- (a) The resident was significantly harmed; or

(b) It is likely that the resident will be significantly harmed or die.

(3) "**Uncorrected problem**" means the department has cited a violation of WAC or RCW following any type of inspection and the violation remains uncorrected at the time the department makes a subsequent inspection for the specific purpose of verifying whether such violation has been corrected. When there is a change in licensee, the new licensee is responsible for correcting any remaining violations that may exist, including complying with any plan of correction in effect immediately prior to the change in licensee.

"**Prospective resident**" means an individual who seeks admission to a licensed assisted living facility and has completed and signed an application for admission, or the individual's legal representative or designated representative, if any, completed and signed the application on their behalf.

"**Reasonable accommodation**" or "**reasonably accommodate**" have the meaning given in federal and state antidiscrimination laws and regulations which include, but are not limited to, the following:

(1) Reasonable accommodation means that the assisted living facility must:

(a) Not impose admission criteria that excludes individuals unless the criteria is necessary for the provision of assisted living facility services;

(b) Make reasonable modification to its policies, practices or procedures if the modifications are necessary to accommodate the needs of the resident;

(c) Provide additional aids and services to the resident.

(2) Reasonable accommodations are not required if:

(a) The resident or individual applying for admission presents a significant risk to the health or safety of others that cannot be eliminated by the reasonable accommodation;

(b) The reasonable accommodations would fundamentally alter the nature of the services provided by the assisted living facility; or

(c) The reasonable accommodations would cause an undue burden, meaning a significant financial or administrative burden.

"**RCW**" means Revised Code of Washington.

"**Records**" means:

(1) "**Active records**" means the current, relevant documentation regarding residents necessary to provide care and services to residents; or

(2) "**Inactive records**" means historical documentation regarding the provision of care and services to residents that is no longer relevant to the current delivery of services and has been thinned from the active record.

"**Resident**" means an individual who:

(1) Chooses to reside in an assisted living facility, including an individual receiving respite care;

(2) Is not related by blood or marriage to the operator of the assisted living facility;

(3) Receives basic services; and

(4) Receives one or more of the services listed in the definition of "general responsibility for the safety and well-being of the resident," and may receive domiciliary care or respite care provided directly, or indirectly, by the assisted

living facility. Whereas, a nonresident individual may receive services that are permitted under WAC 388-78A-2032.

"Resident's representative" means one of the following:

(1) The legal representative who is the person or persons identified in RCW 7.70.065 and who may act on behalf of the resident pursuant to the scope of their legal authority. The legal representative must not be affiliated with the licensee, assisted living facility, or management company, unless the affiliated person is a family member of the resident.

(2) If there is no legal representative, a person designated voluntarily by a competent resident in writing, to act in the resident's behalf concerning the care and services provided by the assisted living facility and to receive information from the assisted living facility if there is no legal representative. The resident's representative must not be affiliated with the licensee, assisted living facility, or management company, unless the affiliated person is a family member of the resident. The resident's representative under this subsection must not have authority to act on behalf of the resident once the resident is no longer competent. The resident's competence must be determined using the criteria in RCW 11.88.010 (1)(e).

"Respite care" means short-term care for any period in excess of twenty-four continuous hours for a resident to temporarily relieve the family or other caregiver of providing that care.

"Restraint" means any method or device used to prevent or limit free body movement, including, but not limited to:

(1) Confinement, unless agreed to as provided in WAC 388-78A-2370;

(2) **"Chemical restraint"** means the administration of any drug to manage a vulnerable adult's behavior in a way that reduces the safety risk to the vulnerable adult or others, has the temporary effect of restricting the vulnerable adult's freedom of movement, and is not standard treatment for the vulnerable adult's medical or psychiatric condition.

(3) **"Mechanical restraint"** means any device attached or adjacent to the vulnerable adult's body that they cannot easily remove and restricts freedom of movement or normal access to the vulnerable adult's body. "Mechanical restraint" does not include the use of devices, materials, or equipment that are:

(a) Medically authorized, as required, and;

(b) Used in a manner that is consistent with federal or state licensing or certification requirements for facilities, hospitals, or programs authorized under chapter 71A.12 RCW.

(4) **"Physical restraint"** means the application of physical force without the use of any device, for the purpose of restraining the free movement of a vulnerable adult's body. "Physical restraint" does not include:

(a) Briefly holding without undue force a vulnerable adult in order to calm or comfort the vulnerable adult; or

(b) Holding a vulnerable adult's hand to safely escort the vulnerable adult from one area to another.

"Room" means a space set apart by floor to ceiling partitions on all sides with all openings provided with doors or windows.

(1) **"Sleeping room"** means a room where a resident is customarily expected to sleep and contains a resident's bed.

(2) **"Resident living room"** means the common space in a resident unit that is not a sleeping room, bathroom, or closet.

"Significant change" means a change in the resident's physical, mental, or psychosocial status that causes either life-threatening conditions or clinical complications.

"Special needs" means a developmental disability, mental illness, or dementia.

"Staff person" means any assisted living facility employee, temporary employee, or contractor, whether employed or retained by the licensee or any management company or volunteer.

"State fire marshal" means the director of fire protection under the direction of the chief of the Washington state patrol.

"Toilet" means a disposal apparatus used for urination and defecation fitted with a seat and flushing device.

"Volunteer" means an individual who interacts with residents without reimbursement.

"Vulnerable adult" includes a person:

(1) Sixty years of age or older who has the functional, mental, or physical inability to care for themselves;

(2) Found incapacitated under chapter 11.88 RCW;

(3) Who has a developmental disability as defined under RCW 71A.10.020;

(4) Admitted to any facility, including any assisted living facility;

(5) Receiving services from home health, hospice, or home care agencies licensed or required to be licensed under chapter 70.127 RCW;

(6) Receiving services from an individual provider; or

(7) For the purposes of requesting and receiving background checks pursuant to RCW 43.43.832, includes a person who is an adult of any age who lacks the functional, mental, or physical ability to care for themselves.

"WAC" means Washington Administrative Code.

"Wellness program" means an educational program provided by the assisted living facility. It is a proactive and preventative approach to assist residents and nonresident individuals in achieving optimal levels of health, social, and emotional functioning. A wellness program does not include medical care or interventions.

"Willful" means the deliberate, or nonaccidental action or inaction by an alleged perpetrator that the alleged perpetrator knows or reasonably should have known could cause a negative outcome, including harm, injury, pain, or anguish.

"WISHA" means the Washington Industrial Safety and Health Act, chapter 49.17 RCW administered by the Washington state department of labor and industries.