

Chapter 246-100 WAC
COMMUNICABLE AND CERTAIN OTHER DISEASES

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WAC

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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-100-016 Confidentiality. [Statutory Authority: RCW 70.24.125 and 70.24.130. WSR 99-17-077, § 246-100-016, filed 8/13/99, effective 9/1/99. Statutory Authority: RCW 43.20.050 and 70.24.130. WSR 92-02-019 (Order 225B), § 246-100-016, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-016, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.105. WSR 90-07-033 (Order 043), § 248-100-016, filed 3/14/90, effective 4/14/90. Statutory Authority: Chapter 70.24 RCW. WSR 88-21-093 (Order 322), § 248-100-016, filed 10/19/88; WSR 88-17-057 (Order 317), § 248-100-016, filed 8/17/88. Statutory Authority: RCW 43.20.050. WSR 87-11-047 (Order 302), § 248-100-016, filed 5/19/87.] Repealed by WSR 00-23-120, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 43.20.050.

246-100-026 Responsibilities and duties—Veterinarians. [Statutory Authority: RCW 43.20.050. WSR 92-02-019 (Order 225B), § 246-100-026, filed 12/23/91, effective 1/23/92; WSR 91-02-051 (Order 124B), recodified as § 246-100-026, filed 12/27/90, effective 1/31/91; WSR 88-07-063 (Order 308), § 248-100-026, filed 3/16/88.] Repealed by WSR 00-23-120, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 43.20.050.

246-100-031 Responsibilities and duties—Laboratory directors. [Statutory Authority: RCW 43.20.050. WSR 92-02-019 (Order 225B), § 246-100-031, filed 12/23/91, effective 1/23/92; WSR 91-02-051 (Order 124B), recodified as § 246-100-031, filed 12/27/90, effective 1/31/91; WSR 87-11-047 (Order 302), § 248-100-031, filed 5/19/87.] Repealed by WSR 00-23-120, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 43.20.050.

246-100-041 Responsibilities and duties—State health officer. [Statutory Authority: RCW 70.24.125 and 70.24.130. WSR 99-17-077, § 246-100-041, filed 8/13/99, effective 9/1/99. Statutory Authority: Chapter 70.24 RCW. WSR 93-08-036 (Order 354B), § 246-100-041, filed 4/1/93, effective 5/2/93. Statutory Authority: RCW 43.20.050. WSR 92-02-019 (Order 225B), § 246-100-041, filed 12/23/91, effective 1/23/92; WSR 91-02-051 (Order 124B), recodified as § 246-100-041, filed 12/27/90, effective 1/31/91; WSR 87-11-047 (Order 302), § 248-100-041, filed 5/19/87.] Repealed by WSR 00-23-120, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 43.20.050.

246-100-042 Reporting of blood lead levels. [Statutory Authority: RCW 43.20.050. WSR 99-11-037, § 246-100-042, filed 5/13/99, effective 5/14/99; WSR 96-11-077, § 246-100-042, filed 5/13/96, effective 6/13/96. Statutory Authority: RCW 43.20.050(3). WSR 93-10-038 (Order 358), § 246-100-042, filed 4/28/93, effective 5/29/93.] Repealed by WSR 00-23-120, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 43.20.050.

246-100-043 Surveillance report to the board—State health officer. [Statutory Authority: RCW 70.24.125 and 70.24.130. WSR 99-17-077, § 246-100-043, filed 8/13/99, effective 9/1/99.] Repealed by WSR 00-23-120, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 43.20.050.

246-100-046 Responsibilities and duties—Cases, suspected cases, carriers, contacts, and others. [Statutory Authority: RCW 43.20.050. WSR 92-02-019 (Order 225B), § 246-100-046, filed 12/23/91, effective 1/23/92; WSR 91-02-051 (Order 124B), recodified as § 246-100-046, filed 12/27/90, effective 1/31/91; WSR 87-11-047 (Order 302), § 248-100-046, filed 5/19/87.] Repealed by WSR 00-23-120, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 43.20.050.

246-100-071 Responsibility for reporting to and cooperating with the local health department. [Statutory Authority: RCW 43.20.050. WSR 92-02-019 (Order 225B), § 246-100-071, filed 12/23/91,

- effective 1/23/92; WSR 91-02-051 (Order 124B), recodified as § 246-100-071, filed 12/27/90, effective 1/31/91; WSR 87-11-047 (Order 302), § 248-100-071, filed 5/19/87.] Repealed by WSR 00-23-120, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 43.20.050.
- 246-100-076 Reportable diseases and conditions. [Statutory Authority: RCW 70.24.125 and 70.24.130. WSR 99-17-077, § 246-100-076, filed 8/13/99, effective 9/1/99. Statutory Authority: RCW 70.28.032. WSR 96-23-064, § 246-100-076, filed 11/20/96, effective 12/21/96. Statutory Authority: Chapter 70.24 RCW. WSR 93-08-036 (Order 354B), § 246-100-076, filed 4/1/93, effective 5/2/93. Statutory Authority: RCW 43.20.050. WSR 92-02-019 (Order 225B), § 246-100-076, filed 12/23/91, effective 1/23/92; WSR 91-02-051 (Order 124B), recodified as § 246-100-076, filed 12/27/90, effective 1/31/91; WSR 87-11-047 (Order 302), § 248-100-076, filed 5/19/87.] Repealed by WSR 00-23-120, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 43.20.050, 70.24.125 and 70.28.010.
- 246-100-081 Reports—Content—Time—Hospital monthly report permitted for certain diseases. [Statutory Authority: RCW 43.20.050. WSR 92-02-019 (Order 225B), § 246-100-081, filed 12/23/91, effective 1/23/92; WSR 91-02-051 (Order 124B), recodified as § 246-100-081, filed 12/27/90, effective 1/31/91; WSR 87-11-047 (Order 302), § 248-100-081, filed 5/19/87.] Repealed by WSR 00-23-120, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 43.20.050, 70.24.125 and 70.28.010.
- 246-100-086 Reporting diseases and conditions directly to department. [Statutory Authority: RCW 43.20.050 and 70.104.055. WSR 92-02-019 (Order 225B), § 246-100-086, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-086, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.104 RCW. WSR 90-10-036 (Order 049), § 248-100-086, filed 4/26/90, effective 5/27/90. Statutory Authority: RCW 43.20.050. WSR 87-11-047 (Order 302), § 248-100-086, filed 5/19/87.] Repealed by WSR 00-23-120, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 43.20.050.
- 246-100-091 Handling of reports by local health department—Handling of reports by department. [Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-091, filed 12/27/90, effective 1/31/91; WSR 87-11-047 (Order 302), § 248-100-091, filed 5/19/87.] Repealed by WSR 00-23-120, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 43.20.050.
- 246-100-166 Immunization of child care and school children against certain vaccine-preventable diseases. [Statutory Authority: RCW 43.20.050, 28A.210.140. WSR 08-03-071, § 246-100-166, filed 1/14/08, effective 2/14/08; WSR 06-17-183, § 246-100-166, filed 8/23/06, effective 9/23/06. Statutory Authority: RCW 28A.210.140. WSR 05-16-051, § 246-100-166, filed 7/28/05, effective 8/28/05; WSR 05-08-094, § 246-100-166, filed 4/1/05, effective 5/2/05; WSR 96-04-079, § 246-100-166, filed 2/7/96, effective 3/9/96. Statutory Authority: RCW 28A.210.140 and 43.20.050. WSR 91-15-066 (Order 182B), § 246-100-166, filed 7/22/91, effective 8/22/91. Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-166, filed 12/27/90, effective 1/31/91; WSR 88-07-063 (Order 308), § 248-100-166, filed 3/16/88.] Repealed by WSR 09-02-003, filed 12/26/08, effective 1/26/09. Statutory Authority: RCW 28A.210.140. Later promulgation, see chapter 246-105 WAC.
- 246-100-171 Special settings—Food service establishments. [Statutory Authority: RCW 43.20.050. WSR 92-02-019 (Order 225B), § 246-100-171, filed 12/23/91, effective 1/23/92; WSR 91-02-051 (Order 124B), recodified as § 246-100-171, filed 12/27/90, effective 1/31/91; WSR 88-07-063 (Order 308), § 248-100-171, filed 3/16/88.] Repealed by WSR 00-23-120, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 43.20.050.
- 246-100-176 Special settings—Schools. [Statutory Authority: RCW 43.20.050. WSR 92-02-019 (Order 225B), § 246-100-176, filed 12/23/91, effective 1/23/92; WSR 91-02-051 (Order 124B), recodified as § 246-100-176, filed 12/27/90, effective 1/31/91; WSR 88-07-063 (Order 308), § 248-100-176, filed 3/16/88.] Repealed by WSR 00-23-120, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 43.20.050.
- 246-100-181 Special settings—Child day care facilities. [Statutory Authority: RCW 43.20.050. WSR 92-02-019 (Order 225B), § 246-100-181, filed 12/23/91, effective 1/23/92; WSR 91-02-051 (Order 124B), recodified as § 246-100-181, filed 12/27/90, effective 1/31/91; WSR 88-07-063 (Order 308), § 248-100-181, filed 3/16/88.] Repealed by WSR 00-23-120, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 43.20.050.
- 246-100-196 Animal bites—Report to local health department. [Statutory Authority: RCW 43.20.050. WSR 92-02-019 (Order 225B), § 246-100-196, filed 12/23/91, effective 1/23/92; WSR 91-02-051 (Order 124B), recodified as § 246-100-196, filed 12/27/90, effective 1/31/91; WSR 88-07-063 (Order 308), § 248-100-196, filed 3/16/88.] Repealed by WSR 00-23-120, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 43.20.050.
- 246-100-208 Counseling standard—HIV counseling. [Statutory Authority: RCW 70.24.380. WSR 18-23-056, § 246-100-208, filed 11/15/18, effective 12/16/18. Statutory Authority: RCW 70.24.130. WSR 10-01-082, § 246-100-208, filed 12/15/09, effective 1/15/10. Statutory Authority: RCW 70.24.130 and 70.24.380. WSR 05-11-110, § 246-100-208, filed 5/18/05, effective 6/18/05. Statutory Authority: RCW 70.24.380. WSR 02-12-106, § 246-100-208, filed 6/5/02, effective 7/6/02. Statutory Authority: RCW 70.24.125 and 70.24.130. WSR 99-17-077, § 246-100-208, filed 8/13/99, effective 9/1/99. Statutory Authority: RCW 43.20.050 and 70.24.130. WSR 92-02-019 (Order 225B), § 246-100-208, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-208, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.24 RCW. WSR 88-17-058 (Order 318), § 248-100-208, filed 8/17/88.] Repealed by WSR 22-06-061, filed 2/25/22, effective 3/28/22. Statutory Authority: RCW 43.20.050 and 70.24.130.
- 246-100-209 Counseling standards—Human immunodeficiency virus (HIV) pretest counseling—HIV post-test counseling. [Statutory Authority: RCW 70.24.130. WSR 10-01-082, § 246-100-209, filed 12/15/09, effective 1/15/10. Statutory Authority: RCW 70.24.130 and 70.24.380. WSR 05-11-110, § 246-100-209, filed 5/18/05, effective 6/18/05. Statutory Authority: RCW 70.24.125 and 70.24.130. WSR 99-17-077, § 246-100-209, filed 8/13/99, effective 9/1/99. Statutory Authority: RCW 70.24.022, [70.24].340 and Public Law 104-146. WSR 97-15-099, §

- 246-100-209, filed 7/21/97, effective 7/21/97. Statutory Authority: RCW 43.20.050 and 70.24.130. WSR 92-02-019 (Order 225B), § 246-100-209, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-209, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.24 RCW. WSR 89-02-008 (Order 324), § 248-100-209, filed 12/27/88; WSR 88-17-058 (Order 318), § 248-100-209, filed 8/17/88.] Repealed by WSR 22-06-061, filed 2/25/22, effective 3/28/22. Statutory Authority: RCW 43.20.050 and 70.24.130.
- 246-100-216 Special diseases—Surveillance for influenza. [Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-216, filed 12/27/90, effective 1/31/91; WSR 87-11-047 (Order 302), § 248-100-216, filed 5/19/87.] Repealed by WSR 00-23-120, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 43.20.050.
- 246-100-217 Special condition—Pesticide poisoning. [Statutory Authority: RCW 43.20.050 and 70.104.055. WSR 92-02-019 (Order 225B), § 246-100-217, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-217, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.104 RCW. WSR 90-10-036 (Order 049), § 248-100-217, filed 4/26/90, effective 5/27/90.] Repealed by WSR 00-23-120, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 70.104.030.
- 246-100-218 Special condition—Gunshot wounds. [Statutory Authority: RCW 43.70.545. WSR 96-08-028, § 246-100-218, filed 3/27/96, effective 4/27/96.] Repealed by WSR 00-23-120, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 43.70.545.
- 246-100-221 Duties of laboratories—Annual registration of laboratories. [Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-221, filed 12/27/90, effective 1/31/91; WSR 87-11-047 (Order 302), § 248-100-221, filed 5/19/87.] Repealed by WSR 96-19-043, filed 9/12/96, effective 10/13/96. Statutory Authority: RCW 43.20.050.
- 246-100-226 Duties of laboratories—Approval of laboratories to perform prenatal serologic tests for syphilis. [Statutory Authority: RCW 43.20.050. WSR 92-02-019 (Order 225B), § 246-100-226, filed 12/23/91, effective 1/23/92; WSR 91-02-051 (Order 124B), recodified as § 246-100-226, filed 12/27/90, effective 1/31/91; WSR 87-11-047 (Order 302), § 248-100-226, filed 5/19/87.] Repealed by WSR 96-19-043, filed 9/12/96, effective 10/13/96. Statutory Authority: RCW 43.20.050.
- 246-100-231 Duties of laboratories—Submission of specimens by laboratories. [Statutory Authority: RCW 43.20.050. WSR 92-02-019 (Order 225B), § 246-100-231, filed 12/23/91, effective 1/23/92; WSR 91-02-051 (Order 124B), recodified as § 246-100-231, filed 12/27/90, effective 1/31/91; WSR 88-07-063 (Order 308), § 248-100-231, filed 3/16/88; WSR 87-11-047 (Order 302), § 248-100-231, filed 5/19/87.] Repealed by WSR 00-23-120, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 43.20.050, 70.24.125 and 70.28.010.
- 246-100-236 Duties of laboratories—Reporting of laboratory results indicative of certain reportable diseases. [Statutory Authority: RCW 70.24.125 and 70.24.130. WSR 99-17-077, § 246-100-236, filed 8/13/99, effective 9/1/99. Statutory Authority: RCW 70.24.130. WSR 95-13-037, § 246-100-236, filed 6/14/95, effective 7/15/95. Statutory Authority: Chapter 70.24 RCW. WSR 93-08-036 (Order 354B), § 246-100-236, filed 4/1/93, effective 5/2/93. Statutory Authority: RCW 43.20.050. WSR 92-02-019 (Order 225B), § 246-100-236, filed 12/23/91, effective 1/23/92; WSR 91-02-051 (Order 124B), recodified as § 246-100-236, filed 12/27/90, effective 1/31/91; WSR 88-07-063 (Order 308), § 248-100-236, filed 3/16/88; WSR 87-11-047 (Order 302), § 248-100-236, filed 5/19/87.] Repealed by WSR 00-23-120, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 43.20.050, 70.24.125 and 70.28.010.
- 246-100-241 Duties of laboratories—Duty to cooperate with local health departments and the department. [Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-241, filed 12/27/90, effective 1/31/91; WSR 87-11-047 (Order 302), § 248-100-241, filed 5/19/87.] Repealed by WSR 00-23-120, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 43.20.050.

WAC 246-100-006 Purpose. The following rules and regulations are adopted under the authority of chapter 43.20 RCW to protect the health and well-being of the public by controlling communicable and certain other diseases.

[Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-006, filed 12/27/90, effective 1/31/91; WSR 87-11-047 (Order 302), § 248-100-006, filed 5/19/87.]

WAC 246-100-011 Definitions. The definitions in this section apply throughout chapter 246-100 WAC unless the context clearly requires otherwise:

(1) "Anonymous HIV testing" means that the name or identity of the person tested for HIV will not be recorded or linked to the HIV test result.

(2) "Blood-borne pathogen" means a pathogenic microorganism that is present in human blood and can cause disease in humans, including

hepatitis B virus, hepatitis C virus, human immunodeficiency virus, and syphilis.

(3) "Board" means the Washington state board of health.

(4) "Case" means a person, alive or dead, having been diagnosed to have a particular disease or condition by a health care provider with diagnosis based on clinical criteria, or laboratory criteria, or both.

(5) "Communicable disease" means an illness caused by an infectious agent that can be transmitted from a person, animal, or object to a person by direct or indirect means including, but not limited to, transmission via an intermediate host or vector, food, water, or air.

(6) "Contaminated" or "contamination" means containing or having contact with infectious agents or chemical or radiological materials that pose an immediate threat to present or future public health.

(7) "Contamination control measures" means the management of persons, animals, goods, and facilities that are contaminated, or suspected to be contaminated, in a manner to avoid human exposure to the contaminant, prevent the contaminant from spreading, or effect decontamination.

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

(9) "Detention" or "detainment" means physical restriction of activities of a person by confinement for the purpose of controlling or preventing a serious and imminent threat to public health and may include one or more of the following: Physical plant, facilities, equipment, or personnel to physically restrict activities of the person to accomplish these purposes.

(10) "Disease control measures" means the management of persons, animals, goods, and facilities that are infected with, suspected to be infected with, exposed to, or suspected to be exposed to an infectious agent in a manner to prevent transmission of the infectious agent to humans.

(11) "Health care facility" includes:

- (a) Adult family homes licensed under chapter 70.128 RCW;
- (b) Assisted living facilities licensed under chapter 18.20 RCW;
- (c) Birthing centers licensed under chapter 18.46 RCW;
- (d) Clinics or other settings where one or more health care providers practice;
- (e) Enhanced service facilities licensed under chapter 70.97 RCW;
- (f) Hospitals licensed under chapter 70.41 RCW;
- (g) Nursing homes licensed under chapter 18.51 RCW;
- (h) Private establishments licensed under chapter 71.12 RCW; and
- (i) In reference to sexually transmitted infections or blood-borne pathogens, other settings as defined in chapter 70.24 RCW.

(12) "Health care provider" means any person having direct or supervisory responsibility for the delivery of health care who is:

- (a) Licensed or certified in this state under Title 18 RCW; or
- (b) Is military personnel providing health care within the state regardless of licensure.

(13) "Health order" or "order" means a written directive issued by the state or local health officer that requires the recipient to take specific action to remove, reduce, control, or prevent a risk to public health.

(14) "HIV testing" means conducting a laboratory test or sequence of tests to detect or monitor the human immunodeficiency virus (HIV) or antibodies to HIV performed in accordance with requirements of WAC 246-100-207.

(15) "Human immunodeficiency virus" or "HIV" means all HIV and HIV-related viruses which damage the cellular branch of the human immune system and leave the person immunodeficient.

(16) "Infectious agent" means an organism such as a virus, rickettsia, bacteria, fungus, protozoan, or helminth that is capable of producing infection or infectious disease.

(17) "Isolation" means the separation of persons or animals with an infectious agent or contaminant in order to prevent or limit the transmission of the infectious agent or contaminant to those who are susceptible to disease or who may spread the agent or contaminant to others.

(18) "Local health jurisdiction" or "LHJ" means a county health department under chapter 70.05 RCW, city/county health department under chapter 70.08 RCW, or health district under chapter 70.46 RCW.

(19) "Local health officer" means the person having been appointed under chapter 70.05 RCW as the health officer for the local health jurisdiction, or having been appointed under chapter 70.08 RCW as the director of public health of a combined city-county health department, or their delegate appointed by the local board of health.

(20) "Medical treatment" or "treatment" means the treatment for curable diseases and treatment that causes a person to be unable to transmit a disease to others, based on generally accepted standards of medical and public health science.

(21) "Outbreak" means the occurrence of cases of a disease or condition in any area over a given period of time in excess of the expected number of cases.

(22) "Practical means to prevent transmission" means the good faith employment of an activity, behavior, method, or device that is scientifically demonstrated to measurably reduce the risk of transmitting an STI including:

(a) Use of a condom, barrier protection, or other prophylactic device; or

(b) Good faith participation in a treatment or preventive regimen prescribed by a health care provider or public health professional.

(23) "Principal health care provider" means the attending physician or other health care provider licensed or certified under Title 18 RCW, recognized as primarily responsible for diagnosis and treatment of a patient or, in the absence of such, the health care provider initiating diagnostic testing or medical treatment or medical therapy for a patient.

(24) "Quarantine" means the limitation of freedom of movement of persons or domestic animals that have been exposed to, or are suspected to have been exposed to, an infectious agent:

(a) For a period of time not longer than the longest usual incubation period of the infectious agent;

(b) In a way to prevent effective contact with those not so exposed.

(25) "School" means a facility for programs of education as defined in RCW 28A.210.070 (preschool and kindergarten through grade 12).

(26) "Sexually transmitted infection (STI)" or "sexually transmitted disease (STD)" means a bacterial, viral, fungal, or parasitic infection or condition which is usually transmitted through sexual contact and considered to be a threat to public health and welfare, and to be an infection for which a legitimate public interest will be served by providing for regulation and treatments, including:

(a) Chancroid;

- (b) Chlamydia trachomatis infection;
- (c) Genital herpes simplex;
- (d) Genital human papilloma virus infection;
- (e) Gonorrhea;
- (f) Granuloma inguinale;
- (g) Hepatitis B infection;
- (h) Human immunodeficiency virus infection (HIV);
- (i) Lymphogranuloma venereum; and
- (j) Syphilis.

(27) "Spouse" means any individual who is the marriage partner of a person diagnosed with HIV, or who has been the marriage partner of the person diagnosed with HIV within the 10-year period prior to the diagnosis of HIV-infection, and evidence exists of possible exposure to HIV.

(28) "State health officer" means the person appointed by the secretary under RCW 43.70.020 to serve as statewide health officer, or, in the absence of such designation, the secretary.

(29) "Suspected case" or "suspected to be infected" means the local health officer, in their professional judgment, reasonably believes that infection with a particular infectious agent is likely based on signs and symptoms, laboratory evidence, or contact with an infected person, animal, or contaminated environment.

(30) "Veterinarian" means a person licensed under provisions of chapter 18.92 RCW.

[Statutory Authority: RCW 43.20.050 and 70.24.130. WSR 22-06-061, § 246-100-011, filed 2/25/22, effective 3/28/22. Statutory Authority: RCW 70.24.380. WSR 18-23-056, § 246-100-011, filed 11/15/18, effective 12/16/18. Statutory Authority: RCW 70.24.130 and 2012 c 10. WSR 14-08-046, § 246-100-011, filed 3/27/14, effective 4/27/14. Statutory Authority: RCW 70.24.130 and 70.24.380. WSR 05-11-110, § 246-100-011, filed 5/18/05, effective 6/18/05. Statutory Authority: RCW 43.20.050 (2)(d), 70.05.050 and 70.05.060. WSR 03-06-003, § 246-100-011, filed 2/19/03, effective 2/19/03. Statutory Authority: RCW 43.20.050. WSR 00-23-120, § 246-100-011, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 70.24.022, [70.24].340 and Public Law 104-146. WSR 97-15-099, § 246-100-011, filed 7/21/97, effective 7/21/97. Statutory Authority: Chapter 70.24 RCW. WSR 93-08-036 (Order 354B), § 246-100-011, filed 4/1/93, effective 5/2/93. Statutory Authority: RCW 43.20.050 and 70.24.130. WSR 92-02-019 (Order 225B), § 246-100-011, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-011, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.24 RCW. WSR 89-07-095 (Order 325), § 248-100-011, filed 3/22/89; WSR 88-17-057 (Order 317), § 248-100-011, filed 8/17/88. Statutory Authority: RCW 43.20.050. WSR 88-07-063 (Order 308), § 248-100-011, filed 3/16/88; WSR 87-11-047 (Order 302), § 248-100-011, filed 5/19/87.]

WAC 246-100-021 Responsibilities and duties—Health care providers. Every health care provider, as defined in chapter 246-100 WAC, shall:

(1) Provide adequate, culturally and linguistically appropriate, and understandable instruction in control measures designed to prevent the spread of disease to:

- (a) Each patient with a communicable disease under their care;
- and
- (b) Others as appropriate to prevent spread of disease.
- (2) Cooperate with public health authorities during investigation of:
 - (a) Circumstances of a case or suspected case of a notifiable condition or other communicable disease; and
 - (b) An outbreak or suspected outbreak of illness.
 - (3) Comply with requirements in WAC 246-100-206, 246-100-211, and chapter 246-101 WAC.
 - (4) Use protocols established in the *Control of Communicable Diseases Manual*, 20th edition, published by the American Public Health Association, when treating wounds caused by animal bites. A copy of this publication is available for review at the department and at each local health jurisdiction.
 - (5) If conducting anonymous HIV testing do so consistent with the provisions of this chapter and, in accordance with chapter 246-101 WAC, report the identity of persons tested to the state or local public health officer if they have tested positive and received HIV health care or treatment services.

[Statutory Authority: RCW 43.20.050 and 70.24.130. WSR 22-06-061, § 246-100-021, filed 2/25/22, effective 3/28/22. Statutory Authority: RCW 43.20.050. WSR 15-05-014, § 246-100-021, filed 2/6/15, effective 3/9/15; WSR 00-23-120, § 246-100-021, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 43.20.050, 70.24.130 and 70.104.055. WSR 92-02-019 (Order 225B), § 246-100-021, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-021, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.104 RCW. WSR 90-10-036 (Order 049), § 248-100-021, filed 4/26/90, effective 5/27/90. Statutory Authority: RCW 43.20.050. WSR 87-11-047 (Order 302), § 248-100-021, filed 5/19/87.]

- WAC 246-100-036 Responsibilities and duties—Local health officers.**
- (1) The local health officer shall establish, in consultation with local health care providers, health facilities, emergency management personnel, law enforcement agencies, and any other entity they deem necessary, plans, policies, and procedures for instituting emergency measures necessary to prevent the spread of communicable disease or contamination.
 - (2) Local health officers shall:
 - (a) Notify health care providers within the local health jurisdiction regarding requirements in this chapter;
 - (b) Ensure anonymous HIV testing is reasonably available;
 - (c) Make HIV testing, as defined in this chapter, available for voluntary, mandatory, and anonymous testing;
 - (d) Make information on anonymous HIV testing available;
 - (e) Use identifying information on persons diagnosed with HIV provided according to chapter 246-101 WAC only:
 - (i) For purposes of contacting the person diagnosed with HIV to provide test results; or
 - (ii) To contact persons who may have experienced exposure, including persons identified as sex or injection equipment-sharing partners and spouses; or

(iii) To link with other name-based public health disease registries when doing so will improve ability to provide needed social and health care services and disease prevention, if the identity or identifying information of the persons living with HIV is not disclosed outside of the local health jurisdiction.

(3) Local health officers shall, when necessary, conduct investigations and institute disease control and contamination control measures, including medical examination, testing, counseling, treatment, vaccination, decontamination of persons or animals, isolation, quarantine, vector control, condemnation of food supplies, and inspection and closure of facilities, consistent with those indicated in the *Control of Communicable Diseases Manual*, 20th edition, published by the American Public Health Association, or other measures they deem necessary based on their professional judgment, current standards of practice, and the best available medical and scientific information.

(4) A local health jurisdiction should seek agreements as necessary with tribal governments and with federal authorities, with state agencies, and institutions of higher education that empower the local health officer to conduct investigations and institute control measures in accordance with WAC 246-100-040 on tribal lands, federal enclaves and military bases, and the campuses of state institutions. State institutions include, but are not limited to, state-operated: Colleges and universities, schools, hospitals, prisons, group homes, juvenile rehabilitation facilities, and residential habilitation centers.

[Statutory Authority: RCW 43.20.050 and 70.24.130. WSR 22-06-061, § 246-100-036, filed 2/25/22, effective 3/28/22. Statutory Authority: RCW 43.20.050. WSR 15-05-014, § 246-100-036, filed 2/6/15, effective 3/9/15; WSR 03-17-022, § 246-100-036, filed 8/13/03, effective 9/13/03. Statutory Authority: RCW 43.20.050 (2)(d), 70.05.050, and 70.05.060. WSR 03-05-048, § 246-100-036, filed 2/13/03, effective 2/13/03. Statutory Authority: RCW 43.20.050. WSR 00-23-120, § 246-100-036, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 70.24.125 and 70.24.130. WSR 99-17-077, § 246-100-036, filed 8/13/99, effective 9/1/99. Statutory Authority: RCW 70.24.022, [70.24].340 and Public Law 104-146. WSR 97-15-099, § 246-100-036, filed 7/21/97, effective 7/21/97. Statutory Authority: RCW 43.20.050 and 70.24.130. WSR 92-02-019 (Order 225B), § 246-100-036, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-036, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.24 RCW. WSR 89-02-008 (Order 324), § 248-100-036, filed 12/27/88. Statutory Authority: RCW 43.20.050. WSR 88-07-063 (Order 308), § 248-100-036, filed 3/16/88.]

WAC 246-100-040 Procedures for isolation or quarantine. (1) At his or her sole discretion, a local health officer may issue an emergency detention order causing a person or group of persons to be immediately detained for purposes of isolation or quarantine in accordance with subsection (3) of this section, or may petition the superior court *ex parte* for an order to take the person or group of persons into involuntary detention for purposes of isolation or quarantine in accordance with subsection (4) of this section, provided that he or she:

(a) Has first made reasonable efforts, which shall be documented, to obtain voluntary compliance with requests for medical examination, testing, treatment, counseling, vaccination, decontamination of persons or animals, isolation, quarantine, and inspection and closure of facilities, or has determined in his or her professional judgment that seeking voluntary compliance would create a risk of serious harm; and

(b) Has reason to believe that the person or group of persons is, or is suspected to be, infected with, exposed to, or contaminated with a communicable disease or chemical, biological, or radiological agent that could spread to or contaminate others if remedial action is not taken; and

(c) Has reason to believe that the person or group of persons would pose a serious and imminent risk to the health and safety of others if not detained for purposes of isolation or quarantine.

(2) A local health officer may invoke the powers of police officers, sheriffs, constables, and all other officers and employees of any political subdivisions within the jurisdiction of the health department to enforce immediately orders given to effectuate the purposes of this section in accordance with the provisions of RCW 43.20.050(4) and 70.05.120.

(3) If a local health officer orders the immediate involuntary detention of a person or group of persons for purposes of isolation or quarantine:

(a) The emergency detention order shall be for a period not to exceed ten days.

(b) The local health officer shall issue a written emergency detention order as soon as reasonably possible and in all cases within twelve hours of detention that shall specify the following:

(i) The identity of all persons or groups subject to isolation or quarantine;

(ii) The premises subject to isolation or quarantine;

(iii) The date and time at which isolation or quarantine commences;

(iv) The suspected communicable disease or infectious agent if known;

(v) The measures taken by the local health officer to seek voluntary compliance or the basis on which the local health officer determined that seeking voluntary compliance would create a risk of serious harm; and

(vi) The medical basis on which isolation or quarantine is justified.

(c) The local health officer shall provide copies of the written emergency detention order to the person or group of persons detained or, if the order applies to a group and it is impractical to provide individual copies, post copies in a conspicuous place in the premises where isolation or quarantine has been imposed.

(d) Along with the written order, and by the same means of distribution, the local health officer shall provide the person or group of persons detained with the following written notice:

NOTICE: You have the right to petition the superior court for release from isolation or quarantine in accordance with WAC 246-100-055. You have a right to legal counsel. If you are unable to afford legal counsel, then counsel will be appointed for you at government expense and you should request the appointment of counsel at this time. If you currently have legal counsel, then you have an opportunity to contact that counsel for assistance.

(4) If a local health officer petitions the superior court *ex parte* for an order authorizing involuntary detention of a person or group of persons for purposes of isolation or quarantine pursuant to this section:

(a) The petition shall specify:

(i) The identity of all persons or groups to be subject to isolation or quarantine;

(ii) The premises where isolation or quarantine will take place;

(iii) The date and time at which isolation or quarantine will commence;

(iv) The suspected communicable disease or infectious agent if known;

(v) The anticipated duration of isolation or quarantine based on the suspected communicable disease or infectious agent if known;

(vi) The measures taken by the local health officer to seek voluntary compliance or the basis on which the local health officer determined that seeking voluntary compliance would create a risk of serious harm;

(vii) The medical basis on which isolation or quarantine is justified.

(b) The petition shall be accompanied by the declaration of the local health officer attesting to the facts asserted in the petition, together with any further information that may be relevant and material to the court's consideration.

(c) Notice to the persons or groups identified in the petition shall be accomplished in accordance with the rules of civil procedure.

(d) The court shall hold a hearing on a petition filed pursuant to this section within seventy-two hours of filing, exclusive of Saturdays, Sundays, and holidays.

(e) The court shall issue the order if there is a reasonable basis to find that isolation or quarantine is necessary to prevent a serious and imminent risk to the health and safety of others.

(f) A court order authorizing isolation or quarantine as a result of an *ex parte* hearing shall:

(i) Specify a maximum duration for isolation or quarantine not to exceed ten days;

(ii) Identify the isolated or quarantined persons or groups by name or shared or similar characteristics or circumstances;

(iii) Specify factual findings warranting isolation or quarantine pursuant to this section;

(iv) Include any conditions necessary to ensure that isolation or quarantine is carried out within the stated purposes and restrictions of this section;

(v) Specify the premises where isolation or quarantine will take place; and

(vi) Be served on all affected persons or groups in accordance with the rules of civil procedure.

(5) A local health officer may petition the superior court for an order authorizing the continued isolation or quarantine of a person or group detained under subsections (3) or (4) of this section for a period up to thirty days.

(a) The petition shall specify:

(i) The identity of all persons or groups subject to isolation or quarantine;

(ii) The premises where isolation or quarantine is taking place;

(iii) The communicable disease or infectious agent if known;

(iv) The anticipated duration of isolation or quarantine based on the suspected communicable disease or infectious agent if known;

(v) The medical basis on which continued isolation or quarantine is justified.

(b) The petition shall be accompanied by the declaration of the local health officer attesting to the facts asserted in the petition, together with any further information that may be relevant and material to the court's consideration.

(c) The petition shall be accompanied by a statement of compliance with the conditions and principles for isolation and quarantine contained in WAC 246-100-045.

(d) Notice to the persons or groups identified in the petition shall be accomplished in accordance with the rules of civil procedure.

(e) The court shall hold a hearing on a petition filed pursuant to this subsection within seventy-two hours of filing, exclusive of Saturdays, Sundays, and holidays. In extraordinary circumstances and for good cause shown, the local health officer may apply to continue the hearing date for up to ten days, which continuance the court may grant at its discretion giving due regard to the rights of the affected individuals, the protection of the public's health, the severity of the public health threat, and the availability of necessary witnesses and evidence.

(f) The court shall grant the petition if it finds that there is clear, cogent, and convincing evidence that isolation or quarantine is necessary to prevent a serious and imminent risk to the health and safety of others.

(g) A court order authorizing continued isolation or quarantine as a result of a hearing shall:

(i) Specify a maximum duration for isolation or quarantine not to exceed thirty days;

(ii) Identify the isolated or quarantined persons or groups by name or shared or similar characteristics or circumstances;

(iii) Specify factual findings warranting isolation or quarantine pursuant to this section;

(iv) Include any conditions necessary to ensure that isolation or quarantine is carried out within the stated purposes and restrictions of this section;

(v) Specify the premises where isolation or quarantine will take place; and

(vi) Be served on all affected persons or groups in accordance with the rules of civil procedure.

(6) Prior to the expiration of a court order for continued detention issued pursuant to subsection (5) of this section, the local health officer may petition the superior court to continue isolation or quarantine provided:

(a) The court finds there is a reasonable basis to require continued isolation or quarantine to prevent a serious and imminent threat to the health and safety of others.

(b) The order shall be for a period not to exceed thirty days.

(7) State statutes, rules, and state and federal emergency declarations governing procedures for detention, examination, counseling, testing, treatment, vaccination, isolation, or quarantine for specified health emergencies or specified communicable diseases, including, but not limited to, tuberculosis and HIV, shall supersede this section.

[Statutory Authority: RCW 43.20.050 (2)(d), 70.05.050, and 70.05.060. WSR 03-05-048, § 246-100-040, filed 2/13/03, effective 2/13/03.]

WAC 246-100-045 Conditions and principles for isolation or quarantine. The local health officer shall adhere to the following conditions and principles when isolating or quarantining a person or group of persons in accordance with WAC 246-100-040:

(1) Isolation or quarantine must be by the least restrictive means necessary to prevent the spread of a communicable or possibly communicable disease to others and may include, but are not limited to, confinement to private homes or other public or private premises;

(2) Isolated individuals must be confined separately from quarantined individuals;

(3) The health status of isolated or quarantined individuals must be monitored regularly to determine if they require continued isolation or quarantine;

(4) If a quarantined individual subsequently becomes infected or is reasonably believed to have become infected with a communicable or possibly communicable disease that the local health officer believes poses a significant threat to the health and safety of other quarantined individuals, he or she must promptly be placed in isolation;

(5) Isolated or quarantined individuals must be released as soon as practicable when the local health officer determines that they have been successfully decontaminated or that they pose no substantial risk of transmitting a communicable or possibly communicable disease that would constitute a serious or imminent threat to the health and safety of others;

(6) The needs of a person isolated or quarantined must be addressed to the greatest extent possible in a systematic and competent fashion, including, but not limited to, providing adequate food, clothing, shelter, means of communication with those in isolation or quarantine and outside these settings, medication, and competent medical care;

(7) Premises used for isolation or quarantine must be maintained in a safe and hygienic manner to minimize the likelihood of further transmission of infection or other harm to persons isolated and quarantined;

(8) To the extent possible, cultural and religious beliefs should be considered in addressing the needs of individuals, and establishing and maintaining isolation or quarantine premises;

(9) Isolation or quarantine shall not abridge the right of any person to rely exclusively on spiritual means alone through prayer to treat a communicable or possibly communicable disease in accordance with religious tenets and practices, nor shall anything in this chapter be deemed to prohibit a person so relying who is infected with a contagious or communicable disease from being isolated or quarantined in a private place of his or her own choice, provided, it is approved by the local health officer, and all laws, rules and regulations governing control, sanitation, isolation and quarantine are complied with. At his or her sole discretion, the local health officer may isolate infected individuals declining treatment for the duration of their communicable infection.

[Statutory Authority: RCW 43.20.050 (2)(d), 70.05.050, and 70.05.060. WSR 03-05-048, § 246-100-045, filed 2/13/03, effective 2/13/03.]

WAC 246-100-050 Isolation or quarantine premises. (1) Entry into isolation or quarantine premises shall be restricted under the following conditions:

(a) The local health officer may authorize physicians, health care workers, or others access to individuals in isolation or quarantine pursuant to WAC 246-100-040 as necessary to meet the needs of isolated or quarantined individuals;

(b) No person, other than a person authorized by the local health officer, shall enter isolation or quarantine premises;

(c) Any person entering isolation or quarantine premises shall be provided with infection control training and may be required to wear personal protective equipment or receive vaccination as appropriate;

(d) Any person entering isolation or quarantine premises with or without authorization of the local health officer may be isolated or quarantined.

(2) Persons subject to isolation or quarantine and persons entering isolation or quarantine premises shall obey the rules established by the state board of health and the orders of the local health officer, and failure to do so shall constitute a misdemeanor consistent with the provisions of RCW 43.20.050(4) and 70.05.120.

[Statutory Authority: RCW 43.20.050 (2)(d), 70.05.050, and 70.05.060. WSR 03-05-048, § 246-100-050, filed 2/13/03, effective 2/13/03.]

WAC 246-100-055 Relief from isolation or quarantine. Any person or group of persons isolated or quarantined pursuant to this chapter may seek relief from the superior court.

(1) Any person or group of persons detained by order of a local health officer pursuant to WAC 246-100-040(3) may apply to the court for an order to show cause why the individual or group should not be released.

(a) The court shall rule on the application to show cause within forty-eight hours of its filing.

(b) If the court grants the application, the court shall schedule a hearing on the order to show cause as soon as practicable.

(c) The issuance of an order to show cause shall not stay or enjoin an isolation or quarantine order.

(2) An individual or group isolated or quarantined may request a hearing in the court for remedies regarding breaches to the conditions of isolation or quarantine required by WAC 246-100-045.

(3) A request for a hearing shall not stay or enjoin an isolation or quarantine order.

(4) Upon receipt of a request under this subsection alleging extraordinary circumstances justifying the immediate granting of relief, the court shall fix a date for hearing on the matters alleged as soon as practicable.

(5) Otherwise, upon receipt of a request under this section, the court shall fix a date for hearing on the matters alleged within five days from receipt of the request.

(6) In any proceedings brought for relief under this subsection, in extraordinary circumstances and for good cause shown, the local health authority may move the court to extend the time for a hearing, which extension the court in its discretion may grant giving due regard to the rights of the affected individuals, the protection of the public's health, the severity of the emergency and the availability of necessary witnesses and evidence.

(7) Any hearings for relief under this section involving a petitioner or petitioners judged to be contagious for a communicable disease will be conducted in a manner that utilizes appropriate infection control precautions and minimizes the risk of disease transmission.

[Statutory Authority: RCW 43.20.050 (2)(d), 70.05.050, and 70.05.060. WSR 03-05-048, § 246-100-055, filed 2/13/03, effective 2/13/03.]

WAC 246-100-060 Right to counsel. A person or group of persons isolated or quarantined pursuant to WAC 246-100-040 has a right to be represented by counsel if they so elect. If such person or group requests counsel and cannot afford counsel, the court shall appoint counsel consistent with the provisions of chapter 10.101 RCW. The local health officer must provide adequate means of communication between such persons or groups and their counsel.

[Statutory Authority: RCW 43.20.050 (2)(d), 70.05.050, and 70.05.060. WSR 03-05-048, § 246-100-060, filed 2/13/03, effective 2/13/03.]

WAC 246-100-065 Consolidation. In any proceedings brought pursuant to this chapter, to promote the fair and efficient operation of justice and having given due regard to the rights of affected persons, the severity of the threat to the public's health, and the availability of necessary witnesses and evidence, the court may order the consolidation of individual claims into group claims where:

- (1) The number of individuals involved or to be affected is so large as to render individual participation impractical;
- (2) There are questions of law or fact common to the individual claims or rights to be determined;
- (3) The group claims or rights to be determined are typical of the affected persons' claims or rights; and
- (4) The entire group will be adequately represented in the consolidation.

[Statutory Authority: RCW 43.20.050 (2)(d), 70.05.050, and 70.05.060. WSR 03-05-048, § 246-100-065, filed 2/13/03, effective 2/13/03.]

WAC 246-100-070 Enforcement of local health officer orders. (1) An order issued by a local health officer in accordance with this chapter shall constitute the duly authorized application of lawful rules adopted by the board and must be enforced by all police officers, sheriffs, constables, and all other officers and employees of any political subdivisions within the jurisdiction of the health department in accordance with RCW 43.20.050.

(2) Any person who violates any of the provisions of this chapter or any lawful rule adopted by the board is deemed guilty of a misdemeanor punishable under RCW 70.05.120.

(3) Any person who fails or refuses to obey any lawful order issued by any local health officer is deemed guilty of a misdemeanor punishable under RCW 70.05.120.

(4) Any person who violates or fails to comply with a health order issued under RCW 70.24.024 to a person with a sexually transmitted disease who is engaging in behaviors endangering the public health is guilty of a gross misdemeanor as described in RCW 70.24.025.

[Statutory Authority: RCW 43.20.050 and 70.24.130. WSR 22-06-061, § 246-100-070, filed 2/25/22, effective 3/28/22. Statutory Authority: RCW 43.20.050 (2)(d), 70.05.050, and 70.05.060. WSR 03-05-048, § 246-100-070, filed 2/13/03, effective 2/13/03.]

WAC 246-100-072 Rules for notification of partners at risk of human immunodeficiency virus (HIV). (1) A local health officer or authorized representative shall:

(a) Within three working days of receipt of a report of a previously unreported case of HIV infection, attempt to contact or obtain information from the principal health care provider to:

(i) Seek input on the best means of conducting a case investigation including partner notification; and

(ii) If appropriate, request that the provider contact the person living with HIV as required in subsection (2) of this section.

(b) Contact the person diagnosed with HIV to:

(i) Discuss the need to notify sex or injection equipment-sharing partners, including spouses, that they may have been exposed to HIV and that they should seek HIV testing; and

(ii) Offer assistance with partner notification as appropriate.

(c) Unless the health officer or designated representative determines partner notification is not needed or the person living with HIV refuses assistance with partner notification, assist with notifying partners in accordance with the "*Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection*" as published by the Centers for Disease Control and Prevention, October 2008.

(2) If the local health officer or designated representative informs the principal health care provider that they intend to conduct a partner notification case investigation, the principal health care provider shall attempt to inform the person living with HIV that the local health officer or authorized representative will contact the person living with HIV for the purpose of providing assistance with the notification of partners.

(3) A health care provider may not disclose the identity of a person living with HIV or the identity of sex or injection equipment-sharing partners, including spouses, at risk of HIV infection, except as authorized in RCW 70.02.220 or in this section.

(4) Local health officers and authorized representatives shall use identifying information, according to this section, on persons living with HIV only to:

(a) Contact the person living with HIV to refer, as appropriate, to medical care, or to contact sex or injection equipment-sharing partners, including spouses; or

(b) Carry out an investigation of behavior that endangers the public health or of behaviors presenting an imminent danger to the public health pursuant to RCW 70.24.022 or 70.24.024.

(5) A health care provider may consult with the local health officer or an authorized representative about a person living with HIV and the need for notification of persons identified as sex or injection equipment-sharing partners at any time.

[Statutory Authority: RCW 43.20.050 and 70.24.130. WSR 22-06-061, § 246-100-072, filed 2/25/22, effective 3/28/22. Statutory Authority: RCW 70.24.130. WSR 10-01-082, § 246-100-072, filed 12/15/09, effective

1/15/10. Statutory Authority: RCW 70.24.130 and 70.24.380. WSR 05-11-110, § 246-100-072, filed 5/18/05, effective 6/18/05. Statutory Authority: RCW 70.24.125 and 70.24.130. WSR 99-17-077, § 246-100-072, filed 8/13/99, effective 9/1/99. Statutory Authority: RCW 70.24.022, [70.24].340 and Public Law 104-146. WSR 97-15-099, § 246-100-072, filed 7/21/97, effective 7/21/97. Statutory Authority: RCW 43.20.050 and 70.24.130. WSR 92-02-019 (Order 225B), § 246-100-072, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-072, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.24 RCW. WSR 89-02-008 (Order 324), § 248-100-072, filed 12/27/88.]

WAC 246-100-186 Special settings—Health care facilities.

Health care facilities shall:

(1) Adopt written policy and procedures restricting work of employees, staff, students, and volunteers diagnosed to have a communicable disease from direct contact with patients, residents, and recipients of care during the period of communicability when:

(a) Transmission of the disease to recipients of care or other employees can occur in that particular job environment, and

(b) The disease can cause serious illness.

(2) Permit employees, staff, students, and volunteers to return to work when measures have been taken to prevent transmission of disease if:

(a) Measures are consistent with recommendations of an infection control committee or equivalent authorized group if existing, and

(b) Measures are consistent with recommendations of local health officer.

(3) Comply with applicable state licensure law and department rules regarding communicable disease screening and control.

[Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-186, filed 12/27/90, effective 1/31/91; WSR 88-07-063 (Order 308), § 248-100-186, filed 3/16/88.]

WAC 246-100-191 Animals—General measures to prevent human disease. (1) The purpose of this rule is to protect the public from acquiring diseases transmissible by animals and animal products.

(2) The definitions in this subsection apply throughout this section unless the context clearly requires otherwise:

(a) "Carapace" means a hard bony outer covering, such as the fused dorsal plates of a turtle.

(b) "Immunocompromised" means having the immune system impaired or weakened as by drugs or illness.

(c) "Person" means any individual, corporation, company, association, society, firm, partnership, joint stock company, or governmental agency; or the authorized agents of these entities.

(d) "Poultry" means chickens, ducks, turkeys, and other domestic farm birds.

(e) "Turtles" means all animals commonly known as turtles, tortoises, terrapins, and all other animals of the order Testudinata, class Reptilia, except marine species in the families Dermachelidae and Chelonidae.

(f) "Vendor" means a person selling, trading, or transferring an animal to another person as a commercial activity.

(3) A vendor transferring a reptile, amphibian, or poultry chick for the purpose of being kept as a pet shall provide the buyer or recipient a written notification including:

(a) Information about possible human diseases contracted from reptiles, amphibians, or poultry chicks, such as Salmonella infection;

(b) Who is at greater risk for contracting and experiencing severe illness related to contact with reptiles, amphibians, and poultry chicks, such as young, elderly, and immunocompromised persons; and

(c) Disease prevention messages, such as proper hand washing and recommendations for high risk groups.

(4) To meet the requirements of subsection (3) of this section, vendors may use materials provided by the department and available at www.doh.wa.gov.

(5) Live turtles with a carapace length of less than four inches shall not be sold, held for sale, or offered for sale or distribution for the purpose of being kept as a pet.

(6) All persons are prohibited from selling products containing milk, meat, hides, or hair that is contaminated or suspected of being contaminated with anthrax as determined by the state health officer, local health officer, or a federal agency.

(7) All persons are prohibited from selling, transferring, or acquiring an animal or animal product associated with a zoonotic disease outbreak or suspected outbreak as determined by the state health officer, local health officer, or a federal agency.

[Statutory Authority: RCW 43.20.050 and 16.70.040(1). WSR 11-04-017, § 246-100-191, filed 1/21/11, effective 1/1/12. Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-191, filed 12/27/90, effective 1/31/91; WSR 88-07-063 (Order 308), § 248-100-191, filed 3/16/88.]

WAC 246-100-192 Animals in public settings—Measures to prevent human disease. (1) The purpose of this rule is to protect the public from diseases transmitted to humans from animals in public settings.

(2) The definitions in this subsection apply throughout this section unless the context clearly requires otherwise:

(a) "Animal exhibitor" means a person with a valid class C certification as an exhibitor under the Animal Welfare Act, 7 U.S.C. 2131-2159.

(b) "Animal venue operator" means a person furnishing a setting where public contact with animals is encouraged such as a petting zoo, county fair, or horse or pony rides.

(c) "Immunocompromised" means having the immune system impaired or weakened as by drugs or illness.

(d) "Person" means any individual, corporation, company, association, society, firm, partnership, joint stock company, or governmental agency; or the authorized agents of these entities.

(3) Animal venue operators shall:

(a) Provide an accessible hand-washing station or alternative hand sanitizing method approved by the local health officer;

(b) Post a prominent sign in a simple and easy to understand format for visitors to see before they enter the animal exhibit area which warns that:

- (i) Animals can carry germs that can make people sick, even animals that appear healthy;
 - (ii) Eating, drinking, or putting things in a person's mouth in animal areas could cause illness;
 - (iii) Older adults, pregnant women, immunocompromised people, and young children are more likely to become ill from contact with animals;
 - (iv) Young children and individuals with intellectual disabilities should be supervised in animal exhibit areas; and
 - (v) Strollers, baby bottles, pacifiers, and children's toys are not recommended in animal exhibit areas.
- (c) Post a prominent sign at each exit of the animal exhibit area reminding visitors to wash their hands.
- (4) To meet the requirements of subsections (3)(b) and (c) of this section, animal venue operators may use materials provided by the department and available at www.doh.wa.gov.
- (5) Animal exhibitors and other persons legally responsible for animals in public settings shall:
- (a) Observe animals daily for signs of illness;
 - (b) Prevent public contact with sick animals;
 - (c) As applicable, comply with WAC 246-100-197, Rabies—Measures to prevent human disease;
 - (d) As applicable, comply with WAC 246-100-201, Psittacosis—Measures to prevent human disease; and
 - (e) Comply with, and have in their possession, any local, state, or federally required documents allowing the exhibition of animals in public settings.
- (6) Animal venue operators, animal exhibitors, other persons legally responsible for animals in public settings, and veterinarians shall cooperate with local health officer investigations and control measures for zoonotic disease.

[Statutory Authority: RCW 43.20.050 and 16.70.040(1). WSR 11-04-017, § 246-100-192, filed 1/21/11, effective 1/1/12.]

WAC 246-100-197 Rabies—Measures to prevent human disease. (1)

The purpose of this rule is to protect the public from rabies, a deadly disease.

(2) The definitions in this subsection apply throughout this section unless the context clearly requires otherwise:

(a) "Adequate anamnestic response" means paired serum specimens that show a two fold increase in titer between the first and second specimens, and show the second titer is above 0.5 IU/mL (1:50).

(b) "Animal exhibitor" means a person with a valid class C certification as an exhibitor under the Animal Welfare Act, 7 U.S.C. 2131-2159.

(c) "Cat" means an animal of the species *Felis domesticus*, and excludes felid hybrid animals.

(d) "Certificate of veterinary inspection" means a legible veterinary health inspection certificate on an official form (electronic or paper) from the state of origin or from Animal and Plant Health Inspection Service (APHIS), United States Department of Agriculture (USDA) executed by a licensed and accredited veterinarian or a veterinarian approved by APHIS, USDA.

- (e) "Dog" means an animal of the species *Canis familiaris* and excludes canid hybrid animals.
- (f) "Entry permit" means prior written permission from the director of the department of agriculture.
- (g) "Euthanize" means to humanely destroy an animal by a method that involves instantaneous unconsciousness and immediate death or by a method that causes painless loss of consciousness and death during the loss of consciousness.
- (h) "Ferret" means an animal of the species *Mustela furo*.
- (i) "Hybrid" means any mammal which is the offspring of the reproduction between any species of:
- (i) Wild canid or hybrid wild canid and a domestic dog or hybrid wild canid, or is represented by its owner to be a wolf hybrid, coyote hybrid, coy dog or any other kind of wild canid hybrid; or
- (ii) Wild felid or hybrid wild felid and a domestic cat or hybrid wild felid or is represented by its owner to be a wild felid hybrid.
- (j) "Livestock" means horses, mules, donkeys, cattle, bison, sheep, goats, swine, rabbits, llamas, alpacas, ratites, poultry, waterfowl, game birds, and other species so designated by statute. Livestock does not mean "wild animals" as defined in RCW 77.08.010.
- (k) "Owner" means any person legally responsible for the care and actions of a pet animal.
- (l) "Person" means any individual, corporation, company, association, society, firm, partnership, joint stock company, or governmental agency; or the authorized agents of these entities.
- (m) "Prospective serologic monitoring protocol" means the protocol identified in Part I B.5 of the *Compendium of Animal Rabies Prevention and Control*, 2016.
- (n) "Research facility" means a person with a valid class R certification as a research facility under the Animal Welfare Act, 7 U.S.C. 2131-2159.
- (o) "USDA" means the United States Department of Agriculture.
- (p) "Vaccination status" means one of the following:
- (i) "Currently vaccinated" means a dog, cat, or ferret that has been initially vaccinated and revaccinated against rabies following veterinary and USDA-licensed rabies vaccine manufacturer instructions.
- (ii) "Overdue for vaccination" means a dog, cat, or ferret that has not received a booster vaccination against rabies following veterinary and USDA-licensed rabies vaccine manufacturer instructions.
- (iii) "Unvaccinated" means a dog, cat, or ferret that has never received a vaccination against rabies.
- (q) "Wildlife rehabilitator" means a person with a valid permit as a wildlife rehabilitator under chapter 77.12 RCW.
- (r) "Zoological park" means an accredited member of the American Zoo and Aquarium Association (AZA).
- (3) An owner of a dog, cat, or ferret shall have it vaccinated and revaccinated against rabies following veterinary and USDA-licensed rabies vaccine manufacturer instructions. This requirement does not apply to animal shelters.
- (4) Zoological parks and other types of animal exhibitors shall confine for a minimum of six months all wild-caught mammals susceptible to rabies and intended for public exhibition.
- (5) The following restrictions apply to the importation and movement of certain mammals in Washington state.
- (a) All persons are prohibited from acquiring, selling, bartering, exchanging, giving, purchasing, distributing, or trapping to re-

tain any bat, skunk, fox, raccoon, or coyote, except a zoological park, animal exhibitor, research facility, or wildlife rehabilitator.

(b) All persons are prohibited from importing into the state any bat, skunk, fox, raccoon, or coyote, except a zoological park, animal exhibitor, or research facility under an entry permit issued by the director of the department of agriculture in consultation with the secretary of the department.

(c) Any person importing a dog internationally that requires confinement according to requirements of 42 C.F.R. 71.51, shall notify the secretary of the department within seventy-two hours of the animal's arrival in the state.

(6) When a local health officer receives a report that a dog, cat, ferret, or hybrid has been exposed to a rabid or suspected rabid animal, the local health officer shall assess the vaccination status of the animal. Based on the species and vaccination status of the animal, the local health officer may require any of the following:

(a) For currently vaccinated dogs, cats, and ferrets:

(i) Immediate veterinary care;

(ii) Immediate revaccination with a USDA-licensed rabies vaccine;

and

(iii) The animal be kept under the owner's control and observed for signs of illness in a manner considered appropriate by the local health officer for forty-five days from the date of suspected or known rabies exposure.

(b) For unvaccinated dogs, cats, and ferrets:

(i) Immediate euthanasia; or

(ii) Quarantine:

(A) Immediate veterinary care;

(B) Immediate vaccination with a USDA-licensed rabies vaccine;

and

(C) Confinement and observation for signs of illness in a manner considered appropriate by the local health officer for at least four months for dogs and cats, and at least six months for ferrets from the date of suspected or known rabies exposure.

(c) For dogs and cats overdue for vaccination with proof of having received a USDA-licensed rabies vaccine at least once:

(i) Immediate veterinary care;

(ii) Immediate vaccination with a USDA-licensed rabies vaccine;

and

(iii) The animal be kept under the owner's control and observed for signs of illness in a manner considered appropriate by the local health officer for forty-five days from the date of suspected or known rabies exposure.

(d) For dogs and cats overdue for vaccination without proof of having received a USDA-licensed rabies vaccine at least once:

(i) Immediate euthanasia; or

(ii) Quarantine:

(A) Immediate veterinary care;

(B) Immediate vaccination with a USDA-licensed rabies vaccine;

and

(C) Confinement and observation for signs of illness in a manner considered appropriate by the local health officer for at least four months from the date of suspected or known rabies exposure; or

(iii) An evaluation consistent with the prospective serologic monitoring protocol:

(A) Immediate veterinary care;

(B) Collection of a first blood sample for analysis;

(C) Immediately following collection of the first blood sample, vaccination with a USDA-licensed rabies vaccine;

(D) Collection of a second blood sample for analysis at least five days, but no later than seven days from the first blood sample collection; and

(E) Confinement in a manner considered appropriate by the local health officer until the results of the prospective serologic monitoring protocol are known.

(I) If the prospective serologic monitoring protocol results show the animal has an adequate anamnestic response to the rabies vaccination, the animal must be kept under the owner's control and observed for signs of illness in a manner considered appropriate by the local health officer for forty-five days from the date of the suspected or known rabies exposure.

(II) If the prospective serologic monitoring protocol shows the animal does not have an adequate anamnestic response to the rabies vaccination, the animal must be confined and observed for signs of illness in a manner considered appropriate by the local health officer for at least four months from the date of suspected or known rabies exposure.

(e) For ferrets overdue for vaccination:

(i) Immediate euthanasia; or

(ii) Quarantine:

(A) Immediate veterinary care;

(B) Immediate vaccination with a USDA-licensed rabies vaccine;

and

(C) Confinement and observation for signs of illness in a manner considered appropriate by the local health officer for at least six months from the date of suspected or known rabies exposure.

(f) For hybrids, euthanize immediately.

(7) The owner or caretaker of a dog, cat, or ferret that is confined or under observation as described in subsection (6) of this section shall report any illness in the animal to the local health officer. If signs suggestive of rabies develop, the local health officer may order the animal to be euthanized and tested for rabies.

(8) When a local health officer receives a report that a mammal has bitten or otherwise potentially exposed a person to rabies, the local health officer may institute any or all of the following:

(a) Order a healthy dog, cat, or ferret to be confined in a manner the local health officer considers appropriate and observed daily for at least ten days with any illness reported to the local health officer, and if signs suggestive of rabies develop, order the animal to be euthanized and tested for rabies;

(b) Order immediate euthanasia and rabies testing of any stray or unwanted dog, cat, or ferret; or

(c) Order euthanasia and rabies testing of any hybrid or other mammal that is not a livestock animal.

(9) When a mammal other than a bat is found to be rabid, the local health officer may institute additional community-wide measures as appropriate including, but not limited to, the following actions:

(a) Issuance of orders to pick up and impound stray and unlicensed dogs, cats, hybrids and ferrets;

(b) Issuance of orders to owners of dogs, cats, and ferrets requiring proof of rabies vaccination following veterinary and USDA-licensed rabies vaccine manufacturer instructions;

(c) Restriction of dogs, cats, hybrids, and ferrets to owners' or caretakers' premises except when on leash; or

(d) Provide public and professional outreach education.

(10) When mammals are displaced during or after a man made or natural disaster and require emergency sheltering, the local health officer may implement and coordinate rabies prevention and control measures as described in Part I B.8., Disaster Response of the *Compendium of Animal Rabies Prevention and Control*, 2016. A copy of this publication is available for review at the department's website, at www.doh.wa.gov.

(11) A person euthanizing a mammal for the purpose of rabies testing as described in this section shall prepare, package, and transport the specimens to be tested in a manner approved by the local health officer and according to the department's *Guidelines for the Submission of Specimens for Rabies Testing*, February 2011. This publication is available from the department at www.doh.wa.gov.

[Statutory Authority: RCW 43.20.050 and 16.70.040. WSR 17-15-021, § 246-100-197, filed 7/7/17, effective 8/7/17. Statutory Authority: RCW 43.20.050 and 16.70.040(1). WSR 11-04-017, § 246-100-197, filed 1/21/11, effective 1/1/12.]

WAC 246-100-201 Psittacosis—Measures to prevent human disease.

(1) The purpose of this rule is to protect the public from psittacosis.

(2) The definitions in this subsection apply throughout this section unless the context clearly requires otherwise:

(a) "Avian chlamydiosis" means a bacterial infection of birds caused by *Chlamydochlamydia psittaci*;

(b) "Person" means any individual, corporation, company, association, society, firm, partnership, joint stock company, or governmental agency; or the authorized agents of these entities;

(c) "Psittacine bird" means all birds commonly known as parrots, macaws, cockatoos, cockatiels, lovebirds, parakeets, and all other birds of the order Psittaciformes.

(d) "Psittacosis" means a bacterial infection of humans caused by *Chlamydochlamydia psittaci*.

(e) "Vendor" means a person selling, trading, or transferring a bird to another person as a commercial activity.

(3) A vendor acquiring, selling, trading, or transferring a psittacine bird shall maintain a record of transfer for at least one year which includes:

(a) Date of transaction;

(b) Name, address, and telephone number of the persons involved in the transaction;

(c) Number and type, including the common name of the bird transferred.

(4) A vendor transferring a psittacine bird to a member of the general public shall provide each buyer or recipient with written information about psittacosis and avian chlamydiosis including:

(a) Signs of infection in a sick bird including nasal discharge, sneezing, coughing, ruffled feathers, lethargy, and diarrhea;

(b) Symptoms of psittacosis in a human including chills, fever, headache, cough, and muscle aches;

(c) A warning that nasal discharge and droppings of an infected or sick bird may cause illness in humans;

(d) A warning that healthy appearing birds can shed the harmful bacteria that can cause psittacosis intermittently and that shedding can be activated by stress factors such as relocation, shipping, crowding, chilling, and breeding; and

(e) A recommendation to consult a veterinarian or health care provider, as appropriate, if signs or symptoms occur.

(5) To meet the requirements of subsection (4) of this section, vendors may use materials provided by the department and available at www.doh.wa.gov.

(6) A vendor shall post a readable sign accessible to the general public with the information described in subsection (4) of this section.

(7) A person exhibiting or displaying a psittacine bird in a place or area used or occupied by the public shall exhibit the bird in a manner preventing human exposure to the bird and bird discharges except:

(a) In single-purpose pet shops and aviaries; and

(b) At bird shows if a room containing a bird is separated from other areas and activities, and the room entrance has a sign warning people about potential risk of psittacosis.

(8) The local health officer may initiate an epidemiologic investigation to control the transmission of *C. psittaci* to humans, which may include:

(a) Site visit to where the recently purchased infected bird is located and identification of the location where the bird was originally procured;

(b) Documenting the number and types of birds involved, the health status of potentially affected persons and birds, locations of facilities where birds were housed, relevant ventilation-related factors, treatment protocols, and examination of sales records; and

(c) Working with the bird vendor and vendor's veterinarian to test suspect birds using methods established in Appendix 1 of the *Compendium of Measures To Control Chlamydophila Psittaci Infection Among Humans (Psittacosis) and Pet Birds (Avian Chlamydiosis)*, 2009. A copy of this publication is available for review at the department's website at www.doh.wa.gov.

(9) When investigating a case of psittacosis, the local health officer may enforce requirements of this section on a nonpsittacine bird if there is suspected exposure of the nonpsittacine bird to an infected bird.

(10) Upon confirmation of avian chlamydiosis, a vendor shall cooperate with the local health officer and assume costs associated with actions required by the local health officer, which may include, but is not limited to, testing of potentially exposed humans; and quarantine, testing, appropriate antibiotic treatment, and destruction of birds.

(11) Any person receiving a psittacine bird from points outside Washington state shall:

(a) Refuse receipt of any bird originating from premises where avian chlamydiosis infection is suspected or known; and

(b) Refuse receipt of any bird from a premises quarantined for avian chlamydiosis.

[Statutory Authority: RCW 43.20.050 and 16.70.040(1). WSR 11-04-017, § 246-100-201, filed 1/21/11, effective 1/1/12. Statutory Authority: RCW 43.20.050. WSR 00-23-120, § 246-100-201, filed 11/22/00, effective 12/23/00; WSR 92-02-019 (Order 225B), § 246-100-201, filed 12/23/91,

effective 1/23/92; WSR 91-02-051 (Order 124B), recodified as § 246-100-201, filed 12/27/90, effective 1/31/91; WSR 88-07-063 (Order 308), § 248-100-201, filed 3/16/88.]

WAC 246-100-202 Sexually transmitted infections—Duties and authorities. (1) Health care providers shall:

(a) Report each case of notifiable sexually transmitted infection as required in chapter 246-101 WAC;

(b) At each medical encounter, when providing treatment for an infectious sexually transmitted infection, provide education, appropriate to each patient regarding:

(i) Communicability of the disease;

(ii) Activities that may transmit the disease to another; and

(iii) Prevention methods, including practical means to prevent transmission;

(c) Ensure completion of a prenatal serologic test for syphilis in each pregnant woman pursuant to RCW 70.24.090 including:

(i) Submitting a blood sample for syphilis to a laboratory approved to perform prenatal serologic tests for syphilis, as required in RCW 70.24.090, at the time of the first prenatal visit; and

(ii) Deciding whether or not to omit the serologic test for syphilis if the test was performed elsewhere during the current pregnancy;

(d) When diagnosing or caring for a patient with gonococcal or chlamydial ophthalmia neonatorum, report the case to the local health officer or local health jurisdiction in accordance with the provisions of chapter 246-101 WAC; and

(e) Instill a prophylactic ophthalmic agent into both eyes of the newborn as prophylaxis against ophthalmia neonatorum up to two hours after the delivery, whether the delivery occurred vaginally or by cesarean section. Acceptable ophthalmic prophylactic agents are application of erythromycin consistent with the "*Sexually Transmitted Diseases Treatment Guidelines*" as published by the Centers for Disease Control and Prevention, 2015. In the event the U.S. Food and Drug Administration declares a shortage of this prophylactic ophthalmic agent, health care providers may substitute alternative prophylactic ophthalmic agents recommended by the Centers for Disease Control and Prevention. If the newborn's parent(s) or legal guardian refuses this procedure, the health care provider will document the refusal in the newborn's medical record.

(2) Laboratories, health care providers, and other persons shall deny issuance of a certificate or statement implying a person is free from sexually transmitted infection.

(3) State and local health officers or their authorized representatives may conduct or cause to be conducted an interview and investigation of persons infected or reasonably believed to be infected with a sexually transmitted infection when:

(a) (i) They know or have reason to believe that a person in their jurisdiction has an STI and is engaging in specified behavior that endangers the public health; and

(ii) The basis for the health officer's investigation is the officer's direct medical knowledge or reliable testimony of another who is in a position to have direct knowledge of the person's behavior.

(b) In conducting the investigation, the health officer shall evaluate the allegations, as well as the reliability and credibility

of any person or persons who provided information related to the specified behavior that endangers the public health.

(c) Investigations shall be conducted using procedures and measures described in WAC 246-100-036.

(4) Local health officers, health care providers, and others shall comply with the provisions in chapter 70.24 RCW, in addition to requirements in chapters 246-100 and 246-101 WAC.

(5) Any person who violates a rule adopted by the board for the control and treatment of a sexually transmitted infection is subject to penalty under RCW 70.24.080.

[Statutory Authority: RCW 43.20.050 and 70.24.130. WSR 22-06-061, § 246-100-202, filed 2/25/22, effective 3/28/22. Statutory Authority: RCW 70.24.130. WSR 09-22-097, § 246-100-202, filed 11/4/09, effective 12/5/09. Statutory Authority: RCW 70.24.130 and 70.24.380. WSR 05-11-110, § 246-100-202, filed 5/18/05, effective 6/18/05.]

WAC 246-100-203 Sexually transmitted infections—Health officer orders.

(1) When a state or local health officer within their jurisdiction, concludes an investigation and determines that a person has an STI, their behavior occurred during an infectious period and was sufficient to transmit infection, and continues to engage in specified behavior that endangers the public health despite reasonable efforts to obtain the person's voluntary cooperation, the state or local health officer may, in accordance with RCW 70.24.024, issue orders requiring a person to do one or more of the following:

(a) Submit to medical examination or testing;

(b) Receive counseling;

(c) Receive medical treatment; or

(d) Cease and desist specific behavior endangering the public health.

(2) For the purposes of RCW 70.24.024 and this section, "behavior that endangers the public health" means:

(a) For all sexually transmitted infections, anal, oral, or vaginal intercourse without a latex or plastic condom resulting in introduction of semen or vaginal fluids to mucous membranes or an interruption of the epidermis.

(b) For HIV and Hepatitis B, the following behaviors that result in the introduction of blood, semen or vaginal fluids to mucous membranes:

(i) Anal, oral, or vaginal intercourse without a latex or plastic condom;

(ii) Sharing of injection equipment;

(iii) Knowingly donating or selling blood, blood products, body tissues, or semen; or

(iv) Any combination of these.

(c) This section does not apply when practical means to prevent transmission were taken.

(3) State and local health officers and their authorized representatives may issue written orders for medical examination, testing, counseling, or cessation of behavior that endangers public health under RCW 70.24.024, only after:

(a) All other efforts to protect public health have failed, including reasonable efforts to obtain the voluntary cooperation of the person to be affected by the order; and

- (b) They have sufficient evidence to "reasonably believe" the person to be affected by the order:
 - (i) Has a sexually transmitted infection; and
 - (ii) Is knowingly engaging in a pattern of "behavior that endangers the public health"; and
- (c) They have investigated and reasonably confirmed the occurrence of this pattern of behaviors by:
 - (i) Interviewing sources to assess their credibility and accuracy; and
 - (ii) Interviewing the person to be affected by the order; and
- (d) They have incorporated all information required in RCW 70.24.024 in a written order.
- (4) State and local health officers and their authorized representatives may issue written orders for treatment under RCW 70.24.024 only after laboratory test results or direct observation of clinical signs or assessment of clinical data by a health care provider confirm the person has, or is likely to have, a sexually transmitted infection.
- (5) State and local health officers and their authorized representatives may issue written orders to cease and desist specified behaviors under RCW 70.24.024 only after:
 - (a) They have determined the person to be affected by the order is engaging in "behavior that endangers the public health"; and
 - (b) Laboratory test results, or direct observation of clinical signs or assessment of clinical data by a health care provider, confirm the person has, or is likely to have, a sexually transmitted infection; and
 - (c) They have exhausted procedures described in subsection (1) of this section; and
 - (d) They have enlisted, if appropriate, court enforcement of the orders described in (c) and (d) of this subsection.
- (6) Written orders to cease and desist specified behaviors must be reasonably related to the purpose or the restriction or restrictions for a period of time not to exceed 12 months provided all requirements of RCW 70.24.024 regarding notification, confidentiality, right to a judicial hearing, and right to counsel are met.

[Statutory Authority: RCW 43.20.050 and 70.24.130. WSR 22-06-061, § 246-100-203, filed 2/25/22, effective 3/28/22. Statutory Authority: RCW 70.24.130 and 2012 c 10. WSR 14-08-046, § 246-100-203, filed 3/27/14, effective 4/27/14. Statutory Authority: RCW 70.24.130 and 70.24.380. WSR 05-11-110, § 246-100-203, filed 5/18/05, effective 6/18/05.]

WAC 246-100-2031 Sexually transmitted infections—Orders and standards for detainment. (1) When the requirements in RCW 70.24.024 have been exhausted, and the state or local public health officer, within their respective jurisdiction, knows or has reason to believe, because of medical information, that a person has a sexually transmitted disease and that the person continues to engage in behaviors that present an imminent danger to the public health, a state or local health officer within their jurisdiction may, in accordance with RCW 70.24.034, bring an action in superior court to detain a person, who continues to engage in behaviors that present an imminent danger to the public health, in a designated facility.

(2) For the purposes of detention in accordance with RCW 70.24.034 and this section, "behaviors that present an imminent danger to public health" or "BPID" means the following activities, under conditions specified below, performed by a person with a laboratory-confirmed infectious HIV infection:

(a) Anal or vaginal intercourse without a latex or plastic condom; or

(b) Shared use of injection equipment that contains blood;

(c) Donating or selling blood, blood products, or semen; and

(d) Activities described in (a) and (b) of this subsection constitute BPID only if the person with a laboratory-confirmed HIV infection is infectious and did not inform the persons with whom the activities occurred of their infectious status.

(3) A local health officer may notify the state health officer if they determine:

(a) The criteria for BPID are met by a person; and

(b) The local health officer obtained a superior court order requiring the person to comply with a cease and desist order and the person failed to comply.

(4) A state or local health officer may request the prosecuting attorney to file an action in superior court to detain a person specified in this subsection. The requesting state or local health officer or authorized representative shall:

(a) Notify the department prior to recommending the detainment setting where an individualized counseling and education plan may be carried out consistent with subsections (5), (6), and (7) of this section;

(b) Make a recommendation to the court for placement of the person consistent with subsections (5), (6), and (7) of this section; and

(c) Provide to the court an individualized plan for education and counseling consistent with subsection (6) of this section.

(5) Requirements for detainment of persons demonstrating BPID include:

(a) Sufficient number of staff, caregivers, or family members, or any combination of these to:

(i) Provide round-the-clock supervision, safety of detainee, and security;

(ii) Limit and restrict activities to prevent BPID;

(iii) Make available any medical, psychological, or nursing care when needed;

(iv) Provide access to education and counseling; and

(v) Immediately notify the state or local health officer of unauthorized absence or elopement.

(b) Sufficient equipment and facilities to provide:

(i) Meals and nourishment to meet nutritional and religious or cultural needs;

(ii) A sanitary toilet and lavatory;

(iii) A bathing facility;

(iv) Bed and clean bedding appropriate to size of detainee;

(v) A safe detention setting appropriate to chronological and developmental age of detainee; and

(vi) A private sleeping room.

(c) Sufficient access to services and programs directed toward cessation of BPID and providing:

(i) Psychological and psychiatric evaluation and counseling; and

(ii) Implementation of court-ordered plan for individualized counseling and education consistent with subsection (6) of this section.

(d) If required, provide access to facilities equipped to provide isolation or restraint, or both, in accordance with their applicable rules;

(e) Maintain a safe, secure environment free from harassment, physical danger, and sexual exploitation.

(6) Standards for an individualized counseling and education plan for a detainee include:

(a) Alignment with the detainee's personal and environmental characteristics, culture, social group, developmental age, and language;

(b) Identification of habitual and addictive behavior and relapse pattern;

(c) Identification of unique risk factors and possible cross-addiction leading to BPID;

(d) Identification of obstacles to behavior change and determination of specific objectives for desired behavior;

(e) Provision of information about acquisition and transmission of HIV;

(f) Teaching and training of individual coping skills to prevent relapse to BPID;

(g) Specific counseling for substance use disorder, if required;

(h) Identification of and assistance with access to community resources, including social services and self-help groups appropriate to provide ongoing support and maintenance of behavior change; and

(i) Designation of a person primarily responsible for counseling or education, or both, who:

(i) Has a postgraduate degree in social work, psychology, counseling, psychosocial nursing, or other allied profession; and

(ii) Completed at least one year of clinical experience after postgraduate education with a primary focus on individualized behavior change; and

(iii) Is a certified counselor under chapter 18.19 RCW;

(j) Designation and provision of a qualified counselor under chapter 246-811 WAC when the detainee is assessed to have substance use disorder.

(7) The following settings are appropriate for detainment provided a setting meets requirements in subsection (5)(a) through (e) of this section:

(a) Homes, care facilities, or treatment institutions operated or contracted by the department;

(b) Private homes, as recommended by the state or local health officer;

(c) Assisted living facilities licensed under chapter 18.20 RCW;

(d) Nursing homes licensed under chapter 18.51 RCW;

(e) Facilities licensed under chapter 71.12 RCW that provide behavioral health services, including:

(i) Psychiatric hospitals, under chapter 246-322 WAC;

(ii) Chemical dependency hospitals licensed under chapter 246-324 WAC;

(iii) Residential treatment facilities under chapter 246-337 WAC;

(f) A hospital licensed under chapter 70.41 RCW.

[Statutory Authority: RCW 43.20.050 and 70.24.130. WSR 22-06-061, § 246-100-2031, filed 2/25/22, effective 3/28/22.]

WAC 246-100-204 Absence of HIV or hepatitis C as an occupational qualification. For the purpose of RCW 49.60.172 concerning the absence of HIV or hepatitis C infection as a bona fide occupational qualification only, "significant risk" means a job qualification which requires person-to-person contact likely to result in direct introduction of blood into a mucous membrane when:

- (1) No adequate barrier protection is practical; and
- (2) Determined only on case-by-case basis consistent with RCW 49.60.180.

[Statutory Authority: RCW 43.20.050 and 70.24.130. WSR 22-06-061, § 246-100-204, filed 2/25/22, effective 3/28/22. Statutory Authority: RCW 70.24.130 and 70.24.380. WSR 05-11-110, § 246-100-204, filed 5/18/05, effective 6/18/05.]

WAC 246-100-205 Blood-borne pathogen exposure—Occupation settings other than jail and corrections settings. A person who has experienced an exposure to another person's bodily fluids in a manner that presents a possible risk of transmission of blood-borne pathogens, and who is exposed while engaged in a category of employment determined to be at risk of substantial exposure to blood-borne pathogens, may ask a state or local health officer to order testing for blood-borne pathogens of the person who was the source of the bodily fluids in accordance with RCW 70.24.340.

(1) Substantial exposure that presents a possible risk of transmission, and is therefore substantial, is limited to:

- (a) A physical assault upon the exposed person involving blood, semen, or vaginal fluid;
- (b) Intentional, unauthorized, nonconsensual use of needles or sharp implements to inject or mutilate the exposed person; or
- (c) An accidental parenteral or mucous membrane or nonintact skin exposure to blood, semen, or vaginal fluids.

(2) The alleged exposure must have occurred on the job while the person was employed or acting as an authorized volunteer in one of the following employment categories that are at risk of substantial exposure to blood-borne pathogens:

- (a) Law enforcement officer;
- (b) Firefighter;
- (c) Health care provider;
- (d) Staff of health care facilities;
- (e) Funeral director;
- (f) Embalmer; or
- (g) Persons licensed to perform body art, body piercing, and tattooing under chapter 18.300 RCW.

(3) The state or local health officer shall:

(a) Determine whether the alleged exposure meets the criteria established in this section for substantial exposure that presents a possible risk of transmission, and, if criteria are met, notify and arrange for testing of the person who is the source of the exposure in accordance with RCW 70.24.340; and

(b) Ensure that records related to blood-borne pathogen testing ordered by the health officer are maintained only by the ordering health officer or authorized representative.

(4) The health officer, as a precondition for ordering counseling and testing of the person who was the source of the exposure, may re-

quire that the exposed individual agree to be tested for blood-borne pathogens if the health officer determines testing is appropriate.

(5) This section does not apply to the department of corrections or to inmates in its custody or subject to its jurisdiction.

[Statutory Authority: RCW 43.20.050 and 70.24.130. WSR 22-06-061, § 246-100-205, filed 2/25/22, effective 3/28/22. Statutory Authority: RCW 70.24.130 and 70.24.380. WSR 05-11-110, § 246-100-205, filed 5/18/05, effective 6/18/05.]

WAC 246-100-206 Blood-borne pathogen exposure—Local jail facilities. Jail administrators, with the approval of the local public health officer, may order blood-borne pathogen testing of a jail detainee in accordance with RCW 70.24.360, if the local health officer determines that the detainee's behavior exposed the staff, other detainees, the general public, or other persons and the exposure presents a possible risk of transmitting a blood-borne pathogen.

(1) For purpose of this section, "exposure presenting possible risk" means one or more of the activities identified in Column A of Table 1 resulting in one or more of the outcomes identified in Column B of Table 1.

TABLE 1. "Exposure Presenting Possible Risk" - One or more of the activities in Column A resulting in one or more of the outcomes in Column B

COLUMN A. Activities	COLUMN B. Outcomes
<ul style="list-style-type: none"> • Anal, oral, or vaginal intercourse without a latex or plastic condom, excluding conjugal visits; or • Physical assault; or • Sharing of injection equipment or sharp implements; or • Throwing or smearing of blood, semen, or vaginal fluid 	<ul style="list-style-type: none"> • Introduction of blood, semen, or vaginal fluids, or some combination of these, into a mucous membrane; or • A needle puncture or penetrating wound resulting in exposure to blood, semen, or vaginal fluids, or some combination of these

(2) Jail administrators may order blood-borne pathogen testing only under the following conditions:

(a) The jail administrator documents and reports to the local health officer, within seven days after the incident, any incident resulting in "exposure presenting possible risk"; and

(b) The local health officer:

(i) Determines the documented behavior or behaviors meet the criteria established in this section for behaviors presenting a "possible risk"; and

(ii) Interviews the detained person to evaluate the factual basis for alleged behavior; and

(iii) Makes a fact determination, based upon the documented behavior, the interview with the detained person, or independent investigation, or any combination of these, that sufficient factual evidence exists to support the allegation that the detainee's behavior resulted in exposure presenting possible risk of transmitting a blood-borne pathogen; and

(iv) Arranges for testing of the person who is the source of the exposure to occur within seven days of the request from the jail administrator; and

(v) Reviews with the detained person who is the source of the exposure the documentation of the behavior to try to assure understanding of the basis for blood-borne pathogen testing; and

(vi) Provides written approval of the jail administrator's order prior to blood-borne pathogen testing.

(c) The jail administrator maintains blood-borne pathogen test results and identity of the tested person as a confidential, nondisclosable record, consistent with chapter 70.02 RCW.

[Statutory Authority: RCW 43.20.050 and 70.24.130. WSR 22-06-061, § 246-100-206, filed 2/25/22, effective 3/28/22. Statutory Authority: RCW 70.24.130 and 70.24.380. WSR 05-11-110, § 246-100-206, filed 5/18/05, effective 6/18/05. Statutory Authority: RCW 70.24.380. WSR 02-12-106, § 246-100-206, filed 6/5/02, effective 7/6/02. Statutory Authority: RCW 70.24.125 and 70.24.130. WSR 99-17-077, § 246-100-206, filed 8/13/99, effective 9/1/99. Statutory Authority: RCW 70.24.022, [70.24].340 and Public Law 104-146. WSR 97-15-099, § 246-100-206, filed 7/21/97, effective 7/21/97. Statutory Authority: RCW 43.20.050 and 70.24.130. WSR 92-02-019 (Order 225B), § 246-100-206, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-206, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.24 RCW. WSR 89-07-095 (Order 325), § 248-100-206, filed 3/22/89; WSR 88-21-093 (Order 322), § 248-100-206, filed 10/19/88; WSR 88-17-056 (Order 316), § 248-100-206, filed 8/17/88. Statutory Authority: RCW 43.20.050. WSR 87-11-047 (Order 302), § 248-100-206, filed 5/19/87.]

WAC 246-100-2061 Blood-borne pathogen exposure—Department of corrections facilities. (1) For purposes of RCW 70.24.370, an exposure that presents a "possible risk of transmission of a blood-borne pathogen" means one or more of the activities identified in Column A of Table 2 resulting in one or more of the outcomes identified in Column B of Table 2.

TABLE 2. "Possible Risk of Transmission of a Blood-borne Pathogen" - One or more of the activities in Column A resulting in one or more of the outcomes in Column B

COLUMN A. Activities	COLUMN B. Outcomes
<ul style="list-style-type: none"> • Anal, oral, or vaginal intercourse without a latex or plastic condom, excluding conjugal visits; or • Physical assault; or • Sharing of injection equipment or sharp implements; or • Throwing or smearing of blood, semen, or vaginal fluid 	<ul style="list-style-type: none"> • Introduction of blood, semen, or vaginal fluids, or some combination of these, into a mucous membrane; or • A needle puncture or penetrating wound resulting in exposure to blood, semen, or vaginal fluids, or some combination of these

(2) The chief medical officer of the department of corrections may order blood-borne pathogen testing for a detainee in accordance with RCW 70.24.370, if the chief medical officer or their designee determines that the inmate's behavior exposed the staff, general public, or other inmates and that exposure presents a possible risk of transmitting a blood-borne pathogen as defined in subsection (1) of this section.

[Statutory Authority: RCW 43.20.050 and 70.24.130. WSR 22-06-061, § 246-100-2061, filed 2/25/22, effective 3/28/22.]

WAC 246-100-207 Blood-borne pathogen testing—Ordering—Laboratory screening—Interpretation—Reporting. (1) Except for persons ordering or prescribing a blood-borne pathogen test for another person un-

der subsections (3) and (4) of this section, any person ordering or prescribing a blood-borne pathogen test for another person if the test is positive for or suggestive of blood-borne pathogen infection, shall follow the provisions of chapter 246-101 WAC.

(2) The local and state health officer or authorized representative shall periodically make efforts to inform providers in their respective jurisdiction about the September 2006 Centers for Disease Control and Prevention "*Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Healthcare Settings.*"

(3) Any person authorized to order or prescribe an HIV test for another person may offer anonymous HIV testing without restriction.

(4) Blood banks, tissue banks, and others collecting or processing blood, sperm, tissues, or organs for transfusion/transplanting shall:

(a) Explain that donations are tested to ensure safety of the blood supply, tissue, or organ bank donations;

(b) At the time of notification regarding a positive blood-borne pathogen test, provide or ensure at least one individual counseling session; and

(c) Inform the person that the name of the person testing positive for a blood-borne pathogen will be confidentially reported to the state or local health officer.

(5) Persons subject to regulation under Title 48 RCW and requesting an insured, subscriber, or potential insured or subscriber to furnish the results of a blood-borne pathogen test for underwriting purposes, as a condition for obtaining or renewing coverage under an insurance contract, health care service contract, or health maintenance organization agreement shall:

(a) Before obtaining a specimen to perform a blood-borne pathogen test, provide written information to the person tested explaining which blood-borne pathogen test is being administered and that the purpose of blood-borne pathogen testing in this setting is to determine eligibility for coverage;

(b) Obtain informed specific written consent for a blood-borne pathogen test or tests. The written informed consent must include:

(i) An explanation of confidential treatment of test result reports limited to persons involved in handling or determining applications for coverage or claims for the applicant or claimant; and

(ii) That the name of the person testing positive for a blood-borne pathogen will be confidentially reported to the state or local health officer.

(c) Establish procedures to inform an applicant of the following:

(i) The applicant may designate a health care provider or health care agency to whom test results indicative of infection with a blood-borne pathogen are to be provided for interpretation; and

(ii) Test results indicative of infection are sent directly to the applicant.

(6) Laboratories and other places where blood-borne pathogen testing is performed must demonstrate compliance with all of the requirements in the medical test site rules, chapter 246-338 WAC.

(7) Persons informing a tested person of positive laboratory test results indicating blood-borne pathogen infection shall do so only when:

(a) The test or sequence of tests has been approved by the FDA or the Federal Centers for Disease Control and Prevention as a confirmed positive test result; and

(b) The information consists of relevant facts communicated in such a way that it will be readily understood by the recipient and is linguistically, socially, culturally, and developmentally appropriate.

(8) Persons may inform a tested person of the unconfirmed reactive results of an FDA-approved rapid blood-borne pathogen test provided the test result is interpreted as preliminarily positive, and the tested person is informed that:

(a) Further testing is necessary to confirm the reactive screening test result;

(b) The meaning of reactive screening test result is explained in simple terms, avoiding technical jargon;

(c) The importance of confirmatory testing is emphasized and a return visit for confirmatory test results is scheduled; and

(d) The importance of taking precautions to prevent transmitting infection to others while awaiting results of confirmatory testing is stressed.

[Statutory Authority: RCW 43.20.050 and 70.24.130. WSR 22-06-061, § 246-100-207, filed 2/25/22, effective 3/28/22. Statutory Authority: RCW 70.24.380. WSR 18-23-056, § 246-100-207, filed 11/15/18, effective 12/16/18; WSR 13-03-110, § 246-100-207, filed 1/17/13, effective 2/17/13. Statutory Authority: RCW 70.24.130. WSR 10-01-082, § 246-100-207, filed 12/15/09, effective 1/15/10. Statutory Authority: RCW 70.24.130 and 70.24.380. WSR 05-11-110, § 246-100-207, filed 5/18/05, effective 6/18/05. Statutory Authority: RCW 70.24.380. WSR 02-12-106, § 246-100-207, filed 6/5/02, effective 7/6/02. Statutory Authority: RCW 70.24.125 and 70.24.130. WSR 99-17-077, § 246-100-207, filed 8/13/99, effective 9/1/99. Statutory Authority: RCW 70.24.380. WSR 97-04-041, § 246-100-207, filed 1/31/97, effective 3/3/97. Statutory Authority: RCW 43.20.050 and 70.24.130. WSR 92-02-019 (Order 225B), § 246-100-207, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-207, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.24 RCW and RCW 70.24.130. WSR 89-20-006 (Order 334), § 248-100-207, filed 9/22/89, effective 10/23/89. Statutory Authority: Chapter 70.24 RCW. WSR 89-14-003 (Order 329), § 248-100-207, filed 6/22/89; WSR 88-17-058 (Order 318), § 248-100-207, filed 8/17/88.]

WAC 246-100-211 Tuberculosis. (1) Health care providers diagnosing or caring for a person with tuberculosis, whether pulmonary or nonpulmonary, shall:

(a) Report the case to the local health officer or local health jurisdiction in accordance with the provisions of this chapter, and

(b) Report patient status to the local health officer every three months or as requested.

(2) The local health officer or local health jurisdiction shall:

(a) Have primary responsibility for control of tuberculosis within the designated jurisdiction;

(b) Maintain a tuberculosis control program including:

(i) Prophylaxis,

(ii) Treatment,

(iii) Surveillance,

(iv) Case finding,

(v) Contact tracing, and

(vi) Other aspects of epidemiologic investigation;

(c) Maintain a tuberculosis register of all persons with tuberculosis, whether new or recurrent, within the local jurisdiction including information about:

- (i) Identification of patient,
- (ii) Clinical condition,
- (iii) Epidemiology of disease,
- (iv) Frequency of examinations;

(d) Impose isolation of a person with tuberculosis in an infectious stage if that person does not observe precautions to prevent the spread of the infection;

(e) Designate the place of isolation when imposed;

(f) Release the person from isolation when appropriate;

(g) Maintain and provide outpatient tuberculosis diagnostic and treatment services as necessary, including public health nursing services and physician consultation; and

(h) Submit reports of all cases to the department in accordance with the provisions of this chapter.

(3) When a person with tuberculosis requires hospitalization,

(a) Hospital admission shall occur in accordance with procedures arranged by the local health officer and the medical director or administrator of the hospital, and

(b) The principal health care provider shall:

(i) Maintain responsibility for deciding date of discharge, and

(ii) Notify the local health officer of intended discharge in order to assure appropriate outpatient arrangements.

[Statutory Authority: RCW 43.20.050 and 70.24.130. WSR 22-06-061, § 246-100-211, filed 2/25/22, effective 3/28/22. Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-211, filed 12/27/90, effective 1/31/91; WSR 87-11-047 (Order 302), § 248-100-211, filed 5/19/87.]