(6) It adheres to high standards in services, management and public accountability as required by the standards and criteria set out in WAC 240–10–040. [Statutory Authority: RCW 41.04.035, 41.04.036 and 41.04.230. 86–02–015 (Order 85–2), § 240–10–050, filed 12/23/85.]

WAC 240–10–060 Qualifications for local campaign manager. In selecting a local campaign manager, the local steering committee must assess the following qualities of an applicant to determine the applicant's capability to manage a successful charitable campaign:

(1) The local manager shall demonstrate the administrative and financial capability to manage and operate a fund–raising campaign with integrity and in an efficient manner yielding contributions comparable to those made by state employees in the past.

(2) The local manager shall demonstrate that a broad base of community support has been established within the state and demonstrate continuing positive relationships with a significant number of the state's charitable organizations.

(3) The local manager shall demonstrate the ability to effectively promote and publicize a charitable fund–raising campaign among the state employee work force.

(4) The local manager shall demonstrate the ability to give guidance to, train, and supervise volunteer solicitors and other state employee volunteers in the campaign.

(5) The local manager shall demonstrate the ability to publish and distribute informational literature and other material relative to the programs of participating agencies in a fair and equitable manner.

(6) The local manager shall demonstrate a history of integrity, and a direct and substantial presence in the local (or regional) community.

(7) The local manager shall demonstrate the intent to cooperate fully with the local steering committee and with state officials. [Statutory Authority: RCW 41.04-.035, 41.04.036 and 41.04.230. 86–02–015 (Order 85–2), § 240–10–060, filed 12/23/85.]

Title 248 WAC

HEALTH, BOARD AND DIVISION OF DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Chapters

Chapter 248–06 WAC

GUIDELINES FOR IMPLEMENTATION OF THE STATE ENVIRONMENTAL POLICY ACT

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248–06–003 Limited scope of these agency guidelines. [Order 1148, § 248–06–003, filed 8/26/76.] Repealed by 85–

01-003 (Order 2173), filed 12/6/84. Statutory Authority: RCW 43.21C.120.

248-06-005 Incorporation of requirements of SEPA guidelines. [Order 1148, § 248-06-005, filed 8/26/76.] Repealed by 85-01-003 (Order 2173), filed 12/6/84. Statutory Authority: RCW 43.21C.120.

248-06-055 Timing. [Statutory Authority: RCW 43.21C.120. 78-08-012 (Order 1315), § 248-06-055, filed 7/11/78; Order 1148, § 248-06-055, filed 8/26/76.] Repealed by 85-01-003 (Order 2173), filed 12/6/84. Statutory Authority: RCW 43.21C.120.

248-06-100 Information which may be required of a private applicant. [Statutory Authority: RCW 43.21C.120. 78-08-012 (Order 1315), § 248-06-100, filed 7/11/78; Order 1148, § 248-06-100, filed 8/26/76.] Repealed by 85-01-003 (Order 2173), filed 12/6/84. Statutory Authority: RCW 43.21C.120.

248-06-175 Exemptions and nonexemptions applicable to DSHS. [Statutory Authority: RCW 43.21C.120. 78-08-012 (Order 1315), § 248-06-175, filed 7/11/78; Order 1148, § 248-06-175, filed 8/26/76.] Repealed by 85-01-003 (Order 2173), filed 12/6/84. Statutory Authority: RCW 43.21C.120.

248-06-176 Timing and procedures for new department programs. [Statutory Authority: RCW 43.21C.120. 78-08-012 (Order 1315), § 248-06-176, filed 7/11/78; Order 1148, § 248-06-176, filed 8/26/76.] Repealed by 85-01-003 (Order 2173), filed 12/6/84. Statutory Authority: RCW 43.21C.120.

248-06-350 Affirmative threshold determination. [Statutory Authority: RCW 43.21C.120. 78-08-012 (Order 1315), § 248-06-350, filed 7/11/78.] Repealed by 85-01-003 (Order 2173), filed 12/6/84. Statutory Authority: RCW 43.21C.120.

248-06-380 Intra-agency review of threshold determinations. [Order 1148, § 248-06-380, filed 8/26/76.] Repealed by 85-01-003 (Order 2173), filed 12/6/84. Statutory Authority: RCW 43.21C.120.

248-06-420 Preparation of EIS by persons outside the lead agency. [Statutory Authority: RCW 43.21C.120. 78-08-012 (Order 1315), § 248-06-420, filed 7/11/78; Order 1148, § 248-06-420, filed 8/26/76.] Repealed by 85-01-003 (Order 2173), filed 12/6/84. Statutory Authority: RCW 43.21C.120.

248-06-455 Draft EIS consultation. [Statutory Authority: RCW 43.21C.120. 78-08-012 (Order 1315), § 248-06-455, filed 7/11/78.] Repealed by 85-01-003 (Order 2173), filed 12/6/84. Statutory Authority: RCW 43.21C.120.

248-06-520 Responsibilities of the department as an agency with environmental expertise. [Order 1148, § 248-06-520, filed 8/26/76.] Repealed by 85-01-003 (Order 2173), filed 12/6/84. Statutory Authority: RCW 43.21C.120.

248-06-550 Deadline for final EIS. [Statutory Authority: RCW 43.21C.120. 78-08-012 (Order 1315), § 248-06-550, filed 7/11/78.] Repealed by 85-01-003 (Order 2173), filed 12/6/84. Statutory Authority: RCW 43.21C.120.

248-06-600 Issuance of the final EIS. [Statutory Authority: RCW 43.21C.120. 78-08-012 (Order 1315), § 248-06-600, filed 7/11/78.] Repealed by 85-01-003 (Order 2173), filed 12/6/84. Statutory Authority: RCW 43.21C.120.

248-06-700 No action for seven days after publication of the final EIS. [Statutory Authority: RCW 43.21C.120. 78-08-012 (Order 1315), § 248-06-700, filed 7/11/78; Order 1148, § 248-06-700, filed 8/26/76.] Repealed by 85-01-003 (Order 2173), filed 12/6/84. Statutory Authority: RCW 43.21C.120.

248-06-805 Agency guidelines consistent with SEPA guidelines. [Order 1148, § 248-06-805, filed 8/26/76.] Repealed by 85-01-003 (Order 2173), filed 12/6/84. Statutory Authority: RCW 43.21C.120.

248-06-810 Future amendments to SEPA guidelines. [Statutory Authority: RCW 43.21C.120. 78-08-012 (Order 1315), § 248-06-810, filed 7/11/78; Order 1148, § 248-06-810, filed 8/26/76.] Repealed by 85-01-003 (Order 2173), filed 12/6/84. Statutory Authority: RCW 43.21C.120.

248-06-820 Designation of responsible official. [Statutory Authority: RCW 43.21C.120. 78-08-012 (Order 1315), § 248-06-820, filed 7/11/78; Order 1148, § 248-06-820, filed 8/26/76.] Repealed by 85-01-003 (Order 2173), filed 12/6/84. Statutory Authority: RCW 43.21C.120.

248-06-825 Responsibilities of the department as a consulted agency. [Order 1148, § 248-06-825, filed 8/26/76.] Repealed by 85-01-003 (Order 2173), filed 12/6/84. Statutory Authority: RCW 43.21C.120.

248-06-833 Substantive effect of SEPA. [Statutory Authority: RCW 43.21C.120. 78-08-012 (Order 1315), § 248-06-833, filed 7/11/78.] Repealed by 85-01-003 (Order 2173), filed 12/6/84. Statutory Authority: RCW 43.21C.120.

WAC 248-06-001 Purpose. This chapter implements the state-wide rules in chapter 197-11 WAC as they apply to the department of social and health services. [Statutory Authority: RCW 43.21C.120. 85-01-003 (Order 2173), § 248-06-001, filed 12/6/84; Order 1148, § 248-06-001, filed 8/26/76.]

WAC 248-06-003 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-06-005 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-06-010 Authority. These rules are promulgated under RCW 43.21C.120 (the State Environmental Policy Act) and chapter 197-11 WAC (SEPA rules). [Statutory Authority: RCW 43.21C.120. 85-01-003 (Order 2173), § 248-06-010, filed 12/6/84.]

WAC 248-06-020 Adoption by reference. The department of social and health services adopts the following sections or subsections of chapter 197-11 WAC by reference:

WAC

197-11-010 Authority.
197-11-020 Purpose.
197-11-030 Policy.
197-11-040 Definitions.
197-11-050 Lead agency.
197-11-055 Timing of the SEPA process.
197-11-060 Content of environmental review.
197-11-070 Limitations on actions during SEPA process.
197-11-080 Incomplete or unavailable information.
197-11-090 Supporting documents.
197-11-100 Information required of applicants.
197-11-300 Purpose of this part.
197-11-305 Categorical exemptions.
197-11-310 Threshold determination required.
197-11-315 Environmental checklist.
197-11-330 Threshold determination process.
197-11-335 Additional information.
197-11-340 Determination of nonsignificance (DNS).
197-11-350 Mitigated DNS.

197-11-928 Lead agency for public and private proposals.
197-11-930 Lead agency for private projects with one agency with jurisdiction.
197-11-932 Lead agency for private projects requiring licenses from more than one agency, when one of the agencies is a county/city.
197-11-934 Lead agency for private projects requiring licenses from a local agency, not a county/city, and one or more state agencies.
197-11-936 Lead agency for private projects requiring licenses from more than one state agency.
197-11-938 Lead agencies for specific proposals.
197-11-940 Transfer of lead agency status to a state agency.
197-11-942 Agreements on lead agency status.
197-11-944 Agreements on division of lead agency duties.
197-11-946 DOE resolution of lead agency disputes.
197-11-948 Assumption of lead agency status.
197-11-950 Severability.
197-11-955 Effective date.
197-11-960 Environmental checklist.
197-11-965 Adoption notice.
197-11-970 Determination of nonsignificance (DNS).
197-11-980 Determination of significance and scoping notice (DS).
197-11-985 Notice of assumption of lead agency status.
197-11-990 Notice of action.

[Statutory Authority: RCW 43.21C.120. 85-01-003 (Order 2173), § 248-06-020, filed 12/6/84.]

WAC 248-06-040 Definitions. In addition to the definitions contained in WAC 197-11-700 through 197-11-799, the following terms shall have the listed meanings:

(1) Acting agency means an agency with jurisdiction which has received an application for a license, or which is proposing an action.

(2) Agency guidelines shall mean chapter 248-06 WAC.

(3) Department shall mean the department of social and health services.

(4) Environmental report shall mean a document prepared by the applicant, when required by the department, for use in the preparation of a draft EIS.

(5) Licensing means the agency process in granting, renewing or modifying a license.

(6) Private applicant means any person or entity, other than an agency as defined in this section, applying for a license from an agency.

(7) Secretary shall mean the secretary of the department of social and health services.

(8) SEPA committee means the departmental committee which oversees the department's SEPA activities. The committee's composition and responsibilities are outlined in WAC 248-06-815.

(9) SEPA guidelines shall mean chapter 197-11 WAC. [Statutory Authority: RCW 43.21C.120. 85-01-003 (Order 2173), § 248-06-040, filed 12/6/84; 78-08-012 (Order 1315), § 248-06-040, filed 7/11/78; Order 1148, § 248-06-040, filed 8/26/76.]

WAC 248-06-055 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-06-100 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-06-174 Timing and procedures for specified major actions. (1) Regulations and licenses relating to radioactive material.

(a) Scope of major action.

(i) Regulations relating to radioactive material shall include the adoption or amendment by the department of any regulations incorporating general standards for issuance of licenses authorizing the possession, use and transfer of radioactive material pursuant to RCW 70-.98.080, and 70.121.030.

(ii) The issuance, revocation or suspension of individual licenses under RCW 70.98.080 shall be exempt. However, the following licenses shall not be exempt: Licenses to operate low level waste burial facilities or licenses to operate or expand beyond design capacity mineral processing facilities, or their tailings areas, whose products, or byproducts, have concentrations of naturally occurring radioactive materials in excess of exempt concentrations as specified in WAC 402-19-190.

(b) Timing of SEPA requirements for regulations for radioactive material.

(i) A final EIS or determination of nonsignificance, whichever is determined appropriate by the lead agency's responsible official, shall be completed for proposed regulations relating to radioactive material prior to the hearing preceding final adoption of such regulations.

(ii) The responsible official shall mail to the department of ecology headquarters office in Olympia for listing in the "SEPA register" (see WAC 197-11-508) a copy of any determination of nonsignificance, a copy of the draft EIS, and a copy of the final EIS. Copies of the draft EIS shall also be mailed to those agencies identified in WAC 197-11-455, and of the final EIS to those agencies identified in WAC 197-11-460. The responsible official shall also give public notice in the form and manner specified in RCW 43.21C.080 of the determination of nonsignificance or final EIS.

(c) Timing of SEPA requirements for licenses for uranium or thorium mills or radioactive waste burial facilities.

(i) The applicant shall be responsible for completing an environmental checklist, furnishing additional information needed by the department to make the threshold determination, and preparing an environmental report regarding the environmental impact of proposed activities for independent evaluation by the department, prior to issuance of a draft EIS by the responsible official. The environmental report shall be submitted within ninety days following determination of significance. The following material presents a more detailed description

of the responsibilities of the private applicant as well as of the responsible official.

(ii) The applicant shall be responsible for contacting the responsible official during the early stages of the applicants planning activities to obtain an outline of SEPA requirements.

(iii) Thereafter the private applicant shall be responsible for preparation of an environmental checklist. The responsible official shall review each environmental checklist and, within fifteen days of the responsible official's receipt of the checklist, shall prepare and issue either a determination of nonsignificance as per WAC 197-11-340 or a determination of significance as per WAC 197-11-360.

(iv) When the responsible official has issued a determination of nonsignificance, the official shall send the determination and environmental checklist to the applicant and to all agencies with jurisdiction for review and comment as per WAC 197-11-340.

(v) When the responsible official makes a determination of significance, the preparation of an environmental report shall be completed in a manner consistent with the requirements for a draft EIS and shall be the responsibility of the private applicant. If the applicant desires, he may contract with an outside consultant for the preparation of the environmental report. The department may also contract with an outside consultant for the preparation of a draft or final EIS. The department or the department's contracted consultant will independently evaluate the environmental report and be responsible for the reliability of any information used in the draft or final EIS. Unless the scope or complexity of the proposal indicates otherwise, the final EIS shall be issued as described in WAC 197-11-460(6).

(vi) The responsible official shall request review of the draft EIS from the agencies listed in WAC 197-11-455 and from such other agencies as he determines.

(vii) The responsible official shall mail a copy of the draft EIS to the department of ecology headquarters in Olympia for listing in the "SEPA register" (see WAC 197-11-508) and also to those agencies listed in WAC 197-11-455.

(viii) When the responsible official determines that substantial changes are needed or that new information has become available, the preparation of an amended or new environmental report is the responsibility of the private applicant.

(ix) The responsible official shall mail a copy of the final EIS to the department of ecology headquarters office in Olympia for listing in the "SEPA register" (see WAC 197-11-508). The responsible official shall also mail copies of the final EIS to those agencies specified in WAC 197-11-460 and shall give public notice of the completion of the final EIS in the form and manner specified in RCW 43.21C.080.

(2) **Water system plans for public water systems as per WAC 248-54-065 and RCW 70.116.050.**

(a) Scope of major action. Water system plans are plans developed and submitted to the department for review and approval pursuant to WAC 248-54-065 and RCW 70.116.050.

(b) Timing and procedures for water system plans prepared by private applicants.

(i) In general, when a private applicant has prepared a water system plan for review and approval by the department, the private applicant shall be responsible for completing an environmental checklist, furnishing additional information needed by the department to make the threshold determination, and preparing the draft and final EIS under the direction of the responsible official. The following material presents a more detailed description of the responsibilities of the private applicant as well as the responsible official.

(ii) Follow steps outlined in WAC 248-06-174 (1)(c)(ii) through (iv).

(iii) When the responsible official makes a determination of significance, the preparation of a draft and final EIS shall be in compliance with WAC 197-11-400 through 197-11-620 and shall be the responsibility of the private applicant. If the applicant desires, he may contract with an outside consultant for preparation of the draft or final EIS. Unless the scope or complexity of the proposal indicates otherwise, the final EIS shall be completed within sixty days of the end of the comment period for the draft EIS.

(iv) See WAC 248-06-174 (1)(c)(vi) and (vii).

(v) When the responsible official determines that substantial changes are needed or that new information has become available, the preparation of an amended or a new draft EIS is the responsibility of the private applicant.

(vi) See WAC 248-06-174 (1)(c)(ix).

(vii) Every water system plan submitted by a private applicant to the department for review and approval shall be accompanied by either a determination of nonsignificance or a final EIS.

(c) Timing and procedure for water system plans prepared by agencies. Every water system plan submitted by an agency to the department for review and approval shall be accompanied by either a determination of nonsignificance or a final EIS.

(3) **New public water supply systems and major extensions of existing public water supply systems.**

(a) Scope of major action. The approval of engineering reports or plans and specifications pursuant to WAC 248-54-085 and 248-54-095 for all surface water source development, all water system storage facilities greater than one-half million gallons, new transmission lines longer than one thousand feet and larger than eight inches in diameter located in new rights of way and major extensions to existing water distribution systems involving use of pipes greater than eight inches in diameter, which are designed to increase the existing service area by more than one square mile.

(b) Timing and procedures for projects proposed by private applicants.

(i) In general, when a private applicant seeks the approval of the department for a new public water supply or a major extension to an existing public water supply, the private applicant shall be responsible for completing an environmental checklist, furnishing additional information needed by the department to make the threshold

determination, and preparing the draft and final EIS under the direction of the responsible official. The following material presents a more detailed description of the responsibilities of the private applicant as well as of the responsible official.

(ii) Follow steps outlined in WAC 248-06-174 (1)(c)(ii) through (iv).

(iii) See WAC 248-06-174 (2)(b)(iii).

(iv) See WAC 248-06-174 (1)(c)(vi) and (vii).

(v) See WAC 248-06-174 (2)(b)(v).

(vi) See WAC 248-06-174 (1)(c)(ix).

(vii) Whenever preliminary engineering reports, or plans and specifications for a new public water supply system or a major extension to an existing public water supply system are submitted by a private applicant to the secretary for his review and approval pursuant to WAC 248-54-085 and 248-54-095, these reports, plans and specifications shall be accompanied by a determination of nonsignificance or a final EIS.

(c) Timing and procedures for projects proposed by an agency. Whenever preliminary engineering reports, plans and specifications for a new public water supply system or a major extension to an existing public water supply system are submitted by an agency to the secretary for his review and approval pursuant to WAC 248-54-085 and 248-54-095, these reports, plans and specifications shall be accompanied by a determination of nonsignificance or a final EIS.

(4) **Certificates of need.**

(a) Scope of major action. Certificate of need applications are subject to SEPA requirements whenever the applicant proposes to construct a new hospital or to construct major additions to the existing service capacity of such an institution: *Provided*, That such applications are not subject to SEPA requirements when the proposed construction consists of additions which provide less than twelve thousand square feet of floor area and with associated parking facilities designed for forty automobiles or less: *Provided further*, That certificate of need applications for "substantial acquisitions" are not subject to SEPA requirements.

(b) Timing and procedures for hospital certificates of need. Where a state or local agency other than the department is lead agency for hospital construction, the department shall not issue a certificate of need approving this hospital construction until the applicant has supplied it with a determination of nonsignificance or a final EIS, and until seven days after the issuance by the lead agency of any final EIS. Nothing in this subsection shall preclude the department from making a commitment to issue a certificate of need to an applicant subject to the timely receipt of an appropriate environmental impact statement or determination of nonsignificance.

(5) **Approval of sewerage general plans and/or water general plans described in RCW 36.94.010.**

(a) Scope of major action. Sewerage general plans and water general plans shall mean and include those described in RCW 36.94.010.

(b) Timing and procedures for water general plans. Every water general plan submitted by a county to the department for review and approval shall be accompanied by either a determination of nonsignificance or a final EIS.

(6) **Plans and specifications for new sewage treatment works or for major extensions to existing sewage treatment works pursuant to WAC 248-92-010.**

Scope of major action. Plans and specifications for new sewage treatment works or for major extensions to existing sewage treatment works are those which are reviewed and approved by the department pursuant to WAC 248-92-040.

(7) **Construction of any building, facility or other installation for the purpose of housing department personnel or for prisons or for fulfilling other statutorily directed or authorized functions.**

(a) Scope of major action. The construction of buildings, facilities or other installations for the purpose of housing department personnel or for other authorized functions shall be subject to SEPA requirements, but such construction shall not be subject to SEPA requirements when it consists of additions which provide less than twelve thousand square feet of floor area and with associated parking facilities designed for forty automobiles or less.

(b) Timing and procedures.

(i) The responsible official shall, prior to the request for construction bids, prepare an environmental checklist for each construction project of the type described in WAC 248-06-174 (7)(a).

(ii) Within fifteen days of the request for construction bids, the responsible official shall make (A) a written declaration of nonsignificance where he determines that the proposed construction will not have a significant adverse environmental impact or (B) a written declaration of significance where he determines that the proposed construction will have a significant adverse environmental impact.

(iii) Where the responsible official has made a determination of significance, the preparation of the draft and final EIS shall be in compliance with WAC 197-11-400 through 197-11-620, and shall be the responsibility of the responsible official. Unless the scope or complexity of the proposal indicates otherwise, the final EIS shall be completed within sixty days of the end of the comment period for the draft EIS.

(iv) See WAC 248-06-174 (1)(c)(vi).

(v) The responsible official shall mail to the department of ecology headquarters office in Olympia for listing in the "SEPA register" a copy of any determination of nonsignificance, a copy of the draft EIS, and a copy of the final EIS. Copies of the draft EIS shall also be mailed to those agencies identified in WAC 197-11-455, and of the final EIS to those agencies identified in WAC 197-11-460. The responsible official shall also give public notice in the form and manner specified in RCW 43.21C.080 of the determination of nonsignificance or final EIS.

(8) **Approval of final plans for construction of a nursing home pursuant to WAC 248-14-100, construction of a private psychiatric hospital pursuant to WAC 248-22-**

005, or construction of an alcoholism treatment center pursuant to WAC 248-26-020.

(a) Scope of major action. The approval of final plans for construction of a nursing home pursuant to WAC 248-14-100, construction of a private psychiatric hospital pursuant to WAC 248-22-005, or construction of an alcoholism treatment center pursuant to WAC 248-26-020 shall be subject to SEPA requirements: *Provided*, That such construction shall not be subject to SEPA requirements when it consists of additions which provide less than twelve thousand square feet of floor area and with associated parking facilities designed for forty automobiles or less.

(b) Timing and procedures for construction of the type described. Where a state or local agency other than the department is lead agency for construction of the type described in WAC 248-06-174 (8)(a), the department shall not approve final plans for construction of a nursing home, private psychiatric hospital, or alcoholism treatment center until the applicant for such approval has supplied the department with a final declaration of nonsignificance or a final EIS for the construction in question, and until seven days after the issuance by the lead agency of any final EIS. [Statutory Authority: RCW 43.21C.120. 85-01-003 (Order 2173), § 248-06-174, filed 12/6/84; 78-08-012 (Order 1315), § 248-06-174, filed 7/11/78.]

WAC 248-06-175 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-06-176 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-06-203 Determination of lead agency and responsible official. (1) The department shall be the lead agency for the following actions:

(a) Adoption or amendment of regulations relating to radioactive source materials; proposals to construct, operate, or expand any uranium or thorium mill, or any tailings areas generated by uranium or thorium milling, or any low level radioactive waste burial facilities. The responsible official would be the section head, radiation control section, office of environmental health programs, division of health. Lead agency determination for other mineral processing proposals should be made in accordance with WAC 197-11-924 through 197-11-948;

(b) Approval of comprehensive plans for public water supply systems when such plans are developed by private applicants and unless indicated otherwise by WAC 197-11-932, 197-11-934 and 197-11-936, and approval of new public water supply systems or major extensions of existing public water supply systems when such systems are being proposed by a private applicant unless indicated otherwise by WAC 197-11-932, 197-11-934, and 197-11-936. The responsible official would be the section head, water supply and waste section, office of environmental health programs, division of health;

(c) Construction of any building, facility, or other installation for the purpose of housing department personnel or for fulfilling other statutorily directed or authorized functions. The responsible official would be the chief, capital programs, comptroller division;

(2) Determination of the lead agency for department major actions not listed above shall be made in accordance with the procedures and requirements of WAC 248-06-815 (4)(c) and 197-11-922 through 197-11-948. [Statutory Authority: RCW 43.21C.120. 85-01-003 (Order 2173), § 248-06-203, filed 12/6/84; 78-08-012 (Order 1315), § 248-06-203, filed 7/11/78; Order 1148, § 248-06-203, filed 8/26/76.]

WAC 248-06-305 Recommended timing for threshold determination. In most cases the time required to complete a threshold determination should not exceed fifteen days. (WAC 197-11-310.) [Statutory Authority: RCW 43.21C.120. 85-01-003 (Order 2173), § 248-06-305, filed 12/6/84; 78-08-012 (Order 1315), § 248-06-305, filed 7/11/78; Order 1148, § 248-06-305, filed 8/26/76.]

WAC 248-06-340 Threshold determination process. In making a threshold determination, the responsible official shall follow the process outlined in WAC 197-11-330 through 197-11-390. [Statutory Authority: RCW 43.21C.120. 85-01-003 (Order 2173), § 248-06-340, filed 12/6/84; 78-08-012 (Order 1315), § 248-06-340, filed 7/11/78.]

WAC 248-06-350 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-06-380 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-06-385 Hearings. Any person has the right to appeal the department's final threshold determination that an EIS is or is not necessary and/or the sufficiency of the final EIS. The hearings are governed by the Administrative Procedure Act, the rules in this chapter, and by chapters 10-08 and 388-08 WAC. In case of conflict between this section and chapter 388-08 WAC, the provisions in this chapter take precedence over the rules in chapter 388-08 WAC.

(1) The request for a hearing must be in writing and filed with the DSHS Office of Hearings, P.O. Box 2465, Olympia, Washington 98504 within thirty days of the department's official notice of issuance of a final threshold determination or final EIS.

(2) The initial decision should be made within sixty days of the department's receipt of the request for a hearing. When a party files a petition for administrative review, the review decision should be made within sixty days of the department's receipt of the petition. The decision-rendering time is extended by as many days as the hearing is continued on motion by any party to the hearing.

(3)(a) If the hearing decision is that an EIS should be filed, the administrative law judge or review judge shall remand the matter to DSHS to file an EIS.

(b) If the hearing decision is that the final EIS is not sufficient, the administrative law judge or review judge

shall remand the matter to DSHS to correct the insufficiency. [Statutory Authority: RCW 43.21C.120. 85-01-003 (Order 2173), § 248-06-385, filed 12/6/84.]

WAC 248-06-410 Scoping. When the department receives a scoping notice from a lead agency, the department shall submit any comments to the lead agency within twenty-one days from the date of issuance of the determination of significance. When the department is lead agency the steps in WAC 197-11-408 and 197-11-410 shall be followed. [Statutory Authority: RCW 43-.21C.120. 85-01-003 (Order 2173), § 248-06-410, filed 12/6/84; 78-08-012 (Order 1315), § 248-06-410, filed 7/11/78.]

WAC 248-06-420 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-06-455 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-06-460 Issuance of draft EIS. When the department is lead agency, it shall issue the draft EIS in accordance with WAC 197-11-455. [Statutory Authority: RCW 43.21C.120. 85-01-003 (Order 2173), § 248-06-460, filed 12/6/84; 78-08-012 (Order 1315), § 248-06-460, filed 7/11/78.]

WAC 248-06-470 Policies and procedures for conditioning or denying permits or other approvals. (1) The policies and goals in this section are supplementary to existing authorities of the department.

(2) It is the policy of the department to avoid or mitigate adverse environmental impacts which may result from the department's decisions.

(3) The department shall use all practical means, consistent with other essential considerations of state policy, to improve and coordinate plans, functions, programs, and resources to the end that the state and its citizens may:

(a) Fulfill the responsibilities of each generation as trustee of the environment for succeeding generations;

(b) Assure for all people of Washington safe, healthful, productive, and aesthetically and culturally pleasing surroundings;

(c) Attain the widest range of beneficial uses of the environment without degradation, risk to health or safety, or other undesirable and unintended consequences;

(d) Preserve important historic, cultural, and natural aspects of our national heritage;

(e) Maintain, wherever possible, an environment which supports diversity and variety of individual choice;

(f) Achieve a balance between population and resource use which will permit high standards of living and a wide sharing of life's amenities; and

(g) Enhance the quality of renewable resources and approach the maximum attainable recycling of depletable resources.

(4) The department recognizes that each person has a fundamental and inalienable right to a healthful environment and that each person has a responsibility to contribute to the preservation and enhancement of the environment.

(5) The department shall ensure that presently unquantified environmental amenities and values will be given appropriate consideration in decision-making along with economic and technical considerations.

(6)(a) When the environmental document for a proposal shows it will cause significant adverse impacts, the responsible official shall consider whether:

(i) The environmental document identified mitigation measures that are reasonable and capable of being accomplished;

(ii) Other local, state, or federal requirements and enforcement would mitigate the significant adverse environmental impacts; and

(iii) Reasonable mitigation measures are sufficient to mitigate the significant adverse impacts.

(b) The responsible official may:

(i) Condition the approval for a proposal if mitigation measures are reasonable and capable of being accomplished and the proposal is inconsistent with the policies in this section; or

(ii) Deny the permit or approval for a proposal if reasonable mitigation measures are insufficient to mitigate significant adverse environmental impacts and the proposal is inconsistent with the policies in this section.

(c) The procedures in WAC 197-11-660 must also be followed when conditioning or denying permits or other approvals. [Statutory Authority: RCW 43.21C.120. 85-01-003 (Order 2173), § 248-06-470, filed 12/6/84.]

WAC 248-06-480 Public hearings. (1) A public hearing on the environmental impact of a proposal shall be held as specified in WAC 197-11-535. [Statutory Authority: RCW 43.21C.120. 85-01-003 (Order 2173), § 248-06-480, filed 12/6/84; 78-08-012 (Order 1315), § 248-06-480, filed 7/11/78.]

WAC 248-06-510 Responsibilities of the department as a consulted agency. Other lead agencies may request the department for consultation during the SEPA process. The department shall then provide consultation in accordance with the requirements of WAC 197-11-502, 197-11-545 and 197-11-570. [Statutory Authority: RCW 43.21C.120. 85-01-003 (Order 2173), § 248-06-510, filed 12/6/84; 78-08-012 (Order 1315), § 248-06-510, filed 7/11/78; Order 1148, § 248-06-510, filed 8/26/76.]

WAC 248-06-520 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-06-550 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-06-600 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-06-700 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-06-805 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-06-810 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-06-815 SEPA committee. (1) There is hereby created a SEPA committee to oversee the department's SEPA activities.

(2) The SEPA committee shall be composed of:

(a) One representative from the water supply and waste section, office of environmental health programs, division of health;

(b) One representative from the facility licensing and certification section, office of health facilities and services, division of health;

(c) One representative from capital programs comptroller division; and

(d) One representative from the radiation control section, office of environmental health programs, division of health.

(3) A representative from the office of the attorney general will provide legal support to the committee.

(4) The SEPA committee shall:

(a) Oversee the department's SEPA activities to ensure compliance with these agency guidelines, the state SEPA guidelines, and the policies and goals set forth in the State Environmental Policy Act;

(b) Oversee the future revision of these agency guidelines so as to reflect:

(i) Future amendment of SEPA or the state SEPA guidelines;

(ii) The creation of new department programs.

(c) Designate the responsible official for any major action for which the department is lead agency when such designation has not occurred elsewhere in these agency guidelines. [Statutory Authority: RCW 43.21C-.120. 85-01-003 (Order 2173), § 248-06-815, filed 12/6/84; 78-08-012 (Order 1315), § 248-06-815, filed 7/11/78.]

WAC 248-06-820 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-06-825 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-06-831 SEPA public information. (1) When the department is lead agency, the responsible official shall retain SEPA documents required by this chapter and shall make them available to the public in accordance with chapter 42.17 RCW.

(2) When the department is lead agency, the responsible official shall transmit copies of the following documents to the department of ecology headquarters office in Olympia:

(a) All draft and final EISs. (See WAC 197-11-455 and 197-11-460.)

(b) All determinations of nonsignificance (see WAC 197-11-340). [Statutory Authority: RCW 43.21C.120. 85-01-003 (Order 2173), § 248-06-831, filed 12/6/84; 78-08-012 (Order 1315), § 248-06-831, filed 7/11/78.]

WAC 248-06-833 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-06-835 Severability. If any provision of this chapter or its application to any person or circumstances is held invalid, the remainder of this chapter, or the application of the provision to other persons or circumstances, shall not be affected. [Statutory Authority: RCW 43.21C.120. 85-01-003 (Order 2173), § 248-06-835, filed 12/6/84.]

Chapter 248-08 WAC
PRACTICE AND PROCEDURE

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-08-595 Exemptions, waivers, and variances. [Statutory Authority: RCW 43.20.050. 79-02-055 (Order 172), § 248-08-595, filed 1/31/79; Order 151, § 248-08-595, filed 12/5/77; Order 93, § 248-08-595, filed 1/4/74.] Repealed by 84-16-031 (Order 272), filed 7/25/84. Statutory Authority: RCW 34.04.020 and 43.20.050. Later promulgation, see WAC 248-08-596.

WAC 248-08-595 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-08-596 Variances, waivers, and exemptions. The following procedure for considering requests for exemptions, waivers, or variances applies to all those rules and regulations of the Washington state board of health wherein the board of health has reserved the power to grant exemptions, waivers, and variances:

(1) The director of the health services division of the department of social and health services shall recommend, pursuant to the standards contained in the regulation from which the exemption, waiver, or variance is requested, that the request be granted or denied.

(2) Written summaries of all exemptions, waivers, or variances proposed to be granted by the director shall be sent to all members of the board of health and may include written forms upon which the members may indicate approval or disapproval of the request.

(3) Upon receipt by the director of written approval by eight members of the board of health, and provided no member disapproves, the approval shall take effect and the director shall notify the requesting party of the approval in writing.

(4) If any member of the board of health shall disapprove the request within thirty days of notification by the director, the request shall be discussed by the board at its next regular meeting.

(5) If a request is recommended for denial by the director, the request and recommendation shall be reviewed by the board at its next regular meeting.

Consideration by the board of requests for exemptions, waivers, and variances shall not be considered contested cases as that term is defined in chapter 34.04 RCW. Statements and written material regarding the request may be presented to the board at or before its meeting wherein the application will be considered. Allowing cross-examination of witnesses in such matters shall be within the discretion of the board. [Statutory Authority: RCW 43.20.050. 85-15-063 (Order 289), § 248-08-596, filed 7/18/85; 84-16-031 (Order 272), § 248-08-596, filed 7/25/84. Formerly WAC 248-08-595.]

Chapter 248-14 WAC
NURSING HOMES

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-14-050 Advertising. [Statutory Authority: RCW 18.51.070. 80-06-086 (Order 1509), § 248-14-050, filed 5/28/80. Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), § 248-14-050, filed 11/15/79; Regulation 14.050, effective 3/11/60.] Repealed by 84-15-007 (Order 2120), filed 7/6/84. Statutory Authority: RCW 18.51.070.

WAC 248-14-001 Definitions. (1) All adjectives and adverbs such as adequate, approved, immediately, qualified, reasonable, reputable, satisfactory, sufficient, or suitable, used in these nursing home regulations to qualify a requirement shall be as determined by the department with the advice and guidance of the nursing home advisory council and the state board of health.

(2) "Activity director" – An employee responsible for the development, implementation, and maintenance of a program for residents intended to provide activities to meet the residents' needs and interests.

(3) "Alterations" – Physical, mechanical, or electrical changes made to existing facilities except for painting or repair.

(4) "Ambulatory person" – A person, who, unaided by another person, is physically and mentally capable of walking a normal path to safety, including the ascent and descent of stairs.

(5) "Attending physician" – The doctor responsible for a particular person's total medical care.

(6) "Authorized practitioner" – A certified registered nurse under chapter 18.88 RCW when authorized by the board of nursing, an osteopathic physician's assistant under chapter 18.57A RCW when authorized by the committee of osteopathic examiners, or a physician's assistant under chapter 18.71A RCW when authorized by the board of medical examiners.

(7) "Bathing facility" – A bathtub or shower.

(8) "Berm" – A bank of earth piled against a wall.

(9) "Citation" – The finding written by a surveyor on an official state and/or federal statement of deficiencies form following a full survey, post survey, or complaint investigation.

(10) "Contact with animals" – Close proximity to animals to allow for close observation, interaction, handling, or petting achieved by either animals being brought into the nursing home on a regular basis or animals being allowed to live on the nursing home premises.

(11) "Department" – The state department of social and health services.

(12) "Dialysis" – The process of separating crystalloids and colloids in solution by means of the crystalloids and colloids unequal diffusion through a natural or artificial, semipermeable membrane.

(a) "Acute dialysis" – Hemodialysis or peritoneal dialysis in the treatment of a person with renal failure for a period of time during which it is medically determined whether renal function may be restored or the failure is irreversible.

(b) "Hemodialysis" – Dialysis of the blood by means of an "artificial kidney" through which blood is circulated on one side of a semipermeable membrane while the other side is bathed by a salt solution. The accumulated toxic products diffuse out of the blood into the salt solution.

(c) "Maintenance dialysis" – Recurrent hemodialysis or peritoneal dialysis in the long-term treatment of a person with chronic, irreversible renal failure of such severity that other medical management will not support life.

(d) "Peritoneal dialysis" – Dialysis of the blood by inserting a tube into a person's abdomen and instilling a sterile salt solution into the peritoneal cavity. Accumulated toxic products diffuse out of the blood through the semipermeable membrane of the peritoneum into the salt solution. After a period of time for diffusion, the solution is allowed to drain from the peritoneal cavity.

(e) "Self-dialysis" – Carrying out dialysis on oneself, assuming primary responsibility for the dialysis procedure whether or not one has assistance.

(f) "Self-dialysis training" – A program of patient education where a patient is taught how to perform self-dialysis safely and effectively and to care for dialysis equipment and supplies.

(13) "Dialysis room" – A room where a patient undergoes dialysis.

(14) "Dietetic service supervisor" – A person who:

(a) Is a dietitian; or

(b) Has completed or is enrolled with a set date of completion in a dietetic technician or dietetic assistant training program, correspondence or classroom, approved by the American Dietetic Association; or

(c) Has completed or is enrolled with a set date of completion in a state–approved training program providing ninety or more hours of classroom instruction in food service supervision, and has experience in a health care institution.

(15) "Dietitian" – A person who is eligible for registration by the commission on dietetic registration of the American Dietetic Association based on the 1982 criteria for registration. A person not meeting this definition but employed in that capacity by a nursing home or homes on or before the effective date of this regulation will be deemed to meet the requirement of WAC 248–14–230(5). This grandfather clause is only effective so long as the:

(a) Person continues employment with the same nursing home or homes; and

(b) Nursing home has no serious deficiencies in dietary services.

(16) "Drug":

(a) Substances recognized as drugs in the official *United States Pharmacopoeia*, *Official Homeopathic Pharmacopoeia of the United States*, or any supplement to any of the listed publications.

(b) Substances intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man.

(c) "Drug administration" – The direct application of a drug by injection, inhalation, ingestion, or any other means to the body of a resident.

(d) "Drug dispensing" – An act entailing the interpretation of an order for a drug or biological and, pursuant to the order, the proper selection, measuring, labeling, packaging, and issuance of the drug or biological to a residential care unit.

(e) "Legend drug" – A drug bearing the legend, "caution, federal law prohibits dispensing without a prescription."

(17) "Drug facility" – A room or area designed and equipped for drug storage and the preparation of drugs for administration.

(18) "Facilities" – A room or area and/or equipment to serve one or more specific functions.

(19) "Grade" – The level of ground adjacent to the building floor level measured at required windows. The ground must be level or slope downward for a distance of at least ten feet from the wall of the building. From there the ground may slope upward not greater than an average of one foot vertical to two feet horizontal within a distance of eighteen feet from the building.

(20) "Immediate supervision" – On–site supervision of one or more persons.

(21) "Kidney center" – A health care facility designed, equipped, staffed, organized, and administered to provide the following services:

(a) Medical, social, and psychological evaluation, and selection of persons eligible for maintenance dialysis or kidney transplantation by a formal review body.

(b) Dialysis.

(c) Kidney transplantation for patients with chronic renal failure, either directly or by appropriate referral where this form of therapy is medically indicated.

(d) Training program for physicians, nurses, technicians, and members of other disciplines involved in the care and treatment of persons with chronic renal failure receiving dialysis.

(e) Self–dialysis training program for patients.

(f) Evaluation of situations or facilities and assistance in planning necessary alterations and installations to ensure safe and adequate facilities for maintenance dialysis.

(g) An organized system where patients undergoing dialysis at home or in a nursing home or other satellite facility procure the supplies and equipment necessary to safe and efficient administration of dialysis.

(h) Continued medical management and surveillance of care of patients receiving maintenance dialysis at home or in a nursing home or other satellite facility by means of outpatient clinic services and a continuing program of review, consultation, and training.

(i) An in–hospital dialysis program providing the full gamut of services for diagnosis and treatment of persons with chronic renal disease. The in–hospital services may be provided by means of an association or affiliation with an in–hospital dialysis program.

(22) "Lavatory" – A handwashing sink.

(23) "Licensed nurse" – Either a registered nurse or a licensed practical nurse.

(a) "Licensed practical nurse" – A person duly licensed under the provisions of the Licensed Practical Nurse Act of the state of Washington, chapter 18.78 RCW.

(b) "Registered nurse" – A person duly licensed under the provisions of the law regulating the practice of registered nursing in the state of Washington, chapter 18.88 RCW.

(24) "New construction" shall include any of the following, when the preliminary plans have not been reviewed and accepted at the time of adoption of these regulations:

(a) New buildings to be used as a nursing home;

(b) Additions to buildings used as a nursing home;

(c) Conversions of existing buildings including previously licensed nursing homes; and

(d) Alterations.

(25) "Nursing care" – Services designed to maintain or promote achievement of optimal independent function and health status planned, supervised, and evaluated by a registered nurse in the context of an overall individual plan of care.

(26) "Nursing home" – Any home, place, or institution operating or maintaining facilities providing convalescent or chronic care, or both, for a period in excess of twenty–four consecutive hours for three or more residents not related by blood or marriage to the operator, who, by reason of illness or infirmity, are unable to properly care for themselves. Convalescent and chronic care may include, but not be limited to, any or all procedures commonly employed in waiting on the sick, such as administration of medicines, preparation of special

diets, giving of bedside nursing care, application of dressings and bandages, and carrying out of treatment prescribed by a duly licensed practitioner of the healing arts. Nothing in this definition shall be construed to include facilities precluded by RCW 18.51.010 and 18.51.170.

(27) "Nursing services" – An organized department under the direction of a registered nurse, the members of which provide nursing care.

(28) "Outpatient service" – Any service provided to a nonresident of the nursing home.

(29) "Patient" – A person receiving preventive, diagnostic, therapeutic, habilitative, rehabilitative, maintenance, or palliative health–related services under professional direction.

(a) "Inpatient" – A resident receiving services with board and room in a nursing home on a continuous twenty–four–hour–a–day basis.

(b) "Outpatient" – A nonresident of the nursing home receiving services at a nursing home not providing him or her these services with room and board on a continuous twenty–four–hour–a–day basis.

(c) "Residents requiring skilled nursing care" – Residents whose conditions, needs, and/or services are of such complexity and sophistication so as to require the frequent or continuous observation and intervention of a registered nurse, and the supervision of a licensed physician. These residents require ongoing assessments of physiological and/or psychological needs, and the development and implementation of a comprehensive plan of care involving interdisciplinary planning input and coordination. Resident needs include ongoing evaluations, care plan revisions, and the teaching necessary to provide for residents whose condition is unstable and/or complex.

(d) "Residents requiring intermediate nursing care" – Residents whose physiological and psychological functioning is stable, but require individually planned treatment and services under the daily direction of a registered nurse or a licensed nurse with registered nurse consultation as provided by exemption and the supervision of a licensed physician. The program is directed toward maintenance of maximum independence and return to the community whenever possible. The program includes an established treatment regimen involving more than supervision, assistance with personal care, and protection.

(e) "Residents requiring care for mental retardation or related conditions" – Residents found eligible by the division of developmental disabilities and requiring health care services in accord with subsection (29)(c) or (d) of this section, and are in need of a comprehensive habilitative and/or developmental program incorporated into a twenty–four hour overall program plan.

(30) "Peninsular (or island) bathtub" – A bathtub having sufficient clearances around both sides and one end to accommodate residents, equipment, and attendants.

(31) "Pharmacist" – A person duly licensed by the Washington state board of pharmacy under the provisions of chapter 18.64 RCW.

(32) "Pharmacy" – A place where the practice of pharmacy is conducted, properly licensed under the provisions of chapter 18.64 RCW.

(33) "Physician's assistant" – A person acting as an extender for a designated physician and under a plan of utilization approved by the board of medical examiners or the board of osteopathic medicine and surgery and is registered under the provisions of the law regulating the practice of physician's assistant in the state of Washington, chapters 18.57A or 18.71A RCW.

(34) "Practitioner" – A physician under chapter 18.71 RCW; an osteopathic physician or an osteopathic physician and surgeon under chapter 18.57 RCW; a dentist under chapter 18.32 RCW; a podiatrist under chapter 18.22 RCW; a certified registered nurse under chapter 18.88 RCW as authorized by the board of nursing; an osteopathic physician's assistant under chapter 18.57A RCW when authorized by the committee of osteopathic examiners; a physician's assistant under chapter 18.71A RCW when authorized by the board of medical examiners; or a pharmacist under chapter 18.64 RCW.

(35) "Resident" – Means an inpatient.

(36) "Residential care unit" – A separate, physical, and functional unit including resident rooms, toilets, bathing facilities, and basic service facilities as identified in WAC 248–14–120 (2)(a).

(37) "Respiratory isolation" – A procedure for the prevention of transmission of pathogenic organisms by means of droplets and droplet nuclei coughed, sneezed, or breathed into the environment.

(38) "Respite care" – Services provided to an inpatient admitted to a nursing home for a period not to exceed fourteen consecutive days, for the purposes of providing temporary relief for families or others providing care for disabled persons.

(39) "Responsible party" – A legally responsible person to whom the rights of a client have legally devolved.

(40) "Supervision" – The process of overseeing performance while having the responsibility and authority to guide or direct and critically evaluate.

(41) "Toilet fixture" – A bowl–shaped plumbing fixture fitted with a seat and a device for flushing the bowl with water.

(42) "Toilet room" – A room containing at least one toilet fixture.

(43) "Unit–dose" – The ordered amount of a drug in a dosage form ready for administration to a particular person.

(44) "Unit–dose drug distribution system" – A system of drug dispensing and control characterized by the dispensing of the majority of drugs in unit doses and for most drugs, not more than a forty–eight hour supply of doses is available at the residential care unit at any time.

(45) "Usable floor space" – Excludes areas taken up by passage door swings, closets, wardrobes, portable lockers, and toilet rooms. [Statutory Authority: RCW 74.42.620 and 18.51.070. 85–17–039 (Order 2271), § 248–14–001, filed 8/15/85. Statutory Authority: RCW 74.42.620. 83–01–016 (Order 1921), § 248–14–001, filed 12/6/82; 82–18–065 (Order 1872), § 248–14–001, filed 9/1/82. Statutory Authority: RCW 18.51.070. 81–

14-066 (Order 1675), § 248-14-001, filed 7/1/81; 80-06-086 (Order 1509), § 248-14-001, filed 5/28/80. Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), § 248-14-001, filed 11/15/79. Statutory Authority: RCW 18.51.070. 79-02-036 (Order 171), § 248-14-001, filed 1/23/79; Order 133, § 248-14-001, filed 8/11/76; Order 128, § 248-14-001, filed 5/26/76; Order 94, § 248-14-001, filed 1/9/74; Order 33, § 248-14-001, filed 7/2/70; Order 28, § 248-14-001, filed 6/27/69; § 248-14-001, filed 12/6/67; Regulation 14.001, effective 3/11/60.]

WAC 248-14-050 Repealed. See Disposition Table at beginning of this chapter.

NEW CONSTRUCTION

WAC 248-14-140 Ventilation. (1) **General ventilation.** Ventilation of all rooms shall be designed to prevent objectionable odors, excessive condensation, and to avoid direct drafts on the residents.

(2) **Natural ventilation.** When window ventilation is used for resident rooms, the operable opening shall be a minimum of one-twentieth of the required floor area.

(3) **Mechanical ventilation.** All rooms not ventilated by windows and all inside habitable space shall be mechanically ventilated.

(a) All air-supply and air-exhaust systems shall be mechanically operated.

(b) Installation of air-handling duct systems shall meet the requirements adopted by the state fire marshal.

(c) Corridors shall not be used to supply air to or exhaust air from any room, except that infiltration air from corridors may be used to ventilate bathrooms, toilet rooms, janitors' closets, and small electrical or telephone closets opening directly on corridors.

(d) Room supply air inlets, recirculation, and exhaust air outlets shall be located not less than three inches above the floor.

(e) Outdoor air intakes shall be located as far as practical but a minimum of twenty-five feet from the exhausts from any ventilating system, combustion equipment, or plumbing vent or areas which may collect vehicular exhaust and other noxious fumes. The bottom of outdoor air intakes serving central systems shall be located as high as practical but a minimum of three feet above grade level, or if installed through the roof, three feet above the roof level.

(4) **Minimum ventilation requirements.**

(a) The ventilation rates shown in Table A are minimum acceptable balanced rates.

TABLE A
PRESSURE RELATIONSHIPS AND VENTILATION OF CERTAIN AREAS

AREA DESIGNATION	PRESSURE RELATIONSHIP TO ADJACENT AREAS	MINIMUM AIR CHANGES OF OUTDOOR AIR PER HOUR SUPPLIED TO ROOM	MINIMUM TOTAL[1] AIR CHANGES PER HOUR SUPPLIED TO ROOM	ALL AIR EXHAUSTED DIRECTLY TO OUTDOORS	RECIRCULATED WITHIN AREA
Activities of daily living	E or P	2	4	Optional	Optional
Bathroom	N	Optional	10	Yes	No
Clean linen storage	P	Optional	2	Optional	Optional
Clean workroom and clean holding	P	2	4	Optional	Optional
Dietary day storage	E or P	Optional	2	Optional	No
Food preparation center	E	2	8 (10)	Yes	No
Isolation anteroom	NN	2	10	Yes	No
Isolation resident room	NN	2	2	Yes	No
Janitors' closet	N	Optional	10	Yes	No
Laundry, general	V	2	10	Yes	No
Linen and trash chute room	N	Optional	10	Yes	No
Medicine preparation room	P	2	4	Optional	Optional
Occupational therapy	N	2	6	Optional	Optional
Personal care room	N	2	8	Optional	Yes
Physical therapy and hydrotherapy	N	2	6	Optional	Optional
Resident area corridor	N	2	2	Optional	Optional
Resident room[2]	E or P	2	2	Optional	Optional
Soiled linen sorting and storage	N	Optional	10	Yes	No
Soiled workroom and soiled holding	N	2	10	Yes	No
Speech and hearing unit	E or P	2	2	Optional	Optional
Sterilizer equipment room	N	Optional	10	Yes	No
TB isolation resident room	NN	2	12[3]	Yes	No
TB isolation room anteroom	NN	2	12[3]	Yes	No
Toilet room and locker rooms	N	Optional	10	Yes	No
Treatment room	E or P	2	6	Optional	Optional
Warewashing room	N	Optional	8 (10)	Yes	No

P=Positive N=Negative E=Equal V=May Vary ( )=Recommended NN=Very Negative

[1]Requirements for outdoor air changes may be deleted or reduced and total air changes per hour supplied may be reduced to twenty-five percent of the figures listed when the affected room is unoccupied and *unused* provided indicated pressure relationship is maintained. In addition, positive provisions such as an interconnect with room lights must be included to ensure the listed ventilation rates including outdoor air are automatically resumed upon reoccupancy of the space. This exception does not apply to certain areas such as toilets and storage which would be considered as "in use" even though "unoccupied."

General note: The outdoor air quantities for central systems employing recirculating and serving more than a single area designation may be determined by summing the individual area quantity requirements rather than by providing the maximum listed ratio of outdoor air to total air. Maximum noise level caused by toilet room exhaust shall be fifty decibels on the A sound level as per ASHRAE Table 7.

[2]Temporary imbalance at resident rooms as caused by intermittent toilet room or bathroom exhaust is permissible.

[3]A minimum of six air changes may be permitted with a properly installed and maintained ultraviolet generator irradiation system. Fixture installation shall conform to the recommendation of the *Illuminating Engineering Society Handbook*, 5th edition, Section 25, "Ultraviolet Energy."

(b) Exhaust hoods in food preparation centers and dishwashing areas shall have an exhaust rate not less than fifty cubic feet per minute per square feet of face area. Face area is defined as the open area from the exposed perimeter of the hood to the average perimeter of the cooking surfaces.

(i) All hoods over commercial type cooking ranges shall be equipped with fire extinguishing systems and heat actuated fan controls.

(ii) Cleanout openings shall be provided every twenty feet in horizontal exhaust duct systems serving hoods.

(iii) Installation of equipment for removal of smoke and grease-laden vapors from cooking equipment shall meet standards as adopted by the state fire marshal.

(iv) Kitchen ventilation shall be adequate to provide comfortable working temperatures.

(c) Boiler rooms, elevator equipment rooms, laundry rooms, and any heat-producing spaces shall be provided with sufficient outdoor air to maintain combustion rates of equipment and to limit temperatures at the ceiling to ninety-seven degrees Fahrenheit.

(d) Individual toilet rooms and bathrooms may be ventilated either by individual mechanical exhaust systems or by a central mechanical exhaust system.

(5) **Individual exhaust systems.**

(a) Where individual mechanical exhaust systems are used to exhaust individual toilet rooms or bathrooms, the individual ventilation fans shall be interconnected with room lighting to ensure ventilation while room is occupied. The ventilation fan shall be provided with a time delay shut-off to ensure that the exhaust continues for a minimum of five minutes after the light switch is turned off.

(b) Air discharge openings through roofs or exterior walls shall be protected against entry of weather elements and foreign objects. Automatic louvers or backdraft dampers shall be provided.

(c) The volume of air removed from the space by exhaust ventilation shall be replaced directly or indirectly by an equal amount of tempered/conditioned air.

(6) **Central exhaust systems.**

(a) All fans serving central exhaust systems shall be located to prevent a positive pressure in the duct passing through an occupied area.

(b) Fire and smoke dampers shall be located and installed in accord with standards adopted by the state fire marshal.

(7) **Air filters.**

(a) All central ventilation or air-conditioning systems shall be equipped with filters having efficiencies of at least eighty percent if the system supplies air to resident rooms, therapy areas, food preparation, or laundry areas. Filter efficiency shall be warranted by the manufacturer and shall be based on atmospheric dust spot efficiency per ASHRAE standard 52-76. The filter bed shall be located upstream of the air-conditioning equipment, unless a prefilter is employed. In this case, the prefilter shall be upstream of the equipment and the main filter bed may be located downstream.

(b) Filter frames shall be durable and provide an airtight fit with the enclosing duct work. All joints between filter segments and enclosing duct work shall be gasketed or sealed.

(c) All central air systems shall have a manometer installed across each filter bed.

(8) Humidifiers. If provided, humidifiers shall be a steam type. [Statutory Authority: RCW 74.42.620 and 18.51.070. 85-17-039 (Order 2271), § 248-14-140, filed 8/15/85. Statutory Authority: RCW 18.51.070. 81-14-066 (Order 1675), § 248-14-140, filed 7/1/81; 80-06-086 (Order 1509), § 248-14-140, filed 5/28/80. Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), § 248-14-140, filed 11/15/79; Regulation 14.140, effective 3/11/60.]

FOOD SERVICE

WAC 248-14-230 Food and food service. (1) All food service facilities and practices shall be in compliance with chapter 248-84 WAC, rules and regulations of the state board of health governing food services sanitation.

(2) Food served shall be consistent with the physiological and sociocultural needs of residents. Menus shall be planned considering likes and dislikes, well-balanced, palatable, properly prepared, and sufficient in quality and quantity to meet the dietary allowances of the food and nutrition board of the national research council.

(a) Food shall be prepared by methods conserving nutritive value, consistency, appearance, and palatability. The food shall be served in such a manner to be attractive and at temperatures safe and acceptable to residents.

(b) Diets shall be provided as ordered by the physician; except, diet modifications may be used as an interim measure when ordered by a registered nurse.

Supplementary fluids and nourishments shall be provided as needed.

(c) Tube feedings must be of uniform consistency and quality. Facility prepared tube feedings must be made from a written recipe. The tube feedings must be prepared, stored, distributed, and served in such a manner so as to maintain uniformity and to prevent contamination.

(d) A minimum of three meals in each twenty–four–hour period shall be provided. The time interval between the evening meal and breakfast shall not be more than fourteen hours. The time interval between meals shall not be less than four hours. Nourishments or snacks shall be served as required to meet the recommended dietary allowances or the physician's prescription. Evening nourishments shall be offered when not medically contraindicated.

(e) Table service, outside of the resident's room, shall be available to all residents capable of eating at a table. Table service shall be provided in a manner to best serve the social and nutritive needs of the residents.

(3) Dated menus for general and modified diets shall be planned at least three weeks in advance. Menus shall provide a variety of foods at each meal with daily and weekly variation and adjustment for seasonal change. The current dated general menu, including substitutions, must be posted in the food service area and in a place easily visible to residents and visitors. Dated menus, dated records of foods received, a record of the number of meals served, and standardized recipes shall be retained for at least three months for review by the department.

(4) There shall be a dietetic service supervisor having overall responsibility for the dietary service.

(5) When the dietetic service supervisor is not a dietitian, services of a dietitian shall be provided. Services include nutrition assessment, liaison with medical and nursing staff and administrator, inservice, guidance to the dietetic service supervisor and dietetic staff, and approval of regular and therapeutic menus. [Statutory Authority: RCW 74.42.620 and 18.51.070. 85–17–039 (Order 2271), § 248–14–230, filed 8/15/85. Statutory Authority: RCW 74.42.620. 82–18–065 (Order 1872), § 248–14–230, filed 9/1/82. Statutory Authority: 1979 ex.s. c 211. 79–12–018 (Order 1455), § 248–14–230, filed 11/15/79. Statutory Authority: RCW 18.51.070. 79–02–036 (Order 171), § 248–14–230, filed 1/23/79; Order 77, § 248–14–230, filed 1/9/73; § 248–14–230, filed 12/6/67; Regulation 14.230, effective 3/11/60.]

RESIDENT CARE SERVICES

WAC 248–14–260 Nursing services. (1) There shall be organized nursing services with adequate administrative space and a sufficient number of qualified nursing personnel to meet the total nursing needs of all residents.

(a) Nursing services shall be under the direction of a full–time registered nurse.

(b) When any resident requires skilled nursing care, there shall be a registered nurse on duty a minimum of sixteen continuous hours per day and a licensed nurse on duty the remaining eight hours.

(c) When all residents in the facility require intermediate nursing care or care for mental retardation or related conditions, there shall be at least one licensed nurse on duty eight hours every day and additional licensed staff on any shifts if indicated.

(d) Sufficient trained support staff shall be available and assigned only to duties consistent with their education, experience, and the current standards of nursing practice.

(2) Nursing input into the health record shall include:

(a) History and continuing assessments.

(b) Current comprehensive written care plans reviewed as needed.

(c) Nursing orders.

(d) Ongoing documentation of delivery of appropriate services.

(e) Progress notes evaluating problems, approaches, goals, and resident responses.

(3) No form of restraint may be applied or utilized for the primary purpose of preventing or limiting independent mobility or activity, see chapter 11.92 RCW, except that a restraint may be used in a bona fide emergency situation when necessary to prevent an individual from inflicting injury upon self or others. A physician's order for proper treatment resolving the emergency situation and eliminating the cause for the restraint must be obtained as soon as possible. If the problem cannot be resolved in seventy–two hours, timely transfer to a certified evaluation and treatment facility must be initiated.

(a) In other situations, protective restraints or support may be necessary for individuals with acute or chronic physical impairments. The intervention must be related to a specific problem identified in the care plan. The plan shall be designed to diminish or eliminate the use of restraints as appropriate.

(b) Any resident physically restricted shall be released at intervals not to exceed two hours to provide for ambulation, exercise, elimination, food and fluid intake, and socialization as independently as possible.

(c) A restraint may be used as a time–out device within the context of a planned behavior modification program only in a certified IMR:

(i) When the program is approved by the human rights committee,

(ii) During conditioning sessions,

(iii) In the presence of a qualified trainer, and

(iv) For periods of less than one hour.

(4) Resident call lights shall be responded to promptly. [Statutory Authority: RCW 74.42.620 and 18.51.070. 85–17–039 (Order 2271), § 248–14–260, filed 8/15/85. Statutory Authority: RCW 74.42.620. 82–18–065 (Order 1872), § 248–14–260, filed 9/1/82; 82–07–025 (Order 1778), § 248–14–260, filed 3/11/82. Statutory Authority: RCW 18.51.070. 80–06–086 (Order 1509), § 248–14–260, filed 5/28/80. Statutory Authority: 1979 ex.s. c 211. 79–12–018 (Order 1455), § 248–14–260, filed 11/15/79. Statutory Authority: RCW 18.51.070. 79–02–036 (Order 171), § 248–14–260, filed

1/23/79; 78-10-074 (Order 166), § 248-14-260, filed 9/27/78; Regulation 14.260, effective 3/11/60.]

WAC 248-14-264 Specialized rehabilitative and habilitative services. (1) Specialized rehabilitative and habilitative services are provided or arranged for with qualified resources for each resident requiring such services. Direct therapy shall be provided only upon written orders of the attending physician and coordinated with the total plan of care.

(2) The specialized personnel shall be qualified therapists, qualified therapists' assistants, or mental health professionals. Other support personnel under appropriate supervision may perform related duties.

(3) These services shall be designed to maintain and improve the resident's ability to function independently, prevent, as much as possible, advancement of progressive disabilities and restore maximum function. [Statutory Authority: RCW 74.42.620 and 18.51.070. 85-17-039 (Order 2271), § 248-14-264, filed 8/15/85. Statutory Authority: RCW 74.42.620. 82-18-065 (Order 1872), § 248-14-264, filed 9/1/82. Statutory Authority: RCW 18.51.070. 80-06-086 (Order 1509), § 248-14-264, filed 5/28/80.]

WAC 248-14-297 Respite care. (1) The provisions of this section apply to all respite care as defined in this chapter, except care provided as part of the respite care demonstration project authorized by chapter 158, Laws of 1984, or any continuation of that demonstration project authorized by subsequent legislation, shall not be considered respite care for the purposes of this section.

(2) Any nursing home desiring to offer respite care services shall notify the director of the bureau of nursing home affairs in writing of the nursing home's intention. The facility will be reviewed for compliance with requirements of this section.

(3) In providing respite care, nursing homes shall comply with all provisions of this chapter except for the following sections: WAC 248-14-247(5); WAC 248-14-250 (3), (4)(a), and (5); and WAC 248-14-270 (2)(c), (3), and (5)(a).

(4) Any nursing home providing respite care shall develop policies and procedures consistent with applicable statutes and applicable provisions of this chapter.

(5) Respite care admissions shall be planned and nonemergent, with a discharge date agreed upon at the time of admission by the patient, physician, and usual care provider.

(6) A nursing home may not accept or retain any patient for respite care receiving professional health services unless arrangements are made and agreed upon by all parties for continuing the required services during the respite care stay. The determination of which services are required during respite care shall be made by the provider of the health services and the patient or usual care provider.

(7) Prior to each admission of a patient for respite care, the nursing home shall have obtained sufficient information to determine the patient's needs during respite care and determined the needs can be met appropriately by the nursing home.

Prior to or at the time a patient is admitted to respite care, current pertinent medical and social data about the patient shall be available in the nursing home. Data available upon admission shall be documented in the health record and shall include:

(a) Identifying data;

(b) The name, office address, and telephone number of the patient's attending physician and an alternate physician;

(c) A physician's signed statement of the patient's current health status to include pertinent medical diagnoses, allergies, information on prior treatments, medications, orders, and other data necessary for the health care of the patient; and

(d) The date of discharge and into whose care the patient will be discharged.

(8) Prior to or at the time of each admission to respite care, current medical orders for the respite care patient shall be obtained. Medical orders shall be written, dated, and signed by the patient's attending physician and shall be required for the following:

(a) All medications, dietary modifications, or other specialized services requiring a physician's order;

(b) Any medical restrictions on the level or types of activity in which the patient may engage; or

(c) Any special procedures or precautions required for the safety and well-being of the patient.

(9) Care shall be based on:

(a) Admission data and information regarding other services the patient is receiving in his or her home or elsewhere in the community;

(b) A current nursing assessment of the patient's respite care needs;

(c) The patient's medical diagnoses and nursing diagnoses or patient's problems;

(d) The medical regimen prescribed by the patient's attending physician; and

(e) The nursing regimen prescribed by a licensed nurse.

(10) There shall be prompt reporting to a patient's physician regarding any significant injury, illness, or adverse change in patient's health condition.

(11) On or before each admission, the nursing home shall make provisions with the patient or guardian or family for obtaining authorization for emergency medical treatment for the respite care patient, in the event emergency medical treatment is required.

(12) Respite care health records may be reopened for up to one year following discharge for subsequent respite care admissions, provided the recorded information is reviewed and updated with each admission. A new respite care health record shall be created for respite care patients not having been respite care patients in the same facility within the preceding twelve months.

(13) Provisions shall be made for securing respite care patients' cash and other valuables brought to the nursing home during the respite care stay.

(14) Respite care shall not be funded by Medicaid. [Statutory Authority: RCW 74.42.620 and 18.51.070. 85-17-039 (Order 2271), § 248-14-297, filed 8/15/85.]

ENVIRONMENT AND OPERATIONS

WAC 248-14-570 Pets. (1) Each patient shall have a reasonable opportunity to have regular contact with animals as they desire.

(2) The nursing home administrator shall consider the recommendations and preferences of nursing home patients, resident councils, and staff, and shall:

(a) Determine the method or methods of providing residents access to animals.

(b) Determine the type and number of animals to be available in the nursing home. Such animals may include, but are not limited to, dog, cat, fish, mouse, gerbil, hamster, guinea pig, chinchilla, and bird, providing a veterinarian shall verify psittacine birds have met USDA quarantine procedures and are certified free of psittacosis or other diseases transmittable to humans. Wild or exotic animals such as turtles, primates, skunks, and raccoons are not allowed.

(c) Ensure the rights, preferences, and medical needs of individual patients are not compromised by the presence of animals. Arrangements shall be made so patients with allergies, fears, or phobias do not come near or in contact with those animals.

(d) Ensure any animals visiting or living on the premises have a suitable temperament, are healthy, and of such a size their presence poses no significant health or safety risks to patients, staff, or visitors.

(e) Ensure the available space and floor plan of the facility are adequate to accommodate the presence of selected animals.

(f) Establish and implement written policies and procedures for animals visiting the facility and for the care and maintenance of animals living in the facility.

(g) Designate specific nonnursing staff to be responsible for the care, maintenance, and use of animals living in the facility.

(3) Animals, except for fish in aquariums, shall not be permitted in:

(a) Any areas where food is stored or prepared.

(b) Any areas during times food is being served and consumed in group settings, except seeing eye, hearing ear, and assistance dogs are permitted in dining areas as needed.

(c) Any area where dishes or cooking/eating utensils are cleaned or stored.

(d) Any area where linens are laundered or stored.

(e) Any drug or sterile supply storage areas.

(f) A patient's room when the patient's condition contraindicates the presence of the animal.

(4) Animals living on the premises:

(a) Shall be housebroken or trained to use a litter box or housed in cages or tanks cleaned at regular intervals appropriate for the animal's characteristics.

(b) Shall have regularly scheduled examinations and immunizations by a veterinarian, as appropriate for the species. A record of examination and immunizations shall be maintained on the premises.

(c) Shall be kept clean and free of external parasites such as fleas and ticks.

(d) Shall be properly fed and groomed.

(e) Shall be protected from mistreatment.

(5) Animals brought to the nursing home to visit:

(a) Shall be properly supervised.

(b) Shall be clean and free of external parasites such as fleas and ticks.

(c) Shall have current and appropriate immunizations. [Statutory Authority: RCW 74.42.620 and 18.51.070. 85-17-039 (Order 2271), § 248-14-570, filed 8/15/85.]

Chapter 248-15 WAC
ADVANCED LIFE SUPPORT TECHNICIAN-- RULES AND REGULATIONS

WAC

WAC 248-15-020 Definitions. For the purpose of these rules and regulations, the following words, phrases, and abbreviations shall have the following meanings unless the context clearly indicates otherwise (also see WAC 248-17-020 for additional abbreviations and definitions applicable to this chapter).

(1) "Department" shall mean the department of social and health services.

(2) "Approved emergency medical services (EMS) medical program director" shall mean a doctor of medicine or osteopathy who has been approved by the department under RCW 18.71.205, and who:

(a) Is licensed to practice medicine and surgery in the state of Washington in accordance with chapter 18.57 or 18.71 RCW; and

(b) Is qualified and knowledgeable in the administration and management of emergency care and services including current certification as an advanced cardiac life support provider or equivalent; and

(c) Is responsible for the supervision of, or delegation of supervision of training of advanced life support mobile intravenous therapy technicians, mobile airway management technicians, and mobile intensive care paramedics; and

(d) Is responsible for the delegation of an advanced life support supervising physician(s) who is responsible for control and direction of certified advanced life support personnel in their duties and who directs such advanced life support personnel by verbal communication or by standing orders; and

(e) Is responsible for medical matters, training and medical control of basic life support personnel, as defined in chapter 18.73 RCW and chapter 248-17 WAC; and

(f) Is certified as the approved EMS medical program director by the department for a county or group of counties in coordination with recommendations by the local medical community and the local EMS council.

(3) "Emergency medical services committee" shall mean that committee appointed by the governor under RCW 18.73.040 which is responsible for advising and assisting the secretary on the identification of the requirements for prehospital emergency medical and ambulance services and practices and the formulation of implementation planning.

(4) "Emergency medical technician" (abbr. EMT) shall mean an individual who is certified according to chapter 18.73 RCW.

(5) "Physician's trained mobile intravenous therapy technician" (abbr. IV therapy technician) shall mean an individual who has successfully completed an EMT training course; has been trained under the supervision of an approved EMS medical program director to administer intravenous solutions under written or oral authorization of a delegated advanced life support supervising physician and has been examined and certified as an IV therapy technician by the department or the University of Washington's school of medicine.

(6) "Physician's trained mobile airway management technician" (abbr. airway management technician) shall mean an individual who has successfully completed an emergency medical technician training course; has been trained under the supervision of an approved EMS medical program director to perform endotracheal airway management and other authorized aids to ventilation under written or oral authorization of a delegated supervising physician(s) and has been examined and certified as an airway management technician by the department or the University of Washington's school of medicine.

(7) "Physician's trained mobile intensive care paramedic" (abbr. paramedic) shall mean an individual who has successfully completed an EMT training course; has been trained under the supervision of an approved EMS medical program director to carry out all phases of prehospital advanced life support under written or oral authorization of a delegated supervising physician(s) and has been examined and certified as a paramedic by the department or the University of Washington's school of medicine.

(8) "Secretary" shall mean the secretary of the department of social and health services.

(9) "Emergency medical services council" shall mean an organized council of emergency medical services providers recognized by the department of social and health services. The council may represent county or multicounty area.

(10) "Advanced life support technician" shall mean any level of technician certified under RCW 18.71.200.

(11) Local medical community shall mean the organized local medical society which exists in the general geographic area in which the advanced life support program is maintained or proposed or, in the absence of an organized medical society, majority physician consensus in the county or counties served by the advanced life support program.

(12) "Medical control" shall mean physician direction of medical matters that are involved in patient care, including responsibility for supervision of training programs, the establishment of field protocols, and the recommendation for certification, recertification and decertification of individuals certified under this chapter. [Statutory Authority: RCW 18.71.205. 84-17-035 (Order 2137), § 248-15-020, filed 8/10/84; 81-23-016 (Order 1718), § 248-15-020, filed 11/12/81; 78-09-055 (Order 1329), § 248-15-020, filed 8/22/78.]

WAC 248-15-030 Physician's trained mobile intravenous therapy technician--Airway management technician--Mobile intensive care paramedic, selection, general training, and knowledge standards. (1) Applicants for training as IV therapy technicians shall meet the following prerequisites:

(a) Successful completion of an EMT course as described in chapter 18.73 RCW;

(b) A minimum of one year's current experience as an active EMT;

(c) Be selected for training by the EMS medical program director and the academic facility used for such training;

(d) Successfully pass such pretraining written, practical and/or oral examinations required by the department.

(2) Academic facilities used for training of IV therapy technicians shall possess the following minimum criteria:

(a) Be approved by the local EMS medical program director on the forms provided by the department.

(b) The academic facility shall have written agreements with the department to perform the training. The forms provided by the department and the department's letter of approval shall constitute the written agreement;

(c) The academic facility shall have written agreements with the clinical facility if the clinical training is accomplished in a separate facility.

(3) Academic instructional personnel shall consist of the following categories:

(a) An approved EMS medical program director who will be responsible for systems coordination.

(b) A designated training physician who will be responsible for the academic and clinical content of the course—the EMS medical program director and training physician may be combined into one responsibility.

(c) A course coordinator appointed by EMS medical program director and the academic facility who shall be responsible for processing applications and assist in the selection of students; maintain an inventory of all training equipment available; assist in the selection of instructors, schedule classes and assign instructors; conduct instructor and clinical preceptor orientation; schedule students for the in-hospital clinical experience; assist in the coordination of the examination sessions, including the preparation of evaluation materials; counsel trainees on an individual basis and other related duties under the training physician. The course coordinator need not be a physician.

(d) Instructional personnel consisting of such physicians, nurses, and allied health professionals knowledgeable in specific subject matter of a given lesson.

(4) Clinical facilities used for training of IV therapy technicians shall have as minimum qualifications, the following departments or sections, personnel and policies:

(a) Approved supervising physician coverage for emergency care in accordance with WAC 248-18-285;

(b) Have program approval in writing from the administrator and chief of staff;

(c) Agree in writing to participate in continuing education;

(d) Provide clinical experience with supervision of students during the clinical portion of the training program;

(e) Have necessary radio equipment for voice communications between field personnel and clinical facility;

(f) Agree to provide an orientation program that will inform students as to the policies, procedures and general layout of the facility, as well as inform employees of the purpose and limits of the program.

(5) The course content shall consist of the following minimum knowledge standards or equivalent which each student must be able to meet:

STANDARD I—THE ADVANCED LIFE SUPPORT TECHNICIAN, HIS ROLE, RESPONSIBILITIES AND TRAINING

(a) Role of the advanced life support technician:

(i) Identify the activities performed by an advanced life support technician in the field;

(ii) Identify the role of the advanced life support technician in the emergency medical system in which he is functioning;

(b) Laws governing the advanced life support technician:

(i) Demonstrate a working knowledge of the Medical Practices Act of the state of Washington, the good samaritan law, Washington state legislation affecting emergency medical technicians and advanced life support technicians and the Washington Administrative Code rules for ambulance operation;

(ii) Demonstrate a knowledge and understanding of:

(A) Consent

(B) Abandonment

(C) Delegated practice (standing orders)

(D) Liability and malpractice

(E) Required records and reports for substantiating incidents.

(c) Orientation to the advanced life support program:

(i) Identify the skills required of an advanced life support technician;

(ii) Identify the requirements for:

(A) Emergency medical technician

(B) Physician's trained mobile intravenous therapy technician

(C) Physician's trained mobile airway management technician

(D) Physician's trained mobile intensive care paramedic

(E) The training level of all approved Washington state emergency care providers.

(d) Issues concerning the health professional. The advanced life support technician shall demonstrate a knowledge and understanding of:

(i) Ethics; professional conduct, confidentiality;

(ii) Legal requirements relating to advanced life support technicians;

(iii) The difference between ethical behavior and legal requirements.

(e) The student shall be able to identify the activity most appropriate in the handling of a dying patient, bystanders or the immediate relatives of the dying patient.

STANDARD II—HUMAN SYSTEMS AND PATIENT ASSESSMENT

(a) Medical terminology: Demonstrate a working knowledge of medical terminology and anatomical terms, including common prefixes and suffixes, and state their meanings.

(b) Human systems (anatomy and physiology)

(i) Recognize the differences and define the categories of:

(A) Anatomy

(B) Physiology

(C) Biochemistry

(D) Biophysics.

(ii) Demonstrate a knowledge of the basic principles of cell function, cell specialization and cell structure.

(iii) Recall and identify all common anatomic terms to include the anatomic terms relating to all medical subspecialties.

(iv) Identify and demonstrate a knowledge of the following systems, subsystems or organs of the body and recognize and associate the label for each system, subsystem or organ with the appropriate function:

(A) Muscles

(B) Skeleton

(C) Joints

(D) Respiratory system

(E) Lymphatic system

(F) Brain

(G) Spinal cord

(H) Peripheral nervous system

(I) Autonomic nervous system

(J) Renal system

(K) Liver

(L) Digestive system

(M) Endocrine system

(N) Circulatory system.

(c) Patient assessment:

(i) Describe and demonstrate how to conduct a primary survey;

(ii) Identify the steps required in the primary assessment of a communicative and noncommunicative patient;

(iii) Recall from memory the components of the secondary assessment;

(iv) Outline the information that must be obtained in:

(A) Immediate history

(B) Pertinent past medical history

(C) Pertinent family history

(v) Answer questions and describe in detail all components of a complete examination of a critically ill patient;

(vi) Demonstrate the ability to communicate information regarding patient assessment to the supervising physician at a remote medical facility and to the medical personnel receiving the patient. [Statutory Authority: RCW 18.71.205. 84-17-035 (Order 2137), § 248-15-030, filed 8/10/84; 81-23-016 (Order 1718), § 248-15-030, filed 11/12/81; 78-09-055 (Order 1329), § 248-15-030, filed 8/22/78.]

WAC 248-15-080 Certification and recertification. (1) Certification as an IV therapy technician, airway management technician or paramedic shall be for two years and shall be based on successfully completing the course(s) and exam as approved by the University of Washington or the department and being recommended for such certification by the approved EMS medical program director. Such recommendation shall be in writing and will include the name and address of the individual being recommended. The effective date of certification shall be the date of the letter of recommendation. The expiration date will be the last date of the month, two years following certification.

(2) Recertification will be based on successful completion of the following:

(a) Maintaining the skill according to the skill standards delineated in this chapter for the appropriate skill requirement as documented by the approved EMS medical program director.

(b) Successfully passing such written, oral and/or practical recertification examinations as approved by the department or the University of Washington school of medicine.

(c) Written recommendation from the approved EMS medical program director.

Recertification shall be for two years and shall be effective from the date of the letter of recommendation from the approved EMS medical program director.

(3) Certifications and recertifications awarded under this chapter shall be valid in the following conditions:

(a) In the county or counties indicated on the certification card;

(b) In areas where formal mutual aid agreements are in force; and

(c) In situations where the provider accompanies a patient in transit.

Individuals who routinely perform ALS skills in more than one county shall be certified in each county. New cards will be issued upon written recommendation of the approved EMS medical program director of the county of employment. [Statutory Authority: RCW 18.71.205. 84-17-035 (Order 2137), § 248-15-080, filed 8/10/84; 81-23-016 (Order 1718), § 248-15-080, filed 11/12/81; 78-09-055 (Order 1329), § 248-15-080, filed 8/22/78.]

WAC 248-15-100 Revocation, suspension or modification of certificate. (1) Grounds for revocation or suspension of an IV therapy technician, airway management technician, or paramedic include but are not limited to proof that such certified individual:

(a) Has been guilty of misrepresentation in obtaining the certificate;

(b) Has engaged or attempted to engage in, or represented himself as entitled to perform any service not authorized by the certificate;

(c) Has demonstrated incompetence or has shown himself otherwise unable to provide adequate service;

(d) Has violated or aided and abetted in the violation of any provision of chapter 18.73 RCW or the rules and regulations promulgated thereunder;

(e) Has demonstrated unprofessional conduct in the course of providing services as determined by the department or the University of Washington school of medicine;

(f) Has violated written patient care protocols which have been adopted by the approved EMS medical program director or delegate(s) and which have been acknowledged in writing by the certified individual;

(g) Has failed to maintain skills.

(2) The approved EMS medical program director may initiate a counseling procedure with a certified individual which may lead to a recommendation for revocation, suspension, or modification of certification. The counseling procedure, if initiated, shall include the following minimum standards:

(a) Oral counseling with the certified individual and his employer or delegate. Written documentation stating the reason(s) and results of the oral counseling shall be provided to participants;

(b) Written counseling with the certified individual and the employer or delegate, stating the reason(s) for counseling, the expectations for corrective action, and any agreed-upon time limits – copies provided to the participants;

(c) Final written resolution of counseling, which may include recommendation for revocation, suspension or modification of the individual's certificate.

(3) The approved EMS medical program director may summarily request that the secretary decertify a technician if he has reasonable cause to believe that continued certification will be detrimental to patients' health. [Statutory Authority: RCW 18.71.205. 84-17-035 (Order 2137), § 248-15-100, filed 8/10/84; 78-09-055 (Order 1329), § 248-15-100, filed 8/22/78.]

Chapter 248-17 WAC
AMBULANCE RULES AND REGULATIONS

WAC

WAC 248-17-020 Definitions. For the purpose of these regulations, the following words and phrases shall have the following meaning unless the context clearly indicates otherwise.

(1) "Air ambulance" means a fixed or rotary winged aircraft that is currently certified under Federal Aviation Administration as an air taxi; that may be configured to accommodate a minimum of one litter and two medical attendants with sufficient space to provide intensive and life saving patient care without interfering with the performance of the flight crew; that has sufficient medical supplies and equipment to provide necessary medical treatment at the patient's origin and during flight; has radio equipment capable of two way communication ground–to–air, air–to–air, and air–to–ground including communication with physicians responsible for patient management; has been designed to avoid aggravating the patients condition as to cabin comfort, noise levels* and cabin pressurization*; has aboard survival equipment in sufficient quantity to accommodate crew and passengers; that has been inspected and licensed by the department as an air ambulance. *Not applicable to rotary winged aircraft.

(2) "Air ambulance service" means a service that is currently certified under Federal Aviation Administration (FAA) rules, 14 CFR Part 135, (Air Taxi Operators and Commercial Operators of Small Aircraft); has been inspected by the department and licensed as an air ambulance service and meets the minimum requirements for personnel and equipment as described elsewhere in this chapter.

(3) "Ambulance" means a vehicle designed and used to transport the ill and injured and to provide facilities and equipment to treat patients before and during transportation.

(4) "Attending physician" as applies to aeromedical evacuation, means a licensed doctor of medicine or osteopathy who provides direction for management of the patient either by attending the patient enroute, by ground–to–air radio communication or by written orders pertaining to inflight medical care. An attending physician must retain responsibility for the medical care of the patient until final destination is reached.

(5) "First aid vehicle" means a vehicle used to carry first aid equipment and individuals trained in first aid or emergency medical procedures.

(6) "Emergency medical technician (EMT)" means a person who has successfully completed a prescribed course of instruction and who has achieved a demonstrable level of performance and competence to treat victims of severe injury or other emergent conditions.

(7) "Advanced first aid" means a course of instruction recognized by the American Red Cross, Department of Labor and Industry, the U.S. Bureau of Mines, or Fire Services training program.

(8) "Standard first aid" means such a prescribed course of instruction recognized and offered by the American Red Cross, Department of Labor and Industries, the U.S. Bureau of Mines, or Fire Services training program.

(9) "Ambulance driver" means that person who drives an ambulance.

(10) "Ambulance attendant" means that person who has responsibility for the care of patients both before and during transportation.

(11) "Ambulance operator" means a person who owns one or more ambulances and operates them as a private business.

(12) "Ambulance director" means a person who is a director of a service which operates one or more ambulances provided by a volunteer organization or governmental agency.

(13) "First aid vehicle operator" means a person who owns one or more first aid vehicles and operates them as a private business.

(14) "First aid director" means a person who is a director of a service which operates one or more first aid vehicles provided by a volunteer organization or governmental agency.

(15) "Communications system" means a radio or landline network connected with a dispatch center which makes possible the alerting and coordination of personnel, equipment and facilities.

(16) "Department" means the department of social and health services.

(17) "Shall" means compliance is mandatory.

(18) "Should" means a suggestion or recommendation, but not a requirement.

(19) "Committee" means the emergency medical services committee.

(20) "Approved emergency medical services (EMS) medical program director" means a doctor of medicine or osteopathy who has been certified by the department under RCW 18.71.205 and WAC 248–15–020.

(21) "Medical control" means physician responsibility for supervision of EMT training programs, the establishment of field protocols, and the recommendation for certification and decertification of EMTs certified under this chapter.

(22) Medical control as defined above does not include first responders.

(23) "First responder" means a person who has successfully completed a prescribed course of instruction and has been examined and certified by the department. [Statutory Authority: RCW 18.73.080. 84–17–036 (Order 2138), § 248–17–020, filed 8/10/84; 82–19–080 (Order 1881), § 248–17–020, filed 9/21/82; 82–04–041 (Order 1752), § 248–17–020, filed 1/29/82; Order 1150, § 248–17–020, filed 9/2/76.]

WAC 248-17-212 Emergency medical technician training--Course content, registration, and instructor

qualifications. (1) The National Training Course, Emergency Medical Technician – Ambulance, United States Department of Transportation, National Highway Traffic Administration, shall be used in the course presentation. The course shall consist of a minimum of seventy-one hours classroom didactic and practical instruction and ten hours of hospital observation as described in the national course guide.

(2) EMT training courses shall normally be conducted by approved training agencies which have written agreements with the department to provide such training. If the local or regional EMS council recommends another entity to conduct a course in a region, the council shall notify the department of this decision and request approval.

(3) Registration for EMT training courses shall be submitted to the department at least two weeks prior to the beginning of the course. Registrations shall be completed on the forms supplied by the department. The registration shall consist of a completed registration form, a lesson outline indicating the names of the instructors and a supply requisition form (if course supplies are needed). No course will be certified without an approved registration.

(4) Course instructional and administrative personnel shall consist of:

(a) A course coordinator who shall be responsible for the registration of the course, classroom location, scheduling of instructional personnel, arranging for the ten-hour hospital experience, compliance with contractual conditions and all other administrative matters not involving instruction. The course coordinator need not be a physician or approved lay instructor.

(b) The approved EMS medical program director or delegate(s) who shall be responsible for:

(i) Overall supervision of the didactic and practical training aspects of the course;

(ii) The instruction of those lessons requiring a physician and for making arrangements, for guest lecturers as desired;

(iii) For counseling students as needed and to allow only those students who have successfully completed all the requirements of the course to be admitted to the final written and skill examination;

(iv) The final examination of skills of all students enrolled in the class after they complete a final written examination. The approved EMS medical program director shall have the authority to deny certification to a student when, in his professional judgment, the student is unable to function as an effective EMT irrespective of successful completion of the course.

(c) A senior lay instructor who shall be approved by the EMS medical program director and the department, who is a currently certified EMT or currently certified in advanced life support skills and who is currently certified as a cardiopulmonary resuscitation instructor by the Washington State Heart Association or the American Red Cross. The senior lay instructor shall:

(i) Assist the EMS medical program director as needed;

(ii) Be responsible for the conduct and scheduling of all nonphysician instructors and evaluators participating in an EMT training course;

(iii) Maintain all registration and other necessary forms for the enrolled students, including the record of attendance of students and instructors;

(iv) Supervise the distribution of textbooks and other course material to the students;

(v) See that all written examinations are graded, discussed with the EMS medical program director and that graduation lists are forwarded to the department not later than thirty days following completion of a course;

(vi) The senior lay instructor may be the course coordinator.

(d) Other instructional personnel employed in a course of instruction shall consist of:

(i) Adequate numbers of experienced EMTs to provide a ratio of one evaluator to six students during practical skills examinations;

(ii) Other qualified individuals such as registered nurses, experts in legal affairs, experts in extrication and driving safety who may act in the capacity of guest lecturers and practical skills evaluators.

(e) Any instruction given in cardiopulmonary resuscitation must be accomplished by an individual who is currently certified as a cardiopulmonary resuscitation instructor by the Washington State Heart Association or the American Red Cross.

(f) Course materials used in the conduct of an EMT course shall consist of those textbooks, reference materials, visual aids and medical supplies that have been approved by the department.

(g) Testing shall occur periodically throughout the course. There shall be a minimum of a first quarter, mid-term, third quarter and final written examination. The final written examination may be administered through state testing procedures or through the National Registry of Emergency Medical Technicians (NREMT). If the NREMT examination is used, each student is responsible for the testing fee.

(h) The practical examination shall be administered on examination forms supplied by the department and shall be scored as pass or fail. Percentage points shall not be used. Failure in areas of the practical examination that are designated as life-threatening conditions shall be considered as failure of the examination. In situations where regional or county EMS councils employ test teams, such teams shall accomplish the practical testing procedures.

(i) A student who fails the state written and/or the practical examination may be retested within two months of the failure. A second failure shall require a repeat of the course.

(j) Rules governing class attendance shall be at the option of the approved EMS medical program director. However, any student missing three sessions (nine hours of instruction) shall be considered to have withdrawn from the course. [Statutory Authority: RCW 18.73.080. 84-17-036 (Order 2138), § 248-17-212, filed 8/10/84; 82-04-041 (Order 1752), § 248-17-212, filed 1/29/82.]

WAC 248-17-213 Emergency medical technician--Certification and recertification. (1) Upon successful completion of an EMT course, the department shall certify those eligible graduates who have passed either the state written examination or the NREMT written examination and the state practical examination and who have been recommended for certification by the physician coordinator.

(2) The period of certification shall be for three years.

(3) Recertification of currently certified EMT's eligible for such recertification under WAC 248-17-211, shall be accomplished in the following manner:

(a) Completion of a minimum of thirty hours of continuing education during the period of certification consisting of the following mandatory and optional subject matter as indicated and under physician supervision.

(i) Cardiopulmonary resuscitation update of at least one hour per year including both adult and infant manikins using one and two person techniques administered under the supervision of a certified CPR instructor (mandatory).

(ii) Vehicle extrication techniques employing skill knowledge of wrecking tools used in gaining access to victims and use of short and long board extrication. A minimum of one hour per year administered under the supervision of a senior EMT instructor (mandatory).

(iii) Formal inservice training sessions covering basic life support knowledge skills such as bandaging and splinting, emergency child birth, recognition and treatment of shock, cold and heat caused injuries, patient handling and other basic life support skills using physicians, senior EMT instructors, audio-visual aids or other technical experts. Four hours per year minimum required and verified by a senior EMT instructor (mandatory). Attendance at workshops or seminars approved by the department may satisfy this requirement when authorized by the regional EMS coordinator.

(iv) Emergency ambulance/aid car runs involving the application of emergency care techniques may be used for credit at one hour per twenty-five emergency runs not to exceed five total hours during a period of certification when verified by emergency department staff or official run records and used as formal critique (optional).

NOTE: EMT dispatchers, employed by central dispatching centers, may substitute dispatches involving emergency, life-threatening responses when instructions on emergency medical care are given by phone/radio to persons attending the victim.

(v) Hospital emergency department, ICU, CCU or OB delivery room experience may be credited not to exceed two hours per year when verified by hospital or clinic department head (optional).

(vi) Membership in a national EMS organization where such membership includes subscriptions to professional journals and/or newsletters may be used for a maximum of one hour credit per year when proof of membership is verified by a senior EMT instructor (optional).

(vii) Completion of formal courses such as dispatcher training, extrication training, emergency vehicle defensive driving, EMT/defibrillation, inflatable trousers or other EMS-related topics. Five hours total per period of certification. Verified by course instructor (optional).

NOTE: It is recommended that a minimum of ten hours of continuing education be accomplished annually. Failure to complete thirty hours of continuing education during a period of certification shall result in termination of certification.

(b) Pass the state written and practical examination and being recommended for recertification by the approved EMS medical program director.

NOTE: Currently certified senior EMT instructors who have fulfilled the provisions of the senior EMT instructor agreement may recertify by passing the written recertification examination and by being recommended by the approved EMS medical program director.

(4) Certification by the department as an EMT does not warrant future performance of the individuals certified. It will indicate that the cognitive and performance capabilities met the requirements for certification established for the course at the time testing was performed. [Statutory Authority: RCW 18.73.080. 84-17-036 (Order 2138), § 248-17-213, filed 8/10/84; 82-19-080 (Order 1881), § 248-17-213, filed 9/21/82; 82-04-041 (Order 1752), § 248-17-213, filed 1/29/82.]

WAC 248-17-214 Emergency medical technician--Reciprocity and challenges. (1) Reciprocity as a Washington state EMT may be granted to a currently certified EMT from another state or territory if the applicant has proof of completion of the department of transportation's eighty-one hour EMT course.

(2) An individual certified by the National Registry of Emergency Medical Technicians (or other similar national certifying agency) may be considered for reciprocity only under the following conditions:

(a) The applicant must have completed the minimum of an eighty-one hour department of transportation EMT course (equivalent training for certification is not acceptable);

(b) The category of the national certification must be "EMT-Ambulance";

(c) The candidate must be fully certified - provisional certification is not acceptable;

(d) The former state of the individual must accept the national certification or must require both state and national certification.

(3) Certification by reciprocity shall be based on need and shall be for the duration of the former state's certification but in no case will exceed two year's duration.

(4) An individual who wishes to challenge the EMT examination must meet the following conditions of eligibility:

(a) There must be proof of need for certification as specified by WAC 248-17-211;

(b) The candidate must show the testing agency proof of equivalent training and/or experience, including the ten-hour hospital experience required for initial certification.

(5) Reinstatements are recertifications for individuals who have let their certifications lapse before applying for such recertification. Reinstatements may be accomplished in the following manner:

(a) An individual whose expiration of certification is less than one year old may, at the option of the approved EMS medical program director, be allowed to credit prior continuing education and take the practical and written recertification examinations;

(b) An individual whose expiration of certification is more than one year old at the time of application, must retake the basic minimum eighty-one hour course as described in WAC 248-17-212. [Statutory Authority: RCW 18.73.080. 84-17-036 (Order 2138), § 248-17-214, filed 8/10/84; 82-04-041 (Order 1752), § 248-17-214, filed 1/29/82.]

WAC 248-17-220 Revocation, suspension or modification of certificate. (1) Grounds for denial, revocation, or suspension of an EMT certificate include but are not limited to proof that such EMT:

(a) Has been guilty of misrepresentation in obtaining the certificate;

(b) Has engaged or attempted to engage in, or represented himself as entitled to perform, any service not authorized by the certificate;

(c) Has demonstrated incompetence or has shown himself otherwise unable to provide adequate service;

(d) Has violated or aided and abetted in the violation of any provision of chapter 18.73 RCW or the rules and regulations promulgated thereunder;

(e) Has demonstrated unprofessional conduct in the course of providing services;

(f) Has violated written patient care protocols which have been adopted by the approved EMS medical program director or delegate(s) and which have been acknowledged in writing by the certified individual;

(g) Has failed to maintain skills.

(2) The approved EMS medical program director may initiate a counseling procedure with a certified individual which may lead to a recommendation for revocation, suspension, or modification of certification. The counseling procedure, if initiated, shall include the following minimum standards:

(a) Oral counseling with the certified individual and his employer or delegate. Written documentation stating the reason(s) and results of the oral counseling shall be provided to participants;

(b) Written counseling with the certified individual and the employer or delegate, stating the reason(s) for counseling, the expectations for corrective action, and any agreed upon time limits – copies provided to the participants;

(c) Final written resolution of counseling, which may include recommendation for revocation, suspension or modification of the individual's certificate.

(3) The approved EMS medical program director may summarily request that the department decertify an EMT if he has reasonable cause to believe that continued certification will be detrimental to patient care. [Statutory Authority: RCW 18.73.080. 84-17-036 (Order 2138), § 248-17-220, filed 8/10/84; 82-19-080 (Order 1881), § 248-17-220, filed 9/21/82; Order 1150, § 248-17-220, filed 9/2/76.]

WAC 248-17-250 First responder qualifications and training. (1) Applicants for training as first responders shall meet the following prerequisites:

(a) Be at least sixteen years of age at the beginning of the course enrollment;

(b) Be affiliated with one of the following entities:

(i) Paid or volunteer fire fighters or first aid providers of medical services to the general public, but do not attend the patients in a transport vehicle;

(ii) Municipal, county, or state law enforcement officers;

(iii) Members of organizations that do not actively participate in emergency medical care on a continuous basis but require training because of employment or volunteer services in areas of seasonal high density population, such as members of ski patrols, park rangers, and search and rescue personnel;

(iv) School bus drivers, highway and postal employees, and other public service employees.

(2) Approved training agencies shall accomplish the screening of students and shall have the authority to approve or deny applicants for training. First priority should be given to fire fighters and law enforcement agencies.

(3) Waivers for enrollment in the course may be recommended to the department by the approved training agencies; or

(4) In counties where emergency medical services training responsibilities are established by county ordinances, the agency named in the ordinance shall have the same authority as approved training agencies. [Statutory Authority: RCW 18.73.080. 84-17-036 (Order 2138), § 248-17-250, filed 8/10/84.]

WAC 248-17-255 First responder training course contents, registration and instructor qualification. The current National Training Course, First Responder Training Course, United States Department of Transportation, National Highway Traffic Safety Administration (or equivalent course) shall be the accepted training course.

(1) First responder training courses shall be conducted by approved organizations who have written agreements with the department.

(2) The department will provide a procedures and guidelines package with all the administrative forms and information necessary to conduct an approved course.

(a) The function and responsibilities of the course instructional personnel will be identified in the course procedures and guidelines.

(b) Written and practical skills examination forms will be provided by the department. [Statutory Authority: RCW 18.73.080. 84-17-036 (Order 2138), § 248-17-255, filed 8/10/84.]

WAC 248-17-260 First responder, certification and recertification. (1) The department shall certify eligible graduates for a period of three years.

(2) Recertification of eligible first responders shall be for three years providing that:

(a) The applicants have completed a minimum of fifteen hours of approved continuing education identified in the procedures and guidelines; and

(b) The applicant shall successfully complete required written and practical examinations.

(3) A currently certified EMT whose duties no longer require EMT level of skill or who is not required to be in attendance to a patient during transport, may request reversion of the EMT certificate to that of first responder. In such case, the request shall be in writing and shall be accompanied by proof of required continuing education and the EMT certification card, which is being relinquished. A first responder certification will then be issued with the expiration date of the relinquished EMT certification. [Statutory Authority: RCW 18.73-.080. 84-17-036 (Order 2138), § 248-17-260, filed 8/10/84.]

WAC 248-17-265 First responder--Reciprocity, challenges and reinstatement. (1) Reciprocal certification may be granted to an individual certified from another state. The individual must be eligible as specified in the procedures and guidelines, and successfully complete the final written examination.

(2) Requirements for reinstatements for an individual whose certification has expired will be identified in the course procedures and guidelines.

(3) State agencies utilizing training programs equivalent to the department's standards and policies may be awarded reciprocal certification. [Statutory Authority: RCW 18.73.080. 84-17-036 (Order 2138), § 248-17-265, filed 8/10/84.]

WAC 248-17-270 First responder--Scope of care authorized, prohibited. A certified first responder shall be authorized to provide only those services contained in the curriculum of the course. [Statutory Authority: RCW 18.73.080. 84-17-036 (Order 2138), § 248-17-270, filed 8/10/84.]

WAC 248-17-275 First responder--Revocation or suspension of certificate. Grounds for revocation or suspension of a first responder certificate include, but are not limited to, proof that such first responder:

(1) Has been guilty of misrepresentation in obtaining the certificate;

(2) Has engaged or attempted to engage in, or represented himself as entitled to perform any service not authorized by the certificate;

(3) Has demonstrated incompetence or has shown himself otherwise unable to provide adequate services;

(4) Has violated or aided and abetted in the violation of any provision of chapter 18.73 RCW or the rules and regulations promulgated thereunder;

(5) Has demonstrated unprofessional conduct in the course of providing services; or

(6) Has failed to complete fifteen hours of continuing education during a three-year period of certification as specified in procedures and guidelines.

(7) No certificate issued pursuant to this chapter shall be revoked or suspended without formal written notification to the holder of the certificate from the department in accordance with the requirements of the Administrative Procedure Act, chapter 34.04 RCW and the rules of practice and procedure issued by the department. Written notification shall state the reason for the revocation or suspension and shall advise the respondent of the right to appeal. [Statutory Authority: RCW 18-.73.080. 84-17-036 (Order 2138), § 248-17-275, filed 8/10/84.]

Chapter 248-18 WAC
HOSPITALS

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-18-030 Organization and staff--Medical staff. [Order 119, § 248-18-030, filed 5/23/75; Regulation 18.030, effective 3/11/60.] Repealed by 84-17-077 (Order 275), filed 8/16/84. Statutory Authority: RCW 70.41.030 and 43.20.050.

248-18-250 Surgery suite. [Order 119, § 248-18-250, filed 5/23/75; Regulation 18.250, effective 3/11/60.] Repealed by 85-23-017 (Order 2302), filed 11/13/85. Statutory Authority: RCW 70.41.030.

WAC 248-18-001 Definitions. For the purposes of these regulations, the following words and phrases shall have the following meanings unless the context clearly indicates otherwise. All adjectives and adverbs such as adequate, approved, suitable, properly, or sufficient used

in these regulations to qualify a requirement shall be determined by the department.

(1) "Abuse" means the injury or sexual abuse of an individual patient under circumstances indicating the health, welfare, and safety of the patient is harmed thereby. Person "legally responsible" shall include a parent, guardian, or an individual to whom parental or guardian responsibility has been delegated (e.g., teachers, providers of residential care and/or treatment, providers of day care):

(a) "Physical abuse" means damaging or potentially damaging nonaccidental acts or incidents which may result in bodily injury or death.

(b) "Emotional abuse" means verbal behavior, harassment, or other actions which may result in emotional or behavioral problems, physical manifestations, disordered or delayed development.

(2) "Accredited" means approved by the joint commission on accreditation of hospitals or the bureau of hospitals of the American osteopathic association.

(3) "Acute cardiac care unit" means an intensive care unit for patients with heart problems.

(4) "Agent," when used in a reference to a medical order or a procedure for a treatment, means any power, principle or substance, whether physical, chemical or biological, capable of producing an effect upon the human body.

(5) "Alterations":

(a) "Alterations" means changes requiring construction in existing hospitals.

(b) "Minor alterations" means any physical or functional modification within existing hospitals not changing the approved use of the room or area. (Minor alterations performed under this definition do not require prior review of the department as specified in WAC 248-18-510 (3)(a); however, this does not constitute a release from other applicable requirements.)

(6) "Area" means a portion of a room containing the equipment essential to carrying out a particular function and separated from other facilities of the room by a physical barrier or adequate space, except when used in reference to a major section of the hospital.

(7) "Authenticated" or "authentication" means authorization of a written entry in a record by means of a signature including, minimally, first initial, last name, and title.

(8) "Bathing facility" means a bathtub or shower and does not include sitz baths or other fixtures designated primarily for therapy.

(9) "Birthing room" means a room designed, equipped, and arranged to provide for the care of a woman and newborn and to accommodate her support persons during the complete process of vaginal childbirth (three stages of labor and recovery of woman and newborn).

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

(11) "Clean" means space or spaces and/or equipment for storage and handling of supplies and/or equipment which are in a sanitary or sterile condition, when the word is used in reference to a room, area, or facility.

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

(13) "Dentist" means an individual licensed under chapter 18.32 RCW.

(14) "Dietitian" means an individual meeting the eligibility requirements for active membership in the American dietetic association described in *Directory of Dietetic Programs Accredited and Approved*, American Dietetic Association, edition 100, 1980.

(15) "Drug administration" means an act in which a single dose of a prescribed drug or biological is given to a patient by an authorized person in accordance with all laws and regulations governing such acts. The complete act of administration entails removing an individual dose from a previously dispensed, properly labeled container (including a unit dose container), reviewing the label on the container with a verified transcription, a direct copy or the original medical practitioner's orders, giving the individual dose to the proper patient, and properly recording the time and dose given.

(16) "Drug dispensing" means an act entailing the interpretation of an order for a drug or biological and, pursuant to that order, proper selection, measuring, labeling, packaging, and issuance of the drug for a patient or for a service unit of the facility.

(17) "Facilities" means a room or area and/or equipment to serve a specific function.

(18) "Faucet controls" means wrist, knee, or foot control of the water supply:

(a) "Wrist control" means water supply controls not to exceed four and one-half inches overall horizontal length designed and installed to be operated by the wrists;

(b) "Knee control" means the water supply is controlled through a mixing valve designed and installed to be operated by the knee;

(c) "Foot control" means the water supply control is through a mixing valve designed and installed to be operated by the foot.

(19) "Governing body" means the person or persons responsible for establishing the purposes and policies of the hospital.

(20) "Grade" means the level of the ground adjacent to the building measured at required windows. The ground must be level or slope downward for a distance of at least ten feet from the wall of the building. From there the ground may slope upward not greater than an average of one foot vertical to two feet horizontal within a distance of eighteen feet from the building.

(21) "Handwashing facility" means a lavatory or a sink properly designed and equipped to serve for handwashing purposes.

(22) "He, him, his or himself" means a person of either sex, male or female, and does not mean preference for nor exclude reference to either sex.

(23) "High-risk infant" means an infant, regardless of gestational age or birth weight, whose extrauterine existence is compromised by a number of factors, (prenatal, natal or postnatal), and who is in need of special medical or nursing care.

(24) "Hospital" means any institution, place, building, or agency which provides accommodations, facilities and services over a continuous period of twenty–four hours or more, for observation, diagnosis, or care, of two or more individuals not related to the operator who are suffering from illness, injury, deformity, or abnormality, or from any other condition for which obstetrical, medical, or surgical services would be appropriate for care or diagnosis. "Hospital" as used in this chapter does not include hotels, or similar places furnishing only food and lodging, or simply domiciliary care; nor does it include clinics, or physicians' offices where patients are not regularly kept as bed patients for twenty–four hours or more; nor does it include nursing homes, as defined and which come within the scope of chapter 18.51 RCW; nor does it include maternity homes, which come within the scope of chapter 18.46 RCW; nor does it include psychiatric or alcoholism hospitals, which come within the scope of chapter 71.12 RCW; nor any other hospital, or institution specifically intended for use in the diagnosis and care of those suffering from mental illness, mental retardation, convulsive disorders, or other abnormal mental conditions. Furthermore, nothing in this chapter shall be construed as authorizing the supervision, regulation, or control of the remedial care or treatment of residents or patients in any hospital conducted for those who rely primarily upon treatment by prayer or spiritual means in accordance with the creed or tenets of any well–recognized church or religious denominations.

(25) "Infant" means a baby or very young child up to one year of age.

(26) "Infant station" means a space for a bassinet, incubator, or equivalent, including support equipment, used for the care of an individual infant.

(27) "Intensive care unit" means a special physical and functional unit for the segregation, concentration, and close or continuous nursing observation and care of patients critically, seriously, or acutely ill, and in need of intensive, highly skilled nursing service.

(28) "Investigational drug" means any article not approved for use in the United States, but for which an investigational drug application (IND) has been approved by the Food and Drug Administration.

(29) "Island tub" means a bathtub placed in a room to permit free movement of a stretcher, patient lift, or wheelchair to at least one side of the tub, and movement of people on both sides and at the end of the tub.

(30) "Lavatory" means a plumbing fixture of adequate design and size for washing hands.

(31) "Legend drugs" means any drugs required by state law or regulation of the state board of pharmacy to be dispensed on prescription only or are restricted to use by practitioners only.

(32) "Licensed practical nurse," abbreviated L.P.N., means an individual licensed under provisions of chapter 18.78 RCW.

(33) "May" means permissive or discretionary on the part of the board or the department.

(34) "Medical staff" means physicians and may include other practitioners appointed by the governing body to practice within the parameters of governing body and medical staff bylaws.

(35) "Movable equipment" means equipment not built–in, fixed or attached to the building.

(36) "Neglect" means negligent treatment or maltreatment; an act or omission evincing a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to an individual patient's health, welfare, and safety.

(a) "Physical neglect" means physical or material deprivation (e.g., lack of medical care, lack of supervision necessary for patient level of development, inadequate food, clothing, or cleanliness).

(b) "Emotional neglect" means acts such as rejection, lack of stimulation, or other acts of commission or omission which may result in emotional or behavioral problems, physical manifestations, and disordered development.

(37) "Neonate" or "newborn" means a newly born infant through the twenty–seventh day of life or under twenty–eight days of age.

(38) "Neonatal intensive care nursery" means an area designed, organized, and equipped to provide constant nursing care to the high–risk infant.

(39) "New construction" means any of the following:

(a) New buildings to be used as hospitals;

(b) Additions to existing buildings to be used as hospitals;

(c) Conversion of existing buildings or portions thereof for use as hospitals;

(d) Alterations.

(40) "Nursing home unit" or "long–term care unit" means a group of beds for the accommodation of patients who, because of chronic illness or physical infirmities, require skilled nursing care and related medical services but are not acutely ill and not in need of the highly technical or specialized services ordinarily a part of hospital care.

(41)) "Nursing unit, general" means a separate physical and functional unit of the hospital including a group of patient rooms, ancillary and administrative, and service facilities necessary to provide nursing service to the occupants of these patient rooms. Facilities serving other areas of the hospital and creating traffic unnecessary to the functions of the nursing unit are excluded.

(42) "Observation room" means a room for close nursing observation and care of one or more outpatients for a period of less than twenty–four consecutive hours.

(43) "Obstetrical area" means the portions or units of the hospital designated or designed for care and treatment of women during the antepartum, intrapartum, and postpartum periods, and/or areas designed as nurseries for care of newborns.

(44) "Occupational therapist" means an individual having graduated with a bachelors degree in occupational therapy from a university or college occupational therapy program and having completed field work requirements of that program.

(45) "Patient" means an individual receiving (or has received) preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative health services at the

hospital. "Outpatient" means a patient receiving services that generally do not require admission to a hospital bed for twenty–four hours or more.

(46) "Patient care areas" means all nursing service areas of the hospital where direct patient care is rendered and all other areas of the hospital where diagnostic or treatment procedures are performed directly upon a patient.

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

(48) "Pharmacist" means an individual licensed by the state board of pharmacy to engage in the practice of pharmacy under the provisions of chapter 18.64 RCW as now or hereafter amended.

(49) "Pharmacy" means the central area in a hospital where drugs are stored and are issued to hospital departments, or where prescriptions are filled.

(50) "Physical barrier" means a partition or similar space divider designed to prevent splash or spray between room areas.

(51) "Physical therapist" means an individual licensed under provisions of chapter 18.74 RCW.

(52) "Physician" means an individual licensed under provisions of chapter 18.71 RCW, Physicians, or chapter 18.57 RCW, Osteopathy—Osteopathic medicine and surgery.

(53) "Physician's assistant" means an individual who is not a physician but is practicing medicine in accordance with the provisions of chapter 18.71A RCW and the rules and regulations promulgated thereunder, or in accordance with provisions of chapter 18.57A RCW and the rules and regulations promulgated thereunder.

(54) "Prescription" means an order for drugs for a specific patient given by a licensed physician, dentist, or other individual legally authorized to write prescriptions, transmitted to a pharmacist for dispensing to the specific patient.

(55) "Psychiatric unit" means a separate portion of the hospital specifically reserved for the care of psychiatric patients (a part of which may be unlocked and a part locked), as distinguished from "seclusion rooms" or "security rooms" defined in subsections (65) and (66) of this section.

(56) "Psychiatrist" means a physician who has successfully completed a three–year residency program in psychiatry and eligible for certification by the American Board of Psychiatry and Neurology as described in *Directory of Residency Training Programs Accredited by the Accreditation Council for Graduate Medical Education*, American Medical Association, 1981–1982, or eligible for certification by the American Osteopathic Board of Neurology and Psychiatry as described in *American Osteopathic Association Yearbook and Directory*, 1981–1982.

(57) "Psychologist" means an individual licensed as a psychologist in the state of Washington under provisions of chapter 18.83 RCW.

(58) "Recreational therapist" means an individual with a bachelor's degree including a major or option in therapeutic recreation or recreation for the ill and handicapped.

(59) "Recovery unit" means a special physical and functional unit for the segregation, concentration, and close or continuous nursing observation and care of patients for a period of less than twenty–four hours immediately following anesthesia, obstetrical delivery, surgery, or other diagnostic or treatment procedures which may produce shock, respiratory obstruction or depression, or other serious states.

(60) "Referred outpatient diagnostic service" means a service provided to an individual receiving his or her medical diagnosis, treatment, and other health care services from one or more sources outside the hospital; limited to diagnostic tests and examinations not involving the administration of a parenteral injection, the use of a local or general anesthesia or the performance of a surgical procedure; and ordered by a health care practitioner, legally permitted to order such tests and examinations, to whom the hospital reports the findings and results of the tests and examinations.

(61) "Registered nurse" means an individual licensed under the provisions of chapter 18.88 RCW and practicing in accordance with the rules and regulations promulgated thereunder.

(62) "Restraint" means any apparatus used for the purpose of preventing or limiting free body movement. This shall not be interpreted to include a safety device as defined herein.

(63) "Room" means a space set apart by floor–to–ceiling partitions on all sides with proper access to a corridor and with all openings provided with doors or windows.

(64) "Rooming–in" means an arrangement for mother and infant to room together with provision for family interaction within the hospital setting.

(65) "Safety device" means a device used to safeguard a patient who, because of his or her developmental level or condition, is particularly subject to accidental self–injury.

(66) "Seclusion room" means a small, secure room specifically designed and organized to provide for temporary placement, care, and observation of one patient and further providing an environment with minimal sensory stimuli, maximum security and protection, and visualization of the patient by authorized personnel and staff. Doors of seclusion rooms shall be provided with staff controlled locks. There shall be security relites in the door or equivalent means affording visibility of the occupant at all times. Inside or outside rooms may be acceptable.

(67) "Security room" means a patient sleeping room designed, furnished, and equipped to provide maximum safety and security, including window protection or security windows and a lockable door with provision for observation of room occupant or occupants.

(68) "Self–administration of drugs" means a patient administering or taking his or her own drugs from properly labeled containers: *Provided*, That the facility maintains the responsibility for seeing the drugs are used correctly and the patient is responding appropriately.

(69) "Shall" means compliance is mandatory.

(70) "Should" means a suggestion or recommendation, but not a requirement.

(71) "Sinks":

(a) "Clinic service sink (siphon jet)" means a plumbing fixture of adequate size and proper design for waste disposal with siphon jet or similar action sufficient to flush solid matter of at least two and one-eighth inch diameter.

(b) "Scrub sink" means a plumbing fixture of adequate size and proper design for thorough washing of hands and arms, equipped with knee, foot, electronic, or equivalent control, and gooseneck spout.

(c) "Service sink" means a plumbing fixture of adequate size and proper design for filling and emptying mop buckets.

(72) "Social worker" means an individual holding a masters degree in social work from a graduate school of social work approved by the council on social work education.

(73) "Soiled" (when used in reference to a room, area, or facility) means space and equipment for collection and/or cleaning of used or contaminated supplies and equipment and/or collection and/or disposal of wastes.

(74) "Stretcher" means a four-wheeled cart designed to serve as a litter for the transport of an ill or injured individual in a horizontal or recumbent position.

(75) "Surgical procedure" means any manual or operative procedure performed upon the body of a living human being for the purpose of preserving health, diagnosing or curing disease, repairing injury, correcting deformity or defect, prolonging life or relieving suffering, and involving any of the following: Incision, excision, or curettage of tissue or an organ; suture or other repair of tissue or an organ including a closed as well as an open reduction of a fracture; extraction of tissue including the premature extraction of the products of conception from the uterus; or an endoscopic examination with use of a local or general anesthesia.

(76) "Through traffic" means traffic for which the origin and destination are outside the room or area serving as a passageway.

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

(78) "Tuberculous patient" means an individual receiving diagnostic or treatment services because of suspected or known tuberculosis.

(79) "Water closet" means a plumbing fixture for defecation fitted with a seat and device for flushing the bowl of the fixture with water.

(80) "Window" means a glazed opening in an exterior wall.

(a) "Maximum security window" means a window that can only be opened by keys or tools under the control of personnel. The operation of such shall be restricted to prohibit escape or suicide. Where glass fragments may create a hazard, safety glazing and/or other appropriate security features shall be incorporated. Approved transparent materials other than glass may be used.

(b) "Relite" means a glazed opening in an interior partition between a corridor and a room or between two rooms to permit viewing.

(c) "Security window" means a window designed to inhibit exit, entry, and injury to a patient, incorporating approved, safe transparent material. [Statutory Authority: RCW 70.41.030 and 43.20.050. 84-17-077 (Order 275), § 248-18-001, filed 8/16/84; 83-19-058 (Order 269), § 248-18-001, filed 9/20/83; 83-01-003 (Order 245), § 248-18-001, filed 12/2/82. Statutory Authority: RCW 70.41.030. 81-05-029 (Order 209), § 248-18-001, filed 2/18/81; Order 135, § 248-18-001, filed 12/6/76; Order 119, § 248-18-001, filed 5/23/75; Order 106, § 248-18-001, filed 1/13/75; Order 91, § 248-18-001, filed 10/3/73; Order 83, § 248-18-001, filed 4/9/73; Order 50, § 248-18-001, filed 12/17/70; Regulation 18.001, effective 3/11/60.]

WAC 248-18-017 Single license to cover two or more buildings--When permissible. When an applicant and the hospital facility for which such application is submitted meet the licensure requirements of chapter 70.41 RCW and chapter 248-18 WAC, the department may issue a single hospital license to include two or more buildings, provided:

(1) The licensee shall operate the multiple buildings as a single integrated system.

(a) All buildings or portions of buildings under a single license shall be governed by a single governing body and under administrative control of a single administrator, and

(b) All hospital facilities operating under a single license shall have a single medical staff.

(2) Buildings connected by a heated, enclosed passageway are considered a single building and the passageway shall be constructed and maintained to permit the safe transfer of patients, equipment, and supplies.

(3) Safe, appropriate, and adequate transport of patients between buildings shall be provided.

(4) Hospital buildings included under one license shall not be located more than ten surface miles apart. [Statutory Authority: RCW 70.41.030. 85-23-020 (Order 2305), § 248-18-017, filed 11/13/85; Order 119, § 248-18-017, filed 5/23/75.]

WAC 248-18-030 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-18-031 Governing body and administration. (1) The hospital shall have a governing body responsible for adoption of policies concerning the purposes, operation and maintenance of the hospital, including safety, care, and treatment of patients.

(2) The governing body shall provide personnel, facilities, equipment, supplies, and services to meet the needs of patients within the purposes of the hospital.

(3) The governing body shall appoint an administrator who shall be responsible for implementing the policies adopted by the governing body.

(4) The governing body shall:

(a) Have the authority and responsibility for the appointment and periodic reappointment of the medical staff, and

(b) Require the medical staff be accountable to the governing body through approval under the medical staff organization bylaws, and rules as applied by the governing body.

(5) The governing body shall require evidence that each individual granted clinical privileges pursuant to medical staff bylaws has appropriate and current qualifications.

(6) The governing body shall require each person admitted to the hospital to be under the care of a member of the medical staff possessing clinical privileges. [Statutory Authority: RCW 70.41.030 and 43.20.050. 84-17-077 (Order 275), § 248-18-031, filed 8/16/84.]

WAC 248-18-033 Medical staff. (1) There shall be a medical staff appointed by the governing body.

(2) Medical staff bylaws, rules, and regulations shall be subject to approval by the governing body. These bylaws and rules shall include qualifications for medical staff membership, procedures for delineation of hospital specific clinical privileges, and organization of the medical staff. [Statutory Authority: RCW 70.41.030 and 43-.20.050. 84-17-077 (Order 275), § 248-18-033, filed 8/16/84.]

WAC 248-18-235 Alcoholism and/or substance abuse unit. (1) Definitions specific to WAC 248-18-235 and 248-18-532:

(a) "Alcoholism" means an illness characterized by lack of control as to the consumption of alcoholic beverages, or the consumption of alcoholic beverages to the extent an individual's health is substantially impaired or endangered, or his or her social or economic function is substantially disrupted.

(b) "Alcoholism counselor" means an individual with adequate education, experience, and knowledge regarding the nature and treatment of alcoholism, who is knowledgeable about community resources providing services alcoholics may need, and who knows and understands the principles and techniques of alcoholism counseling with minimal requirements to include:

(i) No history of alcohol or other drug misuse for a period of at least two years immediately prior to time of employment as an alcoholism counselor with no misuse of alcohol or other drugs while employed as an alcoholism counselor;

(ii) A high school diploma or equivalent;

(iii) Satisfactory completion of at least twelve quarter or eight semester credits from a college or university, including at least six quarter credits or four semester credits in specialized alcoholism courses exclusive of field experience credits.

(c) "Detoxification" means care or treatment of an intoxicated person during a period in which the individual recovers from the effects of intoxication.

(i) "Intoxication" means acute alcohol poisoning or temporary impairment of an individual's mental or physical functioning caused by alcohol in the body.

(ii) "Acute detoxification" means a method of withdrawing a patient from alcohol where nursing services are available and medications are routinely administered to facilitate the patient's withdrawal from alcohol.

(d) "Family" means individuals important to and designated by a patient who need not be relatives.

(e) "Individualized treatment plan" means a written statement of care to be provided for a patient based upon assessment of his or her strengths and physical and psychosocial problems. When appropriate, the statement shall be developed with participation of the patient.

(f) "Multidisciplinary treatment team" means a group comprised of individuals from the various treatment disciplines and clinical services who assess, plan, implement, and evaluate treatment for patients under care.

(2) Rules and regulations in chapter 248-18 WAC shall apply with addition of the following:

(a) There shall be a room adequate for counseling and social activities of patients.

(b) Adequate provision for space and privacy shall be made for interviewing, group and individual counseling, and physical examinations.

(c) Policies and procedures shall include and address, as appropriate:

(i) Development, implementation, and review of the individualized treatment plan, including the participation of the multidisciplinary treatment team, the patient, and the family, as appropriate.

(ii) Patient rights to include:

(A) Treatment and care of patients in a manner promoting dignity and self-respect;

(B) Protection from invasion of privacy: *Provided*, That reasonable means may be used to detect or prevent contraband from being possessed or used on the premises;

(C) Confidential treatment of clinical and personal information in communications with individuals not associated with the plan of treatment;

(D) A means of implementing federal requirements related to confidentiality of records, Title 42, Code of Federal Regulations, Part 2, Federal Register, July 1, 1975;

(E) Provision of reasonable opportunity to practice religion of choice insofar as such religious practice does not infringe upon rights and treatment of others or the treatment program: *Provided*, That the patient also has the right to refuse participation in any religious practice.

(F) Communication with significant others in emergency situations.

(G) Freedom from physical abuse or other forms of abuse against patient's will, including being deprived of food, clothes, or other basic necessities.

(iii) Patient work assignments related to treatment program, if applicable.

(d) Personnel, staff, other services.

(i) Clinical responsibility for alcoholism and substance abuse units shall be assigned to an individual having demonstrated experience in this type of treatment and care. This individual shall be designated and function as specified by the governing body.

(ii) There shall be on staff at least one alcoholism counselor and such additional alcoholism counselors as necessary to provide alcoholism counseling services needed by patients.

(iii) There shall be a licensed nurse on duty on the unit whenever acute detoxification is taking place on the unit. [Statutory Authority: RCW 70.41.030 and 43.20-.050. 84-22-003 (Order 277), § 248-18-235, filed 10/26/84.]

WAC 248-18-250 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-18-251 Surgery--Operating rooms and areas--Special procedure rooms--Surgical treatment or diagnostic areas. (1) Operating rooms, facilities, personnel, equipment, policies and procedures shall be appropriate to the scope of surgical services offered in each hospital.

(2) Environment – facilities – equipment.

(a) Operating room facilities and services, when provided, shall be located in a segregated area or areas of the hospital with access limited by hospital policy and procedures.

(b) Operating rooms and operating room service areas and facilities shall be properly equipped, easily cleanable, and of adequate size to accommodate the equipment and personnel required for surgical procedures performed.

(i) Each operating room shall have available:

(A) Operating light and adequate general lighting;

(B) Operating table, stretcher, or equivalent;

(C) Oxygen;

(D) Suction;

(E) Appropriate electrical outlets;

(F) X-ray film illuminator;

(G) Cardiac monitor;

(H) Anesthesia equipment and supplies;

(I) Emergency signaling device which automatically registers at a location from or through which additional assistance is always available;

(J) Source of emergency power; and

(K) Emergency lighting.

(ii) Each hospital shall provide appropriately maintained emergency equipment, supplies, and services available within sixty seconds and appropriate for the care of adults, children, and infants minimally to include:

(A) Ventilatory equipment, including airways;

(B) Cardiac defibrillator;

(C) Cardiac monitor;

(D) Laryngoscopes and endotrachial tubes;

(E) Suctions; and

(F) Emergency drugs and fluids including schedules of pediatric dosages.

(c) There shall be adequate operating room scrub sinks with provisions for a cleansing agent located adjacent to operating rooms and providing hot and cold water and equipped with knee, foot, elbow, or automatic faucet controls.

(d) Separate and adequate refrigerated storage facilities with appropriate alarms shall be provided for blood if blood is stored in the operating room area.

(e) There shall be a dressing area with appropriate locker storage available for persons entering operating rooms.

(f) Toilet facilities shall be available.

(g) Adequate types and quantities of surgical instruments, equipment, and supplies for procedures performed shall be provided and maintained in a sanitary and safe condition.

(h) There shall be adequate storage within the operating room service area for clean and sterile supplies and equipment.

(i) A designated area shall be provided for collection and cleaning of soiled instruments and equipment.

(j) There shall be adequate, cleanable facilities for safe and appropriate waste collection and disposal.

(k) Housekeeping facilities shall be located within operating room service areas. These may be included in a soiled utility room equipped with a clinic service sink or service sink.

(l) There shall be filtered clean air in each operating room. A positive pressure ventilation gradient to adjoining corridors shall be maintained in operating rooms.

(m) Operating rooms shall be equipped with a room temperature control device or system capable of maintaining appropriate patient body temperature.

(3) Policies – procedures – responsibility.

(a) The organization plan of the hospital shall identify lines of authority, responsibility, and accountability within all operating room areas and areas where surgical procedures are performed or anesthesia administered.

(i) There shall be a physician designated and responsible for implementation of hospital policy related to medical staff in operating rooms and operating room service areas.

(ii) A designated registered nurse shall supervise personnel as specified in hospital policy in operating rooms and operating room service areas and shall be responsible for:

(A) Development and implementation of operating room and operating room service staffing plans to maintain adequate and safe patient care.

(B) Provision for orientation and ongoing training of personnel providing services within operating rooms and operating room service areas.

(C) Defining nursing responsibility between the time of patient entry into and exit from operating rooms and operating room service areas.

(b) Written policies and procedures shall be approved in writing by appropriate representatives of administration, medical staff, and nursing services.

(i) Information, policies and procedures available to nursing and scheduling staff shall include:

(A) A current roster of medical staff including delineated surgical privileges as granted by the governing body.

(B) Policies and delineated privileges, responsibilities, and accountability of others approved by medical staff and governing body to provide services in operating

rooms including, but not limited to, dentists, oral surgeons, and podiatrists.

(C) Requirements for surgical and technical-professional assistants, including current licensure and/or other qualifications and any limitations related to patient care activities within the operating room or operating room service areas including, but not limited to, surgical technicians, other technicians, nurses, or technicians who are not hospital personnel or students.

(ii) There shall be a policy and procedures for obtaining surgical assistants.

(iii) There shall be policies and procedures specifying responsibility to document all aspects of patient care in operating rooms and operating room service areas.

(iv) Written infection control policies approved by the infection control or equivalent interdisciplinary group shall delineate responsibility in training and orientation of operating room and operating room service area personnel and others. Infection control policies and procedures shall specifically address:

(A) Surgical attire;

(B) Appropriate surgical scrub procedures;

(C) Housekeeping functions specific to operating room and operating room service areas before, between, and after cases;

(D) Cleaning, disinfecting, sanitizing, packaging, sterilizing, and storage of equipment and supplies;

(E) Disposal of wastes;

(F) Nonhospital and hospital-owned equipment that may be brought into the operating room or operating room service areas including requirements for cleaning and sterilization including, but not limited to, tools for repairing equipment and physician-owned instruments.

(G) People who may enter operating room areas including those who are not hospital personnel, such as repairmen and vendors.

(v) Written policies and procedures related to patient safety or protection shall address servicing, maintenance, and safety checks of electrical-electronic equipment and other patient care equipment including nonhospital-owned equipment.

(vi) Policies and procedures shall address and define responsibility for continuous patient care and documentation when a patient is transferred from one place to another in the course of performing a surgical or invasive procedure.

(4) Preoperative patient care shall be addressed in written hospital policies which shall define requirements for patient care during the preoperative period to include:

(a) A current patient history and report of physical examination by a practitioner, authorized by medical staff rule, included in the patient medical record prior to surgery. "Current," as used in this subsection, shall be defined by hospital policy.

(b) Documented assessment of patient needs for care including, but not limited to, allergies, fears, anxieties, changes in condition, vital signs.

(c) Written consent for procedure or surgery and anesthesia available in the medical record.

(d) Identification of patients by a secured name band.

(e) Test results available prior to surgery or procedure.

(5) Short stay or short term or ambulatory or one-day surgery services or special procedures, regardless of where performed, shall function according to written policies and procedures approved by representatives of hospital administration, medical staff, and nursing services and include:

(a) Patient identification system, patient consent, and preoperative patient assessment requirements.

(b) Provisions for appropriate monitoring or observation of patients undergoing procedures by at least one qualified person in addition to the medical staff authorized practitioner performing the procedure.

(c) Written approved infection control and equipment safety policies as specified in WAC 248-18-251 (3)(b).

(d) Emergency equipment as required for all operating rooms, available within sixty seconds as specified in WAC 248-18-251 (2)(b)(ii).

(e) Documentation of patient assessment prior to, during, and post procedure.

(f) Teaching protocols for post procedure period including what signs and symptoms the patient should report, who to contact, limitations on activities or diet, medication control, driving, operation of mechanical equipment, and instructions for follow-up.

(g) Patient evaluation prior to discharge. [Statutory Authority: RCW 70.41.030. 85-23-017 (Order 2302), § 248-18-251, filed 11/13/85.]

WAC 248-18-253 Anesthesia services. (1) Anesthesia facilities, equipment, personnel, staff, policies and procedures shall be appropriate to the scope of surgical, obstetrical, or other care offered in each hospital.

(2) There shall be a designated physician member of medical staff responsible for anesthesia services and for establishing general policies for administration of anesthesia to patients throughout the hospital.

(3) Written policies and procedures shall be established to provide safety for all anesthetized patients to include:

(a) Provision for appropriate monitoring and attendance of all anesthetized patients.

(b) Qualifications and responsibilities of persons performing anesthesia services and care in compliance with applicable federal and state laws and rules.

(c) Evaluation of each patient prior to anesthesia.

(d) Pertinent information recorded in the medical record at the time of the preoperative anesthesia evaluation.

(e) Criteria or protocols for assessment of all patients by qualified persons prior to discharge from any post-anesthesia recovery area or the hospital.

(f) Precautions or procedures for safe administration of anesthetizing agents and other drugs consistent with hospital policy approved by the appropriate medical staff committee in accordance with WAC 248-18-190 (1)(n) and 248-18-190 (2)(f).

(g) Preparation, administration, and documentation of intravenous solutions, medications, and admixtures consistent with WAC 248-18-335 and 248-18-336.

(4) All information specific to condition and treatment of the patient occurring during anesthesia induction, anesthesia maintenance, or emergence from anesthesia shall be documented and retained in the medical record of the patient. [Statutory Authority: RCW 70.41.030. 85-23-017 (Order 2302), § 248-18-253, filed 11/13/85.]

WAC 248-18-256 Post-anesthesia recovery areas. (1) Post-anesthesia facilities, equipment, personnel, staff, policies and procedures shall be appropriate to the scope of surgical, obstetrical, or other care offered in each hospital.

(2) Environment - facilities.

(a) A handwashing sink, soap dispenser, and towel dispenser shall be available within each post-anesthesia recovery room or area.

(b) There shall be provisions for visual privacy for patients.

(c) Suction and oxygen shall be available for each patient.

(d) Emergency equipment and supplies shall be appropriately maintained and available within sixty seconds, as specified in WAC 248-18-251 (2)(b)(ii).

(e) Adequate, easily cleanable storage facilities shall be provided.

(f) There shall be a soiled utility room available.

(g) An emergency signalling device registering at a location from or through which additional assistance is always available shall be available within recovery rooms or areas.

(3) Policies - procedures - responsibility.

(a) The organization plan of the hospital shall identify lines of authority, responsibility, and accountability within post-anesthesia recovery rooms or areas.

(i) There shall be a physician designated and responsible for implementation of hospital policy related to medical staff in post-anesthesia recovery rooms and areas. Policy shall specify amount and degree of physician availability to post-anesthesia recovery areas at all times when patients are present.

(ii) A designated registered nurse shall supervise personnel as specified in hospital policy in post-anesthesia recovery rooms and areas and shall be responsible for:

(A) Developing and implementing post-anesthesia recovery service staffing plans to maintain adequate and safe patient care, and

(B) Providing for orientation and ongoing training of personnel providing services within post-anesthesia recovery rooms or areas.

(b) There shall be criteria or protocols for assessment of all patients by qualified persons prior to discharge or release from any post-anesthesia recovery room or area.

(c) There shall be policies and procedures regarding management of infected or infectious cases, approved by the infection control committee.

(4) Nursing and other staff providing patient care in post-anesthesia recovery areas shall have documented orientation and demonstrated appropriate skills related to life support activities or functions.

(5) There shall be written orders authenticated by a physician for all drugs, intravenous solutions, blood, and medical treatments. Standing medical orders or protocols, when used, shall be in the patient medical record and authenticated by a physician. [Statutory Authority: RCW 70.41.030. 85-23-017 (Order 2302), § 248-18-256, filed 11/13/85.]

WAC 248-18-260 Processing and sterilizing services. (1) Hospitals shall make adequate provisions for proper cleaning, disinfection, and sterilization of supplies, equipment, utensils, and solutions.

(2) Processing and sterilizing services and areas shall have adequate space and equipment for sorting, processing, and storage.

(a) Separation between soiled and clean items shall be maintained during sorting, processing, transporting, and storage.

(b) Positive air pressure shall be maintained in clean areas in relation to adjacent areas.

(c) Negative air flow shall be maintained in soiled areas.

(d) Equipment including sterilizers of the proper type for adequate sterilization shall be provided and maintained in a satisfactory and safe condition.

(e) If ethylene oxide sterilizers are used, mechanical aerators shall be provided and maintained in a safe and satisfactory condition.

(3) Processing and sterilizing services shall be adequately staffed with trained personnel:

(a) Orientation and inservice, including infection control and safe practices, shall be provided.

(b) Written policies and procedures shall specify scheduled activities and routines of personnel.

(4) There shall be written policies and procedures, approved by the infection control committee or an equivalent interdisciplinary group, for the activities performed in all processing and sterilizing areas in the hospital addressing:

(a) Collecting, receiving, decontaminating, packaging, sterilizing, and distributing of items;

(b) Aerating of items exposed to ethylene oxide;

(c) A recognized method of checking sterilizer performance by mechanical monitoring of time, temperature, and pressure as well as biological and chemical testing;

(d) Establishment of shelf life determined by packaging material and storage environment;

(e) Recall, disposal, and reprocessing of outdated, improperly sterilized, and limited-use items;

(f) Maintaining clean areas free of external shipping containers.

(5) There shall be written policies and procedures addressing emergency collection and disposition of supplies when special warnings have been issued by a manufacturer or safety agency.

(6) Processed and sterilized items shall be maintained as specified in WAC 248-18-190 (3)(a), (b), (c), (d), and (e). [Statutory Authority: RCW 70.41.030 and 43-.20.050. 85-05-034 (Order 281), § 248-18-260, filed

2/15/85; Order 119, § 248-18-260, filed 5/23/75; Regulation 18.260, effective 3/11/60.]

WAC 248-18-440 Records and reports--Medical record system. The hospital shall have a well-defined medical record system and the facilities, staff, equipment, and supplies necessary to the development, maintenance, control, analysis, use, and preservation of patient care data and medical records in accordance with recognized principles of medical record management and applicable state laws and regulations.

(1) Medical record service. There shall be an organized medical record service which is directed, staffed, and equipped to ensure timely, complete and accurate checking, processing, indexing, filing, and preservation of medical records and the compilation, maintenance, and distribution of patient care statistics.

(2) Policies and procedures related to medical record system. The hospital shall have, in effect, current written policies and procedures related to the medical record system, which shall include the following:

(a) Policies and procedures which establish the format of patients' individual medical records;

(b) Policies and procedures which govern access to and release of data in patients' individual medical records and other medical data taking into consideration the confidential nature of these records; and

(c) Policies and procedures which govern the retention, preservation, and destruction of medical records.

(d) Records of hospitals owned or operated by the state of Washington, or a political subdivision thereof, are subject to the provisions of chapter 40.14 RCW, and regulations promulgated thereunder, as to the maintenance and disposition of medical records and other records kept in the ordinary course of business.

(3) Patients' medical records, general.

(a) An individual medical record shall be developed and maintained for each person, including each neonate, who receives care, treatment, or diagnostic service at the hospital, with the exception of persons who receive only limited outpatient diagnostic services for whom the hospital maintains a record system in accordance with WAC 248-18-440(4).

(b) There shall be a systematic method for identifying each patient's medical record or records in a manner that provides for ready identification, filing, and retrieval of all of the patient's record or records.

(c) Pertinent entries on a significant observation, a diagnostic or treatment procedure or other significant event in a patient's clinical course or care and treatment shall be made in a patient's medical record as promptly as possible.

(d) Each entry in a patient's medical record shall be dated and shall be authenticated by the person who gave the order, provided the care, or performed the observation, examination, assessment, treatment, or other service to which the entry pertains.

(e) The originals or durable, legible, direct copies of originals of reports shall be filed in patients' individual medical records.

(f) All diagnoses and operative procedures shall be entered in patients' medical records in terminology consistent with a recognized system of disease and operations nomenclature.

(g) All entries in a patient's medical record shall be legibly written in ink, typewritten, or recorded on a computer terminal which is designed to receive such information. Entries recorded and stored in a computer may be stored on magnetic tapes, discs, or other devices suited to the storage of data.

(4) Record system for referred outpatient diagnostic services. For patients to whom the hospital provides only referred outpatient diagnostic services as defined in WAC 248-18-001, the hospital may maintain a simple record system instead of the individual medical records required under WAC 248-18-440 (3) and (5). Such a simple record system shall provide for identification, filing, and retrieval of authenticated reports on all tests or examinations provided to any patient who received referred outpatient diagnostic services.

(5) The individual medical records for patients who would be considered to be referred outpatients but for the fact that they are undergoing diagnostic tests involving the use of parenteral injections may be limited to relevant history and physical findings where indicated, known allergies or idiosyncratic reactions, diagnostic interpretation, written consent, and identifying admission data.

(6) Patients' medical records, content. The following data, when relevant, shall be entered in a medical record for each period a patient receives inpatient or outpatient services, with the exceptions of referred outpatient diagnostic services for which records are maintained in accordance with WAC 248-18-440(4) and outpatient emergency care services for which records are maintained in accordance with WAC 248-18-285(6).

(a) Admission data. Admission data shall include the following: Identifying and sociological data; the full name, address, and telephone number of the patient's next of kin or, when indicated, another person who may legally exercise control over the person of the patient; the date of the patient's admission as an inpatient or outpatient; the name or names of the patient's attending physician or physicians; and the admitting (provisional) diagnosis or medical problem.

(b) A report on any medical history obtained from the patient.

(c) Report or reports on the findings of physical examination or examinations performed upon the patient.

(d) An entry on any known allergies of the patient or known idiosyncratic reaction to a drug or other agent.

(e) Authenticated orders for any drug or other therapy administered to a patient and for any diet served to the patient. Authenticated orders entered in the patient's record shall include any standing medical orders used in the care and treatment of the patient except standing medical emergency orders.

(f) Authenticated orders for any restraint of the patient.

(g) Reports on all roentgenologic examinations, clinical laboratory tests or examinations, macroscopic and

microscopic examinations of tissue, and other diagnostic procedures or examinations performed upon the patient or specimens obtained from the patient.

X–ray films, laboratory slides, tissue specimens, medical photographs, and other comparable materials obtained through procedures employed in diagnosing a patient's condition or assessing his or her clinical course are regarded as original clinical evidence and are not considered to be "medical records" as this term is used in these regulations.

(h) An entry on each administration of therapy (including drug therapy) to the patient.

(i) Entries on nursing services to the patient. Nursing entries shall include: A report on all significant nursing observations and assessments of the patient's condition or response to care and treatment; nursing interventions and other significant direct nursing care including all administration of drugs or other therapy; an entry on the time and reason for each notification of a physician or patient's family regarding a significant change in the patient's condition; and a record of other significant nursing action on behalf of the patient.

(j) An entry on any significant health education, training, or instruction related to the patient's health care which was provided to the patient or his or her family.

(k) An entry on any social services provided the patient.

(l) An entry regarding any adverse drug reaction of the patient and any other untoward incident or accident involving the patient which occurred during a hospitalization of the patient or on an occasion of the patient's visit to the hospital for outpatient services.

(m) Operative report or reports on all surgery performed upon the patient.

(n) An entry or report on each anesthetic administered to the patient.

(o) Report or reports on consultation or consultations concerning the patient.

(p) For any woman who gave birth to a child in the hospital, reports regarding her labor, delivery, and postpartum period.

(q) For any infant born in or enroute to the hospital, the date and time of birth, condition at birth or upon arrival at the hospital, sex, and weight (if condition permits weighing).

(r) Progress notes which describe the results of treatment and changes in the patient's condition and portray the patient's clinical course in chronological sequence.

(s) In the event of an inpatient leaving without medical approval, an entry on any known events leading to the patient's decision to leave, a record of notification of the physician regarding the patient's leave, and the time of the patient's departure.

(t) Discharge data. Discharge data shall include the final diagnosis (or diagnoses) and any associated or secondary diagnoses or complications, and the titles of all operations performed upon the patient. For any inpatient whose hospitalization exceeded forty–eight hours, except a normal newborn infant or normal obstetrical patient, there shall be a discharge summary which recapitulates significant clinical findings and events during the patient's hospitalization, describes the patient's condition upon discharge or transfer, and summarizes any recommendations and arrangements for future care of the patient.

(u) An entry on any transmittal of medical and related data regarding the patient to a health care facility or agency or other community resource to which the patient was referred or transferred.

(v) In event of the patient's death in the hospital, the following entries, reports, and authorizations: A pronouncement of death; if an autopsy was performed, an authorization for the autopsy and a report on the autopsy findings and conclusions; and an entry on release of the patient's body to a mortuary or coroner or medical examiner.

(w) Written consents, authorizations, or releases given by the patient or, if the patient was unable to give such consents, authorizations, or releases, by a person or agency who can legally exercise control over the person of the patient. When a person other than the patient gives written consent or authorization for treatment, or signs a release, the relationship (legal or familial) of the signer to the patient must be clearly stated.

(7) Registers. The hospital shall maintain the following on a current basis: An inpatient register, one or more outpatient registers, an emergency service register, and an operation register. These may be maintained as separate registers or in suitable combinations: *Provided*, That any combined register contains the data for any register incorporated therein. Data shall be entered in registers in chronological order.

(a) The register for inpatients shall contain at least the following data for each inpatient admission: The patient's identifying number, full name, and birth date or age; and the date of the patient's admission.

(b) The register or registers for outpatients, other than those who received emergency care services, shall contain sufficient data on each outpatient to ensure positive identification and rapid retrieval of all of the outpatient's medical record or records when indicated.

(c) The register for outpatient emergency care services shall be in accordance with WAC 248–18–285 (6)(a).

(d) The operation register shall contain at least the following data for each operation performed in a hospital surgery: The date, the identifying number and full name of the patient, the descriptive name of the operation, the names of the surgeon and the surgeon's assistant or assistants, the type of anesthesia, and the name and title of the person who administered the anesthesia.

(8) Indexes. The following indexes shall be maintained: A master patient index, disease and operation indexes, and physicians' index which may be kept as a separate index or in combination with disease and operation indexes.

(a) The master patient index shall contain a master reference card (or equivalent) for each person who received care or treatment in the hospital on an inpatient

or outpatient basis with the exception of referred outpatients, except that inclusion of data on outpatient emergency patients in the master patient index shall be optional if the hospital retains and preserves an emergency service register the same period of time as the medical record for any patient upon whom data have been entered in the emergency service register. Each master reference card (or equivalent) shall contain at least the following data: The patient's medical record number or numbers, and the patient's full name and date of birth.

(b) The disease index shall contain index cards (or equivalent) for all categories of diseases or conditions treated in the hospital on an inpatient basis. Entries on index card or cards for a given category of disease shall include at least the following: The identifying number, sex, and age of each patient who was treated for that category of disease, and the code for the particular disease or condition for which each patient was treated.

(c) The operation index shall contain index cards (or equivalent) for all categories of operations performed in a hospital surgery on an inpatient or outpatient basis. Entries on the index card or cards for a given category of operation shall include at least the following: The medical record number, age, and sex of each patient upon whom that category of operation was performed and the code for the particular operative procedure performed upon each patient.

(d) Codes used for entries in the disease and operation indexes shall be in accordance with the coding system and the recognized diagnostic classification system of disease and operation nomenclature adopted by the hospital.

(e) If the physicians' index is combined with the disease and operation indexes, the name or code number of the physician, who treated the patient to whom a particular entry pertains, shall be included in each entry in the disease and operation indexes.

(f) If a separate physicians' index is maintained, this index shall contain a record for every member of the hospital's medical staff. Entries on each physician's index card (or equivalent record) shall include the medical record number or name of each patient the particular physician treated in the hospital on an inpatient basis.

(g) Indexes shall be kept current and, in any case, required entries on index cards (or equivalent) shall have been completed within three months after discharge or transfer of the particular patient to whom the entries pertain.

(9) Reports on hospital services. The following reports are required. These may be separate or combined reports.

(a) Census reports.

(i) A daily inpatient census report on admissions to inpatient services, births, and discharges including deaths and transfers to another health care facility.

(ii) Periodic (at least monthly) reports on admissions to outpatient services and the number of emergency care patients.

(b) Analyses of hospital services.

(10) Storage, handling, and control of medical records and other medical data. Patients' individual medical records and other personal or medical data on patients shall be handled and stored so they are not accessible to unauthorized persons, are protected from undue deterioration or destruction, and are easily retrievable for medical or administrative purposes.

(11) Retention, preservation, and final disposal of medical records and other patient care data and reports.

(a) Each patient's medical record or records, excluding reports on referred outpatient diagnostic services, shall be retained and preserved for a period of no less than ten years following the most recent discharge of the patient: *Provided however*, That the medical record or records of a patient who was a minor at a time when he or she received care, treatment, or diagnostic services at the hospital shall be retained and preserved for a period of no less than three years following the date upon which the patient attained the age of eighteen years or ten years following the patient's most recent discharge, whichever is the longer period of time.

(b) Reports on referred outpatient diagnostic services shall be retained and preserved at least two years.

(c) A master patient index card (or equivalent) shall be retained and preserved at least the same period of time as the medical record or records for the patient to whom the master patient index card (or equivalent) pertains.

(d) Data in the inpatient and outpatient register or registers shall be retained and preserved at least three years.

(e) Data in an emergency service register shall be retained and preserved at least the same period of time as the medical record or records for any patient on whom data have been entered in the register: *Provided however*, That retention and preservation of an emergency service register beyond three years after the last entry therein shall be optional if the hospital includes all outpatient emergency care patients in the master patient index.

(f) Data in the operation register, the disease and operation indexes, the physicians' index, and annual reports on analyses of hospital services shall be retained and preserved at least three years.

(g) Patients' medical records, registers, indexes, and analyses of hospital service may be retained and preserved in original form or in photographic form in accordance with the provisions of chapter 5.46 RCW.

(h) Final disposal of any patient's medical record, register, index, or other record of or report on patient care data that permits identification of an individual in relation to personal or medical data shall be accomplished in such a manner that retrieval and subsequent use of any data contained therein are impossible.

(i) In event of transfer of ownership of the hospital, patients' medical records, registers, indexes, and analyses of hospital services shall remain with the hospital and shall be retained and preserved by the new owner in accordance with state statutes and regulations.

(j) If the hospital ceases operation, the hospital shall make immediate arrangements for preservation of its

medical records and other records of or reports on patient care data in accordance with applicable state statutes and regulations. The plan for such arrangements shall have been approved by the department prior to the cessation of operation.

(12) Records kept by approved eye banks pursuant to WAC 248-33-100 are not medical records or registers within the meaning of WAC 248-18-440.

(13) Nothing in these regulations shall be construed to prohibit the collection of additional health and/or medical information or retention of medical records beyond the statutory requirements. [Statutory Authority: RCW 70.41.030. 85-23-020 (Order 2305), § 248-18-440, filed 11/13/85; Order 142, § 248-18-440, filed 2/8/77; Order 135, § 248-18-440, filed 12/6/76; Order 119, § 248-18-440, filed 5/23/75; Regulation 18.440, effective 3/11/60.]

NEW CONSTRUCTION REGULATIONS

WAC 248-18-532 Alcoholism and substance abuse nursing unit. Optional. SHALL MEET REQUIREMENTS IF INCLUDED. (REQUIREMENTS IN CAPITAL LETTERS—See WAC 248-18-515)

(1) WHEN SEPARATE ALCOHOLISM AND/OR SUBSTANCE ABUSE UNIT IS PLANNED, WAC 248-18-532 SHALL APPLY. When ten or more alcoholism treatment beds in the hospital are planned, a separate alcoholism unit is recommended.

(2) DETOXIFICATION AREA.

(a) PATIENT ROOMS, TOILET ROOMS, AND BATHING FACILITIES SHALL MEET REQUIREMENTS UNDER WAC 248-18-530 (6), (7), and (8).

(b) May be located on an acute care nursing unit.

(c) Security or seclusion rooms. Refer to WAC 248-18-534 (6) and (7).

(3) ALCOHOLISM AND SUBSTANCE ABUSE AREA OTHER THAN DETOXIFICATION.

(a) DESIGNED FOR CARE OF AMBULATORY AND HANDICAPPED PATIENTS.

(b) PROVISION FOR FLEXIBILITY IN ARRANGEMENT FOR VARIOUS TYPES OF THERAPIES.

(c) PATIENT ROOMS SHALL MEET REQUIREMENTS UNDER WAC 248-18-530(6) WITH EXCEPTIONS:

(i) SEVENTY SQUARE FEET USABLE FLOOR SPACE PER BED IN MULTI-BED ROOMS PERMITTED IN EXISTING PATIENT ROOMS.

(ii) EIGHTY SQUARE FEET USABLE FLOOR SPACE IN ONE-BED ROOMS PERMITTED IN EXISTING PATIENT ROOMS.

(iii) IN MULTI-BED ROOMS: BEDS SPACED AT LEAST THREE FEET APART WITH THREE-FOOT AISLE MINIMUM WIDTH TO ALLOW TRAFFIC FLOW WITHIN THE ROOM.

(iv) Lavatory in each room optional.

(d) PATIENT TOILET ROOMS SHALL MEET REQUIREMENTS UNDER WAC 248-18-530(7). AT LEAST ONE TOILET OPENING DIRECTLY FROM THE MAIN CORRIDOR OF THE NURSING UNIT IS DESIGNED TO ACCOMMODATE PATIENTS IN WHEELCHAIRS. May be used by either sex.

(i) EXCEPTIONS FOR ALTERATIONS OF EXISTING FACILITIES, REFER TO WAC 248-18-530 (7)(b).

(ii) SEPARATE TOILETS FOR EACH SEX UNLESS A TOILET ADJOINS EACH PATIENT ROOM.

(iii) Bedpan flushing devices, optional.

(e) BATHING FACILITIES SHALL MEET REQUIREMENTS UNDER WAC 248-18-530(8).

(f) SERVICE AND SUPPORT FACILITIES.

(i) NURSES STATION OR EQUIVALENT SPACE FOR CLERICAL FUNCTIONS, TELEPHONE, NURSE CALL ANNUNCIATOR, AND MEDICAL RECORDS.

(ii) STANDARDS FOR NURSING UNIT IN WAC 248-18-530 (9)(b), (c), (d), (e), (f), (g), (h), (i), (j), (k), and (r) APPLY.

(g) SOCIAL FACILITIES.

(i) AT LEAST TWO SEPARATE ROOMS.[24]

(ii) COMBINED ROOMS AND SOCIAL AREAS NOT LESS THAN FOUR HUNDRED SQUARE FEET FOR UNIT OF TEN BEDS OR LESS. FOR EVERY ADDITIONAL BED, ADD TWENTY SQUARE FEET PER BED.

(h) EXAMINATION AND TREATMENT ROOM SHALL MEET REQUIREMENTS IN WAC 248-18-530 (9)(l). LOCATED ON UNIT OR ELSEWHERE WITHIN HOSPITAL.

(i) Patient laundry facilities.[24] See WAC 248-18-534(13).

(j) OFFICES FOR ALCOHOLISM TREATMENT STAFF, INTERVIEWING ROOMS, COUNSELING ROOMS.[24]

NOTE:

[24]In accordance with program.

[Statutory Authority: RCW 70.41.030 and 43.20.050. 84-22-003 (Order 277), § 248-18-532, filed 10/26/84.]

WAC 248-18-560 Recovery unit. Optional. SHALL MEET REQUIREMENTS, IF INCLUDED. (REQUIREMENTS IN CAPITAL LETTERS - SEE WAC 248-18-515.)

(1) LOCATION.

(a) LOCATED TO AVOID THROUGH TRAFFIC.

(b) Located in or near clinical department assuming responsibility.

(2) PATIENT CARE AREA.

(a) ROOM OR ROOMS WITH AT LEAST EIGHTY SQUARE FEET PER BED, STRETCHER, OR CART.

(b) CUBICLE CURTAIN TRACKS OR EQUIVALENT.

(c) EQUIPMENT FOR EACH PATIENT STATION:

(i) OXYGEN OUTLET. Two recommended.

(ii) TWO SUCTION OUTLETS.

(iii) MEDICAL EMERGENCY SIGNALLING DEVICE.[56]

(iv) SIX SINGLE OR THREE DUPLEX ELECTRICAL RECEPTACLES.

(v) OVERHEAD LIGHTING.

(vi) Medical air.

(d) LAVATORY LOCATED CONVENIENT TO EVERY SIX PATIENT STATIONS.

(e) STORAGE, SHELVES, DRAWERS, OR EQUIVALENT AND CHARTING SURFACE AT EACH PATIENT STATION.[6]

(f) Isolation room.

(i) LAVATORY OR SINK.

(ii) ONE OXYGEN OUTLET.

(iii) TWO SUCTION OUTLETS.

(iv) MEDICAL EMERGENCY SIGNALLING DEVICE.[56]

(v) ONE HUNDRED TWENTY SQUARE FEET. One hundred fifty square feet recommended.

(vi) CLOCK.

(vii) Access from both outside and inside recovery unit.

(viii) Relites from isolation room into recovery unit.

(ix) Capability to change or switch from negative to positive pressure gradient.

(x) Curtain tracks or equivalent.

(xi) Medical air.

(xii) LIGHTING OVER PATIENT STATION.

(xiii) SIX SINGLE OR THREE DUPLEX ELECTRICAL RECEPTACLES.

(xiv) CLINIC SERVICE SINK OR WATER CLOSET WITH BEDPAN RINSING/FLUSHING ATTACHMENT ADJOINING ROOM.

(3) SERVICE FACILITIES.

(a) ADEQUATE SPACE, IN ADDITION TO REQUIRED PATIENT CARE AREA, IF LOCATED IN SAME ROOM AS PATIENT CARE AREA.

(b) CLEAN UTILITY OR MATERIALS. May be located in patient care room or adjoining room or rooms.

(i) WORK SURFACE.

(ii) SINK.

(iii) LOCKED DRUG STORAGE INCLUDING SEPARATELY LOCKED STORAGE FOR CONTROLLED SUBSTANCES - See WAC 248-18-710 (1)(b).

(iv) STORAGE UNIT.[6, 18]

(v) REFRIGERATOR. Ice dispenser.[6]

(vi) LINEN STORAGE.[6, 18]

(vii) EQUIPMENT STORAGE.[6, 18]

(viii) Warmer for blankets and solutions.

(c) SOILED UTILITY OR SOILED MATERIALS ROOM[7], LOCATED WITH DIRECT ENTRY FROM RECOVERY UNIT. May be shared with clean-up facilities of the surgical suite or combined surgical/obstetrical suite provided there is a direct entry from each.

(d) CHARTING SURFACE.[6] May be shelf, desk, or equivalent.

STAFF TOILET. May be in or convenient to unit.

(f) HOUSEKEEPING FACILITIES.[5]

[(e)]Suitable combination with other housekeeping facilities permitted if convenient to recovery unit.

NOTES:

[5]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES.

[6]May be movable equipment.

[7]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710 (2)(c) AND (d), SOILED UTILITY OR MATERIALS ROOM.

[18]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(3), STORAGE FACILITIES.

[56]See GENERAL DESIGN REQUIREMENTS, WAC 248-18-718 (11)(b)(iii).

[Statutory Authority: RCW 70.41.030. 85-23-017 (Order 2302), § 248-18-560, filed 11/13/85. Statutory Authority: RCW 70.41.030 and 43.20.050. 83-19-058 (Order 269), § 248-18-560, filed 9/20/83; Order 119, § 248-18-560, filed 5/23/75; Regulation 18.580, filed 1/25/62.]

WAC 248-18-565 Surgery suite. [8] Optional. SHALL MEET REQUIREMENTS IF INCLUDED. (REQUIREMENTS IN CAPITAL LETTERS - SEE WAC 248-18-515.)

(1) SURGERY SUITE, GENERAL.

(a) A SEPARATE SEGREGATED UNIT UNLESS SURGERY AND OBSTETRICAL DELIVERY FACILITIES ARE IN A COMBINED SUITE, IN ACCORD WITH WAC 248-18-600. TO INCLUDE OPERATING ROOMS AND ANCILLARY FACILITIES ESSENTIAL TO THE PROPER FUNCTIONING OF THE OPERATING ROOMS. ANCILLARY FACILITIES TO BE LOCATED OUTSIDE OPERATING ROOMS AND, IF A COMBINED SUITE, OUTSIDE DELIVERY ROOMS.

(b) LOCATED TO PREVENT TRAFFIC THROUGH SURGERY SUITE TO ANY OTHER AREA OF THE HOSPITAL AND TO FACILITATE TRANSFER OF PATIENTS TO SURGICAL NURSING UNITS AND, IF A COMBINED SUITE, TO OBSTETRICAL NURSING UNIT.

(c) SUITE TO INCLUDE NO FACILITIES (such as central sterilizing and processing service facilities) SERVING OTHER AREAS OF THE HOSPITAL AND THEREBY CREATING TRAFFIC UNNECESSARY TO THE SURGICAL SUITE, EXCEPT AS PROVIDED FOR IN WAC 248-18-600 FOR COMBINED SURGERY/OBSTETRICAL DELIVERY SUITE.

(d) NUMBER AND TYPES OF OPERATING ROOMS TO BE PREDICATED UPON THE TYPES OF SURGERY TO BE PERFORMED AND THE ANTICIPATED SURGERY CASELOAD.

(e) ARRANGED TO PREVENT TRAFFIC THROUGH AN OPERATING ROOM OR OBSTETRICAL DELIVERY ROOM TO OTHER AREAS OF THE SUITE, EXCEPT DIRECTLY CONNECTING SUBSTERILIZING ROOM SERVING ONLY OPERATING ROOMS OR OBSTETRICAL DELIVERY ROOMS TO WHICH IT CONNECTS.

(f) ANY ROOMS IN THE SUITE PLANNED TO SERVE FOR OUTPATIENT SURGERY LOCATED

SO PENETRATION OF THE SUITE BY THE PUBLIC IS LIMITED.

(g) CONDUCTIVITY METER WITHIN SUITE REQUIRED ONLY IF OPERATING ROOMS DESIGNED FOR USE OF FLAMMABLE ANESTHETICS.[6]

(h) MEDICAL EMERGENCY SIGNALLING DEVICE – SEE WAC 248-18-718 (11)(b).

(2) MAJOR OPERATING ROOM.

(a) AT LEAST ONE MAJOR OPERATING ROOM.

(b) MINIMUM DIMENSION AT LEAST EIGHTEEN FEET.[24] Twenty feet or more recommended.

MINIMUM CLEAR AREA AT LEAST THREE HUNDRED SIXTY SQUARE FEET EXCLUSIVE OF FIXED AND MOVABLE CABINETS AND SHELVES.[24]

(c) EQUIPMENT:

(i) OVERHEAD SURGERY LIGHT.

(ii) TWO X-RAY FILM ILLUMINATORS.[6]

(iii) ELECTRIC CLOCK WITH SWEEP SECOND HAND OR EQUIVALENT AND INTERVAL TIMER.

(iv) STORAGE FOR SURGICAL SUPPLIES.[6, 18]

(v) TWO SUCTION OUTLETS.

(vi) TWO OXYGEN OUTLETS.

(vii) SEPARATE WASTE GAS EVACUATION SYSTEM.

(viii) Work surface.[6]

(ix) Medical gases and medical air.[24]

(3) Minor operating room.

(a) All operating rooms should be designed as major operating rooms to achieve maximum flexibility in use. However, in large or specialty hospitals a large volume of minor surgery may make inclusion of minor operating rooms practical.

(b) MINIMUM DIMENSION AT LEAST FIFTEEN FEET.

MINIMUM CLEAR AREA AT LEAST TWO HUNDRED SEVENTY SQUARE FEET EXCLUSIVE OF FIXED AND MOVABLE CABINETS AND SHELVES.

(c) EQUIPMENT:

(i) OVERHEAD SURGERY LIGHT OR EQUIVALENT.[24]

(ii) TWO X-RAY ILLUMINATORS.[6]

(iii) ELECTRIC CLOCK WITH SWEEP SECOND HAND OR EQUIVALENT AND INTERVAL TIMER.[24]

(iv) STORAGE FOR SURGICAL SUPPLIES.[6, 18]

(v) TWO SUCTION OUTLETS.

(vi) TWO OXYGEN OUTLETS.

(vii) SEPARATE WASTE GAS EVACUATION SYSTEM.

(viii) Work surface.[6]

(ix) Medical gases and medical air.[24]

(4) Cystoscopy facilities.

(a) Cystoscopy operating room.

(i) May be in suitable location outside surgery suite.

(ii) MINIMUM DIMENSION AT LEAST FIFTEEN FEET.

MINIMUM CLEAR AREA OF TWO HUNDRED SEVENTY SQUARE FEET EXCLUSIVE OF FIXED AND MOVABLE CABINETS AND SHELVES.[24]

(iii) IF LOCATED OUTSIDE SURGERY SUITE, PROVIDE ONE SCRUB SINK OUTSIDE THE ENTRANCE AND FACILITIES FOR CLEANING AND STERILIZATION IN SOILED AND CLEAN UTILITY ROOMS.

(iv) EQUIPMENT:

(A) SURGERY LIGHT.[24]

(B) TWO X-RAY FILM ILLUMINATORS.[6]

(C) Work surface.[6]

(D) STORAGE FOR SURGICAL SUPPLIES.[6, 18]

(E) ELECTRIC CLOCK WITH SWEEP SECOND HAND OR EQUIVALENT AND INTERVAL TIMER.[24]

(F) X-RAY UNIT[6] – preferably mounted on urological table.

(G) TWO OXYGEN OUTLETS.

(H) TWO SUCTION OUTLETS.

(I) Flushing rim type floor drain may be permitted; PROVIDED DRAIN SYSTEM IS SPECIFICALLY DESIGNED FOR EASY ACCESS FOR CLEANING DRAIN AND TRAP.

(J) SEPARATE WASTE GAS EVACUATION SYSTEM.

(b) Darkroom or equivalent.

(c) Adjoining toilet, wheelchair accessible, if outside surgery suite.

(5) SEPARATE PATIENT HOLDING AREA.[24]

(a) May be omitted in hospitals with only one operating room.

(b) ROOM OR ALCOVE OUT OF TRAFFIC.

(c) LOCATED FOR DIRECT VISIBILITY OF EACH PATIENT.[24]

(d) IF SURGICAL PREPS AND INDUCTIONS DONE, PROVIDE LAVATORY OR SINK, WORK COUNTERS, AND CUBICLE CURTAINS OR EQUIVALENT.

(e) OXYGEN AND SUCTION OUTLETS.

(f) MEDICAL EMERGENCY SIGNALLING DEVICE – SEE WAC 248-18-718 (11)(b).

(6) SCRUB-UP AREA.

(a) ADJACENT TO EACH OPERATING ROOM.

(b) DIRECT ACCESS TO EACH OPERATING ROOM.

(c) EQUIPMENT:

(i) AT LEAST THREE SCRUB SINKS FOR EACH TWO OPERATING ROOMS, BUT IN NO CASE LESS THAN TWO SCRUB SINKS.

(ii) DETERGENT DISPENSER OR EQUIVALENT.[6] FOOT CONTROL OR EQUIVALENT IF LIQUID DISPENSER.

(iii) BRUSH DISPENSER OR EQUIVALENT.[24]

(iv) SHELF.

(v) TOWEL DISPENSER OR EQUIVALENT.[24]

(vi) CLOCK WITHIN VIEW FROM SCRUB SINKS.

(7) CLEAN-UP FACILITIES WITH A SINK WITH ACCESSIBLE PLASTER TRAP. Sink with plaster trap may be in other appropriate soiled area.[10]

(8) CLEAN WORKROOM.

(a) May be omitted if written program defines a supply and equipment system eliminating need for preparation and assembly within the suite.

(b) EQUIPMENT:

(i) Lavatory.

(ii) WORK COUNTERS OR TABLES OR EQUIVALENT.[6]

(iii) STORAGE FOR SUPPLIES AND SMALL EQUIPMENT.[6, 18]

(9) STERILIZING FACILITIES.

(a) HIGH SPEED STERILIZERS WITH RECORDING THERMOMETERS AND AUTOMATIC CONTROLS OF SUFFICIENT CAPACITY TO ACCOMMODATE SUPPLIES AND EQUIPMENT TO BE STERILIZED IN SUITE.

(b) MINIMUM OF ONE STERILIZER[11] IN EACH SURGERY SUITE.

(c) IF PRACTICE OF STERILIZING UNWRAPPED SETS OF INSTRUMENTS IS TO BE FOLLOWED, A SUFFICIENT NUMBER OF STERILIZERS[12], ACCESSIBLE FOR MAINTENANCE, SHALL BE LOCATED TO PROVIDE DIRECT ACCESS TO EACH OPERATING ROOM AND OBSTETRICAL DELIVERY ROOM FROM A STERILIZING FACILITY.

(10) SOLUTION WARMER.[6, 24]

(11) STORAGE FACILITIES.[18]

(a) CLEAN SUPPLY ROOM;

(b) INSTRUMENTS. May be located in clean supply room;

(c) DRUGS – SEE WAC 248-18-710(1). May be located in anesthesia work room or in clean supply room;

(d) LINEN.[6] May be located in clean supply room;

(e) BLOOD REFRIGERATION unless satisfactory provision elsewhere;

(f) SOLUTIONS;

(g) STERILE SUPPLIES;

(h) LARGE AND SMALL EQUIPMENT;

(i) STRETCHERS. Space for one stretcher per operating room or delivery room;

(j) PORTABLE X-RAY unless suitable provision for storage elsewhere.

(12) ANESTHESIA STORAGE – MACHINES AND CARTS[13] unless satisfactory provision elsewhere.

(13) Anesthesia workroom.

(a) IF CLEANING OF ANESTHESIA EQUIPMENT TO BE DONE, DESIGNED FOR SEPARATION OF SOILED AND CLEAN FUNCTIONS. Soiled room may be omitted if cleaning function to occur in clean-up or decontamination room in central processing.

(b) CLEAN ROOM.

(i) WORK COUNTERS.[6]

(ii) STORAGE FOR ANESTHESIA SUPPLIES AND SMALL EQUIPMENT.[6]

(iii) SPACE FOR TESTING AND STORAGE OF ANESTHESIA MACHINES AND EQUIPMENT WITH ADEQUATE ELECTRICAL OUTLETS.[24]

(iv) LAVATORY OR SINK FOR HANDWASHING.

(c) SOILED ROOM. May be omitted if cleaning to be done in clean-up or decontamination room or soiled processing areas elsewhere in the hospital.

(i) WORK COUNTERS.

(ii) DOUBLE COMPARTMENT SINK.

(iii) STORAGE FOR CLEANING SUPPLIES AND EQUIPMENT.

(iv) Space for anesthesia carts.[24]

(14) ADMINISTRATIVE FACILITIES.

(a) CONTROL STATION.[24]

(i) LOCATED TO PERMIT COORDINATION OF FUNCTIONS AMONG OPERATING ROOMS and to permit visual surveillance of traffic entering suite.

(ii) TELEPHONE.

(iii) ANNUNCIATOR FOR EMERGENCY SIGNALLING DEVICE UNLESS LOCATED IN ALTERNATE LOCATION FROM WHICH ADDITIONAL ASSISTANCE IS ALWAYS AVAILABLE.[56]

(b) SUPERVISOR'S OFFICE PROVIDING PRIVACY. May be combined with control station.[24]

(c) Surgery schedule board or equivalent.

(d) Dictating facilities.

(e) CONFERENCE ROOM FOR CONFIDENTIAL COMMUNICATION.[24] May be combined with other facilities, as appropriate.

(15) STAFF FACILITIES.

(a) LOCATED AND ARRANGED FOR ACCESS FROM OUTSIDE SUITE TO CLOTHING CHANGE AREA PRIOR TO ENTERING SUITE.

(b) LOCKER ROOM OR ROOMS, TOILET OR TOILETS, SHOWER OR SHOWERS, AND LOUNGE OR LOUNGES.

(i) Lockers, secured spaces, or equivalent predicated upon daily average volume or flow of personnel, medical staff, and others to and from surgical suite.[24]

(ii) STORAGE SPACE FOR SCRUB CLOTHING.[6, 18]

(iii) SPACE FOR COLLECTION RECEPTACLES FOR SOILED SCRUB CLOTHING.

(16) HOUSEKEEPING FACILITIES.[5]

(17) RECOVERY OR POST ANESTHESIA CARE UNIT.[24]

(18) Viewing gallery.

ACCESS TO GALLERY NOT THROUGH AN OPERATING ROOM OR OBSTETRICAL DELIVERY ROOM and outside of suite.

GLASS SEPARATION BETWEEN GALLERY AND OPERATING ROOM OR OBSTETRICAL DELIVERY ROOM.

NOTES:

[5]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES.

[6]May be movable equipment.

[8]Where combustible anesthetic is to be used, see FLOOR FINISHES, WAC 248-18-718(5); VENTILATION, WAC 248-18-718(8); and ELECTRICAL SYSTEMS, WAC 248-18-718(10).

[10]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(4), CLEAN-UP FACILITIES.

[11]May be instrument sterilizer (high speed recommended) if only instruments are to be sterilized within the suite.

[12]May be instrument pressure sterilizer (high speed recommended) or instrument washer-sterilizer.

[13]See RECEIVING, STORES, AND DISTRIBUTION, WAC 248-18-700(10), FLAMMABLE ANESTHETIC STORAGE.
[14]See Recovery Unit, WAC 248-18-560.
[18]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(3), STORAGE FACILITIES.
[24]In accordance with program.
[56]See GENERAL DESIGN REQUIREMENTS, WAC 248-18-718 (11)(b)(iii).

[Statutory Authority: RCW 70.41.030. 85-23-017 (Order 2302), § 248-18-565, filed 11/13/85. Statutory Authority: RCW 70.41.030 and 43.20.050. 83-19-058 (Order 269), § 248-18-565, filed 9/20/83; Order 119, § 248-18-565, filed 5/23/75; Order 107, § 248-18-565, filed 1/13/75; Regulation 18.590, § 1, filed 1/25/62.]

WAC 248-18-568 Facilities for one-day patient care. Optional. SHALL MEET REQUIREMENTS, IF INCLUDED.

(1) LOCATED FOR CONVENIENT TRANSFER TO AND FROM A SURGICAL SUITE.[24]

(2) WAITING ROOM OR AREA FOR FAMILY MEMBERS. May be combined with other waiting areas, if in close proximity.

(3) PATIENT CARE ROOM OR ROOMS.

(a) DIRECTLY ACCESSIBLE FROM CORRIDOR.

(b) ONE-BED ROOM OR ROOMS WITH ONE HUNDRED SQUARE FEET PER ROOM.

(c) MULTI-BED ROOM OR ROOMS WITH AT LEAST EIGHTY SQUARE FEET PER EACH BED, STRETCHER, OR EQUIVALENT. THIS SPACE MAY INCLUDE SUPPORT FACILITIES PERMITTED WITHIN THE ROOM, THREE FEET CLEAR SPACE BETWEEN EACH BED, STRETCHER, OR EQUIVALENT.

(d) EQUIPMENT.

(i) OXYGEN OUTLET AT HEAD OF EACH BED, STRETCHER, OR EQUIVALENT.

(ii) SUCTION OUTLET AT HEAD OF EACH BED, STRETCHER, OR EQUIVALENT.

(iii) NURSE CALL SIGNAL DEVICE AT EACH BED, STRETCHER, OR EQUIVALENT. SEE WAC 248-18-718 (11)(b)(i) and (ii).

(iv) CLOSET, LOCKER, OR EQUIVALENT PER EACH BED, STRETCHER, OR EQUIVALENT FOR PATIENT CLOTHING. May be in or adjacent to the patient care room or rooms.

(v) LAVATORY.

(vi) MEDICAL EMERGENCY SIGNALLING DEVICE.[56]

(vii) CUBICLE CURTAIN TRACKS OR RAILS OR EQUIVALENT TO PROVIDE COMPLETE SCREENING OF EACH BED, STRETCHER, OR EQUIVALENT TO PROVIDE VISUAL PRIVACY FOR EACH PATIENT IN MULTI-BED ROOMS.

(4) SERVICE FACILITIES LOCATED IN PATIENT CARE ROOM OR ROOMS OR ADJOINING ROOM OR ROOMS OR AREAS.

(a) SINK OR LAVATORY if service facility outside patient care room.

(b) WORK COUNTER.[6]

(c) LOCKED DRUG STORAGE INCLUDING SEPARATELY LOCKED STORAGE FOR CONTROLLED SUBSTANCES.[6,24]

(d) STORAGE UNIT.[6,18]

(e) REFRIGERATOR.[6]

(f) LINEN STORAGE.[6]

(g) CHARTING SURFACE OR DESK.[6]

(h) TELEPHONE.

(5) SOILED UTILITY OR SOILED MATERIALS ROOM. REFER TO WAC 248-18-710 (2)(c) and (d).

(6) PATIENT TOILET DESIGNED AND ARRANGED TO ACCOMMODATE A PATIENT IN A WHEELCHAIR.

(7) HOUSEKEEPING FACILITIES.[5] Suitable combination with other housekeeping facilities permitted, if convenient to one-day patient care facilities.

(8) Predischarge area or lounge.

(a) Multipatient accommodation.

(b) Seventy square feet per patient space.

(c) Curtain tracks or equivalent to provide for visual privacy for patients.

(d) Access to toilet.

NOTES:

[5]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710 (5), HOUSEKEEPING FACILITIES.
[6]May be movable equipment.
[18]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(3), STORAGE FACILITIES.
[24]In accordance with program.
[56]See GENERAL DESIGN REQUIREMENTS, WAC 248-18-718 (11)(b)(iii).

[Statutory Authority: RCW 70.41.030. 85-23-017 (Order 2302), § 248-18-568, filed 11/13/85.]

WAC 248-18-680 Central sterilizing and processing service facilities. Optional. SHALL MEET REQUIREMENTS, IF INCLUDED. (REQUIREMENTS IN CAPITAL LETTERS. SEE WAC 248-18-515.)

(1) GENERAL.

(a) A SEGREGATED UNIT DESIGNED AND LOCATED:

(i) TO PREVENT THROUGH TRAFFIC,

(ii) TO AVOID CONTAMINATION OF CLEAN AND STERILE SUPPLIES AND EQUIPMENT,

(iii) TO PREVENT OBJECTIONABLE HEAT AND NOISE IN PATIENT CARE AREAS,

(iv) TO FACILITATE DELIVERY AND RETURN OF SUPPLIES AND EQUIPMENT TO AND FROM OTHER SERVICES,[24]

(v) Near or adjacent to central stores and distribution services.

(b) AREAS WITHIN THE UNIT ADEQUATE TO PROVIDE FOR PROPER HANDLING OF SUPPLIES AND EQUIPMENT.[24]

(c) WORK FLOW:

(i) EQUIPPED AND ARRANGED TO PROVIDE WORK FLOW MAINTAINING PROPER SEPARATION OF CLEAN OR STERILE ITEMS FROM SOILED OR CONTAMINATED ITEMS.

(ii) DESIGNED FOR CONTINUOUS OR SEQUENTIAL WORK FLOW FROM RECEIVING TO ISSUING.

(d) SEPARATE RECEIVING AND DECONTAMINATION ROOM.

(e) SEPARATE CLEAN EQUIPMENT STORAGE ROOM.[24]

(f) ADEQUATE SPACE FOR CIRCULATION AND PARKING OF CARTS.[24]

(2) SOILED RECEIVING AND DECONTAMINATION ROOM OR ROOMS.

(a) FACILITIES FOR RECEIVING, DISASSEMBLING, AND CLEANING OF SUPPLIES AND EQUIPMENT PHYSICALLY SEPARATED FROM ALL OTHER AREAS OF CENTRAL PROCESSING SERVICE.

(b) LOCATED TO FACILITATE RETURN OF SOILED OR CONTAMINATED ITEMS WITHOUT TRANSPORTING THE ITEMS THROUGH OTHER AREAS OF CENTRAL PROCESSING SERVICE.

(c) SPACE FOR PARKING OF SOILED COLLECTION CARTS, IF USED.

(d) PROVISIONS FOR CLEANING AND DISINFECTING CARTS AND LARGE EQUIPMENT UNLESS CART WASH FACILITIES PROVIDED ELSEWHERE. Refer to WAC 248-18-710(6).

(e) WORK FLOW FROM DECONTAMINATION ROOM DIRECTLY INTO CLEAN PREPARATION ROOM AND/OR CLEAN CART STORAGE/PARKING AREA OR AREAS.

(f) EQUIPMENT:

(i) AT LEAST ONE DOUBLE-COMPARTMENT SINK MOUNTED IN COUNTER OR INTEGRAL WITH COUNTER.

(ii) ADDITIONAL SINKS OR MECHANICAL WASHERS AS REQUIRED BY TYPES AND VOLUME OF ITEMS TO BE PROCESSED.[24]

(iii) Washer-sterilizer or sterilizer, pass-through type.

(iv) WORK COUNTER OR EQUIVALENT SPACE FOR COLLECTION EQUIPMENT ADJACENT TO EACH SINK OR MECHANICAL WASHER FOR COLLECTION OF SOILED OR CONTAMINATED ITEMS.

(v) WORK COUNTER OR EQUIVALENT SPACE FOR COLLECTION EQUIPMENT ADJACENT TO EACH SINK OR MECHANICAL WASHER FOR COLLECTION OF ITEMS WHICH HAVE BEEN WASHED.

(vi) STORAGE FOR CLEANING AGENTS AND OTHER CLEANING SUPPLIES AND EQUIPMENT.

(vii) FLUSH OR RECESSED FLOOR DRAIN.

(viii) Pressure systems such as air, water, steam, vacuum.

(ix) Deionized or distilled water system.

(3) CLEAN WORKROOM, PREPARATION, AND REPACKAGING AREAS.

(a) SPACE AND FACILITIES ARRANGED FOR ASSEMBLING AND PACKAGING SUPPLIES AND EQUIPMENT FOR STERILIZATION.

(b) WORK SURFACES OF SUFFICIENT SIZE AND QUANTITY TO FACILITATE ASSEMBLY OF MATERIALS AND EQUIPMENT.[24]

(c) STORAGE FOR CLEAN ITEMS AND MATERIALS USED IN PACKAGING.

(d) SPACE FOR PARKING OF CARTS AND OTHER MOVABLE EQUIPMENT.

(e) HANDWASHING LAVATORY LOCATED TO PREVENT SPLASH OR SPRAY ON CLEAN ITEMS.[24]

(f) WHEN PREPARATION OF LINEN IS A FUNCTION IN CENTRAL PROCESSING, A SEPARATE ROOM IS REQUIRED TO AVOID ACCUMULATION AND SPREAD OF LINT.[24]

(4) FACILITIES FOR STERILIZING.

(a) LOCATED BETWEEN FACILITIES FOR ASSEMBLING AND PACKAGING AND FACILITIES FOR STORAGE OF CLEAN AND STERILE SUPPLIES.

(b) EQUIPMENT:

(i) AT LEAST ONE PRESSURE STERILIZER OF ADEQUATE SIZE.

(ii) ADDITIONAL PRESSURE STERILIZERS AS REQUIRED BY VOLUME OF ITEMS TO BE PROCESSED.

(iii) PRESSURE STERILIZERS TO HAVE RECORDING THERMOMETERS AND AUTOMATIC CONTROLS.

(iv) Ethylene oxide sterilizer with automatic controls. MECHANICAL AERATOR REQUIRED WHEN ETHYLENE OXIDE STERILIZER INSTALLED.[6]

(v) Dry heat sterilizer.

(5) STORAGE OF CLEAN AND STERILE ITEMS FOR ISSUE/DISTRIBUTION FROM CENTRAL PROCESSING SERVICE.[6, 18]

(a) SEPARATE ROOM OR AREA LOCATED TO FACILITATE ISSUE WITHOUT TRANSPORT OF CLEAN AND STERILE ITEMS THROUGH OTHER AREAS OF CENTRAL PROCESSING AND STERILIZING SERVICE.

(b) IF STORAGE AREA IS PART OF THE PREPARATION AREA, ENCLOSED SHELVING IN CABINETS, CARTS, OR EQUIVALENT SHALL BE PROVIDED.[6] Open shelving permitted if separate room provided.[6]

(6) CLEAN EQUIPMENT STORAGE ROOM, AREA, OR AREAS.[18] Also refer to WAC 248-18-700.

(a) LOCATED TO FACILITATE ISSUE OF LARGE AND SMALL PATIENT CARE EQUIPMENT. SEPARATED FROM OTHER AREAS OF CENTRAL PROCESSING SERVICE. May be centralized in one room or area or decentralized on each nursing unit or within each department.[24]

(b) AREA SUFFICIENT TO PROVIDE FOR PROPER HANDLING OF EQUIPMENT IN ACCORDANCE WITH PLANNED SYSTEM.[24]

(c) PROVISION FOR CLEANING THE EQUIPMENT IN THE DECONTAMINATION ROOM, CART-WASH ROOM OR AREA OR OTHER SUITABLE FACILITIES IN THE HOSPITAL WITH SINK OR EQUIVALENT.

(7) DISTRIBUTION/ISSUE AREA OR AREAS. Also refer to WAC 248-18-700.

(a) LOCATED TO FACILITATE ISSUE OF CLEAN AND STERILE ITEMS WITHOUT BACKTRACKING THROUGH OTHER AREAS OF CENTRAL PROCESSING SERVICE.

(b) SPACE FOR MOVEMENT AND PARKING OF CARTS.[24]

(c) SPACE FOR EQUIPMENT; e.g., communication system, files, labeling.

(8) PERSONNEL FACILITIES.

(a) TOILET, SHOWER ROOM OR AREA, CHANGE AND LOCKER AREA AS CLOSE AS POSSIBLE TO ENTRANCE OF CENTRAL PROCESSING/STERILIZING UNIT WITH STORAGE FOR CLEAN WORK ATTIRE. May be combined with other facilities if close by and adequate for both.

(b) LOCKER ROOM with storage[24] or equivalent for clean attire LOCATED TO ALLOW SEPARATE ACCESS TO AND FROM CLEAN AND SOILED ROOMS.

(9) OFFICE ROOM OR SPACE WITH COMMUNICATION DEVICE.

(a) LOCATED TO PERMIT ACCESS FROM PUBLIC AREAS WITHOUT ENTERING PROCESSING AREAS.

(b) Located to allow observation of activities within central processing service.

(c) May be desk and file space in suitable location within workroom.

(10) HOUSEKEEPING FACILITIES.[5]

Combination with other housekeeping facilities permitted only if suitable and convenient to central sterilizing and processing service facilities.

NOTES:

[5]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES.

[6]May be movable equipment.

[18]See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(3), STORAGE FACILITIES.

[24]In accordance with program.

[Statutory Authority: RCW 70.41.030 and 43.20.050. 85-05-034 (Order 281), § 248-18-680, filed 2/15/85; 83-19-058 (Order 269), § 248-18-680, filed 9/20/83; Order 119, § 248-18-680, filed 5/23/75; Regulation 18.700, filed 1/25/62.]

WAC 248-18-700 Receiving, storage and distribution. (REQUIREMENTS IN CAPITAL LETTERS - SEE WAC 248-18-515.)

(1) CENTRAL STORAGE FACILITIES, IN ADDITION TO THE SUPPLY FACILITIES IN INDIVIDUAL DEPARTMENTS, SHALL BE PROVIDED.

(2) AT LEAST TWENTY SQUARE FEET FLOOR AREA STORAGE PER BED OR EQUIVALENT.[24]

(3) OFFICE.

(4) GENERAL STORAGE SHALL:

(a) BE DESIGNED AND LOCATED FOR MINIMUM DISTURBANCE TO THE OPERATION OF THE HOSPITAL.

(b) BE LOCATED TO PREVENT CONTAMINATION OR DAMAGE DURING MOVEMENT OF GOODS TO AND FROM STORAGE.

(c) BE DESIGNED AND CONSTRUCTED TO PREVENT ENTRANCE AND HARBORAGE OF RODENTS AND INSECTS, AND SPOILAGE, CONTAMINATION, AND CORROSION OF GOODS STORED THEREIN.

(d) PROVIDE FOR PROTECTION AGAINST INCLEMENT WEATHER DURING TRANSFER OF SUPPLIES WHEN GENERAL STORAGE FACILITIES ARE LOCATED IN SEPARATE BUILDING.

(e) If pharmaceuticals are stored, PROVIDE SECURED SPACES WITH APPROPRIATE ENVIRONMENTAL CONDITIONS AS APPROVED BY DIRECTOR OF HOSPITAL PHARMACY[24] AND IN ACCORDANCE WITH FEDERAL AND STATE LAWS AND RULES ON DRUG STORAGE.

(5) RECEIVING AREA OR AREAS.

(a) UNLOADING FACILITIES LOCATED TO PROVIDE PROTECTION FOR SUPPLIES AND TO PREVENT AUTOMOTIVE EXHAUST FROM ENTERING AIR INTAKES OF HOSPITAL.[24] Offstreet, raised platform at truck bed height with roof cover allowing fourteen feet vertical clearance.

(b) ADMINISTRATIVE WORK SPACE FOR RECEIVING NEAR TO RECEIVING AND BREAK-OUT AREAS. May be combined with distribution and issue area.

(c) Floor scales.

(6) BULK STORAGE ROOM OR ROOMS WITH STORAGE OFF FLOOR.

(7) BREAK-OUT AREA.

(a) INDOOR SPACE WITHIN THE HOSPITAL TO ALLOW FOR REMOVAL AND DISPOSAL OF OUTSIDE SHIPPING CONTAINERS PRIOR TO STORAGE OR TRANSPORT WITHIN CLEAN AREAS.

(b) PHYSICALLY SEPARATED FROM CLEAN STORAGE ROOMS.

(c) SHALL NOT RESTRICT REQUIRED MEANS OF EGRESS.

(8) CLEAN STORAGE ROOMS.

(a) DESIGNED AND EQUIPPED FOR STORAGE OF ITEMS REMOVED FROM ORIGINAL SHIPPING CONTAINERS INCLUDING PROCESSED AND STERILIZED ITEMS THAT ARE PACKAGED.

(b) May be centralized in one storage room or decentralized according to areas or rooms for grouping of different types of items according to use.

(c) SPACE FOR SHELVING AND/OR CART STORAGE.[24]

(d) LOCATION AND DESIGN OF STORAGE UNITS[6] TO ALLOW FOR CLEANING OF WALLS, SHELVES, AND FLOORS.[24]

(e) ALL FIXED SHELVING AT LEAST SIX INCHES ABOVE FLOOR.

(9) DISTRIBUTION OR ISSUE AREA OR AREAS (also see WAC 248-18-680).

(a) LOCATED CONVENIENT TO THE EXIT FROM CLEAN STORAGE ROOMS. May be combined with office for receiving area or with issue area from central processing service.

(b) EQUIPMENT FOR ADMINISTRATIVE FUNCTIONS,[24] e.g., desk, communication system, files.

(10) FLAMMABLE AND COMBUSTIBLE LIQUID STORAGE FACILITIES SHALL MEET REQUIREMENTS OF FLAMMABLE AND COMBUSTIBLE LIQUIDS CODE NFPA 30. SEE WAC 248-18-99902(15) (e.g., alcohol, acetone, paint thinners, oils, and chemicals used in laboratory).

(a) SEPARATE STORAGE ROOM OR ROOMS SIZED IN ACCORDANCE WITH QUANTITY TO BE STORED.[24]

(b) LOCATED TO MINIMIZE HAZARD TO THE HOSPITAL.

(c) APPROVED CONTAINERS, VENTILATED STORAGE CABINETS, AND APPROVED FLAMMABLE STORAGE REFRIGERATORS.

(d) CHEMICALS USED IN LABORATORY STORED IN ACCORDANCE WITH NFPA 99, CHAPTER 7. SEE WAC 248-18-99902(16).

(11) GASEOUS OXIDIZING MATERIALS INCLUDING BUT NOT LIMITED TO OXYGEN, NITROUS OXIDE, NITROGEN TRIOXIDE, FLUORINE, CHLORINE, AND CHLORINE TRIFLUORIDE SEGREGATED IN ACCORDANCE WITH REQUIREMENTS OF STORAGE OF GASEOUS OXIDIZING MATERIALS NFPA 43C. SEE WAC 248-18-99902(17).

(a) SEGREGATED EITHER BY SPACE OR IN A SEPARATE ROOM OR IN A SEPARATE BUILDING.

(b) SPACE SIZED TO ACCOMMODATE QUANTITY TO BE STORED.[24]

(c) NONFLAMMABLE MEDICAL GAS SYSTEMS INCLUDING OXYGEN, NITROUS OXIDE, AND MEDICAL COMPRESSED AIR SHALL MEET THE STANDARD NFPA 56F. SEE WAC 248-18-99902(4).

(12) FLAMMABLE ANESTHETIC STORAGE, when flammable anesthetics to be used in hospital. SEE WAC 248-18-99902(1).

(a) LOCATED TO MINIMIZE HAZARD AND DISTURBANCE TO THE HOSPITAL.

(b) SIZED TO ACCOMMODATE QUANTITY REQUIRED BY PROGRAM.

(c) FOR USE OF FLAMMABLE ANESTHETICS, NFPA 99, CHAPTER 3, APPLIES. SEE WAC 248-18-99902(1).

(13) BULK FOOD STORAGE ROOM.

(a) May be combined with day storage in room adjacent to kitchen.

(b) ACCESSIBLE FROM AN OUTSIDE DELIVERY ENTRANCE.[24]

(c) Location convenient to the kitchen.

(d) PROPER CONSTRUCTION, VENTILATION, AND TEMPERATURE TO MINIMIZE SPOILAGE.

(e) PEST-PROOF CONSTRUCTION.

(f) NO OPENINGS OR SPACES WHICH CANNOT BE CLEANED.

(g) BOTTOM SHELF FOR FOOD STORAGE AT LEAST SIX INCHES ABOVE FLOOR.

(h) LOCATION AND DESIGN OF STORAGE UNITS[6] TO ALLOW FOR EASY AND REGULAR CLEANING OF SHELVES, WALLS, AND FLOORS.[24]

NOTE:

[6]May be movable equipment.
[24]In accordance with program.

[Statutory Authority: RCW 70.41.030 and 43.20.050. 85-05-034 (Order 281), § 248-18-700, filed 2/15/85; Order 119, § 248-18-700, filed 5/23/75; Regulation 18.740, filed 1/25/62.]

WAC 248-18-718 General design requirements. (REQUIREMENTS ARE SHOWN IN CAPITAL LETTERS. SEE WAC 248-18-515.)

(1) VECTOR CONTROL. CONSTRUCTION OF THE BUILDING SHALL BE SUCH AS TO PREVENT THE ENTRANCE AND HARBORAGE OF RODENTS AND INSECTS.

(2) ELEVATORS.

(a) AT LEAST ONE ELEVATOR CONVENIENTLY ACCESSIBLE FROM GROUND LEVEL IN ALL HOSPITALS WITH PATIENT CARE AND/OR DIAGNOSTIC AREAS ON OTHER THAN GROUND LEVEL OR ON MORE THAN ONE LEVEL. IF ELEVATOR REQUIRED,

(i) AT LEAST TWO ELEVATORS IN ALL HOSPITALS WITH A CAPACITY OF MORE THAN SIXTY BEDS;

(ii) AT LEAST THREE ELEVATORS IN ALL HOSPITALS WITH A CAPACITY OF OVER TWO HUNDRED BEDS ON OTHER THAN THE GROUND LEVEL.

(b) A GREATER NUMBER OF ELEVATORS MAY BE REQUIRED BECAUSE OF THE HOSPITAL PLAN, VOLUME OF VISITOR TRAFFIC, AND FOOD AND SUPPLY DISTRIBUTION SYSTEM.[24]

(c) SIZE OF REQUIRED PATIENT TRANSPORT ELEVATORS: AT LEAST ONE ELEVATOR OF FIVE FOOT FOUR INCH WIDTH BY EIGHT FEET SIX INCHES LENGTH INSIDE DIMENSIONS WITH DOOR OPENING OF FOUR FEET. In alteration projects where the elevator shaft is existing, elevators of lesser inside dimensions may be permitted.

(3) STAIRWAYS, RAMPS, CORRIDORS, AND AISLES.

(a) STAIRWAYS AND RAMPS.

(i) NONSKID SURFACES.

(ii) HANDRAILS ON BOTH SIDES.

(iii) ADEQUATE GUARDRAILS AND OTHER SAFETY DEVICES ON ALL STAIRWELLS AND RAMPS.

(iv) SLOPE OF RAMPS USED FOR PATIENTS NOT TO EXCEED ONE IN TWELVE.

SLOPE OF RAMPS IN SERVICE AREAS NOT TO EXCEED ONE IN TEN.

(b) CORRIDORS.

(i) A CORRIDOR SYSTEM ESTABLISHED THROUGHOUT HOSPITAL. CORRIDORS SHALL PROVIDE A METHOD OF TRAFFIC CIRCULATION DESIGNED FOR PATIENT PRIVACY, TO PREVENT THROUGH TRAFFIC IN EXAMINATION, OBSERVATION, TREATMENT, AND DIAGNOSTIC AREAS.

(ii) CORRIDORS AT LEAST EIGHT FOOT ZERO INCHES WIDE WITH NO RESTRICTION MORE THAN SEVEN INCH TOTAL. EXISTING SEVEN FOOT ZERO INCH CORRIDORS ACCEPTABLE FOR ALTERATION PROJECTS. FIVE FOOT ZERO INCH MINIMUM CORRIDOR WIDTH FOR AMBULATORY PATIENT TRAFFIC WITHIN A SINGLE DEPARTMENT; FOUR FOOT ZERO INCH MINIMUM CORRIDOR FOR NONPATIENT AREAS AND DEPARTMENTS PROVIDED THERE IS A FIVE-BY-FIVE FOOT TURNAROUND AT LEAST EVERY SEVENTY-FIVE FEET.

(iii) HANDRAILS BOTH SIDES OF CORRIDORS USED BY PATIENTS ON REHABILITATION NURSING UNITS, NURSING HOME UNITS, AND OTHER LONG-TERM CARE NURSING UNITS.

(iv) DOORS, EXCEPT THOSE TO SMALL UNOCCUPIED SPACES, SHALL NOT SWING INTO REQUIRED CORRIDOR WIDTH.

(c) AISLES.

SUFFICIENTLY WIDE TO ALLOW FOR UNIMPEDED MOVEMENT OF EQUIPMENT AND PERSONNEL.

(4) DOORS, WINDOWS, AND SCREENS.

(a) DOORS.

(i) FOUR FOOT ZERO INCH MINIMUM WIDTH IN OPERATING ROOM, DELIVERY ROOM, BIRTHING ROOM, RECOVERY ROOM, MAJOR EMERGENCY TREATMENT ROOM, FRACTURE ROOM, X-RAY ROOM, COMPUTERIZED AXIAL TOMOGRAPHY ROOMS, TO ALL TYPES OF INTENSIVE CARE UNITS AND TREATMENT ROOMS IN INTENSIVE CARE.

(ii) THREE FOOT TEN INCH MINIMUM WIDTH FOR PATIENT ROOMS, NEWBORN NURSERIES, ULTRASOUND ROOMS, NUCLEAR MEDICINE TREATMENT ROOMS, PHYSICAL THERAPY TREATMENT ROOMS, HORIZONTAL EXITS, AND OTHER DOORS THROUGH WHICH PATIENTS ARE TRANSPORTED IN STRETCHERS OR BEDS. Four foot zero inch doors recommended.

(iii) EXISTING THREE FOOT EIGHT INCH DOORS ACCEPTABLE IN ALTERATIONS EXCEPT IN ALTERATIONS OF OPERATING ROOMS, MAJOR EMERGENCY TREATMENT ROOMS, DELIVERY ROOMS, RECOVERY ROOMS, INTENSIVE CARE ROOMS, FRACTURE ROOMS OR X-RAY.

(iv) THREE FOOT ZERO INCH MINIMUM WIDTH FOR ALL DOORS WHICH MAY BE USED BY PERSONS IN WHEELCHAIRS INCLUDING PATIENT TOILETS AND BATHROOMS EXCEPT DOORS TO TOILETS AND BATHROOMS WHICH OPEN INTO PATIENT ROOMS SHALL BE NOT LESS THAN TWO FOOT SIX INCHES IN WIDTH.

(v) Doors to toilets adjoining patient rooms should not swing into toilet rooms.

(vi) Adequate width for receiving entrance doors, storeroom doors, and other doors through which large carts or bulk goods are transported.

(vii) VISION PANELS IN ALL DOUBLE-ACTING DOORS. Four inches wide by twenty-four inches high recommended.

(b) WINDOWS.

(i) REQUIRED IN PATIENT ROOMS EXCEPT LABOR ROOMS AND NURSERIES.

(ii) REQUIRED WINDOWS TO HAVE CLEAR GLASS AREA OF AT LEAST ONE-TENTH FLOOR AREA.

(iii) REQUIRED WINDOWS TO BE LOCATED IN OUTSIDE WALLS PERMITTING A SATISFACTORY AMOUNT OF UNOBSTRUCTED NATURAL LIGHT. No required windows should be located within twenty feet of another building or the opposite wall of a court or within ten feet of a property line except a street.

(iv) WINDOW SILLS OF REQUIRED WINDOWS IN PATIENT ROOMS NO HIGHER THAN THREE FOOT ZERO INCHES FROM THE FLOOR. GRADE[37] ADJACENT TO REQUIRED WINDOWS IN PATIENT ROOMS TO BE BELOW WINDOW SILL.

(c) SCREENS.

SIXTEEN MESH SCREEN OR EQUAL ON WINDOW OPENINGS WHICH SERVE FOR REQUIRED VENTILATION.

(5) FLOOR FINISHES, WALL SURFACES, AND CEILINGS.

(a) FLOOR FINISHES:

(i) EASILY CLEANED AND SUITABLE TO THE FUNCTIONS OF EACH AREA.

(ii) NONSLIP AT ENTRANCES AND OTHER AREAS SUBJECT TO TRAFFIC OR USE WHILE WET.

(iii) COVED BASES INTEGRAL WITH FLOORS OR TOPSET BASE TIGHT TO FLOORS AND WALLS.

(iv) ELECTRICALLY CONDUCTIVE IN AREAS WHERE FLAMMABLE ANESTHETIC GASES ARE TO BE USED PER NATIONAL FIRE PROTECTION ASSOCIATION (NFPA), 99. SEE WAC 248-18-99902(1).

(v) SPECIFICATIONS FOR CARPETING IN NONPATIENT-OCCUPIED AREAS:

(A) PILE YARN FIBER: FIBER WHICH MEETS THE STANDARDS OF THE STATE FIRE MARSHAL (See RCW 70.41.080) SHALL BE ACCEPTABLE PROVIDED THE FIBER IS EASILY CLEANABLE.

(B) PILE TUFTS PER SQUARE INCH: MINIMUM SIXTY-FOUR OR EQUIVALENT DENSITY.

(C) PILE HEIGHT: FROM A MINIMUM OF .125 INCHES TO A MAXIMUM OF .312 INCHES.

(D) PAD: MAY BE SEPARATE PAD.

(vi) SPECIFICATIONS FOR CARPETING IN PATIENT-OCCUPIED AREAS:

(A) PILE YARN FIBER: FIBERS WHICH MEET THE STANDARDS OF THE STATE FIRE MARSHAL (See RCW 70.41.080) SHALL BE ACCEPTABLE PROVIDED THE FIBER IS EASILY CLEANABLE.

(B) PILE TYPE: ROUND LOOP.

(C) PILE TUFTS PER SQUARE INCH: MINIMUM SIXTY-FOUR OR EQUIVALENT DENSITY.

(D) PILE HEIGHT: LEVEL PILE, FROM A MINIMUM OF .125 INCHES TO A MAXIMUM OF .255 INCHES.

(E) BACKING: SHALL BE WATER IMPERVIOUS OR A WATER IMPERVIOUS PAD SHALL BE PERMANENTLY BONDED TO THE BACKING.

(vii) INSTALLATION OF CARPET MATERIAL:

(A) BONDED PAD CARPET MUST BE CEMENTED TO THE FLOOR WITH WATERPROOF CEMENT.

(B) EDGES OF CARPET MUST BE COVERED AND COVE OR BASE SHOE USED AT ALL WALL JUNCTURES. IF BROADLOOM CARPET IS USED, SEAMS ARE TO BE BONDED TOGETHER WITH MANUFACTURER RECOMMENDED CEMENT.

(C) SAFETY OF PATIENTS OR OCCUPANTS IS TO BE ASSURED DURING INSTALLATION. ROOMS MUST BE WELL-VENTILATED AND NOT BE USED BY RESIDENT OCCUPANTS OR PATIENTS DURING INSTALLATION. THE ROOM MAY NOT BE RETURNED TO USE UNTIL THE ROOM IS FREE OF VOLATILE FUMES AND ODORS FROM ADHESIVES.

(b) WALL SURFACES:

(i) EASILY CLEANED AND SUITABLE TO THE FUNCTIONS OF EACH AREA.

(ii) SMOOTH AND WASHABLE FINISH, (e.g., washable paint on smooth finish plaster or gypsum board as opposed to rough or exposed masonry finishes) IN ROOMS USED FOR PATIENT CARE OR TREATMENT AND ROOMS IN WHICH SUPPLIES AND EQUIPMENT FOR PATIENT CARE OR TREATMENT ARE STORED, ASSEMBLED OR PROCESSED, AND IN CLINICAL LABORATORIES.

(iii) A FINISH WHICH WILL MINIMIZE GLARE IN PATIENT ROOMS AND LABOR ROOMS.

(iv) A WATERPROOF PAINTED, GLAZED, OR SIMILAR WATERPROOF FINISH EXTENDING ABOVE THE SPLASH LINE IN ALL ROOMS OR AREAS THAT ARE SUBJECT TO SPLASH OR SPRAY.

(v) Wainscot of five feet minimum height of a durable surface in operating rooms, delivery rooms, emergency rooms, treatment rooms, and corridors.

(vi) External angles protected by corner guards to resist impact in areas of heavy traffic.

(c) CEILINGS:

(i) EIGHT FOOT MINIMUM HEIGHT, EXCEPTIONS MAY BE PERMITTED IN MINOR AUXILIARY ROOMS.

(ii) NINE FOOT MINIMUM HEIGHT IN OPERATING ROOMS, DELIVERY ROOMS, AND SIMILAR ROOMS HAVING SPECIAL CEILING-MOUNTED LIGHT FIXTURES. Higher ceilings may be needed for some types of equipment.

(iii) EASILY CLEANED AND SUITABLE TO THE FUNCTIONS OF EACH AREA.

(iv) SMOOTH AND WASHABLE FINISH, (e.g., washable paint on smooth finish plaster or gypsum board as opposed to fissured tile or rough finishes) IN ROOMS USED FOR PATIENT CARE OR TREATMENT, AND IN ROOMS IN WHICH SUPPLIES AND EQUIPMENT FOR PATIENT CARE OR TREATMENT ARE STORED, ASSEMBLED OR PROCESSED, AND CLINICAL LABORATORIES. NO EXPOSED DUCTWORK AND PIPING.

(v) SMOOTH AND WASHABLE FINISH WITHOUT VISIBLE JOINTS OR CREVICES IN AREAS WHERE SURGICAL ASEPSIS MUST BE ASSURED SUCH AS OPERATING ROOMS, DELIVERY ROOMS, AND EMERGENCY TREATMENT ROOMS.

(vi) A FINISH WHICH WILL MINIMIZE GLARE IN PATIENT ROOMS, LABOR ROOMS, AND BIRTHING ROOMS.

(vii) FINISH THAT MINIMIZES REFLECTION OF ULTRAVIOLET RADIATION IN TUBERCULOSIS ISOLATION ROOMS.

(viii) CEILINGS OF PATIENT ROOMS IN PSYCHIATRIC NURSING UNITS, SECURITY, AND SECLUSION ROOMS SHALL BE OF MONOLITHIC OR BONDED CONSTRUCTION.

(ix) Sound-absorptive treatment in corridors of patient areas, nurses' stations, dining rooms, and hydrotherapy rooms.

(6) PLUMBING AND SEWERAGE.

(a) PLUMBING AND SEWERAGE. CONSTRUCTED IN ACCORDANCE WITH THE UNIFORM PLUMBING CODE, OR EQUIVALENT LOCAL CODE. SEE WAC 248-18-99902(3).

(b) WATER SUPPLY.

(i) AN ADEQUATE WATER SUPPLY WHICH CONFORMS TO THE QUALITY STANDARDS OF CHAPTER 248-54 WAC.

(ii) TEMPERATURE OF HOT WATER AT BATHING FIXTURES THERMOSTATICALLY CONTROLLED NOT TO EXCEED ONE HUNDRED TWENTY DEGREES FAHRENHEIT.

(iii) THERMOSTATICALLY CONTROLLED HOT WATER HEATING EQUIPMENT OF SUFFICIENT CAPACITY TO SUPPLY SIX AND ONE-HALF GALLONS OF ONE HUNDRED TWENTY DEGREE FAHRENHEIT WATER PER HOUR PER BED FOR GENERAL USE, MEASURED AT POINT OF USE. AN ADEQUATE AMOUNT OF

WATER AT NOT LESS THAN ONE HUNDRED SIXTY DEGREES FAHRENHEIT FOR LAUNDRY, MECHANICAL DISHWASHERS, AND OTHER SPECIAL MECHANICAL WASHERS. TEMPERATURE MEASURED AT POINT OF USE.

(iv) CIRCULATING SYSTEMS AS NECESSARY TO ENSURE A READY SUPPLY OF HOT WATER AT FIXTURES.

(c) INSULATION.

(i) HOT WATER PIPING INSULATED AS REQUIRED TO CONTROL EXCESSIVE HEAT TRANSFER AND TO PROVIDE FOR SAFETY.

(ii) COLD WATER AND DRAINAGE PIPING INSULATED AS REQUIRED TO CONTROL CONDENSATION.

(iii) AVOID EXPOSING PIPING TO FREEZING TEMPERATURES. IF UNAVOIDABLE, DESIGN TO PREVENT FREEZING.

(d) SEWERAGE.

(i) SEWAGE DISPOSAL SYSTEM IN CONFORMANCE WITH WAC 248-50-100 AND CHAPTER 248-92 OR 248-96 WAC CODIFIED RULES, REGULATIONS AND STANDARDS OF THE STATE BOARD OF HEALTH.

(ii) FLOOR DRAINS IN AREAS WITHOUT DAILY WASHDOWN SHALL HAVE TRAP PRIMERS.[24]

(e) PLUMBING FIXTURES.

(i) Bedpan lugs or slot fixtures on water closets not recommended.

(ii) DESIGNED AND INSTALLED TO BE EASILY CLEANED, MAINTAINED, AND SUITABLE TO THE INTENDED USE.[24] ADEQUATE SUPPORT FOR FIXTURES.

(iii) LAVATORIES PROVIDED IN EACH TOILET ROOM EXCEPT WHERE PROVIDED IN CONNECTING PATIENT ROOM, DRESSING ROOM, OR LOCKER ROOM.

(iv) DRINKING FOUNTAINS OR EQUIVALENT AT SUITABLE LOCATIONS.[24]

(v) SINKS IN WHICH UTENSILS AND EQUIPMENT ARE TERMINALLY CLEANED TO BE DOUBLE COMPARTMENT OF ADEQUATE SIZE AND DEPTH (Recommended each compartment 20 x 22 x 14 or similar) WITH ADEQUATE COUNTER SPACE ON BOTH SIDES.[24]

(vi) EACH FIXTURE, EXCEPT WATER CLOSETS AND SPECIAL USE FIXTURES, PROVIDED WITH HOT AND COLD WATER THROUGH A MIXING OUTLET.

(vii) DEVICES TO PREVENT BACKFLOW ON WATER SUPPLY TO FIXTURES OR GROUP OF FIXTURES WHERE THE USE OF EXTENSION HOSES AND TUBE CLEANING EQUIPMENT IS ANTICIPATED, (e.g., sinks in laboratory, central service, garbage can wash area, and housekeeping facilities and mechanical areas). Also refer to chapter 248-54 WAC.

(viii) NONSKID FLOOR SURFACES IN TUBS AND SHOWERS.

(f) FITTINGS.

(i) WRIST, KNEE, OR FOOT FAUCET CONTROLS AND GOOSENECK SPOUTS OR THE EQUIVALENT ON LAVATORIES IN PATIENT ROOMS AND IN TOILETS ADJOINING PATIENT ROOMS EXCEPT THOSE FOR PSYCHIATRIC PATIENTS TO BE IN ACCORDANCE WITH PROGRAM REQUIREMENTS.

(ii) WRIST, KNEE, OR FOOT FAUCET CONTROLS AND GOOSENECK SPOUTS OR THE EQUIVALENT[41] ON ALL LAVATORIES AND SINKS FOR PERSONNEL USE WHERE REQUIRED TO CONTROL CROSS INFECTION, (e.g., nursing service areas including isolation rooms, laboratory, and physical therapy), UNLESS THE FIXTURE IS USED FOR SOILED FUNCTIONS ONLY AND ANOTHER SINK OR LAVATORY WITH WRIST, KNEE, OR FOOT CONTROLS OR EQUIVALENT[41] IS LOCATED IN THE SAME AREA OF THE ROOM. FAUCET CONTROLS ON LAVATORIES IN NEWBORN NURSERY UNITS, NEONATAL INTENSIVE CARE UNITS, BIRTHING ROOMS, AND ALL SCRUB SINKS TO BE KNEE OR FOOT CONTROLS OR EQUIVALENT.[41] Wrist blades permitted at lavatory when handwashing facility with foot, knee, or equivalent faucet control is located close to birthing room or rooms.

(iii) WRIST CONTROLS TO HAVE A MINIMUM OF FOUR INCH SPACE BETWEEN BACK SPLASH AND ENDS OF CONTROLS AT FULL CLOSED POSITION AND A MINIMUM OF FOUR INCH SPACE BETWEEN THE END OF CONTROLS AND THE WATER SPOUT IN THE FULL OPEN POSITION.

(g) ACCESSORIES.

(i) BACKING FOR MOUNTING TO SUPPORT THE INTENDED USE OF ALL ACCESSORIES.

(ii) SUITABLE SHELF OR EQUIVALENT, AND MIRROR AT EACH LAVATORY IN TOILET ROOMS, PATIENT ROOMS, BIRTHING ROOMS, DRESSING ROOMS, AND LOCKER ROOMS.

(iii) TOWEL BAR OR HOOK AT EACH BATHING FACILITY. Optional in psychiatric unit.[24]

(iv) ROBE HOOK AT EACH BATHING FACILITY, WATER CLOSET, DRESSING ROOM, AND EXAMINATION ROOM. Optional in psychiatric unit.[24]

(v) TOILET PAPER HOLDER PROPERLY LOCATED AT EACH WATER CLOSET.

(vi) WHEN PROGRAM INCLUDES BEDPAN BRUSHES, PROVISION FOR KEEPING BEDPAN BRUSH OFF THE FLOOR.

(vii) PROVISION FOR OFF THE FLOOR PLACEMENT OF SUPPLIES AND EQUIPMENT IN PATIENT TOILETS. THIS PROVISION SHALL BE SEPARATE AND DISTINCT FROM LAVATORY SHELF.

(viii) AT LEAST ONE GRAB BAR OF SUITABLE STRENGTH, EASILY CLEANABLE, RESISTANT TO CORROSION, AND FUNCTIONAL DESIGN SECURELY MOUNTED AND PROPERLY LOCATED AT EACH ISLAND TUB AND WATER

CLOSET FOR PATIENTS. Horizontal grab bars should extend at least eighteen inches in front of water closet. WHEN A LAVATORY IS LOCATED ADJACENT TO A WATER CLOSET AND WITHIN EIGHTEEN INCHES OF THE CENTER LINE OF THE WATER CLOSET, IT SHALL BE MOUNTED TO SUPPORT A THREE HUNDRED POUND LIVE LOAD WITHOUT PERMANENT DEFLECTION. GRAB BAR OR BARS OF SUITABLE STRENGTH, EASILY CLEANABLE, RESISTANT TO CORROSION, OF FUNCTIONAL DESIGN, SECURELY MOUNTED, AND PROPERLY LOCATED AT EACH STANDARD BATHTUB AND SHOWER ON TWO SIDES. May be omitted at water closets and bathing facilities for seclusion and security rooms.

(ix) DISPENSERS FOR SINGLE USE TOWELS AT ALL LAVATORIES AND SINKS MOUNTED TO AVOID CONTAMINATION FROM SPLASH AND SPRAY.

(x) SUITABLE PROVISION FOR SOAP AT EACH LAVATORY, SINK, AND BATHING FACILITY.

(xi) Paper cup dispensers at all lavatories except in soiled areas, lavatories in patient rooms, and toilet rooms adjoining patient rooms.

(xii) Properly located dispenser for seat covers at each water closet.

(xiii) Sanitary napkin dispenser and disposer or covered waste container (step–on–can) in each women's toilet room except inpatient toilets.

(h) NONFLAMMABLE MEDICAL GAS SYSTEMS IN ACCORDANCE WITH THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) STANDARD 56F. SEE WAC 248–18–99902(4).

(i) Clinical vacuum (suction) systems in accordance with the recommendations of Compressed Gas Association, Inc., Pamphlet Number P–2.1, except the zone valves may be omitted. See WAC 248–18–99902(11).

(7) HEATING. Recommend use of ASHRAE Handbook series. See WAC 248–18–99902(2).

(a) A HEATING SYSTEM ADEQUATE TO MAINTAIN SEVENTY–FIVE DEGREES FAHRENHEIT MINIMUM TEMPERATURE IN EACH ROOM AND OCCUPIED SPACE.

(b) HEAT SUPPLY FOR EACH PATIENT ROOM PROVIDED WITH INDIVIDUAL THERMOSTATIC CONTROL. Manual or zone control acceptable for existing facility alteration projects. Individual room thermostatic control recommended for all rooms. HEATING SYSTEM SUITABLY ZONED (e.g., by exposure and usage of areas) AND THERMOSTATICALLY CONTROLLED UNLESS INDIVIDUAL ROOMS THERMOSTATICALLY CONTROLLED.

(c) Standby heat supply to operating rooms, delivery rooms, birthing rooms, recovery rooms, nurseries, all intensive care units, and other selected areas so that they may be heated at times when the general building heating system is not operating.

(d) PIPING THROUGHOUT BUILDING INSULATED AS REQUIRED TO CONTROL EXCESSIVE HEAT TRANSFER AND TO PROVIDE FOR SAFETY.

(8) VENTILATION AND AIR CONDITIONING. USE ASHRAE HANDBOOK SERIES REFERRED TO IN WAC 248–18–99902(2).

(a) ALL ROOMS AND AREAS ADEQUATELY VENTILATED BY MECHANICAL MEANS. (Refer to Table B) DESIGN OF SYSTEM TO PREHEAT COLD OUTSIDE AIR MAKEUP. Gravity acceptable for gas storage rooms, mechanical rooms, and similar areas.

(b) Approved recovery systems to reclaim heat from exhausts are recommended for energy conservation. DESIGN AND INSTALLATION OF HEAT RECOVERY EQUIPMENT TO CONTROL CROSS CONTAMINATION.

(c) ALL FANS SERVING EXHAUST SYSTEMS SHALL BE LOCATED AT THE DISCHARGE END OF THE SYSTEM OR THE SYSTEMS DESIGNED TO PREVENT LEAKAGE TO OCCUPIED AREAS.

(d) DESIGN OF AIR DISTRIBUTION AND BALANCING OF AIR SYSTEMS: TO MAINTAIN APPROPRIATE PRESSURE GRADIENTS AMONG ADJOINING ROOMS AND AREAS TO CONTROL AIR FLOWS IN ACCORDANCE WITH THE RELATIVE DEGREE OF PROTECTION REQUIRED FROM THE SPREAD OF ODORS, MOISTURE, TOBACCO SMOKE, AND CONTAMINANTS, i.e., flow from relatively clean areas to relatively soiled areas. Refer to Table B. Balance for appropriate positive and negative gradients should be evaluated by measuring proper direction of air flow at each doorway by smoke indicator. Designs should be based on anticipated leakage at each door. (Fifty CFM minimum to one hundred CFM maximum for usual room door.)

(e) EXHAUST HOODS OR OTHER APPROVED EXHAUST DEVICES.

(i) LOCATED OVER EQUIPMENT LIKELY TO PRODUCE EXCESSIVE HEAT, MOISTURE, ODORS, OR CONTAMINANTS, (e.g., kitchen, laundry, sterilizing and dishwashing equipment, laboratory and special work areas) PROPERLY DESIGNED FOR INTENDED USE.

(ii) LABORATORY HOODS WHERE INFECTIOUS MATERIALS ARE HANDLED. See WAC 248–18–99902(7) for recommended publications.

(A) MINIMUM FACE VELOCITY OF SEVENTY–FIVE FEET PER MINUTE AT MAXIMUM OPERATING LEVEL OF SASH.

(B) SERVED BY INDEPENDENT EXHAUST SYSTEM WITH THE EXHAUST FAN LOCATED AT THE DISCHARGE END OF THE DUCT.

(C) DUCT TO HAVE WELDED JOINTS OR EQUIVALENT FROM THE HOOD TO FILTER ENCLOSURE.

(D) FILTERS WITH 99.97 PERCENT EFFICIENCY (DIOCTYL–PHTHALATE, (DOP), TEST METHOD) IN THE EXHAUST STREAM.

(E) DESIGNED AND EQUIPPED TO PERMIT THE SAFE REMOVAL OF CONTAMINATED FILTERS.

(F) CHEMICAL FUME HOODS SHALL NOT BE USED FOR HANDLING INFECTIOUS MATERIALS.

(iii) LABORATORY HOODS WHERE STRONG OXIDIZING AGENTS, (e.g., perchloric acid), ARE PROCESSED,

(A) MINIMUM FACE VELOCITY OF ONE HUNDRED FEET PER MINUTE AT MAXIMUM OPERATING LEVEL OF SASH.

(B) SERVED BY INDEPENDENT EXHAUST SYSTEM WITH EXPLOSION PROOF EXHAUST FAN AT THE DISCHARGE END OF THE DUCT.

(C) DUCT OF WELDED STAINLESS STEEL OR EQUIVALENT THROUGHOUT THE EXHAUST SYSTEM.

(D) HOOD AND EXHAUST DUCT SYSTEM EQUIPPED WITH COMPLETE COVERAGE WASHDOWN FACILITIES.

(iv) HOODS WHERE RADIOACTIVE PARTICULATE AEROSOLS MAY BE RELEASED.

(A) MINIMUM FACE VELOCITY OF ONE HUNDRED FEET PER MINUTE AT MAXIMUM OPERATING LEVEL OF SASH.

(B) SERVED BY INDEPENDENT EXHAUST SYSTEM WITH THE EXHAUST FAN AT THE DISCHARGE END OF THE DUCT.

(C) DUCT TO HAVE WELDED JOINTS OR EQUIVALENT FROM THE HOOD TO THE FILTER ENCLOSURE.

(D) FILTERS WITH 99.97 PERCENT EFFICIENCY (DIOCTYL-PHTHALATE, (DOP) TEST METHOD) IN THE EXHAUST STREAM.

(E) DESIGNED AND EQUIPPED FOR THE SAFE REMOVAL OF CONTAMINATED FILTERS.

(f) ALL CENTRAL VENTILATION OR AIR CONDITIONING SYSTEMS EQUIPPED WITH FILTERS.

(i) NUMBER OF FILTER BEDS AND FILTER EFFICIENCIES NO LESS THAN THOSE SPECIFIED IN TABLE A.

(ii) FILTER BED NO. 2 SHALL BE DOWNSTREAM OF THE LAST COMPONENT OF ANY CENTRAL AIR HANDLING UNIT, EXCEPT A STEAM INJECTION TYPE HUMIDIFIER MAY BE DOWNSTREAM OF FILTER BED NO. 2. TERMINAL COOLING COILS (EXCEPT INDUCTION UNITS, FAN COIL UNITS OR EQUIVALENT INDIVIDUAL ROOM UNITS (REFER TO SUBSECTION (8)(g) OF THIS SECTION) DOWNSTREAM OF FILTER BED NO. 2 SHALL HAVE ADDITIONAL FILTRATION MEETING REQUIREMENTS OF FILTER BED NO. 2.

TABLE A

FILTER EFFICIENCIES FOR CENTRAL VENTILATION AND AIR CONDITIONING SYSTEMS IN GENERAL HOSPITALS

AREA DESIGNATION	MINIMUM NUMBER OF FILTER BEDS	FILTER EFFICIENCIES (Percent)*** FILTER BED NO. 1	FILTER BED NO. 2
Sensitive areas*	2	25	90****
Patient care, treatment Diagnostic, and related areas	2	25	90**
Food preparation areas and laundries	1	80	—
Administrative, bulk storage, and soiled holding areas	1	25	—

* Includes surgical suites, delivery suites, nursery units, recovery rooms, special procedure rooms (cardiac catheterizations), and all intensive care units. Birthing, labor, and postpartum rooms not within the delivery suite are excluded.

** May be reduced to eighty percent for systems using all-outdoor air.

*** PER REQUIREMENTS OF ASHRAE STANDARD 52 IN WAC 248-18-99902(14).

****99.97 PERCENT EFFICIENCY FOR RECIRCULATING AIR IN OPERATION ROOMS - REFERENCE TABLE B.

(iii) FILTER FRAMES WITH AIRTIGHT SEAL TO THE ENCLOSING DUCTWORK BY USE OF GASKETS OR EQUIVALENT.

(iv) A MANOMETER SHALL BE INSTALLED ACROSS EACH FILTER BED SERVING SENSITIVE AREAS (Refer to Table A) OR CENTRAL AIR SYSTEMS.

(g) NONCENTRAL SUPPLY VENTILATION SYSTEMS, i.e., fan coil units or equivalent individual room units.

(i) IN SENSITIVE AREAS (Refer to Table A) SHALL MEET THE FILTERING OBJECTIVES FOR CENTRAL SYSTEMS.

(ii) IN AREAS OTHER THAN SENSITIVE AREAS OUTDOOR AIR FOR INDIVIDUAL ROOM UNITS SHALL MEET FILTERING REQUIREMENTS FOR CENTRAL SYSTEMS UNDER TABLE A. RECIRCULATED AIR TO INDIVIDUAL ROOM UNITS NEED NOT BE FILTERED (lint screen and/or filter recommended).

(h) AIR HANDLING DUCT SYSTEMS.

(i) IN ACCORDANCE WITH NATIONAL FIRE PROTECTION ASSOCIATION 90A. SEE WAC 248-18-99902(5).

(ii) BUILDING CEILING SPACES USED FOR EXHAUST PLENUMS SHALL BE RESTRICTED TO ADMINISTRATIVE, PUBLIC WAITING, AND PUBLIC MEETING AREAS. May be permitted in other areas only upon written approval of such use by the department.

(iii) NONEROSIVE WEARING SURFACES ARE REQUIRED FOR FIBERGLASS SUPPLY DUCTS (PER UL STANDARDS 181-15 IN WAC 248-18-99902(9)) AND/OR "DUCT LINER APPLICATION STANDARD" PER SMACNA. SEE WAC 248-18-99902(10), IF INSTALLED.

(iv) NINETY PERCENT EFFICIENCY FILTERS DOWNSTREAM OF LININGS SERVING SENSITIVE AREAS (Refer to Table A) EXCEPT LINING OF TERMINAL UNITS MEETING THE REQUIREMENTS OF SUBSECTION (8)(h)(iii) of this section.

(i) AIR SUPPLY AND EXHAUSTS LOCATIONS CONFORM TO UNIFORM MECHANICAL CODE WITH ADDITIONAL REQUIREMENTS. SEE WAC 248-18-99902(8).

(i) AIR SUPPLY INTAKES LOCATED TO ENSURE A SOURCE OF FRESH AIR (preferably above the roof or high on an exterior wall to avoid sources of contamination or pollution).

(ii) EXHAUST AIR DISCHARGE LOCATED TO AVOID CROSS CIRCULATION TO SUPPLY AIR INTAKES OR OPERABLE WINDOWS. Separation distances dependent upon factors such as air volumes, wind directions, and building configurations.

(j) OPERATING ROOMS, DELIVERY ROOMS, NEWBORN NURSERY ROOMS, NEONATAL INTENSIVE CARE UNITS AND THEIR ANCILLARY FACILITIES MECHANICALLY VENTILATED TO PROVIDE ONE HUNDRED PERCENT FRESH AIR WITHOUT RECIRCULATION EXCEPT AS PROVIDED IN TABLE B. Recommended for birthing rooms, labor rooms, recovery rooms, and all intensive care units. Refer to Table B.

(k) VENTILATION SYSTEMS FOR ANESTHETIZING LOCATIONS USING FLAMMABLE ANESTHETICS SHALL MEET THE REQUIREMENTS OF THE NATIONAL FIRE PROTECTION ASSOCIATION, (NFPA), 99. SEE WAC 248-18-99902(1).

(l) AIR CONDITIONING TO ADEQUATELY CONTROL TEMPERATURE, AIR CHANGES AND AIR MOTION OF OPERATING ROOMS, DELIVERY ROOMS, SPECIAL PROCEDURE ROOMS, RECOVERY ROOM, NEWBORN NURSERY FACILITIES, NEONATAL INTENSIVE CARE NURSERY ROOMS, INTENSIVE CARE, AND CARDIAC INTENSIVE CARE UNITS. Recommended in all patient care areas.

(m) RELATIVE HUMIDITY.

(i) OPERATING ROOMS, DELIVERY ROOMS, SPECIAL PROCEDURE ROOMS, ANESTHETIZING LOCATIONS, INTENSIVE CARE PATIENT ROOMS, AND RECOVERY ROOMS, FORTY PERCENT MINIMUM TO SIXTY PERCENT MAXIMUM AT SEVENTY-TWO DEGREES FAHRENHEIT.

(ii) NEWBORN NURSERY FACILITIES AND NEONATAL INTENSIVE CARE ROOMS, FORTY-FIVE PERCENT MINIMUM TO SIXTY PERCENT MAXIMUM AT SEVENTY-FIVE DEGREES FAHRENHEIT.

(n) FIRE SHUTDOWN, AS REQUIRED BY NATIONAL FIRE PROTECTION ASSOCIATION 90A, BY BOTH MANUAL CONTROL AND EITHER OF THE FOLLOWING OPTIONS FOR AUTOMATIC SHUTDOWN (SEE WAC 248-18-99902(5)):

(i) TOTAL SHUTDOWN BY AUTOMATIC CONTROLS FOR SOUNDING FIRE ALARM, CLOSING SMOKE DOORS AND SMOKE DAMPERS IN VENTILATION SYSTEM, AND SHUTTING DOWN SUPPLY FAN OR FANS AND EXHAUST FAN OR FANS.

(ii) SELECTIVE SHUTDOWN BY AUTOMATIC CONTROLS FOR SOUNDING FIRE ALARM, CLOSING SMOKE DOORS, AND ACTUATING ONLY SMOKE DAMPERS IN RECIRCULATION SYSTEM TO EXHAUST ALL RECIRCULATED AIR. ONLY THE SMOKE DETECTOR ON THE DOWNSTREAM SIDE OF THE LAST COMPONENT OF THE CENTRAL SUPPLY SYSTEM SHALL SHUT DOWN THE SUPPLY AND EXHAUST VENTILATION SYSTEMS AND SHALL CLOSE ALL SMOKE DAMPERS. This selective shutdown option is recommended for hospitals having multiventilation systems.

(o) VENTILATION REQUIREMENTS ARE SUMMARIZED IN TABLE B FOR TYPICAL HOSPITAL AREAS. THOSE AREAS NOT SPECIFICALLY DESIGNATED SHALL COMPLY WITH REQUIREMENTS FOR COMPARABLE AREAS.

TABLE B GENERAL PRESSURE RELATIONSHIPS AND VENTILATION[6] OF CERTAIN HOSPITAL AREAS

AREA DESIGNATION	PRESSURE RELATIONSHIP TO ADJACENT AREAS[10]	MINIMUM AIR CHANGES OF OUTDOOR AIR PER HOUR SUPPLIED TO ROOM	MINIMUM TOTAL AIR CHANGES PER HOUR SUPPLIED TO ROOM[8]	ALL AIR EXHAUSTED DIRECTLY TO OUTDOORS	RECIRCULATED WITHIN ROOM UNITS
A. ANESTHETIZING AREAS					
1. Delivery and Operating Rooms	PP[1]	15	15[5]	Yes	No[9]
2. Dental Operating Rooms	P	8	8	Yes	No
3. Endoscopy Room	P	8	8	Yes	No
4. Emergency Major Treatment Rooms	N	5	12	Yes	No
5. Outpatient Operating and/or Treatment Rooms	PP[1]	5	15[4]	Yes	No
6. Special Procedures	PP[1]	12	12	Yes	No

AREA DESIGNATION	PRESSURE RELATIONSHIP TO ADJACENT AREAS[10]	MINIMUM AIR CHANGES OF OUTDOOR AIR PER HOUR SUPPLIED TO ROOM	MINIMUM TOTAL AIR CHANGES PER HOUR SUPPLIED TO ROOM[8]	ALL AIR EXHAUSTED DIRECTLY TO OUTDOORS	RECIRCULATED WITHIN ROOM UNITS
Rooms (Cardiac Catheterizations)					
B. **CENTRAL SERVICE**					
1. Cart Wash Room or Area	N	2	10	Yes	No
2. Clean & Sterile Storage Room	PP	2	2	Optional	No[3]
3. Clean Work Room	P	2	4	Optional	No[3]
4. Clean Equipment Storage Room	P	2	2	Optional	Optional
5. Decontamination Area or Room	NN	2	12	Yes	No
6. Sterilizer Access Service Room	NN	Optional	12	Yes	No
7. Sterilizing Area	P	2	4	Optional	No[3]
C. **GENERAL**					
1. Administrative Areas: i.e., Offices, Admitting Facilities, Registration, Staff On-Call Rooms, etc.	P	2	2	Optional	Optional
2. Bathing and Wet Treatment Facilities: i.e., Showers, Tubs, Sitz Baths, Hydrotherapy.	N	2	10	Yes	No
3. Clean Facilities: Utility or Work Rooms, Medicine Preparation Areas, Holding and Storage Rooms.	P	2	4	Optional	No[3]
4. Corridors, General Circulating.	P and N[2]	2	2	Optional	Optional
5. Entrances	P	Optional	2	Optional	Optional
6. Housekeeping Facilities: i.e., Janitor Closets, Trash Chutes or Trash Storage Rooms	N	Optional	10	Yes	No
7. Lounges, Locker & Dressing Rooms	N	Optional	10	Yes	No
8. Nurses Station & Unit Dose Medicine Cart Areas	P	2	4	Optional	Optional
9. Receiving & Stores Incl. Breakout Area	N	Optional	2	Optional	Optional
10. Scrub-up Area	P	2	2	Optional	No
11. Soiled Facilities: Utility or Work Rooms, Holding, Bedpan, Clean-up, Linen & Storage.	N	2	10	Yes	No
12. Toilet Rooms	N	Optional	10	Yes	No
13. Waiting Rooms, Conference, Solariums, Day Rooms, or Other Smoking Areas.	N	2	2	Yes	No
14. Mechanical Rooms	N	Optional	2	Yes	No
D. **KITCHEN AND DIETARY**					
1. Bulk Day Food Storage Room	E or P	Optional	2	Optional	Optional
2. Cafeteria or Dining Room	E or N	6	8	Optional	Optional
3. Dishwashing Room or Area	NN	4	8	Yes	No
4. Garbage Storage and Can Washing Area	NN	Optional	10	Yes	No
5. Kitchen	NN	4	8	Yes	No
E. **LABORATORY**					
1. Autopsy Room and Morgue	NN	2	12	Yes	No
2. Bacteriology	NN	2	12	Yes	No

AREA DESIGNATION	PRESSURE RELATIONSHIP TO ADJACENT AREAS[10]	MINIMUM AIR CHANGES OF OUTDOOR AIR PER HOUR SUPPLIED TO ROOM	MINIMUM TOTAL AIR CHANGES PER HOUR SUPPLIED TO ROOM[8]	ALL AIR EXHAUSTED DIRECTLY TO OUTDOORS	RECIRCULATED WITHIN ROOM UNITS
3. Blood Drawing Area or Room	P	2	4	Optional	Optional
4. General Laboratory Rooms, i.e., Hemo-tology, Pathology.	N	2	10	Yes	No
5. Media Preparation and Transfer Room	P	2	4	Optional	No
6. Decontamination Area	NN	2	12	Yes	No
F. **LAUNDRY**					
1. Clean Linen Storage	P	2	2	Optional	No[3]
2. Clean Sorting, Fold-ing & Ironing	P	2	6	Yes	No[3]
3. Detergent & Supply Storage Room	N	Optional	2	Optional	Optional
4. Processing, Washing and Drying	P	4	10	Yes	No
5. Soiled Sorting and Storage	N	Optional	10	Yes	No
G. **PATIENT CARE AREAS**					
1. Acute Cardiac Care and Intensive Care Patient Rooms	PP	2	6[4]	Optional	No[3, 7]
2.a Birthing Room, High Risk[24]	P	6	6[4]	Optional	No[7]
2.b Birthing Room, Low Risk[24]	P	2	2[4]	Optional	No[7]
3. Examination Rooms	E or P	2	6	Optional	No[3]
4. Electroencephalogram (EEG), Electromyogram (EMG), & Electrocardiogram (ECG or EKG)	E or P	2	6	Optional	Optional
5. Isolation Room, Airborne	NN	2	6	Yes	No
6. Isolation Room, Protective	P	4	4	Yes	No[7]
7. Isolation Anteroom	NN	2	10	Yes	No
8. Isolation Room with Anteroom	Optional	2	6	Yes	No[7]
9. Labor Room	E or P	2	2[4]	Optional	No[3]
10. Neonatal Intensive Care Room	PP[1]	6	6[5]	Optional	No
11. Newborn Nursery Room	PP[1]	6	6[5]	Optional	No
12. Observation Rooms (Outpatient & Emergency Departments)	N	2	6	Yes	No
13. Patient Rooms	E or P	2	2	Optional	Optional
14. Recovery Rooms	PP[1]	2	6[4]	Optional	No
15. Physical Therapy					
Treatment Rooms	N	2	6	Optional	Optional
Hydrotherapy	N	2	10	Yes	No
16. Pulmonary & Inhalation Therapy Treatment Rooms	E or P	2	2	Yes	No
H. **PHARMACY**					
1. Compounding & Dispensing Areas	P	2	2	Optional	No[3]
2. Intravenous Additive Room	PP	2	2	Optional	No[3]
I. **RADIOLOGY**					
1. C.A.T., General & Ultrasound Rooms	E or P	2	6	Optional	Optional
2. Darkroom	N	2	6	Yes	No
3. Film Viewing & Storage Room	E	2	4	Optional	Optional
4. Fluoroscopy Rooms	N	2	6	Yes	No
5. Nuclear Diagnostic Rooms	E or N	2	4	Optional	Optional
6. Radiation Therapy Treatment Rooms	N	2	6	Yes	No

AREA DESIGNATION	PRESSURE RELATIONSHIP TO ADJACENT AREAS[10]	MINIMUM AIR CHANGES OF OUTDOOR AIR PER HOUR SUPPLIED TO ROOM	MINIMUM TOTAL AIR CHANGES PER HOUR SUPPLIED TO ROOM[8]	ALL AIR EXHAUSTED DIRECTLY TO OUTDOORS	RECIRCULATED WITHIN ROOM UNITS
7. Special Procedures Rooms, i.e., Angiography, etc.	P	2	6	Optional	No

CODES

P = POSITIVE
N = NEGATIVE
E = EQUAL
PP = STRONGLY POSITIVE
NN = STRONGLY NEGATIVE

REFERENCE NOTATIONS:

1 THE SEGREGATED SURGICAL, DELIVERY, COMBINED SURGICAL-DELIVERY SUITES, OTHER OPERATING ROOM SUITES, NEONATAL INTENSIVE CARE UNIT, AND THE NEWBORN NURSERY UNIT FACILITIES SHALL BE POSITIVE TO THE OUTSIDE CORRIDOR.

2 GENERAL CIRCULATING CORRIDORS SHALL BE POSITIVE TO THE EXTERIOR, I.E., ELEVATORS, STAIRWELLS, EXIT DOORS, AND SHALL BE NEGATIVE TO PATIENT ROOMS.

3 Recirculating room induction type units meeting the appropriate filtering requirements in Table A, WAC 248-18-718 (8)(g)(ii) are acceptable.

4 Recommend one hundred percent fresh outdoor air supplied to room.

5 THESE ROOMS AND THEIR ANCILLARY FACILITIES SHALL BE SUPPLIED WITH ONE HUNDRED PERCENT OUTSIDE (FRESH) AIR.

6 Heat recovery systems should be utilized for exhaust air.

7 MAY BE VENTILATED BY TERMINAL REHEAT UNITS IF THE UNITS CONTAIN ONLY A REHEAT COIL AND ONLY THE PRIMARY AIR (SUPPLIED FROM A CENTRAL SYSTEM) PASSES THROUGH THE REHEAT COIL.

8 INCLUDES ONLY THE QUANTITIES OF AIR WHICH PASS THROUGH A FILTER BED LISTED IN TABLE A. DOES NOT INCLUDE THE QUANTITY OF SECONDARY AIR ENTERING AN INDUCTION UNIT.

9 UNIDIRECTIONAL FLOW RECIRCULATING AIR SYSTEMS CONTAINED WITHIN ROOM UNITS AND MEETING THE FILTERING REQUIREMENTS FOR SENSITIVE AREAS (TABLE A) MAY BE USED.

10 Balance for appropriate positive and negative gradients should be evaluated by measuring proper direction of air flow at each doorway by smoke indicator. Designs should be based on anticipated leakage at each door. (Fifty CFM minimum to one hundred CFM maximum for usual room door.)

12 In accordance with program.

(9) INCINERATION FACILITIES.

(a) May be omitted if another approved method of disposal is used.

(b) INCINERATOR OF ADEQUATE SIZE AND DESIGN. LOCATED AND DESIGNED TO PREVENT OBJECTIONABLE HEAT, SMOKE, AND ODORS. (Separate room or outside area.)

(c) SUPPLEMENTAL FUEL FIRED FOR COMPLETE COMBUSTION.

(d) CHUTE-FED INCINERATORS NOT PERMITTED.

(10) ELECTRICAL SYSTEMS AND EMERGENCY ELECTRICAL SERVICE.

(a) In addition to specific requirements of this section, codes adopted by the Washington state department of labor and industries should be consulted.

(b) ELECTRICAL SYSTEMS AND EQUIPMENT IN CONFORMANCE WITH NFPA, 99, (SEE WAC 248-18-99902(1)) IN AREAS WHERE INHALATION ANESTHETICS ARE TO BE USED (such as operating rooms, delivery rooms, and major emergency treatment rooms).

(c) RECEPTACLE OUTLETS AND CIRCUITS. Placement of convenient receptacle outlets to avoid a need for the use of extension cords.

(i) MINIMUM OF SIX RECEPTACLE OUTLETS IN OPERATING AND DELIVERY ROOMS; MINIMUM OF FOUR RECEPTACLE OUTLETS IN EMERGENCY TREATMENT ROOMS, BIRTHING ROOMS, ANESTHETIZING LOCATIONS, AND SPECIAL PROCEDURES ROOMS. At least one receptacle outlet on each available wall; ADDITIONAL AS REQUIRED.[24]

(ii) AT LEAST TWO DUPLEX ELECTRICAL RECEPTACLES (OR EQUIVALENT) AT THE HEAD OF EACH BED, IN PATIENT ROOMS (INCLUDING LABOR, BIRTHING ROOMS, AND RECOVERY), three duplex receptacles at head of each bed recommended. ONE DUPLEX RECEPTACLE AT HEAD OF EACH BED IN PSYCHIATRIC UNITS.[24]

(iii) FOUR DUPLEX ELECTRICAL RECEPTACLES (OR EQUIVALENT) AT THE HEAD OF EACH BED IN INTENSIVE CARE[43] PATIENT ROOMS. AT LEAST SIX DUPLEX RECEPTACLES

(OR EQUIVALENT)[42] FOR EACH INFANT STATION IN NEONATAL INTENSIVE CARE UNITS.[43]

(iv) AT LEAST ONE DUPLEX RECEPTACLE (OR EQUIVALENT)[42] FOR EVERY TWO BASSINETS FOR FULL-TERM INFANTS.

(A) AT LEAST ONE INFANT STATION EQUIPPED WITH THREE DUPLEX RECEPTACLES except when premature nursery provided.

(B) AT LEAST TWO DUPLEX RECEPTACLES FOR EACH BASSINET AND INCUBATOR FOR PREMATURE INFANTS.

(v) CIRCUITS SERVING RECEPTACLES AT THE HEAD OF EACH BED IN ALL INTENSIVE CARE UNITS[43] SHALL SERVE NO OTHER RECEPTACLES OR OUTLETS.

(vi) LIMITED TO SIX DUPLEX RECEPTACLES PER TWENTY AMP CIRCUIT IN ALL PATIENT CARE AREAS, INCLUDING OUTPATIENT CARE AREAS. LIMITED TO THREE DUPLEX RECEPTACLES PER TWENTY AMP CIRCUIT SERVING PATIENT BEDS IN ALL INTENSIVE CARE UNITS.[43]

(vii) AT LEAST ONE ADDITIONAL DUPLEX RECEPTACLE (OR EQUIVALENT)[42] AT A SEPARATE CONVENIENT LOCATION IN EACH PATIENT ROOM (INCLUDING LABOR, RECOVERY, AND ALL INTENSIVE CARE ROOMS).[43] ADDITIONAL RECEPTACLE IF TELEVISION IS PROVIDED.

(viii) HOSPITAL GRADE RECEPTACLES IN RECOVERY ROOMS, OTHER THAN HAZARDOUS ANESTHETIZING LOCATIONS, AND ALL INTENSIVE CARE PATIENT ROOMS AND TREATMENT AREAS. Recommended in other patient care areas.

(ix) RECEPTACLES IN ROOMS USED BY PEDIATRIC OR PSYCHIATRIC PATIENTS SHALL BE A TAMPER-PROOF OR SAFETY TYPE DEVICE. RECEPTACLES IN PSYCHIATRIC SECLUSION AND SECURITY ROOMS PROTECTED BY GROUND FAULT CIRCUIT INTERRUPTERS AND TAMPER-PROOF SCREWS. Receptacles in seclusion rooms not recommended.

(x) ONE RECEPTACLE OVER OR ADJACENT TO LAVATORY FOR INPATIENT USE, PROTECTED BY GROUND FAULT CIRCUIT INTERRUPTER.

(xi) AT LEAST ONE DUPLEX RECEPTACLE (OR EQUIVALENT)[42] PER FOUR LINEAR FEET OF COUNTER IN LABORATORY FACILITIES. SURFACE METAL RACEWAYS, IF USED, SHALL INCLUDE AN EQUIPMENT GROUNDING CONDUCTOR CONNECTED TO EACH RECEPTACLE.

(d) LIGHTING FIXTURES.

(i) NUMBER, TYPE, AND LOCATION OF LIGHTING FIXTURES TO PROVIDE ADEQUATE ILLUMINATION FOR THE FUNCTIONS OF EACH AREA PER IES HANDBOOK: APPLICATION VOLUME. SEE WAC 248-18-99902(12).

(ii) READING LIGHT[6] CONVENIENTLY LOCATED FOR USE BY THE PATIENT AT EACH BED IN PATIENT ROOMS. CONTROL CONVENIENT FOR PATIENT USE. Freestanding bedside lamps not recommended.

(iii) SUITABLE LIGHT AT LAVATORIES IN PATIENT ROOMS AND PATIENT TOILET ROOMS. See "toilet" in IES Handbook: Application Volume, per WAC 248-18-99902(12).

(iv) NIGHT LIGHT FOR EACH BED LOCATED BELOW LEVEL OF BED TO DIMLY LIGHT PATHWAY IN ROOM. NIGHT LIGHTS OR EQUIVALENT LOCATED AT PROPER INTERVALS IN CORRIDOR CEILINGS OR WALLS IN NURSING UNITS. Additional night lights appropriately located in patient rooms installed to avoid discomfort to patients.[24]

(v) SWITCHES FOR NIGHT LIGHTS AND GENERAL ILLUMINATION ADJACENT TO OPENING SIDE OF DOORS TO PATIENT ROOMS. SWITCHES LOCATED OUTSIDE PSYCHIATRIC PATIENT SECURITY AND SECLUSION ROOMS.

(vi) LIGHTING FIXTURES IN PSYCHIATRIC SECURITY AND SECLUSION ROOMS OF TAMPER-PROOF DESIGN. Recessed type recommended.

(e) BRANCH CIRCUIT PANELS FOR ROOMS IN ALL INTENSIVE CARE UNITS[43] TO BE LOCATED IN EACH PATIENT ROOM OR OTHER LOCATION WITHIN THE UNIT PROVIDING READY ACCESSIBILITY TO CIRCUIT BREAKERS FOR STAFF CARING FOR PATIENTS IN THESE ROOMS. CIRCUIT BREAKER AND/OR OUTLET COORDINATION APPROPRIATELY AND CLEARLY IDENTIFIED.

(f) EMERGENCY ELECTRICAL SERVICE. PER NFPA-70. SEE WAC 248-18-99902(13).

(g) Adequate filter protection for electrical generator or generators (e.g., protection from volcanic ash or dust storms).

(11) MISCELLANEOUS.

(a) FILM ILLUMINATORS. AT LEAST TWO X-RAY FILM ILLUMINATORS[6] IN EACH OPERATING ROOM, NEONATAL INTENSIVE CARE UNIT, ONE IN EACH MAJOR EMERGENCY TREATMENT ROOM, and one in each delivery room.

(b) CALL SYSTEM.

(i) PROPERLY LOCATED ELECTRICAL SIGNALLING DEVICE AT THE HEAD OF EACH BED IN PATIENT ROOMS (INCLUDING LABOR ROOMS AND BIRTHING ROOMS), except optional in ambulatory psychiatric patient rooms, AT EACH WATER CLOSET AND BATHING FACILITY FOR PATIENTS, AT EACH TREATMENT AREA IN PHYSICAL THERAPY DEPARTMENTS, AT EACH PATIENT TREATMENT TABLE, CART, OR BED IN EMERGENCY DEPARTMENTS, and in each dayroom, solarium, dining room or rooms, recovery room, and patient dressing areas.[55]

(ii) EACH CALL SIGNAL TO REGISTER BY LIGHT AT THE CORRIDOR DOOR, AND BY LIGHT AND AUDIBLE SIGNAL AT THE NURSES' STATION, AND AT OTHER NURSES' WORK STATIONS SUCH AS UTILITY ROOMS, MEDICATION ROOMS, NOURISHMENT ROOMS, and nurses' lounges. CALL SIGNALS INITIATED WITHIN OTHER DEPARTMENTS (such as x-ray and physical therapy) TO REGISTER AT THE CONTROL POINT OF EACH DEPARTMENT. SIGNALS FROM WATER CLOSETS AND BATHING FACILITIES TO HAVE DISTINCTIVE LIGHT (flashing lights) AND AUDIBLE SIGNAL.

(iii) MEDICAL EMERGENCY SIGNAL DEVICE FOR USE OF THE STAFF IN EACH PSYCHIATRIC PATIENT, ACTIVITY, SECURITY, AND SECLUSION ROOM; EACH OPERATING, DELIVERY, BIRTHING, AND NURSERY ROOM; RECOVERY ROOMS; EACH PATIENT AND TREATMENT ROOM IN ALL INTENSIVE CARE UNITS; IN EACH EMERGENCY TREATMENT, EXAMINATION, AND OBSERVATION ROOM. TO REGISTER BY DISTINCTIVE LIGHT AT THE CORRIDOR DOOR, BY DISTINCTIVE VISUAL AND AUDIBLE SIGNALS AT LOCATIONS FROM WHICH ADDITIONAL ASSISTANCE IS ALWAYS AVAILABLE; WHEN CORRIDOR LIGHT NOT VISIBLE FROM NURSES' STATION, ANNUNCIATOR OR EQUIVALENT SHALL IDENTIFY POINT OF ORIGIN. SIGNAL DEVICE TO BE RESET ONLY BY STAFF AT POINT OF ORIGIN.

(iv) A CALL SIGNAL FOR NIGHT USE SHALL BE PROVIDED AT LOCKED EMERGENCY ENTRANCES.

(c) TELEPHONES.

(i) ON EACH NURSING UNIT, SURGICAL SUITE, OBSTETRICAL DELIVERY SUITE, AND RECOVERY ROOM. ADDITIONAL TELEPHONES OR EXTENSIONS AS REQUIRED TO PROVIDE ADEQUATE COMMUNICATION (A MINIMUM OF ONE ON EACH FLOOR OF THE HOSPITAL).

(ii) PUBLIC TELEPHONE IN LOBBY.

(iii) Telephones or other similar means for two-way communication among departments of the hospital, including doctors' locker, and lounge in surgery and delivery suites.

(d) CLOCKS. May be battery powered, solid state type.

(i) WALL MOUNTED CLOCKS PROPERLY LOCATED IN OPERATING ROOMS, DELIVERY ROOMS, RECOVERY ROOMS, BIRTHING ROOMS, EMERGENCY TREATMENT ROOMS, NURSERIES, INTENSIVE CARE UNITS, AND LABORATORIES.

(ii) CLOCKS IN OPERATING ROOMS, DELIVERY ROOMS, RECOVERY ROOMS, EMERGENCY TREATMENT ROOMS, AND ALL INTENSIVE CARE UNITS TO HAVE SWEEP SECOND HANDS OR EQUIVALENT. Interval timers recommended.

(e) EQUIPMENT AND CASEWORK.

(i) DESIGNED, MANUFACTURED, AND INSTALLED FOR EASE OF PROPER CLEANING AND MAINTENANCE OF EQUIPMENT AND CASEWORK, AND SURROUNDING FLOOR AND WALLS.

(ii) DESIGN, MATERIALS, AND FINISHES SUITABLE TO THE FUNCTIONS OF EACH AREA.

(iii) EQUIPMENT FOR FOOD SERVICE FUNCTIONS TO MEET STANDARDS OF NATIONAL SANITATION FOUNDATION, OR EQUIVALENT. SEE WAC 248-18-99902(6).

(iv) ALL AUTOCLAVES TO HAVE RECORDING THERMOMETERS.

(f) Chutes.

(i) Linen chutes and trash chutes not recommended.

(ii) CHUTES DIRECTLY CONNECTED TO INCINERATORS NOT PERMITTED.

(iii) CYLINDRICAL DESIGN.

(iv) TWENTY-FOUR INCH MINIMUM DIAMETER.

(v) SMOOTH, WASHABLE INTERIOR FINISH, INCLUDING JOINTS.

(vi) SELF-CLOSING, TIGHT-FITTING ACCESS DOORS AT LEAST THIRTY INCHES FROM THE FLOOR.

(vii) ACCESS DOOR OR DOORS IN SEPARATE ENCLOSED ROOM OR ROOMS OR SEPARATE AREA OF SOILED UTILITY OR CLEAN-UP ROOM USED FOR SOILED FUNCTIONS ONLY OR OTHER SIMILAR ROOM.

(viii) CHUTES TO DISCHARGE INTO SEPARATE ENCLOSED TRASH AND SOILED LINEN COLLECTION ROOMS.

(A) FLOOR DRAINS EQUIPPED WITH TRAP PRIMERS IN TRASH AND SOILED LINEN COLLECTION ROOMS.

(B) HANDWASHING FACILITY IN OR ADJACENT TO SOILED LINEN COLLECTION ROOM IF THIS ROOM USED FOR SORTING SOILED LINEN.

(ix) CHUTES DESIGNED AND VENTILATED TO AVOID CONTAMINATION BY AIR FLOW FROM ACCESS DOORS WHEN OPENED.

(x) CHUTES PROVIDED WITH SUITABLE MEANS TO ADEQUATELY WASH ENTIRE LENGTH.

(g) HARDWARE.

(i) SELECTED TO SUIT THE FUNCTIONS OF EACH ROOM AND TO ENSURE EGRESS, QUIETNESS, AND SANITATION.

(ii) PATIENT ROOM DOORS DESIGNED TO HOLD AT FULL OPEN POSITION.

(iii) PROVISION FOR IMMEDIATE EMERGENCY ACCESS TO PATIENT ROOMS AND PATIENT TOILETS, SHOWERS, AND BATHROOMS.

(iv) HARDWARE OF EXTERIOR DOORS DESIGNED TO PREVENT ENTRY OF UNAUTHORIZED PERSONS.

(h) IDENTIFICATION OF DOORS, ROOMS, AND SPACES.[24]

NOTES:

[6] May be movable equipment.
[24] In accordance with program.
[37] See definition of "grade," WAC 248-18-001.
[41] Equivalent when used in reference to faucet controls means a mechanism for operating without the use of hands, wrists, or arms.
[42] Equivalent when used in reference to receptacle outlets means that two single receptacle outlets are considered to be equal to one duplex receptacle outlet.
[43] Refer to definitions of intensive care unit WAC 248-18-001(26), acute cardiac care unit WAC 248-18-001(3), and neonatal intensive care unit WAC 248-18-223 (1)(c) and (d), and 248-18-001(37).
[49] Compressed air is filtered air free of oil and other substances, particles, or contaminants.
[50] Equivalent for x-ray receptacle outlet or outlets refer to a battery-operated, self-contained x-ray machine.
[55] A PROPERLY LOCATED SIGNAL DEVICE WITHIN REACH OF STAFF, MOUNTED NO HIGHER THAN SIX FEET ABOVE THE FLOOR AND ACTIVATED BY A NONCONDUCTIVE PULL CORD AT WATER CLOSETS AND BATHING FACILITIES. AT BATHING FACILITIES, SIGNAL DEVICE CORD LOCATED FOR EASY GRASP BY PATIENT IN OR ON FLOOR BESIDE BATHING FACILITY. AT WATER CLOSET, SIGNAL DEVICE PULL CORD LOCATED FOR EASY GRASP BY PATIENT SLUMPED FORWARD ON WATER CLOSET OR ON FLOOR NEARBY.

[Statutory Authority: RCW 70.41.030 and 43.20.050. 85-10-001 (Order 283), § 248-18-718, filed 4/18/85; 83-03-026 (Order 252), § 248-18-718, filed 1/14/83. Statutory Authority: RCW 43.20.050. 80-07-014 (Order 200), § 248-18-718, filed 6/10/80; 80-03-062 (Order 193), § 248-18-718, filed 2/26/80; Order 119, § 248-18-718, filed 5/23/75.]

WAC 248-18-99902 Appendix B--Dates of documents adopted by reference in chapter 248-18 WAC. (1) NATIONAL FIRE PROTECTION ASSOCIATION (NFPA), 99, Chapter 3, 1984.

(2) Use of the guide, published by the American Society of Heating, Refrigeration, and Air Conditioning Engineers (ASHRAE), recommended for design of heating and ventilating systems. ASHRAE Handbook series - four volumes: 1982 Applications; 1983 Equipment; 1984 Systems; 1981 Fundamentals.

(3) UNIFORM PLUMBING CODE, International Association of Plumbing and Mechanical Officials (IAPMO), 1982 edition.

(4) NATIONAL FIRE PROTECTION ASSOCIATION (NFPA), 56F, 1983.

(5) NATIONAL FIRE PROTECTION ASSOCIATION (NFPA), 90A-1981.

(6) Food Service Equipment Standards of the National Sanitation Foundation, 1984, NSF Bldg., P.O. Box 1468, Ann Arbor, Michigan 48106.

(7) Recommend use of the following standards:

(a) "Classification of Etiologic Agents on the Basis of Hazard"

United States Department of Health and Human Services Publication
Public Health Service
Centers for Disease Control
Office of Biosafety
Atlanta, Georgia 30333

(b) "Selecting a Biological Safety Cabinet"

United States Department of Health and Human Services
Public Health Service
National Institutes of Health
National Cancer Institute
Office of Research Safety
Bethesda, Maryland 20014

(c) For the design, construction, and performance of "Class II Biohazard Cabinetry NSF No. 49"

National Science Foundation
NSF Building
Ann Arbor, Michigan 48105

(8) UNIFORM MECHANICAL CODE (UMC), International Association of Plumbing and Mechanical Officials (IAPMO), 1982 edition.

(9) UNDERWRITERS LABORATORIES (UL), 181-15 Standard for Safety Air Ducts, 1974 edition.

(10) SHEET METAL AND AIR CONDITIONING CONTRACTORS' NATIONAL ASSOCIATION, INC., (SMACNA), Duct Liner Application Standard, Second edition, 1975.

(11) Compressed Gas Association, Inc., Pamphlet Number P-2.1-1983, "Recommendations for Medical-Surgical Vacuum Systems," 1983 edition.

(12) Illuminating Engineers Lighting Handbook (IES), 1981 Application Volume.

(13) NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) 70-1984.

(14) METHOD OF TESTING AIR-CLEANING DEVICES USED IN GENERAL VENTILATION FOR REMOVING PARTICULATE MATTER," American Society of Heating, Refrigeration, and Air Conditioning Engineers (ASHRAE), Standard 52-76, 1976 edition.

(15) NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) 30-1981.

(16) NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) 99, CHAPTER 7, 1984.

(17) NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) 43C-1980. [Statutory Authority: RCW 70.41.030 and 43.20.050. 85-05-033 (Order 280), § 248-18-99902, filed 2/15/85; 82-24-001 (Order 248), § 248-18-99902, filed 11/18/82.]

Chapter 248-19 WAC
CERTIFICATE OF NEED--HOSPITALS AND NURSING HOMES

WAC

WAC 248-19-220 Definitions. For the purposes of chapter 248-19 WAC, the following words and phrases shall have the following meanings unless the context clearly indicates otherwise.

(1) "Acute care facilities" means hospitals and ambulatory surgical facilities.

(2) "Affected persons" means the applicant, the health systems agency for the health service area where the proposed project is to be located, health systems agencies serving contiguous health service areas, health care facilities and health maintenance organizations located in the health service area where the project is proposed to be located providing services similar to the services under review, health care facilities and health maintenance organizations, which, prior to receipt by the department of the proposal being reviewed, have formally indicated an intention to provide similar services in the future, third-party payers reimbursing health care facilities for services in the health service area where the project is proposed to be located, any agency establishing rates for health care facilities or health maintenance organizations located in the health service area where the project is proposed to be located, any person residing within the geographic area served or to be served by the applicant, and any person regularly using health care facilities within that geographic area.

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

(4) "Ambulatory surgical facility" means a facility, not a part of a hospital, providing surgical treatment to patients not requiring inpatient care in a hospital. This term does not include a facility in the offices of private physicians or dentists, whether for individual or group practice, if the privilege of using such facility is not extended to physicians or dentists outside the individual or group practice.

(5) "Applicant," except as used in WAC 248-19-390, means any person proposing to engage in any undertaking subject to review under the provisions of chapter 70-.38 RCW and Title XV of the Public Health Service Act as amended by P.L. 96-79.

"Applicant," as used in WAC 248-19-390, means any person or individual with a ten percent or greater financial interest in a partnership or corporation or other comparable legal entity engaging in any undertaking subject to review under the provisions of chapter 70.38 RCW and Title XV of the Public Health Service Act as amended by P.L. 96-79.

(6) "Annual implementation plan" means a description of objectives which will achieve goals of the health systems plan and specific priorities among the objectives. The annual implementation plan is for a one-year period and must be reviewed and amended as necessary on an annual basis.

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

(8) "Capital expenditure" means an expenditure, including a force account expenditure (i.e., an expenditure for a construction project undertaken by a facility as its own contractor), which, under generally accepted accounting principles, is not properly chargeable as an expense of operation or maintenance. Where a person makes an acquisition under lease or comparable arrangement, or through donation, which would have required certificate of need review if the acquisition had been made by purchase, such acquisition shall be deemed a capital expenditure. Capital expenditures include donations of equipment or facilities to a health care facility, which if acquired directly by such facility, would be subject to review under the provisions of this chapter and transfer of equipment or facilities for less than fair market value if a transfer of the equipment or facilities at fair market value would be subject to such review.

(9) "Certificate of need" means a written authorization by the secretary for a person to implement a proposal for one or more undertakings.

(10) "Certificate of need unit" means that organizational unit of the department responsible for the management of the certificate of need program.

(11) "Commencement of construction" means whichever of the following occurs first: Giving notice to proceed with construction to a contractor for a construction project; beginning site preparation or development; excavating or starting the foundation for a construction project; or beginning alterations, modification, improvement, extension, or expansion of an existing building.

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

(13) "Council" means the state health coordinating council established under the provisions of chapter 70.38 RCW and Title XV of the Public Health Service Act as amended by P.L. 96-79.

(14) "Days," except when called "working days," means calendar days counted by beginning with the day after the date of the act, event, or occurrence from which the designated period of time begins to run. If the last day of the period so counted should fall on a Saturday, Sunday, or legal holiday observed by the state of Washington, a designated period shall run until the end of the first working day following the Saturday, Sunday, or legal holiday.

"Working days" exclude all Saturdays and Sundays, January 1, February 12, the third Monday in February, the last Monday of May, July 4, the first Monday in September, November 11, the fourth Thursday in November, the day immediately following Thanksgiving day, and December 25. Working days are counted by beginning with the first working day after the date of the act, event, or occurrence from which a designated period of time begins to run.

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

(16) "Expenditure minimum" means one hundred fifty thousand dollars for the twelve-month period beginning with October 1979, and for each twelve-month period thereafter the figure in effect for the preceding

twelve-month period adjusted to reflect the change in the preceding twelve-month period, in an index established by rules and regulations by the department for the purpose of making such adjustment.

(17) "Health care facility" means hospitals, psychiatric hospitals, tuberculosis hospitals, nursing homes, both skilled nursing facilities and intermediate care facilities, kidney disease treatment centers including freestanding hemodialysis units, ambulatory surgical facilities, rehabilitation facilities, hospices and home health agencies, and includes such facilities when owned and operated by the state or a political subdivision or instrumentality of the state and such other facilities as required by Title XV of the Public Health Service Act as amended by P.L. 93-641 and implementing regulations, but does not include Christian Science sanatoriums operated or listed and certified by the First Church of Christ Scientist, Boston, Massachusetts.

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

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

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

(ii) Is compensated (except for copayments) for the provision of the basic health care services listed in subsection (18)(b)(i) of this section to enrolled participants by a payment which is paid on a periodic basis without regard to the date the health care services are provided and which is fixed without regard to the frequency, extent, or kind of health service actually provided; and

(iii) Provides physicians' services primarily:

(A) Directly through physicians who are either employees or partners of such organization, or

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

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

(20) "Health systems agency" means a public regional planning body or a private nonprofit corporation organized and operated in a manner consistent with the laws of the state of Washington and P.L. 93-641 and capable of performing each of the functions described in RCW 70.38.085, and is capable as determined by the secretary of the United States Department of Health and Human Services, upon recommendation of the governor or the council, of performing each of the functions described in the federal law, Title XV of the Public Health Service Act as amended by P.L. 96-79.

"Appropriate health systems agency" means the health systems agency for the health service area where a particular project is to be located.

(21) "Health systems plan" means a plan established by a health systems agency which is a detailed statement of goals and resources required to reach those goals as described in the federal law, Title XV of the Public Health Service Act as amended by P.L. 96-79.

(22) "Home health agency" means any entity which is or is to be certified as a provider of home health services in the Medicaid or Medicare program.

(23) "Hospice" means any public or private entity, center, institution, or distinct part or parts thereof certified or to be certified as a hospice provider in the Medicare program or licensed or certified by the state of Washington to provide hospice services or providing a coordinated program of home and inpatient services for the terminally ill. Services provided by a hospice are primarily palliative and supportive rather than curative in nature, including bereavement care to the family after the patient's death, and provided by an interdisciplinary team. The services are designed to meet the physiological, psychological, social, and spiritual needs of the patient and his or her family.

(24) "Hospital" means any institution, place, building or agency or distinct part thereof which qualifies or is required to qualify for a license under chapter 70.41 RCW, or any state-owned and operated institution primarily engaged in providing to inpatients, by or under the supervision of physicians, diagnostic services and therapeutic services for medical diagnosis, treatment and care of injured, disabled, or sick persons, or rehabilitation services of injured, disabled, or sick persons. Such term includes tuberculosis hospitals but does not include psychiatric hospitals.

(25) "Hospital commission" means the Washington state hospital commission established pursuant to chapter 70.39 RCW.

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

(27) "Institutional health services" means health services provided in or through health care facilities and entailing annual direct operating costs of at least seventy-five thousand dollars for the twelve-month period beginning with October 1979, and for each twelve-month period thereafter the figure in effect for the preceding twelve-month period adjusted to reflect the change in the preceding twelve-month period in an index established by rules and regulations by the department.

(28) "Intermediate care facility" means any institution or distinct part thereof certified as an intermediate care facility for participation in the Medicaid (Title XIX of the Social Security Act) program.

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

(30) "Long-range health facility plan" means a document prepared by each hospital containing a description of the hospital's plans for substantial changes in the facilities and services for three years.

(31) "Major medical equipment" means a single unit of medical equipment or a single system of components used for the provision of medical and other health services and costing in excess of one hundred fifty thousand dollars, except that such term does not include dental equipment or medical equipment acquired by or on behalf of a clinical laboratory to provide clinical laboratory services if the clinical laboratory is independent of a physician's office and a hospital, and the clinical laboratory has been determined under Title XVIII of the Social Security Act to meet the requirements of paragraphs (10) and (11) of section 1861(s) of such act. If the equipment is acquired for less than fair market value, the term "cost" includes the fair market value.

(32) "May" means permissive or discretionary.

(33) "Nursing home" means any home, place, institution, building or agency or distinct part thereof operating or maintaining facilities providing convalescent or chronic care, or both, for a period in excess of twenty-four consecutive hours for three or more patients not related by blood or marriage to the operator, who, by reason of illness or infirmity, are unable properly to care for themselves. Convalescent and chronic care may include, but not be limited to, any or all procedures commonly employed in waiting on the sick, such as administration of medicines, preparation of special diets, giving of bedside nursing care, application of dressings and bandages, and carrying out of treatment prescribed by a duly licensed practitioner of the healing arts. The term "nursing home" includes any such entity owned and operated by the state or licensed or required to be licensed under the provisions of chapter 18.51 RCW and any other intermediate care facility or skilled nursing facility as these terms are defined in this section. The term "nursing home" does not include: General hospitals or other places providing care and treatment for the acutely ill and maintaining and operating facilities for major surgery or obstetrics or both; psychiatric hospitals as defined in this section; private establishments, other than private psychiatric hospitals, licensed or required to be licensed under the provisions of chapter 71.12 RCW; boarding homes licensed under the provisions of chapter 18.20 RCW; or any place or institution operated to provide only board, room, and laundry to persons not in need of medical or nursing treatment or supervision.

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

(a) An enforceable contract has been entered into by a health care facility or by a person proposing such capital expenditure on behalf of the health care facility for the construction, acquisition, lease, or financing of a capital asset; or

(b) A formal internal commitment of funds by a health care facility for a force account expenditure constituting a capital expenditure; or

(c) In the case of donated property, the date on which the gift is completed in accordance with state law.

(35) "Offer," when used in connection with health services, means the health facility provides or holds itself out as capable of providing or as having the means for the provision of one or more specific health services.

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

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

(38) "Project" means any and all undertakings which may be or are proposed in a single certificate of need application or for which a single certificate of need is issued.

(39) "Psychiatric hospital" means any institution or distinct part thereof primarily engaged in providing to inpatients, by or under the supervision of a physician, psychiatric services for the diagnosis and treatment of mentally ill persons and licensed or required to be licensed under the provisions of chapter 71.12 RCW, or is owned and operated by the state or by a political subdivision or instrumentality of the state.

(40) "Rehabilitation facility" means an inpatient facility operated for the primary purpose of assisting in the rehabilitation of disabled persons through an integrated program of medical and other health services provided under competent professional supervision.

(41) "Secretary" means the secretary of the Washington state department of social and health services or his or her designee.

(42) "Shall" means compliance is mandatory.

(43) "Skilled nursing facility" means any institution or distinct part thereof certified as a skilled nursing facility for participation in the Medicare (Title XVIII) or Medicaid (Title XIX) program.

(44) "State health plan" means a document, described in Title XV of the Public Health Service Act, developed by the department and the council in accordance with RCW 70.38.065.

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

(46) "Undertaking" means any action which, according to the provisions of chapter 248-19 WAC, is subject to the requirements for a certificate of need or an exemption from the requirements for a certificate of need. [Statutory Authority: RCW 70.38.135. 84-07-014 (Order 2082), § 248-19-220, filed 3/14/84; 81-09-012 (Order 210), § 248-19-220, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-220, filed 11/30/79.]

WAC 248-19-230 Applicability of chapter 248-19 WAC. (1) The following undertakings shall be subject to

the provisions of chapter 248-19 WAC, with the exceptions provided for in this section.[1]

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

(b) Any capital expenditure by or on behalf of a health care facility substantially changing the health services of the facility. Substantial changes in services shall be limited to the following:

(i) The establishment of health services not offered on a regular basis within the twelve-month period prior to the time such services are offered or the termination of such services;

(ii) The introduction of a new technology for diagnosis or treatment;

(iii) A change in the level of service; or

(iv) The offering of any of the following health services at a new location not formerly part of the health care facility's campus. Specific substantial changes in services are as follows:

Alcoholism/substance abuse
Burn unit
Cardiac catheterization
Chronic renal dialysis
Kidney lithotripty
CT-computed tomography
NMR-nuclear magnetic resonance
PET-positron emission tomography

Emergency services including regular outpatient emergency services staffed by physicians at a health care facility, and the provision of ambulance services, including air ambulance, licensed under chapter 18.73 RCW.

Inpatient psychiatric services
Neonatal special care-level III
Obstetrics-level I
Obstetrics-level II
Obstetrics-level III

Organ transplants, including only heart, liver, kidney, bone marrow, brain, and lung transplants

Open heart surgery
Pediatrics-level I
Pediatrics-level II
Pediatrics-level III
Radiation therapy-megavoltage, orthovoltage
Rehabilitation-level I
Rehabilitation-level II
Rehabilitation-level III

Change in the number of dialysis stations in a health care facility, and

Change from mobile to fixed base CT scanning.

The department may, periodically and on an emergency basis, revise and update specific substantial changes in services.

(c) Any capital expenditure by or on behalf of a health care facility exceeding the expenditure minimum as defined by WAC 248-19-220(16). The costs of any studies, surveys, designs, plans, working drawings, specifications, and other activities (including staff effort and consulting and other services which under generally accepted accounting principles are not properly chargeable as an expense of operation and maintenance) essential to the acquisition, improvement, expansion, or replacement of any plant or equipment with respect to which such expenditure is made shall be included in determining the amount of the expenditure. Functional programming and general long-range planning activities, including marketing surveys and feasibility studies, are not to be included when determining whether an expenditure exceeds the expenditure minimum.

(d) A change in bed capacity of a licensed health care facility which increases the total number of licensed beds or redistributes beds among facility and service categories of acute care, skilled nursing, intermediate care, and boarding home care if the bed redistribution is to be effective for a period in excess of six months.

(e) The obligation of any capital expenditure by or on behalf of a health care facility not required to be licensed for a change in bed capacity which increases the total number of beds, or redistributes beds among various categories, by more than ten beds or more than ten percent of total bed capacity as defined by the department, whichever is less, over a two-year period.

(f) Acquisition of major medical equipment:

(i) If the equipment will be owned by or located in an inpatient health care facility; or

(ii) If the equipment is not to be owned by or located in a health care facility and the department finds, consistent with WAC 248-19-403, that:

(A) The equipment will be used to provide services for inpatients of a hospital on other than a temporary basis in the case of a natural disaster, a major accident, or equipment failure; or

(B) The person acquiring such equipment did not notify the department of the intent to acquire such equipment at least thirty days before entering into contractual arrangements[2] for such acquisition.

(g) The acquisition of an existing health care facility which the department has determined, in accordance with the provisions of subsection (2) of this section, is subject to review;

(h) Any new institutional health services which are offered by or on behalf of a health care facility and which were not offered on a regular basis by or on behalf of such health care facility within the twelve-month period prior to the time such services would be offered.

(i) Any expenditure by or on behalf of a health care facility in excess of the expenditure minimum made in preparation for any undertaking under this subsection and any arrangement or commitment made for financing such undertaking. Expenditures of preparation shall include expenditures for architectural designs, plans, working drawings and specifications.

(j) The obligation of any capital expenditure by or on behalf of a health care facility which decreases the total number of licensed beds or relocates beds from one physical facility or site to another by ten beds or ten percent, whichever is less, in any two-year period.

(k) Any acquisition by donation, lease, transfer, or comparable arrangement, by or on behalf of a health care facility, if the acquisition would otherwise be reviewable under chapter 248-19 WAC if made by purchase.

(2) At least thirty days before any person acquires or enters into a contract[2] to acquire an existing health care facility, the person shall provide written notification to the department and the appropriate health systems agency, and in the case of a hospital, the hospital commission, of the person's intent to acquire the facility.

(a) Written notification of intent, to be considered valid, shall be made in a form and manner acceptable to the secretary and shall include:

(i) The name and address of the health care facility to be acquired;

(ii) The name and address of the person intending to acquire the health care facility;

(iii) A description of the means by which the health care facility would be acquired, including the total capital expenditures associated with the acquisition, and the intended date of incurring the contractual obligation to acquire the health care facility;

(iv) The name and address of the person from whom the facility is to be acquired; and

(v) A description of any changes in institutional health services or bed capacity proposed by the person acquiring the health care facility.

(b) A certificate of need shall be required for the obligation of a capital expenditure to acquire by purchase, or under lease or comparable arrangement, an existing health care facility if:

(i) A written notification of intent to acquire an existing health care facility is not provided in accordance with WAC 248-19-230(2), or

(ii) The department finds within fifteen working days after receipt of a written notification to acquire a health care facility that the services or bed capacity of the facility will be changed in being acquired.

(c) Within fifteen working days after receipt of a written notification of intent, the department shall send written notice to the person intending to acquire the health care facility, indicating:

(i) Whether the written notification constitutes a valid notification, as prescribed in subsection (2)(a) of this section and, if such notification is valid,

(ii) Whether such acquisition is subject to certificate of need review.

(d) If the department fails to make a determination within thirty days after receipt of a valid notice, the health care facility may be acquired without a certificate of need.

(3) With respect to ambulatory care facilities and inpatient health care facilities controlled (directly or indirectly) by a health maintenance organization or combination of health maintenance organizations, the provisions of chapter 248-19 WAC shall apply only to the offering of inpatient institutional health services, the acquisition of major medical equipment, and the obligation of capital expenditures for the offering of inpatient institutional health services, and then only to the extent that such offering, acquisition, or obligation is not exempt under the provisions of WAC 248-19-405.

(4) The extension, on more than an infrequent basis, of the services of a home health agency or a hospice to a population residing in a county not previously regularly included in the service area of that home health agency or hospice during the preceding twelve months constitutes extension of home health services or hospice services beyond a defined geographic area and shall be considered the development or establishment of a new home health agency or hospice.

(5) No person shall engage in any undertaking subject to certificate of need review under the provisions of this chapter unless a certificate of need authorizing such undertaking has been issued and remains valid or an exemption has been granted in accordance with the provisions of this chapter.

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

(7) The department may issue certificates of need permitting predevelopment expenditures only, without authorizing any subsequent undertaking with respect to which such predevelopment expenditures are made.

(8) A certificate of need application, the review of which had begun but upon which final action had not been taken prior to January 1, 1981, shall be reviewed and final action taken based on chapter 70.38 RCW and chapter 248-19 WAC as in effect prior to January 1, 1981.

(9) Certificates of need issued prior to January 1, 1981, shall not be terminated and the periods of validity of such certificates of need shall not be modified under the provisions of chapter 248-19 WAC which become effective January 1, 1981.

(10) A project for which certificate of need review was waived under the provisions of WAC 248-19-230(8) as in effect January 1, 1980, to January 1, 1981, shall have been completed by January 1, 1981, or, in the case of a construction project, commencement of construction shall have occurred by January 1982. If this requirement is not met, the project shall become subject to the requirements for a certificate of need.

(11) A proposed change in a project associated with a capital expenditure for which a certificate of need has been issued shall be subject to certificate of need review if the change is proposed within one year after the date the activity for which the capital expenditure was approved has been undertaken.

(a) Projects subject to review under this subsection include proposed changes in projects originally subject to review according to the provisions of subsection (1)(b), (c), (d), (e), or (j) of this section.

(b) No capital expenditure need be associated with a proposed change in a project subject to review under this subsection.

(c) A proposed change in a project shall include any change in the licensed bed capacity of a facility, and the addition or termination of an institutional health service.

(12) Administrative review.

(a) The secretary shall have the authority to review and take action, on the basis of information submitted on an abbreviated application form acceptable to the secretary, the following categories of expenditures:

(i) The acquisition of land;

(ii) Capital costs associated with the refinancing of existing debt;

(iii) The obligation of any capital expenditure by or on behalf of a health care facility which decreases the total number of licensed beds or relocates licensed beds from one physical facility or site to another by ten beds or ten percent, whichever is less, in any two-year period; and

(iv) A proposed change in a project reviewed in accordance with WAC 248-19-230(11).

(b) Such review shall be completed within ten working days after receipt of an application.

(13) The provision of hospice services by an entity providing the services described in the definition of "hospice" in WAC 248-19-220, when such an entity was providing services as of July 24, 1983, shall not be considered the establishment of a new health facility or service and shall not be subject to certificate of need review. Persons providing hospice services as of July 24, 1983, shall submit information prescribed by the department showing they were providing hospice services as of that date and showing the services provided and the county or counties comprising the service area.

NOTE:

[1]Where a hospital is part of a larger institution, such as a university, the components of the larger institution (e.g., a component conducting medical research) not related to the hospital will not be considered part of the hospital, whether or not the hospital is a distinct legal entity. Similarly, when there is a legal entity, the primary activity of which is operating a hospital, but which also operates a distinct research component, the research component will not be considered part of the hospital. In these cases, the component conducting medical research that is distinct from the hospital and that neither provides inpatient services nor uses revenues derived from patient charges at the hospital to finance its operations will not be considered part of the hospital.

Further, expenditures by a component of a larger institution, such as a university, which is distinct from a separate health care facility component, such as the university's hospital, will not be viewed as being "by a health care facility." Thus, a capital expenditure by a university medical school that is a distinct component of the university will not be considered to be "by" the hospital of the university. In finding that the medical school is distinct, the department must find at least that the revenues derived from patient charges at the hospital of the university are not used for operating expenses of the medical school.

If a capital expenditure exceeds the expenditure minimum, for it to be required to be subject to review, the department must find that it is "on behalf of" a health care facility. Such an expenditure is also required to be subject to review if it is for the acquisition of major medical equipment and meets the conditions set forth in WAC 248-19-230 (1)(f). The same analysis would apply to a distinct research component of a legal entity, the primary activity of which is operating a hospital.

[2]A person may enter into a contractual arrangement at an earlier date, provided such contractual arrangement is contingent upon a determination by the department that a certificate of need is not needed or upon issuance of a certificate of need.

[Statutory Authority: RCW 70.38.135. 84-07-014 (Order 2082), § 248-19-230, filed 3/14/84; 81-09-012 (Order 210), § 248-19-230, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-230, filed 11/30/79.]

WAC 248-19-360 Bases for findings and action on applications. (1) The findings of the department's review of certificate of need applications and the action of the secretary's designee on such applications shall, with the exceptions provided for in WAC 248-19-410 and 248-19-415 be based on determinations as to:

(a) Whether the proposed project is needed;

(b) Whether the proposed project will foster containment of the costs of health care;

(c) Whether the proposed project is financially feasible; and

(d) Whether the proposed project will meet the criteria for structure and process of care identified in WAC 248-19-390.

(2) The decision on a certificate of need application shall be consistent with the state health plan in effect at the time the secretary's designee made the original or reconsidered or remanded decision. A finding of inconsistency shall not be based solely on the fact a proposed project is not specifically referenced in the state health plan.

(3) Criteria contained in this section and in WAC 248-19-370, 248-19-380, 248-19-390, and 248-19-400 shall be used by the department in making the required determinations.

(a) In the use of criteria for making the required determinations, the department shall consider:

(i) The consistency of the proposed project with the applicable regional health plan (RHP) and annual implementation plan (AIP), and the state health plan (SHP);

(ii) The standards in the state health plan identified to be used for certificate of need review purposes and applicable to the type of project under review;

(iii) In the event standards in the state health plan or regional health plan do not address in sufficient detail for a required determination the services or facilities for health services proposed, the department may consider standards not in conflict with the state health plan or regional health plan in accordance with subsection (3)(b) of this section;

(iv) The findings and recommendations of the regional health council and the hospital commission (in relation to the immediate and long-range financial feasibility of a hospital project as well as the probable impact of such project on the cost of and charges for providing health services by the hospital, including recommendations to approve, conditionally approve, partially approve, or deny an application); and

(v) The relationship of the proposed project to the long-range plan (if any) of the person proposing the project.

(b) The department may consider any of the following in its use of criteria for making the required determinations:

(i) Nationally recognized standards from professional organizations;

(ii) Standards developed by professional organizations in Washington state;

(iii) Federal Medicare and Medicaid certification requirements;

(iv) State licensing regulations;

(v) The hospital commission's policies, guidelines and regulations;

(vi) Applicable standards developed by other individuals, groups, or organizations with recognized expertise related to a proposed undertaking; and

(vii) The written findings and recommendations of individuals, groups, or organizations with recognized expertise related to a proposed undertaking, with whom the department consults during the review of an application.

(c) At the request of an applicant, the department shall identify the criteria and standards it will use prior to the submission and screening of a certificate of need application: *Provided however*, That when a person requests identification of criteria and standards prior to the submission of an application, the person shall submit such descriptive information on a project as is determined by the department to be reasonably necessary in order to identify the applicable criteria and standards. The department shall respond to such request within fifteen working days of its receipt. In the absence of an applicant's request under this subsection, the department shall identify the criteria and standards it will use during the screening of a certificate of need application. The department shall inform the applicant about any consultation services it will use in the review of a certificate of need application prior to the use of such consultation services.

(d) Representatives of the department or consultants whose services are engaged by the department may make an on-site visit to a health care facility, or other place for which a certificate of need application is under review, or for which a proposal to withdraw a certificate of need is under review when the department deems such an on-site visit is necessary and appropriate to the department's review of a proposed project. [Statutory Authority: RCW 70.38.135. 85-05-032 (Order 2208), § 248-19-360, filed 2/15/85; 81-09-012 (Order 210), § 248-19-360, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-360, filed 11/30/79.]

WAC 248-19-370 Determination of need. The determination of need for any project shall be based on the following criteria, except these criteria will not justify exceeding the limitation on increases of nursing home beds provided in WAC 248-19-373.

(1) The population served or to be served has need for the project and other services and facilities of the type proposed are not or will not be sufficiently available or accessible to meet that need. The assessment of the conformance of a project with this criterion shall include, but need not be limited to, consideration of the following:

(a) In the case of a reduction, relocation, or elimination of a service, the need the population presently served has for the service, the extent to which the need will be met adequately by the proposed relocation or by alternative arrangements, and the effect of the reduction, elimination, or relocation of the service on the ability of low-income persons, racial and ethnic minorities, women, handicapped persons, and other underserved groups and the elderly to obtain needed health care;

(b) In the case of health services or facilities proposed to be provided, the efficiency and appropriateness of the use of existing services and facilities similar to those proposed;

(c) In the case of an application by an osteopathic or allopathic facility for a certificate of need to construct, expand, or modernize a health care facility, acquire major medical equipment, or add services, the need for that construction, expansion, modernization, acquisition of equipment, or addition of services on the basis of the need for and the availability in the community of services and facilities for osteopathic and allopathic physicians and their patients, and the impact on existing and proposed institutional training programs for doctors of osteopathy and medicine at the student, internship, and residency training levels; and

(d) In the case of a project not involving health services, the contribution of the project toward overall management and support of such services.

(2) All residents of the service area, including low-income persons, racial and ethnic minorities, women, handicapped persons, and other underserved groups and the elderly are likely to have adequate access to the proposed health service or services. The assessment of the conformance of a project with this criterion shall include, but not be limited to, consideration as to whether the proposed services makes a contribution toward meeting the health-related needs of members of medically underserved groups which have traditionally experienced difficulties in obtaining equal access to health services, particularly those needs identified in the applicable regional health plan, annual implementation plan, and state health plan as deserving of priority. Such consideration shall include an assessment of the following:

(a) The extent to which medically underserved populations currently use the applicant's services in comparison to the percentage of the population in the applicant's service area which is medically underserved, and the extent to which medically underserved populations are expected to use the proposed services if approved;

(b) The past performance of the applicant in meeting obligations, if any, under any applicable federal regulations requiring provision of uncompensated care, community service, or access by minorities and handicapped persons to programs receiving federal financial assistance (including the existence of any unresolved civil rights access complaints against the applicant);

(c) The extent to which Medicare, Medicaid, and medically indigent patients are served by the applicant; and

(d) The extent to which the applicant offers a range of means by which a person will have access to its services (e.g., outpatient services, admission by house staff, admission by personal physician).

(3) The resources for the proposed project are not needed for higher priority alternative uses identified in applicable health plans.

(4) The applicant has substantiated any of the following special needs and circumstances the proposed project is to serve.

(a) The special needs and circumstances of entities such as medical and other health professions schools, multidisciplinary clinics and specialty centers providing a substantial portion of their services or resources, or both, to individuals not residing in the health service areas in which the entities are located or in adjacent health service areas.

(b) The special needs and circumstances of biomedical and behavioral research projects designed to meet a national need and for which local conditions offer special advantages.

(c) The special needs and circumstances of osteopathic hospitals and nonallopathic services.

(5) The project will not have an adverse effect on health professional schools and training programs. The assessment of the conformance of a project with this criterion shall include consideration of:

(a) The effect of the means proposed for the delivery of health services on the clinical needs of health professional training programs in the area in which the services are to be provided; and

(b) If proposed health services are to be available in a limited number of facilities, the extent to which the health professions schools serving the area will have access to the services for training purposes.

(6) The project is needed to meet the special needs and circumstances of enrolled members or reasonably anticipated new members of a health maintenance organization or proposed health maintenance organization and the services proposed are not available from nonhealth maintenance organization providers or other health maintenance organizations in a reasonable and cost-effective manner consistent with the basic method of operation of the health maintenance organization or proposed health maintenance organization. In assessing the availability of health services from these providers, the department shall consider only whether the services from these providers:

(a) Would be available under a contract of at least five years' duration;

(b) Would be available and conveniently accessible through physicians and other health professionals associated with the health maintenance organization or proposed health maintenance organization (for example - whether physicians associated with the health maintenance organization have or will have full staff privileges at a nonhealth maintenance organization hospital);

(c) Would cost no more than if the services were provided by the health maintenance organization or proposed health maintenance organization; and

(d) Would be available in a manner administratively feasible to the health maintenance organization or proposed health maintenance organization. [Statutory Authority: RCW 70.38.135. 85-05-032 (Order 2208), § 248-19-370, filed 2/15/85; 81-09-012 (Order 210), § 248-19-370, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-370, filed 11/30/79.]

WAC 248-19-373 Determination of nursing home bed needs. (1) The following rules are adopted for use in making decisions on certificate of need applications involving nursing home beds submitted for review under the provisions of RCW 70.38.105.

(a) With the assistance of a work group, the state health coordinating council developed a method for determining future nursing home bed needs with the intention of incorporating that method as an amendment to the 1982 state health plan. The secretary of the department reviewed the method and submitted it to the governor for adoption as an amendment to the state health plan. The governor adopted the method as part of an amendment of the state health plan on March 27, 1984. See RCW 70.38.045 and RCW 70.38.065.

(b) The nursing home bed need projections in subsection (3)(a) of this section shall be used to interpret the certificate of need review criteria in RCW 70.38.115 (2)(b) and WAC 248-19-370.

(2) The secretary finds:

(a) That in developing the amendment to the 1982 state health plan the state health coordinating council sought and received the assistance of a work group consisting of representatives from a wide variety of groups interested in nursing home bed needs in this state.

(b) That the work group consisted of representatives from the following: State health coordinating council; Puget Sound health systems agency; Washington association of homes for the aging; Washington state health facilities association; united nursing home association; area agency on aging; nursing home ombudsman; state nursing home advisory council; senior citizens lobby; state council on aging; the department's bureau of aging and adult services, bureau of nursing home affairs, and regional offices; and the house committee on social and health services.

(c) That the following assumptions which were incorporated in the amendment regarding the bed need projection method are the appropriate policy considerations for projecting nursing home bed needs.

(i) Nursing home bed need projections should reflect variations in nursing home use by different age groups of the population.

(ii) Nursing home beds should ordinarily be located reasonably close to the people they serve.

(iii) Equity and the availability in use of nursing home beds within the state should be increased by reducing the wide variation in nursing home use rates within age groups among areas of the state.

(iv) Areas of the state that are underbedded, adequately bedded, and overbedded should be identified and treated differently in the bed need projection process.

(v) The overall supply of beds in the state should represent a reasonable and appropriate state nursing home bed to elderly population ratio.

(vi) Most current nursing home use in the state reflects an appropriate need for formal services which

should be met by nursing home beds or other services in long–term care continuum.

(vii) To be responsive to unique local circumstances, the nursing home bed need projection process should include local discretion in defining nursing home planning areas and bed allocations.

(d) That the amendment to the 1982 state health plan established a 1990 target state nursing home bed to elderly population ratio (see subsection (2)(c)(v) of this section) of 53.7 beds per one thousand persons aged sixty–five or older. Taken into account in establishing this ratio were the following:

(i) The national bed ratio and the bed ratios of other states judged to have reasonable and progressive long–term care policies, and

(ii) State policy goals for the allocation of scarce resources between nursing home beds and other institutional and community–based services in the long–term care continuum, and

(iii) The effects on nursing home bed needs of new health system developments, such as hospital diagnostic related group (DRG) reimbursement, and

(iv) Progress being made in developing other long–term care services for the population at risk of nursing home placement.

(e) That nursing home bed need projections derived from the state health plan bed need methodology should not be exceeded in decisions on applications for certificates of need.

(3) The following are the 1987 projections of total nursing home beds needed in each county as derived from the state health plan nursing home bed need projection methodology. These projections will remain in effect until updated. The next update is scheduled for the last half of 1986. The projections do not reflect necessary reductions for current licensed nursing home beds (excluding nursing home beds used for IMR), beds in hospitals used for long–term care, and the number of nursing home beds approved by certificate of need, but not yet licensed. The projections less these reductions equal additional beds needed.

(a)

Clallam	470
Island	215
Jefferson	129
King	8,867
Kitsap	1,151
Pierce	3,105
San Juan	73
Skagit	505
Snohomish	2,270
Whatcom	1,081
Clark	1,178
Cowlitz	585
Grays Harbor	667
Klickitat	100
Lewis	493
Mason	195
Pacific	196
Thurston	719
Wahkiakum	53
Benton	396
Chelan	439
Douglas	107
Franklin	138
Grant	231
Kittitas	227
Okanogan	275
Yakima	1,436
Adams	112
Asotin	233
Columbia	71
Ferry	27
Garfield	40
Lincoln	101
Pend Oreille	56
Spokane	2,667
Stevens	176
Walla Walla	497
Whitman	236

(b) These bed need projections include the allocation plans of the applicable regional health council, as provided for in the nursing home bed need projection method. Where there is no regional health council allocation plan, the nonallocated projection is shown.[1]

(c) Certificates of need issued by the department shall approve no more than the number of additional beds indicated as needed for a given county by the projection method as listed in subsection (3)(a) of this section.

NOTE:

[1]Step 5 of the state health plan nursing home bed need projection methodology concerns the determination of the appropriate number of nursing home beds in each county. The method states the regional health councils are responsible for the development of an allocation plan. The regional health councils may group counties into multiple county planning areas and allocate beds or reallocate beds among counties based on the planning areas. The allocation plan shall be developed separate from the review of individual certificate of need applications.

[Statutory Authority: RCW 70.38.135. 85–05–032 (Order 2208), § 248–19–373, filed 2/15/85.]

Chapter 248–22 WAC

LICENSING REGULATIONS FOR PRIVATE PSYCHIATRIC AND ALCOHOLISM HOSPITALS AND MINIMUM LICENSING STANDARDS FOR ALCOHOLISM TREATMENT FACILITIES

WAC

MINIMUM LICENSING STANDARDS FOR ALCOHOLISM TREATMENT FACILITIES

248–22–500	Repealed.
248–22–501	Repealed.
248–22–510	Repealed.
248–22–520	Repealed.
248–22–530	Repealed.
248–22–540	Repealed.
248–22–550	Repealed.
248–22–560	Repealed.
248–22–570	Repealed.
248–22–580	Repealed.
248–22–590	Repealed.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-22-500 Purpose. [Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-500, filed 11/4/82; Order 100, § 248-22-500, filed 6/10/74.] Repealed by 84-17-014 (Order 2134), filed 8/3/84. Statutory Authority: Chapter 71.12 RCW. Later promulgation, see WAC 248-26-001.

248-22-501 Definitions. [Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-501, filed 11/4/82; Order 148, § 248-22-501, filed 6/29/77; Order 100, § 248-22-501, filed 6/10/74.] Repealed by 84-17-014 (Order 2134), filed 8/3/84. Statutory Authority: Chapter 71.12 RCW. Later promulgation, see WAC 248-26-010.

248-22-510 Licensure. [Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-510, filed 11/4/82; Order 148, § 248-22-510, filed 6/29/77; Order 118, § 248-22-510, filed 5/23/75; Order 100, § 248-22-510, filed 6/10/74.] Repealed by 84-17-014 (Order 2134), filed 8/3/84. Statutory Authority: Chapter 71.12 RCW. Later promulgation, see WAC 248-26-020.

248-22-520 Administrative management. [Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-520, filed 11/4/82. Statutory Authority: RCW 43.20.050. 80-02-003 (Order 191), § 248-22-520, filed 1/4/80; Order 100, § 248-22-520, filed 6/10/74.] Repealed by 84-17-014 (Order 2134), filed 8/3/84. Statutory Authority: Chapter 71.12 RCW. Later promulgation, see WAC 248-26-030.

248-22-530 Client care and services, general. [Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-530, filed 11/4/82; Order 100, § 248-22-530, filed 6/10/74.] Repealed by 84-17-014 (Order 2134), filed 8/3/84. Statutory Authority: Chapter 71.12 RCW. Later promulgation, see WAC 248-26-040.

248-22-540 Maintenance and housekeeping. [Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-540, filed 11/4/82; Order 100, § 248-22-540, filed 6/10/74.] Repealed by 84-17-014 (Order 2134), filed 8/3/84. Statutory Authority: Chapter 71.12 RCW. Later promulgation, see WAC 248-26-070.

248-22-550 Special additional requirements for an alcoholism treatment facility which provides alcoholism detoxification service. [Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-550, filed 11/4/82; Order 148, § 248-22-550, filed 6/29/77; Order 100, § 248-22-550, filed 6/10/74.] Repealed by 84-17-014 (Order 2134), filed 8/3/84. Statutory Authority: Chapter 71.12 RCW. Later promulgation, see WAC 248-26-100.

248-22-560 Special additional requirements for an alcoholism treatment facility, or distinct part thereof, which provides alcoholism intensive inpatient treatment or services or alcoholism recovery house services. [Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-560, filed 11/4/82; Order 148, § 248-22-560, filed 6/29/77; Order 100, § 248-22-560, filed 6/10/74.] Repealed by 84-17-014 (Order 2134), filed 8/3/84. Statutory Authority: Chapter 71.12 RCW.

248-22-570 Special additional requirements for an alcoholism treatment facility, or distinct part thereof, which provides alcoholism long-term treatment service. [Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-570, filed 11/4/82; Order 148, § 248-22-570, filed 6/29/77; Order 100, § 248-22-570, filed 6/10/74.] Repealed by 84-17-014 (Order 2134), filed 8/3/84. Statutory Authority: Chapter 71.12 RCW.

248-22-580 Site and grounds. [Statutory Authority: Chapter 71-.12 RCW. 82-23-003 (Order 1898), § 248-22-580, filed 11/4/82; Order 100, § 248-22-580, filed 6/10/74.] Repealed by 84-17-014 (Order 2134), filed 8/3/84. Statutory Authority: Chapter 71.12 RCW. Later promulgation, see WAC 248-26-080.

248-22-590 Physical plant and equipment. [Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-590, filed 11/4/82; Order 148, § 248-22-590, filed 6/29/77; Order 100, § 248-22-590, filed 6/10/74.] Repealed by 84-17-014 (Order 2134), filed 8/3/84. Statutory Authority: Chapter 71.12 RCW. Later promulgation, see WAC 248-26-090.

MINIMUM LICENSING STANDARDS FOR ALCOHOLISM TREATMENT FACILITIES

WAC 248-22-500 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-22-501 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-22-510 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-22-520 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-22-530 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-22-540 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-22-550 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-22-560 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-22-570 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-22-580 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-22-590 Repealed. See Disposition Table at beginning of this chapter.

Chapter 248-26 WAC
MINIMUM LICENSING STANDARDS FOR ALCOHOLISM TREATMENT FACILITIES

WAC

WAC 248-26-001 Purpose. Regulations relating to alcoholism treatment facilities are hereby adopted pursuant to chapter 71.12 RCW. The purpose of these regulations is to provide health and safety standards and procedures for the issuance, denial, suspension, and/or revocation of licenses for facilities, other than hospitals regulated pursuant to chapter 248-18 or 248-22 WAC, maintained and operated primarily for receiving or caring for alcoholics. [Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-001, filed 8/3/84. Formerly WAC 248-22-500.]

WAC 248-26-010 Definitions. For the purpose of these regulations, the following words and phrases shall have the following meanings unless the context clearly indicates otherwise. All adjectives and adverbs such as adequate, approved, competent, qualified, necessary, reasonable, reputable, satisfactory, sufficiently, effectively, appropriately, or suitable used in these rules and regulations to qualify an individual, a procedure, equipment, or building shall be as determined by the Washington state department of social and health services.

(1) "Abuse," other than substance or alcohol abuse, means the injury, sexual use, or sexual mistreatment of an individual patient by any person under circumstances which indicate the health, welfare, and safety of the patient is harmed thereby.

(a) "Physical abuse" means damaging or potentially damaging nonaccidental acts or incidents which may result in bodily injury or death.

(b) "Emotional abuse" means verbal or nonverbal actions, outside of accepted therapeutic programs, which are degrading to a patient or constitute harassment.

(2) "Administrator" means an individual appointed as the chief executive officer by the governing body of a facility to act in the facility's behalf in the overall management of the alcoholism treatment facility.

(3) "Alcoholic" means a person with alcoholism.

(4) "Alcoholism" means an illness characterized by lack of control as to the consumption of alcoholic beverages, or the consumption of alcoholic beverages to the extent an individual's health is substantially impaired or endangered, or his or her social or economic function is substantially disrupted.

(5) "Alcoholism counselor" means an individual having adequate education, experience, and knowledge regarding the nature and treatment of alcoholism and knowledgeable about community resources providing services alcoholics may need and who knows and understands the principles and techniques of alcoholism counseling with minimal requirements to include:

(a) A history of no alcohol or other drug misuse for a period of at least two years immediately prior to time of employment as an alcoholism counselor and no misuse of alcohol or other drugs while employed as an alcoholism counselor;

(b) A high school diploma or equivalent;

(c) Satisfactory completion of at least twelve quarter or eight semester credits from a college or university, including at least six quarter credits or four semester credits in specialized alcoholism courses.

(6) "Alcoholism treatment facility" means a private place or establishment, other than a licensed hospital, operated primarily for the treatment of alcoholism.

(7) "Alteration" means changes requiring construction in an existing alcoholism treatment facility.

"Minor alteration" means any physical or functional modification within existing alcoholism treatment facilities not changing the approved use of a room or area. Minor alterations performed under this definition do not require prior review of the department; however, this does not constitute a release from any applicable requirements herein.

(8) "Area," except when used in reference to a major section of an alcoholism treatment facility, means a portion of a room containing the equipment essential to carry out a particular function and separated from other facilities of the room by a physical barrier or adequate space.

(9) "Authenticated" means written authorization of any entry in a patient treatment record by means of a signature including, minimally, first initial, last name, and title.

(10) "Authentication record" means a document which is part of each patient treatment record and includes identification of all individuals initialing entries in the treatment record: Full printed name, signature as defined in WAC 248-26-010(9), title, and initials that may appear after entries in the treatment record.

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

(12) "Counseling, group" means an interaction between two or more patients and alcoholism counselor or counselors for the purpose of helping the patients gain better understanding of themselves and develop abilities to deal more effectively with the realities of their environments.

(13) "Counseling, individual" means an interaction between a counselor and a patient for the purpose of helping the patient gain a better understanding of self and develop the ability to deal more effectively with the realities of his or her environment.

(14) "Detoxification" means care or treatment of an intoxicated person during a period where the individual recovers from the effects of intoxication.

(a) "Acute detoxification" means a method of withdrawing a patient from alcohol where nursing services and medications are routinely administered to facilitate the patient's withdrawal from alcohol.

(b) "Subacute detoxification" means a method of withdrawing a patient from alcohol utilizing primarily social interaction between patients and staff within a supportive environment designed to facilitate safety for patients during recovery from the effects of intoxication with no medications administered by the staff.

(15) "Detoxified" means withdrawn from the consumption of alcohol and recovered from the effects of intoxication and any associated acute physiological withdrawal reactions.

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

(17) "Facilities" means a room or area and/or equipment to serve a specific function.

(18) "General health supervision" means provision of the following services as indicated:

(a) Reminding a patient to self-administer medically prescribed drugs and treatments;

(b) Encouraging a patient to follow a modified diet and rest or activity regimen when one has been medically prescribed;

(c) Reminding and assisting a patient to keep appointments for health care services, such as appointments with physicians, dentists, home health care services, or clinics;

(d) Encouraging a patient to have a physical examination if he or she manifests signs and symptoms of an illness or abnormality for which medical diagnosis and treatment are indicated.

(19) "Governing body" means an individual or group responsible for approving policies related to operation of an alcoholism treatment facility.

(20) "Grade" means the level of the ground adjacent to the building measured at the required windows. The ground shall be level or sloped downward for a distance of at least ten feet from the wall of the building.

(21) "Inpatient" means a patient to whom the alcoholism treatment facility is providing board and room on a twenty-four-hour-per-day basis.

(22) "Intoxication" means acute or temporary impairment of an individual's mental or physical functioning caused by alcohol in the body.

(23) "Intoxicated" means in the state of intoxication.

(24) "Lavatory" means a plumbing fixture of adequate size and proper design for washing hands.

(25) "Legend drug" means any drug required by state law or regulation of the state board of pharmacy to be dispensed on prescription only or is restricted to use by practitioners only.

(26) "Licensed nurse" means either a registered nurse or a licensed practical nurse.

(a) "Licensed practical nurse" means an individual licensed pursuant to chapter 18.78 RCW.

(b) "Registered nurse" means an individual licensed pursuant to chapter 18.88 RCW.

(27) "May" means permissive or possible at the discretion of the department.

(28) "Neglect" means negligent treatment or maltreatment; an act or omission evincing a disregard of consequences of such magnitude as to constitute a clear and present danger to a patient's health, welfare, and/or safety.

(29) "New construction" means any of the following:

(a) New building to be used as an alcoholism treatment facility.

(b) Additions to existing buildings to be used as an alcoholism treatment facility.

(c) Conversion of existing buildings or portions thereof for use as an alcoholism treatment facility.

(d) Alterations.

(30) "Owner" means an individual, firm, partnership, corporation, company, association, or joint stock association or the legal successor thereof operating an alcoholism treatment facility whether he or she owns or leases the premises.

(31) "Patient" means any individual receiving services for the treatment of alcoholism.

(32) "Pharmacist" means an individual licensed as a pharmacist in the state of Washington pursuant to provisions of chapter 18.64 RCW.

(33) "Physician" means an individual licensed under the provisions of chapter 18.71 RCW Physicians, or chapter 18.57 RCW Osteopathy—Osteopathic medicine and surgery.

(34) "Room" means a space set apart by floor to ceiling partitions on all sides with proper access to a corridor or a common-use living room or area and with all openings provided with doors or windows.

(35) "Secretary" means the secretary of the Washington state department of social and health services.

(36) "Shall" means compliance is mandatory.

(37) "Should" means a suggestion or recommendation but not a requirement.

(38) "Through traffic" means traffic for which the origin and destination are outside the room or area serving as a passageway.

(39) "Toilet" means a disposal apparatus consisting of a hopper fitted with a seat and flushing device, used for urination and defecation.

(40) "Usable floor space" means, in reference to patient sleeping room, the floor space exclusive of vestibules and closets, wardrobes, or portable lockers.

(41) "Utility sink" means a plumbing fixture of adequate size and proper design for filling and emptying mop buckets. [Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-010, filed 8/3/84. Formerly WAC 248-22-501.]

WAC 248-26-020 Licensure. (1) Application for license.

(a) An application for an alcoholism treatment facility license shall be submitted on forms furnished by the department. An application shall be signed by the owner of the facility, or his or her legal representative, and the administrator.

(b) The applicant shall furnish to the department full and complete information, and promptly report any changes.

(2) Disqualified applicants.

(a) Each and every individual named in an application for an alcoholism treatment facility license shall be considered separately and jointly as applicants and, if anyone be deemed unqualified by the department in accordance with the law or these rules and regulations, the license may be denied, suspended, or revoked.

(b) A license may be denied, suspended, or revoked for failure or refusal to comply with the requirements established by chapter 71.12 RCW or with these rules and regulations and, in addition, any of the following:

(i) Obtaining or attempting to obtain a license by fraudulent means or misrepresentation;

(ii) Permitting, aiding, or abetting the commission of any illegal act on the premises of the alcoholism treatment facility;

(iii) Cruelty, assault, abuse, neglect, or indifference to the welfare of any patient;

(iv) Misappropriation of the property of the patients; or

(v) Failure or inability to exercise fiscal accountability and responsibility toward the individual patient, the department, or the business community.

(c) Before granting a license to operate an alcoholism treatment facility, the department shall consider the ability of each individual named in the application to operate the alcoholism treatment facility in accordance with the law and these regulations. Individuals having been previously denied a license to operate a health or personal care facility in this state or elsewhere, or having been convicted civilly or criminally of operating such a facility without a license, or having had their license to operate such a facility suspended or revoked shall not be granted a license unless to the satisfaction of the department they affirmatively establish clear, cogent, and convincing evidence of their ability to operate the alcoholism treatment facility, for which the license is sought, in full conformance with all applicable laws, rules, and regulations.

(d) Individuals convicted of a felony, child abuse, and/or any crime involving physical harm to another person, or individuals identified as perpetrators of substantiated child abuse pursuant to chapter 26.44 RCW, shall be disqualified by reason of such conviction if such conviction is reasonably related to the competency of the person to exercise responsibilities for ownership, operation, and/or administration of an alcoholism treatment facility unless, to the satisfaction of the department, the individual establishes clear, cogent, and convincing evidence of sufficient rehabilitation subsequent to such conviction or abuse registry listing to warrant public trust.

(3) Submission of plans. The following shall be submitted with an application for license: *Provided however*, That whenever any of the required plans are already on file with the department through previous applications for license or construction approval, only plans for portions or changes not on file need to be submitted.

(a) A plot plan showing streets, driveways, water and sewage disposal systems, locations of buildings on the site, and grade elevations within ten feet of any building where patients are to be housed.

(b) Floor plans of each building where patients are to be housed. The floor plans shall provide the following information:

(i) Identification of each room by use of a system;

(ii) Identification of category of service intended for each room;

(iii) The usable square feet of floor space in each patient sleeping room;

(iv) The clear window glass area in each patient's sleeping room;

(v) The height of the lowest portion of the ceiling in any patient's sleeping room; and

(vi) Floor elevations referenced to the grade level.

(c) If new construction or remodeling is planned, requirements in WAC 248–26–020(7) shall apply.

(4) Classification or categories of alcoholism treatment services. For the purpose of licensing, alcoholism treatment services provided by alcoholism treatment facilities shall be classified as follows:

(a) *Alcoholism detoxification services* are either acute or subacute services required for the care and/or treatment of individuals intoxicated or incapacitated by alcohol during the initial period the body is cleared of alcohol and the individual recovers from the transitory effects of intoxication. Services include screening of intoxicated persons, detoxification of intoxicated persons, counseling of alcoholics regarding their illness to stimulate motivation to obtain further treatment, and referral of detoxified alcoholics to other, appropriate alcoholism treatment programs.

(b) *Alcoholism intensive inpatient treatment* services are those services provided to the detoxified alcoholic in a residential setting including, as a minimum, limited medical evaluation and general health supervision, alcoholism education, organized individual and group counseling, discharge referral to necessary supportive services, and a patient follow–through program after discharge.

(c) *Alcoholism recovery house services are* the provision of an alcohol–free residential setting with supporting services and social and recreational facilities for detoxified alcoholics to aid their adjustment to alcohol–free patterns of living and their engagement in occupational training, gainful employment, or other types of community activities.

(d) *Alcoholism long–term treatment services* are long–term provision of a residential care setting providing a structural living environment, board, and room for alcoholics with impaired self–maintenance capabilities needing personal guidance and assistance to maintain sobriety and optimum health status.

(5) Authorization and designation of categories of alcoholism treatment service.

(a) The license issued to an alcoholism treatment facility shall show the category or categories of alcoholism treatment the facility is licensed to provide.

(b) For each category of alcoholism treatment service, the licensee shall designate and maintain the particular category or categories of service for which the department has shown approval on the license.

(c) If maintenance and operation are not in compliance with chapter 71.12 RCW or chapter 248–26 WAC, the department may deny, suspend, or revoke authorization to provide a particular category of treatment service.

(6) Posting of license. The license for an alcoholism treatment facility shall be posted in a conspicuous place on the premises.

(7) New construction.

(a) When new construction is planned, the following shall be submitted to the department for review:

(i) A written program containing, at a minimum, information concerning services to be provided and operational methods to be used affecting the extent of facilities required by these regulations.

(ii) Duplicate sets of preliminary plans for new construction drawn to scale and including:

(A) A plot plan showing streets, driveways, the water and sewage disposal systems, grade and location of building or buildings on the site;

(B) Plans of each floor of the building or buildings, existing and proposed, designating the function of each room and showing all fixed equipment:

(iii) Preliminary plans shall be accompanied by a statement as to:

(A) Source of the water supply;

(B) Method of sewage and garbage disposal; and

(C) A general description of construction and materials including interior finishes.

(b) Construction shall not be started until duplicate sets of final plans for new construction, drawn to scale, and specifications have been submitted to and approved by the department. Final plans and specifications shall show complete details to be furnished to contractors for construction of buildings. These shall include:

(i) Plot plan;

(ii) Plans of each floor of the building or buildings designating the function of each room and showing all fixed equipment;

(iii) Interior and exterior elevations, building sections, and construction details;

(iv) A schedule of floor, wall, and ceiling finishes, and the types and sizes of doors and windows;

(v) Plumbing, heating, ventilating, and electrical systems; and

(vi) Specifications fully describing the workmanship and finishes.

(c) Adequate provisions shall be made for the safety and comfort of patients if construction work takes place in or near occupied areas.

(d) All construction shall take place in accordance with the approved final plans and specifications.

(i) The department shall be consulted prior to making any changes from the approved plans and specifications.

(ii) When indicated by the nature or extent of proposed changes, the department may require the submission of modified plans or addenda for review prior to considering proposed change or changes for approval.

(iii) Only those changes approved by the department shall be incorporated into a construction project.

(iv) In all cases, modified plans or addenda on changes incorporated into the construction project shall be submitted for the department's file on the project even though it was not required these be submitted prior to approval.

(8) Exemptions.

(a) The secretary or designee may exempt an alcoholism treatment facility from compliance with parts of these regulations when it has been found after thorough investigation and consideration such exemption may be made in an individual case without jeopardizing the safety or health of the patients in the particular alcoholism treatment facility.

(b) The secretary or designee may, upon written application, allow the substitution of procedures, materials, or equipment for those specified in these regulations when such procedures, materials, or equipment have been demonstrated, to the satisfaction of the secretary, to be at least equivalent to those prescribed.

(c) All exemptions or substitutions granted pursuant to the foregoing provisions shall be reduced to writing and filed with the department and the alcoholism treatment facility.

(9) Compliance with other regulations.

(a) Rules and regulations adopted by the Washington state fire marshal under provision of RCW 71.12.485 which are found in chapter 212-40 WAC apply.

(b) If there is no local plumbing code, the *Uniform Plumbing Code of the International Association of Plumbing and Mechanical Officials*, 1979 edition, shall be followed.

(c) Compliance with these regulations does not exempt an alcoholism treatment facility from compliance with local and state electrical codes or local zoning, building, and plumbing codes.

(10) Transfer of ownership. The possession or ownership of an alcoholism treatment facility shall not be transferred until the transferee has been notified by the department that the transferee's application for license has been approved.

(11) Denial, suspension, or revocation of license. Upon finding, as a result of an inspection, the facility has failed or refused to comply with the requirements of chapter 71.12 RCW or these rules and regulations, the department may deny, suspend, or revoke a license in accordance with RCW 34.04.170. Procedures governing hearings under these regulations shall be in accord with procedures set out in chapter 248-08 WAC. All hearings conducted under these regulations shall be deemed to be contested cases within the meaning of chapter 34-.04 RCW. [Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-020, filed 8/3/84. Formerly WAC 248-22-510.]

WAC 248-26-030 Administrative management. (1) **Governing body.**

(a) The alcoholism treatment facility shall have a governing body responsible for adopting policies related to the conduct of the alcoholism treatment facility in accordance with applicable laws and regulations.

(b) The governing body shall provide for the personnel, facilities, equipment, supplies, and special services necessary to meet patient needs for services and to maintain and operate the facility in accordance with applicable laws and regulations.

(2) **Administrator.**

(a) There shall be an administrator at least twenty-one years of age, with no history of drug or alcoholism misuse for a period of two years prior to employment, to manage the alcoholism treatment facility in compliance with chapter 71.12 RCW and chapter 248-26 WAC.

(b) The administrator either shall be on duty or readily available at all times except when an alternate administrator meeting qualifications in this section is designated in writing or in written job description and is on duty or readily available.

(c) The administrator shall establish and maintain a current written plan of organization including all positions and delineating the functions, responsibilities, authority, and relationships of all positions within the alcoholism treatment facility.

(d) The administrator shall ensure the existence and availability of policies and procedures which are:

(i) Written, developed, reviewed, and revised as necessary to keep them current;

(ii) Dated and signed by persons having responsibility for approval of the policies and procedures;

(iii) Readily available to personnel; and

(iv) Followed in the care and treatment of patients.

(3) **Personnel.**

(a) There shall be sufficient numbers of qualified personnel, who are not patients, to provide services needed by patients and to properly maintain the alcoholism treatment facility. At least one staff person shall be on duty or in residence within the alcoholism treatment facility at all times.

(b) There shall be a written job description for each position classification within the facility.

(c) Upon employment each person shall have or provide documented evidence of a tuberculin skin test by the Mantoux method unless medically contraindicated. When this skin test is negative (less than ten millimeters of induration read at forty-eight to seventy-two hours), no further tuberculin skin test shall be required. A positive test consists of ten millimeters or more of induration read at forty-eight to seventy-two hours. Positive reactors shall have a chest x-ray within ninety days of the first day of employment. Exemptions and specific requirements are as follows:

(i) Those with positive tests who have completed a recommended course of preventive or curative treatment, as determined by the local health officer, shall be exempted from testing.

(ii) Records of test results, x-rays, or exemptions to such shall be kept by the facility.

(d) Employees with a communicable disease in an infectious stage shall not be on duty.

(e) A planned, supervised orientation shall be provided to each new employee to acquaint him or her with the organization of the facility, the physical plant layout, his or her particular duties and responsibilities, the policies, procedures, and equipment pertinent to his or her work, and the disaster plan for the facility.

(f) A planned, training program shall be provided to any employee not prepared for his or her job responsibilities through previous training.

(g) Records shall be maintained of orientation, on-the-job training, and continuing education provided for employees.

(h) At least one staff person on the premises shall be currently qualified to provide basic first aid and cardiopulmonary resuscitation.

(i) Medical or nursing responsibilities, functions, or tasks shall be consistent with current Washington state law governing physician or nursing practice.

(j) Records or documentation of compliance with employee requirements described in chapter 248-26 WAC shall be available. [Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-030, filed 8/3/84. Formerly WAC 248-22-520.]

WAC 248-26-040 Patient care and services--General. (1) Individual treatment plan. For each patient, there shall be a plan individualized for treatment to include the treatment prescribed as well as assessment of physical, mental, emotional, social, and spiritual needs.

(a) The patient shall be encouraged to participate in development of the plan.

(b) Work assignments may be permitted when part of the individual treatment plan and under supervision of staff.

(2) General care and treatment.

(a) Each patient shall have available the equipment, supplies, and assistance needed to maintain personal cleanliness and grooming.

(b) The patient shall be treated in a manner respecting individual identity and human dignity with policies and procedures, as appropriate, to include:

(i) Protection from invasion of privacy: *Provided*, That reasonable means may be used to detect or prevent contraband from being possessed or used on the premises;

(ii) Confidential treatment of clinical and personal information in communications with individuals not associated with the plan of treatment;

(iii) Means of implementing federal requirements related to confidentiality of records, Title 42, Code of Federal Regulations, Part 2, Federal Register, July 1, 1975;

(iv) Provision of reasonable opportunity to practice religion of choice insofar as such religious practice does not infringe upon rights and treatment of other patients or the treatment program in the alcoholism treatment facility: *Provided*, That a patient also has the right to refuse participation in any religious practice;

(v) Communication with significant others in emergency situations;

(vi) Freedom from physical abuse, corporal punishment, or other forms of abuse against the patient's will, including being deprived of food, clothes, or other basic necessities.

(c) Infection control, general.

(i) There shall be policies and procedures designed to prevent transmission of infection minimally to include aseptic techniques, handwashing, methods of cleaning, disinfecting or sterilizing, handling, and storage of all supplies and equipment.

(ii) There shall be reporting of communicable disease of patients in accordance with chapter 248-100 WAC. [Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-040, filed 8/3/84. Formerly WAC 248-22-530.]

WAC 248-26-050 Health and medical care services--All facilities. (1) Admission and retention of patients shall be appropriate to services available.

(a) Each alcoholism treatment facility shall have written policies related to admission, retention, leave, and discharge.

(b) Patients manifesting signs and symptoms of a physical or mental condition requiring medical or nursing care not provided or available in the alcoholism treatment facility shall not remain in the facility. Staff shall facilitate movement of such patients to an appropriate setting as soon as possible and feasible.

(2) Each alcoholism treatment facility shall have a current, transfer agreement with a hospital licensed pursuant to chapter 70.41 or 71.12 RCW.

(3) Medical coverage.

(a) A physician shall be responsible for direction of all medical aspects of the alcoholism treatment program or programs with medical responsibility minimally to include approval of policies and procedures related to:

(i) Initial and ongoing medical screening and assessment of patients;

(ii) Care of patients with minor illnesses or other conditions requiring minor treatment or first aid; and

(iii) Medical emergencies.

(b) There shall be specific arrangements for physician services at all times with schedules, names, and phone numbers posted and available in appropriate locations. Physician services may include hospital emergency departments, group clinic practice, or equivalent emergency facilities.

(c) Medical emergency policy and procedures related to emergency situations shall minimally include:

(i) Delineation of circumstances, signs, and symptoms related to specific actions required of personnel;

(ii) Circumstances warranting immediate contact of physician services or other licensed personnel;

(iii) Minimum qualifications for staff executing procedures; and

(iv) Written approval or acceptance of medical emergency policies and procedures by administrator and responsible physician. When nursing services are provided, approval or acceptance by the responsible registered nurse shall be included.

(4) Nursing services. Nursing services, when provided, shall be planned and supervised by a registered nurse minimally to include:

(a) Responsibility for any nursing functions performed by personnel in the alcoholism treatment facility.

(b) Selection, training, and written evaluation of personnel or volunteers providing nursing observation and/or care.

(c) Written nursing procedures to guide actions of personnel and volunteers providing nursing observation and/or care.

(5) Supplies. Appropriate supplies for first aid, medical, or nursing procedures shall be readily available.

(6) Safety measures.

(a) There shall be written policies and procedures governing actions of staff following any accident or incident jeopardizing a patient's health or life, minimally to include:

(i) Facilitation of patient protection and safety;

(ii) Investigation of accidents or incidents;

(iii) Institution of preventive measures insofar as possible;

(iv) Written documentation in the patient treatment record.

(b) There shall be provision for staff to gain immediate emergency access to any room occupied by a patient.

(7) Individual patient treatment/care records.

(a) There shall be an organized record system providing for:

(i) Maintenance of a current, complete, treatment record for each patient;

(ii) A systematic method of identifying and filing patient records so each record can be located readily;

(iii) Maintenance of the confidentiality of patient treatment records by storing and handling the records under conditions allowing only authorized persons access to the records.

(b) Each entry in the patient's treatment/care record shall be dated and authenticated by the signature and title of the person making the entry. (An authentication record system may be acceptable.)

(c) Each record shall be available to treatment staff and include:

(i) Identifying and sociological data including the patient's full name, birthdate, home address, or last known address if available;

(ii) Date of admission;

(iii) The name, address, and telephone number of the patient's personal physician or medical practitioner if available;

(iv) A record of the findings of any health screenings;

(v) A record of medical findings following examination by a medical practitioner;

(vi) A record of observations of the patient's condition;

(vii) A physician or legally authorized practitioner's written order for any modified diet served to the patient;

(viii) Orders for any drugs or medical treatment shall be dated and signed by a physician or legally authorized practitioner unless self-administered from a container bearing an appropriate pharmacist-prepared label in accordance with instructions on that label;

(ix) A record of any administration of a medication or treatment to a patient by the person legally authorized to administer medications and/or observation of self-administration including time and date of administration and signature of the individual administering the medication or observing self-administration;

(x) Medical progress notes, when applicable, shall be made in the treatment record.

(8) Notification regarding change in patient's condition. A member of the patient's family or another person with whom the patient is known to have a responsible personal relationship shall be notified as rapidly as possible, upon the discretion of the treating physician,

should a serious change in the patient's condition, transfer, or death of the patient occur: *Provided however*, That the patient is incapable of rational communication. Such notification shall not occur without the consent of the patient any time when the patient is capable of rational communication.

(9) Food services – general.

(a) Food service sanitation shall be governed by chapter 248–84 WAC rules and regulations of the state board of health governing food service sanitation.

(b) Areas used for storage and preparation of food shall be used only for performance of assigned food service duties. Through traffic is prohibited.

(c) There shall be current written policies and procedures to include safety, food acquisition, food storage, food preparation, serving of food, and scheduled cleaning of all food service equipment and work areas. These policies shall be readily available to all personnel.

(i) All personnel handling food, including patients assisting in food services, shall follow the procedures.

(ii) Cooking shall not be permitted in sleeping rooms.

(d) Food provided shall be appropriate to meet the needs of patients on a twenty–four hour basis.

(10) Food service – alcoholism intensive inpatient treatment, recovery house, long–term treatment services.

(a) There shall be a designated individual responsible for food service.

(b) Staff trained in food service procedures shall be present during all meal times when meals are served on the premises.

(c) Meals and nourishments shall be palatable, properly prepared, attractively served, and sufficient in quality, quantity, and variety to meet "Recommended Dietary Allowance," *Food and Nutrition Board, National Research Council*, 1980 edition, adjusted for activity unless medically contraindicated.

(i) At least three meals a day shall be served at regular intervals with not more than fourteen hours between the evening meal and breakfast.

(ii) There shall be written medical orders for any therapeutic diet served to a patient. Therapeutic diets shall be prepared and served as prescribed.

(iii) A current diet manual, approved in writing by a dietitian and physician, shall be used for planning and preparing diets.

(d) Menus shall be planned, written, and dated at least one week in advance.

(i) Food substitutions shall be of comparable nutritional value and recorded as served.

(ii) A record of planned menus with substitutions and food as served shall be retained for six months.

(iii) The written order of a legally authorized medical practitioner is required prior to serving any nutrient concentrate or supplement. [Statutory Authority: Chapter 71.12 RCW. 84–17–010 (Order 2130), § 248–26–050, filed 8/3/84.]

WAC 248–26–060 Medication responsibility––Administration of medications and treatments. (1) There shall be provisions for timely delivery of necessary patient medications from a pharmacy so a physician's or legally authorized practitioner's orders for medication therapy can be implemented without undue delay.

(2) There shall be written policies and procedures providing for description of types of stock medications, procurement, storage, control, use, retention, release, and disposal of medications in accordance with applicable federal and state laws and regulations.

(a) There shall be adequate medication facilities providing for locked storage of all medications.

(b) There shall be a sink with hot and cold running water, other than the lavatory or sink in a toilet room, available.

(c) Medications, including stock medications, shall be accessible only to authorized staff.

(d) Stock internal and external medicine and medications shall be stored apart from each other.

(e) Medicine or medications requiring special storage conditions shall be stored according to manufacturer's or pharmacist's directions.

(f) The inside temperature of the refrigerator where drugs are stored shall be maintained within a thirty–five to fifty degree Fahrenheit range. Medication stored in a refrigerator shall be enclosed in a container to separate the medications from food or other products.

(g) All medications shall be obtained and kept in containers labeled securely and legibly by a pharmacist, or in original containers labeled by the manufacturer, and shall not be transferred from the container except for preparation of a single dose for administration. A label on a container of medication shall not be altered or replaced except by a pharmacist.

(i) Medication containers having soiled, damaged, incomplete, illegible, or makeshift labels shall be returned to a pharmacist for relabeling or disposal.

(ii) Medication in containers having no labels shall be destroyed.

(h) Any medication having an expiration date shall be removed from usage and destroyed immediately after the expiration date.

(i) All of an individual patient's medications left in the facility following discharge, transfer, or departure, except those released to the patient upon discharge and Schedule II controlled substances, shall be destroyed by authorized staff after departure of of the patient or returned to a pharmacist for appropriate disposition.

(i) Medications or medicines shall be destroyed in the presence of a witness or by a pharmacist in such a manner that the medications cannot be retrieved, salvaged, or used; medications shall not be discarded with garbage or refuse.

(ii) For any medication destroyed, staff shall make an entry in the individual patient treatment record to include:

(A) Date;

(B) Name of medication;

(C) Strength of medication;

(D) Quantity of medication;

(E) Signature of staff who destroyed the medication; and

(F) Signature of staff who witnessed destruction.

(j) When staff who are legally authorized to administer medications are employed or available in an alcoholism treatment facility, a physician or legally authorized prescribing practitioner may provide an emergency drug or medication supply within a facility: *Provided*, That the following requirements are met:

(i) The emergency drug or medication supply shall be considered an extension of the physician's or prescribing practitioner's own drug or medication supply and remain his or her responsibility.

(ii) All drugs or medications for an emergency supply shall be kept in a separate, secure, locked, emergency drug drawer or cabinet or equivalent.

(iii) The emergency drug or medication supply shall be limited to medications needed for genuine medical emergencies, including the need for the medical management of an intoxicated person.

(iv) The quantity of any medication in a particular dosage strength shall be limited to a seventy-two hour supply determined by calculating the number of patients and the potential need for emergency medication.

(v) A list of drugs or medications to be kept in the emergency medication supply shall be available with the emergency medication supply.

(A) This list shall include the names and dosage strength of each medication, and be dated and signed by the physician or legally authorized prescribing practitioner.

(B) The emergency medication supply shall contain only those medications on this list.

(vi) There shall be a record of each medication removed or added to the emergency medication supply. This record shall include:

(A) Name and amount of medication removed or added;

(B) Date of removal or addition;

(C) Identification of the patient receiving a medication removed;

(D) Signature of staff removing or adding to the emergency medication supply.

(k) Medications listed as controlled substances in Washington shall be prohibited. This does not preclude individual patient prescriptions or medications kept in an emergency medication supply pursuant to WAC 248-26-060 (2)(j).

(l) The alcoholism treatment facility maintaining nonprescription medications in a first-aid supply shall establish policies and procedures for use of the first-aid supply, approved by signature of a legally authorized prescribing practitioner.

(3) Administration of medications and medical treatments. Policies and procedures shall be established for administration of medications, including self-administration, within each alcoholism treatment facility.

(a) There shall be an organized system designed to ensure accuracy in receiving, transcribing, and implementing orders for administration of medications and treatments.

(i) Orders for medications and treatments, including standing orders, used in the care of a patient shall be entered in the patient's treatment record and shall be signed by a physician or other legally authorized practitioner.

(ii) Orders for drugs and medical treatments shall include:

(A) Date ordered;

(B) Name of the medication or description of the treatment including the name of medication, solution, or other agent to be used in the treatment;

(C) Dosage, concentration, or intensity of a medication, solution, or other agent used;

(D) Route or method of administration;

(E) Frequency, time interval between doses, or duration of administration;

(F) Maximum number of doses or treatments to be administered;

(G) Circumstances for which the medication or treatment is to be administered; and

(H) Signature of the legally authorized prescribing practitioner.

(iii) A verbal or telephone order for the administration of medication or medications or medical treatment or treatments shall be received by a licensed nurse from the physician or other practitioner legally authorized to prescribe. Upon receipt of such an order, the following shall be entered immediately into the patient's treatment record.

(A) Data required under WAC 248-26-060 (3)(a)(ii);

(B) Name of the physician or legally authorized practitioner issuing the order;

(C) Signature of the licensed nurse receiving the order;

(D) Physician's or legally authorized practitioner's signature for such an order shall be obtained as soon as possible and not later than five days after receipt of the verbal or telephone order.

(iv) Persons administering medications and medical treatments to patients shall be qualified by training and legally permitted to assume this responsibility.

(v) Any medication administered to a patient shall be prepared, administered, and recorded in the patient's treatment record by the same person. This shall not be interpreted to preclude a physician's administration of a medication having been prepared for administration by a person assisting the physician in the performance of a diagnostic or treatment procedure or the administration of a single, properly labeled medication having been dispensed or issued from a pharmacy so the medication is ready to administer.

(b) Medications shall be administered or self-administered only as legally authorized through written order, approval, or prescription signed by a physician or other legally authorized practitioner or self-administered from a container in accordance with an appropriately affixed pharmacist-prepared label.

(c) Medications shall be administered by appropriately licensed personnel when they are not self-administered.

(d) Self-administration of drugs by a patient shall be in accordance with the following:

(i) The patient shall be physically and mentally capable of administering his or her own medication properly.

(ii) Any medication a patient has for self-administration in the facility shall have been ordered, approved, or prescribed by a legally authorized practitioner.

(iii) Prescription medications, over-the-counter medications purchased independently by the patient, and other medicinal materials used by a patient shall be kept in individual storage units within locked drawers, medicine cabinets, compartments, or equivalent. Access to all medications shall be controlled by authorized staff. Use of such medications and materials in each individual storage unit shall be restricted to the particular patient for self-administration.

(iv) Staff shall observe use of medications by each patient and record the observation in the patient's individual treatment record.

(e) Any medications used in the subacute detoxification service shall be self-administered only with observation of use of medication recorded in the individual treatment record by the staff of the alcoholism treatment facility. [Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-060, filed 8/3/84.]

WAC 248-26-070 Maintenance and housekeeping--Laundry. (1) The alcoholism treatment facility structure, its component parts, facilities, and equipment shall be kept clean and in good repair and maintained in the interest of patients' safety and well-being.

(2) The storage and disposal of garbage and refuse shall be by methods preventing conditions conducive to the transmission of disease or creation of a nuisance, breeding place for flies, or a feeding place for rodents.

(a) A separate, well-ventilated room or suitable outside area shall be provided for storage of garbage and refuse.

(b) Garbage and refuse storage containers shall be of leakproof, nonabsorbent construction with close fitting covers.

(c) Adequate cleaning facilities shall be provided.

(3) The alcoholism treatment facility shall be kept free from insects and rodents.

(4) The alcoholism treatment facility shall provide a utility sink or an equivalent means of obtaining and disposing of mop water in areas other than those used for food preparation or serving. Wet mops shall be stored in an area with adequate ventilation.

(5) Laundry.

(a) The alcoholism treatment facility shall make provision and be responsible for the proper handling, cleaning, and storage of linen and other washable goods.

(b) Unless all laundry is sent out, every alcoholism treatment facility shall be provided with a laundry room equipped with laundry facilities.

(i) Laundry equipment shall be located in a separate room used for laundry, housekeeping, or storage of cleaning supplies and equipment.

(ii) Laundry equipment wash cycle shall have the capability of reaching a water temperature of one hundred forty degrees Fahrenheit.

(iii) The soiled linen storage and sorting area shall be in a well-ventilated area separate from clean linen handling and storage area. [Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-070, filed 8/3/84. Formerly WAC 248-22-540.]

WAC 248-26-080 Site and grounds. The alcoholism treatment facility shall be located in an area properly drained and served by at least one street that is usable under all weather conditions. [Statutory Authority: Chapter 71.12 RCW. 84-17-010 (Order 2130), § 248-26-080, filed 8/3/84. Formerly WAC 248-22-580.]

WAC 248-26-090 Physical plant and equipment. (1) Patients' sleeping rooms.

(a) There shall be at least eighty square feet of usable floor space in single-bed sleeping rooms and seventy square feet of usable floor space per bed in multiple bed sleeping rooms.

(i) No portion of a sleeping room having less than seven foot six inch ceiling height may be counted as part of the required area.

(ii) The maximum capacity of any patient sleeping room shall not exceed twelve beds.

(b) Each sleeping room shall be located to prevent through traffic and minimize the entrance of excessive noise, odors, and other nuisances.

(c) Only rooms having unrestricted direct access to a hallway, living room, outside, or other common-use area shall be used as sleeping rooms.

(d) Sleeping rooms shall be outside rooms with a clear glass window area in a vertical wall not less than one-tenth of the required floor area.

(i) Rooms shall not be considered to be outside rooms if such required window area is within ten feet of another building or other obstruction to view or opens into a window well, enclosed porch, light shaft, ventilation shaft, or other enclosure of similar confining nature.

(ii) Windows designed to open shall operate freely.

(iii) Curtains, shades, blinds, or equivalent shall be provided at each window for visual privacy.

(e) A basement room may be used as a sleeping room provided the floor of the room is no more than three feet eight inches below the base of the window or windows, and there is adequate natural light. The grade shall extend ten feet out horizontally from the base of the window or windows.

(f) Each patient shall be provided with sufficient storage facilities, either in or convenient to his or her sleeping room, to adequately store a reasonable quantity of clothing and personal possessions.

(g) Sleeping rooms, furniture, and furnishings.

(i) Each patient shall be provided a comfortable bed not less than thirty-six inches wide, with a mattress in good condition.

(ii) To be acceptable, a patient's bed shall be a sturdy, nonfolding type, at least thirty-six inches wide and length appropriate to the height of the patient.

(iii) Room design and size shall be adequate to accommodate patient beds spaced three feet apart.

(iv) Sleeping rooms shall be provided with adequate furnishings including one chair per bed available in the facility.

(2) Toilet and bathing facilities.

(a) On each level there shall be one toilet and one lavatory for each eight persons or fraction thereof.

(b) There shall be one bathing facility for each twelve persons or fraction thereof residing in the facility.

(c) The word "persons" used in subsection (2)(a) and (b) of this section includes all patients and staff members not having private toilet and bathing facilities for their exclusive use.

(d) There shall be a lavatory in each toilet room unless the toilet room adjoins a single patient room containing a lavatory.

(e) Each toilet and each bathing facility shall be enclosed in a separate room or stall, with a door or curtain for privacy. One toilet may be permitted in a room containing a single bathing facility. When a room contains more than one toilet or one bathing facility, it shall be used by one sex only.

(f) Grab bars shall be securely mounted at toilets and bathing facilities in such numbers and in such locations that accidental falls will be minimized minimally to include:

(i) One grab bar at each bathing facility.

(ii) One grab bar appropriately mounted at each toilet.

(3) Patient dining, living, and therapy rooms.

(a) The alcoholism treatment facility shall have two or more rooms suitably furnished to accommodate patients' dining, social, educational and recreational activities, group therapy, and staff meetings. At least one of these rooms shall be an outside room with a window or windows.

(i) An adequate dining area shall be provided with capacity to seat at least fifty percent of the patients at each meal setting.

(ii) If a multipurpose room is used for dining and social and recreational activities or meetings, there shall be sufficient space to accommodate each of the activities without their interference with one another.

(iii) At least twenty-five square feet of floor space per bed shall be provided for dining, social, educational, recreational activities, and group therapy.

(b) There shall be at least one room providing privacy for interviewing and counseling of patients on an individual basis. Additional rooms shall be provided in a ratio of 1:12 patient beds or major fraction thereof.

(4) Medical examination room. If there is regular provision for a medical practitioner to perform physical examinations of patients within the facility, there shall be an examination room in the facility. This examination room shall be equipped with an examination table, examination light, and storage units for medical supplies and equipment. There shall be a handwashing facility readily accessible to the examination room.

(5) Utility and storage for medical and nursing supplies and equipment. If the services provided by the alcoholism treatment facility involve the use of medical supplies and equipment, there shall be facilities designed and equipped for washing, disinfection or sterilization, storage, and other handling of supplies and equipment in a manner ensuring segregation of clean and sterile supplies and equipment from those that are contaminated, soiled, or used.

(6) Storage facilities. There shall be sufficient, suitable storage facilities to provide for storage of clean linen and other supplies and equipment under sanitary conditions.

(7) Handrails on stairways and ramps.

(a) All stairways and ramps shall be provided with handrails on both sides.

(b) Adequate guardrails and other safety devices shall be provided on all open stairways and ramps.

(8) Surfaces (floors, walls, ceilings).

(a) The surfaces in each room and area of the alcoholism treatment facility shall be easily cleanable and suited to the functions of the room or area.

(b) Toilet rooms, bathrooms, kitchens, and other rooms subject to excessive soiling or moisture shall have washable, impervious floors.

(c) Ramp surfaces and stairway treads shall be of nonslip materials.

(9) Communications. There shall be at least one telephone and such additional telephones as may be needed to operate the alcoholism treatment facility and to provide for a telephone to be readily accessible in the event of fire or other emergency.

(10) Lighting.

(a) Lighting in all areas of the facility shall provide adequate illumination.

(b) An adequate number of electrical outlets shall be provided.

(c) General lighting shall be provided for sleeping rooms.

(d) Emergency lighting equipment, such as flashlights or battery-operated lamps, shall be available and maintained in operating condition.

(11) Heating--temperature.

(a) The alcoholism treatment facility shall be equipped with an approved heating system capable of maintaining a healthful temperature. Use of portable space heaters is prohibited unless approved in writing by the Washington state fire marshal.

(b) Temperature shall be maintained at a healthful level and not less than sixty-five degrees Fahrenheit.

(12) Ventilation.

(a) Ventilation of all rooms used by patients or personnel shall be sufficient to remove all objectionable odors, excessive heat, or condensation.

(b) All inside rooms, including toilets, bathrooms, and other rooms in which excessive moisture, odors, or contaminants originate, shall be provided with mechanical exhaust ventilation.

(13) Water supply. Hot and cold water under pressure shall be readily available at all times.

(a) Water used for domestic purposes shall meet the standards of the department as described in chapter 248-54 WAC.

(b) Cross connections of any kind are prohibited.

(c) In the event an unsafe or nonpotable water supply is used for irrigation, fire protection, or other purposes, the system shall be adequately color–coded or labeled to lessen any chance of water use for domestic purposes.

(d) Hot water at lavatories, bathtubs, and showers used by patients shall not exceed one hundred twenty degrees Fahrenheit.

(14) Sewage disposal system. All sewage shall be discharged into a public sewage system where such system is available and is acceptable to the department. Otherwise, sewage shall be collected, treated, and disposed of in an independent sewage disposal system approved by the appropriate local health department. [Statutory Authority: Chapter 71.12 RCW. 84–17–010 (Order 2130), § 248–26–090, filed 8/3/84. Formerly WAC 248–22–590.]

WAC 248–26–100 Special additional requirements for facilities providing alcoholism detoxification service. (1) When an alcoholism detoxification service is located in an alcoholism treatment facility, it shall be designated as either an acute detoxification service or a subacute detoxification service.

(2) Acute detoxification services shall provide:

(a) Initial medical screening and ongoing nursing assessments of each patient with transfer to an appropriate hospital when signs and symptoms of a serious illness or severe trauma exist.

(b) Nursing services as described in WAC 248–26–050(4) with the following additional requirements:

(i) When there is not a need for full–time services of a registered nurse, part–time registered nurse supervision is acceptable, provided such a supervisor is on duty within the facility at least four hours each week.

(ii) At least one staff member, qualified to provide nursing observation and care needed by patients during detoxification, shall be on duty in the facility at all times.

(A) "Qualified" shall include training and approval by the responsible registered nurse supervisor to provide physiological and psychological observation and care as required.

(B) When a licensed nurse is not on duty, a registered nurse shall be on call who shall come to the alcoholism treatment facility when indicated.

(iii) Continuing observation of each patient's condition shall be by persons competent to recognize and evaluate significant signs and symptoms and to take appropriate action.

(A) Frequency of observation shall correspond with degrees of acuity, severity, and instability of patient's condition with at least one written note on patient condition every eight hours in each individual patient treatment record.

(B) Observation of significant signs and symptoms indicative of abnormality, adverse change, or favorable progress including vital signs, motor and sensory abilities, behavior, and discomfort.

(C) Observations shall be recorded and signed by the person making the observation.

(D) Significant adverse signs and symptoms shall be appropriately reported to a physician with nature of the report and time noted in the patient's treatment record.

(3) Subacute detoxification services shall provide:

(a) Screening of patients by a person knowledgeable about alcoholism and trained and skilled in recognition of significant signs and symptoms of illness or trauma.

(b) Continuing observation of each patient's condition by persons competent to recognize and evaluate significant signs and symptoms and to take appropriate action.

(i) Frequency of observation shall correspond to degree of acuity, severity, and instability of patient's condition with appropriate documentation in the individual treatment record;

(ii) Observation of significant signs and symptoms indicative of abnormality, adverse change, or favorable progress including vital signs, motor and sensory abilities, behavior, and discomfort.

(iii) Observations shall be recorded and signed by the person making the observation.

(c) Personnel on duty having valid, current first–aid and cardiopulmonary resuscitation certificates.

(d) Medication shall not be provided or administered by personnel in the distinct part of the alcoholism treatment facility where subacute detoxification service is located.

(e) A written plan or policies and procedures for management of patient–owned medications to include:

(i) Method of verification of need for patient to continue a medication while in subacute detoxification;

(ii) Method of verification that medication is correct (as labeled);

(iii) Security of patient–owned medication while in the facility;

(iv) Disposition of patient–owned medications when patient leaves; and

(v) Observation and documentation of patient use of any medication in the individual treatment record. [Statutory Authority: Chapter 71.12 RCW. 84–17–010 (Order 2130), § 248–26–100, filed 8/3/84. Formerly WAC 248–22–550.]

Chapter 248–27 WAC
HOME HEALTH AGENCY REGULATIONS

WAC

WAC 248-27-001 Purpose. The purpose of these rules and regulations is to establish standards for operation of certified home health agencies. These rules are promulgated pursuant to chapter 70.126 RCW directing the department of social and health services to adopt rules establishing standards for certification of home health care agencies. [Statutory Authority: RCW 70-.126.040. 84-17-006 (Order 2136), § 248-27-001, filed 8/3/84.]

WAC 248-27-002 Definitions. For the purpose of these regulations, the following words and phrases shall have the following meaning unless the context clearly indicates otherwise.

(1) "Administrator" means a person managing and responsible for the day-to-day operation of each certified home health agency who has at least one year of administrative experience and/or training.

(2) "Ambulance" means a vehicle defined and licensed pursuant to chapter 18.73 RCW, Emergency medical care and transportation services, and chapter 248-17 WAC, Ambulance rules and regulations.

(3) "Bylaws or equivalent" means a set of rules adopted by a home health care agency for governing the agency operation.

(4) "Branch office" means an extension of the home health agency providing the same home health care services as the home health care agency. Each branch office is located within thirty miles or one hour travel time by car from the home health agency unless the branch office demonstrates, to the satisfaction of the department, the ability to share administration and supervision of home health care services on a daily basis with the home health agency. Branch offices share administration and supervision of direct home health care services in a manner rendering it unnecessary for the branch office to independently meet the requirements of chapter 248-27 WAC.

(5) "Certification" means a formal initial and periodic evaluation of a home health care agency by the department which may result in issuance of written approval, in the form of a certificate, signifying operation of that agency is in accordance with standards of the department pursuant to chapter 70.126 RCW and chapter 248-27 WAC.

(6) "Clinical-progress note" means a written, dated notation of each contact with a patient containing a description of signs and symptoms, treatments, medications given, the patient reaction, any changes in physical or emotional condition, and other pertinent information.

(7) "Department" means the department of social and health services.

(8) "Governing body" means the individual or group with responsibility and authority to establish policies related to operation of a home health agency.

(9) "Home health agency" means a private or public agency or organization administering and providing home health care and certified by the department of social and health services as a home health care agency, pursuant to chapter 70.126 RCW.

(10) "Home health aide" means a person employed by a home health agency providing part-time or intermittent care of home health agency patients under the supervision of a registered nurse, physical therapist, occupational therapist, or speech therapist. Such care includes ambulation and exercise, assistance with medications ordinarily self-administered, reporting changes in patients' conditions and needs, completing appropriate records, and personal care or household services needed to achieve the medically desired results.

(11) "Home health care" means services, supplies, and medical equipment meeting the standards of RCW 70.126.020 and chapter 248-27 WAC, prescribed and authorized by the attending physician, provided through a home health agency and rendered to patients in their residences when hospitalization would otherwise be required.

(12) "Legend drugs" means any drugs required by any applicable federal or state law or regulation to be dispensed on prescription only or restricted to use by practitioners only.

(13) "Licensed practical nurse" means an individual licensed as a practical nurse under provisions of chapter 18.78 RCW, Practical nurses.

(14) "May" means permissive or discretionary on the part of the department.

(15) "Occupational therapist" means an individual licensed as a registered occupational therapist pursuant to RCW 18.___.___.

(16) "Owner" means the individual, partnership, corporation, or legal successor thereof, applying for department certification or recertification or renewal of certification of a home health agency and providing evidence of intent and ability to comply with standards pursuant to chapter 70.126 RCW and chapter 248-27 WAC.

(17) "Personnel" means employees, individuals, and groups providing patient care on behalf of a home health agency.

(a) "Direct personnel" means employees and those individuals providing patient care in behalf of a home health agency on a per visit basis or any other individual home health agency employment agreement which shall require home health agency responsibility for orientation, job descriptions, specifying qualifications, screening of applicants appropriate to fill positions, and administrative and professional evaluation.

(b) "Other personnel" means those individuals providing patient care and functioning according to a contract or written agreement between the home health agency and another organization or agency, with the contract specifying all individual deliverers of patient care meet qualifications required for the job to be done with professional evaluation by the contractee.

(18) "Physical therapist" means an individual practicing physical therapy as defined in chapter 18.74 RCW, Physical therapy, under the prescription and direction of a physician.

(19) "Physician" means an individual currently licensed as a physician pursuant to chapter 18.71 RCW

or an osteopathic physician and surgeon licensed pursuant to chapter 18.57 RCW.

(20) "Plan of treatment" means a written plan of care established and periodically reviewed and signed by a physician that describes medically necessary home health care to be provided to a patient for treatment of illness or injury.

(21) "Professional advisory group" means a group including at least one physician and one registered nurse and professionals from other disciplines representing the scope of services provided by the home health agency. At least one–third of the members shall be neither owners nor employees of the home health agency.

(22) "Registered nurse" means an individual currently licensed pursuant to chapter 18.88 RCW, Registered nurses.

(23) "Respiratory therapist" means an individual certified (CRTT) or registered (RRT) as defined and prescribed in *Information about NBRC*, National Board of Respiratory Care, 11015 West 75th Terrace, Shawnee Mission, Kansas 66214, 1983.

(24) "Shall" means compliance is mandatory.

(25) "Social worker" means a person having a masters degree from a college of social work accredited by the council on social work education and having completed one year of social work experience in a health care setting.

(26) "Speech therapist" means a person:

(a) Meeting the education and experience requirements for a certificate of clinical competence in the appropriate area of speech pathology or audiology, granted by the American speech, language, and hearing association as described in *The ASHA Directory*, American Speech, Language and Hearing Association, 10801 Rockville Pike, Rockville, Maryland 20852, 1983; or

(b) Meeting the education requirements for a certificate of clinical competence and in the process of accumulating the supervised experience, as specifically prescribed in *The ASHA Directory*, 1983.

(27) "Summary report" means a written, dated notation summarizing facts about home health care given, patient response to home health care, and coordination of home health care.

(28) "Supervision" means authoritative procedural guidance by a qualified person who assumes the responsibility for the accomplishment of a function or activity and who provides initial direction and periodic inspection of the actual act of accomplishing the function or activity.

(29) "Therapy services" means those services delivered by any deliverer of care listed in RCW 70.126.020 (1)(a) and 70.126.020 (2)(a), (b), (c), and (d).

(a) "Required therapy services" means, for purposes of meeting certification requirements, those services delivered by at least one of the following in addition to a registered nurse: Physical therapist, occupational therapist, speech therapist, or home health aide on a part–time or intermittent basis pursuant to RCW 70.126.020 (1)(a).

(b) "Additional therapeutic services" means, for purposes of meeting certification requirements, those services delivered by licensed practical nurses, respiratory therapists, social workers, and ambulance: *Provided*, That these services are medically necessary, ordered by the attending physician, and included in the plan of treatment. [Statutory Authority: RCW 70.126.040. 84–17–006 (Order 2136), § 248–27–002, filed 8/3/84.]

WAC 248–27–010 Certification of the home health agency. (1) An application for home health agency certification shall be submitted on forms furnished by the department, accompanied by the fee. Applications shall be signed by the owner or designated agent.

(a) The applicant shall furnish to the department full and complete information as required by the department for the proper administration of these requirements.

(b) Fees established by the department shall be paid as required in RCW 43.20A.055 and chapter 440–44 WAC.

(2) The department may at any time inspect those parts of the premises of the home health agency and examine those records necessary to determine compliance with this chapter, pertaining to home health agency state certification requirements pursuant to chapter 70.126 RCW and chapter 248–27 WAC.

(a) The certificate shall be valid for a maximum of twenty–four months,

(b) Each certificate shall be issued for the home health agency including branch offices, and

(c) The certificate shall not be transferable or assignable.

(3) A home health agency certificate may be denied, suspended, or revoked for failure to comply with chapter 70.126 RCW or chapter 248–27 WAC. Any action to deny, suspend, or revoke certification shall comply with chapter 34.04 RCW, Administrative Procedure Act.

(4) When a change of ownership is planned, the owner shall notify the department at least thirty days prior to the date of transfer.

(a) The notification shall be written and contain the following information:

(i) Full name of the current owner and prospective new owner,

(ii) Name and address of the home health agency, and

(iii) The date of the proposed change of ownership.

(b) The prospective new owner shall submit a new application for home health certification with the fee at least thirty days prior to the change of ownership.

(c) A new home health agency certification shall be issued only following approval of the application by the department.

(5) The home health agency shall inform the department at the time of opening or closing of branch offices. [Statutory Authority: RCW 70.126.040. 84–17–006 (Order 2136), § 248–27–010, filed 8/3/84.]

WAC 248–27–020 General requirements. (1) Organization, services provided, administrative control, and lines of authority for the delegation of responsibility to

the patient care level shall be clearly set forth in writing and readily identifiable.

(a) Administrative and supervisory functions shall not be delegated to another agency or organization.

(b) All services not provided directly shall be monitored and controlled by the home health agency, including services provided through branch offices.

(2) Part-time or intermittent registered nurse services and at least one other required therapy service shall be made available on a visiting basis, in a place of residence used as a patient's home.

(a) A home health agency shall provide part-time or intermittent registered nursing primarily through use of direct personnel.

(b) Additional therapy services may be provided through direct personnel or other personnel: *Provided*, That all services are monitored and controlled pursuant to WAC 248-27-020 (1)(a) and (b).

(3) The home health agency shall, as applicable under a written plan of treatment, provide home health care which shall include assisting the patient with arrangements for obtaining drugs, supplies, and equipment pursuant to RCW 70.126.020 (1)(b)(i), (ii), and (iii).

(4) Registered nurse and therapy services offered by the home health agency shall be:

(a) Ordered by the attending physician,

(b) Included in the physician-approved plan of treatment, and

(c) Provided or delivered by individuals described or defined in RCW 70.126.020 (1)(a), (2)(a), (b), (c), and (d) and chapter 248-27 WAC. [Statutory Authority: RCW 70.126.040. 84-17-006 (Order 2136), § 248-27-020, filed 8/3/84.]

WAC 248-27-030 Governing body--Administration. (1) There shall be a governing body assuming authority and responsibility for:

(a) Establishing policy related to safe, adequate patient care and operation of the agency;

(b) Appointing an administrator;

(c) Arranging for professional services;

(d) Adopting and periodically reviewing written bylaws or an acceptable equivalent;

(e) Overseeing the management and fiscal affairs of the agency; and

(f) Assuring written annual evaluation of the clinical programs.

(2) The administrator, when qualified, may also function as the supervising physician or registered nurse, and shall:

(a) Organize and direct the agency's ongoing functions;

(b) Maintain ongoing liaison among the governing body, the professional advisory group, and the staff;

(c) Employ qualified personnel and ensure adequate staff education and evaluation;

(d) Ensure the accuracy of public information materials and activities;

(e) Implement an effective budgeting and accounting system; and

(f) Authorize in writing a qualified alternate to act in his or her absence. [Statutory Authority: RCW 70.126-.040. 84-17-006 (Order 2136), § 248-27-030, filed 8/3/84.]

WAC 248-27-040 Personnel. (1) Personnel practices shall be supported by written personnel policies.

(2) Personnel records shall include:

(a) Job descriptions, including minimum qualifications for position;

(b) Qualifications of direct personnel;

(c) Evidence of current licensure when applicable;

(d) Performance evaluations;

(e) Evidence of annual cardiopulmonary resuscitation training for registered nurses and personnel providing therapy services;

(f) Evidence of review of agency policy and procedures related to abuse and neglect of children and adults for registered nurses and personnel providing therapy services; and

(g) Health records minimally to include evidence of one tuberculin skin test by the Mantoux method unless medically contraindicated, with specifications as follows:

(i) Upon employment, each person expected to have contact with patients shall have or provide documented evidence of a tuberculin skin test by the Mantoux method.

(ii) When the skin test is negative (less than ten millimeters of induration), no further tuberculin skin testing shall be required.

(iii) A positive skin test consists of ten millimeters or more of induration read at forty-eight to seventy-two hours.

(iv) Positive reactors shall have a chest x-ray within ninety days of the first day of employment. Exceptions and specific requirements follow:

(A) Results of skin tests, report of x-ray findings or exemptions to such shall be maintained in the home health agency.

(B) Those with positive skin tests having completed a recommended course of preventive or curative treatment, as determined by the local health officer, shall be exempted from further testing.

(3) Personnel with a communicable disease in an infectious stage shall not provide direct patient care.

(4) There shall be documentation of orientation of direct personnel to home health agency standards and policies and procedures.

(5) Each home health agency shall provide evidence direct personnel are provided opportunities for ongoing education related to safe, current practice.

(6) If personnel are provided by arrangement with another agency, there shall be a written contract between the agencies. If personnel under hourly or per visit contracts are utilized by a home health agency, there shall be a written contract between each entity and the home health agency. All contracts with other agencies or entities shall clearly designate:

(a) Patients are accepted for home health care only by the home health agency,

(b) Services to be provided;

(c) Necessity to conform to all applicable home health agency policies, including personnel qualifications;

(d) Responsibility for participating in developing plans and treatment and case conferences;

(e) Responsibility for supervision of home health aides, when appropriate;

(f) The manner in which services will be controlled, coordinated, and evaluated by the home health agency;

(g) Procedures for submitting clinical progress notes, summary reports, scheduling of visits, periodic patient assessment; and

(h) Procedures for determining charges and reimbursement. [Statutory Authority: RCW 70.126.040. 84-17-006 (Order 2136), § 248-27-040, filed 8/3/84.]

WAC 248-27-050 Professional advisory group. There shall be a professional advisory group:

(1) Advising the home health agency on clinical issues,

(2) Assisting the home health agency to maintain liaison with other health care providers in the community,

(3) Participating in the annual agency evaluation with recommendations forwarded to the governing body for home health agency policies related to:

(a) The scope of services offered,

(b) Admission and discharge,

(c) Medical supervision and plans of treatment,

(d) Clinical policies,

(e) Infection control policies,

(f) Emergency and safety policies,

(g) Clinical records,

(h) Clinical personnel qualifications, and

(i) Quality assurance and utilization review mechanisms. [Statutory Authority: RCW 70.126.040. 84-17-006 (Order 2136), § 248-27-050, filed 8/3/84.]

WAC 248-27-060 Quality assurance--Utilization review--Evaluation. (1) Each home health agency shall have written policies requiring an annual overall evaluation of the agency's total program including the quality assurance program and utilization review.

(2) The annual evaluation of the home health agency shall be the responsibility of the governing body with participation of the professional advisory group and home health agency staff and consumers, or by persons outside of the agency representing the scope of clinical programs working in conjunction with consumers.

(3) The home health agency annual evaluation shall include assessment of the appropriateness, adequacy, effectiveness, and efficiency of the agency with collection, review, and evaluation of data minimally to include:

(a) Number of patients receiving each service offered,

(b) Number of patient visits with breakdown by total number of visits by each discipline,

(c) Length or duration of services per patient with reasons for discharge,

(d) Breakdown by diagnosis,

(e) Sources of referral,

(f) Number of patients provided assessment-only visits with reasons for not continuing home health care, and

(g) Total clinical personnel hours for each registered nurse and therapy service provided.

(4) Results of the home health agency evaluation shall be reported in writing to the governing body with reports maintained separately as administrative records and acted upon by those responsible for operation of the agency.

(5) At least quarterly, appropriate health professionals representing at least the scope of the program shall review a sample of both active and closed clinical records to determine established policies have been followed in providing direct personnel services as well as other personnel services with a written report of findings as a part of administrative files.

(a) An appropriate sample shall consist of ten percent of both active and closed clinical records for any defined consecutive twelve-month period unless the home health agency demonstrates, to the satisfaction of the department, a sample of fewer records is appropriate.

(b) The quarterly sample shall include records involving the various services provided in proportion to the numbers of patients receiving such services.

(c) In instances where a patient is receiving two or more services, that record may be included in the sample of each service.

(d) The review shall address:

(i) Physician review of plan of treatment at appropriate intervals;

(ii) Presence of written, physician-signed orders;

(iii) Appropriateness of patient plan of treatment and care to diagnosis and patient needs;

(iv) Correlation of frequency of visits with plan of treatment;

(v) Unmet patient needs at time of discharge; and

(vi) Problem cases. [Statutory Authority: RCW 70-.126.040. 84-17-006 (Order 2136), § 248-27-060, filed 8/3/84.]

WAC 248-27-070 Patient care policies and procedures. (1) There shall be written patient care policies and procedures designed to guide personnel minimally to include:

(a) Infection control;

(b) Emergency care, patient safety, and patient or other death;

(c) Abuse or neglect pursuant to chapter 26.44 RCW;

(d) Safety, cleanliness, and maintenance of equipment and supplies provided or utilized by the home health agency;

(e) Admission, transfer, and discharge of patients;

(f) Management and handling of patient-owned drugs in the patient's place of residence; and

(g) Termination of service and advising patient of termination of service.

(2) Written approval shall be obtained from the Washington state board of pharmacy for any home health agency distributing legend drugs from an inventory of such drugs maintained or stored by the home health agency. Said written approval shall be available in the home health agency. [Statutory Authority: RCW

70.126.040. 84-17-006 (Order 2136), § 248-27-070, filed 8/3/84.]

WAC 248-27-080 Supervision and coordination of clinical services. (1) The registered nurse and therapy services provided shall be supervised and directed by a physician or a registered nurse having been a practicing registered nurse or physician for at least one year and employed by the home health agency. This person or similarly qualified registered nurse or physician shall be available at all times during operating hours and participate in all activities relevant to the clinical services provided including:

(a) Development of qualifications for employment and assignment of clinical personnel,

(b) Development and revision of written patient care objectives and patient care policies related to each service rendered by the agency, and

(c) Planning and implementation of orientation and training for clinical services.

(2) Liaison among registered nurse and therapy service personnel providing home health care for each patient shall be maintained so that efforts effectively complement one another and support objectives outlined in the plan of treatment with documented evidence of coordination of services to include:

(a) Reports in clinical records,

(b) Reports of case conferences,

(c) Reports of other interdisciplinary communication, and

(d) A written summary report for each patient which shall be forwarded to the attending physician at least every sixty days or when patient condition indicates the need to communicate change and at discharge. [Statutory Authority: RCW 70.126.040. 84-17-006 (Order 2136), § 248-27-080, filed 8/3/84.]

WAC 248-27-090 Acceptance--Medical supervision--Plan of treatment. (1) Patients shall be accepted for treatment on the basis of a reasonable expectation that the patient's plan of treatment can be implemented adequately by the agency in the patient's place of residence.

(2) Home health care shall follow a written plan of treatment approved and periodically reviewed by a physician.

(3) A plan of treatment shall be developed in consultation with home health agency personnel to cover all pertinent diagnoses including:

(a) Mental status;

(b) Types of services and equipment required;

(c) Frequency of visits;

(d) Prognosis;

(e) Rehabilitation potential;

(f) Functional limitations;

(g) Activities permitted;

(h) Nutritional requirements;

(i) Medications and treatments;

(j) Any safety measures to protect against injury;

(k) Instructions for timely discharge or referral;

(l) Any other appropriate items, e.g., laboratory procedures, and any contraindications or precautions to be observed; and

(m) Specific objectives and plans for implementation.

(4) If a physician refers a patient under a plan of treatment not completed until after an evaluation visit, the physician shall be consulted to approve additions or modifications to the original plan.

(5) The plan of treatment shall include the specific procedures and modalities to be used and the amount, frequency, and duration.

(6) The total plan of treatment shall be reviewed by the attending physician and home health agency personnel as often as severity of a patient's condition requires, but at least once every sixty days.

(7) Home health agency clinical personnel shall promptly alert the physician to any changes suggesting a need to alter the plan of treatment.

(8) Drugs and treatments, when administered by home health agency personnel, shall be administered by legally authorized personnel and as ordered by the attending physician.

(9) Verbal or phone orders issued by a physician shall be received only by authorized personnel.

(a) Orders shall be immediately recorded by the nurse or therapist accepting the order.

(b) Counter-signature of the physician shall be obtained.

(10) Suspected drug allergies, adverse reactions to drugs, or other problems related to patient use of drugs shall be promptly reported to the attending physician. [Statutory Authority: RCW 70.126.040. 84-17-006 (Order 2136), § 248-27-090, filed 8/3/84.]

WAC 248-27-100 Nursing and therapy services--Functions. (1) The home health agency shall provide services of registered nurses directly and therapy services directly, or under arrangement, which are:

(a) Delivered or provided by a registered nurse, licensed practical nurse, physical therapist, occupational therapist, speech therapist, social worker, respiratory therapist, or home health aide as defined in WAC 248-27-002;

(b) Supervised by registered nurse or physician pursuant to WAC 248-27-002 and 248-27-080;

(c) Ordered by the attending physician; and

(d) Provided in accordance with the approved plan of treatment pursuant to WAC 248-27-002 and 248-27-090.

(2) Functions of registered nurses, physical therapists, occupational therapists, speech therapists, and respiratory therapists include:

(a) Initial evaluation visit, appropriate to service prescribed by physician;

(b) Initiation and/or participation in development of a plan of treatment, revising as necessary;

(c) Provision of services in accordance with home health agency policy and procedures;

(d) Direct provision of those services requiring substantial and specialized nursing or therapy skills;

(e) Initiation of appropriate preventive and rehabilitative nursing or therapy procedures;

(f) Participation in inservice programs and consultation with other agency personnel;

(g) Participation in case conferences or other processes used to coordinate patient care;

(h) Teaching and counseling patients and family to meet patient needs identified in plan of treatment;

(i) Regular reevaluation of patient nursing or therapy needs;

(j) Preparation of clinical progress notes and summary reports;

(k) Informing the attending physician, other personnel, and supervising registered nurse or physician of changes in the patient's condition and needs;

(l) Participation in discharge planning;

(m) Development of written directions or plan of care for use by home health aide, when home health aides are ordered by the physician; and

(n) Supervision and orientation of home health aide to assure safe, therapeutic patient care.

(3) Functions of licensed practical nurses shall be in accordance with home health agency policies and chapter 18.78 RCW.

(4) Social services, when provided, shall be provided by or under supervision of a social worker, as ordered by the attending physician, and in accordance with the plan of treatment. Those providing social services under supervision of a social worker shall hold a baccalaureate degree in social work or psychology or other field related to social work and shall have one year social work experience in a health care setting. Social service functions include:

(a) Assisting and consulting with patient, family, physician, personnel, and appropriate community agencies to increase understanding of significant social and emotional factors related to health or medical problems of the patient;

(b) Participation in development of the plan of treatment, case conferences, and other processes used to coordinate patient care;

(c) Identification, mobilization, and utilization of appropriate community resources;

(d) Participation in discharge planning;

(e) Participation in inservice programs; and

(f) Preparation of clinical progress notes and/or summary reports.

(5) Home health aide services, when appropriate, shall be:

(a) Included in the plan of treatment;

(b) Provided by a home health aide following specific written instructions;

(c) Under the supervision of the home health agency and a registered nurse, physical therapist, occupational therapist, or speech therapist with:

(i) Documented orientation of the home health aide to the specific home health care of each patient, and

(ii) Evidence of supervision by the appropriate registered nurse or therapist at least every two weeks.

(d) Provided by a home health aide who can follow written and oral directions and prepare reports.

(e) There shall be evidence of a home health agency orientation and training to include:

(i) Functions and responsibilities of a home health aide;

(ii) Purpose and goals of the home health agency;

(iii) Documentation and record keeping;

(iv) Rights of people receiving care in their homes;

(v) Ethics and confidentiality;

(vi) Personal care activities and simple nursing or therapy procedures including when and to whom to report any change in patient condition;

(vii) Promotion of a safe, clean, healthful environment;

(viii) Emergency procedures; and

(ix) Assistance with medications ordinarily self-administered by the patient, with assistance limited to:

(A) Communication of appropriate information to the patient regarding self-administration, and

(B) Presenting a patient-owned, pharmacist, or manufacturer prepared, unopened, original medication container to the patient. [Statutory Authority: RCW 70.126.040. 84-17-006 (Order 2136), § 248-27-100, filed 8/3/84.]

WAC 248-27-120 Clinical records. (1) A clinical record shall be maintained in accordance with accepted professional standards and shall contain:

(a) Pertinent past and current findings;

(b) Plan of treatment;

(c) Appropriate identifying information;

(d) Name of attending physician;

(e) Drug, dietary, treatment, and activity orders;

(f) Signed and dated summary reports; and

(g) Signed and dated clinical progress notes:

(i) Written on the day service is rendered, and

(ii) Incorporated in the clinical record within one week from the day service was rendered or more frequently.

(2) Clinical records shall be retained or information readily retrievable in Washington state for a period of no less than ten years following the most recent discharge of the patient from home health agency care.

(3) Records of minors shall be retained and preserved for a period of no less than three years following attainment of age eighteen years, or ten years following discharge from home health agency care, whichever is longer.

(4) There shall be policies specific to retention and disposition of clinical records.

(a) If a home health agency discontinues operation, arrangements shall be made to preserve clinical records with the plan for such arrangements approved by the department prior to cessation of operation.

(b) Final disposal of clinical records or patient care data shall be accomplished in such a manner that retrieval and subsequent use of information are impossible.

(c) In the event of patient transfer to another home health agency or to a health care facility, a copy of the clinical record or an abstract and a copy of the most recent summary report shall accompany the patient. When patients are transferred without notification of the home

health agency, a copy or abstract shall be forwarded upon notification and as soon as possible.

(5) Clinical record information shall be safeguarded against loss or unauthorized use.

(a) There shall be written procedures governing use and removal of records and conditions for release of information.

(b) Release of information not authorized by law shall require prior written consent of the patient, in accordance with written policy of the home health agency. [Statutory Authority: RCW 70.126.040. 84-17-006 (Order 2136), § 248-27-120, filed 8/3/84.]

Chapter 248-30 WAC
KIDNEY CENTERS

WAC

WAC 248-30-080 Definitions. For the purposes of administering the state kidney disease program, the following shall apply:

(1) "End stage renal disease (ESRD)" means that stage of renal impairment which is virtually always irreversible and permanent, and requires dialysis or kidney transplantation to ameliorate uremic symptoms and maintain life;

(2) "Patient" means resident of the state with a diagnosis of ESRD;

(3) "Kidney center" means those facilities as defined and certified by the federal government to provide ESRD services and which provide the services specified in WAC 248-30-090 and which promote and encourage home dialysis for patients when medically indicated;

(4) "Affiliate" means a facility, hospital, unit, business, or individual which has an agreement with a kidney center to provide specified services to ESRD patients;

(5) "Department" means the Washington state department of social and health services;

(6) "State kidney disease program" means state general funds appropriated to the department to assist persons with ESRD to meet the cost of their medical care;

(7) "Application for eligibility" means the form provided by the department which the patient must complete and submit to determine eligibility;

(8) "Certification" or "certified" means the signed approval by the department of a patient's eligibility for the state kidney disease program pursuant to WAC 248-30-110;

(9) "Application period" means the time between the date of application and certification;

(10) "Resources" means income or assets or any real or personal property that an individual or spouse, if any, owns and could convert to cash to be used for support or maintenance.

(11) "Fair market value" means the current market value of a resource at the time of transfer or contract for sale, if earlier, or time of application.

(12) "Adequate consideration" means that the reasonable value of the goods or services received in exchange for the transferred property approximates the reasonable value of the property transferred.

(13) "Transfer" means any act or omission to act whereby title to or any interest in property is assigned, set over, or otherwise vested or allowed to vest in another person.

(14) "Reasonable value" means a reasonable value of the property transferred and the reasonable value of the goods or services received in exchange for the transferred property. [Statutory Authority: RCW 43.20.050. 85-03-063 (Order 279), § 248-30-080, filed 1/15/85; 83-18-002 (Order 265), § 248-30-080, filed 8/25/83; 80-06-065 (Order 198), § 248-30-080, filed 5/22/80.]

WAC 248-30-110 Eligibility. The kidney center shall review at least annually the eligibility of an individual patient for the state kidney disease program according to procedures outlined in WAC 248-30-130. Generally a patient shall be considered eligible if he or she has exhausted or is ineligible for all other resources providing similar benefits to meet the costs of ESRD related medical care. Resources shall include:

(1) Income in excess of a level necessary to maintain a moderate standard of living, as defined by the department, using accepted national standards;

(2) Savings, property, and other assets;

(3) Government and private medical insurance programs;

(4) Government or private disability programs;

(5) Local funds raised for the purpose of providing financial support for a specified ESRD patient: *Provided*, That in determining eligibility the following resources shall be exempt:

(a) A home, defined as real property owned by a patient as a principal place of residence together with the property surrounding and contiguous thereto not to exceed five acres. Commercial property or property used for the purpose of producing income shall be considered excess property and subject to the limitations of subsection (5)(d) of this section;

(b) Household furnishings;

(c) An automobile; and

(d) Savings, property, or other assets, the value not to exceed the sum of five thousand dollars. [Statutory Authority: RCW 43.20.050. 85-03-063 (Order 279), § 248-30-110, filed 1/15/85; 83-18-002 (Order 265), § 248-30-110, filed 8/25/83. Statutory Authority: RCW 43.20.050 and SB 5021. 82-19-070 (Order 243), § 248-30-110, filed 9/20/82. Statutory Authority: RCW 43-.20.050. 80-06-065 (Order 198), § 248-30-110, filed 5/22/80.]

WAC 248-30-115 Transfer of resources without adequate consideration. An individual is ineligible for the program if the person knowingly and willfully assigns or transfers nonexempt resources at less than fair market

value for the purpose of qualifying or continuing to qualify for the program within two years preceding the date of application. Two years must expire between the date of transfer and reapplication. [Statutory Authority: RCW 43.20.050. 85-03-063 (Order 279), § 248-30-115, filed 1/15/85.]

WAC 248-30-130 Procedures for eligibility determination. The following procedures will be followed to determine eligibility:

(1) The department shall provide the necessary forms and instructions;

(2) The kidney center shall inform the patient of the requirements for eligibility as defined in WAC 248-30-110 and 248-30-130;

(3) The kidney center shall provide to the patient the necessary forms and instructions in a timely manner;

(4) Patients shall complete and submit the application for eligibility form and any necessary documentation to the kidney center in the manner and form prescribed by the department;

(5) New patients shall apply for medical assistance (Medicaid) at the local office of the department and shall obtain and send to the kidney center a written documentation of eligibility or denial;

(6) The kidney center shall review the application and documentation for completeness and accuracy according to instructions provided by the department;

(7) The kidney center shall forward to the department the application and any documentation needed to approve or deny eligibility. The department shall review the application and documentation and notify the kidney center the patient has been certified or denied; or request additional information as needed;

(8) The application period shall be limited to one hundred twenty days. The kidney center may request an extension if there are extenuating circumstances prohibiting the patient from completing the application process within the allowed time. The department, at its discretion, may grant and specify the limits of the extension;

(9) The patient shall be eligible for a period of one year from the first day of the month of application unless his or her resources or income increase or decrease substantially, in which case the patient must complete a new application for eligibility;

(10) Eligibility effective date is the first day of the month of application if the individual was eligible at any time during that month. The effective date of eligibility shall be no earlier than four months before the month of application provided that:

(a) The medical services received were covered.

(b) The individual would have been eligible had he/she applied.

(11) Patients currently eligible must be recertified prior to the end of their eligibility period.

Patients who seek continued program services do not need to reapply for medicaid (medical assistance) unless there has been a substantial reduction in resources during the year. A "substantial reduction" means:

(a) The elimination of patient's required monthly copayment; or

(b) The reduction of resources to below fifteen hundred dollars. [Statutory Authority: RCW 43.20.050. 85-03-063 (Order 279), § 248-30-130, filed 1/15/85; 83-18-002 (Order 265), § 248-30-130, filed 8/25/83.]

Chapter 248-31 WAC
HOSPICE CARE AGENCY REGULATIONS

WAC

WAC 248-31-001 Purpose. The purpose of these rules and regulations is to establish standards for operation of certified hospice care agencies. These rules are promulgated pursuant to chapter 70.126 RCW directing the department of social and health services to adopt rules establishing standards for certification of hospices. [Statutory Authority: RCW 70.126.040. 85-04-054 (Order 2202), § 248-31-001, filed 2/5/85.]

WAC 248-31-002 Definitions. For the purpose of this chapter, the following words and phrases shall have the following meaning unless the context clearly indicates otherwise:

(1) "Administrator" means a person managing and responsible for the day-to-day operation of each certified hospice and having at least one year of supervisory or administrative experience and/or training.

(2) "Bereavement service" means consultation, support, counseling, and follow-up of a patient unit before and following death of the patient.

(3) "Bylaws or equivalent" means a set of rules adopted by a hospice for governing hospice operation.

(4) "Certification" means a statement by the department that a hospice is operating in accordance with standards of the department contained and described in chapter 70.126 RCW and chapter 248-31 WAC.

(5) "Clinical progress note" means a written, dated notation of each contact with a patient unit containing a description of signs and symptoms, treatments, medications given, the patient reaction, any changes in physical or emotional condition, and other pertinent information.

(6) "Department" means department of social and health services.

(7) "Family" means individuals, primary care givers, representatives, and others who are important to and designated by the patient and who need not be relatives.

(8) "Governing body" means the individual or group with responsibility and authority to establish policies related to operation of a hospice.

(9) "Home health aide" means an individual providing services in behalf of and coordinated by hospice and providing care of hospice patients under the supervision of a registered nurse. Such care includes ambulation and exercise, assistance with medications ordinarily self–administered, reporting changes in patient condition and needs, completing appropriate records, and personal care or household services needed to achieve the medically desired results.

(10) "Hospice" means a private or public agency or organization or entity or division thereof administering and providing hospice care and certified by the department as a hospice care agency pursuant to chapter 70-.126 RCW and chapter 248–31 WAC.

(11) "Hospice care" means a group of organized and coordinated palliative services for the terminally ill, prescribed by the attending physician with care provided by the hospice according to a hospice plan of care, and in accordance with chapter 70.126 RCW and chapter 248–31 WAC: *Provided*, That the patient and/or patient representative is informed and expresses a preference for the type of care and services that may be provided as hospice and agrees to those services available in a specific named hospice.

(12) "Hospice plan of care" means a written, individualized plan specific to one patient unit and approved by a physician describing hospice care to be provided to the patient unit for palliation or medically necessary treatment of an illness or injury.

(13) "Inpatient care" means care provided in a facility licensed by a state of the United States as a hospital, nursing home (skilled nursing facility), or a hospice.

(14) "May" means permissive or discretionary on the part of the department.

(15) "Medical records professional" means a person having successfully completed the examination requirements of the American Medical Record Association (AMRA), 875 N. Michigan, Suite 1850, Chicago, Illinois 60611, as specified in *Standards for Initial Certification* or *Standards for Maintenance of Certification* as adopted by the American Medical Records Association, October 3, 1983, or having documented equivalent in education, training, and/or experience.

(16) "Occupational therapist" means an individual licensed as a registered occupational therapist (OTR) pursuant to chapter 18.59 RCW.

(17) "Owner" means the individual, partnership or corporation, or other legal entity applying for department certification or recertification or renewal of certification of a hospice and providing evidence of intent and ability to comply with standards and rules pursuant to chapter 70.126 RCW and chapter 248–31 WAC.

(18) "Patient" means the terminally ill individual.

(19) "Patient unit" means the patient and family which together compose the unit of care in hospice.

(20) "Palliative care" or "palliation" means activities, interventions, and interactions planned and executed to cause a lessening or reduction of physical, psychological, or spiritual pain or discomfort and symptoms, and intended to ease without curing.

(21) "Personnel" means volunteers, employees, individuals, and groups providing services in behalf of and coordinated by hospice. "Direct personnel" means those personnel functioning according to a specific contract or agreement between one individual and hospice in which case such agreement or contract shall require hospice responsibility for screening and selection, job description, orientation, supervision, and regular evaluation of performance of the individual. Other personnel may include persons providing care working through the auspices of and under direction of another agency, organization, or program and who shall function as personnel of hospice according to an interagency agreement or contract between hospice and the other agency, organization, or program in which case the contract or agreement shall specify all deliverers of hospice care meet qualifications required for the job to be performed and receive regular performance evaluations.

(22) "Pharmacist" means an individual licensed by the state board of pharmacy to engage in the practice of pharmacy pursuant to chapter 18.64 RCW.

(23) "Physical therapist" means an individual practicing physical therapy as defined in chapter 18.74 RCW, physical therapy, under the prescription and direction of a physician.

(24) "Physician" means an individual currently licensed as a physician pursuant to chapter 18.71 RCW or osteopathic physician and surgeon licensed pursuant to chapter 18.57 RCW.

(25) "Registered nurse" means an individual licensed under the provisions of chapter 18.88 RCW, registered nurses.

(26) "Representative" means a person who, because of a patient's mental or physical incapacity, is authorized in accordance with state law to execute or revoke an election for hospice care.

(27) "Respite care" means care of a patient in the most appropriate setting, as agreed by patient unit and hospice, for a few days or hours to relieve or replace family members or friends usually caring for the patient at home.

(28) "Self–administration" means patient or family administration of patient–owned medication to the patient as approved by the attending physician.

(29) "Shall" means compliance is mandatory.

(30) "Social worker" means a person having a masters degree from a college of social work accredited by the Council on Social Work Education (CSWE), 111 8th Avenue, New York, New York 10011, as described in *Manual of Accrediting Standards for Graduate Professional Schools of Social Work*, revised April 1971.

(31) "Speech therapist" means a person:

(a) Meeting the educational and experience requirements for a certificate of clinical competence in the appropriate area of speech pathology or audiology granted

by the American Speech, Language and Hearing Association as described in the *ASHA Directory*, American Speech, Language and Hearing Association, 10801 Rockville Pike, Maryland 20852, 1983; or

(b) Meeting the education requirements for a certificate of clinical competence and in the process of accumulating the supervised experience, as specifically prescribed in the *ASHA Directory*, 1983.

(32) "Summary report" means a written, dated notation summarizing facts about hospice care given, response of the patient unit to hospice care, and coordination of hospice care. [Statutory Authority: RCW 70.126.040. 85-04-054 (Order 2202), § 248-31-002, filed 2/5/85.]

WAC 248-31-010 Certification of hospice. (1) An application for hospice certification shall be submitted on forms furnished by the department, accompanied by the fee. Applications shall be signed by the owner or designated agent.

(a) The applicant shall furnish to the department full and complete information as required by the department for the proper administration of these requirements.

(b) Fees established by the department shall be paid pursuant to RCW 43.20A.055 and chapter 440-44 WAC.

(2) The department may at any time inspect those parts of the premises of the hospice and examine those records necessary to determine compliance with this chapter, pertaining to hospice care agency certification requirements pursuant to chapter 70.126 RCW and chapter 248-31 WAC.

(a) The certificate issued shall be valid for a maximum of twenty-four months.

(b) The certificate shall not be transferrable or assignable.

(3) Hospice certification may be denied, suspended, or revoked for failure to comply with chapter 70.126 RCW or chapter 248-31 WAC. Any action to deny, suspend, or revoke certification shall comply with chapter 34.04 RCW, Administrative Procedure Act.

(4) When a change of ownership is planned, the owner shall notify the department at least thirty days prior to the date of transfer.

(a) The notification shall be written and contain the following information:

(i) Full name of the current owner and prospective new owner,

(ii) Name and address of the hospice,

(iii) The date of the proposed change of ownership.

(b) The prospective new owner shall submit a new application for hospice care agency certification with the fee at least thirty days prior to the change of ownership.

(c) A new hospice certification shall be issued only following approval of the application by the department.

(5) The hospice shall inform the department and all patient units being served at least thirty days in advance of cessation of operation with a plan specifying arrangements for referral of patients to other agencies or facilities in a manner providing for continuity of care. [Statutory Authority: RCW 70.126.040. 85-04-054 (Order 2202), § 248-31-010, filed 2/5/85.]

WAC 248-31-020 Governing body--Administration. (1) There shall be a governing body assuming responsibility and authority for:

(a) Establishing policy related to safe, adequate patient care and operation of the hospice.

(b) Appointing an administrator.

(c) Adopting and periodically reviewing written bylaws or an acceptable equivalent.

(d) Overseeing the management and fiscal affairs of the agency.

(e) Maintaining a record of governing body proceedings.

(f) Assuring written evaluation of hospice care agency performance.

(2) The administrator shall:

(a) Organize and direct the hospice's ongoing functions,

(b) Maintain ongoing liaison among governing body and hospice personnel,

(c) Ensure:

(i) The inpatient provider has established policies consistent with those of the hospice and agrees to abide by the patient care protocols established by the hospice for its patients;

(ii) The hospice clinical records include a record of all inpatient services and events;

(iii) A copy of the discharge summary and, if requested, a copy of the medical record are provided to the hospice;

(iv) The responsibilities of parties involved for implementation of the provisions of the agreement are specified;

(v) The hospice retains responsibility for assuring appropriate hospice care training of the personnel providing the care under the agreement; and

(vi) Inpatient care for respite purposes is provided in a setting as defined in WAC 248-31-002(13).

(d) Arrange for professional services,

(e) Employ qualified personnel and ensure adequate education and evaluation of personnel,

(f) Ensure the accuracy of public information materials and activities,

(g) Implement an effective budgeting and accounting system, and

(h) Authorize in writing a qualified alternate to act in his or her absence. [Statutory Authority: RCW 70.126-.040. 85-04-054 (Order 2202), § 248-31-020, filed 2/5/85.]

WAC 248-31-030 Personnel. (1) Personnel practices shall be supported by written personnel policies.

(2) Personnel records shall be maintained to include:

(a) Job descriptions, including minimum qualifications for position;

(b) Qualifications of individuals who are personnel;

(c) Evidence of current licensure when applicable;

(d) Performance evaluations;

(e) Evidence of review of hospice care agency policy and procedures related to abuse and neglect of children and adults (particularly referencing chapter 26.44 RCW);

(f) Health records minimally to include one tuberculin skin test by the Mantoux method unless medically contraindicated with specifications as follows:

(i) Prior to providing patient care, each person expected to have contact with patients shall have or provide documented evidence of a tuberculin skin test by the Mantoux method;

(ii) When the skin test is negative (less than ten millimeters of induration), no further tuberculin skin testing shall be required;

(iii) A positive skin test consists of ten millimeters or more of induration read at forty-eight to seventy-two hours;

(iv) Positive reactors shall have a chest x-ray within ninety days of the first day of employment. Exceptions and specific requirements follow:

(A) Results of skin tests, report of x-ray findings, or exceptions to such shall be maintained in the hospice agency;

(B) Those with positive skin tests having completed a recommended course of preventive or curative treatment, as determined by local health officer, shall be exempted from further testing.

(g) Evidence of cardiopulmonary resuscitation training and review for personnel, other than volunteers, providing services in the home.

(3) Personnel with a communicable disease in an infectious stage shall not provide direct patient care.

(4) There shall be documentation of orientation of personnel and volunteers to hospice standards, policies, and procedures.

(5) Each hospice shall make provisions for inservice or education of hospice personnel related to safe, current practice, minimally to include:

(a) Skills at providing palliation and comfort measures,

(b) Counseling skills including grief process and spiritual needs. [Statutory Authority: RCW 70.126.040. 85-04-054 (Order 2202), § 248-31-030, filed 2/5/85.]

WAC 248-31-040 General requirements. (1) Organization, services provided, administrative control, and lines of authority for the delegation of responsibility to the patient care level shall be clearly set forth in writing and readily identifiable.

(a) Administrative and supervisory functions shall not be delegated to another agency or organization,

(b) Hospice shall assure continuity of care in the home, outpatient, respite, and inpatient settings.

(2) Direct personnel shall provide the following services:

(a) Nursing,

(b) Social work,

(c) Physician consultation,

(d) Counseling, and

(e) Volunteers.

(3) Hospice shall ensure continuity of services provided directly or under arrangement and ensure services are provided in a manner consistent with accepted hospice principles and practices and the hospice plan of care. Hospice care shall be provided in all of the following, as necessary:

(a) The patient's home or place of residence,

(b) Inpatient care setting as defined in WAC 248-31-002(13),

(c) Respite care setting as defined in WAC 248-31-002(27).

(4) Hospice shall provide twenty-four hours per day, seven days per week availability for consultation and emergency visits to include:

(a) Nursing services, and

(b) Physician services.

(5) Other services available shall include:

(a) Home health aide,

(b) Physical therapist,

(c) Occupational therapist,

(d) Medical social services,

(e) Volunteer services,

(f) Counseling services,

(g) Bereavement services, and

(h) Spiritual care.

(6) Hospice shall provide access to emotional support as necessary for personnel providing hospice care.

(7) Hospice shall assist the patient to obtain medical supplies, drugs and biologicals, and use of medical appliances as specified in the hospice plan of care.

(8) If services are provided by arrangement with another agency or program, the hospice shall have a written contract or agreement for provision of each arranged service. The agreement shall include minimally:

(a) Identification of the service to be provided;

(b) A stipulation that services shall be provided only with the expressed authorization of the hospice;

(c) A description of the manner in which the contracted services are coordinated, supervised, and evaluated by the hospice;

(d) The delineation of the role of the hospice and the other agency;

(e) A requirement for documenting that services are furnished in accordance with the agreement;

(f) The qualifications of the personnel providing the services;

(g) Procedures for determining charges and reimbursements;

(h) Responsibilities of parties involved for implementation of the agreement; and

(i) Hospice responsibility for training of personnel providing hospice care.

(9) Hospice shall establish policies governing the day-to-day provision of hospice care and services minimally to include or address:

(a) The scope of services offered;

(b) Admission, transfer, and discharge;

(c) Medical supervision of plans of care;

(d) Technical procedures;

(e) Infection control;

(f) Emergencies, safety, and death;

(g) Clinical records;
(h) Personnel qualifications;
(i) Quality assurance and utilization review mechanisms;
(j) Recognition and reporting of child and elderly abuse and neglect;
(k) Safety, cleanliness, and maintenance of equipment provided or utilized by the hospice;
(l) Administration of patient-owned medications; and
(m) The administration of treatment modalities including intravenous solutions, chemotherapy, parenteral feedings, and injections. [Statutory Authority: RCW 70.126.040. 85-04-054 (Order 2202), § 248-31-040, filed 2/5/85.]

WAC 248-31-050 Quality assurance. (1) A hospice care agency shall conduct an ongoing, comprehensive, integrated, self-assessment of the quality and appropriateness of hospice care provided.
(2) At least quarterly appropriate health professionals representing the scope of the hospice care agency program shall review a ten percent sample of the clinical records opened and closed during that quarter to determine established hospice policies have been followed.
(3) The written findings shall be used by the hospice to correct identified problems and to revise hospice policies if necessary.
(4) Those responsible for the hospice care quality assurance program shall:
(a) Implement and report on activities and mechanisms for monitoring the quality of patient care,
(b) Identify and resolve problems, and
(c) Make suggestions for improving care. [Statutory Authority: RCW 70.126.040. 85-04-054 (Order 2202), § 248-31-050, filed 2/5/85.]

WAC 248-31-060 Hospice plan of care. (1) Hospice shall demonstrate respect for an individual's rights by:
(a) Obtaining from the patient or patient representative a written, informed consent specifying the type of care and services that may be provided as hospice care during the course of the illness; and
(b) Making a statement of rights and responsibilities available to the patient unit.
(2) There shall be assessment of needs of a patient requesting hospice and identification of service needs including:
(a) Patient and family goals;
(b) Physical, spiritual, psychosocial needs;
(c) Estimate of scope and frequency of services needed.
(3) A written hospice plan of care shall be established and maintained for each patient unit.
(a) The hospice plan of care shall be approved by the interdisciplinary team and the attending physician.
(b) The hospice plan of care shall be reviewed and updated as indicated by changes in patient unit needs and at intervals as specified in the plan with documentation of reviews.
(4) Hospice shall furnish appropriate information per phone or in writing to the inpatient care provider, in the event a hospice patient requires inpatient care, to include a summary of current care, condition, and reason for inpatient admission.
(5) Implementation of each hospice plan of care shall be coordinated by a designated registered nurse. [Statutory Authority: RCW 70.126.040. 85-04-054 (Order 2202), § 248-31-060, filed 2/5/85.]

WAC 248-31-070 Interdisciplinary team. (1) The hospice shall designate an interdisciplinary team or teams composed of individuals providing or supervising the hospice plan of care and services offered by the hospice, to include at least the following individuals who are direct personnel of the hospice:
(a) A physician medical consultant;
(b) A registered nurse;
(c) A social worker; and
(d) A pastoral, spiritual, or other counselor.
(2) The interdisciplinary team shall be responsible for:
(a) Establishing a hospice plan of care within seven days following admission to hospice home care services,
(b) Provision or supervision of hospice care and services.
(3) A specific interdisciplinary team shall be designated for each patient unit.
(4) Liaison among all personnel providing services and care for each patient shall be maintained so efforts effectively complement one another and support objectives outlined in the hospice plan of care with documented evidence of coordination to include:
(a) Reports in clinical records,
(b) A written summary report for each patient shall be sent to the attending physician at regular intervals, as specified in the hospice plan of care,
(c) Reports of case conferences or other interdisciplinary communication. [Statutory Authority: RCW 70-.126.040. 85-04-054 (Order 2202), § 248-31-070, filed 2/5/85.]

WAC 248-31-075 Clinical management. (1) There shall be a registered nurse who is direct personnel designated to manage hospice clinical services.
(2) The registered nurse designated to manage clinical services shall:
(a) Participate in development of hospice clinical policies, and
(b) Assume responsibility for clinical functions including clinical supervision of the interdisciplinary team. [Statutory Authority: RCW 70.126.040. 85-04-054 (Order 2202), § 248-31-075, filed 2/5/85.]

WAC 248-31-080 Physician services. (1) Each patient admitted to hospice shall have a designated attending physician.
(2) There shall be a physician consultant to hospice who:
(a) Is direct personnel;
(b) Assumes overall responsibility for the medical component of the hospice's clinical care services.

(3) Physician direct personnel of the hospice shall:

(a) Participate in the interdisciplinary team;

(b) Provide medical management of hospice patients in the absence of an attending physician to include:

(i) Palliation;

(ii) Management of terminal illness and related conditions; and

(iii) Other medical needs.

(c) Provide medical consultation to the extent palliative and other medical needs are not met by the attending physician.

(4) Written policies and procedures shall address admission and medical treatment of patients minimally to include assessment and diagnosis by the attending physician to include:

(a) The admitting diagnosis and prognosis,

(b) Current medical findings,

(c) Any nutritional restrictions or needs,

(d) Medication orders, and

(e) Pertinent orders regarding the patient's terminal conditions.

(5) The hospice plan of care shall be reviewed and approved by the attending physician.

(6) Communication between the attending physician and other members of the interdisciplinary team shall be ongoing and documented.

(7) Provision shall be made for assuring continuity of medical care. [Statutory Authority: RCW 70.126.040. 85-04-054 (Order 2202), § 248-31-080, filed 2/5/85.]

WAC 248-31-090 Nursing services. (1) The hospice shall provide nursing care and services by or under the supervision of a registered nurse.

(a) Nursing service shall be directed and staffed to assure the nursing needs of patients are met.

(b) Patient care responsibilities of nursing personnel shall be specified.

(c) Services shall be provided in accordance with state laws and rules and recognized standards and practices.

(2) Functions of registered nurses include:

(a) An initial assessment;

(b) Provision of services in accordance with hospice policies;

(c) Initiation of the plan of care and necessary revision;

(d) Regular re-evaluation of nursing needs;

(e) Provisions of those services requiring substantial and specialized nursing skills;

(f) Initiation of appropriate palliative nursing procedures;

(g) Preparation of clinical progress notes and summary reports;

(h) Coordination and implementation of hospice care plan for each patient;

(i) Participation in case conferences and other processes used to coordinate hospice care for each patient;

(j) Informing the physician and other personnel of changes in the patient's condition and needs;

(k) Teaching and counseling the patient unit to meet patient needs;

(l) Participation in inservice programs and consultation with other personnel;

(m) Supervision and teaching of other nursing personnel, volunteers, and home health aides.

(3) Functions of a licensed practical nurse shall be in accordance with hospice policy and chapter 18.78 RCW. [Statutory Authority: RCW 70.126.040. 85-04-054 (Order 2202), § 248-31-090, filed 2/5/85.]

WAC 248-31-100 Counseling services. (1) Counseling services shall be available to each patient unit and shall include psychosocial, nutritional, spiritual, bereavement, and any other counseling services designated in the hospice plan of care.

(2) Psychosocial assessment and counseling related to the terminal nature of the illness shall be provided by hospice personnel as specified in the hospice plan of care.

(3) Bereavement services shall be provided through an organized program under the supervision of a qualified professional having education and experience appropriate to the care of bereaved individuals and demonstrated ability in family and/or individual counseling.

(a) The hospice plan of care for bereavement services shall reflect family needs for bereavement counseling as well as a clear delineation of services to be provided and the frequency of service delivery with duration of bereavement services up to one year following the death of the patient, as appropriate.

(b) Bereavement services available shall include, but need not be limited to:

(i) Regular survivor contact, as needed, following death;

(ii) An interchange of information between those providing bereavement services and hospice personnel providing care before the death of the patient; and

(iii) A process for the assessment of possible pathological grief reactions and, as appropriate, referral for intervention.

(c) Hospice personnel providing bereavement services shall receive appropriate training described in writing.

(d) Bereavement services, when provided, shall be documented.

(4) Nutritional counseling shall be provided, when indicated.

(5) Spiritual counseling shall be provided by a qualified interdisciplinary team member and/or through a working relationship with clergy and/or spiritual counselors or advisors in the community.

(a) Each patient unit shall be notified as to the availability of clergy, spiritual counselors, and advisors.

(b) Hospice program spiritual care shall be provided as desired by the patient unit and documented in the clinical record. [Statutory Authority: RCW 70.126.040. 85-04-054 (Order 2202), § 248-31-100, filed 2/5/85.]

WAC 248-31-110 Therapy services. Any therapy service provided or under arrangement shall be provided as ordered by the attending physician, in accordance with the hospice plan of care, and in a manner consistent

with applicable state practice laws and rules and accepted standards of practice as well as chapter 70.126 RCW and chapter 248-31 WAC. [Statutory Authority: RCW 70.126.040. 85-04-054 (Order 2202), § 248-31-110, filed 2/5/85.]

WAC 248-31-120 Medical social services. (1) Social services shall be provided or directly supervised by a social worker as defined in WAC 248-31-002(30).

(2) Social services shall be provided in accordance with the plan of care with functions to include:

(a) Assisting, counseling, and consulting with the patient unit, physician, hospice team, and appropriate community agencies to increase understanding of the significant social and emotional factors related to patient health and medical problems and death.

(b) Participation in the development of the plan of care, case conferences, and other processes used to coordinate hospice care;

(c) Identification, mobilization, and utilization of appropriate community resources;

(d) Participation in transfer and discharge planning;

(e) Participation in inservice program; and

(f) Preparation of clinical progress notes and/or summary reports. [Statutory Authority: RCW 70.126.040. 85-04-054 (Order 2202), § 248-31-120, filed 2/5/85.]

WAC 248-31-130 Home health aide services. (1) Home health aide services, when required, shall be available to meet the needs of the patients and included in the hospice plan of care.

(2) A registered nurse shall visit the home site at least every two weeks when home health aide services are being provided. The visit shall include an assessment of the aide services.

(3) Written instructions for patient care shall be prepared by a registered nurse and available to each home health aide.

(4) Home health aides shall demonstrate ability to follow written and verbal directions and prepare reports.

(5) There shall be evidence of hospice orientation and training of home health aides to include:

(a) Functions and responsibilities of a home health aide;

(b) Purpose and goals of hospice;

(c) Documentation and recordkeeping;

(d) Rights of people receiving hospice care;

(e) Ethics and confidentiality;

(f) Personal care activities and simple nursing or therapy procedures including when and to whom to report any change in patient condition;

(g) Assistance with medications ordinarily self-administered, with assistance limited to:

(i) Communication of appropriate information to the patient unit regarding self-administration; and

(ii) Presenting a patient-owned, pharmacist- or manufacturer-prepared, original, medication container to the patient.

(h) Promotion of a safe, clean, healthful environment;

(i) Emergency and death procedures. [Statutory Authority: RCW 70.126.040. 85-04-054 (Order 2202), § 248-31-130, filed 2/5/85.]

WAC 248-31-140 Volunteers. (1) Hospice shall have available and routinely utilize direct personnel volunteers in provision of care and services.

(2) A designated person who is direct personnel shall be responsible for volunteer coordination.

(3) Hospice shall provide or arrange for and document orientation and training consistent with standards of hospice.

(4) Volunteer activities shall be documented in the clinical record.

(5) Volunteers providing professional services shall meet all standards associated with their discipline including applicable federal and state laws and rules. [Statutory Authority: RCW 70.126.040. 85-04-054 (Order 2202), § 248-31-140, filed 2/5/85.]

WAC 248-31-150 Medical supplies and equipment--Apparatus--Drugs. (1) Medical supplies, equipment, and apparatus specified in the hospice plan of care pursuant to RCW 70.126.020 (1)(b)(ii) and (1)(b)(iii) shall be made available for the patient as needed for the palliation or medically necessary treatment of an illness or injury.

(a) Written policies and procedures shall assure the safety, cleanliness, and maintenance of equipment, apparatus, and supplies.

(b) Written policies and procedures shall provide for infection control.

(c) When medical supplies, equipment, and/or apparatus are secured through a vendor, provisions for safety, cleanliness, maintenance, and infection control shall be specified in writing.

(2) Policies and procedures related to storage or delivery of drugs by a hospice shall be established by the hospice in collaboration with a pharmacist and in accordance with applicable federal and state laws and rules.

(a) Hospice shall establish a policy for disposal of controlled drugs maintained in a patient's home when those drugs are no longer needed by the patient, e.g., patient expires.

(b) Drugs and treatments, when administered by hospice personnel, shall be administered by legally authorized personnel and as ordered by the physician.

(c) Verbal or phone orders issued by a physician shall be confirmed by authorized personnel.

(i) Orders shall be immediately recorded by the nurse or therapist confirming the order; and

(ii) Countersignature of the physician shall be obtained.

(d) Suspected drug allergies, adverse reactions to drugs, or treatments or other problems related to patient's use of drugs shall be promptly reported to the family and attending physician and addressed in the plan of care and clinical record. [Statutory Authority: RCW 70.126.040. 85-04-054 (Order 2202), § 248-31-150, filed 2/5/85.]

WAC 248-31-160 Clinical records. (1) A clinical record shall be established and maintained in accordance with accepted professional standards for every individual receiving hospice care and services.

(a) There shall be annual or more frequent review by a medical records professional.

(b) The record shall be current, promptly and accurately documented, readily accessible, and systematically organized to facilitate retrieval of information.

(c) Entries shall be made and signed by personnel providing the service for all services provided by hospice whether furnished directly or under arrangements made by the hospice.

(2) Each clinical record shall contain:

(a) Pertinent past and current findings;

(b) Hospice plan of care;

(c) Appropriate identifying information;

(d) Name of attending physician; and

(e) Signed and dated clinical progress notes for each service rendered incorporated into the clinical record within seven days from the day service was rendered or more frequently.

(3) Completed clinical records shall contain a final diagnosis, complications, death or discharge summary, interdisciplinary team service notes, and bereavement assessment and services.

(4) Clinical records shall be retained or information readily retrievable in Washington state for a period of no less than ten years following discharge of the patient, except the records of minors which shall be retained for a period of no less than three years following attainment of age eighteen years or ten years following discharge, whichever is longer.

(5) There shall be policies specific to the retention and destruction of clinical records.

(a) If a hospice discontinues operation, arrangements shall be made to preserve clinical records with the plan for such arrangements approved by the department prior to cessation of operation.

(b) Final destruction of clinical records or patient care data shall be accomplished in such a manner that retrieval and subsequent use of information are impossible.

(c) In the event of patient transfer to another hospice, home health agency, or to a health care facility, a copy of the clinical record or an abstract and copy of the most recent summary report shall accompany the patient or be provided as soon as possible.

(6) Clinical record information shall be safeguarded against loss, destruction, or unauthorized use.

(a) There shall be written procedures governing use and removal of records and conditions for release of information.

(b) Release of information not authorized by law shall require prior written consent of the individual in accordance with written policy of the hospice agency. [Statutory Authority: RCW 70.126.040. 85-04-054 (Order 2202), § 248-31-160, filed 2/5/85.]

Chapter 248-58 WAC
SANITARY CONTROL OF SHELLFISH AND SHRIMP, CRAB AND LOBSTER MEAT

WAC 248-58-005 Definitions. The following definitions shall apply in the interpretation and the implementation of these rules and regulations:

(1) "Approved" means acceptable to the director based on his or her determination as to conformance with appropriate standards and good public health practice.

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

(a) Forty pounds of mussels;

(b) One hundred oysters;

(c) Fourteen horse clams;

(d) Six geoducks; or

(e) Fifty pounds of hard or soft shell clams.

(3) "Department" means the state department of social and health services.

(4) "Director" means the director of the division of health of the department of social and health services, or his or her authorized representative.

(5) "Easily cleanable" means readily accessible and of such material and finish, and so fabricated that residue may be completely removed by approved cleaning methods.

(6) "Food contact surfaces" means those surfaces of equipment and utensils with which the shellfish meat normally comes in contact, and those surfaces that drain onto surfaces that may come into contact with said food being processed.

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

(8) "Person in charge" means an individual responsible for the supervision of employees and the management of any shellfish operation as defined in subsection (12) of this section.

(9) "Sanitized" means the treatment of clean surfaces of equipment and utensils by an approved process which is effective in destroying microorganisms, including pathogens.

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

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

(12) "Shellfish operation" means any activity in the harvesting, transporting, processing, to include, but not limited to culling, shucking, packing, and repacking or

shipping or reshipping of shellfish in commercial quantities or for sale for human consumption. [Statutory Authority: RCW 69.30.030 and 43.20.050. 85-21-048 (Order 296), § 248-58-005, filed 10/14/85. Statutory Authority: RCW 69.30.030. 78-08-059 (Order 163), § 248-58-005, filed 7/24/78.]

WAC 248-58-010 Growing areas. (1) All shellfish to be sold as defined in RCW 69.30.010(2) in the state of Washington shall be obtained from approved growing areas or from approved growing areas outside the state that have programs of control and standards equivalent to that of the state of Washington.

(2) Approved shellfish growing areas shall be located in areas not adversely affected by human waste, industrial or natural toxins, recreational use, or other sources of pollutants which may have a detrimental influence on the water quality of the shellfish growing beds and subsequent hazards to the human consumers of shellfish.

(3) No commercial quantities of shellfish or shellfish to be sold as defined in RCW 69.30.010(2), for human consumption, shall be harvested from growing areas which are not approved as provided herein: *Provided*, That permission may be granted by the director for the removal of shellfish from nonapproved growing areas for relaying to approved growing areas under the following conditions:

(a) Shellfish shall be relayed to a designated, approved growing area for a minimum of two weeks or for a longer time period as prescribed by the director.

(b) Relaying and subsequent removal from the approved area for sale or shipment shall be under the supervision of the director.

(c) Records shall be kept showing growing areas from which the shellfish were taken, where relayed, dates of relaying, and dates of harvesting.

(4) All boats, oyster harvesters, and floats used for harvesting or transporting shellfish shall be so constructed, operated, and maintained as to prevent contamination or deterioration of the shellfish. Approved facilities shall be provided for the disposal of human waste. [Statutory Authority: RCW 69.30.030 and 43-.20.050. 85-21-048 (Order 296), § 248-58-010, filed 10/14/85. Statutory Authority: RCW 69.30.030. 78-08-059 (Order 163), § 248-58-010, filed 7/24/78; Regulation 58.010, effective 3/11/60.]

WAC 248-58-080 Certificate of compliance--Certificate of approval--Suspension for revocation of certificate of approval--Licensure--Revocation of license. (1) Only shellfish bearing, upon the tag, bill of lading, label or container as required in WAC 248-58-070(2), a certificate of compliance with the sanitary requirements of this state, or a state, territory, province of, or country of origin whose requirements are equal or comparable to these regulations, may be sold or offered for sale for human consumption in the state of Washington.

(2) No person shall possess a commercial quantity of shellfish or sell or offer to sell for human consumption shellfish in the state which have not been grown, harvested, shucked, packed, or shipped in accordance with the provisions of these regulations or chapter 69.30 RCW.

(3) Certificates of approval for shellfish growing areas and/or for shellfish operations, as hereinabove defined, shall be issued and administered as prescribed in chapter 69.30 RCW, and may be denied, suspended, or revoked for any failure or refusal to maintain the sanitary requirements or to comply with the provisions of these regulations or chapter 69.30 RCW.

(4) No person shall operate a "shellfish operation," as defined hereinabove, without having first obtained a valid operating license issued by the director. Each license shall be issued only for the shellfish operation and person named in the application and no license shall be transferable or assignable except with the written approval of the director. An operating license will be issued to any person who shall evidence:

(a) Possession of, or an approved application for, a valid certificate of approval as described hereinabove;

(b) Continued compliance by the licensee, the licensee's employees, or those under the licensee's supervision, with the rules and regulations herein and with chapter 69.30 RCW which compliance, in part, shall include the licensee's processing and/or sale of shellfish which have been harvested only from growing areas certified by the director in the name of the licensee or the person from whom the licensee has obtained said shellfish.

(5) The department shall have cause to deny, revoke, or suspend the license required herein where any licensee has:

(a) Had his or her certificate of approval, as defined above, and as issued by the department, revoked, suspended, or denied, for any reason;

(b) Failed or refused to comply with any of the rules and regulations of the state board of health or chapter 69.30 RCW;

(c) Harvested shellfish from any growing area which does not have a valid certificate of approval issued in the name of said licensee or in the name of the person from whom the licensee has obtained said shellfish;

(d) Obtained or attempted to obtain an operating license, certificate of compliance, or certificate of approval by fraudulent means or misrepresentation.

(6) All licenses and certificates issued under the provisions of these regulations shall be posted in a conspicuous place on the licensed premises. The licensee, or at least one employee thereof, shall have a certificate of approval on his or her person while engaged in the harvesting of shellfish. Such certificates of approval shall be provided by the department. All licenses and certificates of approval shall expire on the thirtieth day of September each year.

(7) Certificates of approval shall be displayed, upon request, to an authorized representative of the department, a fisheries patrol officer, or an ex officio patrol officer. Failure to do so subjects the grower to the penalty provisions of this chapter, as well as immediate seizure of the shellfish by the representative or officer. [Statutory Authority: RCW 69.30.030 and 43.20.050. 85-21-048 (Order 296), § 248-58-080, filed 10/14/85.

Statutory Authority: RCW 69.30.030. 78-08-059 (Order 163), § 248-58-080, filed 7/24/78; Regulation 58.080, effective 3/11/60.]

WAC 248-58-090 Administrative provisions. (1) The person in charge of shellfish growing areas or processing plant operations shall ensure operations are conducted in a manner complying with the requirements of these regulations. The person in charge shall periodically inspect the shellfish operations to determine compliance with these regulations, and shall take measures to correct any deficiencies thereby revealed.

(2) The director shall have access to and be permitted to inspect any and all areas comprising the shellfish operation for the purpose of determining compliance with these regulations and chapter 69.30 RCW, or for the purpose of determining whether any person, shellfish, or condition in the shellfish operation constitutes a nuisance or a threat to the public health.

(a) In the course of such inspection, the director may, among other things, examine or sample the shellfish in the shellfish operation as often as necessary to determine its safeness for human consumption, and he or she may also examine any and all pertinent records pertaining to shellstock, shellfish, or operational supplies purchased, received, or used, and records pertaining to persons employed.

(b) If, after the inspection of a shellfish operation, the director finds such operation fails to comply with the requirements of the law, rules and regulations, he or she shall issue to the person in charge of the shellfish operation a written order specifying the manner in which the operation fails to comply with the law, rules and regulations and which sets out a specific and reasonable period of time for correction of the violations.

(c) In the event the person in charge of the shellfish operation fails to correct the violations as required by the order of the director, the director may revoke the certificate of compliance and/or license of such person and/or initiate such legal enforcement proceeding as authorized by law.

(d) During or after an investigation or inspection of a shellfish operation, the director may, if he or she suspects the shellfish are unsafe for human consumption, give to the owner or person in charge of the shellfish operation a written hold order prohibiting the disposition or sale of the shellfish pending the director's further investigation of the shellfish's safety. The person in charge shall thereafter cease from offering such shellfish for human consumption and shall store such shellfish in a suitable place as prescribed by the director until the hold order is lifted or modified by the director or by a court of competent jurisdiction. Shellfish placed under a hold order shall not be destroyed for at least two days and shall not be held longer than fifteen days; however, upon a finding that the shellfish are safe for human consumption, the director may release them immediately.

(e) If, during an inspection of a shellfish harvesting operation, the owner or person in charge of the operation fails to immediately display his or her certificate of approval upon request from an authorized representative of the department, a fisheries patrol officer, or an ex officio patrol officer, a written hold order may be issued prohibiting the disposition or sale of the shellfish or the shellfish may immediately be seized. If a hold order is issued, the person in charge shall thereafter cease from offering such shellfish for human consumption and shall store such shellfish in a suitable place as prescribed by the director until the hold order is lifted or modified by the director or by a court of competent jurisdiction. Shellfish placed under a hold order or seizure shall not be destroyed for at least two days and shall not be held longer than fifteen days; however, upon a finding that the shellfish are safe for human consumption, the director shall determine disposition. If the director determines that the operation is certified, the shellfish shall be released to the owner or person in charge of the operation. If the director determines that the operation is not certified, the director may release the shellfish according to his or her discretion.

(f) If after investigation the director determines the shellfish are unsafe for human consumption, he or she shall give the owner or person in charge of the shellfish operation a written abatement order, which abatement order may require any or all of the following measures:

(i) A permanent prohibition against the sale or disposition of the shellfish for human consumption;

(ii) Immediate destruction of the shellfish in question by measures such as denaturing and placement in a sanitary landfill. Such destruction shall be accomplished by at least two employees of the department or authorized representatives.

(iii) At the discretion of the director, shellfish having been found to be unsafe for human consumption may be relayed to an approved growing area for subsequent reharvest.

(g) When the director, after conducting an appropriate investigation, determines either that:

(i) A shellfish operation or employee is transmitting a disease; or

(ii) There is a substantial risk a shellfish operation or employee may be transmitting a disease, he or she may thereafter give to the owner or person in charge of the shellfish operation an abatement order, which order may require any or all of the following measures:

(A) Immediate closure of the shellfish operation until, in the opinion of the director, no further danger of a disease outbreak exists;

(B) Immediate exclusion of the employee from all shellfish operations or food service establishments;

(C) Restriction of the employee's service to some area of the operation where there would be no danger of transmitting disease.

(h) As an alternative to the abatement order described in subsection (2)(g) of this section, the director may require any or all of the employees to submit to adequate medical and laboratory examinations, including examination of their bodily discharges.

(i) No person shall remove or alter a notice or tag constituting a hold order or abatement order placed on the shellfish by the director, and neither such shellfish

nor its container shall be relabeled, repacked, reprocessed, altered, disposed of, destroyed, or released without permission of the director, except on order by a court of competent jurisdiction.

(j) In the event the person in charge of the shellfish operation fails to comply with either the hold order or the abatement order described above, the director may revoke the certificate of compliance and/or license of such person and/or initiate such legal enforcement proceedings as are authorized by law; except that the director may undertake summary abatement of the shellfish, an article, or a condition which is so severely contaminated or contaminating that a delay in abatement until legal enforcement proceedings could be had would pose a grave threat to the public health. [Statutory Authority: RCW 69.30.030 and 43.20.050. 85-21-048 (Order 296), § 248-58-090, filed 10/14/85. Statutory Authority: RCW 69.30.030. 78-08-059 (Order 163), § 248-58-090, filed 7/24/78; Regulation 58.090, effective 3/11/60.]

WAC 248-58-500 Penalty clause. Any person found violating any of the provisions of these regulations or chapter 69.30 RCW shall be guilty of a gross misdemeanor, and upon conviction thereof shall be subject to a fine of not less than twenty-five dollars nor more than one thousand dollars, or imprisonment in the county jail of the county in which the offense was committed for not less than thirty days nor more than one year, or to both fine and imprisonment. [Statutory Authority: RCW 69.30.030 and 43.20.050. 85-21-048 (Order 296), § 248-58-500, filed 10/14/85. Statutory Authority: RCW 69.30.030. 78-08-059 (Order 163), § 248-58-500, filed 7/24/78.]

Chapter 248-60A WAC
LABOR CAMPS

WAC

248-60A-010 through 248-60A-170 Repealed.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-60A-010 Definitions. [Order 7, filed 11/20/68.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-010.

248-60A-020 Administration. [Order 7, filed 11/20/68.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-020.

248-60A-030 Water supply. [Order 7, filed 11/20/68.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-030.

248-60A-040 Sewage and liquid waste disposal—Existing and new construction. [Order 7, filed 11/20/68.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-040.

248-60A-050 Plumbing. [Order 7, filed 11/20/68.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-050.

248-60A-060 Refuse disposal. [Order 7, filed 11/20/68.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-060.

248-60A-070 Rodent and insect control. [Order 7, filed 11/20/68.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-070.

248-60A-080 Location and maintenance. [Order 7, filed 11/20/68.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-080.

248-60A-090 Construction and maintenance of dwelling units. [Order 7, filed 11/20/68.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-090.

248-60A-100 Heating. [Order 7, filed 11/20/68.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-100.

248-60A-110 Lighting. [Order 7, filed 11/20/68.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-110.

248-60A-120 Toilet, handwashing, bathing and laundry facilities. [Order 7, filed 11/20/68.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-120.

248-60A-130 Foodhandling facilities. [Order 7, filed 11/20/68.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-130.

248-60A-140 Beds and bedding. [Order 7, filed 11/20/68.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-140.

248-60A-150 Fire and safety provisions. [Order 7, filed 11/20/68.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-150.

248-60A-160 Supervision and responsibility. [Order 7, filed 11/20/68.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-160.

248-60A-170 Communicable disease. [Order 7, filed 11/20/68.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-170.

WAC 248-60A-010 through 248-60A-170 Repealed. See Disposition Table at beginning of this chapter.

Chapter 248-61 WAC
STANDARDS FOR EXISTING AGRICULTURAL LABOR CAMPS

WAC

248-61-001 through 248-61-180 Repealed.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-61-001 Purpose. [Order 32, § 248-61-001, filed 11/3/69.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-001.

248-61-010 Definitions. [Order 32, § 248-61-010, filed 11/3/69.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-010.

248-61-015 Plan of implementation. [Order 32, § 248-61-015, filed 11/3/69.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050.

248-61-020 Administration. [Order 32, § 248-61-020, filed 11/3/69.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-020.

248-61-030 Water supply. [Order 32, § 248-61-030, filed 11/3/69.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-030.

248-61-040 Sewage and liquid waste disposal. [Order 32, § 248-61-040, filed 11/3/69.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-040.

248-61-050 Plumbing. [Order 32, § 248-61-050, filed 11/3/69.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-050.

248-61-060 Refuse disposal. [Order 32, § 248-61-060, filed 11/3/69.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-060.

248-61-070 Rodent and insect control. [Order 32, § 248-61-070, filed 11/3/69.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-070.

248-61-080 Location and maintenance. [Order 32, § 248-61-080, filed 11/3/69.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-080.

248-61-090 Construction and maintenance of dwelling units. [Order 32, § 248-61-090, filed 11/3/69.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-090.

248-61-100 Heating. [Order 32, § 248-61-100, filed 11/3/69.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-100.

248-61-110 Lighting. [Order 32, § 248-61-110, filed 11/3/69.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-110.

248-61-120 Toilet, handwashing, bathing and laundry facilities. [Order 32, § 248-61-120, filed 11/3/69.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-120.

248-61-130 Foodhandling facilities. [Order 32, § 248-61-130, filed 11/3/69.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-130.

248-61-140 Beds and bedding. [Order 32, § 248-61-140, filed 11/3/69.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-140.

248-61-150 Fire and safety provisions. [Order 32, § 248-61-150, filed 11/3/69.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-150.

248-61-160 Supervision and responsibility. [Order 32, § 248-61-160, filed 11/3/69.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-160.

248-61-170 Communicable disease. [Order 32, § 248-61-170, filed 11/3/69.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-170.

248-61-180 Exemptions. [Order 32, § 248-61-180, filed 11/3/69.] Repealed by 84-18-034 (Order 273), filed 8/30/84. Statutory Authority: RCW 43.20.050. Later promulgation, see WAC 248-63-180.

WAC 248-61-001 through 248-61-180 Repealed. See Disposition Table at beginning of this chapter.

Chapter 248-63 WAC
STANDARDS FOR LABOR CAMPS

WAC

WAC 248-63-001 Purpose. The following rules and regulations are established as the minimum sanitation requirements for labor camps. The regulations set forth are adopted pursuant to the provisions of chapter 43.20 RCW.

The person responsible for labor camps is encouraged to use innovative ideas and incorporate new approaches to solve the environmental problems of worker housing, such as relocatable housing, dual-purpose buildings, and new design techniques: *Provided however*, That all ideas and approaches shall meet the intent of these rules and regulations. [Statutory Authority: RCW 43.20.050. 84-18-034 (Order 273), § 248-63-001, filed 8/30/84. Formerly WAC 248-61-001.]

WAC 248-63-010 Definitions. (1) "Central foodhandling facility" shall mean any facility provided by employers, growers, management, or other person as defined in subsection (8) of this section where food is served or provided to the labor camp occupants with or without charge.

(2) "Common foodhandling facility" shall mean a facility provided by employers, growers, management, or other person as defined in subsection (8) of this section for use by the labor camp occupants in the preparation and consumption of their own food.

(3) "Department" shall mean the Washington state department of social and health services.

(4) "Director" shall mean the director of the division of health of the Washington state department of social and health services or authorized representative.

(5) "Dwelling unit" shall mean family unit, single unit, dormitory, or other facility and/or housing provided by a person for temporary workers and used or intended to be used for living and/or sleeping, with or without facilities for cooking and eating.

(a) "Dormitory" shall mean facilities and/or housing accommodating one sex only, used for sleeping purposes and designed for group occupancy.

(b) "Family unit" shall mean facilities and/or housing accommodating members of both sexes for living and/or sleeping, with or without facilities for cooking and eating purposes.

(c) "Single unit" shall mean facilities and/or housing accommodating one person only for living and/or sleeping, with or without facilities for cooking and eating purposes.

(6) "Health officer" means the legally qualified person appointed as the health officer for the city, town, county, or district public health department as defined in RCW 70.05.010(2) or authorized representative.

(7) "Labor camp" shall mean all facilities, housing, and/or real property consisting of five or more dwelling units, recreational vehicle spaces, campground spaces, or other areas set aside and/or provided to accommodate temporary worker supplied shelter or any combination thereof, together with the land appurtenant thereto provided with or without charge by employers, growers, management, or other person, for occupancy by temporary workers or temporary workers and dependents, and shall include facilities, housing, and/or real property located either at the site of employment or elsewhere. Separate dwelling units, or clusters of units containing less than five units, shall constitute a labor camp, where a cumulative total of five or more dwelling units is maintained by the same owner or person responsible. Any dormitory building accommodating five or more persons shall be considered a labor camp. The provisions hereof shall not apply to any person who, in the ordinary course of that person's business, regularly provides housing on a commercial basis to the general public and who provides housing to any temporary worker of the same character and on the same or comparable terms and conditions as provided to the general public.

(8) "Person" shall mean any individual, firm, partnership, corporation, association, or the legal successor thereof and any agency of the city, county, or state and any municipal subdivision thereof.

(9) "Refuse" shall mean all putrescible and nonputrescible solid waste.

(10) "Temporary worker" shall mean any individual employed by a person where the labor is performed on a seasonal basis, where, ordinarily, the employment pertains to or is of the kind exclusively performed at certain seasons or periods of the year and which, from its nature, may not be continuous or carried on throughout the year or when the worker is employed for a limited time only or his or her performance is contemplated for a particular piece of work, usually of short duration. [Statutory Authority: RCW 43.20.050. 84-18-034 (Order 273), § 248-63-010, filed 8/30/84. Formerly WAC 248-60A-010 and 248-61-010.]

WAC 248-63-020 Administration. (1) The department and health officer for each local health jurisdiction may enter into an agreement whereby the health officer assumes primary responsibility for administering these regulations. The agreement shall provide for a minimum necessary level of labor camp supervision. This agreement shall be submitted to the local board of health for adoption. The agreement shall be approved and updated as necessary. Wherever in these regulations the term "department" is used, the term "health officer" may be substituted where an agreement between the department and the health officer is in effect.

(2) Except as provided in subsection (6) of this section, the person owning or controlling a labor camp shall not permit the labor camp to be occupied by any temporary worker unless issued a certificate of occupancy by the department in the name of the person owning or controlling the specified labor camp.

(3) The department may issue a provisional certificate of occupancy for a labor camp when said camp does not fully meet all requirements of these rules and regulations. The issuance of a provisional certificate of occupancy shall be contingent upon approval by the department of a written plan and time schedule for compliance with the requirements of these rules and regulations.

(4) Every certificate of occupancy shall be valid for a period not in excess of one year and may be renewed.

(5) Applications for certificates of occupancy or renewals thereof must be submitted in writing to the department at least forty-five days prior to occupancy of the camp and shall contain such information as may be reasonably required by the department for the proper administration of these rules and regulations.

(6) If an application for a certificate of occupancy or renewal is made to the department at least forty-five days prior to the date the labor camp is to be occupied by a temporary worker but the department has not issued or denied a certificate of occupancy by such a date, the facility or property may be occupied by temporary workers unless prohibited by other local, state, or federal laws.

(7) Fees may be charged by the department as authorized in chapter 43.20A RCW and by local health agencies as authorized in RCW 70.05.060 to recover all or a portion of operational costs incurred in administering these regulations. [Statutory Authority: RCW 43-.20.050. 84-18-034 (Order 273), § 248-63-020, filed 8/30/84. Formerly WAC 248-60A-020 and 248-61-020.]

WAC 248-63-030 Water supply. (1) The water supply system for a labor camp shall be designed, constructed, maintained, and operated in accordance with chapter 248-54 WAC.

(2) The use of common drinking cups or containers is prohibited.

(3) Hot and cold running water shall be provided for each central bathing, handwashing, and laundry facility twenty-four hours daily.

(4) All family units shall be provided with cold running water under pressure and plumbed to a properly trapped sink. [Statutory Authority: RCW 43.20.050. 84-18-034 (Order 273), § 248-63-030, filed 8/30/84. Formerly WAC 248-60A-030 and 248-61-030.]

WAC 248-63-040 Sewage disposal. All sewage and waste water from a labor camp shall be drained to a sewerage disposal system approved by the jurisdictional agency. On-site sewage disposal systems shall be designed, constructed, and maintained in accordance with chapters 248-96 and 173-240 WAC and local regulations. [Statutory Authority: RCW 43.20.050. 84-18-034 (Order 273), § 248-63-040, filed 8/30/84. Formerly WAC 248-60A-040 and 248-61-040.]

WAC 248-63-050 Plumbing. All plumbing within the labor camp shall comply with chapter 248-94 WAC ("Basic plumbing principals") not including WAC 248-94-060. [Statutory Authority: RCW 43.20.050. 84-18-034 (Order 273), § 248-63-050, filed 8/30/84. Formerly WAC 248-60A-050 and 248-61-050.]

WAC 248-63-060 Refuse disposal. (1) The storage, collection, transportation, and disposal of refuse shall be so managed as not to create rodent harborage, insect breeding, or other health hazards.

(2) All refuse shall be stored in clean, watertight, and rodent-proof containers with tight-fitting lids. Such containers shall be located adjacent to dwelling units except when other department-approved methods are used. [Statutory Authority: RCW 43.20.050. 84-18-034 (Order 273), § 248-63-060, filed 8/30/84. Formerly WAC 248-60A-060 and 248-61-060.]

WAC 248-63-070 Rodent and insect control. Appropriate measures shall be taken to control rodents and insects in labor camps. [Statutory Authority: RCW 43-.20.050. 84-18-034 (Order 273), § 248-63-070, filed 8/30/84. Formerly WAC 248-60A-070 and 248-61-070.]

WAC 248-63-080 Location and maintenance. (1) Labor camps shall be well-drained and located and maintained as not to create a health or safety hazard.

(2) Labor camps shall be located no closer than two hundred feet of an occupied feedlot, dairy, or poultry operation except with the approval of the department. [Statutory Authority: RCW 43.20.050. 84-18-034 (Order 273), § 248-63-080, filed 8/30/84. Formerly WAC 248-60A-080 and 248-61-080.]

WAC 248-63-090 Construction and maintenance of dwelling units and other buildings. (1) All dwelling units and other buildings related to the labor camp constructed or remodeled after the effective date of these regulations shall have a valid certificate of occupancy as issued by the local building official.

(2) Dwelling units and other buildings shall be structurally sound, in good repair, and in a sanitary condition. Dwelling units shall provide protection against the elements.

(3) Floors shall be of wood, concrete, tile, or other impervious material. Wood floors shall be smooth, planed, and tight-fitting.

(4) Interior walls shall have cleanable surfaces without excessive peeling paint. Interior walls shall be maintained clean.

(5) A person shall not assign temporary workers or temporary workers and dependents to housing having less than seventy square feet of gross floor space for the first assigned occupant and thirty-five square feet of gross floor space for each additional assigned occupant: *Provided however*, That dormitories shall have at least forty square feet per assigned occupant for sleeping purposes.

(6) At least one-half of the floor area in each dwelling unit shall have a minimum ceiling height of seven feet: *Provided however*, That the ceiling height in factory built housing may be less than seven feet. No floor space shall be counted toward minimum requirements where the ceiling height is less than five feet.

(7) All habitable rooms, including bathrooms, laundry rooms, and similar rooms shall be provided with natural ventilation by means of operable windows or skylights or shall be equipped with an adequate mechanical ventilation system. Windows and skylights shall open directly to the outside and shall be openable to at least forty-five percent of their aggregate area and, except for bathrooms, shall be not less than four square feet in dimension.

(8) Trailers and recreational vehicles manufactured after July 1968 provided by the person responsible for operation of the camp as dwelling units shall have a Washington state department of labor and industries insignia in accordance with the requirements of chapters 296-150A and 296-150B WAC. [Statutory Authority: RCW 43.20.050. 84-18-034 (Order 273), § 248-63-090, filed 8/30/84. Formerly WAC 248-60A-090 and 248-61-090.]

WAC 248-63-100 Heating. (1) Dwelling units used during periods requiring artificial heating shall be provided with heating facilities capable of maintaining sixty-five degrees Fahrenheit temperature in all rooms.

(2) Heating facilities shall be installed, vented, and maintained to prevent fire hazard or fume concentrations, and be so located as to prevent impeded egress from the dwelling unit in case of emergency.

(3) All trailers, mobile homes and recreational vehicles, provided by the person responsible for operation of the camp as dwelling units, which have a wood burning appliance, shall have a Washington state department of labor and industries insignia in accordance with the requirements of chapters 296-150A and 296-150B WAC. [Statutory Authority: RCW 43.20.050. 84-18-034 (Order 273), § 248-63-100, filed 8/30/84. Formerly WAC 248-60A-100 and 248-61-100.]

WAC 248-63-110 Lighting. (1) All dwelling unit rooms, common foodhandling facilities, toilet, shower, and laundry rooms shall have a minimum of twenty footcandles on work surfaces provided by sufficient wall or ceiling fixtures.

(2) All labor camps shall be provided with electric service.

(3) Each dwelling unit room shall be provided with a minimum of one ceiling fixture and one wall outlet.

(4) Each toilet, handwashing, bathing, and laundry room shall be provided with one ceiling or wall-type fixture and convenience outlets as needed.

(5) All wiring and lighting fixtures shall be installed and maintained in a safe condition. [Statutory Authority: RCW 43.20.050. 84-18-034 (Order 273), § 248-63-110, filed 8/30/84. Formerly WAC 248-60A-110 and 248-61-110.]

WAC 248-63-120 Toilet, handwashing, bathing, and laundry facilities. (1) Where dwelling units lack toilets and bathroom facilities or where recreational vehicle spaces, campground spaces, or other areas are provided to accommodate temporary worker supplied shelter, conveniently located central toilet, handwashing, and bathing facilities, separate for men and women, shall be provided. These facilities shall be maintained in a clean and sanitary condition.

(2) Toilets shall be provided in a ratio of one for every fifteen occupants or major fraction thereof. Urinals may be substituted for up to one-third of the toilets required for each sex. Water flush toilets shall be required: *Provided however*, That the department may make exception to allow privies or other approved methods.

(3) Where central toilet facilities are provided, an adequate and accessible supply of toilet tissue, with holders, shall be furnished.

(4) Lavatories, supplied with hot and cold water under pressure, shall be provided in the ratio of one for every fifteen occupants or major fraction thereof.

(5) Bathing facilities, supplied with hot and cold water under pressure, shall be provided in the ratio of one shower head for each fifteen occupants or major fraction thereof.

(6) Conveniently located central laundry facilities, supplied with hot and cold water under pressure, shall be provided in the ratio of one laundry tray and one mechanical washing machine for each fifty occupants or major fraction thereof; except that additional mechanical washing machines may be provided in lieu of an equivalent number of laundry trays: *Provided however*, That the department may waive this requirement when in the department's opinion commercial facilities are accessible and conveniently located.

(7) Where sanitary facilities are provided in each dwelling unit, there shall be provided a minimum of one toilet, lavatory, and bathing facility.

(8) The number of toilets, lavatories, bathing, and laundry facilities provided in central facilities are to be based on the maximum housing capacity of the labor camp, excluding the housing capacity of dwelling units with individual facilities. Where recreational vehicle spaces, campground spaces, or other areas are provided to accommodate temporary worker supplied shelter, the minimum number of toilets, lavatories, bathing, and laundry facilities provided in central facilities for that portion of the camp's occupants shall be determined according to the following table: *Provided however*, That the department may modify these requirements based upon a mutual written agreement between the department and person as to the number and type of facilities necessary to satisfy the intent of these regulations.

Number of Spaces	Toilets		Bathing		Handwashing Sinks		Laundry Facilities
	Men	Women	Men	Women	Men	Women	
1- 5	1	1	1	1	1	1	0
6-10	1	1	1	1	1	1	1
11-20	2	2	2	2	2	2	1
21-30	3	3	3	3	3	3	2
31-40	4	4	4	4	4	4	2
41-50	5	5	5	5	5	5	3
51-60	6	6	6	6	6	6	4

(9) The floors of central toilet, lavatory, bathing, and laundry facilities shall be sloped to properly trapped floor drains connected to an approved disposal system. [Statutory Authority: RCW 43.20.050. 84-18-034 (Order 273), § 248-63-120, filed 8/30/84. Formerly WAC 248-60A-120 and 248-61-120.]

WAC 248-63-130 Foodhandling facilities. (1) Where central food facilities are provided, the facilities shall comply with the state board of health rules and regulations for food establishments (chapter 248-84 WAC).

(2) If central facilities are not provided, cooking facilities shall be provided in each family unit. Such facilities shall be provided with:

(a) An operable cook stove or hot plate with a minimum of two burners.

(b) Food storage shelves and food preparation counter.

(c) Mechanical refrigeration capable of maintaining temperatures of forty-five degrees Fahrenheit or below shall be provided in each dwelling unit where cooking is done or in a central unit capable of maintaining like temperatures and providing space for storing perishable food items of all labor camp occupants. Inasmuch as certain refrigerator units not in use constitute a health hazard to children when such refrigerator units are not in use, precautions shall be taken by the camp owner or operator to assure these refrigerator units are not a hazard to children.

(d) The walls adjacent to cooking areas shall be fire resistant, nonabsorbent, and of easily cleanable material.

(e) Where the occupant provides foodhandling facilities equal to or better than those described in this subsection, this shall be permitted.

(3) Where dwelling units, other than family units, do not have foodhandling facilities equal to those described in subsections (1) and (2) of this section, a common foodhandling facility shall be provided. This shall consist of a room or building provided for cooking and eating separate from the sleeping facilities. Such room or building shall be provided with:

(a) Stoves or hot plates, with a minimum equivalent of two burners, in a ratio of one stove or hot plate to ten persons;

(b) Food storage shelves and a counter for food preparations;

(c) Mechanical refrigeration capable of maintaining the temperature of food at forty-five degrees Fahrenheit or below;

(d) Tables and chairs or equivalent seating for the intended use of the facility;

(e) Sinks with hot and cold water under pressure; and

(f) Floors of nonabsorbent, easily cleanable materials. [Statutory Authority: RCW 43.20.050. 84-18-034 (Order 273), § 248-63-130, filed 8/30/84. Formerly WAC 248-60A-130 and 248-61-130.]

WAC 248-63-140 Beds and bedding. (1) Sleeping facilities shall be provided for each occupant. Such facility shall consist of beds or bunks provided with clean mattresses or cots.

(2) Where bedding is provided by the person responsible for operation of the labor camp, the bedding shall be issued and maintained in a clean and sanitary condition.

(3) Each bed or bunk shall clear the floor by a minimum of twelve inches.

(4) Where the occupant provides beds and bedding equal to or better than those described in this section, this shall be permitted. [Statutory Authority: RCW 43-.20.050. 84-18-034 (Order 273), § 248-63-140, filed 8/30/84. Formerly WAC 248-60A-140 and 248-61-140.]

WAC 248-63-150 Safety provisions. (1) In dwelling units two means of escape shall be provided: One may be an accessible window, at least five hundred and seventy-six square inches (four square feet) in size with no side less than sixteen inches.

(2) Flammable or volatile liquids or materials, other than those intended for household use, shall not be stored in or adjacent to rooms of dwelling units.

(3) Pesticides and toxic chemicals, other than those intended for household use, shall not be stored or mixed in the housing area.

(4) The existence of conditions presenting a potential health, safety, and/or fire hazard to occupants of the labor camp are in violation of these regulations.

(5) If the department has reason to believe there exists a violation of any state or local fire, safety or electrical code the department shall immediately refer the suspected violation to the responsible agency.

(6) All dwelling units shall be equipped with a smoke detector. Prior to occupancy and at each change of occupant the person responsible for operation of the labor camp shall assure the smoke detector in the dwelling unit is operational. Occupants shall be responsible for maintaining the smoke detector in their dwelling units in an operable condition. [Statutory Authority: RCW 43-.20.050. 84-18-034 (Order 273), § 248-63-150, filed 8/30/84. Formerly WAC 248-60A-150 and 248-61-150.]

WAC 248-63-160 Supervision and responsibility. (1) The person responsible for operation of the labor camp shall, once the labor camp is occupied, supervise and maintain such facility and property so as to ensure the labor camp remains in compliance with these rules and regulations.

(2) Receipt of a certificate of occupancy as provided under WAC 248-63-020(2) or the failure of the department to issue such a certificate of occupancy within the forty-five-day-time period shall not relieve the person owning or controlling a labor camp from the responsibility of ensuring such facility or property meets the requirements of these rules and regulations. [Statutory Authority: RCW 43.20.050. 84-18-034 (Order 273), § 248-63-160, filed 8/30/84. Formerly WAC 248-60A-160 and 248-61-160.]

WAC 248-63-170 Communicable disease. The person responsible for operation of the labor camp or his or her designated agent shall exercise reasonable efforts to know of the presence of communicable disease within the camp and when such is suspected shall report this to the local health officer. [Statutory Authority: RCW 43-.20.050. 84-18-034 (Order 273), § 248-63-170, filed 8/30/84. Formerly WAC 248-60A-170 and 248-61-170.]

WAC 248-63-180 Exemptions. The director, at his or her discretion, may, upon written application, exempt a labor camp from complying with a requirement of these rules and regulations when it has been found after thorough investigation and consideration that such an exemption may be made in an individual case without placing the health or safety of the occupants in jeopardy and that strict enforcement of the regulation would create an undue hardship on the labor camp: *Provided however*, That where the health officer has assumed primary responsibility for administering these regulations in accordance with WAC 248-63-020(1) the health officer may, upon concurrence of the director, grant such an exemption. [Statutory Authority: RCW 43.20.050. 84-18-034 (Order 273), § 248-63-180, filed 8/30/84. Formerly WAC 248-61-180.]

Chapter 248-84 WAC
FOOD SERVICE SANITATION

WAC

WAC 248-84-002 Definitions. The following definitions shall apply in the interpretation and enforcement of these rules and regulations:

(1) "Adulterated" shall mean the condition of a food:

(a) If a food bears or contains any poisonous or deleterious substance in a quantity which may render the food injurious to health;

(b) If a food bears or contains any added poisons or deleterious substance for which no safe tolerance has

been established by regulation, or in excess of such tolerance if one has been established;

(c) If a food consists in whole or in part of any filthy, putrid, or decomposed substance, or if the food is otherwise unfit for human consumption;

(d) If a food has been processed, prepared, packed, or held under insanitary conditions, whereby the food may have been rendered injurious to health;

(e) If a food container is composed in whole or in part of any poisonous or deleterious substance which may render the contents injurious to health; or

(f) If a food is in whole or in part the product of a diseased animal, or an animal which has died other than by slaughter: *Provided*, That game animals which died other than by slaughter and which meet all other criteria of this definition, may be approved by the health officer for use by temporary food service establishments.

(2) "Approved" shall mean acceptable to the health officer based on his or her determination as to conformance with appropriate standards and good public health practice.

(3) "Bulk food" shall mean unpackaged or unwrapped, processed or unprocessed food, stored in aggregate quantities from which quantities desired by the consumer may be withdrawn. Bulk food does not include: Potentially hazardous food; raw fruits or vegetables; or buffet, salad bar, or smorgasbord–type of service in food service establishments.

(4) "Closed" shall mean fitted together snugly leaving no openings large enough to permit the entrance of vermin.

(5) "Corrosion–resistant material" shall mean a material maintaining its original surface characteristics under prolonged influence of the food, cleaning compounds and sanitizing solutions which may contact it.

(6) "Easily cleanable" shall mean readily accessible and of such material and finish, and so fabricated that residue may be completely removed by normal cleaning methods.

(7) "Employee" shall mean the permit holder, individuals having supervisory or management duties, and any other person working in a food service establishment.

(8) "Equipment" shall mean all stoves, ovens, ranges, hoods, slicers, mixers, meat blocks, tables, counters, refrigerators, sinks, dishwashing machines, steam tables, and similar items, other than utensils, used in the operation of food service establishments.

(9) "Food" shall mean any raw, cooked, or processed edible substance, ice, beverage, or ingredient used or intended for use, or for sale in whole or in part for human consumption.

(10) "Food–contact surfaces" shall mean those surfaces of equipment and utensils with which food normally comes in contact, and those surfaces from which food may drain, drip, or splash back onto surfaces normally in contact with food.

(11) "Food processing establishment" shall mean any commercial establishment, other than a restaurant, snack bar, mobile restaurant, temporary food services establishment, retail bakery or catering kitchen, where food is processed or otherwise prepared or packaged, or where any potentially hazardous food is placed, packaged or repackaged into another container for consumption or for resale.

(12) "Food service establishment" shall mean, but not be limited to: Any restaurant; snack bar; tavern; bar; night club; industrial feeding establishment; grocery store; retail meat market; retail fish market; retail bakery; delicatessen; mobile food service unit; temporary food service establishment; private, public, or nonprofit organization or institution routinely serving food; catering kitchen; commissary or similar place where food or drink is prepared for sale or for service on the premises or elsewhere; and any other establishment or operation where food is served or provided for the public with or without charge.

(13) "Health officer" shall mean the city, county, city–county, or district health officer as defined in RCW 70.05.010(2) or his or her authorized representative.

(14) "Hermetically sealed container" shall mean a container designed and intended to be secure against the entry of microorganisms and to maintain the commercial sterility of the container's contents after processing.

(15) "Kitchenware" shall mean all multi–use utensils other than tableware used in the storage, preparation, conveying, or serving of food.

(16) "Mislabeled" shall mean the presence of any written, printed, or graphic matter upon or accompanying food or containers of food which is false or misleading or violating any applicable state or local labeling requirements.

(17) "Mobile food unit" means a food service establishment designed to be readily movable.

(18) "Person" shall mean an individual, firm, corporation, partnership, association, or agency of state, county, or municipal government, or agency of the federal government subject to the jurisdiction of the state.

(19) "Person in charge" shall mean the individual present in a food service establishment who is the apparent supervisor of the food service establishment at the time of inspection. If no individual is the apparent supervisor, then any employee present is the person in charge.

(20) "Potentially hazardous food" shall mean any food consisting in whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish, edible crustacea, or other natural or synthetic ingredients capable of supporting rapid and progressive growth of infectious or toxigenic microorganisms. The term does not include clean, whole, uncracked, odor–free shell eggs or foods having a pH level of 4.6 or below or a water activity (a_w) value of 0.85 or less.

(21) "Ready–to–eat food" shall mean bulk food normally eaten by the consumer without cooking. Nuts in the shell are not included in this definition.

(22) "Reconstituted" shall mean dehydrated food products recombined with water or other liquids.

(23) "Sanitization" shall mean effective bactericidal treatment by a process providing enough accumulative heat or concentration of chemicals for enough time to

reduce the bacterial count, including pathogens, to a safe level on utensils, work surfaces, and equipment.

(24) "Sealed" shall mean free of cracks or other openings permitting the entry or passage of moisture.

(25) "Single-service articles" shall mean cups, containers, lids, closures, plates, knives, forks, spoons, stirrers, paddles, straws, napkins, wrapping materials, toothpicks, and similar articles intended for one-time, one-person use and then discarded.

(26) "Tableware" shall mean all multi-use eating and drinking utensils.

(27) "Temporary food service establishment" shall mean a food service establishment operating at a fixed location for a period of time of not more than fourteen consecutive days in conjunction with a single event or celebration.

(28) "Utensil" shall mean any implement used in the storage, preparation, transportation, or service of food.

(29) "Wholesome" shall mean in sound condition, clean, free from adulteration, and otherwise suitable for use as human food. [Statutory Authority: RCW 43.20-.050. 84-14-090 (Order 274), § 248-84-002, filed 7/3/84; 80-14-059 (Order 203), § 248-84-002, filed 10/1/80.]

WAC 248-84-030 Sanitary design, construction, and installation of equipment and utensils. (1) All equipment and utensils shall be so designed and of such material and workmanship as to be smooth, easily cleanable and durable, in good repair, and meet the requirements of the National Sanitation Foundation or equivalent. The food contact surfaces of such equipment and utensils shall be easily accessible for cleaning, nontoxic, corrosion resistant, and nonabsorbent.

(2) All equipment shall be so installed and maintained as to facilitate the cleaning thereof, and of all adjacent areas. The equipment shall not be located under exposed or unprotected sewer lines, open stairwells, or other sources of contamination.

(3)(a) All food service establishments where the operations require cleaning and sanitizing of equipment and utensils shall be equipped with either approved mechanical dishwashing facilities or facilities for proper manual dishwashing operations.

(b) When equipped with a mechanical dishwashing unit, a sink with a minimum of two compartments shall also be provided in the dishwashing area.

(c) When manual dishwashing operations are used, a sink with a minimum of three compartments shall be provided in the dishwashing area.

(d) In bars and taverns, an extra sink compartment shall be provided at the bar in addition to those necessary for normal cleaning and sanitizing processes: *Provided*, That subsections (3)(b) and (3)(d) of this section shall only apply to food service establishments constructed or remodeled after the effective date of these regulations.

(e) Sinks used for handwashing or equipment or utensil washing shall not be used for food preparation. [Statutory Authority: RCW 43.20.050. 84-14-090 (Order 274), § 248-84-030, filed 7/3/84; 80-14-059 (Order 203), § 248-84-030, filed 10/1/80; Regulation .84.030, filed 6/4/63; Regulation .84.030 effective 3/11/60.]

WAC 248-84-035 Equipment and utensil cleaning and sanitation. (1) All eating and drinking utensils shall be thoroughly cleaned and sanitized after each usage.

(2) Cooking surfaces of equipment shall be cleaned at least once a day.

(3) All kitchenware and food-contact surfaces of equipment, exclusive of cooking surfaces of equipment, used in the preparation or serving of food or drink, and all food storage utensils, shall be thoroughly cleaned after each use. All utensils and food-contact surfaces of equipment used in preparation, service, display, or storage of potentially hazardous food shall be sanitized prior to such use, and following any interruption of operations during which contamination of the food-contact surfaces is likely to have occurred.

(4) Where equipment and utensils are used for the preparation of potentially hazardous food on a continuous or a production line basis, the food-contact surfaces of such equipment and utensils shall be cleaned and sanitized at intervals throughout the day on a schedule approved by the health officer.

(5) Nonfood-contact surfaces of equipment shall be cleaned at such intervals as to keep the surfaces in a clean and sanitary condition.

(6) Cleaning and sanitizing of kitchenware, tableware, food contact surfaces of equipment and utensils shall conform to methods approved by the health officer.

(7) Cloths used for wiping food spills on tableware, such as plates or bowls being served to the customer, shall be clean, dry, and used for no other purpose.

(8) Moist cloths used for wiping up food spills or wiping work surfaces or equipment or utensils or food workers' hands shall be clean and shall be rinsed frequently in an approved sanitizing solution and used for no other purpose. [Statutory Authority: RCW 43.20-.050. 84-14-090 (Order 274), § 248-84-035, filed 7/3/84; 80-14-059 (Order 203), § 248-84-035, filed 10/1/80.]

WAC 248-84-062 Bulk foods, storage, and display. The requirements for bulk foods are the same as for other foods except as specified in this section.

(1) All bulk food display units shall be properly labeled including the common name of the food and/or ingredients (if applicable). Labels for customers to identify bulk foods purchased shall be available upon request. Stocking practices shall promote proper stock rotation.

(2) All bulk food display units shall be separated from any containers of chemicals which might contaminate bulk foods and from pet food by some means approved by the health officer; such as horizontal or vertical separation, separate aisles, or partitions. Bulk containers of chemicals or pet food shall be properly labeled.

(3) A person shall be designated by the management of each food service establishment selling bulk food to be responsible for the bulk food area. This assigned person is responsible for overseeing bulk food operations and shall:

(a) Police the bulk food storage and display areas to discourage tampering with bulk foods and to prevent contamination of bulk foods by customers;

(b) Label bulk food display units, clean up any spills that occur, and rotate stock;

(c) Clean and sanitize storage containers and utensils used for food storage or handling of bulk foods;

(d) Dispose of any bulk foods returned to the food service establishment.

(4) Ready–to–eat bulk food shall be protected from potential sources of contamination by the following methods during dispensing:

(a) Foods shall be dispensed by an employee possessing a valid food and beverage service workers permit; or

(b) Foods shall be dispensed by gravity feed or other types of dispensers approved by the health officer; or

(c) Foods may be dispensed by the customer: *Provided*, That the consistency (stickiness) or shape of the food precludes dispensing by the preceding methods described in (b) of this subsection and: *Provided further*, That foods are dispensed from an approved bulk food display unit with a self–closing lid using proper utensils.

(5) All bulk foods shall be stored and displayed in properly constructed display units or storage containers with properly constructed covers or lids. Properly designed, easily cleanable scoops, or other dispensing utensils shall be present to minimize hand contact with bulk foods. When bulk food storage containers are lined with plastic liners, liners shall be food–grade plastic only. The use of garbage can liners for lining bulk food containers is prohibited.

(6) All containers used for display of ready–to–eat foods shall be at least thirty inches at the lowest access point above floor level, except for honey, oil, or similar liquid products as approved by the health officer.

(7) Any spilled bulk food shall be cleaned up immediately using vacuums, brooms, or mops as appropriate. All spilled bulk food shall be discarded. Any bulk food returned to the food service establishment shall not be returned to the storage container or display unit or resold. Any returned bulk food shall be promptly discarded.

(8) Dispensing utensils shall be stored in the food with the handle extended out of the food or stored clean and dry in a protective enclosure or utensil holder. A separate utensil shall be provided for each food item. Bulk food containers and utensils shall be cleaned and sanitized prior to refilling or when the containers become soiled.

(9) Regular surveillance of bulk food storage and display areas for evidence of pests shall be performed by a qualified store employee or licensed pest control operator. If any evidence of infestation is discovered, appropriate control measures shall be implemented. If pesticides are applied, only a licensed store employee or pest control operator shall make such application. Pesticides, if used, shall be applied in accordance with label directions. Adequate precautions shall be taken to ensure contamination of bulk foods or food contact surfaces does not occur.

(10) WAC 248–152–030(7) prohibits smoking in all public areas of retail food stores. No smoking signs shall be posted in the bulk food display areas. Store employees should inform smokers of this requirement when smoking is observed.

(11) WAC 248–84–062 shall apply to all new bulk food operations starting on or after July 1, 1984. Existing bulk food operations in place before July 1, 1984, have until January 1, 1985, to comply with requirements contained in subsections (2), (4), (5), (6), and (8) of this section. [Statutory Authority: RCW 43.20.050. 84–14–090 (Order 274), § 248–84–062, filed 7/3/84.]

WAC 248–84–120 Sulfiting agents. (1) The following definitions apply only to this section:

(a) "Sulfiting agents" means chemicals used to treat foods to increase shelf life and enhance appearance and include the following:

(i) Sulfur dioxide,

(ii) Sodium sulfite,

(iii) Sodium bisulfite,

(iv) Potassium bisulfite,

(v) Sodium metabisulfite, and

(vi) Potassium metabisulfite.

(b) "Health officer" means the local health officer or designee or the director of the division of health, department of social and health services, or designee.

(2) Sulfiting agents shall not be applied in any food service establishment and are prohibited from the premises of any food service establishment unless in package form, clearly labeled, and offered for retail sale.

(3) Consumers shall be notified by any food service establishment purchasing, using, offering for sale or service, or otherwise having on the establishment's premises or in storage, any foods processed by a commercial food processing establishment by one of the following methods:

(a) The following notice or similar notice approved by the health officer conspicuously attached to any and all packages and bulk food display units:

"This food contains sulfiting agents. Persons allergic to sulfiting agents should avoid consumption of this food."

or,

(b) Conspicuous notices on public entrances, or on menus, or on table placards, stating in the following language or similar language approved by the health officer:

"Sulfiting agents may be used on some foods served or sold by this establishment. Persons allergic to sulfiting agents should ask for additional information."

(4) Food service establishments shall comply with subsection (3) of this section by August 15, 1985. [Statutory Authority: RCW 43.20.050. 85–11–024 (Order 288), § 248–84–120, filed 5/13/85.]

Chapter 248-100 WAC
COMMUNICABLE AND CERTAIN OTHER DISEASES

WAC 248-100-075 Reportable diseases--List of. The state board of health does hereby declare the following diseases to be notifiable (reportable) in accordance with the procedures indicated in these rules and regulations:

(1) Acquired Immunodeficiency Syndrome (AIDS)
(2) Amoebic dysentery
(3) Anthrax
(4) Aseptic meningitis
(5) Botulism
(6) Brucellosis
(7) Chancroid
(8) Chicken pox
(9) Cholera
(10) Conjunctivitis, infectious (incl. ophthalmia neonatorum)
(11) Coxsackie disease
(12) Diarrhea, epidemic (incl. diarrhea of newborn)
(13) Diphtheria and carrier state
(14) Dysentery, bacillary (shigellosis and salmonellosis)
(15) Encephalitis, infectious
(16) Food poisoning
(17) Gonorrhea
(18) Granuloma inguinale
(19) Hepatitis, infectious
(20) Influenza and epidemic respiratory infection
(21) Leprosy
(22) Leptospirosis
(23) Lymphogranuloma venereum
(24) Malaria
(25) Measles
(26) Meningococcal infection
(27) Mumps
(28) Pertussis
(29) Plague
(30) Poliomyelitis
(31) Psittacosis
(32) Rabies
(33) Rheumatic fever
(34) Rocky Mt. spotted fever
(35) Rubella
(36) Salmonellosis (see dysentery)
(37) Smallpox
(38) Staphylococcal infections in hospitalized patients
(39) Streptococcal infections. Scarlet fever and septic sore throat
(40) Syphilis
(41) Tetanus
(42) Tick paralysis
(43) Trachoma
(44) Trichinosis
(45) Tuberculosis
(46) Tularemia
(47) Typhoid and paratyphoid fever and carrier state.

[Statutory Authority: RCW 43.20.050. 85-01-080 (Order 278), § 248-100-075, filed 12/19/84; 84-19-043 (Order 276), § 248-100-075, filed 9/17/84. Statutory Authority: RCW 70.41.030. 79-08-013 (Order 180), § 248-100-075, filed 7/10/79; Regulation .100.075, effective 3/11/60.]

WAC 248-100-163 Immunization of school children against certain vaccine-preventable diseases. (1) **Definitions.** For purposes of this section:

(a) "Chief administrator" means the person with the authority and responsibility for the immediate supervision of the operation of a school or, in the alternative, such other person as may be designated in writing for the purpose of carrying out the requirements of RCW 28A.31.118 by the statutory or corporate board of directors of the school district or school or, if none, such other persons or person with the authority and responsibility for the general supervision of the operation of the school district or school.

(b) "Full immunization" means having been vaccinated against the following vaccine-preventable diseases: Diphtheria, pertussis (whooping cough), tetanus, poliomyelitis, measles (rubeola), rubella, and mumps in accordance with full immunization schedules and with immunizing agents approved by the state board of health in this section.

(c) "Local health department" means the city, town, county, district, or combined city-county health department, board of health, or health officer providing health services.

(d) "School" means and includes each building, facility, and location at or within which any or all portions of a preschool, kindergarten, and grades one through twelve program of education and related activities are conducted for two or more children by or in behalf of any public school district and by or in behalf of any private school or private institution subject to approval by the state board of education pursuant to RCW 28A.04.120(4) and 28A.02.201 through 28A.02.260.

(e) "Immunizing agents" means any vaccine or other biologic currently licensed and approved by the Bureau of Biologics, United States Public Health Service, for immunization of persons against diphtheria, pertussis (whooping cough), tetanus (DTP, DT, Td), measles (rubeola), rubella, mumps, and poliomyelitis Types I, II, and III (TOPV, IPV).

(f) "Child" means any person regardless of age admitted to any preschool, kindergarten, and grades one through twelve program of education in any public school district or in any private school or private institution subject to approval by the state board of education pursuant to RCW 28A.04.120(4) and 28A.02.201 through 28A.02.260.

(g) "Transfer student" means a student previously enrolled in grades kindergarten through twelve who moves from one school district or system to another at any time

during the school year. Students transferring within a district or system are not considered transfer students for the purposes of these regulations: *Provided*, That the school transfers records within the district.

(2) **Full immunization schedule.**

Effective July 11, 1985, and thereafter, the requirements for full immunization are as follows:

(a) For children attending kindergarten through twelfth grade:

At least three doses of either DTP, DT, or Td vaccine provided that the last dose was administered at or after age four;

At least three doses of trivalent oral poliomyelitis vaccine (OPV) or four doses of trivalent inactivated poliomyelitis vaccine (IPV) provided the last dose was administered at or after age four. Not required of individuals over eighteen years of age;

One dose of live virus measles vaccine administered at or after one year of age. A student meets the measles immunization requirement as a result of having had measles (rubeola) disease. In such instances, a physician must document and certify the month and year of disease occurrence.

One dose of live virus rubella vaccine administered at or after one year of age; a student meets the rubella immunization requirement by providing proof of past infection with rubella virus (an acceptable rubella antibody titer result).

One dose of live virus mumps vaccine administered at or after one year of age for students in kindergarten or first grade, whichever is the entry level.

One or more doses of tetanus toxoid (without diphtheria toxoid) administered for wound management *will not* fulfill the DTP/DT/Td requirements.

(b) For children attending preschool:

DTP/DT/TD* VACCINE

AGE	REQUIREMENT
2 months	1 dose
4 months	2 doses
6 – 17 months	3 doses
18 – 47 months	4 doses
4 years and older	At least 3 doses provided the last dose was administered at or after age 4.

*NOTE: Td vaccine is administered to children 7 years of age and older only.

TRIVALENT POLIO VACCINE ORAL POLIO VACCINE (OPV)

AGE	REQUIREMENT
2 months	1 dose
4 – 17 months	2 doses
18 – 47 months	3 doses
4 years and older	At least 3 doses provided the last dose was administered at or after age 4.

INACTIVATED POLIO VACCINE (IPV)

AGE	REQUIREMENT
2 months	1 dose
4 months	2 doses
6 – 17 months	3 doses
18 – 47 months	4 doses
4 years and older	At least 4 doses provided the last dose was administered at or after age 4.

MEASLES*, MUMPS, AND RUBELLA* VACCINES

AGE	REQUIREMENT
15 months or older	1 dose of each vaccine administered at or after one year of age is acceptable.

* NOTE: A child meets the measles immunization requirement as a result of having had measles (rubeola) disease. In such instances, a physician must document and certify the month and year of disease occurrence.

A child meets the rubella immunization requirement by providing proof of past infection with rubella virus (an acceptable rubella antibody titer result).

(3) **Satisfactory progress toward full immunization or initiation and continuation of a schedule of immunization.**

(a) Attendance at a school by a child not receiving full immunization shall be conditioned upon the presentation of proof that the child's immunization schedule has been initiated or is being continued. The child's schedule of immunizations shall be completed according to guidelines of the 1982 *American Academy of Pediatrics (AAP) Red Book* or according to *General Recommendations on Immunization* January 14, 1983 of the Immunization Practices Advisory Committee of the United States Public Health Service (ACIP).

(b) Admission in subsequent year. A student admitted conditionally as provided in subsection (3)(a) of this section shall present proof of completion of the required immunization or immunizations as soon as possible and not later than on the student's first day of attendance in the following school year. If the student has not completed the required schedule of immunization by the first day of attendance in the following school year, and if there has been a sufficient period of time to reasonably permit the student to have completed the required immunization schedule, the chief administrator shall issue an order of exclusion in the manner required by subsection (7) of this section. If there has not been sufficient time to complete the schedule, the chief administrator shall notify the student's parents as to when the schedule must be completed. If the schedule is not completed by that date, the chief administrator shall issue an order of exclusion.

(4) **Documentary proof.**

(a) Proof of full immunization, initiation or continuation of a schedule, or exemptions shall be documented on a certificate of immunization status form (CIS). Immunization data on the certificate of immunization status form shall be based on a written personal immunization record given to the person immunized or to his or her parent or guardian by the physician or agency administering the immunization. This personal immunization record shall not be surrendered to school authorities and shall not substitute for the certificate of immunization status form.

(b) The certificate of immunization status form shall include at least the following information required to fulfill the intent of RCW 28A.31.118.

(i) Name of the person;

(ii) Birthdate;

(iii) Sex;

(iv) Type of vaccine administered;

(v) Date of each dose of vaccine, specifying month and year (day optional);

(vi) Signature of parent, legal guardian, or adult *in loco parentis.*

(c) The revised certificate of immunization status form, DSHS 13–263 provided by the department of social and health services, is the only acceptable form for all new enrollees registering in kindergarten through twelfth grade. For students already registered or enrolled in schools prior to September 1, 1979, previous certificates of immunization status forms (e.g., DSHS 13–263) or locally developed forms approved by DSHS shall be acceptable as the official certificate of immunization status: *Provided,* That dates for the doses of DTP/Td and poliomyelitis vaccines are indicated and that dates (month and year) are provided for each dose of measles, rubella, and mumps vaccine if required. Students meet minimum immunization requirements if the last of three or more doses of DTP/Td and trivalent poliomyelitis vaccines were administered at or after age four and if requirements for measles, rubella, and mumps are met.

(d) Proof in subsequent years. Once proof of full immunization or proof of exemption from immunization has been presented, no further proof shall be required as a condition to attendance at a particular school provided the certificate of immunization status form on such a child remains on file at the school.

(5) **Medical exemptions.**

(a) Certification of medical contraindication for one or more immunization or immunizations shall be provided on the certificate of immunization status form, certified and signed by a licensed physician.

(b) A student temporarily exempt from immunization for medical reasons shall be admitted on condition required immunizations are obtained at the termination of the duration of exemption. If the medical condition is permanent or life–long, the student shall be admitted and the certificate of immunization status form filed on each such student.

(c) There shall be a statement on the CIS form informing the parent, legal guardian, or adult in loco parentis, that in the event of an outbreak of vaccine–preventable disease for which the student is exempted should occur, the student may be excluded from school by order of the local health department pursuant to chapter 248–101 WAC for the duration of the outbreak. The school shall keep on file a list of students so exempted and transmit such list to the local health department if so requested.

(6) **Religious, philosophical, personal exemptions.**

(a) A student may be exempt from immunization because of religious, philosophical, or personal objections. These exempt children shall be admitted to school and the fact of the exemption shall be recorded on the certificate of immunization status form signed by the parent, guardian, or adult *in loco parentis.*

(b) Each school shall keep on file the certificate of immunization status form for each child so enrolled.

(c) There shall be a statement on the CIS form informing the parent, legal guardian, or adult in loco parentis, that in the event of an outbreak of vaccine–preventable disease for which the student is exempted should occur, the student may be excluded from school by order of the local health department pursuant to chapter 248–101 WAC for the duration of the outbreak. The school shall keep on file a list of students so exempted and transmit such list to the local health department if so requested.

(7) **Exclusion from school.**

(a) Conditions for attendance not fulfilled. Any student in attendance at a school failing to provide documentary proof of full immunization; or proof of satisfactory progress toward full immunization by initiation or continuation of a schedule of immunization; or proof of either medical, religious, philosophical, or personal objection; before or on the child's first day of attendance, shall be excluded from school consistent with procedures required by the state board of education, Title 180 of Washington Administrative Code.

(b) List of children excluded.

The chief administrator of a school shall retain a record at the school of the name, address, and date of exclusion of each child excluded from school pursuant to the requirements of these regulations for not less than three years following the date of a child's exclusion.

(c) A student in attendance in a school by virtue of presenting proof of initiation of a schedule of immunization or by presenting documentation of medical, religious, philosophical, or personal objection may be subject to exclusion pursuant to the state board of health in chapter 248–101 of Washington Administrative Code in the event of exposure to a communicable disease in a school.

(8) **Records.**

(a) The official proof for documentation of compliance with these regulations shall be the certificate of immunization status form. The latest revised certificate of immunization status form will be required of all new enrollees registering in kindergarten through twelfth grade after August 15, 1985, and thereafter.

If a child was enrolled in a school prior to September 1, 1979, the certificate of immunization status form DSHS 13–263, or approved locally–developed forms, on

file will serve as documentary proof for admittance if requirements are met.

Schools shall have on file an approved certificate of immunization status form for every child enrolled. When a child withdraws or transfers between school districts, the chief administrator shall return the original or a legible copy of the certificate of immunization status form to the parent, guardian, or adult *in loco parentis.* This record must not be withheld for nonpayment of school fees or any other reason.

(b) The chief administrator of a school shall allow agents of state and local health departments access during business hours to the immunization records retained on each student or child enrolled.

(c) Personal immunization record. The immunizations required by these regulations may be obtained from any private or public source desired, provided the immunization is administered and records are made in accordance with these regulations. Any person or organization administering immunizations shall furnish each person immunized, or his or her parent or legal guardian, or any adult *in loco parentis* to the child, with a written record of immunization, the content of which the state board of health has prescribed.

(9) **Reporting.**

The chief administrator of a school shall file a written annual report with the department of social and health services and local health departments on the immunization status of students in school by October 15th of each year and on forms prescribed by the department of social and health services. In the event of a late school opening, the report will be required thirty days after the first day of school. [Statutory Authority: RCW 43.20-.050. 85-20-019 (Order 292), § 248-100-163, filed 9/23/85; 79-08-002 (Order 181), § 248-100-163, filed 7/5/79.]

WAC 248-100-164 Immunization of children attending day care centers against certain vaccine-preventable diseases. (1) DEFINITIONS. For purposes of this section:

(a) "Chief administrator" means the person with the authority and responsibility for the immediate supervision of the operation of a day care center or, in the alternative, such other person as may be designated in writing for the purpose of carrying out the requirements of RCW 28A.31.118 by the statutory or corporate board of directors of the day care center, or, if none, such other persons or person with the authority and responsibility for the general supervision of the operation of the day care center.

(b) "Full immunization" means having been vaccinated against the following vaccine-preventable diseases: Diphtheria, pertussis (whooping cough), tetanus, poliomyelitis, measles (rubeola), rubella, and mumps in accordance with full immunization schedules and with immunizing agents approved by the state board of health in this section.

(c) "Local health department" means the city, town, county, district or combined city-county health department, board of health, or health officer providing health services.

(d) "Day care center" means an agency regularly providing care for a group of thirteen or more children for periods of less than twenty-four hours and is licensed pursuant to chapter 74.15 RCW.

(e) "First day of attendance" means the actual date of first attendance.

(2) FULL IMMUNIZATION SCHEDULE.

Children must meet the following immunization requirements for each age:

DTP/DT/Td* VACCINE

AGE	REQUIREMENT
2 months	1 dose
4 months	2 doses
6 – 17 months	3 doses
18 – 47 months	4 doses
4 years and older	At least 3 doses provided that the last dose was administered at or after age 4.

*NOTE: The vaccine is administered to children 7 years of age and older only.

TRIVALENT POLIO VACCINE ORAL POLIO VACCINE (OPV)

AGE	REQUIREMENT
2 months	1 dose
4 – 17 months	2 doses
18 – 47 months	3 doses
4 years and older	At least 3 doses provided that the last dose was administered at or after age 4.

INACTIVATED POLIO VACCINE – (IPV)

AGE	REQUIREMENT
2 months	1 dose
4 months	2 doses
6 – 17 months	3 doses
18 – 47 months	4 doses
4 years and older	At least 4 doses provided that the last dose was administered at or after age 4.

MEASLES*, MUMPS, AND RUBELLA* VACCINES

AGE	REQUIREMENT
15 months or older	1 dose of each (vaccine administered at or after one year of age is acceptable).

* NOTE: A child meets the measles immunization requirement as a result of having had measles

(rubeola) disease. In such instances, a physician must document and certify the month and year of disease occurrence.

A child meets the rubella immunization requirement by providing proof of past infection with rubella virus (an acceptable rubella antibody titer result).

(3) SATISFACTORY PROGRESS TOWARD FULL IMMUNIZATION OR INITIATION AND CONTINUATION OF A SCHEDULE OF IMMUNIZATION.

(a) Attendance at a day care center by a child not receiving full immunization shall be conditioned upon the presentation of proof that the child has initiated or is continuing on a schedule of immunization. The child's schedule of immunizations shall be completed according to guidelines of the 1982 *American Academy of Pediatrics (AAP) Red Book* or according to *General Recommendations on Immunizations* January 14, 1983 of the Immunization Practices Advisory Committee of the United States Public Health Service (ACIP).

(b) Admission in subsequent year or years. A child admitted conditionally as provided in subsection (3)(a) of this section shall present proof of completion of each dose of vaccine required in subsection (2) of this section as soon as possible and not later than twelve calendar months from the time the child is admitted conditionally. This process shall be continued until the child is fully immunized. If the child has not completed the required schedule of immunization within the required time period, and if there has been a sufficient period of time to reasonably permit the child to have completed the required immunization schedule, the chief administrator shall issue an order of exclusion in the manner required in subsection (7) of this section. If there has not been sufficient time to complete the schedule, the chief administrator shall notify the child's parents as to when the schedule must be completed. If the schedule is not completed by that date, the chief administrator shall issue an order of exclusion pursuant to subsection (7) of this section.

(4) DOCUMENTARY PROOF.

(a) Proof of full immunization, initiation or continuation of a schedule, or exemptions shall be entered by the parent on a certificate of immunization status form (CIS) (DSHS 13–263). Immunization data on the certificate of immunization status form shall be based on a written personal immunization record given to the person immunized or to his or her parent or guardian by the physician or agency administering the immunization. This personal immunization record shall not be surrendered to day care center authorities and shall not substitute for the certificate of immunization status form.

(b) The certificate of immunization status form shall include at least the following information required to fulfill the intent of RCW 28A.31.118:

(i) Name of person;

(ii) Birthdate;

(iii) Sex;

(iv) Type of vaccine administered;

(v) Date of each dose of vaccine, specifying month and year (day optional);

(vi) Signature of parent, legal guardian, or adult *in loco parentis.*

(c) The revised certificate of immunization status form (DSHS 13–263) shall be provided to licensed day care centers by the department of social and health services and will be the only acceptable form for all new registrants after August 15, 1985. For the child already registered or enrolled in a day care center prior to revision of these regulations, previous certificates of immunization status forms (e.g., DSHS 13–263) shall be acceptable as the official certificate of immunization status.

(d) Proof in subsequent years. Once proof of full immunization or proof of exemption from the immunization law has been presented, no further proof shall be required as a condition to attendance at a particular center, provided the certificate of immunization status form on such a child remains on file at the day care center.

(5) MEDICAL EXEMPTIONS.

(a) Certification of medical contraindication for one or more immunization or immunizations shall be provided on the certificate of immunization status form, certified and signed by a licensed physician.

(b) A child temporarily exempt from immunization for medical reasons may be admitted on condition required immunizations are obtained at the termination of the duration of exemption. If the medical condition is permanent or life–long, the student may be admitted and the certificate of immunization status filed on each child.

(c) There shall be a statement on the CIS form informing the parent, legal guardian, or adult in loco parentis, that in the event of an outbreak of vaccine–preventable disease for which the child is exempted should occur, the child may be excluded from the day care center by order of the local health department pursuant to chapter 248–101 WAC for the duration of the outbreak. The day care center shall keep on file a list of children so exempted and transmit such list to the local health department if so requested.

(6) RELIGIOUS, PHILOSOPHICAL, PERSONAL EXEMPTIONS.

(a) A child exempt from immunization because of religious, philosophical, or personal objections may be admitted to a day care center and the fact of the exemption shall be recorded on the certificate of immunization status form signed by the parent, guardian, or adult *in loco parentis.*

(b) Each day care center shall keep on file the certificate of immunization status form for each child so enrolled.

(c) There shall be a statement on the CIS form informing the parent, legal guardian, or adult in loco parentis, that in the event of an outbreak of vaccine–preventable disease for which the child is exempted should occur, the child may be excluded from the day care center by order of the local health department pursuant to chapter 248–101 WAC for the duration of the

outbreak. The day care center shall keep on file a list of children so exempted and transmit such list to the local health department if so requested.

(7) EXCLUSION FROM DAY CARE CENTER.

(a) Conditions for attendance not fulfilled. Any child in attendance at a day care center failing to provide documentary proof of full immunization, or proof of initiation or continuation of a schedule of immunization, or proof of either medical, religious, philosophical, or personal objection, before or on the child's first day of attendance, shall be excluded from the day care center by the chief administrator of the day care center until an acceptable certificate of immunization status form is submitted to the chief administrator.

(b) Exclusion letter to parents of children failing to comply. The chief administrator will provide a standard exclusion notification letter to parents of children failing to comply with attendance requirements. This exclusion notification letter shall serve as the written notice to the parent or parents or legal guardian or guardians of each child or to the adult or adults *in loco parentis* to each child, who is not in compliance with the requirements of these regulations. The notice shall fully inform such person or persons of the following:

(i) The requirements established by and pursuant to RCW 28A.31.118;

(ii) The fact that the child will be prohibited from further attendance at the day care center until requirements are met;

(iii) The immunization services available from or through the local health department and other public agencies.

(c) A child in attendance in a day care center by virtue of presenting proof of initiation or continuation of a schedule of immunization or by presenting documentation of medical, religious, philosophical, or personal objection may be subject to exclusion in the event of exposure in the day care center to a communicable disease for which the child is unimmunized.

(8) RECORDS.

(a) The official proof for documentation of compliance with these regulations shall be the certificate of immunization status form. The revised certificate of immunization status form will be required of all new registrants after August 15, 1985.

If a child was enrolled in a day care center prior to August 15, 1985, the certificate of immunization status form DSHS 13-263 on file will serve as documentary proof for admittance if requirements are met.

Day care centers shall have on file an approved certificate of immunization status form for every child enrolled. When a child withdraws or transfers to a new day care center, the administrator shall return the original or a legible copy of the certificate of immunization status form to the parent.

(b) The chief administrator of a day care center shall allow agents of state and local health departments access during business hours to the immunization records retained on each child enrolled.

(c) Personal immunization record. The immunizations required by these regulations may be obtained from any private or public source desired, provided the immunization is administered and records are made in accordance with these regulations. Any person or organization administering immunizations shall furnish each person immunized, or his or her parent or legal guardian, or any adult *in loco parentis* to the child, with a written record of immunization, the content of which the state board of health has prescribed.

(9) REPORTING.

The chief administrator of a day care center shall file a written annual report with the department of social and health services and local health departments on the immunization status of children by February 1st of each year and on forms prescribed by the department of social and health services. [Statutory Authority: RCW 43-.20.050. 85-20-019 (Order 292), § 248-100-164, filed 9/23/85; 79-10-031 (Order 185), § 248-100-164, filed 9/11/79.]

Chapter 248-150 WAC
REGULATIONS FOR SCOLIOSIS SCREENING

WAC

WAC 248-150-010 Declaration of purpose. The following rules are adopted pursuant to chapter 28A.31 RCW, wherein is contained the mandate that the superintendent of public instruction shall provide for and require screening for scoliosis of school children in the state of Washington. It is the purpose of such screening to identify those children who may have a lateral curvature of the spine. [Statutory Authority: RCW 28A.31-.134 and 43.20.050. 85-23-029 (Order 294), § 248-150-010, filed 11/14/85. Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-150-010, filed 10/31/79.]

WAC 248-150-020 Examinations of school children for scoliosis--Definitions. (1) "Proper training" means instruction and training provided by, or under the supervision of, physicians licensed pursuant to chapters 18.57 or 18.71 RCW specializing in orthopedic, physiatric, or rehabilitative medicine, or a registered nurse licensed pursuant to RCW 18.88.130 who has had specialty training in scoliosis detection, and appropriate for persons who perform the screening procedures referred to in WAC 248-150-050.

(2) "Pupil" means a student enrolled in the public school system in the state.

(3) "Public schools" means common schools referred to in Article IX of the state Constitution and those

schools and institutions of learning having a curriculum below the college or university level as now or may be established by law and maintained at public expense.

(4) "Qualified licensed health practitioners" means physicians licensed pursuant to chapters 18.57 and 18.71 RCW, registered nurses licensed pursuant to RCW 18-.88.130, and physical therapists licensed pursuant to chapter 18.74 RCW, practicing within the scope of their field as defined by the appropriate regulatory authority.

(5) "Scoliosis" includes idiopathic scoliosis and kyphosis.

(6) "Screening" means a procedure to be performed on all pupils in grades five through ten for the purpose of detecting the possible presence of the condition known as scoliosis, except as provided for in WAC 248-150-080.

(7) "Superintendent" means the superintendent of public instruction pursuant to Article III of the state Constitution or his or her designee. [Statutory Authority: RCW 28A.31.134 and 43.20.050. 85-23-029 (Order 294), § 248-150-020, filed 11/14/85. Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-150-020, filed 10/31/79.]

WAC 248-150-030 Criteria for selection of children for scoliosis screening. All children in grades five through ten shall be screened annually except as provided for in section 5, chapter 216, Laws of 1985. [Statutory Authority: RCW 28A.31.134 and 43.20.050. 85-23-029 (Order 294), § 248-150-030, filed 11/14/85. Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-150-030, filed 10/31/79.]

WAC 248-150-040 Qualification of personnel. (1) Screening shall be conducted by school physicians, school nurses, qualified licensed health practitioners, physical education instructors, other school personnel, or persons designated by school authorities who have received proper training in screening techniques for scoliosis.

(2) Each school district shall designate one individual of the district's staff who shall be responsible for the administration of scoliosis screening. This individual's training and experience shall be appropriate to perform the following tasks:

(a) To develop an administrative plan for conducting scoliosis screening in the district in cooperation with the appropriate school personnel in order to ensure the program can be carried out efficiently with minimum disruption, to include arrangement of appropriate scheduling for scoliosis screenings;

(b) To secure appropriate personnel to carry out the screening program and to ensure such personnel receive proper training to conduct the necessary screening procedures;

(c) To ensure accurate and appropriate records are made, to make recommendations appropriate to the needs of each child whose screening test is indicative of scoliosis, and to provide copies of these records to parents or legal guardians of the child, as provided for in section 4, chapter 216, Laws of 1985;

(d) To disseminate information to other school personnel explaining the purpose of the program, and to acquaint them with the criteria which might denote the need for referral for scoliosis screening; and

(e) To institute a procedure to evaluate the effectiveness and accuracy of the screening program. [Statutory Authority: RCW 28A.31.134 and 43.20.050. 85-23-029 (Order 294), § 248-150-040, filed 11/14/85. Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-150-040, filed 10/31/79.]

WAC 248-150-050 Screening procedures. The screening procedures shall be consistent with nationally accepted standards for scoliosis screening and published by the American Academy of Orthopedic Surgeons as contained in *Spinal Screening Program Handbook*, 1st edition, 1979, to be obtained from the Scoliosis Research Society. [Statutory Authority: RCW 28A.31.134 and 43.20.050. 85-23-029 (Order 294), § 248-150-050, filed 11/14/85. Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-150-050, filed 10/31/79.]

WAC 248-150-060 Screening results--Recording and referral procedures. A record of the "screening" results shall be made of each child suspected of having scoliosis and copies of the results shall be sent to the parents or guardians of the children. The notification shall include an explanation of scoliosis, the significance of treating scoliosis at an early stage, the services generally available from a qualified licensed health practitioner for treatment after diagnosis, and a method for the school to receive follow-up information from health care providers. [Statutory Authority: RCW 28A.31.134 and 43.20.050. 85-23-029 (Order 294), § 248-150-060, filed 11/14/85. Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-150-060 (codified as WAC 248-150-060), filed 10/31/79.]

WAC 248-150-070 Distribution of rules and procedures. The superintendent shall print and distribute to school officials these rules and the recommended records and forms to be used in recording and reporting the screening results to parents and to the superintendent. [Statutory Authority: RCW 28A.31.134 and 43.20.050. 85-23-029 (Order 294), § 248-150-070, filed 11/14/85. Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-150-070, filed 10/31/79.]

WAC 248-150-080 Exemptions from examinations--Screening waivers. (1) Any pupil shall be exempt from the screening procedure upon written request of his or her parent or guardian as specifically provided for in section 5, chapter 216, Laws of 1985.

(2) Screening waivers shall occur as provided by section 6, chapter 216, Laws of 1985. [Statutory Authority: RCW 28A.31.134 and 43.20.050. 85-23-029 (Order 294), § 248-150-080, filed 11/14/85. Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-150-080, filed 10/31/79.]

Chapter 248-152 WAC
PROHIBITION OF SMOKING TOBACCO IN CERTAIN PLACES

WAC

248-152-010 through 248-152-060 Repealed.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-152-010 Statement of purpose. [Order 109, § 248-152-010, filed 3/14/75.] Repealed by 85-17-046 (Order 290), filed 8/16/85. Statutory Authority: RCW 43.20.050.

248-152-020 Definitions. [Order 109, § 248-152-020, filed 3/14/75.] Repealed by 85-17-046 (Order 290), filed 8/16/85. Statutory Authority: RCW 43.20.050.

248-152-030 Prohibition in certain public places. [Order 109, § 248-152-030, filed 3/14/75.] Repealed by 85-17-046 (Order 290), filed 8/16/85. Statutory Authority: RCW 43.20.050.

248-152-035 No smoking areas in restaurants. [Statutory Authority: RCW 43.20.050. 81-15-027 (Order 213), § 248-152-035, filed 7/10/81.] Repealed by 85-17-046 (Order 290), filed 8/16/85. Statutory Authority: RCW 43.20.050.

248-152-040 No smoking signs. [Order 109, § 248-152-040, filed 3/14/75.] Repealed by 85-17-046 (Order 290), filed 8/16/85. Statutory Authority: RCW 43.20.050.

248-152-050 Enforcement. [Order 109, § 248-152-050, filed 3/14/75.] Repealed by 85-17-046 (Order 290), filed 8/16/85. Statutory Authority: RCW 43.20.050.

248-152-060 Severability. [Order 109, § 248-152-060, filed 3/14/75.] Repealed by 85-17-046 (Order 290), filed 8/16/85. Statutory Authority: RCW 43.20.050.

WAC 248-152-010 through 248-152-060 Repealed. See Disposition Table at beginning of this chapter.

Chapter 248-164 WAC
SENTINEL BIRTH DEFECTS

WAC

248-164-001 Purpose.
248-164-010 Definitions.
248-164-020 General requirements.
248-164-030 Information—Content of reports.
248-164-040 Information to parents.
248-164-050 Confidentiality of reports—Access to information—Use of information.
248-164-060 Information on public and private services for handicapped.

WAC 248-164-001 Purpose. (1) The purpose of these rules and regulations is to establish procedures for reporting birth defects to the department's birth defects monitoring program (BDMP). These rules are promulgated pursuant to RCW 70.58.300 through 70.58.350 directing the department of social and health services to implement the provisions of the Sentinel Birth Defects Act.

(2) The purposes of the BDMP are to count and map birth defects, to correlate data on birth defects with factors potentially affecting the fetal environment such as environmental exposures, genetic disease, and maternal nutrition, and to provide information needed for planning and evaluating services for the handicapped. [Statutory Authority: RCW 70.58.350 and 43.20.505. 85-21-038 (Order 295), § 248-164-001, filed 10/11/85.]

WAC 248-164-010 Definitions. (1) "BDMP" means the department's birth defects monitoring program.

(2) "Confidential" means information maintained in the DSHS birth defects registry that identifies or which could be used to identify a child with a birth defect.

(3) "Department" means the Washington state department of social and health services (DSHS).

(4) "ICD-9-CM" means a publication entitled International Classification of Diseases, 9th Revision, Clinical Modification, published by the U.S. Department of Health and Human Services, where disease classification is confined to a limited number of categories encompassing the entire range of morbid conditions.

(5) "May" means permissive or discretionary on the part of the department.

(6) "Record" means the computerized birth defects registry record for a child with a reported birth defect.

(7) "Report" means a written report of information required for birth defects registration purposes made on a form designated for reporting purposes by the department.

(8) "Sentinel" means a birth defect signaling the possible presence of environmental hazards, genetic disease, poor maternal health, or some other risk factor to which a child's mother and/or father was exposed and which exposure may have contributed to development of the child's birth defect. For purposes of this chapter, sentinel birth defects include all congenital anomalies (ICD-9-CM, 740.0-759.9), childhood cancers, cerebral palsy, mental retardation, and congenital infections.

(9) "Shall" means compliance is mandatory. [Statutory Authority: RCW 70.58.350 and 43.20.505. 85-21-038 (Order 295), § 248-164-010, filed 10/11/85.]

WAC 248-164-020 General requirements. (1) Physicians have primary responsibility for reporting birth defects detected in their patients.

(2) Birth defects shall be reported if each of the following criteria apply:

(a) The condition is among those listed in WAC 248-164-030;

(b) The child was born on or after January 1, 1986;

(c) The child was between zero and fourteen years of age at the time of first diagnosis or treatment of the condition; and

(d) The child was seen for the condition in a medical care setting in Washington state.

(3) Hospitals and outpatient clinics may elect to fulfill physicians' reporting responsibilities. Physicians need not submit reports for patients treated at hospitals or clinics having agreed to provide birth defects information to the BDMP directly.

(4) For infants delivered in a birth center or other nonhospital setting, the attendant at birth shall be responsible for reporting birth defects detected at time of birth.

(5) Physicians need not report conditions already reported to the DSHS crippled children's services (CCS) program or the DSHS division of developmental disabilities (DDD).

(6) Conditions need only be reported once. To avoid duplicate reporting, health care providers may contact the BDMP at 1-800-228-6087 to find out whether a condition of their patient was previously reported.

(7) Instructions for completing and submitting birth defects reports shall be provided in a procedures manual published by the BDMP. [Statutory Authority: RCW 70.58.350 and 43.20.505. 85-21-038 (Order 295), § 248-164-020, filed 10/11/85.]

WAC 248-164-030 Information--Content of reports. (1) Congenital anomalies and other childhood conditions shall be reported in a manner identifying conditions by name and ICD-9-CM code. Conditions to be reported include:

Conditions	Code ICD-9-CM Range
(a) Anomalies of the central nervous system	740.0 - 742.9
(b) Anomalies of the eye	743.0 - 743.9
(c) Anomalies of the ear, face, neck	744.0 - 744.9
(d) Anomalies of the cardiovascular system	745.0 - 747.9
(e) Anomalies of the respiratory system	748.0 - 748.9
(f) Anomalies of the gastrointestinal system	749.0 - 751.9
(g) Urogenital anomalies	752.0 - 753.9
(h) Musculoskeletal deformities	754.0 - 756.9
(i) Anomalies of the skin	757.0 - 757.9
(j) Chromosomal anomalies, syndromes, and other congenital anomalies	758.0 - 759.9
(k) Childhood cancers	140.0 - 208.9
(l) Mental retardation (I.Q. less than 70)	317 - 319
(m) Congenital infections	090.0 - 090.2, 090.4 - 090.9, 770.0 - 771.2, 760.2
(n) Cerebral palsy	343.0 - 343.3, 437.8

(2) For children having one or more of the above cited reportable birth defects, the following diagnostic information shall be reported:

(a) Name and ICD-9-CM code of diagnosed birth defect.

(b) Month, day, and year defect was diagnosed or treated.

(c) Whether diagnosed defects comprise a recognizable birth defect syndrome and, if so, the name and ICD-9-CM code of syndrome.

(d) Child's height and weight (only for nonneonates and only if available).

(e) Child's head circumference (for nonneonates up to two years of age if available).

(3) To eliminate duplicate reports for the same condition, and to permit combining of information from multiple reporting sources, the following identifying information shall be reported:

(a) Child's name (first, last, and middle initial).

(b) Name of child's father and mother, if available (first, last, and middle initial).

(c) Child's current address (street, city, state, ZIP code).

(d) Child's residence at time of birth (state or foreign country).

(e) Child's birth date (month, day, and year).

(f) Child's sex.

(4) To provide a basis for verifying the accuracy and completeness of birth defects information, and to provide information needed for follow-back epidemiologic studies, the following information shall be reported:

(a) Name of physician detecting or treating child's condition (first, last, and middle initial).

(b) Identification of data source (name of hospital, clinic, service treatment program, etc.).

(c) Name and phone number of person completing form.

(d) Identification number on child's medical/treatment chart.

(e) Date report was completed (month, day, and year).

(5) Forms for reporting of birth defects shall be available through the office of the birth defects monitoring program of the Division of Health, DSHS, Mailstop ET-14, Olympia, Washington 98504. [Statutory Authority: RCW 70.58.350 and 43.20.505. 85-21-038 (Order 295), § 248-164-030, filed 10/11/85.]

WAC 248-164-040 Information to parents. The primary physician or other primary health care provider of the child shall advise parents or legal guardians of birth defects reported to the birth defects registry. DSHS shall make available a brochure and a copy of the completed birth defects report that may be used as a means of meeting this information requirement. [Statutory Authority: RCW 70.58.350 and 43.20.505. 85-21-038 (Order 295), § 248-164-040, filed 10/11/85.]

WAC 248-164-050 Confidentiality of reports--Access to information--Use of information. (1) The release of confidential information shall be governed by the provisions of current law regarding personal records/disclosure (chapter 334, Laws of 1985).

(2) In accordance with the provisions of chapter 334, Laws of 1985, confidential information shall not be disclosed unless:

(a) The request for confidential information is made by the child's parent or legal guardian or the child himself or herself at age of majority; or

(b) The request for confidential information is made by a scientific research professional associated with a bona fide scientific research organization, and the research professional's written research proposal has been reviewed and approved by the department's human research review board with respect to scientific merit and confidentiality safeguards, and the director of the division of health has given administrative approval for the proposal; or

(c) The request for confidential information is made by the DSHS office of epidemiology and is needed for epidemiological research activities in response to a real or suspected immediate public health hazard.

(3) In carrying out epidemiologic investigations using confidential information, researchers shall contact the child's attending physician before contacting families if possible. [Statutory Authority: RCW 70.58.350 and 43.20.505. 85-21-038 (Order 295), § 248-164-050, filed 10/11/85.]

WAC 248-164-060 Information on public and private services for handicapped. Information on public and private services for the handicapped shall be available through the BDMP. [Statutory Authority: RCW 70.58-.350 and 43.20.505. 85-21-038 (Order 295), § 248-164-060, filed 10/11/85.]

Title 250 WAC
POSTSECONDARY EDUCATION, COUNCIL FOR

(Formerly: Commission on Higher Education and Council on Higher Education; Higher Education Facilities Commission)

Chapters

Chapter 250-18 WAC
RESIDENCY STATUS FOR HIGHER EDUCATION

WAC

WAC 250-18-060 Exemptions from nonresident status. In accordance with RCW 28B.15.014, certain nonresidents shall be exempted from paying the nonresident tuition and fee differential. Exemption from the nonresident tuition and fee differential shall apply only during the term(s) such persons shall hold such appointments or be so employed. To be eligible for such an exemption, a nonresident student must provide documented evidence that he or she does reside in the state of Washington, and:

(1) Holds a graduate service appointment designated as such by an institution involving not less than twenty hours per week;

(2) Is employed for an academic department in support of the instructional or research programs involving not less than twenty hours per week;

(3) Is a faculty member, classified staff member, or administratively exempt employee holding not less than a half-time appointment, or the spouse or dependent child of such a person;

(4) Is an active duty military personnel stationed in the state of Washington or the spouse or dependent child of such person; or

(5) Is an immigrant having refugee classification from the U.S. Immigration and Naturalization Service or the spouse or dependent child of such refugee, if the refugee (a) is on parole status, or (b) has received an immigrant visa, or (c) has applied for United States citizenship. [Statutory Authority: 1982 1st ex.s. c 37 § 4. 85-20-035 (Order 5-85, Resolution No. 86-2), § 250-18-060, filed 9/24/85; 84-14-024 (Order 3-84, Resolution No. 84-75), § 250-18-060, filed 6/26/84; 82-19-015 (Order 10-82, Resolution No. 83-1), § 250-18-060, filed 9/8/82.]

Chapter 250-40 WAC
COLLEGE WORK-STUDY PROGRAM

WAC

WAC 250-40-070 Administration. (1) Administering agency. The council for postsecondary education shall administer the work-study program. The staff of the council for postsecondary education under the direction of the executive coordinator will manage the administrative functions relative to the program and shall be authorized to enter into agreement with:

(a) Eligible public institutions for the placement of students and the reimbursement of employers for the state share of the student's compensation.

(b) Eligible private institutions for the placement of students.

(c) Employers of students attending eligible private institutions for the reimbursement of the state share of the student's compensation. Such agreements shall be written to ensure employer compliance with the rules and regulations governing the work-study program.

(2) Responsibility of eligible public institutions. The institution will:

(a) Enter into contract with eligible organizations for employment of students under the work-study program. Such agreements shall be written to ensure employer compliance with the rules and regulations governing the work-study program.

(b) Determine student eligibility and arrange for placement.

(c) Arrange for payment of the state share of the student's compensation.

(3) Responsibility of eligible private institutions. The institution will:

(a) Assist the council in contracting with eligible employers.

(b) Determine student eligibility, arrange for placement with employers, and notify the council of such placement.

(4) Employer responsibilities:

(a) Before it may participate in the program, an eligible employer must enter into agreement with the council for postsecondary education or a public institution acting as its agent, thereby certifying its eligibility to participate and its willingness to comply with all program requirements.

(b) Certification of payment to students by the eligible organization shall be made under oath in accordance with RCW 9A.71.085 [9A.72.085].

(5) Advisory committee. The council will appoint an advisory committee composed of representatives of eligible institutions, employee organizations having membership in the classified service of the state's institutions of postsecondary education, a student and persons as may